



Action International Ministries

Children-in-Crisis Best Practices Manual

Compiled by the
Children-in-Crisis Task Force

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Section A: Preface

By Phillip Legal

A social media picture was taken in Manila of a young boy, studying and doing his homework under the light of McDonald's. This boy, whose father died in prison and whose house was burned down now lives in a wall-less food stall. He has one pencil to complete his homework because the other one was stolen. But he has a vision! His dream is to be a policeman or a doctor one day.

In this world, there are children who have dreams to escape an environment of harshness to build a better life. The child could be escaping worn-torn Syria, prostitution in Thailand, being a soldier in the Congo, the cold streets of a Moscow winter, or the life a car washer in Lima. These are called children in crisis.

This manual is to assist those who are ministering to children in crisis and to bring them to a personal relationship with the Lord Jesus Christ. It is an ongoing project and will never be complete while there are still children who live in turmoil. The writers insist that you would read the manual and make comments for its improvement.

The manual is dedicated to those who have a vision to minister to young lives and practice Micah 6:8 "He has shown you, O mortal, what is good. And what does the LORD require of you? To act justly and to love mercy and to walk humbly with your God (NIV)."

I want to thank Erin Johnson and Rex Lee Carlaw for editing and Thomas Smoaks' Daughter Esther for layout and design.

I am grateful for the resources both inside and outside ACTION International Ministries that provided the material for these chapters.

Children in Crisis Taskforce Coordinator,

M. Div.

December 7, 2016

Section B: Legal and Administrative Issues

By Thomas Smoak

I. INTRODUCTION

When children leave the care and authority of their legal guardians for any length of time, they come under the direct guardianship of the state. For this reason careful examination of legal issues surrounding children at risk precedes any program development for their care and service. Well-meaning church groups and NGO's may rightly be seen as a threat by government child protection authorities unless they follow proper procedures. This is especially true with residential care programs.

II. LEGAL STATUS OF THE CHILD

The first step to legally caring for a child is to determine his or her legal status. Here are some questions to ask:

- A. Has the child been registered with the government? (birth certificate, school records, residential programs and others)
- B. What municipality or local government has jurisdiction?
- C. Has a case file been opened on the child or the family? Where is this located?
- D. Is there a criminal history either in the child's case or his/her parents'?
- E. Who is directly responsible for the child's well being?

We didn't realize "back then" that taking children right off the street, putting them in a church van and driving three hours out of town to camp without any authorization was such a risky thing to do.

III. CASE MANAGEMENT

Care givers are not often the best people to assess, plan and manage the cases of children at risk. A trained social worker serves as a liaison between the government and practitioners who provide for care.

- A. Save the Children defines case management as: 'The process of assisting an individual child (and their family) through direct support and referral to other needed services, and the activities that case workers, social workers or other project staff carry out in working with children and families in addressing their protection concerns.'

B. There are four basic components to case management:

1. Identification and assessment (opening of a case and start of documentation)
2. Individual support planning (planning of response and care)
3. Referral and liaison with support services (where required)
4. Monitoring and review (including case closure)

C. The opening of a case and its management can be carried out from various perspectives and even simultaneously by different entities including:

1. Health services
2. Schools and education services
3. Community members/ civil society
4. Law enforcement agencies
5. Non-governmental organizations and programs.

The day I introduced ABBA's first official social worker to the juvenile judge's office in São Paulo, they called the whole technical department over and had a round of applause. It was then, after 10 years of hard work, I realized how deficient my case management work had been as a pastor who was not trained in social work.

IV. FINANCIAL ACCOUNTABILITY

Depending on local requirements, the government will require physical persons who want to serve children at risk to be represented by a registered organization. This will require fiscal planning (budget) and accountability (paying an accountant).

Donors also require clear lines of accountability and honoring of their designations on gifts. Work with children without careful financial control and record keeping will be short-lived and, in the end, will not serve the children well.

At times there are private or government funds available to serve children. Some children have a right to inheritance money. Careful accounting will make these funds go further and continue to support the work.

V. FACILITY

Any space used to serve children must have a minimum of lighting and ventilation. Excessive humidity, dust or insect infestation are also not allowed. Careful attention should be given to building materials like lead-based paints, asbestos and concrete flooring that can cause health complications for children, especially those with tenuous health. Electrical installations need to be up to date and secure for children. Specifications for these issues should be available in local child and family services offices.

VI. FOOD SECURITY

Any food preparation or storage must be approved by the local department of health. Butane gas bottles must be installed outside buildings and usually with copper tubing rather than flexible pipe as in residential settings. Many well-meaning programs have been closed down by the government and had their testimony tarnished by not paying attention to local laws regarding food security.

VII. SECURITY AND PROTECTION

Any organization working with children must have a child protection policy in place before beginning to care for children. This serves the dual purpose of protecting children from predators and well-meaning staff from false accusations. Policy models are readily available on the internet or at ACTION headquarters around the world.

Careful attention should be given to security in every facet of a child care program. Here are some security considerations to be aware of:

- A. Vehicles need to be well-maintained and licensed
- B. Physical spaces should be secured with a perimeter fence to guard against intrusion and children wandering off.
- C. Fire prevention and extinguishing equipment should be installed and up to date
- D. Upper floors of buildings should have protection on exterior windows
- E. Tools, knives, chemicals and other harmful objects and substances should be kept under lock and key

The first program we worked in in Brazil had a former police officer for the program manager. One day he stood in front of 100 boys there and told them they had no more families. Their families obviously didn't want them if they lived in a residential program. He told them the program was their family now.

VIII. PSYCHOLOGICAL AND EMOTIONAL CARE

The primary need of any child and especially of children at risk is belonging and trust. This is why family-based care should play a major part in any residential program for children. Even institutional care for children can be structured such that trusting, semi-permanent relationships can be built with staff or sponsors. Often a dedicated psychologist is required by the government for each unit or home.

IX. LONG-TERM CARE

Caring for children is never a short-term affair. Children have futures and those who care for them affect those futures more and more deeply the longer the child is in their care. Here are some programming and legal issues to be aware of when designing any child care program:

- A. Job Opportunity Networking
- B. Dowry Planning
- C. Personal History (who am I and where did I come from?)
- D. Contact with Extended Family
- E. Personal Identification
- F. Education

Thomas G. Smoak III served street children with ABBA, a Brazilian association for the rescue, discipleship and family integration of abandoned and abused children in São Paulo, Brazil for 14 years. He grew up in Colombia as the son of a missionary pilot, has his BA in communications and MA in Educational Ministries from Wheaton College, and began serving as ACTION's international director in March, 2016. He and Susanna have six children of their own and many others who consider them family.



Section C: Financial Issues

By Phil Legal

1. FINANCIAL ACCOUNTABILITY

I. INTRODUCTION

This guide provides basic information about maintaining individual and corporate accountability in financial processes, which plays an important role in helping to maintain a strong and effective agency financial control environment. Understanding and applying the information provided in this guide, together with having good separation of duties and effective transaction review and approval steps, will reduce the risk of errors, misappropriations, and fraud in departmental financial processes.

Each position that plays a key role in agency financial processes, being filled with the right person given the appropriate accountability, helps ensure that the processes will be properly performed.

Financial accountability results from holding an individual accountable for effectively performing a financial activity, such as a key control procedure, within a financial transaction process. A well-defined financial accountability structure serves as the foundation for establishing effective financial processes.

Accountability is officially delegated from a governance group, such as the board of directors, or from an individual having delegated authority over a specific individual and project.

An individual accountable for the successful completion of a key control procedure may, as policy allows, assign the responsibility, but not the accountability, for completing the procedure to another qualified individual.

Any non-profit organization must recognize its responsibility toward its stated mission and toward the people it serves. Further, it must understand that it is accountable to donors and recipients of its services—as well as to regulatory agencies, to a greater or lesser degree. Of high importance is its reputation for responsibility, accountability, ethics, and fair-dealing. Should this reputation be compromised, substantial damage to the potential fulfillment of the organization's mission can be expected. For this reason, utmost care and discipline must be exercised in the establishment of policies and procedures for financial accountability.

The above statements go double for the church, the body of Christ. We must be truthful, as Christ is the Truth (John 14:6). “Now it is required that those who have been given a trust must prove faithful” (1 Corinthians 4:2, NIV). Everything must be open for scrutiny. As Jesus said, “[T]here is nothing hidden that will not be disclosed, and nothing concealed that will not be known or brought out into the open” (Mark 4:22, NIV). “And the LORD asked me, ‘What do you see, Amos?’ ‘A plumb line,’ I replied. Then the Lord said, ‘Look, I am setting a plumb line among my people Israel; I will spare them no longer’” (Amos 7:8, NIV).

II. BEST PRACTICE PRINCIPLES

- A. Ensure clear and decisive financial governance.
- B. Adopt ethics and conflict-of-interest policies.
- C. Implement appropriate financial controls.
- D. Conduct regular independent financial audits.
- E. Ensure transparency of financial data and performance.
- F. Maintain knowledge of emerging non-profit issues.

III. BUDGET

- A. Definition: A budget can be defined as a plan used to decide the amount of money that can be spent and how it will be spent. This is based on projected cash flow—the amount of money available at the beginning of a period and the amount available at the end of that period. The budget controls the organization. It is an itemized summary of likely income and expenses for a given period.
- B. Why a budget? It helps the missionary to see past, present, and future expenditures. It provides a concrete, organized, and easily-understood breakdown of how much money is coming into the organization and flowing out of it.
- C. A budget is a tool for prioritizing an organization's spending and managing its money. It also facilitates forecasting and evaluation. Planning and monitoring the budget helps identify the following:
 - 1. Wasteful expenditures
 - 2. Income
 - 3. Cash flow
- D. Preparing a Budget

To prepare a budget takes prayer and time. Never rush the preparation of a budget. Know why you are budgeting. The reason for budgeting is to reveal your weaknesses and provide clues as to how to strengthen yourself in these areas. Be as accurate as possible. Do not settle for "It's close enough!"

- 1. Create categories for your expenditures. Examples include transportation, food, equipment, salaries, rent, utilities, insurance, accounting fees, telephone, and the like.

2. Gather all your receipts during a period of time (for example six months) and sort them according to the categories you made above.
 3. Add up all the expenses in the category and write the number down on the corresponding page. Then add up all the categories for the total expenditure.
 4. Divide that number by the corresponding months for this expenditure. For example, suppose that the total expenditure for six months was \$200. Divide that number by 6. The figure you now have is \$33.33 average per month.
 5. On a separate sheet, record all your income for the same period.
 6. Divide that number by the corresponding months for this income. For example, suppose that in the gift category, the total income for six months was \$250. Divide that number by 6. The figure you now have is \$41.67 average per month.
 7. Then subtract the total expenditures from the total income. In the example, there is an excess of \$50. This is called a known revenue budget.
- E. It is wise to develop a “what-if” budget. Included in this budget would be items such as possible additional revenue, a tax increase, disaster losses, more children in the ministry, a rent increase, etc. It narrows the range of uncertainty.

IV.SOURCES

The above information was taken from the following web pages.

Budget for nonprofits: <https://www.councilofnonprofits.org/tools-resources/budgeting-nonprofits>

How should a nonprofit prepare a budget?: <http://nonprofitanswerguide.org/faq/finance/how-should-a-nonprofit-prepare-its-budget/>

Where can I find examples of nonprofit budgets?:
<http://grantspace.org/tools/knowledge-base/NonprofitManagement/Establishment/budget-examples>

2 FUND RAISING

The philanthropist G.T. Smith wrote that “donors don’t give to institutions. They invest in ideas and people in whom they believe.” People give to people. It is important that we as Christians present ourselves as holy sacrifices.

Most missionaries feel uneasy about the challenge of raising support. The question arises, “How can I do it?” The Bible is clear that there is no shame in accepting gifts. It is part of God’s economy. If we pay attention to our feelings and view things as the world does, our projects will never get done.

Raising support is a matter of obedience. If God calls us to a ministry, He will provide everything we need to carry out our ministry vision. He will give us the needed emotional strength and perseverance.

Memorize these verses:

“My God will meet all your needs according to the riches of his glory in Christ Jesus” (Philippians 4:19, NIV).

“The one who calls you is faithful, and he will do it” (1 Thessalonians 5:24, NIV).

Developing a financial support team is a faith adventure. It is a privilege, providing an opportunity to observe the Lord’s work not only in our own lives, but also in the lives of those who are called to support us financially. The Lord said through Malachi: “Bring the whole tithe into the storehouse, that there may be food in my house. Test me in this . . . and see if I will not throw open the floodgates of heaven and pour out so much blessing that there will not be room enough to store it” (Malachi 3:10-12, NIV).

Paul wrote, “[T]he Lord has commanded that those who preach the gospel should receive their living from the gospel” (1 Corinthians 9:14, NIV). The churches in Corinth and Philippi gave sacrificially to support Paul’s ministry. He himself was a support-raising missionary.

MORE INFORMATION:

Much has been written about the raising of support. The following are some recommended resources. I would encourage you to read these books:

William P. Dillon. *People Raising: A Practical Guide to Raising Funds*. New, expanded ed. Chicago: Moody Publishers, 2012.

Scott Morton. *Funding Your Ministry: An In-depth Biblical Guide for Successfully Raising Personal Support*. Revised, updated ed. Colorado Springs: NavPress, 2007.

Pete Sommer. *Getting Sent: A Relational Approach to Support Raising*. Downers Grove, IL: InterVarsity Press, 1999.

Phil Legal and his wife, Mariela, are missionaries in Chia, Colombia. They are involved in children's ministries, family counseling, church development, and leadership training. Phil holds a Master of Divinity degree from Denver Seminary and his hobby is financial planning.



Section D: Leadership and Staffing

by Daren Beck

“The great leaders of men in all fields have not been the arrogant and the greedy, but the servants. The real servants are the true nobility. The greatest of all, the Son of God Himself, declared that He had come not to be served but to be a servant, and to give his life a ransom for many.” John E. Mitchell

Leadership within the context of an orphanage starts with the assumption that God raises up an individual who has the necessary calling before the Lord which is demonstrated through proven character and the gifts to fulfill their work.

1. QUALITIES OF A LEADER

I. A LEADER’S CALLING

- A. **Providential Work of God** – understanding and acceptance of how God has worked in the life of a leader and through the circumstances in any given environment. This is a biblical pattern of how God uses individuals as leaders with the context of specific situations.
- B. **Gifting (natural and spiritual)** – clear understanding of strengths and weaknesses. This understanding can be accomplished through objective observation and subjecting evaluation and affirmation. It seems that this area can be one of the most problematic for individual and organizational leaders. A misunderstanding of one’s gifting can lead to a variety of issues, most of which lead to some kind of failure.
- C. **The Task Given** – the biblical precedent seems to indicate that a leader is called to a specific task which may be connected though not limited to some kind of time line that includes measurable objectives such as leading and administering an orphanage. Sometimes the task is in relationship to some kind of office or title. The task of a leader has at least two separate components.
- D. **The Affirmation** – biblical (objective) and corporate (subjective) affirmation is the cement that holds the calling of a leader together and should not be bypassed.

II.A LEADER’S CHARACTER

- A. **Objectively (Biblically) Defined** – Galatians 5:22-26, I Peter 5:1-7, Mark 10:43-44
- B. **Subjectively Affirmed** (local church, family, friends and co-laborers)
- C. **Relentlessly Evaluated** – self-assessment is one of the most daunting (and impossible) requirements of leadership. We are certainly called to walk in personal holiness and develop godly character. It is also true that our greatest weaknesses are often the things that we are unable to identify. It is critical that we intentionally put people (peers, accountability groups, select colleagues) and tools (regular evaluations, 360 degree assessments and review of goals) in our lives that will help us see our weaknesses, work towards self-critique and allow the Holy Spirit to sanctify us (which will also cause us to be better leaders!).

III.A LEADER’S COMMISSION

- A. Commitment to Truth (II John 1-2, Jude 3-4, Titus 1:9)
- B. Passion for Christ (Romans 1:14, II Corinthians 5:14)
- C. Will to act courageously (Acts 4:13, II Timothy 1:7, Josh 1:6-9)
- D. Earnestness in prayer (I Timothy 2:1, 8, I Thessalonians 5:16-18)
- E. Selfless cultivation of humility (I Corinthians 15:9, Ephesians 3:8, I Timothy 1:15)
- F. Love for others (I John 3:1-10, I Timothy 1:5)
- G. Capacity to lead (Numbers 13:2, I Timothy 4:12)
- H. Servants heart (John 13:15, Galatians 5:13-14)
- I. Sacrificial spirit (Hebrews 11:24-27, Mark 10:38)
- J. Spirit-lead decision making (I Corinthians 2:1-4, Colossians 1:9, John 7:37-39)

2. HIRING STAFF MEMBERS

I. QUALIFICATIONS

ALL STAFF SHOULD DEMONSTRATE A DESIRE TO WORK WITH CHILDREN AND BE SCREENED BY LOCAL LAW ENFORCEMENT. IF APPROPRIATE STAFF SHOULD BE A MEMBER IN GOOD STANDING WITH A LOCAL CHURCH AND SHOW PERSONAL REFERENCES WHICH DEMONSTRATE CHARACTER IN LINE WITH LOCAL STANDARDS OF CARE FOR WORKING WITH CHILDREN.

II. DUTIES AND RESPONSIBILITIES OF STAFF MEMBERS

A. Caretakers should be trained and certified in proper handling and management of children. Caretakers are responsible for:

1. Child feeding
2. Bathing
3. Medication administration
4. Playroom and playground activities supervision
5. Daily report writing (where applicable)

B. Kitchen staff should be trained and certified in:

1. Proper sanitary food-handling practice
2. Food-handling practices for preparation and storage
3. Cooking
4. Cleaning dishes
5. Serving meals according to schedule
6. Purchasing foodstuff and ensuring availability of all necessary stock

C. Teachers are responsible for:

1. Evaluating the educational and developmental level of the child at admission in order to design educational and other activities appropriate for his/her age
2. Preparing curricula and daily lesson plan at each level
3. Ensuring that all children participate in the program on daily basis

4. Procuring and preparing educational materials and other relevant teaching aids
5. Evaluating and preparing performance reports for each child

III. STAFF DEVELOPMENT

- A. All clinical staff and caretakers must be trained in the following topics. The topics to be covered are:
 1. First aid
 2. Common childhood diseases
 3. Immunization
 4. Growth and development
 5. Child nutrition
 6. Infection control practices
 7. Basic child psychology
 8. Caring for special-needs children
 9. Caring for children with HIV/AIDS
- B. All staff must be certified in the Child Protection Policy and should regularly review the policy.
- C. Improving access to information and updating clinical knowledge through books, journals, internet, and other media resources.

IV. REPORTING AND DOCUMENTATION

Each child should have his/her own folder to document all necessary information and clinical findings. Laboratory results, copy of referral slip, discharge summary, and other necessary information should be properly filed in the child's folder. Computerized data collection is preferable, and development of software will be ideal for the future. Regular medical reports should be available as deemed necessary.

V. SPIRITUAL CARE OF STAFF

Great care should be taken to ensure that each staff member receives the spiritual care that is needed. As a Gospel-centered ministry we desire that all of the staff be given opportunities to grow spiritually and be given adequate biblical input.

Daren has served with ACTION in Phnom Penh, Cambodia with his wife Jodi and their four children since 2002. They are blessed by great teammates and counts it a blessing to participate in Kingdom building in the 10/40 Window. He is passionate about seeing God glorified through church based ministry to children-in-crisis. Currently Daren serves as Associate International Director.

Section F: The Child

by Josh & Abby Rattin

1. SELECTION PROCESS

I. DEFINITIONS

- A. Orphan: a child who has lost one or both of his parents (UNICEF).
- B. Total orphan (or double orphan): a child who has lost both parents (UNICEF).
- C. Partial orphan (or single orphan): a child who has lost one parent. The child could be termed a maternal orphan if she has lost her mother only or a paternal orphan if she has lost her father only. (UNICEF)
- D. Vulnerable child: a child under the age of 18 who is at high risk for lack of protection or adequate care (World Bank). Characteristics of vulnerable children include those orphaned, abandoned, living in extreme poverty, living with a disability, affected by armed conflicts, abused by parents or caregivers, malnourished due to extreme poverty, HIV-positive, and those marginalized, stigmatized, or discriminated against. They all lack reliable social safety networks to adequately manage the risk to which they are daily exposed (HGSF).
- E. OVC: Orphans and Vulnerable Children
- F. Special needs: Generally used in the context of education of a child who has unique learning needs. The educational requirements of pupils or students suffering from any of a wide range of physical disabilities, medical conditions, intellectual difficulties, or emotional problems, including but not limited to deafness, blindness, dyslexia, learning difficulties, and behavioral problems.
- G. Disability: a person who has a physical or mental impairment that substantially limits one or more major life activity (ADA). Child with a disability means a child having mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, other health impairment, a specific learning disability, developmental delays, or multiple disabilities, and who, by reason thereof, needs special education and related services (US Department of Education).

II. INCLUSION CRITERIA FOR CiC MINISTRIES

Each ministry must have an admission policy to protect itself against admissions that do not fit within the scope of care or admissions for which the home is adequately equipped. The board should meet and carefully explore all the categories of vulnerable children and determine which children can be given quality care within that specific ministry.

SAMPLE ADMISSION POLICY

“Our efforts are focused on reunification and strengthening of the families in our program. We are committed to provide the best possible care to them.

“At no time will we admit a child under 2 years of age or an individual over 18 years of age. We will not admit street children into the residential program because we believe that street children require care that is beyond our level of expertise. We will not admit children who are sexual offenders or violent offenders into our program. We cannot put our current children at risk.

“Any new admissions to the children’s home require referral from probation, court order, assessment by our social worker, assessment by our medical coordinator, and written approval from our Children in Crisis Director, Home of Love Ministry Head, and the Country Director.

“Prior to new admissions, the Board of Directors will need to approve the re-opening of admissions to Home of Love to ensure financial accountability, sustainability, and responsibility in addition to the readiness of the ministry to expand.”

A. Special categories requiring special consideration

1. **Street children:** Street children should not be mixed with non-street children within the same programs except for unique exceptions. Due to the nature of living on the streets, addictions, compulsions, and behaviors put other children at risk, especially children who are not used to being around street children. There is special vulnerability to sexual abuse of non-street children by street children.
2. **Children with special needs:** Children with special needs should be carefully evaluated to determine the extent of their needs and consider the scope of care necessary for their care. Some cultures label a child as having “special needs” even if the need is very mild or even temporary. Some cultures do not assign that label unless the needs are quite severe. Consider each case on an individualized basis and use knowledgeable experts to help evaluate the special needs.
3. **Children with disabilities:** Children with disabilities are particularly vulnerable. Consider each case carefully before accepting the case as children with disabilities are at high risk of injury or death in contexts that are not well suited for their care. (See section on Care Requirements for Special Needs.)
4. **Children with medical needs:** Carefully consider any medical condition requiring regular medication, health monitoring, interfacing with health professionals, routine laboratory tests, special supervision, and special attention. Certain medical conditions require a higher adult to child ratio which has implications for staffing and policies. Children with epilepsy, for instance, should never be unsupervised. Children with diabetes need close attention to diet, medications, and health maintenance. Certain medications require special storage, including refrigeration, which requires consistent power. Consult with the appropriate health professionals to set up the necessary care standards for each medical condition, training for staff, medication records, and ongoing monitoring.

5. **Age:** Wide ranges in age are difficult to manage. Very young children require a higher adult to child ratio, especially children under the age of 2 years. Babies also require a much higher budget for formula, diapers/nappies, immunizations, staffing, early child development, and more frequent illnesses. Teenagers require special attention due to the nature of growing into independence, especially if the teenager has been on his own for a while. Adjusting to being under someone's guidance and instruction may be especially challenging at that age.

B. Admission criteria: *Steps to writing criteria and admission policy/criteria*

1. Define your mission, values, and purpose.
1. Define your biblical view of family, orphans, and vulnerable children.
2. Study national and local children policies and laws. Join national groups to stay current with the trends so that you are not recommending a direction that is contrary to what the government mandates.
3. Determine your budget, staffing capacity, logistics (wheelchair accessibility, electricity, access to health care, and the like.), and resources.
4. Determine community needs and resources (Is there already a baby's home that does a good job? Then focus on older children. Does anyone help street children? If so, then focus elsewhere. Are children with disability killed or abandoned? Is anyone helping them? Is there someone who can train you and your staff to care for the given category of children?)
5. Consult with local officials to ensure that your policy will be in keeping with government desires and direction.
6. Narrow your focus to provide excellent care. Avoid the pitfall of trying to save everyone and end up with shabby care for our most vulnerable population. We have seen too many times that ministry to vulnerable children becomes a hot bed for abuse because the ministry has been poorly set up and the focus too broad.
7. Write up your policy in clear language appropriate for your local setting.
8. In the side bar is an example of an admission criteria for a residential facility. This policy was written according to available staffing, budget, community needs, community resources, training level, and capacity to care for special needs children.

C. Admission care

1. Test each child for HIV, TB, Hepatitis A, and other communicable diseases as part of the intake process. Do not put other children at risk.
2. Give each child a full physical exam at intake to detect any problems such as heart defects, hernias, pneumonia, and the like.
3. Interview the child with the pastor and social worker to determine the child's needs and desires.

2. CARE REQUIREMENTS FOR SPECIAL NEEDS

Define “special needs.” Every culture has a different definition for “special needs.” Not every special need requires the same attention, care requirements, or adaptations.

I. CATEGORIES OF NEEDS:

- A. **Inability to perform activities of daily living:** Any individual who is limited in his ability to take care of himself – bathing, eating, drinking, dressing, toileting.
- B. **Mobility challenges:** Any individual who is limited in her ability to move from one place to another – examples include: leg or lower body paralysis, club foot, weakness of the legs, leg or foot deformities, chronic infections of the legs, joint injuries and deformities, post-trauma disabilities.
- C. **Communication challenges:** Any individual who is limited in his ability to communicate to others within his own culture. Examples include: deafness or hearing impairment, speech impediment, speech delays, mouth or tongue deformities or weakness, intellectual or developmental delays, autism spectrum.
- D. **Behavioral challenges:** Any individual who consistently is unable to follow social cues, conform to social rules and customs, puts himself or others in danger, lacks impulse-control. Examples include: autism spectrum, mental illness, hydrocephalus, developmental delays, rare syndromes such as Lennox Gastaut Syndrome.
- E. **Medical challenges:** Any individual who has medical conditions that impact her quality of life and participation in life with peers. Examples include: severe epilepsy, severe asthma, sickle cell anemia (with recurrent crises), swallow disorders (eating poses a danger), strictures (post-chemical swallowing where eating and drinking are dangerous or impossible), club foot, heart defects, etc.
- F. **Hearing challenges:** Any individual whose hearing limits participation with peers, success in school, and safety in the community.
- G. **Visual challenges:** Any individual whose vision limits participation with peers, success in school, and safety in the community.

- H. **Multiple disabilities:** Often a child with one disability will have multiples disabilities. When receiving a child with one obvious disability, it is very important to do a comprehensive review of the entire child to look for other disabilities. Often, these other disabilities can be overcome with therapy. For instance, a hearing impaired child will often have speech impairment, but sometimes a child can be taught to speak and almost always a child can be taught sign language, reading, and writing as a means of communication. These children are often considered to be “deaf and dumb” without any efforts to help them overcome their communication challenges. A child who has not learned to walk will have other developmental delays because of not exploring the world on her own. A child who has been malnourished will have developmental delays because of all energy going toward surviving rather than thriving.
- I. **Developmental delays:** The most common challenge that vulnerable children face is developmental delays. When survival is threatened, the natural developmental processes stop. Rather than exploring the world to investigate, learn, and create, a child draws into herself and only grasps frantically at survival, exploring the world solely to search for food, water, or safety. She no longer sees the world as an incredible place of discovery and adventure, but rather a hostile environment against which she has been pitted alone. The first step to helping a vulnerable child catch up in her development is to provide, food, water, warmth, security, and safety. After some days of comfort and shelter, provide colorful books and activities alongside a trusted adult. Some children have developmental delays because of another medical problem or impairment. While addressing that problem, also offer many opportunities for educational and intentional play, reading books, and speaking
- J. **Micronutrient deficiency:** Malnutrition is common amongst vulnerable children. Micronutrient deficiency is a lack of essential vitamins and minerals required in small amounts by the body for proper growth and development. Micronutrients include, but are not limited to: Vitamins A, B, C and D, Calcium, Folate, Iodine, Iron, selenium, and zinc. Please reference the website “Orphan Nutrition” at <http://www.orphannutrition.org/understanding-malnutrition/micronutrient-malnutrition/> for more information.
1. Iron deficiency is the most common form of malnutrition worldwide. A lack of iron in the diet results in iron deficiency. The most commonly recognized condition associated with iron deficiency is anemia.
 - i. Treatment: Oral iron supplementation can be used for both prevention and treatment of iron deficiency anemia. Oral iron supplements are usually best absorbed by an empty stomach. However, because iron can irritate a child’s stomach, supplements may need to be taken with food. A source of vitamin C, like a citrus juice, enhances iron absorption. It usu-

ally takes several months of iron supplementation to correct the iron deficiency.

2. Iodine deficiency is the world's most common, but preventable, cause of mental retardation. A lack of iodine in the diet can affect thyroid gland function and result in a condition called goiter.
 - i. Sources of dietary iodine include: bread (fortified), iodized table salt, dairy products (cheese, cow milk, yogurt), eggs, soy milk and soy sauce, shellfish.
 - ii. Treatment: Consuming foods high in iodine can help treat and prevent iodine deficiency. When iodine deficiency is seen among children in an entire institution, it can be managed by addressing that group's diet. Iodized salt, iodized oil, and iodized water supplies have all been effective at preventing iodine deficiencies.
3. Vitamin D deficiency can lead to abnormalities in bone development and a condition in children called rickets.
 - i. Vitamin D is found in cod and cod liver oil, egg yolks, milk, butter, salmon, shrimp, fortified cereals.
 - ii. Treatment of rickets involves vitamin D supplementation, increasing dietary intake of calcium, phosphates, and vitamin D, daily exposure to 15 minutes per day of sunlight for lighter skinned children, longer for darker skinned children. Braces and surgery may be required for severe cases of rickets.
4. Selenium is a trace mineral needed by the body in small amounts for good health. It is incorporated into proteins to make important antioxidant enzymes. These enzymes help prevent cellular damage from free radicals that can cause the development of chronic diseases such as cancer and heart disease.
 - i. Selenium is found in brazil nuts, canned tuna and cod, beef and poultry, enriched pasta and rice, eggs, cottage cheese, and oatmeal.
 - ii. Treatment in a patient who is deficient is too late to reverse heart damage or prevent mental retardation.

5. Vitamin A is a group of compounds that plays a significant role in vision, bone development, immune support, and normal bodily function. Retinol and beta-carotene are forms of pre-vitamin A which are converted to vitamin A in the body. Severe deficiency results in night blindness (reversible with treatment) or total blindness (not reversible).
 - i. Vitamin A is found in eggs, milk, butter, liver, fish; spinach, carrots, oranges, sweet potatoes.
 - ii. Treatment involves supplementation and food fortification.
6. Vitamin B12 is a water-soluble vitamin that exists in several forms. Vitamin B12 is needed for proper red blood cell formation and the maintenance of healthy nerve cells. It is also essential to making DNA, the genetic material in cells.
 - i. Vitamin B12 is found in fish, meat, poultry, eggs, and milk.
 - ii. Treatment includes supplementation and increased consumption of animal products.
7. Folate, also known as vitamin B9, is a water-soluble vitamin naturally found in foods. Folate is necessary for the production and maintenance of new cells. It is especially important during periods of rapid cell division and growth such as infancy and pregnancy. Both adults and children need folate to make normal red blood cells and prevent anemia. Deficiency results in slow growth rate and anemia.
 - i. Folic acid is in leafy greens, peas, beans, fruits, and vegetables.
 - ii. Treatment involves providing multivitamins that include folate and supplementing the diet.
8. Zinc is an essential mineral found in over 200 enzymes that are involved in a wide range of functions in the body. These zinc-containing enzymes play a role in immune function, wound healing, and making DNA and other proteins. Zinc supports normal growth and development during childhood and adolescence, and is required for proper sense of taste and smell. A common sign of zinc deficiency is a raw rash in the setting of malnutrition.
 - i. Zinc is in meats, seafood, eggs, whole grains, oats, nuts, seeds, leafy greens, vegetables, herbs, yogurt.

- ii. Treatment involves supplements, dietary intake, and other vitamin supplements to improve zinc absorption (A, E, B6, magnesium, phosphorous, calcium).

K. **Macronutrient deficiency:** Macronutrient malnutrition refers to a lack of the nutrients required in large amounts for growth and development. These include carbohydrates, protein, and fat. Please read more at Orphan Nutrition <http://www.orphannutrition.org/understanding-malnutrition/macronutrient-malnutrition/>.

1. Protein-Energy Malnutrition (PEM) occurs when children consume insufficient amounts of protein and energy (carbs and fats) to meet the body's needs. The result is wasting (very low weight-for-height) and/or stunting (very low height-for-age). Malnutrition and refeeding syndrome can be fatal and need to be carefully managed.
 - i. Causes: lack of food, poor food quality, gastrointestinal illnesses, illnesses which cause malabsorption, poor sanitation, chronic illnesses.
 - ii. Wasting: Acute (rapid recent onset), recent dramatic weight loss, thinness, low muscle and fat mass, fatigue, non-healing wounds. Readily reversible: careful refeeding (to avoid refeeding syndrome). Have the child evaluated by a knowledgeable doctor before initiating refeeding.
 - iii. Kwashiorkor: results most often from famine. The main sign is too much fluid in the tissues resulting in swelling, starting in the legs but moving upward to include the face. A child with "kwash" can have inflamed skin, dry, sparse, brittle, yellow hair, tiredness, failure to grow, irritability, loss of muscle mass, enlarged tummy, persistent infections, and ridged or cracked nails. Careful rehydration (first), refeeding, and treatment of complications with antibiotics are the mainstay of treatment. Severe cases MUST be managed in the hospital as there are electrolyte imbalances that occur from fluid shifts in the body. (<http://www.nhs.uk/Conditions/kwashiorkor/Pages/Introduction.aspx>)
 - iv. Stunting: develops over a long time. Height is more affected than weight. Short for age, appears young for age, low weight for age, appears chubby, bone growth delayed. More difficult to treat and not as readily reversible. Plan carefully with a doctor and dietician to supplement nutrients needed for bone and lean tissue development.
 - v. If a child does not respond within 2 to 6 weeks, test for HIV and tuberculosis which are common reasons for failure to gain weight.

2. Plumpy’Nut

i. Plumpy’Nut is distributed by UNICEF for the treatment of malnutrition. It serves as a protein supplement and should be given AFTER the child has eaten a meal so that she eats a full balanced meal. The child also needs to drink a lot of water. Nutrition clinics often have it for distribution but supply can be limited at times of crisis, in remote locations, or for other complex reasons.

ii. Make your own version:

1 -part peanut butter (ground nuts)

1-part nonfat dry milk

Honey (only add enough for taste)

Add in Ovaltine if available to add micronutrients

II. CARE COORDINATION

- A. Special needs children often have complex medical needs and a significant task for care providers of children with special needs is care coordination.
- B. If you have special needs children in your ministry, you must put in the time to find the resources in your community available to children with special needs. Below is a table of resources that children with special needs may need.
- C. All children with special needs should have regular preventative care to monitor growth and development. They should have regular vaccinations and medications should be reviewed regularly.

III. RECOMMENDED RESOURCES:

- A. All books from the Hesperian Foundation available for purchase from <http://store.hesperian.org/> but also available for free pdf download. Focus especially on: Disabled Village Children, Helping Children Who Are Blind, and Helping Children Who Are Deaf.
- B. Books focused on particular disorders: “Children with Cerebral Palsy: a Parents’ Guide,” “The Parent’s Guide to Down Syndrome.”

Table 1: Resources based on child’s unique needs.

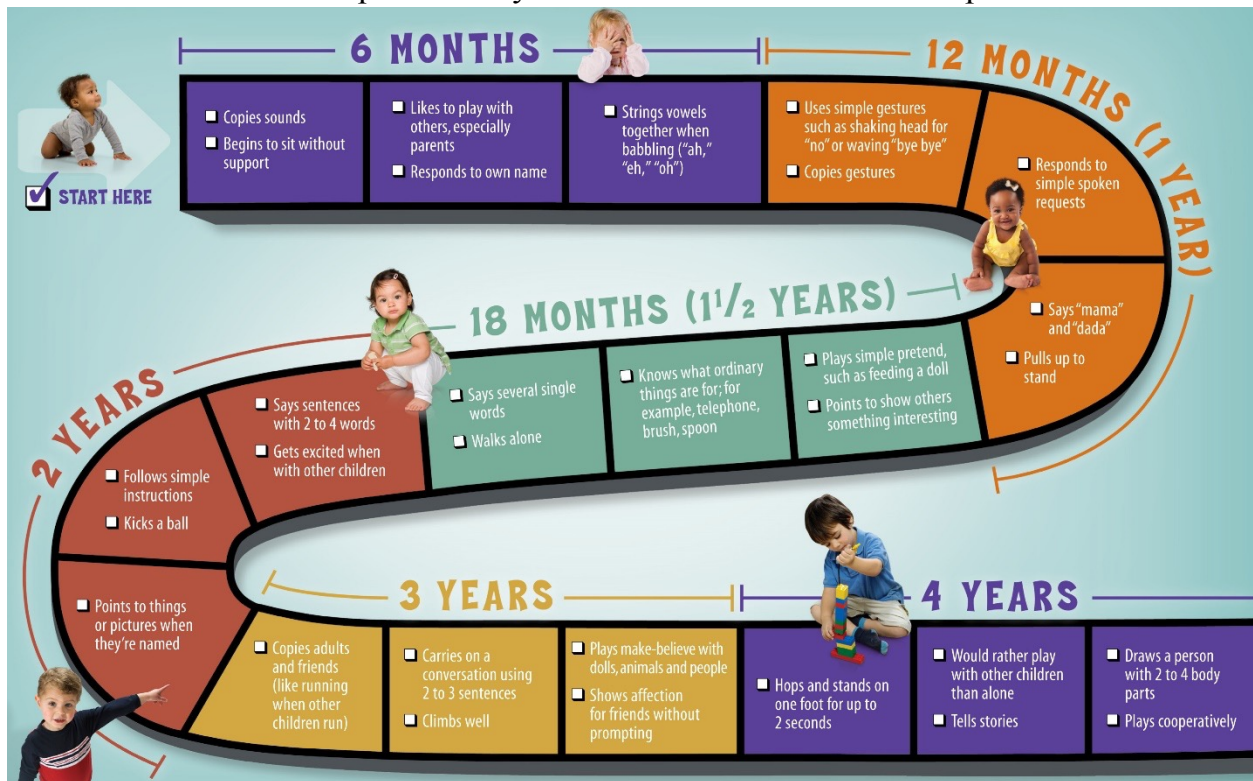
Special Needs	Resources Needed
Down's Syndrome	Heart clinic (heart defects), physiotherapy, occupational therapy, special education, literacy efforts, child development efforts, speech therapy/early sign language, nutritional efforts, Down's Syndrome growth chart. http://www.dsmig.org.uk/library/articles/medman-cup.pdf
Cerebral palsy	Orthotics, physiotherapy, occupational therapy, mobility devices (wheelchairs, walking frames), home therapy devices (standing frames, positioning equipment), nutritional efforts, speech and swallow evaluation, thickened liquids, soft foods, epilepsy/neurology evaluation, fall precautions, special education, anti-spasm medications daily. http://cerebralpalsy.org/the-journey/manage-cerebral-palsy/
Epilepsy	24-7 monitoring (adult supervision, sleeping near the child), daily medications, EEG (electroencephalogram) and neurologist, close daytime supervision and avoidance of dangerous situations (climbing trees, being near water or fire), protein rich diet. http://www.nhs.uk/Conditions/Epilepsy/Pages/Introduction.aspx
Deafness or hearing impairment	National sign language training for child and staff, deaf schools or schools with interpreters, hearing aid clinic, ENT specialist, neurologist. http://www.asha.org/public/hearing/Causes-of-Hearing-Loss-in-Children/
Blindness or visual impairment	Large font or braille, braille training, walking stick, fall precautions, sunglasses to protect eyes, ophthalmologist, neurologist, special education. http://www.icoph.org/dynamic/attachments/resources/childhood-blindness.pdf
Paralysis	Orthotics, neurologist, mobility devices, physiotherapy (or occupational if the hands are involved), fall precautions, accessible buildings and toilets.

Development delays	Early child development efforts, literacy efforts, protein rich and Omega 3 rich nutrition, special education.
Malnutrition	Nutrition clinic, Plumpy Nut, protein rich nutrition, early child development efforts
Communication challenges	Neurologist, speech therapist, sign language, augmentative communication, special education.
Intellectual challenges	Special education, routine and structure, neurologist, close supervision.
Behavioral challenges	Contained campus, separation of genders, constant adult supervision including low adult to child ratio, speech therapy if any communication challenges, consistency, routine, early bedtimes, protein rich diet, special education.
Sickle cell anemia	Access to inpatient medical care, especially oxygen and blood transfusions, aggressive hydration daily, pneumococcal and meningitis vaccines, penicillin twice a day until at least the age of 5, daily folic acid, avoidance of aggressive endurance sports, nutritional efforts, blood work, pain management, knowledgeable primary care physician, staff training on recognition and management of sickle cell crises. https://www.nhlbi.nih.gov/files/docs/guidelines/sc_mngt.pdf
Multiple disabilities	Neurologist, feeding and swallow evaluation, physiotherapy, occupational therapy, speech therapy, orthotics, mobility and therapy devices, early childhood development interventions, special education.
Spina bifida and hydrocephalus	Neurosurgeon, national spina bifida and hydrocephalus organizations (most countries have one), bladder and bowel management, mobility devices, physiotherapy, close monitoring for wounds on legs and buttocks. http://spinabifidaassociation.org/

3. STAGES OF CHILD DEVELOPMENT

I. THE FACTORS

- A. Early child development depends on many factors: safety, health, physical development, healthy interactions, the presence of a consistent and loving care giver, stimulation, nutrition, and opportunities to play, explore, and learn.
- B. Absence of even one of these factors can impend development. Therefore, most vulnerable children have signs of delayed development.
- C. Assessing development:
 1. There are many charts available to assess development, such as the ones shown below. Choose one and stick with it. This provides a standardized assessment of all children within your ministry.
 2. Some are simple and easy to follow but are limited in scope:



(<http://thriftnymom.com/wp-content/uploads/2014/10/Child-Development-Milestone-Chart.jpg>)

3. Some are designed for low literacy settings, such as these charts from the Hesperian Foundation's book entitled "The Disabled Village Child."

Name: _____

Birth date: _____

Date: _____

EVALUATION OF A CHILD'S LEVEL OF PHYSICAL DEVELOPMENT

Note: Although on these guides physical and mental skills are separated, the two are often closely interrelated. These charts show roughly the average age that a normal child develops different skills. But there is great variation within what is normal.

PHYSICAL DEVELOPMENT	Average age skills begin	3 months	6 months	9 months	1 year	2 years	3 years	5 years	What to do if a child is behind
Head and trunk control	lifts head part way up	holds head up briefly	holds head up high and well	holds up head and shoulders	turns head and shifts weight	holds head up well when lifted	moves and holds head easily in all directions		Activities to improve head and trunk control (see p. 302).
Rolling		rolls belly to back	rolls back to belly	rolls over and over easily in play					Activities to develop rolling and twisting (see p. 304).
Sitting	sits only with full support	sits with some support	sits with hand support	begins to sit without support	sits well without support	twists and moves easily while sitting			Work on sitting. Special seating if needed (see p. 308).
Crawling and walking		begins to creep	scrambles or crawls	pulls to standing	takes steps	walks	can walk on tip-toe and on heels	walks easily backward	Activities to improve balance (see p. 306).
Arm and hand control	grasps finger put into hand	begins to reach towards objects	reaches and grasps with whole hand	passes object from one hand to other	grasps with thumb and forefinger	easily moves fingers back and forth from nose to moving object		throws and catches ball	Eye-hand activities. Use toys and games to develop hand and finger control (see p. 305).
Seeing	follows close object with eyes	enjoys bright colors/shapes	recognizes different faces	eyes focus on far object	looks at small things/pictures	sees small shapes clearly at 6 meters (see p. 453 for test).			Have eyes checked (see p. 452). If poor, see Chapter 30.
Hearing	moves or cries at a loud noise	turns head to sounds	responds to mother's voice	enjoys rhythmic music	understands simple words	hears clearly and understands most simple language			Have hearing checked if poor, see Chapter 31.

(<http://www.dinf.ne.jp/doc/english/global/david/dwe002/dwe00236.html>)

Name: _____

Birth date: _____

Date: _____

EVALUATION OF A CHILD'S LEVEL OF MENTAL AND SOCIAL DEVELOPMENT

MENTAL DEVELOPMENT	Average age skills begin	3 months	6 months	9 months	1 year	2 years	3 years	5 years	What to do if a child is behind
Communication and language	cries when wet or hungry	coos when comfortable	makes simple sounds	uses certain sounds for different things	begins to use single words	begins to use words together	uses simple sentences		Speak and sing often to child. If needed, develop alternatives to speech (see p. 313).
Social Behavior		smiles when smiled at		begins to understand and respond to "NO"	begins to do simple things when asked	likes to be picked up after completing simple tasks	interacts with both adults and children		Consider trying behavioral approach to social behavior (see p. 349).
Self-care	sucks breast	takes everything to mouth	chews solid food	begins to feed self	drinks alone from glass	takes off simple clothes	toilet trained	bathes and dresses	Encourage child to help self if possible. Use behavioral approach to learning (see p. 350).
Attention and interest	smiles when smiled at	brief interest in toys and sounds	develops strong attachments to caretakers	takes longer interest in toys and activities		sorts different objects	builds playthings with several pieces		Early stimulation activities (see Chapter 31). Provide toys and "fun" objects.
Play	grasps things placed in hand	plays with own body	plays with simple objects	begins to enjoy first social games (peek-a-boo)	imitates and copies people	begins to play with other children	plays independently with children and toys		Guided play, lots of stimulation and interaction with other children.
Intelligence and learning	cries when hungry or uncomfortable	recognizes mother	recognizes several people	looks for toys that fall out of sight	copies simple actions	points to things when asked	follows simple instructions	follows multiple instructions	Early stimulation (see p. 316). Lots of toys, talk, and step-by-step training.

Put a **circle** around the level of development that the child is now at in each area.
 Put a **square** around the skill to the right of the one you circled, and focus training on that skill.
 If the child has reached an age and has not mastered the corresponding level of skill, special training may be needed.

(<http://www.dinf.ne.jp/doc/english/global/david/dwe002/dwe00236.html>)

4. BEHAVIOR GUIDELINES AND DISCIPLINE POLICY

Vulnerable children often have extreme behavioral challenges. Being proactive about expected challenges helps to put things in perspective and prepare the staff to handle the challenges with grace.

I. STREET CHILDREN

- A. Street children have unique behavioral challenges. Please reference Jeff Anderson's guide to street children ministry. <http://actioninternational.org/documents/Restoring-Children.pdf>
- B. These children are often addicted to various street behaviors: intake of substances, sexual abuse, provocative behavior, inappropriate language.

II. SPECIAL NEEDS:

A child's special needs, developmental delay, and lack of care and consistency in early years will impact a child's behavior dramatically. Understanding what kind of background the child comes from and what special needs the child has is essential to crafting an effective behavior plan.

- A. Reactive Attachment Disorder: Children who failed to have loving consistent bonding with a care giver at a very young age can develop Reactive Attachment Disorder (RAD). This results in difficulty in forming trusting, respectful, mutual, and appropriate bonds between a child and care givers. To a new person, the child may act sweet, endearing, and charming. To habitual care givers, the child may act disrespectful, defiant, compulsively lying or manipulating to exert control. Management includes providing a stable, safe living situation, positive interactions with consistent care givers, being nurturing, responsive, and caring and providing a stimulating, interactive environment. (<http://www.mayoclinic.org/diseases-conditions/reactive-attachment-disorder/basics/treatment/con-20032126>)
- B. Corporal Punishment: It is unwise to allow any type of corporal (physical) punishment within an official ministry. Physical forms of discipline are unwise for children who come from an abusive background and put the ministry at risk for allegations of child abuse. Alternative forms of discipline are most advisable.

1. Rewards: Behavior charts rewarding appropriate behavior can reinforce behaviors that we want the child to continue. A behavior chart defines which behaviors we want to see from the child and rewards the child. “Catch them being good” proactively seeks to reward the child. This is especially effective for a child who receives significant negative attention for poor behavior. Examples: soda one on one with a mentor on campus, extra time in the play room, arts and crafts, stay up an extra 15 minutes at night and read a story with a mentor. Remember to adhere to the child protection policy even when giving a reward. A mentor should not take one child out alone.
 2. Consequences: Set clear standards for behavior, listing the unacceptable and acceptable behaviors clearly. Consider visual diagrams including words and pictures to help children who struggle with abstract concepts. Posting the expected behaviors on the wall serves to continually remind the child of what is expected. Examples: extra chore, 15 minutes earlier to bed, time out, being “grounded” and missing special events.
 3. Do not use food as either a reward or a consequence. Food is a big issue for many vulnerable children. The exception might be earning some sweets or losing sweets. But for the most part, food should not be used as a motivator.
 4. Determine what rewards and consequences are appropriate for your culture and setting. Every child will respond differently.
- C. Clear routine and clear consequences are crucial to maintaining order within a children’s ministry and provide vulnerable children with a sense of safety and security.
1. Put a schedule on the wall and follow it.
 2. Give children chores to help out.
 3. Put reasonable expectations on each child according to his/her level of development.
 4. Warn children ahead of time of any change in schedule, routine, or staffing.

5. CHILD PROTECTION AND PHOTOGRAPHY POLICIES

I. THE CHILD PROTECTION POLICY SERVES SEVERAL PURPOSES, INCLUDING (BUT NOT LIMITED TO):

- A. Protecting children: by align ourselves and agreeing to the policy, we have put safeguards in place to limit access to children and limit interactions to safe and appropriate places and ways. This includes protecting children against abuse, but also protecting children with unique needs such as reactive attachment disorder.
- B. Protecting workers: False allegations are a favorite tool of enemies in many cultures. A worker who is put into a suspicious situation is one that is put at risk. Not placing adults in situations that might be tempting for them is also a means of loving others. Even if a missionary or employee is a strong Christian, it is unloving of us to place them in a tempting or risky situation. Examples of situations to be avoided are: being alone with a child without a chaperone or overly intimate contact.
- C. Complying to government guidelines and mandates: Governments are increasingly under fire from NGOs and funders to provide assurances that children are free from abuse and trafficking. They, in turn, will put pressure on any organization caring for children. Failure to comply to government guidelines puts the organization, the ministry, and the individual workers and missionaries in grave danger.
- D. See Appendix I for an example of a child protection policy from ACTION Uganda. ACTION Uganda has a slightly different version applicable to visitors and missionaries. Everyone who has contact with children signs a new policy every year and the signature page is filed in the employee or missionary file.

II. PHOTOGRAPHY POLICY

- A. In a digital age, we need to be increasingly careful with photography.
- B. A child's photo should never be used without explicit permission from the guardian.
- C. A child's photo should never be used to represent a cause that is not benefitting her directly. This includes using a child's photo as a stock photo for a different project.
- D. A child's photo should not be used on a personal social media page but should be used on a ministry page so that the photo is seen to be property of the organization. Social media is tricky and public. Use caution!
- E. No photo of a partially clad child (or adult) should be used.

- F. Remind your visitors that these children are other people's children. Be respectful of them and consider how you would feel about a stranger taking your child's photo and using it.
- G. See Appendix II for an example of a photography policy from ACTION Uganda.

6. COUNSELING NEEDS (I.E. GRIEF, DEATH, ETC.)

The goal of all counseling is to turn the eyes of the heart onto Christ and encourage trust in Him. Methods, words, and techniques used for counseling, as important as they may be, are all communicated through cultural and situational filters. These filters render some appropriate in one place and time, while inappropriate in others. But as diverse as we may be in our outward responses and expressions, we are astonishingly similar in our underlying need.

The heart condition of every child is the same.

The overwhelming need every child faces is the need to be reconciled to God.

It is such a great, eternally profound need, that it dwarfs all other needs. Every child in the whole world is an orphan in the truest sense because every child is born in rebellion and is estranged from her or his true Father. This is the relationship that counts for eternity, and it is a problem we all share.

From the moment we enter a child's life, we are counseling them. Our words, our actions, our relationships, our priorities, our techniques and methods all teach about who God is, what is really important, and what God expects from us. All of these actions and words are based upon presuppositions about what we believe are most fundamentally true about God and the world.

Sometimes we counsel directly, other times we counsel indirectly, but in either case what we say and do will either support the Gospel or detract from it. The Gospel is a very simple message: God sent His righteous Son in love to suffer punishment in your place, a rebellious sinner, so that you can be reunited and live happily under the Lordship of Christ with God forever.

It is one sentence, but it is full of meaning and implications for our lives. Our words and actions either support the assumptions of the Bible, or they undermine them. Biblical counseling that is truly helpful and loving will make this eternal message the center of its goals, methods, and practices, therefore we must ensure that these basic truths that support the Gospel message are emphasized and supported in all our methodologies

Basic Truths that should be evident from our counseling of a child (taken from Threads of the Gospel):

1. The Character of God: God is the just and gracious creator of all things.
2. The Sinfulness of Man: We are each created by God, but we are all corrupted by sin.
3. The Sufficiency of Christ: Jesus alone is able to remove our sin and reconcile us to God.
4. The Necessity of Faith: We are reconciled to God only through faith in Jesus.
5. The Urgency of Eternity: Our eternal destiny is dependent upon our response to Jesus.

We need to think diligently and carefully about our words, actions, priorities, and methods in light of the Gospel. The currents of the world and our busy lives tempt us to aim our attentions elsewhere and assume we are faithfully stewarding this message, but we should take heed to God tells us in His word,

- **John 4:13-14:** *Jesus said to her, “Everyone who drinks of this water will be thirsty again, but whoever drinks of the water that I will give him will never be thirsty again. The water that I will give him will become in him a spring of water welling up to eternal life.”*
- **John 6:35:** Jesus said to them, “I am the bread of life; whoever comes to me shall not hunger, and whoever believes in me shall never thirst.
- **Luke 5:31-32:** And Jesus answered them, “Those who are well have no need of a physician, but those who are sick. I have not come to call the righteous but sinners to repentance.”
- **Mark 9:42:** If anyone causes one of these little ones--those who believe in me--to stumble, it would be better for them if a large millstone were hung around their neck and they were thrown into the sea.
- **2 Corinthians 4:1-2:** Therefore, having this ministry by the mercy of God, we do not lose heart. But we have renounced disgraceful, underhanded ways. We refuse to practice cunning or to tamper with God’s word, but by the open statement of the truth we would commend ourselves to everyone’s conscience in the sight of God.
- **1 Peter 5:6-7:** Humble yourselves, therefore, under the mighty hand of God so that at the proper time he may exalt you, casting all your anxieties on him, because he cares for you.

- **Matthew 6:25-34:** “For this reason I say to you, do not be worried about your life, as to what you will eat or what you will drink; nor for your body, as to what you will put on. Is not life more than food, and the body more than clothing? “Look at the birds of the air, that they do not sow, nor reap nor gather into barns, and yet your heavenly Father feeds them. Are you not worth much more than they? “And who of you by being worried can add a single hour to his life? “And why are you worried about clothing? Observe how the lilies of the field grow; they do not toil nor do they spin, yet I say to you that not even Solomon in all his glory clothed himself like one of these. “But if God so clothes the grass of the field, which is alive today and tomorrow is thrown into the furnace, will He not much more clothe you? You of little faith! “Do not worry then, saying, ‘What will we eat?’ or ‘What will we drink?’ or ‘What will we wear for clothing?’ “For the Gentiles eagerly seek all these things; for your heavenly Father knows that you need all these things. “But seek first His kingdom and His righteousness, and all these things will be added to you. “So do not worry about tomorrow; for tomorrow will care for itself. Each day has enough trouble of its own.” (NIV)

If the Gospel is living water that everyone needs, then our words, actions, priorities, and methods are vessels to carry or display it. Children need to see the Christ, and His message is the answer to their problems. They need to clearly see and be attracted to the gospel, not the vessel. At the same time, they need to recognize that what is in the cup is for drinking!

7. PERIODIC ASSESSMENTS

Periodic multidisciplinary case reviews are essential to stay on track with each child’s care, education, growth, development, and placement plans. The timing of the assessments depends on the needs of the ministry. In a residential program, perform quarterly assessments with a comprehensive annual assessment.

I. CASE REVIEWS:

- Review each child on an individual basis (see below for sample forms).
- Team members to include in case review meetings: chaplain, matron/care givers, social worker, medical supervisor, missionaries, etc.



Case review worksheet

Child's name: _____

Date: _____ Current age: _____ Current grade: _____ Rank in class: _____ / _____

School: _____

Child's siblings: _____

Date of arrival at HOL: _____

Reason for placement at HOL: _____

Papers/file in order? _____

Family situation: _____

1. Mother: _____
2. Father: _____
3. Relatives: _____
4. Other support: _____

Barriers to reunification with family:

Assessments from the team

1. **Spiritual:** _____

2. **Emotional:** _____

3. **Physical:** _____

4. **Academic:** _____

5. **Placement plans:** _____

Summary of findings

Child's future placement goal: _____

Action plan:

1. **Spiritual:**

2. **Emotional:** _____

3. **Physical:** _____

4. **Academic:** _____

5. **Placement plans:** _____

Team recommendation to Director:

1. Placement in December 2015:

2. Schooling for 2016:

3. Physical help for child/family by December 2015:

4. Next steps:

Team members present:

8. RE-INTEGRATION AND AGING OUT OF ORPHAN CARE

- A. Follow the standards of your host country, however, most countries adhere to the UNICEF guidelines which define children as those under the age of 18. This means that, with some exceptions, no one should stay in an orphan care program who is older than the age of 18.
- B. Exceptions to the rule include those who are unable to care for themselves due to disabilities and special needs. By the age of 21, such individuals should be transitioned to an adult care program.
- C. As the child enters adolescence, the team should already be in discussion with the child and any appropriate parties about long-term plans for the child. Vocational training is available worldwide and is often an excellent advantage to give the child. Consider the child's skillset, interests, the market for the proposed vocation, cultural appropriateness, start-up costs, and long-term sustainability. Some children may qualify for university and advanced training. Regardless, the child must be set up for supporting herself.
- D. In many cultures, a child's identity and future is linked to being part of family and living on family land. This is one strong argument for placing the child with family instead of keeping the child in an institution. A child who is not linked to family has weak infrastructure to support him during the first years of getting established in self-sustainability and adult life.
- E. Begin discussions with the child about aging out by the time she is 16 years old minimum.
- F. Other topics to be worked through with the child (and team) include: financial management, sexual development/health/safety/Biblical principles, Biblical marriage and family, peer pressure, drugs/alcohol/substances, accessing health care, writing a resume/CV, participating in job interviews, growing food, building and taking care of a home, accessing public services and transportation, what to do if in trouble, securing forms of national identification (including birth certificate), how to start out in adult life (securing a home, a job and food).
- G. Transition packages might be discussed with the team if there is no family to help out. This might include a step-down program of helping with rent, food, and job applications.

UNICEF Alternative Care Guidelines: http://www.unicef.org/protection/alternative_care_Guidelines-English.pdf

APPENDIX I: SAMPLE CHILD PROTECTION POLICY



ACTION INTERNATIONAL MINISTRIES UGANDA

Country Director: Joshua Rattin

ACTION GULU PO Box 656 Gulu, Uganda Contact: 0782148238 Reg. Certificate S.5914/5226 Email: guluinfo@gmail.com

Child Protection Guidelines for employees

As an employee with ACTION (even if my primary ministry is not intended to be with children), I understand and agree to the following guidelines while in the presence of children at any ministry location.

1. Never be alone with children nor invite a child into your room. For your protection and the protection of the children, interact with children only when and where other ACTION team members can observe you.
2. Do not take photos of children within the ministries unless you have permission from Director **** or Children in Crisis Director ****.
3. Never give a child a gift directly – you can give gifts through Home of Love administrator and missionaries.
4. Our missionaries and staff have been instructed not to expose you to situations in which you could be compromised, exploited, or open to false accusation. Please give them your full cooperation. Please hold to the same guidelines with people who accompany you.
5. Always report to your supervisor any discovered, actual, or alleged cases of abuse. The source of information may come from children or other workers. Because of the nature of such allegations, share this information only with your supervisor. Always get the field leader to follow up and take this matter seriously. If he or she doesn't, go to his/her supervisor.
6. Never beat, cane, or otherwise strike a child. If the child is not responding to established disciplinary measures, call your supervisor immediately. If a child is putting himself or others at risk, call your supervisor immediately.
7. All children must be supervised at all times. If you find that you must leave work, you must first arrange with your supervisor and ensure that the children are adequately supervised before leaving.
8. You are expected to help children and other staff members adhere to the rules and regulations always.

9. As per Uganda's National Orphans and Vulnerable Children policy, we are all responsible "to provide the love, guidance and attention children need to develop in a healthy way to become active members of the community." The vision of Uganda's Policy on OVC's is "a society where all orphans and other vulnerable children live to their full potential and their rights and aspirations are fulfilled" (*National Orphans and Vulnerable Children Policy, May 2004*).

Each ACTION country has set policy that complies with the legal requirements of the country/province in conjunction with appropriate and witnessed documentation.

I agree with the child protection preventative measures of ACTION. I also agree with the photography policy and have received a copy for my reference. By signing this agreement, I acknowledge that violation of any of these guidelines may result in my termination of employment immediately.

Child Protection Policy agreement form

Please keep the above copy of the CPC and Photography policies for your own record, sign, and hand in the below statement.

I agree with the child protection preventative measures of ACTION. I also agree with the photography policy and have received a copy for my reference. By signing this agreement, I acknowledge that violation of any of these guidelines may result in my being sent home immediately.

Name: _____

Date of Birth: _____

Physical (permanent) address: _____

Signed _____ Date _____

Witnessed by _____ Date _____

APPENDIX II: SAMPLE PHOTOGRAPHY POLICY



ACTION INTERNATIONAL MINISTRIES UGANDA

Country Director: Joshua Rattin

*ACTION GULU PO Box 656 Gulu, Uganda Contact: 0782148238 Reg. Certificate S.5914/5226
Email: guluinfo@gmail.com*

Photography policy

Concerning ALL children in ACTION programs (Jesus is the Truth school, Home of Love, family strengthening and scholarships.)

1. Ask permission of your hosts or the Communications Coordinator before taking any photographs.
2. Ask permission of the Communications Coordinator before using any photographs for publication.
3. In general, photographs of groups of children may be used for a private presentation about your trip.
4. Photographs of children in ACTION's programs may not be used to promote other causes without explicit written permission from the director (who will get permission from those pictured in the photo and their guardian when applicable).
5. Photographs of individual ACTION children may not be posted on the internet by non-ACTION personnel.

Photographs of groups of ACTION children may be approved on a case-by-case basis for posting on the internet in the context of reporting about your trip. Please ask the Communications Coordinator for approval.

Joshua (MDiv) and Abigail (MD, MPH) Rattin have served in Children in Crisis ministries in Gulu, Uganda with their five children. They were able to guide the team on the ground through the reunification and placement of children with their families also have develop special needs programs for high risk children.

Section G: Networking and Resources

by Jeff Anderson

I. INTRODUCTION

As born-again followers of Christ we passionately desire to be doers of the Bible. We desire to see and feel as Jesus did when He looked upon the crowds and was moved with compassion for them. Caring for orphans and widows is clearly a biblical mandate in both the Old and New Testaments; therefore, our ministries must be Gospel-centered. This means that our ministries of mercy for the most vulnerable among us, orphans and widows, must be coupled with proclaiming the Gospel. Both the proclamation and demonstration of the Gospel are required in our confused, needy and lost world. However, how do we do this when our time, material resources and skills are limited and we are overwhelmed with the needs in our immediate area, let alone worldwide?

The answer is both complex and simple, and it is a Bible-based reality. As the body of Christ, we are multi-skilled, multi-gifted, multi-colored, many-tongued and Spirit-empowered, both locally and globally. Also as the body of Christ, we are passionately serving Christ, one another and our neighbors, including orphans and widows, in our immediate location and around the world. In short, God's family of adopted sons and daughters need to network with each other by sharing expertise, material resources, time and love, as we together serve orphans and widows in their distress. If we are not networking with fellow Christ-followers, national and local governments, international and national non-governmental organizations, and international and national faith-based organizations (with proven track records) in orphan care, we are missing out on practical assistance, training, moral support and possibly funding.

Networking is simply getting to know your potential friends and partners in ministry, and research is the place to begin. Research will help you answer questions like: What are available resources? What are the real needs of children in my area? How can I best respond to them? Who will work with me?

II. DOING RESEARCH

Three areas of research should be conducted in order to form the basis of ministry:

A. The church, both local and international. Look for resources available to the ministry such as time, skilled manpower, materials and finances.

1. A timely reminder: time is our most valuable resource
2. Look for prayer-warriors with whom can be shared requests until God answers

B. The community. Look for resources available to the ministry from neighborhood officials, businesses, professionals, teachers, police, like-minded agencies, and other churches. Investigate what other ministries are in your area and what they are doing. It is good to observe firsthand what others are doing and learn from them. Ideas for community advocacy:

1. Make use of visual-aids like posters, brochures, power points and newsletters.
2. Invite a child to your community assemblies and let him talk about his experiences.
3. Organize children into a theatre group to dramatize the lives of children to various audiences.
4. Ask local radio stations and newspapers to give airtime and space to disseminate information about your community and ministry.
5. Ask a child or family to give a testimony if appropriate.
6. Invite small groups from the community to go with you to the streets, neighborhoods or villages to have direct experience observing the lives of people and end the exposure with a time of reflection. If possible firm up people's commitments to respond to what they observed.
7. When you solicit funds from the community or church for needs such as school uniforms and supplies, capital for income generating projects, or medical assistance, be sure to give them consistent reports of your expenditures and the results. Many donors require, and all appreciate, information on the results of their contributions.

C. The children: learn their name and about their schedule, needs, educational attainment, desires, family and livelihood.

Use the acquired information to plan and develop the ministry into which God is leading you and your team. Establish linkages with other churches and like-minded agencies that have established ministries. You will be able to learn *from* them and refer children you are ministering *to* them.

III. THE PURPOSE OF RESEARCH

The purpose of research is to acquire practical information to develop appropriate programs and services addressing the specific needs of the children you are ministering to. The research needs to be initiated and done by concerned people so they own it and can apply the data. The information will also be useful in raising awareness of the situation in your community.

Objectives of research:

- A. To discover the true needs of children and learn about the area where they live and work.
- B. To discover how our ministry can cooperate with and compliment similar churches and agencies.
- C. To learn of local material resources which can be provided for outreaches and services such as food, clothing, education and medical supplies.
- D. To present the ministry, develop working relationships, obtain permission and protection from local authorities and leaders such as police, elected officials, business owners and school teachers.

IV. GETTING TO KNOW YOUR CHURCH

The first place to start in the research stage is to study your local church or body of believers. Is the church ready and willing to begin a ministry among children-in-crisis? Included in this chapter are forms to help your church assess itself and what its potential is for this specialized ministry. There are also worksheets to stimulate thinking and aid planning. I recommend a group of people work together on these forms and worksheets because this will help develop ownership, focus and plans.

Note: Refer to the attachment for the forms and worksheets, which can be adapted according to your need.

V. GETTING TO KNOW YOUR COMMUNITY

- A. As a response to the needs of children, investigate what the government and non-governmental, faith-based and civic organizations are doing to address the plight of children and their families.
 - 1. The government: learn what the local, regional and national social welfare and development departments are doing and what services they offer.
 - 2. Non-governmental, faith-based and civic organizations: learn what they are doing and what services they offer.
- B. Visit local potential resource providers. They may help ministries such as:
 - 1. Community-based or preventative programs focusing on the cause of children being in crisis.
 - 2. Street-based outreach focusing on children on the streets delivering services such as food, education, first-aid, protection and referrals.
 - 3. Center-based residential or institutional care which is usually managed by non-government organizations.

VI. GETTING TO KNOW CHILDREN

Love children by getting to know them. Once you have selected a group of children to work with, ask them what their idea of a group is, and if they were to join one, what their expectations would be. Usually they will mention practical things like money, food, clothes and protection, but make a mental note of deeper issues. If a sick child comes to you for example, accompany him to a nearby health center. If possible bring other children with you because you will be introducing them to the availability of health services. Organize children into discussion groups, which can serve as a means for ventilating their problems and exploring solutions. Children, especially those who have been on the streets for a long time, come up with simple, practical solutions to their problems.

VII. DEVELOPMENT

“By wisdom a house is built, and through understanding it is established; through knowledge its rooms are filled with rare and beautiful treasures” (Proverbs 24:3-4, NIV).

A. The reason for researching your church, community and children is to develop an accurate profile of the needs, resources needed to address them and their availability.

Questions like the following will be answered:

1. Why is this ministry needed?
2. Who will do it?
3. When will it be done?
4. What form should it take?
5. Where will it be done?
6. How will it be done?

B. It is a fact that resources are limited such as time, money and skilled manpower. Jesus exhorts us to count the cost before beginning a project (Luke 14:28-33). Research is counting the cost lest we foolishly begin a ministry and cannot complete it. Therefore:

1. Evaluate your information.
2. Document your information.
3. Develop your strategy based on your information.
4. Secure your resources.
5. Begin your ministry, evaluate your ministry bi-weekly with your team, and adjust ministry as needed.
6. Report the results of your ministry regularly to your superiors and supporters.

VIII.ACCOUNTABILITY

The ministry team, lead by its leaders, should develop goals each year, and everyone on the team should own them. People feel a sense of ownership when they are an integral part of the development process. Every opportunity for input, prayer, planning and sharing of information builds ownership. No one on the team is an outside critic of the ministry. Team membership means responsibility as well as privilege. The team's performance should be evaluated regularly. Both successes and failures should be discussed and explained. Members of the team also have a right to competent leadership. Team leaders have a right to expect each member to attend planning and debriefing meetings, give their best effort and always minister to the team and their target children. When accountability runs through a team it brings structure and discipline that strengthens it for the rigors of long-haul ministry.

IX. STRIVE FOR EXCELLENCE

“Approve things that are excellent” (Philippians 1:10, KJV). Each of us is a builder. God has given us many opportunities and resources to build our personal lives, families and ministries. Excellence must characterize the entire process.

- A. Excellence is choosing the best available resources.
- B. Excellence is using your best available skills.
- C. Excellence is exercising faithfulness and integrity in the details of our lives and ministries. (1 Corinthians 3:10-14)

X. A WORD ABOUT NETWORKING INSIDE OF ACTION

For various reasons networking local, regional and worldwide ministries is difficult; however, with strong standards, accountability and integrated planning, ACTION can work through these challenges. The Task Force trusts ACTION’s 2020 Global Strategic Direction will help leaders and their teams develop effective networking.

XI. CONCLUSION

All of this is easier said than done. Synergy needs to be built and maintained by joint prayer, research, planning and implementation, trust in one another and faith in God. Synergy is tough to build and even tougher to maintain, but the results are well worth the time, effort and funds invested.

This chapter is from Restoring Children of the Streets A Guide for Mobilizing and Equipping God’s People around the World by Jeff Anderson, Fifth Edition: condensed version September 2007. <http://actioninternational.org/documents/RestoringChildren.pdf>

For further study, refer to these Bible passages: Matthew 9:36; Psalm 68:5; Isaiah 1:17; 58:6-12; Matthew 25:34-40; James 1:27; 1 Corinthians 12:12-31; Galatians 4:4-7.

Refer to the attachment for forms and worksheets.

Rev. Jeffrey S. Anderson (jeff.anderson@actionintl.org) is ACTION’s Coordinator for East Asia. He has served as Associate International Director, Senior Consultant and Advocate for Children-in-Crisis Ministries, Director of the Street Impact Team, a ministry to children-in-crisis and their families, and Coordinator of Disaster Response and Development. He and his wife Mary Ann have lived and worked in Manila, Philippines, since 1985 ministering to street children, prisoners and prostitutes and disaster response and development. Before the Andersons went to Manila they served for eight years with Midwest Challenge in Minneapolis, Minnesota where they did similar ministry.

Worksheet 1: Empathizing

Worksheet prepared by Martin Scholz, Action International Ministries

If you were a street child, how would you feel about yourself and your world? Imagine you are a street child. Describe yourself. Use only personal pronouns (I, me, mine, etc.). Use the categories below to assist you.

1. General Appearance	9. Dreams or Longings	17. Help: From whom?
2. Odor	10. Food (What and When?)	From what?
3. Conversation	11. Sleep (When and Where?)	From where?
4. Mannerisms	12. Health (Common illnesses)	When?
5. Education	13. Interests	For how long?
6. Work	14. Neighborhood	Why?
7. Family	15. Enemies	
8. Emotions	16. Allies	

Additional comments or discussion:

Worksheet 2: Profile

Worksheet prepared by Martin Scholz, Action International Ministries

Not all ministries to street children need to be identical. What do you think are the priority components of your ministry? What will be your Street Children Ministry Profile? Mark each entry as **H** (high), **M** (medium), or **L** (low) priority according to which aspects of street children ministry you feel need to be accomplished first, later, and last.

- H M L** scouting the city for street children
- H M L** locating maps of the city
- H M L** beginning prayer meetings for street children
- H M L** planning open-air evangelism targeting street children
- H M L** designing practical ways of approaching street children
- H M L** meeting with government workers (especially social workers) already working in targeted areas
- H M L** meeting with concerned people at an appropriate police station
- H M L** identifying government plans to help street children
- H M L** establishing contact with the parents of street children
- H M L** identifying existing cult or other groups that have influence with street children
- H M L** locating local churches interested in street children ministry in your area of interest
- H M L** identifying other churches or organizations already working in this type of ministry
- H M L** deciding the minimum personnel needed to begin
- H M L** targeting a specific area of the city to begin
- H M L** informing your church or organization of your plans
- H M L** establishing a basic strategy for ministry
- H M L** establishing a prayer support group
- H M L** establishing rapport with street children
- H M L** establishing financial backing
- H M L** establishing accountability with those in authority over you
- H M L** establishing legal protection
- H M L** building a core ministry group
- H M L** sharing the needs of street children
- H M L** deciding the qualifications for street workers
- H M L** completing case studies on each child
- H M L** completing case studies on the children's parents
- H M L** completing case studies on each community

H M L forming guidelines for medical assistance
H M L forming guidelines for food assistance
H M L forming guidelines for educational sponsorship
H M L developing contacts for job opportunities
H M L developing adequate discipleship approaches
H M L developing adequate follow-up approaches
H M L setting crisis intervention procedures
H M L setting guidelines for reconciliation between children and parents
H M L establishing a drop-in center
H M L designating staff for a drop-in center
H M L determining goals of a drop-in center
H M L determining goals of working with street children
H M L identifying dangerous obstacles in the ministry
H M L connecting with community development programs
H M L identifying building plans for common locations of street children
H M L planning special activities for street children
H M L finding a proper base of operations for the work
H M L identifying special needs of street children
H M L connecting with sports programs
H M L connecting with clubs
H M L developing a resource library about street children
H M L listing materials needed
H M L developing a list of key Christian businessmen
H M L sharing the work locally
H M L sharing the work nationally
H M L sharing the work internationally
H M L planning attendance at important conferences
H M L networking with other organizations
H M L developing an adequate filing system
H M L establishing a long-term rehabilitation facility

- 5. Lay out a sequence of events.**

6. *Determine the resources necessary to carry out your plan:*

Time

People

Facilities

Budget

Cooperation

7. *Analyze your present resources*

Time

People

Facilities

Budget

Cooperation

Worksheet 4: Assessing Your Ministry

Your church has many ministries. Who will be on the street children ministry team and how much time can they give to the work? Will you require new workers?

Name of Agency or Church: _____ Responsible Person: _____ Date: _____

The Present

1. Make a list of every ministry in your church.
2. Write the names of every worker of every ministry.
3. How much time does each worker invest in ministry every week, both in preparation and actual on-location presence?
4. Write the names of your workers and their work times including time spent in preparation and at their ministry locations including travel time.

	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
5 AM							
6 AM							
7 AM							
8 AM							
9 AM							
10 AM							
11 AM							
12 Noon							
1 PM							
2 PM							
3 PM							
4 PM							
5 PM							
6 PM							
7 PM							
8 PM							
9 PM							
10 PM							

Worksheet 5: Planning Your Ministry

How well do you understand and know the street children that you are targeting? Is anyone else ministering in their area? If so, what are they doing?

1. Define your ministry

Is it to evangelize? Disciple? Plant a church? Train leadership? Exercise social responsibility? A combination of these? Ultimately what do you want to see in the long term.

2. Understanding the street people in your target area

2.1 Basic data

What target group are you trying to reach? (Street children, sidewalk vendors, beggars, street families, prostitutes, others.)

What is the total number in your target group?

Describe your target group using these categories: Rate H (High), M (Medium), L (Low)

- | | |
|--|---|
| <input type="checkbox"/> Same language | <input type="checkbox"/> Common residential area |
| <input type="checkbox"/> Similar occupation | <input type="checkbox"/> Similar social class |
| <input type="checkbox"/> Racial or ethnic similarity | <input type="checkbox"/> Similar economic status |
| <input type="checkbox"/> Shared religious customs | <input type="checkbox"/> Shared hobby or interest |
| <input type="checkbox"/> Common kinship ties | <input type="checkbox"/> Discrimination from others |
| <input type="checkbox"/> Strong sense of unity | <input type="checkbox"/> Unique health situation |
| <input type="checkbox"/> Similar education level | <input type="checkbox"/> Similar age |
| <input type="checkbox"/> Common significant problems | <input type="checkbox"/> Other |

2.2 Outlook — world view, thought processes and language

Would street people say that you understand their world view? The way they think? Their language?

Do you need more understanding in any of these areas? Do you need assistance? If so, who can you ask for help?

2.3 Needs

What are the felt needs of your target group? What opportunities for ministry do these needs open up?

2.4 Social structure

What factors have caused your target group to be on the streets?

2.5 Receptivity of your target group to the Gospel

Check the categories below that best describe your target group:

- | | |
|--|---|
| <input type="checkbox"/> No awareness of Christianity | <input type="checkbox"/> Recognize a personal need for the Gospel |
| <input type="checkbox"/> Aware Christianity exists | <input type="checkbox"/> Christian |
| <input type="checkbox"/> Some knowledge of the Gospel | <input type="checkbox"/> Church Members |
| <input type="checkbox"/> Comprehension of the Gospel message | <input type="checkbox"/> Active propagators of the Gospel |
| <input type="checkbox"/> Being evangelized | |

2.6 Christian witness and services offered to target group

Investigate and list the various ministries and services offered among your target group:

Church, Mission or Agency	Year Begun	Number of Workers	Activities	Results
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				
10. _____				

How are their ministry services different?

Do they have resources that could help you in your ministry?

Do you have resources that could help them in their ministry?

3. The ministers

What type of person is needed to reach these people? For example, list what ten qualities are needed.

Qualities	Spiritual Gifts	Sensitivities	Personalities	Skills	Lifestyles
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					

Where can such people be found? What preparation and training do they need? What is your recruitment strategy?

Location for Recruits	Preparation and Training Needed	Recruitment Strategy
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

What are the implications for your own life? How must you change? What qualities and skills must you develop?

4. The methods

How do your methods relate to the receptivity of the people?

What methods are you currently using? How effective are they?

What kinds of new methods have been most effective in reaching, discipling and training these people?

What kinds of new methods could be tried?

5. Anticipated results

What obstacles do you anticipate in achieving your objectives?

What are possible solutions to overcoming these obstacles?

Think about this information. Pray over this information, individually and in your ministry group. What are the implications for your ministry? What are you doing right? What do you need to change?

Worksheet 6: Goals for the Coming Year

As we look at the upcoming ministry year, what do we desire to achieve? Proverbs 15:22; 16:3; 24:3-4; Luke 14:28-32

Feedback

Do you need help developing understanding of the world-view, ways of thinking, and language of street children?

What kind of help can local ministries offer you in developing new qualities and skills to carry out your ministry?

Worksheet 7: Project/Budget Proposal

Agency or Church: _____ Date: _____
Address: _____ Email: _____
Phone: _____ Fax: _____
Contact Person: _____ Person in Charge: _____
Name of the Project: _____
Location of the Project: _____

.....

The Project Proposal

1. Purpose of Project: _____

2. Project duration and desired outcome: _____

3. Description of Project:
 - a. History: _____

 - b. Target group: _____

 - c. Rationale of Project: _____

 - d. Method: _____

 - e. Programs and services (such as, evangelism, feeding, education, recreation): _____

g. Action plan and activities: _____

h. Program: _____

i. Personnel: _____

j. Schedule: _____

	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
<i>5 AM</i>							
<i>6 AM</i>							
<i>7 AM</i>							
<i>8 AM</i>							
<i>9 AM</i>							
<i>10 AM</i>							
<i>11 AM</i>							
<i>12 Noon</i>							
<i>1 PM</i>							
<i>2 PM</i>							
<i>3 PM</i>							
<i>4 PM</i>							
<i>5 PM</i>							
<i>6 PM</i>							
<i>7 PM</i>							
<i>8 PM</i>							
<i>9 PM</i>							
<i>10 PM</i>							

The Budget

Starting Date: _____ Completion Date: _____

	<i>Monthly</i>	<i>Annual</i>
<i>A. Administration:</i>		
1. Transportation for workers	_____	_____
2. Food allowance for workers	_____	_____
3. Salaries	_____	_____
4. Gifts for workers	_____	_____
5. Photographs for documentation	_____	_____
6. Promotional materials	_____	_____
7. Office supplies and postage	_____	_____
8. Other (specify) _____	_____	_____
	_____	_____
ADMINISTRATION TOTAL	_____	_____
<i>B. Program:</i>		
1. Food for children	_____	_____
2. Clothing	_____	_____
3. Medicine	_____	_____
4. Education	_____	_____
5. Evangelistic and follow-up materials	_____	_____
6. Camping	_____	_____
7. Special activities (social gatherings, picnics, sports events, etc.)	_____	_____
8. Other (specify) _____	_____	_____
	_____	_____
PROGRAM/SERVICES TOTAL	_____	_____
<i>C. Facilities</i>		
1. Rent	_____	_____
2. Utilities (electricity and water)	_____	_____
3. Maintenance and security	_____	_____
4. Telephone	_____	_____
5. Other (specify) _____	_____	_____
	_____	_____
FACILITIES TOTAL	_____	_____
	_____	_____
GRAND TOTAL	_____	_____

Worksheet 8: Job Descriptions

Assignment:

Summary:

Essential functions:

Worksheet 9: Street Child Record

**Place
photo of
street child
here.**

Name: _____

Address or location: _____

Age: _____ Sex: _____ Date of birth: _____

Father's name: _____ Age: _____ Occupation: _____

Mother's name: _____ Age: _____ Occupation: _____

Brother(s) & sister(s): _____

Where is their family now? _____

Have you gone to any institution or centers for help? Yes [] No []

If yes, what institution and location? _____

How long did you stay there and what was your reason for leaving? _____

What services do they give? _____

Have you received Jesus Christ as your personal Lord and Savior? _____

If yes, when? _____ Who led you? _____

Are you interested in a Bible Study? _____

Where can we contact you and what time of day? _____

Do you have any illnesses? Yes [] No [] If yes, what? _____

What are your immediate needs? _____

What are your long-term needs? _____

What is your source of livelihood? _____

How much do you earn daily? _____

What is your aspiration for your life? _____

How do you hope to realize your aspiration? _____

.....

Interviewer's comments: _____

Interviewer's name: _____ Date: _____

Name of church or agency: _____

Address: _____

Worksheet 10: Church & Para-church Organization Survey

Surveyor's name: _____ Date: _____

Name of church or organization: _____

Address: _____ Telephone: _____

Person Interviewed: _____ Position: _____

Regarding ministry to street children and prostitutes

1. What specific ways do you feel the church can best minister to street children?

2. What are you currently doing or are willing to do to minister to street children?

Currently doing: _____

Willing to do: _____

3. What kind of assistance do you need in your ministry to street children?

4. What specific ways do you feel the church can best minister to prostitutes?

5. What are you currently doing or are willing to do in order to minister to prostitutes ?

Currently doing: _____

Willing to do: _____

6. What kind of assistance do you need in your ministry to prostitutes ?

7. In what ways would you be willing to cooperate with other groups?

8. Are there any members of your church or organization who have been called of the Lord into this type of ministry?
If yes, may we contact them? Please list their names and telephone numbers:

Worksheet 11: Agency Survey

Survey for Government or Private Agencies Working with Street Children & Prostitutes

A. Your Involvement

1. What type of organization are you? ☐ Government ☐ Private ☐ Other _____
2. What is the name and address of your organization?

3. Which of the following categories describe the scope of your organization's work?

<input type="checkbox"/> Personal social work	<input type="checkbox"/> Spiritual
<input type="checkbox"/> Medical	<input type="checkbox"/> Relief
<input type="checkbox"/> Other _____	
4. When did your organization begin this work? Date: _____
5. Of the following groups, which do you encounter most frequently? (Please number in order.)

___ Homeless men	___ Female prostitutes
___ Homeless women	___ Squatters
___ Homeless children	___ Other _____
6. In your work, what is your primary concern for these people? (Please number in order of priority.)

___ Physical	___ Education
___ Emotional	___ Vocational training
___ Spiritual	___ Other _____
7. How do you build trust with street children?

8. How do you build trust with prostitutes?

9. Please check which box best describes the nature of the work that your organization is doing among the street children and the female prostitutes in your area:

<input type="checkbox"/> Feeding	<input type="checkbox"/> Income generation
<input type="checkbox"/> Value inculcation	<input type="checkbox"/> Child care for children of female prostitutes
<input type="checkbox"/> Spiritual values classes	<input type="checkbox"/> Medical
<input type="checkbox"/> Other _____	
10. What method(s) of rehabilitation have been most successful in your program?

B. Questions about Street Children

General:

1. How have street children come to live on the streets? (Please number in order.)

___ Ran away from home
___ Abandoned by their parents
___ Forced to support themselves
___ Kidnapped
___ Other

-
2. Please number, according to the street children's preference, where they choose to sleep:
- | | |
|--|--|
| <input type="checkbox"/> Street corners | <input type="checkbox"/> Market stalls |
| <input type="checkbox"/> City parks | <input type="checkbox"/> Abandoned buildings |
| <input type="checkbox"/> Under bridges or overpasses | <input type="checkbox"/> Other _____ |
3. Does a street child's area have boundaries? If yes, in what size of an area does he feel safe?
- _____
4. In numerical order, from which of the succeeding groups do street children receive the greatest support?
- | |
|---|
| <input type="checkbox"/> Family |
| <input type="checkbox"/> Peer groups (<input type="checkbox"/> older or <input type="checkbox"/> same age) |
| <input type="checkbox"/> Similar language groups |
| <input type="checkbox"/> Other _____ |
5. Please indicate by number, one being the largest and three the smallest, which are the largest, middle and smallest groups of street children:
- | | | |
|---|--|--|
| <input type="checkbox"/> 6-10 years old | <input type="checkbox"/> 11-15 years old | <input type="checkbox"/> 16-19 years old |
|---|--|--|

Health:

6. What is the nutritional status of most street children that you have contact with:
- | | |
|--|---|
| <input type="checkbox"/> Severely undernourished | <input type="checkbox"/> Adequately nourished |
| <input type="checkbox"/> Mildly undernourished | <input type="checkbox"/> More than adequately nourished |
7. What health facilities are available to street children:
- | | |
|---|---|
| <input type="checkbox"/> Government hospitals | <input type="checkbox"/> Government clinics |
| <input type="checkbox"/> Private hospitals | <input type="checkbox"/> Private clinics |
| <input type="checkbox"/> Church clinics | <input type="checkbox"/> Other _____ |

Education:

8. What forms of education are available to street children?
- | | |
|---|--|
| <input type="checkbox"/> Government or public schools | <input type="checkbox"/> Private schools |
| <input type="checkbox"/> "Schools on the street" | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Church run schools | |
9. What percentage are able to receive some education?
- | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 15% | <input type="checkbox"/> 25% | <input type="checkbox"/> 40% | <input type="checkbox"/> 65% |
|------------------------------|------------------------------|------------------------------|------------------------------|
10. If you know of any organizations that are able to financially assist in the education of street children, please list their names and telephones:
- _____
- _____
- _____
11. What prohibits street children from enrolling in schools? (Please number in order.)
- | | |
|--|---|
| <input type="checkbox"/> Finances | <input type="checkbox"/> Low self-esteem |
| <input type="checkbox"/> Peer pressure | <input type="checkbox"/> Lack of motivation |
| <input type="checkbox"/> Health | <input type="checkbox"/> Lack of desire |
12. What percentage of street children would you say complete the educational system through:
- | | | | |
|------------------|------------------------------|------------------------------|------------------------------|
| Primary level | <input type="checkbox"/> 25% | <input type="checkbox"/> 50% | <input type="checkbox"/> 75% |
| Elementary level | <input type="checkbox"/> 10% | <input type="checkbox"/> 30% | <input type="checkbox"/> 50% |
| Secondary level | <input type="checkbox"/> 5% | <input type="checkbox"/> 15% | <input type="checkbox"/> 30% |

General:

- 73

Health:

10. What is the nutritional status of most prostitutes that you come in contact with:
- | | |
|---|---|
| <input type="checkbox"/> Severely under nourished | <input type="checkbox"/> Adequately nourished |
| <input type="checkbox"/> Mildly under nourished | <input type="checkbox"/> More than adequately nourished |
11. Where do prostitutes in your area deal with health problems?
- | | |
|---|---|
| <input type="checkbox"/> Community health clinics | <input type="checkbox"/> Home remedies |
| <input type="checkbox"/> Government hospitals | <input type="checkbox"/> Over-the-counter or pharmacy drugs |
| <input type="checkbox"/> Private doctors | <input type="checkbox"/> Other _____ |
12. When a female prostitute becomes pregnant, what is she most likely to do?
- | |
|--|
| <input type="checkbox"/> Carry through with the pregnancy and keep her child |
| <input type="checkbox"/> Carry through with the pregnancy and give up her child for adoption |
| <input type="checkbox"/> Carry through with the pregnancy and abandon her child |
| <input type="checkbox"/> Go to a clinic for an abortion |
| <input type="checkbox"/> Have a home abortion |
13. In your experience, would you say that female prostitutes are involved in using illegal drugs?
- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Heavily | <input type="checkbox"/> Very rarely |
| <input type="checkbox"/> Occasionally | <input type="checkbox"/> Not at all |
14. Of all the female prostitutes that you work with, what percentage would you say have sexually transmitted diseases:
- | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> 10% | <input type="checkbox"/> 20% | <input type="checkbox"/> 50% | <input type="checkbox"/> 75% | <input type="checkbox"/> 100% |
|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|

Family:

15. What percentage of female prostitutes:
- | | |
|--|---------|
| Have families that help support them? | _____ % |
| Have families that they must support alone? | _____ % |
| Have families that they support along with their husbands? | _____ % |
| Are on their own without dependents or financial support? | _____ % |
16. How many dependents would a female prostitute generally have to support?
- | | |
|--|---------------------------------------|
| <input type="checkbox"/> One child | <input type="checkbox"/> Aged parents |
| <input type="checkbox"/> Two to three children | <input type="checkbox"/> Husband |
| <input type="checkbox"/> Four to six children | <input type="checkbox"/> Other _____ |
17. While a female prostitute is working, are her children usually:
- | | |
|--|---|
| <input type="checkbox"/> Cared for by family members | <input type="checkbox"/> On the streets |
| <input type="checkbox"/> Cared for by others | <input type="checkbox"/> With her |
| <input type="checkbox"/> Alone at home | <input type="checkbox"/> Other _____ |
18. In your experience, what percentage of children of female prostitutes become street children?
- | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> 10% | <input type="checkbox"/> 20% | <input type="checkbox"/> 50% | <input type="checkbox"/> 80% | <input type="checkbox"/> 100% |
|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|
19. What percentage of children of female prostitutes become prostitutes themselves?
- | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> 10% | <input type="checkbox"/> 20% | <input type="checkbox"/> 50% | <input type="checkbox"/> 80% | <input type="checkbox"/> 100% |
|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|
20. What percentage of the children of female prostitutes move into a higher social bracket due to education?
- | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> 10% | <input type="checkbox"/> 20% | <input type="checkbox"/> 50% | <input type="checkbox"/> 80% | <input type="checkbox"/> 100% |
|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|

D. Questions about Child Prostitution

1. What is the youngest age that you have ever seen a child entering prostitution? Boy _____ Girl _____
2. What is the most common age? Boy _____ Girl _____
3. How are children introduced to prostitution?
 - ☐ By their parents
 - ☐ By their relatives
 - ☐ By being kidnapped by locals
 - ☐ By being kidnapped by foreigners
 - ☐ Out of their need for survival
 - ☐ Out of their own curiosity

E. Questions about Escaping Prostitution

1. How would you describe the relationship between a female prostitute and her pimp:
 - ☐ Mutual acceptance
 - ☐ Manipulation or submission
 - ☐ Threatening, fearful
 - ☐ Loving
2. If a woman chooses to leave the business, how will her pimp most likely react:
 - ☐ By agreeing to let her go
 - ☐ By threatening her
 - ☐ By harming her
 - ☐ Other _____
3. What avenues do female prostitutes use to get out of the business?
 - ☐ Running away
 - ☐ Further education
 - ☐ Finding another job
 - ☐ Other _____
4. What hinders a woman from leaving prostitution?
 - ☐ Pressure from her pimp
 - ☐ Pressure from her family
 - ☐ Financial needs
 - ☐ Other _____
5. What eventually leads a girl or woman to leave prostitution?
 - ☐ Age
 - ☐ Other means of financial gain
 - ☐ Other examples _____
 - ☐ Spiritual awakening
 - ☐ Determination to have a better life
6. What alternate occupations are available to girls and women who wish to leave?
 - ☐ Factory work
 - ☐ Clerical work
 - ☐ Vending
 - ☐ House maid
 - ☐ Waitress
 - ☐ Others _____

Any additional comments you have would be welcome. Please write them here or on another sheet of paper:

Worksheet 12: Interagency Agreement (Example)

EVANGELICAL AGENCY AGREEMENT

A Partnership Agreement for the Glory of God

Whereas God has led [AGENCY 1] _____, located at _____

and [AGENCY 2] _____, located at _____,

to work cooperatively for the advancement of the Kingdom of God, the following guidelines are agreed upon:

1. [AGENCY 1] and [AGENCY 2] agree to partner to carry out those tasks and duties specifically set out herein, and both ministries agree to act in cooperation in accordance with the terms hereof. This Agreement may be modified on agreement by both parties.
2. [AGENCY 1] shall not have the authority to act on behalf of [AGENCY 2] and [AGENCY 2] shall not have the authority to act on behalf of [AGENCY 1] except as specifically authorized by the terms hereof.
3. [AGENCY 1] will provide assistance to the following elements of [AGENCY 2]'s program:
(List here the elements of ministry to be sponsored or funded, and personnel to be used)
4. [AGENCY 1] will channel funds for [AGENCY 2] and its projects as mutually agreed upon. Projects must be documented through authorized correspondence. [AGENCY 2] will distribute all funds as designated.

[AGENCY 1] shall at no time be responsible to provide any funds for any of the purposes set out herein, but only as designated funds are given for the projects agreed upon. As the Lord provides these funds, they will be sent.
5. [AGENCY 2] shall keep accounts of all funds received from [AGENCY 1] and their disbursement. Such disbursements shall be applied only for specifically authorized purposes. [AGENCY 1] will also keep accounts of funds designated for [AGENCY 2].
6. [AGENCY 2] shall prepare quarterly financial statements showing the receipt and disbursement of any funds received from [AGENCY 1] under the control of [AGENCY 2]. [AGENCY 2] will provide [AGENCY 1] with an annually — audited financial report within five months of the close of [AGENCY 2]'s fiscal year.
7. Individuals within [AGENCY 1] and [AGENCY 2] will be made aware of the working relationship between [AGENCY 1] and [AGENCY 2], and encouraged to pray for each other.
8. Both [AGENCY 1] and [AGENCY 2] agree that this Working Agreement is subject to review at any time and must be reviewed by _____ [MONTH, YEAR].
9. At any time in the future if it becomes necessary to dissolve the work of [AGENCY 2], all funds invested by [AGENCY 1] in either capital projects or current operations will be reinvested in other evangelistic programs or projects working in _____ [COUNTRY], with the agreement of [AGENCY 1].

NAME: _____

NAME: _____

TITLE: _____

TITLE: _____

AGENCY 1: _____

AGENCY 2: _____

DATE: _____

DATE: _____

Worksheet 13: Your Network Directory

Organization: _____	Organization: _____
Contact Person: _____	Contact Person: _____
Address: _____	Address: _____
Phone & Email: _____	Phone & Email: _____
Description: _____	Description: _____
_____	_____

Organization: _____	Organization: _____
Contact Person: _____	Contact Person: _____
Address: _____	Address: _____
Phone & Email: _____	Phone & Email: _____
Description: _____	Description: _____
_____	_____

Organization: _____	Organization: _____
Contact Person: _____	Contact Person: _____
Address: _____	Address: _____
Phone & Email: _____	Phone & Email: _____
Description: _____	Description: _____
_____	_____

Organization: _____	Organization: _____
Contact Person: _____	Contact Person: _____
Address: _____	Address: _____
Phone & Email: _____	Phone & Email: _____
Description: _____	Description: _____
_____	_____