



**Global Family**  
protecting children preserving families

# OUR APPROACH

© 2020 Global Family Care Network (SCIO)  
St. James Research Centre  
Thornhill Road, Falkirk FK1 5BX  
United Kingdom

[www.globalfamilyuk.co.uk](http://www.globalfamilyuk.co.uk)  
[www.stjamesresearchcentre.org](http://www.stjamesresearchcentre.org)

No part of this publication may be reproduced or transmitted in any form without the prior written permission of the publisher.

GLOBAL FAMILY CARE NETWORK

Global Family is a non-profit organization that works to prevent and intercept child trafficking and systematic abuse and provide long-term and family-based care for children who are victims of commercial sexual exploitation and other forms of abuse. Our mission is to preserve the family and protect at-risk children with the assistance of community organizations, volunteer caregivers, and donors. Our vision is to help as many children as possible who are victims of poverty, exploitation, and abuse by modeling and sharing principled methods that represent the best outcomes.

THIS DOCUMENT

This document outlines our approach to prevention, rehabilitation, and aftercare. Our programs are locally sustainable and incorporate research and best practice approaches to improve quality of services provided to victims and program effectiveness and efficiency.

CONTENTS

Prevention	4
Youth Clubs	4
Leader Training	5
Risk Assessment	6
Sustainability	7
Rehabilitation	8
Shelter	8
Needs of the Population	9
Daughter Project Girls Homes	10
Impact	13
Aftercare	14
Family Care	14
Standards for Care	16
Core Values	17
Strategic Elements	17
Caregiver Roles	17
Qualifications	19
Evaluation	19
Research	20
Oversight	21
Protection of Youth	21
Theory of Change	22

# PREVENTION

AWARENESS

YOUTH CLUBS

VIGILANCE COMMITTEES

TRAINING

COMMUNITY DEVELOPMENT



## YOUTH CLUBS

Prevention clubs mobilise and equip citizens to protect, intercept and restore youth at risk. Activities are designed to raise awareness, educate, and equip local participants about the risks of child trafficking and systematic abuse of young girls. Efforts include children advocating for their peers, girls' clubs that build self-worth, women cooperating to keep girls in school, and community leaders upholding children's rights. Other clubs aim to intercept girls being trafficked or trapped in abuse and restore them to their families or guide them to a restoration shelter.

Girl's empowerment clubs are a key preventative intervention that Global Family and its partners utilize in partnership with local organisations and volunteer club leaders. Clubs are founded and run by community volunteers, who may be youth or mentors from the surrounding area. The model for club development was established in response to the environmental and individual risk factors of child trafficking and abuse. Clubs often meet on a weekly or bi-weekly basis in local community centres, public spaces, schools, or alongside partner organizations.

Girls clubs utilise a curriculum called *Empower*. The root causes of human trafficking can be traced to lack of self-image, supportive community, and healthy relationships. *Empower* was written so that girls can take the obstacles, hardships and pressures that are so often placed upon them and turn them into

something good. It teaches them to turn challenges into learning experiences, enabling them to emerge stronger and better equipped for the world that they face. In fact, this is why *Empower* was created in the first place: to provide girls a community in which they learn how to embrace and reveal their inner beauty.

*Empower* consists of lessons around building character, overcoming challenges, growing up, influencing others well, and planning for the future. Meetings consist of foundational lessons designed to build a sense of community and friendship amongst young girls and strengthen self-image, social skills and healthy habits. Each meeting is composed of a lesson, discussion, activities and a sample journal prompt for girls to record their thoughts. The lessons are adaptable to different age groups, religious affiliations and educational systems.

Meetings that address positive thinking are designed to help girls discover healthy ways of dealing with stress and difficult situations. Those that address facing obstacles and enduring hardship, on the other hand, are meant to allow a space where girls can identify and tackle the challenges they face, whether at home, school or in their communities.

A small number of published studies focus on interventions that implement preventative programmes which aim to reduce prevalence and/or mitigate the risk factors of human trafficking and/or child abuse. Youth clubs are a small but growing segment of research on interventions that address modern-day slavery. Many studies evaluate clubs that are either inherently or self-pronounced 'community-based'. Clubs are often led by youth themselves or adults such as teachers and community volunteers. Other preventative programmes that are assessed within the literature base include awareness programs, which often consist of programmes that implement awareness campaigns or distribute educational materials.

## LEADER TRAINING

A standard training for the establishment of clubs is provided and contextualized with the aim of improving effectiveness in the specific country context in which trainings take place. Training for club leaders consists of:

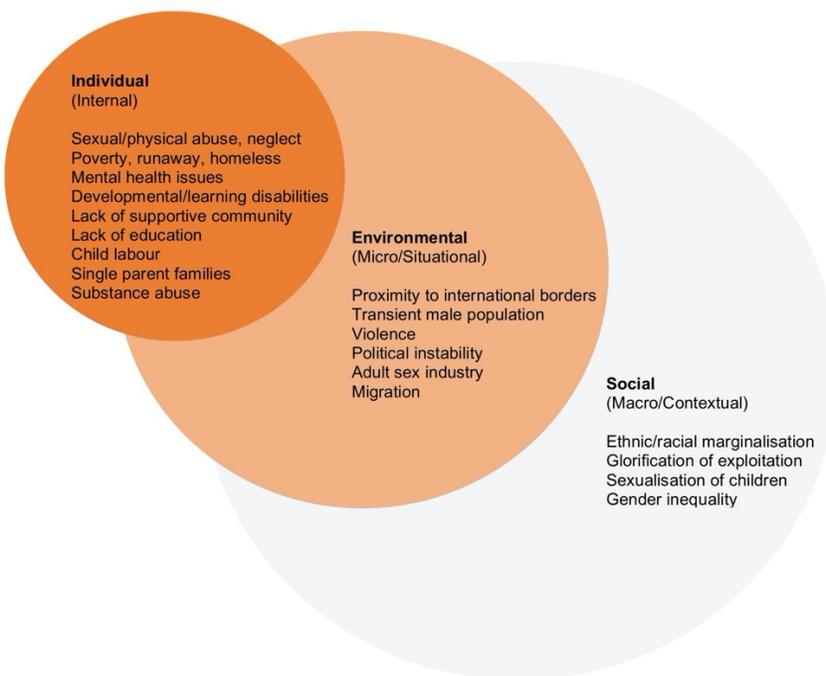
- Facilitating club meetings
- Identifying groups with similar objectives
- Using and adapting the curriculum
- Understanding the definitions of human trafficking (including labour and sex trafficking) and Commercial Sexual Exploitation of Children (CSEC)
- Impact on children's rights
- Importance of a strong family and whether it is important for a child to live at home
- Child rights
- Brainstorming the types of abuse and behaviour that causes harm to children that occurs locally, who causes the harm, whether these are linked to traditional or

- cultural practices, and how it affects children
- Tools for community organizing
- Principles and steps of community development
- Community asset mapping
- Social and institutional mapping
- Taking strategic steps for mobilisation
- Engaging stakeholders
- Gathering research around the issue as it occurs locally
- Evaluation

## RISK ASSESSMENT

‘At risk’ is a common phrase used by researchers and practitioners in the anti-human trafficking effort to describe when a person or community has a heightened vulnerability to exploitation compared to other similar individuals and communities. The phrase is often used as a broad categorisation of target populations for which programs are implemented to prevent human trafficking. Practitioners, researchers, and policymakers often use ‘at risk’ without an accurate understanding of risk itself, nor the factors that enhance risk. There is a need for preventative policies and interventions to define risk and target communities and populations that are more ‘at risk’ than others. The social-ecological model provides a framework for prevention by outlining risk factors that contribute to an individual’s vulnerability to exploitation. This model considers the complex interplay between individual, relationship, community, and societal factors. Global Family uses an adapted social-ecological model to determine risk (see Figure 1 below).

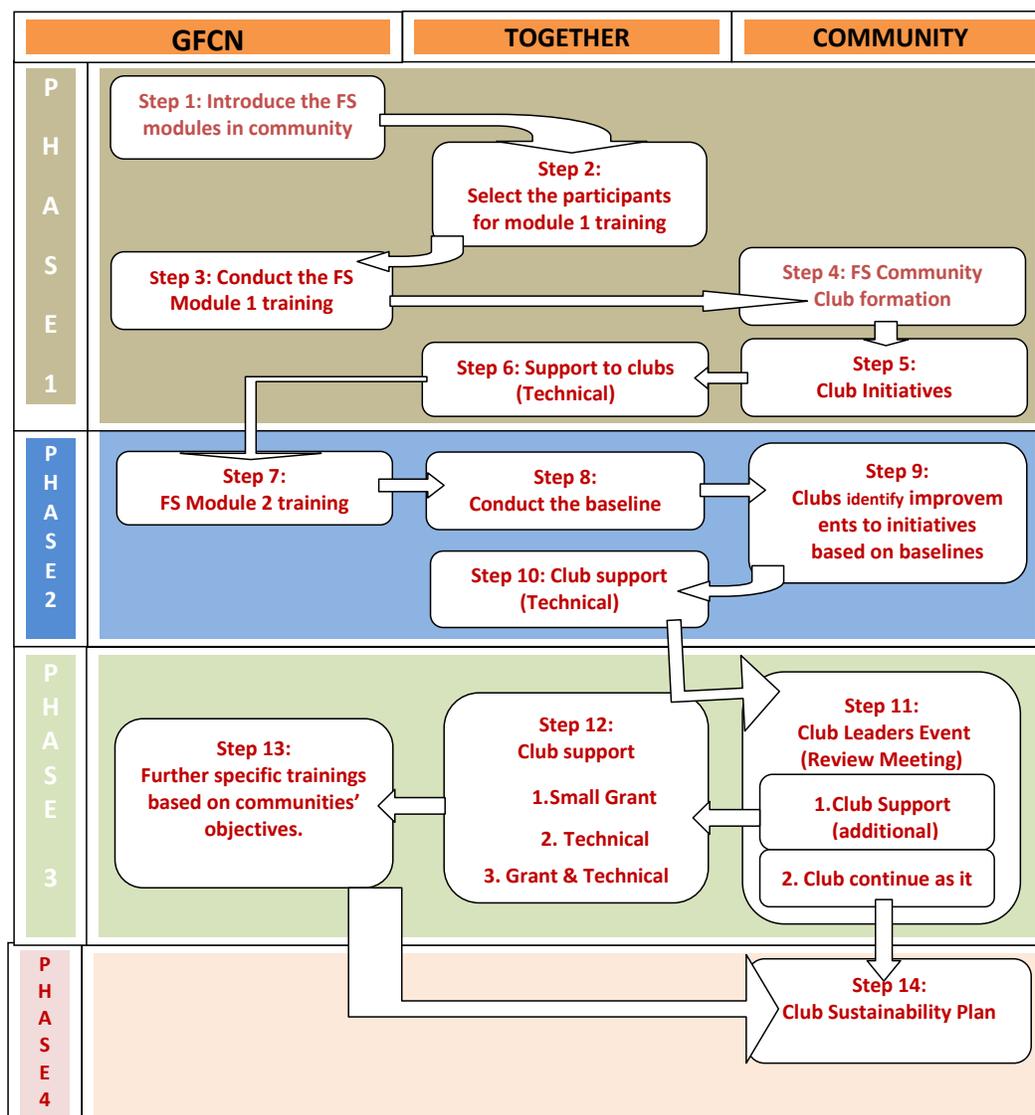
**Figure 1: Global Family’s Adapted Social-Ecological Model**



## SUSTAINABILITY

A club sustainability framework has been developed in Nepal (see Figure 2 below). This represents a systems strengthening innovation to both girl’s empowerment clubs run by Global Family as well as youth-led and community- based programs in the development space. While the inherent ‘community-based’ nature of such clubs often detract from its inclusion in research on institutionalized development efforts, the coordination, training, and evaluation of such clubs by one or more organisations point towards the need to develop systemic characteristics and trends of these interventions. The sustainability model represents a shift from the implementation of youth clubs as singular interventions towards an intervention whose processes and outcomes can not only be generalised across settings but also potentially theorised in the future.

**Figure 2: Family Strengthening Model Process**



# REHABILITATION

SHELTER

CASE MANAGEMENT

LEGAL ADVOCACY

TRAUMA-INFORMED CARE

SKILLS DEVELOPMENT



## SHELTER

A shelter is a place where intercepted youth are evaluated, physically cared for, and counselled while their legal status is resolved. Beyond shelter care, youth are either restored with their families or placed in long-term family care.

### UNDERAGE AT-RISK YOUTH WITH FAMILY

Many other organisations that intercept youth related to the trafficking issue (poor, displaced, runaways, intercepted at the border, brought by police, etc.) are very eager to house these girls in visible institutions. Although studies have overwhelmingly shown that children do best with their parents than in institutions, these organisations keep youth to use them to build profitable ministries. We believe that this practice mirrors rather than challenges the spirit that drives the traffickers as youth continue to be exploited for financial gain. Our approach is restoration. We gently return youth to their own families and only take children when the legal system has deemed their families unfit because of abuse or neglect. No other reason to remove children from their families is acceptable.

## UNDERAGE AT-RISK YOUTH WITHOUT FAMILY

Most other organisations continue to rely on an institutional approach to care for children who do not have families. The same studies related to childcare indicate that the next best option for children without families is to be placed in a foster care family moving toward adoption. We are committed to working through the difficult challenges of governments and cultural practice to develop family care systems modelled after international foster care adoption practices.

## OF AGE VICTIMS OF HUMAN TRAFFICKING

Most organisations are eager to be able to help youth escape a life of exploitation of the brothels or the street. However, they often keep victims for extended periods of time. We know several cases where victims have lived in 'homes' for nearly 15 years. These organisations do not seem eager to move them to the highest level of independence possible. We want to free the victims not just from the abuse of their former life as slaves but also from an identity that prevents them from being fully reintegrated into society. Our aftercare program focuses on independence, freedom, job training, counselling and discipleship in atmospheres of community. Participants are paid a salary, rent their own houses, and are trained in skills with a goal of seeing them released to other employment and/or marriage as they choose.

## NEEDS OF THE POPULATION

Youth who are victims of commercial sexual exploitation of children (CSEC) have complex needs that are physical, emotional, psychological, social and spiritual. Often these needs experienced by our youth are multi-faceted and long-term. The therapeutic treatment provided to youth is trauma-informed and includes interventions, services and supports that recognize a youth's need to be respected, informed, connected and hopeful regarding their experience with their own trauma. The interrelationship between each youth's trauma and symptoms of trauma may include substance abuse, depression, anxiety or other individual trauma related symptoms. We work directly with the youth by collaborating with their family and friends, human services agencies, community resources including mental health and substance abuse providers in a manner to empower each youth.

Commercially sexually exploited youth often suffer from complex trauma due to the forms of abuse and control used by exploiters. Complex trauma occurs after exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure. Trauma has lasting impact on youth and their relationship formation, brain development, and way of thinking about the world. Trauma bonds are formed from abuse, rewards, punishment, acts and threats of violence, and alternative violence and kindness. Tactics include degradation, enforcement of trivial demands, isolation, monopolization of perception, induced exhaustion, occasional indulgences, violence, coercion and threats, intimidation, emotional abuse, sexual abuse, and economic abuse. Children may suffer from

serious illness, permanent injury, other health repercussions, harsh working conditions, lack of medical care, violence, psychological issues, substance abuse, and separation from families and home communities.

Trauma can shape youth's perceptions of the way people treat each other, leading to the normalization of negative and abusive relationships. It can also impact brain development and cause youth to struggle to regulate emotions and think through decisions. It can shape the expectations youth have for their own lives, for example, youth might think about the world as an unsafe place, which becomes normalized and expected. Trauma has various impacts on mental health, including memory, regulation, behavior, relationships, and self-identity.

- **Memory:** During a traumatic event, the body is flooded with hormones, prompting the “fight or flight” response. This response impacts the brain’s ability to form accurate memories and store them appropriately. Memories tend to be sensory, may be incomplete, and may not be sequential.
- **Regulation:** Trauma may adversely impact a person’s ability for self-regulation. Complex trauma may diminish a person’s coping mechanisms over time. Youth may experience decreased ability to focus, reduced attentiveness, decreased ability to manage emotional responses, and decreased control of bodily functions (e.g. heart rate or temperature).
- **Behaviour:** Youth may exhibit shifts in behaviour, often called “survivor mode”, which may result in angry or hostile tendencies, increased risk taking, fearful reactions or social phobias, shying away from other people or situations, or missing appointments or commitments.
- **Relationships:** The coercive and manipulative manner in which exploiters compel youth can impact the way that youth relate with others in the future. Youth may not trust or overly trust strangers, overly depend on others, be vulnerable to future victimizing relationships, and show complicated attachments with exploiters or peers from exploitative situations.
- Youth may experience changes in self-identity, including internalizing blame and unworthiness, feelings of guilt and shame, and loss of power and ability to make independent decisions.

## DAUGHTER PROJECT GIRLS HOMES

### INTRODUCTION

Global Family currently has shelters in the United States, Canada, India, and Nepal. Our goal is to provide trauma-informed and best practice services to youth who have been commercially sexually exploited from minority and underserved populations. We aim to provide smooth transitions between a life of exploitation and an efficient continuum of care, taking into consideration victims’ histories of abuse, medical and psychotherapeutic needs, educational and career goals, and familial and other support outside of our shelters. Ultimately, we hope that girls leave a shelter having renewed their sense of identity and purpose and having removed themselves from an identity that is tied to one of

exploitation. At our shelters, girls are evaluated for their current situation, physically cared for, and counselled while their legal status is resolved.

Victims of commercial sexual exploitation of children (CSEC) have complex physical, emotional, psychological, and social needs. The trauma experienced by these youth is multifaceted, long-term, and often lifelong. Thus, our shelters recognize that addressing and healing from this particular type of trauma requires dedication and time spent in therapy and self-care.

Caretakers and professionals who have expertise and training on CSEC, as well as a commitment to serving this population, are involved in the lives of victims cared for at our shelters. We provide intensive therapy, counselling, medical care, attention, educational support, legal services, positive and unconditional social support, and a safe healing environment. The activities undertaken at our shelters are consistent with published and peer-reviewed studies, which we consistently review and incorporate. In this way and by consulting with and using the experiences of survivors as well as experts in the field, our shelters use evidence-based and trauma-informed approaches.

Our shelters operate programmes and services that are trauma-informed and evidence-based, including:

- Assessment
- Plan development
- Targeted case management
- Therapeutic Behavioural Services (TBS)
- Crisis intervention
- Individual, group and family therapy
- Psychiatrist services
- Medication support services
- Transition services
- Keeping and disseminating records as appropriate
- Education, physical, behavioural, and extracurricular supports
- Skills building interventions
- Transition to adulthood services
- Arrangements for visitation, home passes, and family activities (including holidays, dinners, and other special events)
- Provision and coordination of community mentors
- Groups involving CSEC education and trauma recovery

## TRAUMA-INFORMED CARE

A trauma-informed approach is adopted by:

- Realising the widespread impact of trauma and understanding potential paths for recovery
- Recognizing the signs and symptoms of youth, families, staff, and others involved with the system
- Responding by fully integrating knowledge about trauma into policies, procedures, and practices
- Seeking to actively resist re-traumatization

In doing so, Global Family incorporates safety, trustworthiness, transparency, peer support, collaboration, mutuality, empowerment, voice and choice, and cultural, historical, and gender issues.

Global Family provides Therapeutic Behavioural Services (TBS). The aim of TBS is to reduce adverse behaviours by emphasizing the youth's and family's strengths and abilities. TBS activities include behavioural analysis, individualized treatment planning, and skills building. It addresses behavioural issues such as poor impulse control, poor or impaired judgment, oppositional behaviours toward caregiver(s) and/or teacher(s), extreme tantrums, aggression towards peers or adults, extreme and unremitting anxiety or isolation, and unsafe or self-injurious behaviour.

Trauma Focused Cognitive Behavioural Therapy (TF-CBT) is provided to youth in our shelters. TF-CBT is an evidence-based treatment that is a short-term, goal-oriented psychotherapy treatment that takes a hands-on, practical approach to problem-solving. Its focus is on those who have experienced trauma and is intended to help children and their families deal with the aftermath of a traumatic experience. Its goal is to change patterns of irrational thinking or negative behaviour that are behind youth's difficulties, in order to change how they feel. It is used to help treat a wide range of issues in a youth's life, from sleeping difficulties, relationship problems, to drug and alcohol abuse or anxiety and depression.

- Helps adolescents recover after trauma
- Provides structured, intensive short-term treatment
- Reduces posttraumatic stress disorder (PTSD) symptoms
- Addresses cognitive and behavioural problems
- Improves participating caregiver's personal distress about the youth's traumatic experience
- Increases parenting skills and supportive interactions with the youth

## ASSESSMENT

Our staff utilize trauma-informed assessment tools to evaluate the immediate needs of youth when they arrive at the facility. The assessment aims to understand a youth's general symptoms, including depression, anxiety, and oppositionality, as well as specific outcomes that may occur in youth who have been commercially sexually exploited, including post-traumatic stress (PTS), dissociation, sexual concerns, and anger. The goal of screening is to assess whether a youth has 1) exposure to potentially traumatic events/experiences, and 2) traumatic stress symptoms/reactions.

The results of assessments are shared with local Child and Family Teams and incorporated in the development of each youth's needs and services plan. Direct care staff communicate the findings in a developmentally appropriate manner with the youth, drawing connections between the referral question, the results of the assessment, and recommendations for services. Youth are then encouraged to provide their thoughts on the findings and to ask questions.

Ongoing assessment is important since symptom expression often changes as youth develop, have new experiences, and are exposed to new stressors. Monitoring change over time reveals whether the current interventions are adequately addressing the youth's needs. Furthermore, youth do not always disclose all relevant information during the first assessment. Assessment over time is conducted by the

therapist and direct care workers by observing behavioural changes and reviewing educational and medical reports.

## HOLISTIC HEALTH

Our shelters ensure that youth are engaging in physical activity that is appropriate according to their physical limitations. We also follow nutritious meal plans with well-balanced diets. Youth are discouraged from ingesting food items that can contribute to anxiety and depression (e.g. caffeine and alcohol). Staff also assist youth in re-establishing their eating patterns as trauma may disrupt youth's typical eating rituals and self-care habits. Our programmes also include spiritual components that capitalizes on youth's ability to benefit from their own beliefs.

## IMPACT

At the micro level, the impact that our shelters hope to achieve is with the individual youth we serve. We aim to provide them with comprehensive services so that they might transition effectively into alternative forms of care, and eventually, independent living. More than a set of services, we hope to impact the individual lives of survivors by creating personalized plans of care for each of them, taking into consideration their own desires and needs as they have been assessed, and create a family-like environment in which those plans can be implemented and begin to be realized. The impact on youth, therefore, is not only that they receive a full package of services while in our care but are empowered to realize an identity that is separate from their former abuse and to effectively move on to adulthood.

On a macro level, our shelters hope to break the so-called cycle of abuse in which many victims find themselves, or in other words, their susceptibility to re-victimization and return to their pimps or exploiters. We work with survivors who currently inform our programmes, curricula, and training. We believe that survivors have the highest potential to create innovative and effective solutions to reducing the incidence and prevalence of human trafficking and improve victim services.

# AFTERCARE

FAMILY CARE

MENTORSHIP

CAREGIVER TRAINING

BEST PRACTICE CERTIFICATION



## FAMILY CARE

Where biological family support is not possible, long-term alternative care for at-risk and abandoned children is best practiced within the family, not an institution. Our model is supported by numerous studies indicating that family care provides the best possible outcomes for children with respect to their psychological development and social and economic success.

The best possible outcome for children who have lost family support is to be placed in a stable, loving family where they can learn and mature in a safe environment. Studies show that family care allows a child to develop long-term relationships and grow in a setting that promotes overall wellbeing as he/she matures into adulthood. In contrast, children who are placed in institutional care have been shown to display a number of social dysfunctions and struggle financially.

The institutionalization of children, especially children whose families are able to care for them, is harmful to their long-term development. Furthermore, it promotes a dangerous trend in source countries and regions of child trafficking where parents believe it is acceptable to send children away for better opportunities. Studies show that even when parents are divorced or struggle in economically lacking situations, children have better long-term outcomes when raised by their own parent(s). A child should only be separated from family support in extreme circumstances.

Existing alternative care systems, including foster care and institutional care, have failed to provide effective solutions for minors who are victims of commercial sexual exploitation (CSE) and who lack biological parents or parental support. Poor outcomes are exacerbated by multiple placements and instability, lack of post-care support systems (with and without transitional programming), poor quality of staff in residential programs, low trust and intimacy that results from paid caregivers, and attachment disorder. Challenges include counterproductive foster care law that places youth in at-risk communities and hesitancy of courts to remove parental rights resulting in instability of care.

Our alternative care plan is designed to be the best possible placement option for children who are not eligible for an adoption trajectory because of age, legal instability or experiencing significant traumas that require specialized care. The team approach provides the structure and professional therapies as well as the loving emotional bonds of a stable family that these children require. There are two possible models that roughly correspond to foster parent/family care home and group home placements. The model introduces the God Parent and Mentor roles and reforms and recasts 'group homes' as Therapy Centres. It is theorized that these two innovations will greatly improve the experience for both children and caregivers.

We provide an innovative approach that in some cases replaces, and in other cases bolsters, existing care models. This approach relies upon volunteers who are organically matched with children in the mentoring process. The hope is that mentors would transition to "God-Parents" who make a lifelong commitment to the youth, and then caregivers with the possibility of becoming caregivers through legal guardianship, adoption, or non-biological familial support. This approach can work with all existing alternative aftercare including foster care and residential programs. We aim to provide the long-term stability of a loving family to youth, added services often not provided by care systems (such as driver's licenses, academic assistance, job connections, marriage, etc.), and post-transitional care support.

Over time, mentors may make life-long commitments to the children as who provide emotional support, practical guidance and assistance to the children as extend family. In certain systems, they may be certified to provide respite caregiving for biological and therapy centre/foster caregiving staff on an ongoing basis. They provide emotional stability as they continue in their support role following the children from placement to placement. They are trained to offer guided mentoring for biological families and work with other caregivers to design and implement short-term care giving objectives in line with the child's long-term 'plan of care'. This approach provides the structure and professional therapies as well as the loving emotional bonds of a stable family that these children require. In addition to bolstering existing care programs, this approach may also replace existing arrangements as mentors and God-Parents can become full-time, legal alternative caregivers.

The Mentorship and God Parent programmes, which started in October of 2018 in Bakersfield, CA and in 2016 in Kathmandu, Nepal, have seen success in the relationships formed thus far between mentors and youth. The mentorship programmes in particular aim to increase a youth's aspirational self-alterity, meaning that by engaging and building positive relationships with adults who have achieved reasonable economic and social success, youth's capacity to aspire is broadened. We often find that when youth in

our shelters interact with other adults, their answer to the question “What do you want to do when you grow up?” becomes much more ambitious. Practically, mentors commit to assisting youth throughout their personal transitional process and beyond, ensuring that they have equitable access to not only the services provided to them, but also to the normal tenets of life that youth who were not exploited utilize.

STANDARDS FOR CARE

<b>BACKGROUND CHECKS</b>	A home study and background check on each child is undertaken to ensure that no pre-existing family option is available.
<b>PRIMARY CAREGIVERS</b>	The relationships that children have with primary volunteer caregivers foster significant positive emotional and psychological results. Therefore, caregivers should work out of a sense of compassion and call rather than for financial benefit.
<b>STABILITY</b>	Caregivers commit to long-term service so that children do not have to suffer the trauma of continual re-bonding with parental figures. When a caregiving unit is established it is kept together until the children grow to adulthood without adding or removing siblings.
<b>UNIT SIZE</b>	Each family unit should house no more than ten children and should have its own sleeping, bathing, eating and socialising spaces as well as a separate, designated caregiver.
<b>QUALITY CARE</b>	Each child should receive individual care and attention. Both the spirit as well as the daily routine of the home should reveal a fun, loving, nurturing environment where children receive structure, encouragement, praise, consistency and good role models from their caregivers and older siblings.

## CORE VALUES

- The children and families we serve are as precious as our own. Our programs represent our best effort at quality care that preserves dignity.
- Family is the best mode of childcare. If biological parents are not available, foster parents offer the best solution. Institutional care is to be avoided as much as possible. Every child needs the loving bond of a parent and the long-term stability of a family.

## STRATEGIC ELEMENTS

- Local organizations are the mode of community transformation. Equipping and resourcing local organizations offers the best approach because it brings empowerment through participation in a local community. This provides a social safety net, spiritual guidance, access to markets, capital, and information.
- Collaboration with local organizations and networks provides a wealth of resources and volunteers already established in existing accountability structures.
- Trained volunteers serve as caregivers and outreach workers. Volunteerism not only reduces administrative cost, but also ensures that caregivers are driven primarily by their love and compassion for the children rather than financial compensation.
- We identify those who are most in need and help those children who are the most vulnerable and at risk. There is a waste of resources when programs become 'numbers driven' and little effort is given to distinguish the areas in which children are the most desperate.
- Children are integrated into families, organizations, and communities that provide sustainable support. Issues of marriage, college, and career are handled as they are in any other family. They do not expire from that support system after they turn 18.

## CAREGIVER ROLES

### MENTOR

Global Family's mentorship programme seeks to address the challenges and poor outcomes of alternative aftercare for minors that can be applied globally in the landscape of children's homes, orphanages and fostering systems. Mentors are part of a family care system that provides substitute parenting for children who cannot safely stay with their own families or whose families are unable to care for them.

The Mentor is matched with one child, preferably of the same gender, and commits to meeting with that child at least once a week at the aftercare facility. The commitment should last until the child is returned back to his/her family, or until the child moves into long-term family care. The goal of creating

a relationship between a Mentor and a child is to provide additional rehabilitative support from someone who interacts with them on a volunteer basis. A mentor should only be paired with one child at a time and can be paired with a child whether he/she is temporarily sheltered in the aftercare program or will be moved into long-term family care. This individual should be recruited and trained within the context of a local/faith-based organization within the community in which the aftercare program exists.

## **GOD-PARENT**

The God-Parent commits to meeting with the child at least once a week at the site of the family care home, school, or long-term facility of the local/faith-based organization. The commitment should be life-long; weekly meetings take place until the child becomes an adult, after which the God-Parent should continue to serve as an integral role of his/her life. The goal of creating a relationship between a God-Parent and a child is to provide ongoing personal, emotional, spiritual, social, and economic support from a stable and caring adult who is a part of the child's life voluntarily on a long-term basis. The child who is assigned a God-Parent should have transitioned out of a short-term shelter and into long-term family care or a family-care home. This God-Parent should be continually trained and provided support from the same local/faith-based organization.

## **GUARDIAN**

Guardianship is a legal commitment to provide shelter, education, food, medical care, and financial management to a child. It is a life-long commitment, whereby a child will become fully integrated into a family and receive the same love and care of a natural born child. Guardians fulfil the following duties:

- Accept the constant responsibilities of caring for a child
- Accept full liability for the child's actions
- Manage the child's finances and provide records to the court
- Go through necessary court proceedings for permission to handle certain financial issues
- Build a stable, caring, and supportive relationship with the child
- Act as the legal parent of the child for the entirety of the guardianship
- Accept the impact that becoming a Guardian has upon one's family, health, and job



## QUALIFICATIONS

### EVALUATION

Global Family has developed best-practice models for community-based development, prevention of human trafficking, rehabilitation of victims of commercial sexual exploitation, and family restoration.

We continuously seek to understand the effectiveness of its programs and sustainability of its approaches. Our evaluation staff typically utilize a logic-model based framework to understand the key components of our programmes, how their weaknesses can be addressed, and how their strengths can be multiplied. We seek to understand how programmes are implemented, the challenges that are faced, the inputs that are used to run programs, efficiencies and inefficiencies, which activities produce certain outcomes and how outcomes are measured.

In evaluating the services provided at our shelters, we look at the effectiveness and efficiency in which our micro and macro goals, as well as long-term objectives, are achieved. This includes gathering data from youth, staff, and community partners. To assess whether a youth is positively responding to services provided, we evaluate,

- The extent to which youth utilize services
- Their initial response, whether that response changes over a period of time, and how it changed
- Social and economic indicators at intake and at each month of their stay
- Physical and mental health at intake and at each month of their stay
- Progression through the stages of change and the specific services, relationships and therapies that enable progress to continue
- Behavioural indicators in school, with mentors, and in other settings
- Youth's own feedback provided to shelter staff

On a service provision level, key assessments include,

- The rate of utilization of services amongst youth
- Which staff members and/or community partners were involved in the provision of the service
- The quality of the service
- Whether the service was a single or multicomponent intervention
- How the direct service provider measured its efficiency and effectiveness and whether that changed over time
- If certain services are succeeding more than others, the characteristics of that service which allow it to succeed (and similarly for services that are not succeeding)

On an organisational level, key assessments include,

- Management and governance
- The value-added of community partnerships
- Organisational capacity
- Access to resources (human, financial, and technical)
- Cost effectiveness
- Sustainability

Mentors and God-Parents are individually assessed and monitored by the relevant Programme Coordinator, who observes their interactions with youth and correct them when needed. The Programme Coordinator will survey mentors and God-Parents after they are trained to ensure that they understand the material, goals and objectives, and best practices for mentorship. Both mentors/God-Parents and youth are surveyed on an annual basis (or more often if needed) on their satisfaction with the programme and other psychosocial measures that help the Programme Coordinator and Head of Service determine whether youth are improving socially, educationally, and economically as a result of the programme.

## RESEARCH

Global Family's approaches are also consistent with published and peer-reviewed studies, which we consistently review and incorporate. This includes, 1) identification of victims (sensitization and training of personnel; multidisciplinary task forces; youth empowerment groups), 2) rescue (screening and physical assessments; information around available services; drop-in and short-term shelters), 3) rehabilitation (medical, legal, social, and psychotherapeutic services; partnerships between child welfare agencies and other NGOs; combined trainings from multiple sectors; incorporation of family and friends in recovery; home-based support), and 4) reintegration (vocational and skills training; capacity building; community-based services; family identification and assessment; follow-up).

## OVERSIGHT

Global Family has been evaluated by state and government agencies around the world. The Child Welfare Council in Delhi, India, and the Social Welfare Council in Kathmandu, Nepal (since 2011) have both evaluated Global Family's programmes and acknowledge that Global Family is a model that other organisations working to provide restorative services to victims of human trafficking and commercial exploitation should look towards as an example, and have certified Global Family to approve other group homes and shelters. We have recently been asked (2018) by the government of Nepal to assist in the creation of their foster care law. The short-term residential therapeutic program (STRTP) in Bakersfield, CA, is evaluated and licensed by Community Care Licensing (CCL), the County of Kern Department of Human Services, and the State of California (since 2016).

Global Family's Board of Directors consists of a Chairperson, Vice Chairperson, Secretary, Treasurer, and General members. The Chairperson takes the lead in the affairs of the organization; chairs general and special meetings of the Board of Directors; consults with other members as required to prepare the agenda prior to the meeting and ensures that notice of the meeting has been sent according to the bylaws; manages meetings; and acts as a signing officer for the organisation. The Vice Chairperson interacts with the Chairperson and Executive Director to establish agendas for meetings of the Board of Directors and manages meetings of the Board of Directors in the absence of the Chairperson. The Secretary maintains files and records including minutes; copies of letters, grant applications, annual reports, briefs and proposals; ensures the safety of relevant files; distributes copies of minutes and agendas to board members before meetings; records motions and decisions of meetings (minutes); and acts as Chairperson if both the Chairperson and Vice Chairperson are absent. The Treasurer oversees the organisation's accounts; keeps the organisation's funds in a safe place as directed; ensures the organisation's financial books are up-to-date at all times; pays accounts approved by the board; submits financial statements at meetings of the Board of Directors; oversees the development of the organisation's budget and its presentation to the board for approval; and monitors the budget and advises the board of problems and other financial management issues.

## PROTECTION OF YOUTH

Global Family maintains a Child Protection Policy which holds all staff and volunteers accountable to preserving the dignity of all children. All employees and volunteers must sign and agree to report any form of abuse or neglect that they may observe. All forms of physical discipline are deemed inappropriate. Instructions on reporting child abuse and neglect are provided during initial employee training and repeated on a semi-annual basis. We also perform regular facility safety checks and provide Managing Aggressive Behaviour (MAB) training for staff on responding to crisis interventions.



## THEORY OF CHANGE

	PREVENTION	INTERVENTION	AFTERCARE	MULTIPLICATION
RESOURCES	<ul style="list-style-type: none"> <li>Community workers</li> <li>Local assets</li> <li>Evidence on the issue</li> <li>Manuals for community organizing and awareness</li> </ul>	<ul style="list-style-type: none"> <li>Non-governmental and government partners</li> <li>External legal and medical services</li> <li>GF standard operating procedures</li> </ul>	<ul style="list-style-type: none"> <li>Volunteer caregivers</li> <li>Local organizations for coordination</li> <li>Child protection, family care system, and caregiver trainings</li> </ul>	<ul style="list-style-type: none"> <li>Data and evaluation from GF programs</li> <li>International training center</li> <li>Training manuals and curricula</li> </ul>
ACTIVITIES	<ul style="list-style-type: none"> <li>Risk factor identification</li> <li>Asset and community mapping</li> <li>Organizing activist clubs, youth and adult clubs, and clubs that target risk factors</li> <li>Education in schools and community</li> <li>Awareness campaigns</li> </ul>	<ul style="list-style-type: none"> <li>Short-term residential shelter</li> <li>Immediate basic needs screening</li> <li>Medical, and psychotherapeutic assistance</li> <li>Advocacy in court</li> <li>Family identification, assessment, and restoration</li> </ul>	<ul style="list-style-type: none"> <li>Training of new caregivers</li> <li>Assessment of child and family needs</li> <li>Placement of children into stable family units</li> <li>Oversight and follow-up with caregivers</li> <li>Continual training and resourcing of families</li> <li>Mentorship</li> </ul>	<ul style="list-style-type: none"> <li>Training of global workers, third-party and partner organizations</li> <li>Resourcing for technical assistance with tools and materials for program implementation</li> <li>Direct to donor funding and reporting</li> </ul>
OUTPUTS	<ul style="list-style-type: none"> <li>Clubs and events are organized</li> <li>Curriculum is used</li> </ul>	<ul style="list-style-type: none"> <li>Clients provided with services and restored to families</li> </ul>	<ul style="list-style-type: none"> <li>Caregivers trained</li> <li>Children placed into families</li> </ul>	<ul style="list-style-type: none"> <li>Partners receive training, resources, and funding</li> </ul>
SHORT-TERM OUTCOMES	<ul style="list-style-type: none"> <li>Risk factors are mitigated</li> <li>Increase in identification and referral of abuse and trafficking cases</li> </ul>	<ul style="list-style-type: none"> <li>Clients' physical and mental health status improves</li> <li>Compensation received from exploiters</li> </ul>	<ul style="list-style-type: none"> <li>Children display improved educational, health, and social outcomes</li> <li>Caregivers effectively relate to children</li> </ul>	<ul style="list-style-type: none"> <li>Partners adjust programming and evaluate outcomes</li> <li>Programs are funded and accountable to relevant donors</li> </ul>
LONG-TERM OUTCOMES	<ul style="list-style-type: none"> <li>Reduction in the incidence and prevalence of child abuse, human trafficking, and modern slavery</li> </ul>	<ul style="list-style-type: none"> <li>Clients have reduced vulnerability for re-exploitation</li> <li>Clients secure viable economic and social pathways for life</li> </ul>	<ul style="list-style-type: none"> <li>Families remain stable</li> <li>Children enter adulthood with the support of their caregivers and mentors</li> </ul>	<ul style="list-style-type: none"> <li>Improved effectiveness of interventions and policies</li> <li>Growth in evidence base on effectiveness</li> </ul>