ASSESSING YOUR STM PROGRAM

The best defence against unintentional harm is regular reflection and self assessment. It is recommended that you conduct a basic self assessment once your trip itinerary has been formulated to identify any areas of potential risk. The following tool is a designed to alert you to some common pitfalls so that you can steer your plans in a direction that will result in positive outcomes for communities and children.

AVOIDING HARM SELF-CHECK

1. Is the team planning on doing something for the community that they could do for themselves?		
lean fam wit YES resi	SAFE ZONE: instead of doing things 'for the community' that members of the numity can competently do for themselves teams can be inspired as they witness and in about what local people have been doing to develop their own communities and nilies. This empowers local people in the process and can encour age them to continue in the prayer and support of your team. APPROACH WITH CAUTION ZONE: This could discourage collective action and all in the disempowerment of local community members by reinforcing inferiority and king them believe the skills they have are insufficient to effect positive change in their in lives. Consider doing something 'with the community' rather than 'doing it for' the numity.	
2. Did tl	ne church/team determine the need and decide how they would respond to the need?	
obj wit YES pov cor par the Tea	SAFE ZONE: Teams should always come along side the existing goals and ectives of a program or community and support the responses that have been designed in knowledge of local context and the long-term development processes that are in place. APPROACH WITH CAUTION ZONE: Needs identification is significant site of wer in development. Needs and solutions should therefore be identified by the local inmunity as an act of empowerment, in consultation with their long-term in country thers. Outsiders are never in the best position to know what the real needs are or what best responses are and doing so can often have a negative effect on local resilience. In missing the process of the creater and the process of	
3. Is the	team bringing goods or funds to distribute in the community or directly to children?	
is b the stre ove	SAFE ZONE: If there is a legitimate need for goods or funds to be distributed it etter done through the program/organisation and their long-term relationships with community. Where possible goods should be sourced from the local community which engthens their economy and supports local business rather than bringing goods in from erseas. APPROACH WITH CAUTION ZONE: This could foster unhealthy dependency and courage collective action. Bringing in resources from the outside when done en-mass in name of 'aid' has been known to suppress local economies and be less cost effective	
as v par	well. Teams publically giving items of necessity or money to or for children can cause ents to feel shamed in front of their children. It is better to make a child's parents the o in the child's eyes rather than the members of an overseas STM team.	

staff or long-term local volunteers in children's programs such as schools, day care centres, children's homes, shelters?	
	NO SAFE ZONE: Teams can often be used effectively to upskilling those who work directly with children or by providing behind the scenes support to child focused organisations. This is more likely to result in sustained positive benefits for children than direct interaction in such a short period of time. It also significantly reduces risks to children in the programs.
	YES APPROACH WITH CAUTION ZONE: A guest team could be beneficial once in a while in a school or day program for special lessons or events, however where teams are frequently assuming the role of teachers in education programs it can be disruptive, lead to repetition and affect children's educational outcomes.
	DO NOT ENTER ZONE: Teams should never assume caregiver roles in day care programs or get directly involved in any type of residential program (shelter, orphanage, children's home) as this can have numerous quite serious harmful ramifications for children, which will be discussed more in 3: Short-term Missions Teams and Orphanages. (page 30)
	5. Is the team adequately qualified to undertake any work that has been planned for them?
	YES SAFE ZONE: Skills exchanges and skills-based teams are one of the most effective types of STM programs. It is important to realise however that whilst team members might be trained and have lots of experience, the context may be very different and the cultural and language barriers may still make it challenging for them to transfer their skills, so it is wise to think through how you will overcome context related challenges. For generalised teams, visiting, encouraging, sharing a meal with community members, learning, being exposed to the issues in more depth, are worthwhile things we are all well equipped to do. Never under estimate the power of STM teams investing in relationships. APPROACH WITH CAUTION ZONE: Medical teams- With some professions, team members may need local licenses or special government permission to practice by law, so make sure you look into this well in advance and acquire all appropriate licences. Medical and dental teams should be very cautious in their involvement with children with long-term medical needs and think carefully about how it may impact the child's long-term treatment. Always consult with their regular healthcare providers.
	NO APPROACH WITH CAUTION ZONE: It is never wise for teams to take on tasks which they are unqualified for and lack experience to do. This can lead to wasted resource, duplication, poor outcomes, accidents and hazards. When working with children, it can lead to harm and can undermine children's development. Parents and community members are likely to assume teams are qualified and trust them on that basis. We need to be very responsible with their trust, therefore a good way to measure appropriateness is by asking yourself:
	1. Would it be appropriate and acceptable for me to do this at home?2. Would I allow someone with my level of skill and training to do this to my child?
	DO NOT ENTER ZONE: Never allow teams to take on roles that require professional training and licensing that they have not fully acquired. Teams should also not get involved in legal matters or formal child protection interventions such as raids, rescues, removing children from situations of abuse or placing children in residential care. These interventions need to be carried out by licensed authorities and professionals. Teams should report all child protection concerns they witness to the authorities or an in-country NGO who

4. Will the team be directly interacting with children and replacing the roles of long-term

specialises in child protection.

6. Have reasonable and realistic expectations been set for the team in recognition of the limitations of STM trips? (short time frames, limited cultural and contextual knowledge, appropriateness of skills)		
	YES SAFE ZONE: Teams that understand that; (a) the most significant change that happens on STM trips happens in them, through what they learn and are exposed to, and (b) they are going to support and encourage local communities and their long-term partner organisations- are more likely to engage with learning and less likely to go with a 'saviour' complex. With the right attitude and expectations, the STM trip is more likely to be successful and impacting for all involved.	
	APPROACH WITH CAUTION ZONE: It can be hard to challenge team's assumptions and moderate expectations, but in the long run it is not helpful for the community, local partner or the team members when teams' expectations are unrealistic. It is better to address expectations before the team departs than on the field. Attempts to create experiences that will live up to team's false expectation and make them feel useful (painting the local school for the 10th time) can often fail and leave teams feeling patronised.	
7. Have you provided accurate and non-sensationalised information to the team about the issues they will be exposed to on the trip- particularly as it relates to the children they will interact with?		
	YES SAFE ZONE: This helps teams understand the complexity of issues before they go and prevents teams from imposing oversimplified solutions on communities or target populations. This will lead to teams being better prayer partners, more responsible donors, more effective volunteers, or longer-term workers in the future. It also models a good principle of adopting a learner's posture before assuming the role of a teacher.	
	APPROACH WITH CAUTION ZONE: Without being provided with context, teams are ill-equipped to interpret what they see accurately and know what is an appropriate response. Allowing teams to form their opinions on sensationalised promotion and media reports only can sometimes lead to teams desiring to get involved in things that are highly inappropriate such as brothel raids, or doing therapeutic activities with children in shelters.	
8. Have you set clear and appropriate boundaries for team members regarding their interaction with children during the course of the trip?		
	YES SAFE ZONE: Communicating clearly the do's and don'ts is one of the best defences against harmful outcomes. Boundaries around team member's interaction with children can be included in your code of conduct and child protection policy which all team members should sign. See APPLY: Stage 1: Step 3: Have a Clear Child Protection Policy & Code of Conduct (page 41) for more details.	
	NO DO NOT ENTER ZONE: Failing to be clear about what is and isn't appropriate with children places children at risk. It also makes your ministry more vulnerable to being targeted by someone seeking easy unregulated access to children- for all the wrong reasons. Always have a code of conduct which stipulates clear behavioural boundaries for team members when interacting with children.	



KEY LEARNING

- Good intentions don't automatically result in good outcomes. We have a responsibility to do all in our power to ensure no harm is done to children, families and communities through STM activities.
- Harm is a more likely to eventuate when the foundations of a STM program are flawed.
- Common pitfalls include oversimplifying complex issues in overseas missions and development, operating out of assumptions, being unaware of power and privilege, neglecting to conduct partnership due diligence checks, and taking children and the issues that affect them out of context.
- The best way to avoid pitfalls is to conduct a 'do no harm' assessment before you finalise your itinerary.