

1. BCH and HOC Overview

Baptist Children's Home (BCH, Inc.) is a 501(c)3 Corporation that has been helping families since 1955. We are a Licensed Child Placing Agency (LCPA) for the State of Indiana. Here we bring hope to children and families who are hurting, at-risk, or who have experienced trauma. Our goal is to come alongside the family and compassionately share the love of Christ with them, giving them hope and help during difficult and painful circumstances. We want to function as a supportive family or friend during the difficulty and beyond. We do this both in the United States and internationally in Liberia, Myanmar, Nepal, India and Zambia.

BCH has decades of experience in Indiana Child Care. We have placed more than 1,000 children in adoptive homes. Prospective adoptive families can call on us to complete their adoptive home study. We also provide home studies for grandparent, step, and sibling adoption. Since 2013 we have been caring for children in crisis through our volunteer network of Christian homes. Additionally, we provide training for volunteers, criminal history and background checks for potential adoptive and foster parents. We oversee our Homes of Compassion and fully prepare our Care Families and Coaches for their ministry with Homes of Compassion.

Homes of Compassion is an extension of the BCH ministry, focused on caring for children whose parent(s) are experiencing difficult situations. Our goal at HoC is to follow in the footsteps of Jesus by loving and welcoming children in need into Christian homes for temporary care. Our goal is met when we are able to fulfill Matthew 25:34-40 by offering those in need support by inviting them in.

Then the King will say to those on His right, 'Come, you who are blessed by my Father, inherit the kingdom prepared for you from the foundation of the world. For I was hungry, and you gave me food, I was thirsty, and you gave me drink, I was a stranger and you welcomed me, I was naked, and you clothed me, I was sick, and you visited me, I was in prison, and you came to me.' Then the righteous will answer him, saying, 'Lord, when

did we see you sick or in prison and visit you?’ And the King will answer them, ‘Truly, I say to you, as you did it to one of the least of these my brothers, you did for me.’

Through this goal and objective, Christians and Homes of Compassion are living out Matthew 25 by providing short-term safety, support and stabilized Christian care for children when a family is experiencing a time of adversity. This care helps reduce the risk of child abuse and offers practical assistance to families. Thus, we keep children in a safe, Christian environment, which gives parents time to work through their immediate crisis, and in the end, the parent and child are reunited. Through serving and loving each other we influence and increase the Body of Christ.

Slide 6

Homes of Compassion services help prevent child abuse by placing children in temporary safe Christian homes. Even for a short time children can be safe from an environment that may have led to future abuse. While a child is in our care our other goal is to offer support to the parents and guide them toward a more stable situation-whether that be living environment, job, or healing after delivering another baby. With their children in our care, parents have the space they need to start making changes in their personal lives that will allow for better stability for their whole family without the fear of losing custody of their children. We provide hope and guidance, not only for children but for the parents as well.

Slide 7

Homes of Compassion is not a foster care system or path toward adoption. Homes of Compassion is preemptive, meaning that we care for children before they would experience separation from their parents. We offer short-term assistance that allows the parents to maintain contact and custody. We are a voluntary and non-coercive service. We cannot and do not force ourselves on those in need, nor do we force children in our care to stay longer than the parent desires. Homes of Compassion is a supplemental care ministry which means that we are an addition to the care and parenting that the parent is already providing. All of this is done with no financial requirements for the

families in need and is also completely volunteer-based for the families that provide care.

Slide 8

Our Homes of Compassion team is comprised of Care Families, who welcome the children into their homes, Care Coaches who work closely with the client and Care Families. Respite Care Givers and your church family step in on occasion to assist the primary Care Family. The clients seeking care quickly become a vital part of the team. The staff of BCH, Inc., through Homes of Compassion, provide professional training, support, and resources for all our volunteers and staff.

End of Training #1

Pov.ology- "Putting Your Money Where Your Mouth Is"- Video

2. Family Model and Support System- slide 10

Homes of Compassion desires to see the biblical concept of family carried out in our ministry by welcoming children into Christian families that are grounded in biblical principles. In this setting, the children under their care receive love and guidance. The support system is also one we desire to see played out in a biblical way. Just as Jesus and his disciples were cared for by those they interacted with, we desire to see other families, individuals, and churches offer support to the client and Care Family in any way they can. These desires are met by our team and the roles they play.

Slide 11

Our clients are the parent(s) who are struggling to maintain a stable living situation. They may not have a stable job or may be unemployed. These parents may be coming to us in need of help with their children as they experience poverty or recover from substance abuse. Other clients may have mental health challenges or other health complications that need attention and hinder their ability to parent well. There may be a history of incarceration, personal abuse, hopelessness, lack of support, domestic violence, and possibly a history with child protective services. In most of these situations,

clients are referred to HoC through other parties such as homeless shelters, hospitals, and social service agencies.

Slide 12

Our Care Families are Christian volunteers who have personally reached out to minister or have been recommended by their church or peers. These volunteers go through an approval process that includes passing all background checks and fingerprinting. Homes of Compassion staff complete a home evaluation that includes family history, safety concerns, and references. They have a two-fold ministry in that they care directly for the children and foster a relationship with the parents, becoming a spiritual extended family to offer support when necessary.

Slide 13

Our Care Coaches are the immediate support and coordinators for our Care Families and clients. The Care Coach has a schedule for visiting the child and Care Family, and they guide the Care Family through the triumphs and trials of this journey. They are trained for this role and will be required to provide regular communication with their supervisor.

Slide 14

Respite Care Givers have been approved by HoC to offer short-term and overnight assistance to the primary Care Family. They go through the same approval process as the primary Care Family. We understand that caring for children who are not your own can be challenging and that life happens, so we have implemented a second family to care for the child, if the need should arise.

Slide 15

To clear up any confusion, if you as a Care Family are in need of a babysitter during the day, you are allowed to ask anyone that you would have watch your own children; they do not need to be vetted by HoC first. However, for any overnight care that you might need or extended babysitting hours (like a full weekend or a night into another day), these individuals or couples need to be completely vetted and approved by HoC

beforehand. This is to ensure the utmost safety and supervision for the children in HoC's care.

Slide 16

So, let's quickly discuss what the process looks like in becoming a Care Family (any forms or applications we discuss here can be located back at the training menu under additional resources for Training #2). Once you are referred to us for being a Care Family, you are asked to fill out the application and provide references. One of the references needs to be a pastoral or church leader reference. In addition to this process, we run background checks on any adults living in the house with you. When the application is returned and approved, and the background checks come back we will then send a password for the training so you can get to that right away. The final step, is for us to come to your house and do a home evaluation. We look for specific items that are easy to change if needed and will ask follow up questions that we may have based on your application. When that is all completed a supervisor will read through all materials, make sure there are no red flags and then approve you to be part of the HoC team!

Slide 17

From there it is just a matter of time before someone needs help with their child. Most likely we will notify you by phone, text, or email when we have a family that needs services. will be notified by phone or email when we have a child that needs a placement. When it comes to a care stay, there are some things you will know before the child arrives and other things you won't until you get to know both the child and the parent(s). This is normal and to be expected, so do not feel like you are out of the loop or missing something. Some things you will know before the child arrives are: the age, gender, number of children, approximate length of stay, and any medical information that is provided at the beginning. As you spend time with the child and start a relationship with his/her parent(s) you will learn things like family dynamics, emotional and social needs, behavioral issues, reactions, things the child loves, and cultural background. Please note that this is not an extensive list, but it is some of the more prominent information you will gather as the child is in your care.

So now you have been approved to be a Care Family, what do you do? How do you prepare for the arrival of someone else's child? We encourage you to keep God at the center of this ministry, from the minute you start thinking about partnering with us till the moment you decide you can no longer serve in this capacity. God will be your biggest Help and Advocate. Prayerfully prepare for this new role. Pray for patience, wisdom, compassion, empathy, and the same mindset for your entire family. Along with prayer, have conversations with your family, specifically your children. Ask them if they have any questions or concerns; clarify with them exactly what your family will be doing. After being approved, make sure that you don't forget about this volunteer role, so that when we call you about a child, and your family are not shocked or unprepared. There are some practical things you can keep an eye out for as you prepare for a placement. After the home evaluation has been completed there may be some things that need to be changed in your house. For example, maybe you kept cleaning supplies under your kitchen sink without a safety lock. To be as safe as possible we would ask that these either be locked under the sink or placed somewhere out of reach of all children. You will also want to make sure that once a child arrives at home, that you have the materials needed to properly care for the child(ren). Feel free to contact your Care Coach or friends for items such as diapers and pullups, bottles, beds, or clothes. You will want to keep some on hand or have access to these items. We try to avoid having you spend money on these things.

As a reminder, there are additional resources for this training that can be found under Training #2 in the menu options. Please look over all PDF's and watch the videos provided as they will help prepare you and your family.

20

3. Image of God: The Design of Man

Mankind's Diversity is vast and beautiful. While our differences are what set us apart from each other and make us unique as beings, it is important to acknowledge and embrace these differences. We were all born looking different and as we reach full

physical maturity, we will remain looking different. Some of us are tall while others are short, some have blonde hair others red, eye colors are different, proportions are different, and all of that is beautiful. As we get older and start to think for ourselves, we form opinions and beliefs based on those around us and our own experiences, not two people will have completely identical opinions and beliefs, it's what makes businesses thrive and governments move forward and backwards. All our backgrounds and upbringings look different. Some parents use time outs on their kids and others take possessions away for a time. Some of us grow up in not so nice areas and others in nice and lovely places. Our cultures and traditions are different, whether that's because of our family background or the location we live. All these differences are beautiful, and God given and should be embraced rather than hidden and mocked because while we are different, we are ALL created in the Image of God.

We first hear about the Image of God or Imago Dei in Genesis 1:26-27

Then God said, "Let us make mankind in our image, in our likeness, so that they may rule over the fish in the sea and the birds in the sky, over the livestock and all the wild animals, and over all the creatures that move along the ground." So God created mankind in his own image, in the image of God he created them; male and female he created them."

We are literally imprinted with the Image of God from the beginning, at conception when we start to form in our mother's womb. It is a beautiful likeness to possess. (Psalm 139:13-16)

For you formed my inward parts; you knitted me together in my mother's womb. I praise you for I am fearfully and wonderfully made. Wonderful are your works; my soul knows it very well. My frame was not hidden from you, when I was being made in secret, intricately woven in the depths of the earth. Your eyes saw my unformed

substance; in your book were written, every one of them, the days that were formed for me, when as yet there was none of them.”

So, what does it look like for the believer to be imprinted with the Image of God? First it is important to note that God is infinite, we are finite. Our capacity to understand and live out the characteristics that we share with God is limited. Even then, we share characteristics with our Creator. With the Image of God as our mold we are able to love like God loves. Show mercy and serve like Jesus. Forgive those who hurt us and show compassion to all like our Father. And we can give grace and bear witness to the Father like our Savior.

22

Let's dig into Scripture to see how exactly we are designed and what we are called to as Image bearers.

Love: 1 John 3:16-18

By this we know love, that he laid down his life for us and we ought to lay down our lives for the brothers. But if anyone has the world's goods and sees his brother in need, yet closes his heart against him, how does God's love abide in him? Little children, let us not love in word or talk but in deed and in truth.”

Mercy: 2 Peter 3:9

“The Lord is not slow to fulfill His promise as some count slowness, but is patient toward you, not wishing that any should perish, but that all should reach repentance.”

Serve: Galatians 5:13-14

“For you were called to freedom, brothers. Only do not use your freedom as an opportunity for the flesh, but through love serve one another. For the whole law is fulfilled in one word, ‘You shall love your neighbor as yourself.’”

Forgive: Colossians 3:13

“Bearing with one another and, if one has a complaint against another, forgiving each other; as the Lord has forgiven you, so you also must forgive.”

Show Compassion: 1 Peter 3:8

“Finally, all of you, have unity of mind, sympathy, brotherly love, a tender heart, and a humble mind.”

Give Grace: Titus 2:11-12

“For the grace of God has appeared, bringing salvations for all people, training us to renounce ungodliness and worldly passions and to live self-controlled, upright, and godly lives in the present age,”

Bear Witness: Matthew 28:19-20

“Go therefore and make disciples of all nations, baptizing them in the name of the Father, and of the Son, and of the Holy Spirit, teaching them to observe all that I have commanded you. And behold I am with you always, to the end of the age.”

4. An Understanding of Poverty-24

Pov.ology- “Our Homeless Leader”- Video

25

Poverty is a common occurrence for many of the families we interact with here at Homes of Compassion, but the types of poverty vary. Poverty can be defined as “the extent to which an individual does without resources.” In that case, then we have two sides, the under-resourced and the resourced. Under-resourced looks like instability/crisis, isolation, dysfunction, concrete reality, casual oral language, thought polarization, poverty, no work/intermittent work, less educated. This simply means that an individual may have resources around them, but do not use them or do not know how to access them. A resourced individual is one that has stability, community, functionality, knows formal written language, option seeking, has prosperity, has had or has work/careers/larger cause, and is usually more educated. Again, a resourced individual knows the resources available to them and knows how to access them.

While poverty looks like these things, there are different types of poverty that one can experience. Sometimes they will experience one at a time or maybe all four. These types of poverty are financial, emotional, educational, and generational.

26

The children that are at risk have distressed families, are the victims of abuse/neglect or drug/alcohol abuse, have witnessed violence in the community, are behind or struggling in school, struggle with depression/mental illness, have easy access to weapons, and have a toxic media presence and influence.

27

When it comes to interacting with families that are in poverty the goal is to create a mentoring relationship. It is important to understand parenting factors, such as poverty. Poverty can affect how one can/cannot raise their children. Unemployment and life stress can be factors that influence parenting also. Other factors include depression/mental health issues, domestic violence, their own history of being parented (such as emotional parental deficits they may have experienced)

Understanding a parent's situation is not always easy, but if you are able to have some knowledge about them and yourself it can get easier. It is important to know your role in their children's lives as well as their role. They are the parent even though their child may be in your care for a time. So, while you are caring for and guiding their children, you are not the overall authority in or for their lives. It is also important to consider how their life path is different from yours. This can help you interact in a way that encourages and empowers rather than demeans and judges. You should expect that some parents are going to feel overwhelmed and like a failure when they call requesting that their child be placed in someone else's care temporarily. There are two types of support that you can offer when it comes to the parent's situation, the resolution of the crisis situation and extended formal supports. During all of this, keep regularly thinking about how they see you- if you think they see you as a threat/competitor, you might need to rethink your approach.

Pov.ology- "Responding to Poverty"- Video?

5. When the Child Arrives

Again, this ministry is one that relies on God's Truth to keep it grounded and for that reason we encourage you to spend consistent amounts of time in prayer and His Word. He is your biggest help and support in this ministry and the best person to prepare you. As 1 Peter 4:10-11 says, we all need to serve as we have been gifted for.

“As each has received a gift, use it to serve one another, as good stewards of God's varied grace: whoever speaks, as one who speaks oracles of God; whoever serves, as one who serves by the strength that God supplies- in order that in everything God may be glorified through Jesus Christ. To him belong glory and dominion forever and ever. Amen.”

We also understand that every individual in your house may be at different places in their personal understanding and spiritual journey. It might be helpful, then, to define and discuss what it means to serve and to sacrifice as individuals and as a family. The answers that you as parents give and receive can open doors for further guidance and explanation should it be needed. Do not be afraid to talk with your family about this ministry as it is a family ministry.

31

When the child arrives at your home, please remember that they may not interact or react the way you had expected or hoped. Some children might be fearful, sad, feeling unloved and lonely, and some might be excited. Every child will be different in their responses for any number of reasons. This is ok! Be patient and loving as this is a new place with new faces.

Depending on how the child is feeling (and how old they are) when they arrive, you may want to start with introductions and a home tour. Keep it simple and relatively short. Show them the rooms- where they will be sleeping, the bathrooms, where you eat as a family, and maybe the room where you all relax together. If there is a need to set basic

boundaries that day, feel free to do so, but again keep it simple. Allow them to explore and ask any questions as you go through the home.

32

The first day that the child is in your care to the first week is going to be some major adjustment for the child and for you and your family. The acclimation to you and your home may take the child several weeks, but that first initial week will probably be the hardest. We understand that you as the Care Family will be living life normally when you get a call for a care stay, and that is expected. However, if possible, we encourage that your first night with a new child be one that is in your home. If possible, try to create a relaxing and laid-back evening so that the child is not too overwhelmed with changes. We know life is life and that yours is not going on hold while you have a child in your care, so a relaxed evening in may not be possible for everyone, however we still encourage that a more easy-going first day/night might be beneficial.

This first week could be a breeze and it could be rough. You will be getting to know each other in the first couple of weeks. You will be learning how to guide and love a child who has parents, you'll discover some of the child's struggles, reactions, and likes. The child will be learning how to listen to an adult who is not his parents. He/she will be learning your rules, your schedules, and your ways of communication. There will be times that the child will "act out" for various reasons. Be prepared for this and ready to give a response that fits the situation. The first week will show you a lot about this child, take it in stride and do not hesitate to reach out to your Care Coach.

This first week will be essential in letting the child know your family routines and how you as a family deal with any issues that may arise. Again, keep these conversations simple and easy to understand for the age of the child. Allow them to ask questions if they have any. Also, this week will be key for laying out rules, boundaries, and consequences. The child likely came from a family who had very different rules and boundaries so it will take them some time to understand, grasp, and respect yours. Be gracious and patient. Finally, in this first week it is important that you explain and walk-through safety procedures in the event of fires, tornadoes, intruder, and any other

situations you have emergency plans for. Write or draw those procedures out and keep them in a location that is easy to access for all children.

33 We believe it is important to understand the basic development and needs of children as it can help you have proper expectations and identify possible developmental delays. First it is important to note that all children have an intrinsic value. They are imprinted with the Image of God and therefore are highly valued as Matthew 19:14 states;

“But Jesus said, “Let the little children come to me and do not hinder them, for to such belongs the kingdom of heaven.”

A child is still developing not only in their physical body but also in the ability to form opinions, beliefs, and understandings. According to the CDC a child’s development takes place in their social and emotional capacities, language/communication, cognitive (learning, thinking, problem-solving), and movement/physical development. Between birth and one year of age a child will start to cry when a familiar face leaves, will have favorites (toys and people), will start to use simple gestures (waves, shakes head), understands simple instructions or words, can get into sitting positions, and has figured out most uses for hands and feet. By the time a child is four years old they enjoy playing the roles of “mom” or “dad”, usually they prefer to play with other children and can cooperate well with them, they can sing basic songs and know basic grammar (like the usage of he, she, and us), can play board games, make crafts, and can do more physical things like hop on one foot, catch a ball, and dish their own food. By the time they are five they should be able to speak clearly (grammar may still be incorrect that’s fine), they usually have a friend group that they enjoy and want to be like, they know shapes and can draw them and count to 10, and they can usually use the bathroom alone, use a fork and spoon, and have learned somersaults. Obviously, every child is different and those that are further behind in their development are not necessarily living with a delay. However, knowing the basic developmental habits of this age bracket can help you with teaching them and spotting any potential delays. ([Important Milestones: Your Baby By Five Years | CDC](#)) Care coach -- services

This, alongside the basic needs of all children can help you with training and guiding the child in your care. The basic needs of all children are to understand their intrinsic value- the God created; God given value. They also will start to learn, understand, and maybe need guidance in their cultural and spiritual identity. Not only do they need to know where they are from but also who created them, loves them, and came to save them. They need positive guidance in all aspects of life, specifically when they mess up and disobey. Appropriate discipline is also needed as it will help them correct harmful behavior and understand the healthy and right way of doing things. Finally, children need to learn how to get along well with others; specifically, when others don't agree with them or like them.

35

Now that we have discussed the basic development and needs of children it is critical to talk about some of the factors that impact child development. A child's development can be hindered from the beginning if the mother was not able to access prenatal care [[What is prenatal care and why is it important? | NICHD - Eunice Kennedy Shriver National Institute of Child Health and Human Development \(nih.gov\)](#)], if there was prenatal trauma (car accident, domestic violence, falls), and if there was prenatal exposure to drugs/alcohol ([Environmental Influences on Prenatal Development \(verywellfamily.com\)](#)). These three things can hinder a healthy delivery, the beginning stages of post-delivery physical growth and the mental health of baby. Other factors include genetic inheritance [[How Genes Influence Child Development \(verywellmind.com\)](#)](such as down syndrome, cystic fibrosis, and more), birth injury, and poor nutrition [[Biological Factors That Affect Child Development \(verywellfamily.com\)](#)](both before and after birth). Finally, neglect and physical abuse at a young age can greatly hinder the development of a child and so can certain diseases that leave a child either sick for a long time or with a critically hindered immune system and body function.

6. Grief, Loss, and Trauma

Pov.ology- "Put Your Money Where Your Mouth Is"- Video

Loss can come in many forms but should be understood as either expected or unexpected. Unexpected loss could be a sudden loss of a loved one, a sudden move from something comfortable or a sudden change in an otherwise normal schedule. An expected loss would be a death of a sickly family member or a move that has been previously talked through and discussed. Both are very real and can be very difficult for a child to walk through and handle. It is up to us as care givers to come alongside the child in these situations and to let them know that they are not alone and are loved. When a child can see and understand that they are loved they are able to continue to develop at a healthy rate. Our care and observation towards those who are dealing with loss and grieving helps nurture their growth.

39

It can be difficult to figure out how to best love on the children that are grieving and have experienced a loss. However, there is a way to come alongside of them. As believers we have the assurance that God will come alongside those who are hurting and bind their wounds, Psalms 147:3 declares;

“He heals the broken-hearted and bandages their wounds.”

We have the hope that these children are in desperate need of. We can help these children process their grief and we can provide real comfort through the Truth of Scripture. 1 Peter 5:10 reaffirms the Truth that God will restore and strengthen those who have suffered for a little while.

“The God of all grace, who called you to his eternal glory in Christ, will himself restore, establish, strengthen, and support you after you have suffered a little while.”

The biggest support that you and I have and the children have when it comes to any hardship is a High Priest who has been through what we have and what we will go through (Hebrews 4:15-16). With this Truth we can offer comfort, hope, and help them process and handle what they have lost. Practically, we can make sure that while they are in our care they are involved in day-to-day activities, they are not isolated and are offered chances to talk and cry. This healing process is best done WITH others by their side.

40

It is key to remember that the sense of loss can come from a child being removed from his/her family and being placed with yours. That sense of losing connection can be a loss and can mean that a child is grieving. However, not every child will struggle with being placed in someone else's home. There can be joy, confusion, anxiety, or peace with being in a safe and stable environment. For some children, having stability and safety might be totally foreign and that could be very confusing for those who have never experienced that before. You will experience children who are grieving separation from their family. Others will be angry towards you or their family for putting them in this situation, and still others will feel a sense of relief being away from their family.

Remember, you and your family are strangers to the child in your care- it is likely that they will be guarded and anxious, or maybe they will be open. Either way you are a new face for them and that will cause lots of emotions. Some children may show a spectrum of emotions towards you and your family when they are first placed with you.

Remember, none of it is personal. It is something that they need help processing. Help them with this, be patient, loving, and respectful. It might be helpful to just take a second and put yourself in the child's shoes; imagine you are a young child who was removed from their parents and put into a stranger's house. Imagine the feelings, confusion, and loneliness you would feel. That's a tiny bit of what a child might experience. Be sure to discuss any of these concerns with your Care Coach. He/she is there to help you.

41

Attachment disorder can be defined as "the condition in which individuals have difficulty forming lasting relationships". [[Reactive Attachment Disorder > Nancy Thomas Parenting | Attachment.org](#)] Attachment can be a struggle when a child comes into your home. Most children in our care will be coming from homes where there is a lack of secure attachment. With that as their background, many children will have certain characteristics that are just a natural coping mechanism and protection for them. These can include manipulation, aggression, chronic authority, self-isolation, and poor self-esteem. All of these characteristics can be addressed and dealt with in a healthy way, we will cover that in a different section.

42

Trauma plays into how a child responds to situations. There are three different levels of severity in trauma. While they are all slightly different, any level of trauma is horrific and can seriously compromise a child's way of life. Acute trauma is a single stressful or dangerous event: a car accident, medical procedure, witnessing a violent event that threatened physical or emotional safety. Chronic trauma is repeated and prolonged highly stressful events: bullying, abuse, domestic violence, and maltreatment. Complex trauma is the exposure to varied and multiple events: maltreatment, domestic and family violence, or adverse childhood experiences (ACEs').

7. Behavioral Guidance 43

44

We need to highlight two things right away and you can/will find the pdfs in this training's additional resources section. When it comes to the children in your care, do not disclose their names or any photographs on social media sites of any kind. In addition, please remember discretion is key; only discuss the child's case on a "need to know" basis. When it comes to discipline, corporal discipline is not acceptable in any form when caring for a Homes of Compassion child. All Care Families will be asked to read through, accept, and sign the Confidentiality and Corporal Discipline Policy during their home evaluation.

45

Trauma Competent Care (TCC) incorporates Christian/Biblical teaching alongside of the Trust-Based Relational Intervention (TBRI) style training with permission from TBRI to incorporate their methods. TCC moves from being consciously compassionate to competently compassionate in the care of children.

46

TCC and TBRI allows the building of relationships between adults and children by providing hope and healing through the use of a Scripture-based model. God's Word expresses love, teaches, and corrects as well as gives warnings and choices. TCC and

TBRI allows for caregivers to come alongside children who have experienced trauma in a real and tangible way that is simple and easily accessible. With a relationship-based model, the caregiver and child can build a relationship that helps the child heal from their past.

Karyn Purvis- Video- Trust-Based Relational Intervention

47

Trauma changes everything in the lives it touches. For a child with a history of trauma, they will likely experience some of the following challenges. The brain development is hindered by trauma, but it can be reversed with the proper love and guidance. They can experience problems with memory, emotions, judgment, and basic brain development. Body/biology development can be greatly hindered, and they can experience illness, sensory sensitivities, changes in genetic expression, and hinderance in growth. Depending on the trauma they experienced, their belief systems, behavior, and relationships can be altered or nonexistent. Individuals with behavioral or relational changes can become unpredictable and disruptive in their behavior and might be unable to trust or create healthy relationships. Again, all of these can be reversed either completely or partially depending on the care that is provided to them in your homes. It is not an easy or quick path, but is doable and possible with God, Scripture, and the TCC/TBRI understanding. Remember, all of this is a holistic and positive approach to discipline and can alter the child's brain chemistry by providing felt safety, nutritious foods, environmental regulation of emotions and exercise. By providing these essential, everyday needs we are teaching the children to trust, feel safe, use eye contact, and touch, showing them that we are listening, and that they have a voice.

Karyn Purvis- Youtube- The Ideal Response

48

Let's do a quick recap of the IDEAL response that you just watched a video on. To recap, IDEAL stands for Immediate, Direct, Efficient, Action-based, and Leveled at behavior, not child.

49

Immediate should be a response within 3 seconds of the behavior, should be positive, and should redirect the undesired behavior to the proper behavior by using script like, "let's try that again".

Direct is all about connections. So be within 3 feet of the child when addressing the behavior, be fully present to the child (not behind a counter where they can only see your head), and direct eye contact is also important. Direct is all about being present so that the child can be redirected to a redo.

50

Efficient looks like measured responses, the least amount of firmness, short and simple directions/information, and corrective effort if necessary. Again, this is directed toward the behavior not the child. You are helping them recognize what is correct from what is incorrect. In this category, it is important to remember to have a measured response, one that does not overreact or react too harshly. There are three levels of response that you as the parent can have in any situation. **Level 1** is the lowest level, this may occur when a child responds to you with "I am not doing that" a suggested response from you would be to ask, "are you asking me or telling me?" The child should catch their inappropriate response and rephrase their statement to a more respectful comment, such as: "could I please not do that?" When the child corrects their behavior, be quick to give praise and interact with them in a bit of playful engagement. **Level 2** is about choices. So, after you ask, "are you telling me or asking me?" and the child responds with "well, I'm telling you", then you can use choices. While still interacting immediately and directly with the child, you can give 2 choices and note what the child cannot do. For example, let's say you had originally asked the child to get ready to leave with the family by putting their shoes on and they told you they weren't going to do that. You then ask if they are telling you this or asking. They respond saying they are telling you. Here you would say something like, "hey kiddo, you have two choices here, you can either go put on your shoes right now or I can help you put on your shoes, but you can't leave without putting them on first." **Level 3** uses compromise. These are implemented when a child is mouthy, disrespectful, insulting, and telling the adult what they are going

to do. Here you would use a firmer voice, and you might meet the child's challenge by responding with, "if you're asking for a compromise try it again and give me good words." The child might respond with something like "ok, can I please not do..." When this occurs, you may decide between letting the child make a compromise, or you give the child a compromise. Either way, this is only effective if both you and the child are in agreement on the compromise. The goal with all of these is to give the child a voice, to connect with them and to do shared problem solving with them.

Action-based is all about redirection and memory. Due to the brain's "sensory neural motor loop" when a child does something right or wrong, they have a "motor memory" for that action. So, you'll want to reinforce the motor memory for that action by having them redo what they just did and do it correctly. Sometimes you may need to physically lead them through this redo. Make sure to praise the child when their "do-over" is successful.

51

Leveled at behavior and not the child looks at correction, connectedness, and contentment. Correction focuses on positively changing or correcting the child's behavior. Connectedness is aiming for the adult and child to become closer in their relationship, and contentment is aiming at the child and adult be content in their response and behavior. Be specific to the behavior you are trying to change.

Karyn Purvis- Video- Parenting Strategies that Connect

52

TCC/TBRI focuses on empowering, connecting and correcting children. As we learned in the video, there are two different ways that parents can be described as in their relationship with their child(ren). They are either disconnected or connected.

Disconnected parents and caregivers do not address wrong or bad behavior properly, if at all. We call this deferred parenting, and the child usually just repeats their behavior since there is no correction being made. Disconnected care givers also create an atmosphere of discontentment where the child is angry or frustrated regularly. All this boils down to the child and care giver being more disconnected. On the other hand, we

have connected care givers, and this is what you are striving for as a Care Family. Connected care givers desire for behavior to be corrected/changed and the child is usually compliant in this endeavor. The relationship between child and caregiver is often more connected and the child is more content because they are given chances to change, succeed and then be praised.

55

When it comes to dealing with a child's behavior there are several things to take into account before actually dealing with it and providing consequences, choices, and compromises. First, you need to keep in mind the age of the child when determining if the behavior is age appropriate or not. If the behavior is, it will be easier to respond in an age-appropriate way, if the behavior is not age-appropriate deciding on how to deal with it may take some more thought and time. Make sure you consider if this behavior is new or if it is an ongoing issue that has been confronted in the past; this is important because how you address this behavior will look different. If the behavior has been addressed in the past, consider what methods you have used for change/correction in the past and determine if they have worked or not. This will help you gauge what should or should not be used for this current incident and any in the future. Another thing to consider is when the behavior presents itself. Does it come out after returning from school, after a home visit, or after going out in public? These instances (and others) may be what is triggering the behavior. If you notice a pattern, reach out to your Care Coach and let them know; somethings may need to change in order to help the behavior change as well. Is the behavior that is showing, one of high priority? What we mean is, is the behavior dangerous, destructive, or illegal, or is this a minor infraction but highly irritating. If the behavior is dangerous, destructive, or illegal, certain measures will need to be in place in your home and potentially out of your home as well. For these, feel free to reach out to your Care Coach for additional insight and help. The last two things to consider have more to do with the child's background and you as a care giver. The first is to consider why you are bothered. Is the behavior bothering you because it is consistent, because you do not know how to correct it, because it's just annoying, or is there a more personal reason? Finally, it is important to consider why

the child might be behaving the way he/she is. It could be a behavior that was patterned by their parents or older siblings, could be a behavior stemming from trauma, or it could be several other things. Take all of this into consideration when it comes time for you to follow through with behavioral guidance-it will help you be the most effective in your effort.

Karyn Purvis- Video- The Impact of Fear

56

Fear presents itself in ways that are not always obvious, sometimes we have to pay a little more attention to the natural responses of the body when we think a child is responding in fear. Some of these markers can be found in the dilation of the pupils, the way someone is breathing (shallow and quick), the way the face responds to the immediate or perceived fear (tight jaw muscles, darting eyes), and the overall body language (tense muscles and trembling). All of these can be signs that a child's behavior stems from a place of fear. When this happens, encourage the child to use their words in order to express what is going on in their minds and body. This is the best way to help them and to help you figure out what they need.

Michael Monroe- Video- When Sad Looks Mad

57

With the trauma competent care and TBRI, we want to remind you of the resources of emergency responders. Use 911 when you need outside help immediately. If your child exhibits suicidal gestures or self-mutilation, call 911 and then contact your Care Coach. If the child in your care damages property and puts him/herself, or others in physical danger call the authorities immediately. If there is physical assault (in your home or towards others outside of your home) and if the child runs away, call 911 immediately and then call your Care Coach. All of these situations are bigger events than you and your family should handle yourselves, and in some of these cases the professional authorities should be the main force in helping the child. Please remember that if these situations do occur, your Care Coach needs to be notified as soon as possible, but not before emergency responders are called. This is to help protect the child and your

family and to allow HoC to stay up to date and know what steps they need to take next in the child's care and wellbeing.

8. Child Maltreatment

The National Child Abuse and Neglect Data System (NCANDS) is a federally sponsored effort that collects and analyzes annual data on child abuse and neglect, now more usually termed as child maltreatment. Maltreatment includes all types of physical and/or emotional ill-treatment, neglect, abuse including sexual, negligence, and commercial or other exploitation which results in actual or potential harm to the child in terms of their health, survival, development, trust, or dignity in the context of a relationship of responsibility. (World health organization)

So, the Federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C.A. 5106g) as amended by the CAPTA reauthorization Act of 2010, defines child abuse and neglect as, at a minimum:

“Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm.”

Child in Need of Services (CHINS) states neglect of a child in Indiana as

“When the child’s physical or mental condition is seriously impaired or seriously endangered as a result of the parent, guardian, or custodian being unable, refusing, or neglecting to supply the child with necessary food, clothing, shelter, medical care, education, or supervision.” <https://www.kidsvoicein.org/wp-content/uploads/2019/05/Chapter-1-CHINS-Defined.pdf>

There are several types of neglect as stated in the book, *The Neglected Child*. These include physical neglect or deprivation of needs, neglect which is when basic needs (food, shelter, and clothing) are not being met and often occur in a persistent pattern. Medical neglect is either repeated or a one-time instance of failing to provide/secure medical treatment for a condition, injury, or to prevent illness from worsening. It could

also be withholding care with the intent to cause death. Supervisory neglect is when there is a repeated or one-time instance of failing to supervise or have another person provide supervision to keep a child from harm. This also includes failing to provide child supervision around weapons (or other dangerous circumstances) or leaving a child with an impaired caregiver. Next in the list is environmental neglect. This is when the home environment is filthy such as: rotting food, infestations of rodents or cockroaches, and the child regularly attending school with dirty clothing. Note that environmental and physical neglect are often grouped together by professionals. Educational neglect is when access to education is denied, parents fail to register a child for school, or make a child stay home to ensure the school does not identify and report abuse. Finally, we have emotional neglect which happens when a child is deprived of their emotional needs (forming secure, positive attachments with adults). Parents may fall into this neglect category due to personal challenges such as depression or drug/alcohol abuse. Some examples of emotional neglect include humiliation, rejecting a child or bizarre forms of punishment. At times professionals' group emotional neglect with other types of neglect.

If you suspect any of these forms or neglect may be happening with a child in your care, contact your Care Coach right away.

So, let's briefly talk about the relationship between perpetrator and victim, some national statistics and then we will cover some Indiana statistics.

<https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2019.pdf#page=22>

In 2019 there were around 656,000 reported cases of child abuse and neglect. That affected about 8.9 children for every 1,000. More females were affected than males, nationally, speaking by almost a full point (9.4 females for every 1,000 to 8.4 males for every 1,000). In 2019, according to research done nationally by the US Department of Health and Human Service Administration for Children and Families, 74.9 percent of children who were maltreated experienced neglect. 17.5 percent of 656,000 experienced physical abuse that was not sexual in nature and 9.3 percent of children

who reported abuse experienced sexual abuse. Of all these cases, over three quarters of them (77.5%) involved parents as the perpetrators. Over half of the perpetrators were females where only 46.1% were male. The age of most perpetrators mostly ranged between 18 and 44 years old with a percentage of 83%. What this shows is that nationally, the majority of perpetrators are parents and women. It is important to note that children were counted once for each type of maltreatment they experienced even if it was habitual. Many of these children experienced more than one incident of maltreatment.

Indiana Statistics can be found in the Indiana Department of Child Services website. Now these statistics are broken down by month and the months of this year, 2021 are still being finalized so I will share October's stats with you, but please keep in mind that these are not final. The other thing is that these stats are divided between substantiated and unsubstantiated. For this training, I will share only the substantiated percentages with you for the whole state. So, in October of this year, in Indiana there were a total of 209 substantiated reports of sexual abuse, that is a 1.46% out of the national statistics. For physical abuse, our state saw 122 substantiated reports among children, and when it came to neglect our children had 1458 substantiated reports for a 10.2% of the national statistics. Again, these numbers are not finalized as of yet, but are the most accurate Indiana currently has. So what do you do if you believe a child in your care or a child around you is experiencing maltreatment?

Indiana State residents are required by law to report any believed or suspected incident that a child is a victim of child abuse or neglect. Indiana law also requires that any report of child abuse also be made to the institution that is in charge of the care of that child, so Homes of Compassion supervisor would need to be notified immediately.

<https://law.justia.com/codes/indiana/2018/title-31/article-33/chapter-5/>

Homes of Compassion protocol in reporting suspected child abuse of a child in your care starts with calling your Care Coach, if they are unavailable you need to call Linda Brooks at the number on the screen. If you do not have her number, please take a minute to save it in your contacts. After the in-house protocol, you will need to file a report through the state and call the Indiana Child Abuse and Neglect Hotline at the

number on the screen. Take a minute and save that number also. This hotline is available and open 24 hours a day, seven days a week, including holidays. You can report abuse and neglect anonymously if you so choose through this hotline but remember your HOC Care Coach or HOC supervisor need to be made aware to this as well. Please be assured that state law requires DCS to protect the identity of those reporting abuse or neglect allegations. DCS keeps the name and contact information of all report sources confidential. While DCS accepts child abuse and neglect allegations from persons who wish to remain anonymous, DCS does encourage individuals to provide contact information. Providing your contact information allows the family case manager who is assigned the report to follow up with additional questions if needed. Failure to make a report, even if it is just for suspected abuse, is labeled as a Class B misdemeanor and will result in both legal intervention and HOC removal. All this information can be found at Indiana.gov (<https://www.in.gov/dcs/contact-us/child-abuse-and-neglect-hotline/>)

As far as prevention goes, there are three levels or types of prevention for child abuse and neglect. Primary prevention is the first attempt and is accessible by everyone. It's prevention before the act of abuse or neglect occurs and is directed at the general public, service providers, and decision-makers. Some of these approaches to primary prevention might include parent education programs and support groups, family support and strengthening programs, public awareness campaigns and service announcements that encourage positive parenting. Secondary prevention is usually directed at individuals and families that are considered to be high-risk; either because of poverty, substance abuse, young parental age, or child disabilities. These prevention programs might include parent education in schools and focused on parents, home visiting programs, respite care for families, and resources that offer information and referral services for those at-risk families. The last level is Tertiary prevention, and this is directed towards families where maltreatment has already occurred. The goal is to prevent reoccurrence in these homes and prevention may include intensive family preservation services with trained professionals, parent mentor programs, mental health services for children and families. All these services, at this level specifically, are

provide by professionals and families who are Non abusive for mentoring. This information can be found at childwelfare.gov

In Indiana, IN.gov has information and resources on preventing child maltreatment. Prevent Child Abuse Indiana is the chartered state chapter of Prevent Child Abuse America. With the help of over 600 volunteers, we bring the message that child abuse and neglect is preventable-and that EVERYONE has a role to play. You can get more information and volunteer by going to www.plain.org

9. Safety and Supervision

In this section we will cover various safety precautions and family emergency plans. To start let's cover some basics of fire and burns. In order to keep children from experiencing burns, keep pots and pan handles turned towards the back of the stove when in use so a child cannot reach them. Keep electrical appliances out of reach of children; make sure you never heat your home with ovens and burners, and hot water that is used in bathing, washing hands, or drinking should never be scalding (below 120 degrees). As far as prevention/preparing for fires, working smoke detectors need to be near all sleeping areas, it is recommended that fire extinguishers be on every level of the home, and you need to have an emergency escape plan written out and reviewed by all in the house in the case of a fire. Your family's evacuation plan needs to be practiced, written out, and should be easily accessible if needed. This emergency evacuation plan should be drawn up to resemble your house as much as possible, with all doors and windows noted. Mark two ways out of each room with a way through the house for each if applicable. Agree to a meeting place in front of your home and note that. Make sure all children know or have access to emergency numbers that include your local fire department. It is suggested that you practice this plan two times a year, but you may practice more if the need be. You can find resources to help you draw out a plan, as well as to help you inform your children of the dangers of fires at www.usfa.fema.gov and searching Home Fire Plan Outreach Materials.

For infant and toddler safety we will talk mostly about their sleeping situation. Let's start with the ABCs of Safe Sleeping. A stands for All by Myself, and states that the safest way for a baby to sleep is by themselves. Make sure your baby never shares a bed or other sleep space with another person, including on the couch or chair. Keeping the crib clear of all blankets, stuffed animals, and toys can help prevent smothering. If you desire the baby to still be close to you, move his or her crib or bassinet next to your bed. B stands for on my Back. When babies sleep on their tummies, they have trouble breathing and are at higher risk of sleep-related deaths. Putting a baby on his or her tummy during waking hours can often help prevent a flat spot from forming on the back of the head. However, you should always supervise your baby closely during tummy time, making sure he or she is awake for safety. C stands for in my Crib. Sleeping flat in a crib, bassinet, or playpen, that meets safety standards, is the safest place for your baby to sleep. This keeps your baby from slumping, which can block his or her airway. Remember, keep the crib empty so your baby does not suffocate.

The next couple of slides that cover infant/toddler sleep comes from the American Academy of Pediatrics. Make sure that a baby's sleeping arrangement is distant enough from windows and blinds that suffocation cannot occur. Remove bibs and necklaces from your baby's neck before placing them in the crib; never cover a mattress with plastic and use bumper pads that are made from a breathable material that fits firmly around the crib. Once a baby can push up with his/her hands, remove crib gyms and mobiles. If using monitors, please keep those and their chords a safe distance from the crib and do not overclothe your baby as that can cause overheating. Finally, it is important to keep a smoke-free environment around your baby.

To continue with infant/toddler sleep safety, the Consumer Product Safety Commission (CPSC) has some important information on crib and sleep device equipment. The CPSC voted that in mid 2022 any product intended or marketed for infant sleep must meet new federal safety standards. This includes cribs, inclined sleepers, travel and compact bassinets, and in-bed sleepers. They also say not to use cribs older than 10 years as they may not meet federal safety standards. Do not use any crib or bassinet that is missing pieces, improperly installed, or broken or modified in any way. Cribs and

bassinets must not have more than 2 and 3/8 inches between slots, approximately the size of a can of pop. There must be a firm sleeping space that is covered by a fitted sheet, no cut out areas in head or foot boards as it is a hazard to the baby. They also recommend not to use anything with cracked or chipped paint or toxic finish, and not to use anything with splinters or rough edges; again, this is all safety hazard for a baby. There is a pdf from Indiana State Department of Health and the Indiana Department of Child Services that has information on safe sleep locations for those who do not have safe places for their infants to sleep, please use that if needed. You can also go to in.gov and search Safe Sleep Information for more on crib safety regulations.

Moving from sleep, let's talk about bath time. Never leave a young child unattended when in a bathtub, as drowning can be very quick. It's highly suggested that you collect all the bathing supplies you need before you run the bath water-this includes the towel and clothes you will use after the bath. The use of bathtub seats or suction cups is not encouraged. Remember, younger children have different tolerances when it comes to temperature; therefore, it is recommended to check the water temp before placing a baby or toddler in it, ideal temp is 98°, body temperature. Also be aware that the waterspout can be very hot after running water; keep children away from it when they are in the tub.

Next let's cover choking and drowning prevention. There is obviously the portion about keeping choking hazards away from children and infants, including toys with small removable pieces that can easily be swallowed. Never leave a child unsupervised with crafts that pertain to small pieces, scissors, and glue. When near water, never leave a child unattended. Make sure they have the proper age-appropriate flotation devices and that you have proper ways of rescuing them in an emergency. Any pool you may have needs to be properly secured so that children cannot access it if unsupervised. Baby pools need to be drained when not in use, and full-size pool ladders need to be removed when not in use if possible.

The next few slides cover falls and poisonings and how to prevent those. First, let's talk about preventing falls. If you use changing tables in home or in public, don't leave a child unsupervised. When on couches, chairs, or any other furniture which cannot be

strapped in, supervision is needed. Do not use baby walkers, and when riding a bike, helmets should always be worn. Also, keep all glass beverage/food dishes and candles out of reach of children. These items can not only cause injury if a child falls with them in hand, but if eaten can also cause serious internal damage.

Similarly with falls, we want to mention keeping candles and glass objects out of reach of children as ingesting them can be seriously harmful. Any household cleaners, pesticides, live traps, medicines, and alcohol need to be kept out of reach of children or locked away. It is important that any and all paint in walls is not chipping or peeling to prevent children from peeling and eating it. Also, for health and safety reasons, children should not have access to rotten food and trash. Any medicine, locked up or not, should have child-resistant caps on them and should be left out of reach. Keep all prescription medication prescribed for the child in the original container. When giving medicine to an infant or child, administer the correct dosage. We recommend using a medicine syringe and a dispensing log so that the child does not receive too much medicine in too short of a window. Something to remember is that there are some normal household plants that can be poisonous. Please do your research on what you have in your house or are planning on bringing into your house, so you know how best to protect the children in your care. Finally, as a reminder, all alcohol and tobacco need to always remain out of reach and use of children.

The CDC has information on treating and preventing lice that you can find online, but we will do a quick run-through of how to treat someone who has lice. If you notice nits, wash the infested person's hair with a delousing shampoo. Delousing shampoo is available at most pharmacies. Also, make sure you also wash all the bed linens and clothes that the person has used in your washing machine with HOT water. Put all the clean linens in the dryer on HIGH for 20 minutes or more; this should kill all the lice. If there are items that cannot be washed, store those in airtight bags for at least two weeks- the lice should die on their own this way. Soak combs, brushes, and hair accessories in HOT water or rubbing alcohol for an hour or more. The rubbing alcohol will act as a disinfectant for hair accessories that may contain head lice. As far as

preventative measure, go you can do steps 2-5 as a precaution with any child who comes into your home. Again, there is more information on this online at cdc.gov.

Car and car seat safety are extremely important as you care for someone else's child. According to Healthychild.org, "All infants and toddlers should ride in a rear-facing seat until they reach the highest weight or height allowed by their car safety seat manufacturer. Most convertible seats have limits that will allow children to ride rear facing for 2 years or more." Children under the age of 8 need to be in a car seat unless they surpass the local implementer policy. If a child is over eight and still falls into the local implementer policy, follow the policy. "When children are old enough and large enough to use the vehicle seat belt alone, they should always use lap and shoulder seat belts for the best protection. All children younger than 13 years should ride in the back seat" (healthychild.org). As a reminder, children should never be left in a vehicle unattended. whether the car is on or off.

We are most emphatic about car seat and seatbelt safety. It can be tempting to transport a child without a car seat if it's just a short drive. Please have a zero tolerance for transporting a child in an unsafe manner. If a parent comes to pick up a child/ren without adequate car seats, call this to the parent's attention and agree to help with a plan to acquire the proper care seats before the parent leaves with the child/ren. We cannot control the actions of others. If the parent chooses to drive without appropriate car seats, do not personally put a child in an inappropriate, broken car seat or a vehicle without car seats. Do not accept that liability.

As adults, you and I know emergency contact information, including our local law enforcement and family numbers. However, in the case that something would happen to us around the children we care for, they need to be able to access a phone and emergency contacts. Most of us have phones that we can place contacts in as an emergency contact, but it could still be helpful to have those numbers written down in a visible, easy to reach spot for the children to access if the need ever arises. Go over these numbers with your children and the child in care and explain to them how to call these numbers and maybe some basics to say if they should ever need to call someone. Your house and your car should have a first aid kit in a ready-to-grab-and-

use area. You can buy first aid kits at most stores, or you can make your own. If you choose to make one, make sure you include gloves, bandages, gauze and tape, tweezers, pain meds, and alcohol wipes. You can add more things to this kit if you believe you need it, but those are some basic materials.

When it comes to pets, we understand that you may have many or none, and each child will handle and interact with them differently. Never leave a young child alone with a pet, and a child should never approach an animal that is unfamiliar or not good with children. Do not let a child pet an animal without it first seeing and/or sniffing the child. Make sure your pets' vaccinations are up to date. Keep an eye on how the child interacts with any animals. If the child is aggressive, keep them away from pets, and, if the animal does not like the child, keep the child away from that pet. All of this is for the safety of the child in your care. We are not trying to hamper you and your family's fun in any way.

So, some quick recaps and universal precautions: make sure you and the children are washing hands after using the toilet, changing a diaper or helping a child use the toilet, and after handling or coming in contact with any bodily fluids. If the need for first aid comes up, the one administering it needs to wash hands before and after use. Wash hands after cleaning up spills and bodily fluids and before assisting in any kind of feeding, even if it's just a bottle. Latex gloves should be worn whenever encountering bodily fluids, but do not need to be worn when changing diapers. If a care giver has cuts or rashes, gloves should be worn to prevent the spreading of blood or rash. Finally, when washing blood-stained clothes, scrub under cold water prior to the wash (while wearing gloves) to get more blood out immediately and wash blood-stained clothes in a machine by themselves.

10. Ministering to Parents

Pov.ology- "Do No Harm"- Video

Ministering to parents is the second most important job you will have while volunteering with Homes of Compassion. Let's talk about how you can minister to them effectively. First let's talk about interacting with the parents while the children are in your home and

then when they return to their parents. When the child is in your care, it is helpful to have a schedule of communication between the Care Family and the child's family or guardian. This communication schedule should be established as soon as possible. This should look like an agreed time to talk or FaceTime each week. Make sure you are keeping the parents updated on their child and any progress the child is making in school or development. Allow the child and parent to talk during these weekly communications.

You also need to recognize and respond sensitively to the parent's struggle with their child being away from him/her and with you. Parents may feel threatened, afraid of being replaced, or demeaned in their child's sight. This may result in power struggles and lack of consideration for you. When the child leaves your care, we still highly stress that you as a family continue to be a spiritual help and resource for the family. However, your role has to change, as you are no longer the caregiver for the child. Still be there for the family, and communicate with them as they will allow, but allow them to be a family. If they do not wish to have communication with you when their child returns to their care, there is not much you can do, and we ask that you not force yourselves on them. Let them know that you are available should they need to reach out, and leave it at that.

While the child is in your care, supporting family relationships is crucial. Supporting family visits and contact between child and parents is helpful for the child so that he/she knows who family truly is and that they are still an active part of their life. If the child brings up their family while at your house, engage in conversation, but keep it positive as much as possible. It is more harmful than helpful to agree with a child when they talk poorly about their family even if it is true. For the parents, some may struggle with you taking care of their children, so you can encourage their participation in decisions that affect their child. Be courteous and respectful about and toward the child's family and again, do not talk negatively about the family.

Other practical ways to support family relationships is to ensure any possessions a child comes in with from home are respected, that during prayer time the child and your family include their family, and that the child is reassured of the love and care that their

own family has for them. You are to reassure them that while you care for and love them, their family loves them and believes that staying with you is the right choice for now. When it comes to scheduling visits, make sure you determine guidelines that allow for both you and the family not to feel burdened by the process of visits. It might be helpful to reassess all of this and the interactions as the relationship between you and the other family continues to develop. Again, the goal for you with the children in your care is to help them understand that their family still loves and cares for them. And the goal for you with the family is to help them regain the sense that they have rights and responsibilities in relation to their children. Listen to and respect them as the children's parents; encourage them to participate in decisions that affect their children. This will take your initiative as you have their children in your care. Credit these parents with the power and ability to learn and change and recognize their skills and efforts to cope with difficult life circumstances. Be sure to involve your Care Coach in your relationship with the parent.

So, what are the goals and importance of visits and family contact? First, the goal of all visits and contact is to help the parents and the children have a smooth transition into Homes of Compassion and back into their family's home. The end goal for all our homes is to help reunite the families once they are on a more stable path or once the parents have stated that they would like their children back in their care. No matter what attachment has been created between you and the child in your care, their parents are still their parents. When these visits are successful and positive, it helps reinforce the family bond. During interactions with the family, use positive words that help build up the family unit and everyone in the family. Again, we want to reaffirm their family bond, encourage the parents to continue being parents, and remind the children that their parents love and care for them. These visits and other interactions you have with the child's family are a time for encouragement and empowerment. These interactions help reinforce the child's identity and help alleviate any guilt they may have about the situation. You have the ability and the position to create real lasting change for these families since you have a relationship with both child and parent. You have the ability to encourage family togetherness, hard work, perseverance, and trust. You have the ability to empower moms to continue looking for jobs and places to live that house their family.

You have the ability to encourage the family to be a family. You have the ability to share the love of Jesus. Your role is huge! Do not shy away from it.

Pov.ology- “Do No Harm”- Video

There has to be love and support for the families in your care from beginning till the end, even after the children have returned to their families. One way you can show love and support is to detach from the child when they return to their parent/guardian. This can be very painful for you and your family, but to an extent it needs to be done. While we do encourage that you maintain relationship with the family as much as possible, we do ask that you recognize that when the child leaves your care and returns home, you stop being the mom and dad figure. That role has been given back solely to their parents and that is what HOC desires to see. Again, we want you to stay in contact and be an extended spiritual family when the child leaves your care and returns home, but that transition can be difficult. It may be a time of grieving for you and your family, maybe even for the child in your care. This is all right; embrace it. Just as you and your family spent time preparing for a child to enter your care, you will most likely need to take some time to grieve them leaving your care. I do not say this to make you more confused about your role, but to speak into the bonds and relationships your family and the child in care have created. Those bonds, while present, will be stretched, maybe forever and that is not easy. Take the time to process, take the time to readjust, as a family, to not having the child in your home. Let God know how you and your family are struggling, ask for His peace and His heart to keep going. If the parents are ok with your family staying in contact, reach out and see how the child is doing, readjusting to being with their family, think about having the family over for a holiday dinner. You can do all these things as they are healthy for the relationship your family has created. A healthy love for the child and for his/her family will accept and respect any boundaries the family has given you when the child returns to them. If they wish not to have contact with you again, respect that. You can tell them that you would love to hear from them, but do not push it. (It is important to note here that it is not wise to privately agree to watch the child once discharge has occurred.) Let them reach out if they decide to after saying no to future contact. However, if the family says that they want to stay in contact,

remember your roles. Love the family and child well, but remember that THEY are a family, not you and their child. Do not plague them with texts, emails, and phone calls. Maybe, like when the child was in your care, you set up a schedule for communication. This could be healthy and helpful, especially during the transition back to being a family unit. The other side to this healthy love, is to remember what your family and Homes of Compassion are and are not. You are not a place for this family to dump their kids whenever they feel like not being a parent, or like they don't know what to do anymore. Homes of Compassion is not a babysitting service or a way for families to get out of the responsibilities they brought into the world. Remember that, when a child's parents ask you to watch their child for several days straight while the parents go have some fun with friends, or when the parents text you saying they don't know how to handle their child and need you to step in for a while. If this or something similar happens after the child has returned home, we ask that you contact your Care Coach immediately so they and their supervisor can decide what should be done. The final portion in this love and support section is accepting. And this looks very broad, but you and your family need to accept, from the beginning, that you are not the child's family. They have one, and they will return to it. Accept that. Accept that for a time you are called to love and care for the child and their parents in a way few have the ability to do. Accept the decision of the child's parents when it comes to them returning home or going on visits. Accept that God chose them to be the child's parents, and He knows best. Remember that a parent in poverty or with struggles can still be a good parent. Finally, accept that this is a ministry God has called you to and, while it won't always be easy, the impact you will have will be worth it. God is with you, strengthening you, and equipping you for every day of this job. Accept and embrace that!

With all of these ways to love and support there are some pitfalls to avoid. First it is important from the very beginning that you do not take on the responsibility that belongs to the parent. I'm not talking about responsibility for caring for the child in your home, I am referring to the responsibility for past and present actions and decisions the parents have made and how they have affected their children. They are responsible for their actions and the consequences of those actions just like you are responsible for yours, and no one else. Second, your purpose is NOT to "fix" the parent. This is hard for a lot

of people because some of us have an unnatural habit of playing fixer or savior for a lot of people. This is NOT your job, allow God to do any fixing that may need to be done. Allowing God to fix the hearts and lives of these families will help save you from a burden and responsibility that is not yours and will also help these families change. Just as we are helping our clients find and use resources, we ask that you use your resources around you also. Failure to ask your resources for guidance during this ministry can make for a more difficult journey for you and your family and it does not set a good example for the family that you are serving. So, talk to your Care Coach often! Another pitfall to avoid is not respecting your own limitations, whatever those may look like. If you find yourself or your family in over your heads with this ministry, please reach out to your Care Coach or a supervisor. We want you to be able to serve in this ministry well and confidently, so if something comes up where that because less possible, let us know! We want to help you as much as we can in this. Finally, the fifth pitfall to avoid is not recognizing the importance of intangibles like HOPE! The biggest thing you can provide these families with- outside your physical interaction with them and your prayers- is hope for a better future. This hope is one that can be found in God! You have the opportunity to live Christ out around their children daily and around them on occasion. Please, do not be afraid to give them this hope-you never know where they are in their journey to the everlasting love of God, so bring the Hope to them as much as you can!

Video- A Gospel Approach to Poverty Ministries

So, what happens when a parent makes no progress? What then? First, it is important to note that our version of progress and the version of progress the families we care for have are very different. We would say progress is finding a job, keeping it and being able to afford a place of your own. However, for these families, progress might be made and seen in smaller areas first and bigger ones later. For example, maybe for a family, progress looks like waking up each morning, getting dressed, and filling out a few job applications, cleaning the house, doing laundry, and buying some groceries. Maybe progress is as simple as getting out of the house. We need to be understanding of these

families' ideas of progress. It might be worthwhile for you and your Care Coach to talk about the parents' goals that they want to achieve before they ask for their children back. Knowing these goals can help you know how to encourage and empower the parents when you interact with them and can help you hold them accountable to an extent to meet these goals. But what if there is a deeper problem than making progress? Unfortunately, this may be difficult to see and discern, but if this arises, your Care Coach will be in contact with their supervisor to see how HOC and you should proceed. When it comes to accountability for progress and reaching goals, you and your Care Coach might be the only ones initially a part of that accountability. You and your Care Coach can discuss ways to help the family stay accountable to their progress and maybe find a pastor or other family that could come alongside them and help too. An extension of progress or the lack thereof could be repeat placements. In most situations, repeat placements should be expected as the severity of the issues or lack of support for the family causes a problem for the parents to actually parent at times. Repeat placements are not necessarily bad or the working of the system. In fact, they may be seen as progress as the parents are learning to ask for help and admit that they can't do it on their own. They now know how to recognize that they need help. They also know how to obtain help. This is a healthy realization and one that we can work with. Whether you experience repeat placements or not it is healthy to process any placement through the perspective of acting as a spiritual extended family to the family in need.