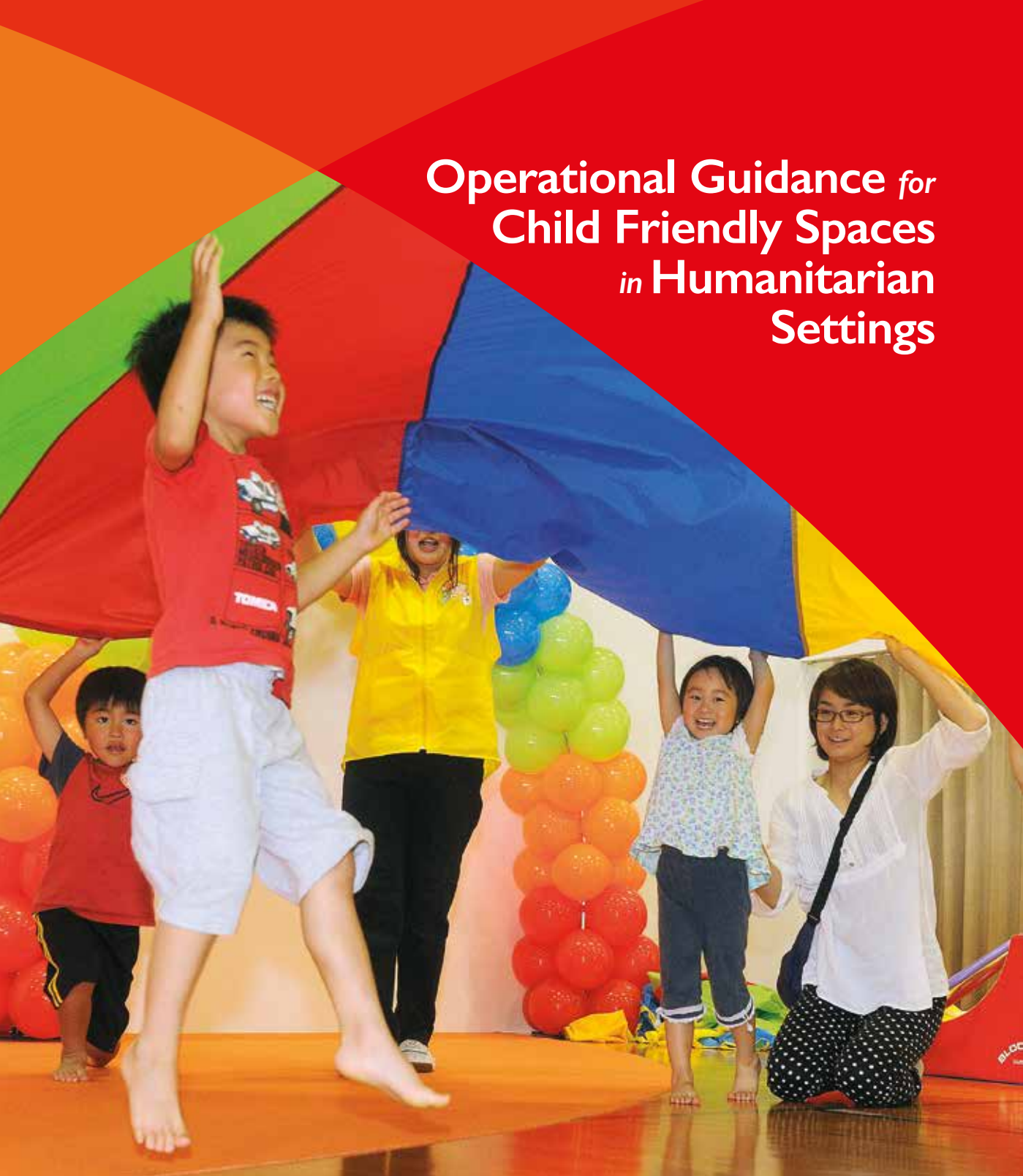


# Operational Guidance *for* Child Friendly Spaces *in* Humanitarian Settings



Psychosocial Centre



International Federation  
of Red Cross and Red Crescent Societies

World Vision 

## Operational Guidance for Child Friendly Spaces in Humanitarian Settings

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The Toolkit for Child Friendly Spaces in Humanitarian Settings comprises:

- Activity Catalogue for Child Friendly Spaces in Humanitarian Settings
  - Operational Guidance for Child Friendly Spaces in Humanitarian Settings
  - Training for Implementers of Child Friendly Spaces in Humanitarian Settings
- 

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# A Toolkit for Child Friendly Spaces in Humanitarian Settings



**T**he Toolkit for Child Friendly Spaces in Humanitarian Settings was developed by the International Federation of the Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support and World Vision International. The toolkit provides a set of materials to assist managers and facilitators/animators in setting up and implementing quality CFS. These resources have at their core the protection of children from harm; the promotion of psychosocial well-being; and the engagement of community and caregiver capacities.

The CFS Toolkit includes:

- This **Operational Guidance for Child Friendly Spaces in Humanitarian Settings**
- An **Activity Catalogue for Child Friendly Spaces in Humanitarian Settings**
- **Training for Implementers of Child Friendly Spaces in Humanitarian Settings.**

The **Operational Guidance for Child Friendly Spaces in Humanitarian Settings** summarises key approaches in the protection of children and in the promotion of their psychosocial well-being. It is directed to CFS managers and facilitators/animators. It has four chapters, addressing the following aspects of setting up and implementing a quality CFS:

- Introduction to CFS
- Setting up a CFS
- Information for CFS facilitators/animators
- Working with caregivers and community members.

The **Activity Catalogue for Child Friendly Spaces in Humanitarian Settings** provides materials mainly for facilitators/animators responsible for implementing activities in a CFS:

- It features a wide range of easy-to-use resources, including sessions to open, close and review a programme of activities.
- It has a set of seven themed workshops which relate to key aspects of children's psychosocial well-being. These resources provide structured activities that can be used in a sequence over a period of time, but are flexible too so that they can be used as standalone sessions, if CFS modalities vary and/or attendance fluctuates.
  - Activities are generally intended for children from 6 up to 18 years, with some additional resources provided in the annexes for activities targeted to younger children and older children and adolescents.

#### **Training for Implementers of Child Friendly Spaces in Humanitarian Settings.**

This is a three-day training for CFS managers and coordinators, addressing the challenges of setting up and implementing quality CFS in diverse circumstances. Using various case scenarios, participants in the training are exposed to realistic demands and equipped to find practical solutions to challenges faced in the field. The training draws on resources from the Operational Guidance for Child Friendly Spaces in Humanitarian Settings and the Activity Catalogue for Child Friendly Spaces in Humanitarian Settings.

# Introduction to Child Friendly Spaces

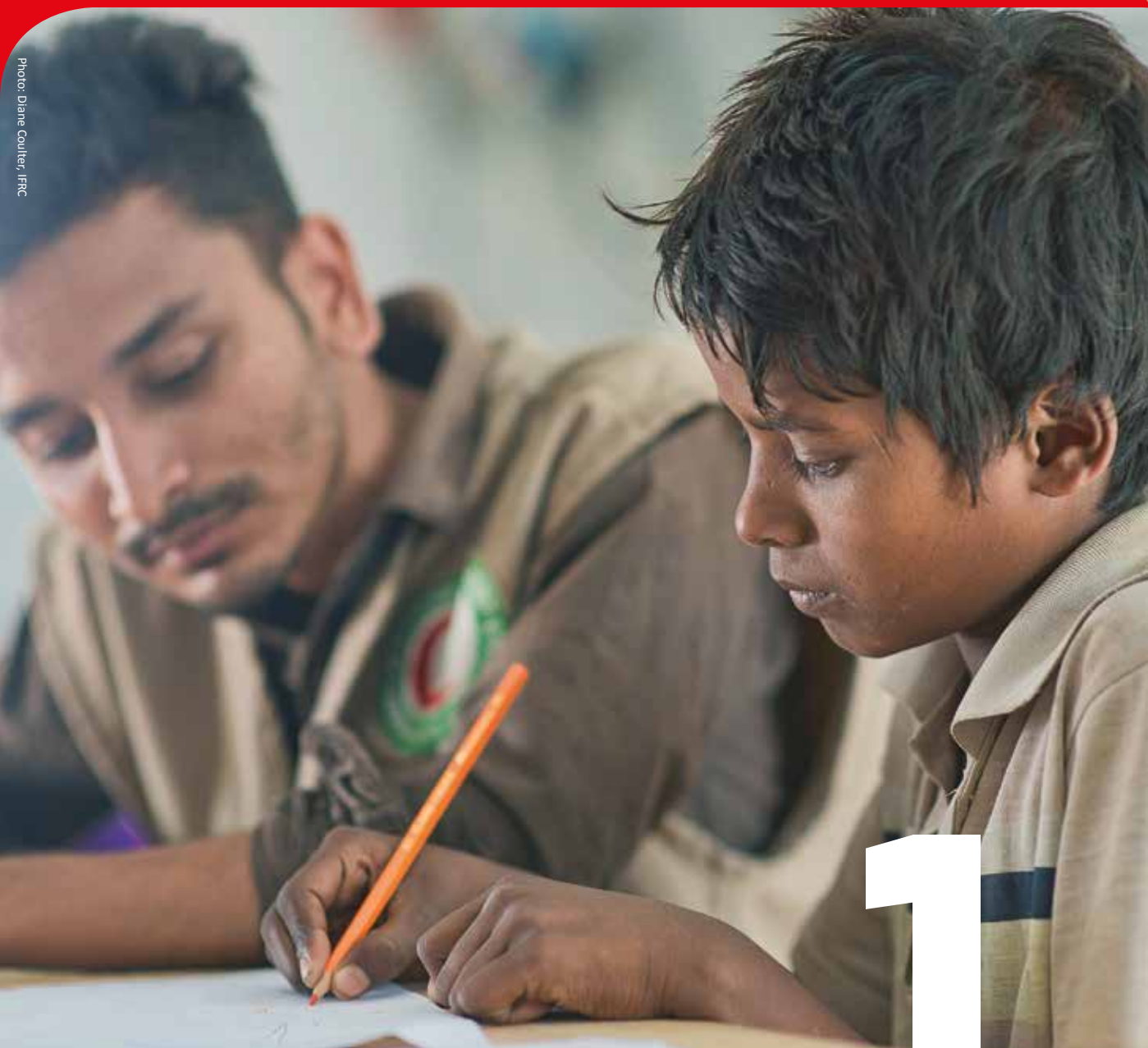


Photo: Diane Coulter, IFRC

# 1



## Children's Safety and Well-being in Challenging Circumstances: The Role of CFS

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### **'UN Convention on the Rights of the Child (1989)**

Article 19: "Children have the right to be protected from being mistreated, physically and mentally."

Article 31: "Every child has the right to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts."

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Children in humanitarian settings face many different threats to their safety and well-being with potentially devastating impacts to their development. In emergencies such as conflicts and natural disaster, children may experience destruction of their communities; forced displacement from their homes, schools and communities; separation from or loss of loved ones; deprivation and injury. Many children today are on the move due to long-lasting crisis situations, with and without their caregivers. Many are at risk of recruitment into armed groups, exposure to traumatic events, physical and sexual and gender-based violence, and psychological abuse. Keeping children safe and supporting and preserving their psychosocial well-being are extremely important in emergencies.

Child friendly spaces (CFS) are interventions used by humanitarian agencies to increase children's access to safe environments and promote their psychosocial well-being. Some CFS programmes may focus on informal education or other needs related to children. However, all CFS try to provide a safe place where children can come together to play, relax, express themselves, feel supported and learn skills to deal with the challenges they face.

Children's participation must be promoted in all phases and aspects of implementing the CFS. This ensures that the CFS is designed and implemented in ways that meet children's needs. It builds their confidence by including and respecting their opinions. Children should be supported to participate in ways that are appropriate to their age and developmental stage.

CFS often address one or more of the following three specific objectives:

- a. Protection from risk
- b. Promotion of psychosocial well-being
- c. Strengthening of community child protection capacities.

### **Protection from risk**

CFS provide safety and structure for children in humanitarian settings in a number of ways: They should be planned and implemented based on guidelines for child protection (CP) and physical safety. They should always have an adequate number of facilitators. They should also provide activities that support children's inclusion and participation. Guidelines for the implementation of CFS and Child Protection Minimum Standards (CPMS) provide the basis for programme managers and facilitators to set up CFS according to best practice standards and to implement activities that are safe and effective in supporting children in emergencies.

“All children and young people can go to community-supported CFS that provide structured activities that are carried out in a safe, child friendly, inclusive and stimulating environment.”

*From: Child Protection Working Group (2012) Minimum Standards for Child Protection in Humanitarian Action.*

CFS provide children a sense of safety, structure and continuity in the midst of overwhelming experiences. They enable children to learn about things happening around them and how to deal with the risks they face. Children grow in their understanding of the supports available to them so they can regain a sense of control in their lives.

### **Promotion of psychosocial well-being**

Psychosocial support is an important aspect of the activities offered in a CFS designed to promote children’s resilience. Play is central to the well-being and development of children. The activities offered in a CFS give children of all ages and developmental stages the opportunity to play and learn in a protected space. They participate in games, traditional dance, role playing, talking and sharing, and other activities in the CFS. This enables children to express their feelings and receive support, try new things, make friends and to know they are not alone. Psychosocial activities include many different kinds of cooperative and interactive play to help children learn and develop various skills to cope with the challenges they have faced and to be in a nurturing community with other children.

Although psychosocial support is offered to children in a CFS, facilitators are not trained to provide psychological counselling or therapy. They do however need to know how to identify children in need of specialised services for further assistance (for example, mental health care, psychological counselling, legal help, social services and/or child protection services). (See chapter 3 for more information about what to do when a child needs more support.)

### **Strengthening of community child protection capacities**

CFS complement wider work in child protection. They are part of a community-based child protection strategy that supports the community to:

- Organise child protection committees that represent all community members, including children themselves
- Raise awareness of child protection issues through community information and training
- Develop referral pathways and systems for children and families in need of extra protection, support and services (including registering separated children and connecting missing children with their families)
- Help children to know about their rights and how to safely and effectively advocate for them.

Participation of caregivers and community members in the set-up of CFS promotes ownership and sustainability and raises awareness of child protection needs. This helps communities to engage in child protection initiatives appropriate to the local context. Supporting parents and caregivers to manage their stress and to create positive family environment also helps them better care for and protect their children. (See chapter 4 ‘Caregivers and the Community’).

## Child Friendly Spaces

### What is a CFS?

A CFS is a safe place where children can meet other children to play, learn to deal with the risks they face, be involved in some educational activities, and relax. CFS seek to support all children, without discrimination and to promote inclusion and equality. They encourage social cohesion by aiming to be inclusive of all children. This includes girls and boys of different ages, ethnic and religious backgrounds, living situations and abilities.

CFS are often part of integrated programming in emergencies, including health and hygiene activities, registering separated children and doing family tracing. Some CFS may enable children to re-engage in formal education and/or focus on early child development. They may also sometimes provide a space for other target groups. Being part of a joint response can be helpful to avoid stigmatizing CP and GBV services in the community, such as using 'health' as an entry point to child protection services (including CFS).

CFS may be located in a variety of settings, including schools, community centres, tents, or in open spaces in a camp or community.

### When are CFS used?

A temporary CFS can be set up quickly with few resources and materials after a rapid assessment in emergencies or humanitarian crises. A temporary CFS ensures children are safe and supported and able to engage in activities which follow standards that 'do no harm,' while children's and families' needs are assessed. Setting up a temporary CFS is guided by children's circumstances and safety considerations, and is ideally planned together with the community to be sure it is appropriate and useful.

Temporary CFS may be phased out after the emergency phase. At this point, schools may reopen, or CFS may transition into early recovery and development activities, such as kindergartens or after-school clubs. In some long-lasting crisis situations, static CFS may continue in use for several months or years. Static CFS are often used to complement other services or provide support where other services are unavailable. Some communities have transitioned CFS into longer term community centres. These centres provide a greater range of services for children and adults, including women friendly spaces, youth clubs, early child development activities, and literacy or vocational training initiatives.

Mobile CFS may be used as part of a child protection in emergencies (CPiE) mobile team, where there are high numbers of newly displaced populations, including internally displaced people, particularly children in need. CFS are likely to be set up as a second line of response. Community mobilisers then aim to identify community members to run the CFS.

Mobile CFS may also be implemented in long-lasting crises to access hard-to-reach populations or where there are space limitations in camp settings. In these situations, facilitators may have to conduct activities with children of multiple ages at the same time and may need to implement more play or sports-based activities. Facilitators can also use mobile CFS as an opportunity to engage with communities and conduct awareness activities, as crowds may gather.

Sometimes CFS interventions are implemented for a longer period of time. However, they should complement and not compete with other services (for example, informal or formal education opportunities.) They are meant to fill a temporary gap in services for children. This emphasizes the need to follow best practice principles, such as ‘CFS provide or support integrated services and programmes.’

### **Who uses CFS?**

A CFS is a community initiative that is designed and implemented both with and for families and communities. When children participate in a CFS, parents and caregivers can attend to their daily activities without worrying for their children’s safety. However, parents and caregivers sometimes also participate in the CFS activities as a family.

CFS are generally designed for boys and girls under the age of 18 years. In some cultural contexts, separate spaces or activity schedules may be needed for boys and girls so that girls can fully participate and have their distinct needs met. Some CFS are targeted at children of specific ages, such as baby friendly spaces designed for mothers and infants, or for young people over the age of 18.

Efforts should be made to reach out to highly vulnerable children. This includes children who are working or out of school; unaccompanied children; children who are heads of households; street children; pregnant girls; minority children; lesbian, gay or transgender children; and children infected or affected by HIV/AIDS. They are less likely to access CFS. Identifying these groups may require a range of steps including:

- Advocate for the inclusion of children who are highly vulnerable and aim to include these children and their caregivers in assessments and planning for the CFS.
- Locate the CFS in or near places where there are significant numbers of vulnerable children to make it easier for them to attend.
- Include other, less vulnerable children in the CFS to reduce the chance of stigmatising vulnerable children or singling them out.
- Work with people or organizations that specialise in working with traditionally excluded groups (e.g., children with disabilities, street children, transgender children).
- Make sure the space is physically accessible to all children.
- Train CFS staff in child-friendly, participatory approaches that include highly vulnerable children.
- Reach out to caregivers of children with special needs (through outreach and home visits) so that they know all children are welcome. Discuss ways to support their inclusion and participation in the CFS.
- Flexible activity schedules to allow specific groups such as working children or girl mothers to participate in the CFS.

Some CFS may have children from many different religious or ethnic groups. It is important to respect children’s religious preferences, such as enabling them to dress in a manner appropriate to their beliefs or being aware of prayer times, etc. CFS staff must show respect for all children, regardless of their religious or ethnic affiliation, gender or sexual orientation.

Increasingly, CFS facilities may also be shared by different groups of people. For example, women, older people or men may also need a safe space in emergencies. These groups usually access the CFS at times set aside for them.

## CFS: Best Practice Principles

There are six inter-agency principles which promote best practice in designing and implementing CFS, ensuring that:

1. CFS are secure and safe environments for children.
2. CFS provide a stimulating and supportive environment for children.
3. CFS build on existing structures and capacities within a community.
4. CFS use a fully participatory approach in CFS design and implementation.
5. CFS provide or support integrated services and programmes.
6. CFS are inclusive and non-discriminatory.

### Ensure that CFS are secure and safe environments for children

During emergencies, girls and boys can experience many different sources of stress. They may be at risk of various forms of violence, including physical assault, psychological and verbal abuse, trafficking, child labour, and child, early and forced marriage. (See chapter 3 for more details about reporting incidents of violence.)

Although CFS are intended to reduce the risk of violence against children, there is also a risk of violence specifically related to CFS:

- Children may experience violence en route to a CFS
- Violence between children may occur within a CFS
- Adults from the community may access a CFS and hurt children
- Children may be attacked or recruited in a CFS.

These kinds of protection risks associated with a CFS can be managed. Overall there are many benefits to the CFS approach in enhancing safety of children as part of a wider, child protection strategy. For example, CFS can act as a place where families and communities to implement broader child protection strategies. In addition, CFS staff can work together with children to reduce and address violence among them, and to build life skills to more effectively protect themselves and each other. It is essential that all staff and volunteers who will have contact with children in the CFS have understood and signed a Code of Conduct/Child Protection Policy to ensure children's safety (see chapter 2 for more details).

### Ensure that CFS provide a stimulating and supportive environment

Children need opportunities to learn, to play and experience the world, to be physically active and to receive stimulation and support from their caregivers and peers in order to grow and develop. Children who are exposed to stressful events may especially benefit from participating in a CFS where they are treated with respect and kindness. CFS staff also work together with caregivers and community members to provide a stimulating and supportive environment outside of the CFS. For example, they may encourage caregivers to motivate children, engage with them positively, listen to them and value their views.

### Ensure that CFS build on existing structures and capacities within the community

Community structures for supporting and protecting children can be disrupted in an emergency. CFS can help families and communities re-establish or strengthen mechanisms for children's care and protection. Indeed as one of the first responses in a humanitarian crisis, CFS also often support the establishment of other services for children. Identifying and working with existing structures and capacities within the

community (for example, health care, educational institutions, legal and social services, women's and youth groups) can help the community to take back responsibility for children's safety and well-being. (See chapter 4 for more information on community engagement).

### **Ensure that CFS use a fully participatory approach in CFS design and implementation**

A participatory approach involves engaging many different voices in the community – including the voices of boys and girls – in the design and implementation of CFS. This means that CFS managers need to be familiar with the community's networks, people and resources when implementing a CFS. This includes caregivers, grandparents, religious leaders, local government officials, women and men, youth, and various subgroups in the community. Boys and girls should also be invited to participate in assessing where and how to establish the CFS. A participatory approach can help to ensure an appropriate site is chosen for the CFS, that vulnerable or marginalised children are identified and included, and that CFS activities are culturally appropriate. In the first phase of emergency, a full consultation with community may not be feasible, but community members including boys and girls should at least be consulted on site selection of the CFS. Ongoing consultations with communities to refine CFS programming can take place when the situation becomes more stable.

### **Ensure that CFS provide or support integrated services and programmes**

A CFS is one part of a comprehensive approach to the care and protection of children that also includes other sectors and services, such as protection, education, health, camp management, mental health, legal and social services. Children and families affected by crisis events have diverse needs. However, if CFS are integrated within other supports and sectoral approaches, those needs can be met in a coordinated way. This includes engaging with local coordination structures (such as child protection committees) and inter-agency coordination mechanisms for CFS. It also means collaborating with other agencies and relevant government ministries and sectors to ensure the CFS complements other processes (e.g., formal and non-formal education). Integrated services and programmes are more likely to be sustainable and effective. They also increase the likelihood that vulnerable children and families can access the help they need through functional referral systems. Local referral pathways that use a survivor-centred approach should be mapped, documented and available to volunteers, children and parents. (See chapter 3 for more details about using a survivor-centred approach).

### **Ensure that CFS are inclusive and non-discriminatory**

All children should have the opportunity to participate in a CFS, regardless of their gender, age, ethnic background or if they have a disability. It is important to identify and reach out to highly vulnerable children and families who may not otherwise participate in the CFS, but to do so in ways that do not stigmatise them. It is also vital to design activities and schedules to meet the distinct needs of girls and boys, as well as children of different age groups, ethnicities and living situations, including unaccompanied and separated children. This means also taking account of other scheduled activities, for example, school hours, religious studies, etc.

Please see IFRC (2017) *Child Friendly Spaces in Emergencies: A Case Study Report which features thirteen case studies, reflecting the experiences of children in 600 CFS across the globe.*

Weblink: <https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2017/05/IFRC-CFS-Case-Study-Report-2017.pdf>

# Setting up a Child Friendly Space



Photo by Caroline Hega / IFRC



This chapter addresses key aspects in setting up a CFS. It includes the following topics:

- Mainstreaming child protection in CFS
- Conducting an assessment
- Selecting a site for a CFS
- Equipping the space
- Staff recruitment, screening and selection
- Staff training, supervision and mentoring
- Monitoring and evaluation.

## Mainstreaming Child Protection in CFS

Mainstreaming child protection in CFS involves an understanding of children's rights and minimum standards for child protection; the importance of a child protection policy and code of conduct for organizations implementing CFS; complaints mechanisms for concerns that may arise, and identifying and responding to child protection risks.

### Children's Rights and Minimum Standards for Child Protection

The United Nations Convention on the Right of the Child (UN CRC) safeguards children's rights to good health, education, opportunities for expression and participation, safety from harm and adequate provision of basic needs. Protecting children and promoting their well-being requires responsive social support systems from the family to community levels.

The Minimum Standards for Child Protection in Humanitarian Action (CPMS) is another key resource for managers and staff implementing CFS. The CPMS establish common principles among all child protection actors in emergencies, and help strengthen coordination, quality and accountability in child programmes. The CPMS also help to improve communication on child protection risks, needs and responses, with examples of good practice and lessons learned. (See Annex A for the principles and considerations for child programming, such as CFS).

### Child Protection Policy and Code of Conduct

Every organization or entity implementing CFS should have a child protection policy in place. This provides a framework for ensuring that children are protected from all forms of abuse and exploitation in all operations, activities and programmes. The policy applies to all staff, volunteers or others in relation to the CFS and outlines what is expected with regard to child protection and creating a child-safe environment. It includes, for example:

- Understanding key principles of child protection (child rights, zero tolerance for child abuse and exploitation, shared responsibility for child protection, risk management and procedural fairness)
- Screening and vetting of staff and volunteers, and standards of acceptable behaviour
- Identifying and preventing potential violations of children's protection
- Mechanisms for reporting and review of allegations of child protection violations
- Responsibilities at all levels of the organization.

All staff and volunteers who interact with children in the CFS must understand what behaviours are acceptable and what are not in working with children. A Staff Code of Conduct is therefore essential for all CFS in fulfilling child protection policies. It sets standards for behaviour in order to ensure children's safety and well-being. This includes,



for example, ensuring children are respected and treated with dignity according to their culture, and avoiding physical punishment, humiliation, or sexual relations with any child.

A Code of Conduct is only useful if all staff and volunteers in CFS have received adequate briefing and training to understand it, have signed it, and fully agree to implement it in their interactions with children. (See Annex B: Sample Codes of Conduct).

### **Feedback and Complaint Mechanisms**

Although CFS are designed to promote children's safety and well-being, issues of concern may arise for children and caregivers related to CFS activities, staff or environment. Children, caregivers or others in the community may use feedback and complaint mechanisms to report any child protection concerns within the CFS, such as misconduct by staff and volunteers, or by other children, or by other community members accessing the CFS. A complaint mechanism is mandatory in a CFS and reinforces the quality and accountability of the programme.

Engaging children in designing and establishing these mechanisms helps them to become more aware of their rights, promotes trust in the agency, and helps them to better understand these processes. It is also a way for the CFS staff and managers to demonstrate their respect for children and their opinions, boosting their self-esteem. Involving children in the design of feedback and complaint mechanisms ensures that those mechanisms suit the preferences and needs of children and that children feel comfortable and able to give feedback and make complaints when necessary.

Feedback and complaint mechanisms may include:

- A complaints box at the CFS that is easily accessible to children and their caregivers
- Focus groups for younger children who may not be able to write and/or have no access to phones
- Hotline numbers (including by text or WhatsApp)
- CFS committees (formed by parents and community members who can gather and share complaints with the organization)
- Satisfaction scales related to children's safety
- A suggestion box – to encourage feedback from individuals who may be reluctant to report complaints.

Other important considerations in children's involvement in feedback and complaints mechanisms include:

- Collecting locally defined data, presented according to children's age, gender, ability and vulnerability, to confirm children's preferences and identify which groups of children are accessing the channels and which are not.
- Ensuring a functioning feedback loop so that children's preferences are reflected in programme decision-making, improvements and accountability.
- Informing children how their feedback is used in a child-friendly manner, to encourage them to continue to use these mechanisms to inform the CFS programme.

The process of handling complaints must also be made public, including visible information about who to contact within the organization managing the CFS or local child protection authorities if there are concerns. In situations of vulnerability, it can be

risky for children or adults to report allegations of abuse or misconduct. Complaint mechanisms must therefore be safe and confidential, and any complaints handled promptly and sensitively (particularly allegations of sexual abuse or exploitation).

### **Identifying and Responding to Child Protection Risks**

Risks and violations to child protection may vary in each context. CFS staff need to know the particular risks that may occur in their area and how to identify potential child protection violations. Risks to children may include dangers in the physical environment (such as land mines or unsafe play areas); being separated from caregivers; being involved in exploitative labour; being at risk of human trafficking or recruitment into armed forces; being at risk of SGBV (including girls at risk of forced or early marriage).

CFS staff and volunteers also need to know what to do to prevent further harm to children and how to access local referral resources for children experiencing protection violations. Referral resources and networks will vary depending upon the situation and how well formal systems that relate to children's health, welfare and protection are functioning. Services may be provided by governmental entities, local and international NGOs, and the local community through, for example, child protection committees. If local referral is not possible, strong advocacy may be needed within formal and informal systems and in coordination with actors in other implementation areas. CFS staff should also follow up with children from the CFS who are referred for specialised services or protection concerns to see how they are doing, and if and how to support them in the CFS.

Children and their caregivers must be informed about children's rights to protection and where to access support. This information should be posted in the CFS in ways that children and adults in the community can understand. For example, posters can be displayed with messages about types of child rights (e.g., anti-trafficking, road safety, rights to be free from violence), safety rules for the CFS, and clear contact information where children and their caregivers can access local support for child protection concerns. (See Annex C: Sample posters). The vital message for children to know is, "If something happens to you, tell someone that you trust."

A mapping of referral resources is essential before a CFS is implemented, and caution should be taken in setting up a CFS if adequate referral resources are not in place.

See the section in chapter 3 'When children need more support' for more information on making referrals.

### **Conducting an Assessment**

An assessment is essential as a starting point to establish if a CFS is needed in the situation, and how best to locate, design and implement it. A CFS may not be necessary if children have access to other ways of meeting their needs for protection, psychosocial support and education (formal and non-formal). In some cases, a CFS could cause greater harm to children, as they can be used by armed forces to recruit children or because children may be attacked there or on the way to and from the CFS. In disease epidemics, cautions must also be taken to ensure the disease is not spread through children attending a CFS.

If a CFS is needed, conduct an assessment to know what kind of space would be useful and where it should be located. Also discuss with the community the number of boys and girls in different age categories who may attend, and how to best target children most in

need. This can help in planning how many staff and volunteers are needed, and how best to schedule sessions according to children's ages and gender. If there are limited resources or space to include all children in need of the CFS, be transparent about this with the community and come up with solutions together. For example, develop a transparent selection process with the community that is based on clear criteria (such as certain age groups) and/or creative ways to have more children attend (e.g., shorter and more frequent sessions, running sessions in parallel for different groups of children).

Another important part of the assessment is identifying marginalised or vulnerable children and families who normally may not know about or access the CFS. Ask diverse community members – both men and women from different ethnic and religious backgrounds, leaders, service providers and children and adolescents – who the most vulnerable children are in the community, and how best to include them in the CFS. Try to locate children with disabilities (physical and intellectual) and children with mental health problems, as they may be hidden and excluded from social life in the community. Also consider young mothers, children out of school or in the labour force, as well as children who care for younger siblings, are unaccompanied or who live on the streets. Emphasise to the community the importance of upholding the rights of all children to participate and not to discriminate against any child, and work together to find the most appropriate ways to do this in their context.

Boys and girls face different types of risks in emergencies and have distinctive needs in terms of their protection and psychosocial well-being. There may be tensions among different ethnic groups, for example, which must be taken into account when bringing children together in activities with a CFS. CFS staff and volunteers must be aware of these differences in risks and needs of boys and girls in the assessment (and in subsequent planning, design and implementation of the CFS), including:

- Seeking out the perspectives of boys and girls separately to best understand their needs
- Ensuring data collected for monitoring and evaluation of the CFS is presented separately by gender, and
- Ensuring the safe and comfortable inclusion of boys and girls in activities.

Include the perspectives of both boys and girls in assessments for setting up a CFS. For example, children can provide useful information for site planning in terms of where they feel safe and unsafe, including in particular the risks that girls may face. Children may also have opinions about which children are most vulnerable and why, and where those children are located in the community.

### Selecting a Site for a CFS

Invite children, caregivers and other community members (e.g., teachers, women's groups, local leaders) to do a participatory mapping

UN CRC Article 12: "Children's views must be taken into account in all matters affecting them."

- This means children have the right to participate in decision-making processes that may be relevant in their lives and to influence decisions taken in their regard—within the family, the school or the community.
- The principle affirms that children are full-fledged persons who have the right to express their views in all matters affecting them and requires that those views be heard and given due weight in accordance with the child's age and maturity.
- It recognizes the potential of children to enrich decision-making processes, to share perspectives and to participate as citizens and actors of change.
- The practical meaning of children's right to participation must be considered in each and every matter concerning children.

From: *UNICEF Factsheet: the right to participation*  
[www.unicef.org/crc/files/Right-to-Participation.pdf](http://www.unicef.org/crc/files/Right-to-Participation.pdf)

exercise to find a site for a CFS where children feel safe. Be sure to include boys and girls of different ages and from different areas (including religious or ethnic subgroups). Involve a range of different caregivers and community members to unite the community around the care and protection of children. Work with local leaders to find a site that the community feels belongs to them to promote local ownership and sustainability. If CFS are to be set up in camp settings, make sure to work with camp management to allocate spaces that are safe, accessible and suitable for children's activities.

Younger and older children, as well as children with disabilities, face different safety and protection concerns. Younger children do not have the same physical and cognitive abilities as older children to recognise and respond to threats to their safety and protect themselves. Older children, on the other hand, may face different types of threats from younger children, such as sexual and gender-based violence or increased targeting for recruitment into armed forces. Children with physical or developmental disabilities also face unique threats and have distinct needs for safety and protection. All these protection concerns must be taken into account in the design and setup of the CFS. This means planning carefully where the site will be, how protection messages are communicated, and making sure materials, toys and games are child-safe and age-appropriate.

Select a site that has the following qualities:

- Easily accessible to children and communities (including vulnerable children and children with disabilities), ideally near to where parents and children usually gather
- Close to other/complementary services (especially to facilitate referrals, reinforce routine and structure, like schools, etc.)
- Free from hazards (both indoors or outdoors) that can make children feel insecure, such as damaged facilities, landmines or unexploded ordinance, collapsing structures, holes, hazardous debris or rubbish
- A safe distance from traffic
- Far from military barracks
- Not damp or muddy (if placing a tent or temporary structure in a muddy area, ensure the floor is raised and prevent roofs from leaking)
- Has enough flat ground for a tent or temporary structure (if needed), latrines and hand washing facilities
- Sufficient privacy so that children are not watched by outsiders.

Also consider the layout of the space. For example, wherever possible, there should be indoor and outdoor space for group activities and physical play, as well as a quiet corner (for reading, puzzles and individual play) and an arts and crafts area.

## Equipping the Space

The space itself must be safe and secure, comfortable and healthy for children as they engage in activities. It may be possible to pre-position items for CFS and make prior arrangements with vendors for CFS supplies. Ensure the space has the following:

- Proper ventilation
- Shade or cooling systems for warm climates, adequate heat for cold climates
- Clean drinking water
- Separate, secure bathroom facilities for boys and girls, with hand washing areas with soap
- Floor mats to reduce injuries

- Child-safe toys that are easy to clean (e.g., no sharp objects, non-toxic toys) and age-appropriate
- Security systems (e.g., ensure all staff and volunteers in contact with children have identification, sign in and sign out, and have a clear reason for being there)
- First aid kit (and all personnel trained in medical first aid, and psychological first aid)
- Sanitary napkins for adolescent girls
- Fire extinguisher
- Disinfectant cleaner
- Supplies that can easily be restocked locally (e.g., cleaner, crayons).

Depending upon the context, display the following safety and security information:

- Child protection policy
- Poster with rules for the CFS (including signs indicating no smoking, no guns or weapons, etc.)
- Noticeboard with information about local services (e.g., family tracing, food distribution times and locations)
- Health and safety policy/certificate.

The space should also be bright, colourful and cheerful, so that it is welcoming to children and their caregivers. Wherever possible, use play items made by children themselves or local artwork that is culturally appropriate and familiar to children and their caregivers. Children should also decorate the space, and display the arts and crafts they produce in the activities.

Play materials (toys and games) should be clean and safe. They should be suitable for both boys and girls, and appropriate for children of different ages and abilities. Try to use local materials and toys wherever possible so that they are familiar and culturally-appropriate. This makes it easier to replace them when they run out or if something breaks. Depending upon the budget and what is locally available, try to have a variety of play materials, such as:

- Pencils, paint, chalk, markers and crayons for drawing and writing
- Clay or play dough
- Rope
- Balls of different kinds (soft balls for young children, volleyballs, footballs)
- Musical instruments
- Simple and recycled materials (bits of cloth, cardboard boxes)
- Natural materials for arts and crafts projects (leaves, sticks, stones).

Take care of the supplies and materials for the CFS, as well as children's artwork, and involve children in setting up the CFS and putting supplies away. This helps children to feel the space is important to take care of – just as they are important – and that it belongs to everyone.

### ADULT TO CHILD RATIOS

Child Protection Working Group (CPWG) (2012) *Minimum Standards for Child Protection in Humanitarian Action* recommend the following adult to child ratios in CFS:

Two adult facilitators per

- 20 children aged 5 to 9 years
- 25 children aged 10 to 12 year
- 30 children aged 13 to 18 years

If children of varying abilities are attending a CFS (especially older children with cognitive or sensory limitations), the ratio of adults to children should be higher.

## MEDICAL NEEDS OF CHILDREN

Some children who attend a CFS may have medical or neurological problems that should be noted during registration. Facilitators should record information about any medical problems children have and the medication needed. They need to know if there are any restrictions for the children in terms of any activities they should avoid because they could worsen a medical condition. Facilitators must make sure that children always have their medication when attending the CFS and know how to administer it. Medication must always be kept in a locked cupboard until needed. All CFS should have a first aid kit and all CFS facilitators should be trained in basic medical first aid. They should be able to respond to non-serious injuries, and know when to refer children for medical attention.

## Registration and Attendance Records

Every child who attends the CFS must be registered, and their attendance should be recorded on a daily basis using tools to track 'unique individuals.' (See Annex E Registration and Attendance Records for more details.) All information must be collected and stored in accordance with national data protection laws. If children leave a CFS session early, facilitators should encourage them to inform their parents on their whereabouts. In addition, a sign-in and sign-out system must be in place to closely monitor and manage all visitors to the CFS. It is crucial to keep records of everyone who enters and leaves the CFS.

If children are not registered properly and the number of children attending not uniquely identified, there is a risk of 'double counting.' For example, the records could state that 300

children attend a CFS over one week. However, some of the children could be attending more than once. For example, if half the group were attending once a week and the other half the group were attending twice a week, the actual attendance of individual children should be recorded as 200, not 300.

Registration and attendance records are important in relation to the care of children, as well as for monitoring purposes. Double counting may negatively impact the capacity of a CFS to provide places for all the children who would benefit from a programme. This is because there is no accurate oversight of who is attending. In terms of the children's well-being too, irregular attendance may indicate a problem which needs to be followed up by CFS staff. Without accurate data, this would be extremely difficult.

## Staff Recruitment, Screening and Selection

People who may work in a CFS include staff, facilitators and volunteers. In some places, these functions are distinct. For example, staff are involved in the running of the facility and general management, while facilitators and volunteers are more involved in activities with children. But in other situations, staff, facilitators and volunteers may take on several different roles. (Note that different terms may be used by different organizations for CFS facilitators, such as 'mobilisers' or 'animators'.)

Management and implementation roles for a CFS may be arranged as follows:

### Management

- The CFS Coordinator is responsible for overall project management, works with and supervises the implementation staff.
- The CFS Supervisor/Monitor assists the coordinator in overall project management and directly supervises and monitors staff

## Implementation

- **CFS Facilitators:** This is a minimum of two persons implementing the CFS and working directly with children
- **Guards:** This is usually one guard who is responsible for monitoring visitors and ensuring the security of equipment and materials in the CFS.
- **Cleaner:** This person is responsible for the cleanliness of the CFS.

CFS managers and facilitators may also have roles in relation to community engagement. For example, CFS management committees may include caregivers and community members. Facilitators are likely to have direct contact with caregivers and other community members too. Time spent identifying and linking with caregivers and other community members promotes ownership and sustainability of the CFS and needs to be taken into account in terms of roles and responsibilities.

It is beneficial to recruit people to work in the CFS who are existing community mobilisers and volunteers. Find people with interest, skills, and possibly prior knowledge and experience in working with children of different ages and backgrounds. This includes people who used to work with children (for example, nursery, kindergarten, primary or secondary school teachers; social workers), or mothers and grandmothers, sports coaches, or youth interested in helping with activities.

Child protection considerations are crucial in recruiting and selecting people to work in the CFS. All potential staff, facilitators and volunteers must be screened to ensure children's safety. Ideally, it would be helpful to have a criminal background check of anyone who might be involved with a CFS, but this may not always be possible. Try to get references too from previous employers. It can also help to involve the community in choosing staff, facilitators and volunteers that they trust to work with children. Conduct interviews with all the possible candidates for working in the CFS to find out their knowledge of children's rights, their attitudes toward discipline of children, and their motivation for wanting to work in the CFS. Keep records of all adults who seek employment or a volunteer role within the CFS.

Compensation (salary, incentives) for staff, facilitators and volunteers will vary in different situations, depending upon the local salary rates, local volunteer policies and labour laws, in-kind contributions and future plans for sustainability. It is very important to coordinate levels of compensation with other sectors regarding the incentives they provide to facilitators and volunteers. Otherwise, some services may be left understaffed, such as qualified teachers leaving schools to facilitate activities in CFS because incentives were higher in the CFS.

## Staff Training, Supervision and Mentoring

All managers, staff and volunteers should receive an initial training, followed by capacity building over time through training, supervision and mentoring. This enables them to keep children safe and promote their psychosocial well-being. It also brings opportunities to develop new skills and take up new challenges, enriching the work done within the CFS. The format, length and frequency of training and supervision vary depending upon local circumstances. However it is essential that adequate funds and resources be dedicated to training, supervision and mentoring.

## Staff Training

Different training curricula are used for training of CFS managers and facilitators. The three-day training associated with this CFS Toolkit (see Training for Implementers of Child Friendly Spaces in Humanitarian Settings) includes best practices in planning and implementing CFS, as well as capacity building for managers and facilitators. It also introduces the Activity Catalogue for Child Friendly Spaces in Humanitarian Settings which is included in the toolkit.

The following training modules are included in World Vision International (2008) *Children in Emergencies Manual*:

Module One: Introduction to Child Protection  
 Module Two: Child Protection in Emergencies  
 Module Three: Child Protection Rapid Assessments  
 Module Four: Child Friendly Spaces  
 Module Five: Children and Disaster/Emergency Preparedness Planning

Training of CFS facilitators should include an orientation to children's rights and protection, facilitation skills and how to work with communities and child caregivers. Once staff, facilitators and volunteers have been selected, ensure that they:

- Are briefed on the child protection policy.
- Understand, agree to and sign the code of conduct.
- Understand complaint mechanisms and how they can report any concerns about child protection violations in the CFS.
- Know their role in the CFS and their responsibility for protection and care of children.
- Know how to identify and refer children who may have protection concerns or are in need of specialised services (e.g., psychological counselling).
- Receive regular supervision in their work, and support for their own well-being.

Other training topics may include:

- Child development, the impacts of emergencies on children and the concept of children's psychosocial well-being
- Responsibilities of staff and volunteers, relevant to their roles (including general operations of the CFS and safety considerations)
- Medical and psychological first aid (PFA)
- How CFS can benefit children's recovery and social and emotional development
- How to engage with caregivers and community members
- Connecting CFS to family, community and local protection and health systems
- How to communicate and work with children of different ages, genders and abilities
- How to organise group activities in an inclusive and participatory way for all children
- How to facilitate various types of activities with children (e.g., play and recreational activities, sports, arts and crafts, song, dance, theatre, basic literacy and numeracy, life skills, health and hygiene activities)
- How to use positive discipline and handle challenging behaviours and situations
- Self and team care.

## PSYCHOLOGICAL FIRST AID

Facilitators can provide basic, immediate psychosocial support to children (or caregivers) in distress. Psychological First Aid (PFA) helps children (and adults) to feel calmer, safer, more hopeful and socially supported, and able to meet their own needs. It also involves helping them to link with basic needs and other supports, that may include referral to specialized psychological supports as described above.

PFA involves:

- Looking for signs a child is distressed or unsafe
- Listening to the child's concerns, and
- Linking the child with social supports and other services, if necessary.



## Supervision and mentoring

Supervision and mentoring are critical aspects of capacity building for all CFS staff and volunteers. Supervision ensures accountability of the programme, as well as support and encouragement for staff and volunteers. Mentoring can include, for example, a supervisor observing or coaching facilitators running a session for on-the-job learning. More experienced CFS facilitators can also mentor those with less experience.

Supervision and mentoring sessions give the opportunity for staff and volunteers to share experiences and challenges, receive regular feedback and guidance in responding to different challenges, and reinforce key messages and principles of the CFS (e.g., inclusion, participation). Supervision sessions should be scheduled regularly, and staff and volunteers should have access to supervisors whenever they have questions or require support.

Caring for staff and volunteers in the CFS is also an important aspect of supervision and mentoring and in creating a supportive environment to minimise stress. Staff and volunteers may come from the affected community themselves and be exposed to stories of children who have experienced very distressing events. Effective supervisors create a culture of openness and sharing. They promote a positive team spirit by ensuring staff well-being and stress management are a priority. Supervisors can encourage staff and volunteers to maintain good work habits and work-life balance, and ensure they have access to confidential support when needed.

## Monitoring and Evaluation

This section provides guidance on monitoring and evaluation specifically in relation to CFS.

### Introduction

A monitoring and evaluation (M&E) system should be developed and integrated into the planning and implementation of a CFS. Establishing a clear M&E system helps to clarify objectives and to monitor the CFS as it is rolled out, to check that the plan is being implemented adequately. The M&E system helps managers to know if something unexpected or fundamentally different is happening, to learn what improvements can be made and to find out if the intended change is taking place.

CFS by their nature may look very different from one location to another, as discussed in chapter 1. This is because CFS providing quality services respond to local circumstances and the specific risks facing children (and, in some cases, caregivers and other community members). For example, CFS staff and volunteers in some settings may engage with groups of children for a very brief time (even just for one or two sessions) because of instability and disruption in the location. Alternatively, some CFS may be operating in a more stable setting and may be able to establish programmes of activities with the same groups of children over a much longer period of time.

Regular monitoring of CFS is vital in all these settings to ensure implementation is on track. Monitoring tools and processes should be designed to take account of this range of settings. Monitoring allows ‘real-time’ adjustments to be made to improve the quality of activities, and to ensure the safety and security of children who participate in the CFS. Essentially it should enable staff to collect the same basic information about the CFS and be simple enough to be used by facilitators with varying degrees of experience. (More about this in the section on monitoring below).

It is essential that information for M&E is collected and stored in accordance with national data protection laws.

Evaluation on the other hand has a different purpose. It indicates whether or not a CFS has produced meaningful improvements in the lives of children and other stakeholders. Again, it is important to evaluate CFS whatever the setting. There is a range of methods that can be used to find out if a CFS has positively affected the children who have used it. (More about this in the section on evaluation below).

Monitoring and evaluation processes should always include the active and appropriate participation of children. Please see Annex F: Guidelines in talking with children for monitoring and evaluation purposes.

## Monitoring

At minimum, a basic monitoring system should include:

- **Registration:** Monitoring registration allows for each individual child to be identified and accounted for. This is important to avoid double counting in attendance records.
- **Attendance:** Monitoring attendance records the number of children attending a CFS each day. This means that attendance records should draw on the names of the individual children who are registered. Information should be recorded separately for age, gender and ability, at minimum.
- **Activities:** Monitoring activities refers to keeping a regular record of the type of activities conducted in a CFS each day. The activity planning worksheet in the CFS Activity Catalogue would be a suitable way of monitoring activities. It records and tracks the activities that are implemented and also notes changes made in each session.
- **Referrals:** Monitoring referrals records the number of children who attend CFS that are referred to other services and details information about the services to which referrals are being made. Monitoring should also track the referral and follow-up process. It is vital that these processes observe the confidentiality of the children and families involved.
- **CFS quality standards:** Monitoring assesses the extent to which CFS is meeting quality standards. The checklist below guides an observational assessment during site visits. This should be used together with selected quality standards. (See, for example, the safe spaces quality standards checklist below.)
- **Monitoring of feedback and complaint mechanisms:** Monitoring here records the number, type and trends in feedback and complaints received.
- **Monitoring of supplies:** Monitoring supplies includes maintaining accurate stock lists.

Templates for a monitoring system are available from World Vision International and Columbia University, with Save the Children and UNICEF (2015) *Evaluation of Child Friendly Spaces: Tools and Guidance for Monitoring and Evaluating CFS*. Templates include a registration record, attendance record, activity record and referral tracking systems, and the quality standards checklist, which is reproduced here.

**Weblink:** [www.wvi.org/disaster-management/publication/evaluation-child-friendly-spaces](http://www.wvi.org/disaster-management/publication/evaluation-child-friendly-spaces)

## Evaluation

A CFS can be evaluated at three levels. The first level is the most straightforward and concerns the outputs of the CFS, i.e. what has been done. The next level is about outcomes of the CFS, i.e. what has happened in the lives of children as a result of the CFS. The third level – and the most complex to evaluate – concerns the longer-term impact or goal of the CFS. Evaluation at this level usually requires technical support and is not covered in this guidance. (For detailed guidance about impact evaluations, please see: World Vision

International and Columbia University, with Save the Children and UNICEF (2015) *Evaluation of Child Friendly Spaces: Tools and Guidance for Monitoring and Evaluating CFS.*)

### Evaluating outputs

CFS managers are most likely to focus on evaluating their work at output and outcome level. For activities where children are briefly attending a CFS, an evaluation will be at output level. This includes indicators such as the number of children attending, the number and type of activities conducted, facilitators trained and supervised, satisfaction level of the children participating, and quality standards met.

Information for this type of evaluation can be accessed from existing monitoring reports such as attendance records, staff and volunteer activity records, and programme management reports. A quick round to evaluate activities with children can be included in the session, using a smiley faces exercise, for example. Quality standards should be checked too using a checklist. This is important as it provides for the safety and protection of the children, no matter what the setting.

The table below presents some examples of outputs, indicators and their means of verification (i.e. how to find out the information for the indicator) for a generic psychosocial programme. The comprehensive list of outputs is available in the IFRC Reference Centre for Psychosocial Support (2017) *Monitoring and Evaluation Framework for Psychosocial Support Interventions Indicator Guide*, pages 21-23.

### Evaluating outcomes

In a CFS where the same group of children is attending for a longer period of time, it might be possible to measure some level of change at the outcome level. Outcome areas of CFS programming will typically include the acquisition of skills and knowledge, changes in emotional and social well-being and changes in the protection of children.

This can be done through most significant change stories, case stories, focus group discussions and simple surveys on children's emotional and social well-being. It is good to use quantitative and qualitative measures (e.g., surveys, focus groups with children of different ages/genders/abilities and caregivers) in M&E activities to best understand how the CFS is operating and the effects it is having (positive or negative). For example, find out if children perceive the CFS as a safe place, have a sense of belonging, if they enjoy the activities in the CFS and if they feel confident to access help for protection of psychosocial concerns.

The table on the next page is an example for a generic psychosocial programme, listing outcome indicators and their means of verification (i.e. how to find out the information for the indicator). The outcome in this case is 'The target population achieves and sustains personal and interpersonal well-being and capacity.'

Quality monitoring and evaluation is crucial in ensuring quality programming in CFS. It is achievable and can be done in ways appropriate to each situation. Having M&E technical expertise is important and can help with any level of evaluation.

#### USEFUL M&E TOOLS INCLUDE:

IASC (2017) *IASC Common Monitoring and Evaluation Framework for MHPSS Programmes in Emergency Settings*. IFRC Reference Centre for Psychosocial Support (2017) *Monitoring and Evaluation Framework for Psychosocial Support Interventions*. World Vision International and Columbia University, with Save the Children and UNICEF (2015) *Evaluation of Child Friendly Spaces: Tools and Guidance for Monitoring and Evaluating CFS*.

### CFS Monitoring Quality Standards checklist

Name of CFS:

Date Assessed:

Quality Standards:	Yes/Partly/ No	Action Points
1. Children’s work displayed in space		
2. Equipment in good condition (e.g. toys not broken)		
3. No toy guns or military-type toys		
4. Code of conduct displayed in picture or word form (in a child-friendly way)		
5. Activities available two hours per day, three days per week		
6. One person responsible for daily inspection of equipment and keeps record, register		
7. Supervisor-to-child ratio is adequate		
8. Record kept of all visitors		
9. Drinking water available (and staff knowledge of proper hygiene)		
10. First aid kit available (and stocked appropriately)		
11. Attendance records kept (and are up to date/current)		
12. Emergency protocol clearly outlined and documents (i.e. in word or picture form)		
13. Activity schedule prepared in advance of use		
Total Yes:		
Total Partly:		
Total No:		

From: World Vision International and Columbia University, with Save the Children, UNICEF (2015) *Evaluation of Child Friendly Spaces: Tools and Guidance for Monitoring and Evaluating CFS*

**Outputs for outcome 'Target population achieves and sustains personal and interpersonal well-being and capacity'**

Outputs	Indicators	Means of verification (MoV)
PS interventions are tailored to the needs of the beneficiaries.	Interventions implemented are documented to have a direct link to needs assessment findings.	Needs assessment report
Service location and structure meets quality standards based on purpose and needs of the target population.	Structures established meeting quality standards for respectful, inclusive and safe PS support programmes (e.g., safe spaces meeting VP/protection and PS programme quality standards).	Programme management cycle reports Quality standards checklists: • PS programmes • VP/protection
Functioning referral system is established.	Referral resources for higher level support (e.g., MH and other social services) are: a) identified and b) documented along with contact information. Referral procedures established, including referral documentation forms. # of PS staff and volunteers providing direct services aware of referral resources and procedures.	Referral list inclusive of contact details and referral procedures Referral documentation forms Quality standards tools
Target beneficiaries (e.g., survivors of crisis events) are provided with psychological first aid (PFA) according to their needs and in a timely fashion.	Estimated # of target beneficiaries reached with PFA within specified time frame from exposure to a crisis event. Follow-up and referrals are made according to the needs of target beneficiaries.	Programme management cycle reports: • Staff and volunteer • activity records, including referral documentation
The target population is provided with quality PS recreational, creative and/or sport activities relevant to their situation and background	Recreational, creative and/or sport activities are designed for the target population according to PS and VP/protection quality standards (e.g., inclusive, accessible and needs based). Recreational/creative and/or sport activities are implemented on a regular basis within a specified time frame. # of target beneficiaries participating in recreational, creative or sport activities within a specified time frame.	Programme management cycle reports Quality standards checklists (PS and VP/protection)

From: IFRC Reference Centre for Psychosocial Support (2017) *Monitoring and Evaluation Framework for Psychosocial Support Interventions Indicator Guide*, pages 21-23.

Outcome	Indicators	Means of verification (MoV)
Target population achieves and sustains personal and interpersonal well-being and capacity.	<b>Personal well-being</b> Interventions implemented are documented to have a direct link to needs assessment findings.	Well-being survey (locally adapted) Focus groups Key informant interviews Most significant change methodology
	<b>Interpersonal well-being</b> Target population reports a change in interpersonal well-being (e.g. sense of belonging within families and communities).	Well-being survey (locally adapted) Focus groups Key informant interviews Most significant change methodology
	<b>Skills and knowledge – learning, relevance and utilization</b> <ul style="list-style-type: none"> <li>PS recipients report a change in level of skills and knowledge through participation in the PS programme.</li> <li>PS recipient reports of the relevance to their lives of skills and knowledge gained through the programme.</li> <li>PS recipient reports of using the knowledge and skills gained through the programme in daily life.</li> </ul>	<ul style="list-style-type: none"> <li>Satisfaction survey</li> <li>Focus group discussions</li> <li>Case studies</li> </ul>
	<b>Target population capacity for VP/protection</b> <ul style="list-style-type: none"> <li>Target population participating in PS programme demonstrates a change in attitudes and behaviour that favour the protection of [at-risk group] from violence, abuse, neglect or exploitation.</li> <li>Target population participating in PS programme reports a change in sense of safety.</li> </ul>	<ul style="list-style-type: none"> <li>Satisfaction surveys</li> <li>Focus group discussions</li> <li>Key informant interviews</li> <li>Case studies</li> </ul>
	<b>Quality PS programmes</b> <ul style="list-style-type: none"> <li>PS programmes incorporate IASC MHPSS and other international standards relevant to programme type (e.g., VP/protection, lay counselling, gender and diversity).</li> <li>Stories of change highlighting the quality of PS programmes.</li> <li>Target group reports that PS programmes implemented are appropriate according to the target group (e.g. age, developmental of the child, gender, culture).</li> </ul>	<ul style="list-style-type: none"> <li>Checklist of MHPSS good practice and international programme standards</li> <li>Most significant change stories</li> </ul>
	<b>Quality standards – VP/protection)</b> <ul style="list-style-type: none"> <li>Target population reports they can access timely and quality PS responses to protection concerns for [at-risk group] and/or report timely referral to other (protection) services.</li> <li>PS and VP/protection programmes incorporate and regularly ensure quality standards are maintained.</li> </ul>	<ul style="list-style-type: none"> <li>KAP survey – (VP/protection)</li> <li>Programme management cycle tools</li> <li>Focus group discussions</li> <li>Referral tools</li> <li>Quality</li> </ul>

From: IFRC Reference Centre for Psychosocial Support (2017) *Monitoring and Evaluation Framework for Psychosocial Support Interventions. Indicator Guide*. Pages 17-19.

# Information for Facilitators of Child Friendly Spaces



Photo: Japanese Red Cross

# 3

CFS facilitators play a central role in promoting children’s safety and well-being. They are responsible for setting the tone of a CFS. This means making sure that all children feel welcome, comfortable, respected and included. Their role is to plan and implement suitable activities for children of different ages, gender and abilities. They are also responsible for promoting the involvement of caregivers and community members in the CFS (see chapter 4 for more details) and in relation to raising awareness about child protection.

This chapter begins by looking at some of the challenges that facilitators face in planning. This can be difficult in a situation which may be unstable. The chapter then highlights some of the skills and qualities needed to work effectively with children. It closes with recommendations for facilitators in dealing with children who may need more support. Remember the Activity Catalogue for Child Friendly Spaces in Humanitarian Settings has advice on planning CFS activities. It includes a series of themed ‘workshops’ as well as sessions to open, close and review activities with children. This chapter provides links to the catalogue, indicating suitable activities in relation to the topics raised here.



**A** See section B ‘The Activity Planning Worksheet’ for detailed information on planning activities.

#### Opening Activity 15-20 minutes

- Welcome the children
- Open the session
- Introduce everyone
- Set an environment where everyone feels safe and happy to participate

#### Main Activity(ies) 40-60 minutes

- Select activities from psychosocial themes for playing, learning, socialising and gaining knowledge and skills
- Free play time
- Other fun CFS activities

#### Closing Activity 15-20 minutes

- Close activities and put away materials
- Come together to reflect on the day
- Thank children for participating
- Say goodbye until next time

## Responding to Challenging Situations

The table on page 35 presents some common scenarios and possible solutions.



What to do if...?	Possible solutions
...the children do not come to the CFS on a regular basis?	<ul style="list-style-type: none"> <li>• Although some activities in the activity catalogue are intended to run in a sequence, many can also stand-alone. Select from among these activities to make a schedule for the sessions. It is still possible to focus on a particular theme in each session, to bring coherence and ensure children gain a psychosocial benefit.</li> <li>• Be sure that new children feel welcome and orient them to the CFS and ground rules.</li> <li>• Introduce new children within the group and encourage other children to help them to integrate into activities.</li> <li>• Have a consistent way of opening and closing CFS sessions that children can learn easily and join with, even if they are new. Keeping consistency will also provide structure for children who may come and go over time to the CFS.</li> </ul>
...more children than planned show up for the CFS session, or there are too few facilitators for the planned activities?	<ul style="list-style-type: none"> <li>• Keep the safety of children the priority and do not try to do activities if the minimum number of facilitators (2) is not there to ensure children get adequate attention.</li> <li>• Pre-plan for this situation by having other activities in reserve for larger groups, such as group games or free play.</li> <li>• Break children into smaller groups and run activities in parallel, making sure that facilitators can check in with each other and stay coordinated in running the session.</li> <li>• If possible, have community volunteers or older adolescents pre-screened to be able to help in such circumstances.</li> </ul>
...there are language barriers between children and facilitators, or among children?	<ul style="list-style-type: none"> <li>• Try to employ local facilitators where possible who speak the local language.</li> <li>• Try to find translators potentially among children themselves (particularly older children), caregivers or volunteers to assist.</li> <li>• Use pictures to explain ground rules to children.</li> <li>• Make nametags for children and conduct an activity to help children and facilitators learn each other's names in a fun way.</li> <li>• Try to choose games that children may already be familiar with and would require little instruction.</li> <li>• Focus on activities that can be introduced easily using actions and that don't need the children to discuss things, such as ball games, musical chairs, mirroring games.</li> <li>• Engage children in creative arts and expression, such as painting, drawing, and making decorations for the CFS.</li> </ul>
...children attending the session are of different age groups?	<ul style="list-style-type: none"> <li>• Look for activities in the activity catalogue that are suitable for children in a broad age range.</li> <li>• Vary activities that require certain skills, so that children of different ages can do them. (See 'STEP' in section A of the activity catalogue. This guides facilitators in thinking how they can adapt activities for children with differing abilities.)</li> <li>• If there are sufficient numbers of facilitators, divide children into different age groups and run separate sessions for the age groups in parallel.</li> <li>• Group children by age and use older children (or pre-screened adolescent volunteers) to help with activities for each group that are age-appropriate.</li> <li>• Group children so that each group has the same mix of older and younger children together for certain activities.</li> <li>• Conduct activities that all children can reasonably do together, such as singing and dancing.</li> </ul>

## Skills and Qualities for Working Effectively with Children

The most important principle for facilitators in implementing a CFS is ‘do no harm.’ Everyone should be working in the best interests of the child. Always considering the best interests of the child will greatly help to reduce any potential harm – physical or emotional – to children who participate in the CFS.

There are a number of skills and qualities which enable facilitators to provide the best possible experience for children, including:

### Ability to form positive relationships with children

One of the most important qualities of a good facilitator is the ability to form a positive relationship with each child in the CFS. Positive relationships with adults are very important to children’s recovery from difficult events and to their mental health. Establishing kind, trusting relationships between adults and children therefore benefits children, but also shows members of the community that there is a positive way of relating to children. This is crucial in contexts where children may often be subject to punishment and bullying.

As a facilitator, developing positive relationships involves building trust with each child so they feel safe, encouraged to explore their emotions and free to try new things. To build positive relationships with children in the CFS:

- Be friendly, kind and approachable
- Take time to learn each child’s name and greet them by name when they enter the CFS
- Learn something about each child (things they like to do or are good at)
- Treat each and every child including children with disabilities or behavioural difficulties with respect and dignity in a culturally appropriate way
- Choose words thoughtfully and communicate with children according to their age and developmental stage (e.g., speak to young children in ways they can understand)
- Show energy and enthusiasm
- Give encouragement to children – even just for trying new things!
- Make all children feel special and don’t have ‘favourites’
- Find something nice to say about each child during each session
- Encourage and praise positive behaviour and praise children to their caregivers
- Help children to participate in activities and cooperate with each other
- Be consistent and fair
- Avoid humiliating any child or using any form of verbal abuse or corporal punishment
- Set and maintain appropriate boundaries with children

### A GOOD FACILITATOR:

- ↓ Is always prepared
- ↓ Is on time and ensures the schedule is kept for the CFS
- ↓ Works well with other staff, facilitators and volunteers
- ↓ Is responsible to their managers and supervisors
- ↓ Keeps regular logbooks of activities and any visitors to the CFS
- ↓ Understands child rights, child protection (including the particular risks for children in their context), and children’s need for care and nurturance to recover from stressful events
- ↓ Ensures any concerns are addressed in a timely way
- ↓ Ensures the CFS runs well, is clean and safe, and has the proper equipment and materials
- ↓ Keeps the space cheerful and welcoming, and conveys warmth and openness
- ↓ Communicates well with children, chooses their words thoughtfully
- ↓ Is consistent and fair, and sets and maintains appropriate boundaries
- ↓ Maintains a good relationship with children, caregivers and the community
- ↓ Takes time to care for himself or herself, and for colleagues.

- Help children to manage stress, distress or conflicts among them
- Expect that children will behave well
- Show interest in and draw upon children's perspectives, experiences and wisdom
- Trust children with age-appropriate responsibilities, such as getting out equipment or putting it away, handing out materials to other children, decorating the room or ensuring children with special needs are included in activities.



**A** See activity 1.8 'Things we have in common'

### **Keeping a supportive, psychosocial focus to activities**

A good facilitator understands the importance of play and how to conduct activities in ways that are supportive for children's psychosocial well-being. Play contributes to the cognitive, physical, social, and emotional well-being of children, as well as their lifelong learning. In fact, play is so important for child development that it has been formally recognised as a right.

Play supports children's well-being in many different ways. For example, it enables children to use their creativity to explore and master their world. Children develop new skills to face life challenges through play. It also helps children develop social skills like empathy, negotiation, working in groups and conflict resolution.

Activities in a CFS are therefore very important in helping to build the well-being and resilience of children who have experienced crisis events. Facilitators can make the CFS more supportive of children's psychosocial well-being in carefully choosing and implementing activities, for example:

- Include a range of activities from active and dynamic to still and calming, according to the context and situation of the children. This helps children to learn to identify different feelings and regulate their emotional state.
- Use interactive games and activities that focus more on child-to-child interaction than on using materials or toys.
- Use different kinds of play to stimulate qualities such as creativity in children, or to build skills like problem-solving, good communication and cooperation.
- Once children are familiar with certain games, icebreakers or energizers, give them the opportunity to choose which one they would like to do or invite children to lead them.

Activities can be fun too! This is also very important and brings psychosocial benefits for children. Activities that are fun for everyone are those that all children are able to do, feel comfortable participating in, and can enjoy. Competitive games are not necessarily fun for everyone, since there are always winners and losers. Games that are more cooperative have the benefit of bringing children together. This means they learn how to apply certain skills, such as how to work better together, solve problems collectively and build trusting relationships. Ultimately, participating in the CFS should help to increase children's self-esteem, as they learn new things, master activities and join together with their peers in a supportive community.

Participating in activities has the potential for positive impact on the lives of children. For example, the routines in the CFS can help promote recovery for children who have been through difficult events. However, be aware that participating in psychosocial activities may also raise sensitive problems and experiences for children who have experienced very

stressful events, losses or violence in various forms. It is very important when planning that facilitators consider the potential consequences (positive or negative) of any activity. Clearly it is crucial that activities support or improve children's well-being. The activity catalogue indicates points to remember in the description of each activity to ensure the safety and well-being of children.

Facilitators should not hesitate to stop an activity that is increasing children's distress or upsetting some children in the group. If this occurs, try to restructure the activity, or begin a different activity such as one that is more relaxing or light-hearted, appropriate to the situation. It can be helpful for facilitators to have an extra fun activity prepared beforehand in case children need a change or break from an activity that recalls any distressing experiences they have gone through.



**A** See section on play in 'Introducing the Catalogue'

**A** See activity 7.4 'Heroes'

### Skills in group management

Various skills and techniques can be helpful in managing a group of children in the CFS so that everyone can enjoy the activities and participate comfortably:

**Using natural groupings** of children, where possible, who may be from the same area, within the same age group or who are facing the same challenges can help children to feel comfortable together in the CFS.

**Being consistent** provides children a greater sense of normalcy and stability in their lives. A consistent experience in the CFS helps children to know what to expect and feel more comfortable participating. Facilitators should:

- Keep to the schedule of starting and finishing times for each session.
- Establish a consistent structure for the session (for example, using opening and closing activities).
- Use rituals, such as a group song or beginning all activities in a circle.
- Be consistent in reinforcing the agreed ground rules of behaviour.
- Be consistent in communicating with children and in responding to conflicts, challenging behaviours or children's distress.

**Shared rituals** also help a group of children to feel connected with each other and safe in the CFS. Rituals that children come to expect can make the space feel unique and give a sense of belonging in the group. Rituals can include an opening song, ways of transitioning from one activity to another, or a closing activity (for example, rolling up the play parachute).

**Group circles** are useful both physically and symbolically in the CFS. When children sit together in a circle, everyone in the circle is equal, recognised (everyone can see and be seen by the others), included and connected. The circle is therefore a useful way to begin and end each CFS session. It literally brings everyone together as an essential part of the circle. Some opening and closing activities described in the activity catalogue use a play parachute (a real one or an imaginary one) for these reasons. A circle also helps to define boundaries. For example, the inside of the circle can be a safe place for sharing and

gathering. The clear, physical boundary of the circle helps children to feel more as they explore their emotions, try new things and learn new skills.



**A** See activity 5.10 'Taxis and radio cars'

**Random choosing** of children to participate in games and activities helps avoid any child feeling left out or unworthy of being chosen by peers for games. When dividing children into teams, the facilitator can have children count off, for example "1-2-1-2" and children get into groups according to their number. In choosing partners, children can be asked to find a partner wearing the same colour of clothing or find a partner holding the same colour cloth or piece of paper.

**Encouraging and balancing participation of all children** – both those who are shy and quiet, and those who are louder and more outgoing – is one task of facilitators. Facilitators can encourage participation, for example, by calling children by their names during activities. This helps them to pay attention and realise they are known to the facilitators. There are various ways of encouraging children to take part in group discussions. Facilitators can ask children to raise their hands and wait to be called upon, for example. Holding a "talking stick" or soft ball can be helpful, where only the child holding the stick or ball can talk at one time. A rattle or whistle can be used to get children's attention, or specific songs can help children to transition to be quiet and calm.

It may help shy and withdrawn children to keep them near to a facilitator. Facilitators can then provide extra encouragement by calling on them gently in group discussions, but not force their participation if they are not ready. Children who are loud or very active in a group can tend to overwhelm other children. It may help if they get extra attention from facilitators too by being encouraged to allow other children to go first in games or discussions. Some very active children can also benefit from being given simple tasks to do in the group, such as passing out supplies, starting a song or explaining the ground rules.

**Calming techniques** are useful in situations where children seem out of control and chaotic. It is important never to try to control the situation by becoming louder or bigger than the children. It is better to model calm behaviour for the children to copy. For example, facilitators can try sitting quietly, moving slowly around the children, whispering directions, playing soft music or dimming the lights. The purpose of these techniques is for the facilitator to maintain a sense of control while giving children back their sense of self-control.



**A** See activity 3.5 'Relaxed breathing'

### HOW TO USE GROUP CIRCLES EFFECTIVELY:

- One person speaks at a time
- People can pass if they wish – no one has to share
- Keep a culture of confidentiality – what is shared in the circle stays in the circle
- Speak clearly and concisely, and encourage children to do the same
- Give children time to think about the question and answer before speaking (brief moments of silence are ok)
- Listen to children's comments and ideas and paraphrase what they say
- Validate children's responses, both verbal and nonverbal
- Summarise what was said before moving to the next topic.

Adapted from: Terre des Hommes (2011) *Working with Children and their Environment: Manual of Psychosocial Skills and World Vision International (2008) Children in Emergencies Manual*

**Children who disrupt group activities** may be testing limits or seeking attention. Remember that the safety of the group is the priority for any facilitator. If a child (or children) is making the activity or space feel unsafe for any reason, it is essential to address this in a timely way. Try to keep the activity going and ask the disruptive child to sit quietly and watch until they can calm down and re-join the activity. Or have a co-facilitator assist the child to participate appropriately and help the child to keep to the instructions for the activity. Remember that children would rather join in than to isolate themselves. Giving more attention to positive rather than negative behaviour encourages the disruptive child to modify their behaviour. However, if a child is hurting themselves or others, they must leave the activity and will require extra support from facilitators.

### **Using positive discipline**

‘Positive discipline’ is an important technique that can be used by facilitators and caregivers to help children modify their behaviour. Positive discipline may be a new concept in certain cultures that usually use punishment as a way to discipline children. Facilitators must be aware that to maintain a CFS free from violence, abuse, exploitation, and neglect of children, verbal and physical punishment is never allowed. For example, facilitators should never hit, pinch, humiliate, physically or verbally abuse, or threaten a child. In addition, facilitators can engage children in how and when discipline measures should be used in the CFS.

Positive discipline is both kind and firm, encouraging children in a respectful way that helps them to keep a sense of belonging and significance as a member of the CFS. Although punishment may be effective short-term, it can have negative long-term consequences, particularly for children who have suffered very distressing events. In contrast, positive discipline is much more effective in the long-term. It promotes valuable social and life skills such as respect, concern for others, problem solving, accountability, cooperation and contribution to community. Through positive discipline, children can discover their capabilities and learn to respond to situations constructively.

Positive discipline pays attention to:

- The reasons why children behave as they do, including beliefs that may be behind the behaviour. Changing those beliefs is more effective than only trying to change the behaviour
- Both the needs of the facilitator and other children in the situation, while respecting the needs of the child
- Effective communication and problem-solving skills
- Discipline that teaches alternatives and focuses on solutions, rather than punishes children by noticing their efforts and improvements and therefore builds self-esteem and competency.

See Annex D for guidance in responding positively when children misbehave.

### **Skills in conflict resolution**

In high pressure and stressful situations such as emergency settings, conflicts are common. Interpersonal conflict occurs when two or more individuals have a disagreement that involves significant resentment and tension. In a CFS, interpersonal conflict can occur:

- between facilitators
- between a child and a facilitator
- between children
- between facilitators and parents/caregivers.

Unresolved conflicts in a CFS can make the space feel unsafe and unsupportive. It may prevent some children from engaging in activities. For this reason, it is important for facilitators to be able to resolve conflicts before they become problematic.

The sooner a potential conflict is acknowledged, the sooner it can be addressed or resolved. It is important to respond quickly. However it is important not to judge the situation until you have a solid understanding of what the conflict is about. The nature and causes of conflicts between two people are not always clear initially. It is crucial to take time to hear equally from both parties so that you know how best to help the situation.

Each conflict is different. Some can be resolved quickly, while others require more time and effort to find a peaceful solution. Resolving conflict requires facilitators to use effective communication skills, such as active listening, and to encourage others to do the same. Here are some helpful strategies:

- Create an open dialogue by letting the parties (this means the people involved) express their needs and requests.
- Listen to – and encourage all parties to listen to – the feelings of the other person.
- Ask questions to better understand the key issues.
- Express your own feelings clearly and try to identify the feelings of others.
- Identify the key needs and wants of the parties involved.
- Try to find something both parties have in common in order to begin to create understanding, such as a common goal.
- Propose options and encourage the parties to make compromises.
- Come to an agreement and a contract that both parties can commit to.
- Try to end on a positive note so that a positive relationship can be maintained.
- Adolescent boys and girls are often criticised for their challenging behaviours, but it is important to understand that they are going through significant changes in their lives.

If a conflict gets worse and is beyond the control of the facilitators, it is important to involve the manager as a first step. If this does not resolve the situation, it may be necessary to involve community leaders and other stakeholders.



**A** See activity 2.3 'Different ways to respond'

### **Skills in managing challenging behaviour**

Challenging behaviours are a normal part of childhood development, as children learn about themselves and their world, and develop social, emotional, physical and verbal skills. Usually children require guidance and support from caring adults to help them develop appropriate ways to manage their feelings and behaviours. Children affected by distressing events or situations, such as natural disasters or conflict, may also behave in a challenging way.

Challenging behaviours are defined as, “any behaviour that interferes with children’s learning, development, and success at play; and that is harmful to the child, other children, or adults” and can include:

- Physical aggression toward other children, staff or volunteers (e.g., biting, hitting)
- Verbal abuse or threats or using bad language
- Being nasty to others, such as making fun of other children
- Sexual threats or misconduct (for example, inappropriate touching of other children)
- Inability or refusal to follow the rules
- Disrupting group activities or refusing to participate in tasks or activities
- Tantrums or emotional outbursts
- Hyperactivity
- Inability or refusal to follow instructions by facilitators.

When a child in a CFS is displaying challenging behaviour, the CFS can feel less safe, fun and respectful for all children. This can have a negative impact on the other children. It also affects the child with the challenging behaviour because his or her needs are not being met. It is important for all the children that facilitators can respond safely and effectively to support children with challenging behaviours to keep the CFS safe and positive for everyone.

First, make sure that all children understand the rules of behaviour for everyone in the CFS to feel safe and to enjoy themselves. For example, children need to know that it is not all right to physically hurt, bully or ridicule anyone else. Establishing the boundaries of acceptable and unacceptable behaviour at the start helps all children to know what is expected of them and makes it easier for them to behave accordingly. You can engage the children in helping to come up with rules that are respectful of everyone and that helps everyone feel safe and included.



**A** See activity 1.2 ‘What we expect from each other’

Children with the most challenging behaviours are those who need and would benefit most from positive relationships with facilitators and their peers. But they may require special attention and extra effort to help them form those relationships. Facilitators may feel frustrated when children behave in these ways. However, it is important that they are patient and understanding towards the child.

Challenging behaviour can be understood as an emotional signal from the child that they don’t know how to express in other ways. Often, the child uses the behaviour as a defence to keep themselves safe. For example, they may act in an aggressive or disruptive way if they feel scared to try a new activity. They may act out if they are afraid to get too close to others, or are worried they won’t do the activity well. Adolescent boys and girls are often criticised for their challenging behaviours, but it is important to understand that they are going through significant changes in their lives.

See Annex D for examples of why children may misbehave and simple ways to guide them.

Children don’t have the same vocabulary or self-awareness to express their feelings as most adults do. They may not understand their own feelings or why they behave in certain ways. Their difficult behaviour is a way to communicate that they are experiencing some-



thing that is difficult to cope with, or feelings that they don't understand. Adolescent boys and girls are often criticised for their challenging behaviours, but it is important to understand that they are going through significant changes in their lives.



**A** See theme 2 Emotional learning: “My feelings”

## What to Do When Children Need More Support

Some children may need additional support beyond the psychosocial support offered through the CFS. This can include children who have been exposed to very traumatic events; or with significant losses of loved ones; or having experienced violence or serious protection problems; or who may have pre-existing serious mental disorders, developmental disability or drug or alcohol abuse problems, developmental, neurological or mental disorders.

There may also be instances within a CFS over a period of time where child's behaviour poses a danger to the child themselves, other children, staff or volunteers. It may therefore be decided to exclude the child from the CFS and refer them for additional support. Taking this decision to exclude a child needs to be done carefully and in consultation with supervisors and the children's caregivers.

Inclusion of children with disabilities, both physical and mental, may bring to the attention of facilitators the needs of these children for other types of support. For example, children with severe developmental disabilities may have learning problems and require referral for support with schooling. Others may have neurological problems, severe behavioural problems or specific protection needs requiring referral to a mental health or child protection specialist. Children with physical and mental disabilities may also have specific needs for basic services and security, including basic health care that may have gone unmet previously. Extra effort should be taken to link these children and their caregivers with the appropriate supports and services.

Facilitators **MUST** report concerns of violence, including SGBV, against children. They must observe local legal requirements in reporting, where they exist.

All managers of a CFS need to ensure that systems are in place to maximize children's safety and to do no harm. A key part of this is mapping, documenting and making available local survivor-focused referrals for violence, such as SGBV. This should be started (and ideally completed) before or soon after a CFS is established. Managers can dedicate the time of some of their team to ensure mapping is done. Often local child protection clusters take the lead on this and may already have information available.

The quality and accessibility of local referral services is very critical. As such, managers should conduct regular follow-ups with referral agencies, gather feedback from adults, and pay attention to comments about children in order to identify any barriers.

It is important for facilitators to understand that only trained professionals should provide specialised assistance. They include trained counsellors, psychologists, social workers, child protection committees, and health and mental health care professionals. The role of CFS facilitators is to identify and refer children who need specialised support – but not to try to do this themselves. They may cause significant harm to children if they do so.

### **It is vital that facilitators are trained to:**

- identify children who may be experiencing violence and have special protection needs, who are seriously distressed because of experiences they have had in crisis situations, or who may have mental health problems or development disabilities.
- know how to respond to children who need additional support during the referral process
- make referrals to appropriate specialised support.

### **What can CFS facilitators do?**

Facilitators need to know how to identify children of concern and know how to respond in terms of the referral process. It is important that they are aware too of how to support children during this process. They will not be responsible for this on their own. They should be working with their CFS coordinators and managers according to their organizational policies and procedures. This includes:

- Finding out what specialist resources are available in the area.
- Keeping an updated list of names and contact numbers for referral resources.
- Knowing how to refer children in need of different kinds of support (e.g., what forms to fill in, how to contact specialists in an emergency situation, how to help the child and caregivers to access the referral).
- Informing and working with child caregivers when referring a child for specialist support.
- When appropriate, helping with follow-up of the child, such as helping them to continue or return to the CFS, if that is recommended.

### **Responding to reports of violence**

Sometimes in talking about violence, people may recognise that they themselves have experienced violence in their own lives. It is therefore important everyone feels safe in this process. Remember, it takes courage to share an experience of violence! It is facilitator's responsibility to provide information on where to get support and to respond in a responsible, supportive way by listening and then referring.

## **RESPONDING TO REPORTS OF VIOLENCE**

Action 1: Acknowledge the person's situation and feelings. Listen carefully to what they say.

Action 2: Comfort the person and ensure as far as possible that they are safe. The safety of a child is a priority.

Action 3: Document what you hear and see. If it is a child disclosing, you need to report immediately to the appropriate agencies\*. If it is an adult, it is their choice if they will seek help or not.

\*Please note that a child may choose to withhold information to specific parties. In this case, information will not be shared unless it may cause harm to the child by not reporting.

**In essence: Listen and refer**

It is not the facilitator's role to investigate, but to help make sure that the victim/survivor of violence is safe. Their role is to take appropriate action, as outlined in the box above. During the referral process, facilitators must use a survivor-centred approach, meaning that they focus on the needs and experiences of the survivor. These experiences determine the need and the needs determine the services required. The safety of the survivor is prioritized and confidentiality is maintained at all times. The table on the next page details the key principles of a survivor-centered approach:

Safety	The safety of the survivor and survivor’s family should be ensured at all times. Keeping survivors safe should be a number one priority. Survivors of violence are at heightened risk of on-going violence (e.g. domestic violence), murder or suicide, as well as social discrimination and isolation. Helpers have to assess safety risks and minimize the risks for survivors and their immediate family members.
Confidentiality	<p>Confidentiality is paramount in all aspects of support for survivors. The threat of stigmatisation, social isolation and punishment is very real for those affected by violence. Maintaining confidentiality means that information about survivors should not be shared with others without the informed consent of the survivor. There are certain exceptions to this rule that are about the absolute safety of the survivor and/or immediate family (please see below).</p> <p>If information needs to be shared with another organization, always obtain the written consent of the survivor or of a parent or guardian if the survivor is a child. Informed consent means that the survivor will be informed about which information will be shared, with whom and for what reason. It is not ethical to share personal information about the survivor or their situation (e.g. giving their name or other identifying information) with anyone else – at home or in the workplace.</p> <p>Avoid identifying survivors of violence in the way services are provided. Survivors can be at risk of being identified by the community if they attend specialized programmes. This risk can be minimized by addressing the special needs of survivors of violence within broader protection, health and psychosocial programmes.</p>
Exceptions to maintaining confidentiality	<ul style="list-style-type: none"> <li>• When there is a risk that survivors might try to hurt themselves</li> <li>• When there is a risk that survivors might hurt others</li> <li>• When a child is in danger</li> <li>• When laws or policies require mandatory reporting (such as in the case of sexual exploitation and abuse by humanitarian staff).</li> </ul>
Respect	The wishes, rights, and dignity of the survivor must always be respected. The survivor-centred approach empowers the survivor, with helpers offering assistance, facilitating recovery and providing resources for problem-solving but never taking any decisions for survivors. This can be especially difficult if a survivor decides to remain in the violent relationship or location. A lack of respect by helpers can increase survivors’ feelings of helplessness and shame. It can prevent survivors from regaining a sense of control over their lives. It can reduce the overall effectiveness of interventions, and may even cause further harm.
Non-discrimination	All people have the right to the best possible assistance without unfair discrimination on the basis of gender, age, disability, race, colour, language, religious or political beliefs, sexual orientation, status or social class.

From IFRC Reference Centre for Psychosocial Support (2015) *Sexual and gender-based violence: A two-day psychosocial training*.

# Engaging with Caregivers and the Community



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# 4

Humanitarian emergencies disrupt community routines, services, and supports for children. They often reduce families' abilities to care for and protect their children. Organizing CFSs can therefore be an important step in enabling the community to protect and support its children. Engaging caregivers and other community members in this process promotes a sense of ownership and sustainability. These are crucial factors for the longer-term well-being of the affected population.

At the start of an emergency, community resources may have been badly affected and external partners may have limited capacities for facilitating community ownership.

However, it is possible to build community ownership by working in a phased approach in which communities take on increased responsibility for CFSs over time. For example, CFSs may be started in consultation with affected people in situations that do not permit high levels of community participation. Over time, the responsibility for the CFSs may then be handed progressively over to the community.

This type of approach where caregivers and other community members are increasingly involved in CFS requires skills in community engagement. It also takes a lot of time on the part of CFS management and facilitators. Community engagement therefore needs to be included in funding decisions and reflected in the job descriptions and training of managers, coordinators and facilitators.

Engage with local government officials, male and female community leaders, community people, and different sub-groups on the idea behind CFS. Ensure the participation of girls and boys and marginalized people who seldom have a voice and who may offer different views than those of official leaders. Ask whether CFSs are appropriate or whether the community prefers other options for supporting children. If CFSs are seen as appropriate, elicit ideas about activities that might be involved.

From: UNICEF (2011) *Guidelines for CFS in Emergencies*.

Seeing CFS as a strategic element of a community-based approach shapes planning and implementation that can promote community engagement. For example:

- Choose to locate CFS in centres that the community is already familiar with. This may help in linking with community members with strong connections to vulnerable children.
- Select community members as facilitators to promote ownership and enable activities to be ones that reflect local games and customs.
- Include community members in CFS management committees. They may have a specific role in supervising the community-selected facilitators, amongst other responsibilities.
- Make a CFS a centre for information exchange. This means community members can learn about child protection and psychosocial well-being and CFS staff can learn about people and resources in the community.

There are of course substantial challenges in community engagement:

- It takes time, skill, trust and good judgment to build up relationships with caregivers and community members.
- It's hard to maintain consistency and accountability over time in humanitarian response.
- CFS staff may need to do lots of preparation, such as awareness-building activities with caregivers and community members so that they understand why it is in their interest to be involved. This includes community-focused child protection activities.
- Communities may be severely disrupted making it hard to locate caregivers.

- Mothers and fathers may need to be approached in different ways in order to engage with them.
- Children without caregivers should be welcomed but also supported to access local protection services.
- Caregivers and other community members may have other priorities, and no time or motivation to engage.

It is recommended right from the start to develop an exit strategy with community members. An exit strategy explains the process of working towards a community-led CFS. This is especially important in insecure settings.

### Raising awareness about child protection

Raising the awareness of the community about child protection and establishing child protection committees are key tasks in relation to local community members. Standard 16 of the Minimum Standards for Child Protection in Humanitarian Action says: ‘Girls and boys are protected from abuse, violence and exploitation and neglect through community-based mechanisms and processes.’

A community-based child protection mechanism (CBCPM) is a network or group of individuals at community level who work in a coordinated way toward child protection goals. Effective CBCPMs include local structures and traditional or informal processes for promoting or supporting the wellbeing of children.

As part of their CFS projects, a few IFRC National Societies conduct outreach to parents, local leaders, and health and education providers on psychosocial or child protection issues. This allows adults and children to have the same understanding of the issues, learn the same messages, and to better communicate together. At the same time, this approach also puts the responsibility of children’s safety on adults rather than on girls and boys.

Reaching out to communities can take many forms. Examples include having dedicated volunteers that focus on outreach, or organizing parent and child committees where adults and children can discuss key issues, help plan activities for CFS, and receive specific education on psychosocial, protection and health topics.

Approaches that reach out to the whole community to protect children and enhance their psychosocial wellbeing avoid the risk of CFS being delivered in isolation and not being connected to broader protection efforts, and a wider network of support systems.

From: IFRC (2017) *CFS in Emergencies: Lessons Learned Review*

### Involvement in CFS activities

Community members and caregivers may be directly involved in CFS activities on a daily basis. (This means that caregivers will need to undergo screening if they are to volunteer in the CFS). This includes:

- Helping to supervise free play time
- Assisting when more adults are needed for group work activities, for example when a lot of children come along, or to help with younger children
- Reading or telling stories to children
- Making or providing materials

- Helping with sports activities
- Sharing their talents such as musical or craft skills
- Helping with cultural activities for children, such as cultural or religious celebrations, traditional dance or song, or making traditional handicrafts
- Participating in specific sessions for families done together with caregivers and children.

### Supporting caregivers

A CFS can strengthen caregivers' capacities to motivate and support children, to listen to them and value their views. Informational sessions about children's reactions to stress and positive parenting can be offered to caregivers, as well as specific workshops for caregivers. Bringing caregivers and community members together in the CFS helps to strengthen social networks for children's care and protection.

Caregivers in crisis situations may also need psychosocial support themselves in order to recover from stressful events and to build their well-being and resilience. CFS may be able to offer a space for caregivers to come together. Parent support groups, for example, may enable parents to learn more about how to manage their own stress and to receive information about referral resources for themselves and their children. Caregivers can also benefit from building social networks, increasing positive coping skills and improving their communication skills, for example.

There are resources available which include activities for caregivers. For example, the IFRC Reference Centre for Psychosocial Support and Save the Children Denmark (2010) *The Children's Resilience Programme* and Save the Children Denmark (2015) *The Youth Resilience Programme Resource Kit* both have special parent and caregiver activities. (See the box below for an example of a parent and caregiver meeting.)

These kinds of activities provide information to parents and caregivers about programmes and build up their understanding and skills in relation to their children's well-being and protection. The topics presented in these meetings could also be used for workshops with other adult groups. For example, the Youth Resilience Programme Resource Kit has workshops on such topics as decision-making, communication, and conflict management which would be relevant to adults too.

#### PARENT AND CAREGIVER MEETING 2B

**Aim of workshop:** To raise awareness about psychosocial wellbeing and what children need to be healthy and strong.

**Aim of activities:** To raise awareness and understanding of what children need for healthy growth and development, socially, emotionally, physically and intellectually. To discuss how the parents or caregivers and the children themselves can help to support the children's health and strength.

**Activities:**

- Welcome and update on children's workshops
- What do children need?
- Keeping children healthy and strong
- Question and answer session
- Closure and song

From: IFRC Reference Centre for Psychosocial Support and Save the Children Denmark (2010) *The Children's Resilience Programme. Psychosocial support in and out of school.*

# Annexes



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## Annex A. CPMS Principles for Programming

Adapted from: CPWG (2012) *Minimum Standards for Child Protection in Humanitarian Action*.

Principles	Considerations for children's programming and CFS
<p>Principle 1. Avoid exposing people to further harm as a result of your actions.</p>	<p>Avoid exposing children to increased danger or abuse of their rights, for example:</p> <ul style="list-style-type: none"> <li>• Learn how children, families and communities usually cope</li> <li>• Be aware of and try to reduce tension or conflicts among children in a CFS</li> <li>• Know the local social norms and expected behaviours for girls and boys</li> <li>• Ensure meaningful and safe child participation in planning CFS programmes</li> <li>• Avoid further stigmatising vulnerable groups by singling them out for CFS</li> <li>• Guarantee confidentiality, informed consent and privacy for sensitive issues</li> <li>• Set up and follow child safeguarding protocols.</li> </ul>
<p>Principle 2. Ensure people's access to impartial assistance.</p>	<p>Ensure humanitarian assistance is available to all children in need, particularly the most vulnerable or those excluded on political or other grounds:</p> <ul style="list-style-type: none"> <li>• Reach out to excluded children, including those excluded because of age, gender, social position or ethnicity, their own circumstances (child caregivers, working children), and their living conditions (street children, children in institutions)</li> <li>• Respond quickly to patterns of cases of discrimination or exclusion of children, and consult with children, families and communities to maximise their access.</li> </ul>
<p>Principle 3. Protect people from physical and psychological harm arising from violence and coercion.</p>	<p>Ensure children are protected from violence, from being forced or induced to act against their will and from fear of such abuse:</p> <ul style="list-style-type: none"> <li>• Work together with governments to help children and families to be safe and secure, and to reduce children's exposure to risks.</li> </ul>
<p>Principle 4. Assist people to claim their rights, access available remedies and recover from the effects of abuse.</p>	<p>Assist children to claim their rights, and support them in recovering from physical, psychological and social effects of violence and other abuses:</p> <ul style="list-style-type: none"> <li>• Support children to claim their rights and caregivers to claim children's rights on their behalf, including birth registration and securing lost documents</li> <li>• Help children access legal solutions, for example, for violations of rights</li> <li>• Help children and families to claim their entitlements under law, such as inheritance and property that can help them to protect themselves.</li> </ul>

<p>Principle 5. Strengthen child protection systems.</p>	<p>Rebuild and strengthen child protection systems at national and community levels that may have become weakened or ineffective in humanitarian crisis:</p> <ul style="list-style-type: none"> <li>• Build on existing government and community capacities and structures, and avoid implementing parallel structures</li> <li>• Build capacity of national and state level authorities, as well as civil society in child protection</li> <li>• Ensure representative participation from the community and meaningful participation of children in design, implementing and monitoring the CFS</li> <li>• Link and coordinate with others working on child protection</li> <li>• Prioritise local ownership of the CFS</li> <li>• Plan the transition of CFS together with development actors and processes.</li> </ul>
<p>Principles 6. Strengthen children’s resilience in humanitarian action.</p>	<p>Children are active participants in their families and communities. They cope with their situation depending upon the pattern of risk and protective factors in their social environments, and their internal strengths and capacities. Strengthen the protective factors that reinforce children’s resilience, and reduce their exposure to risk:</p> <ul style="list-style-type: none"> <li>• Ensure all children can access CFS activities that reinforce their skills and strengths</li> <li>• Involve those close to children in the CFS to reinforce supportive relationships between children and their caregivers, peers and other important people</li> <li>• Strengthen the structures, practices and services in the community that protect children</li> <li>• Take into account the social and legal norms that influence children’s lives and circumstances</li> <li>• Have a consistent approach that considers the various aspects listed above.</li> </ul>

## Annex B. Sample Codes of Conduct

### World Vision Australia (WVA): Code of Conduct when with children

Revision number: 1

Policy Owner: WVA Child Protection Officer Approved by: WVA Child Protection Officer

Effective date: 1 March 2012

World Vision Australia is committed to the holistic development, safety and well-being of children and young people (child = under 18). We support the rights of the child and seek to ensure that children are kept safe when in contact with us. We also want you to feel comfortable and at ease around children. We encourage you to actively help us build and maintain a safe and empowering environment for all.

We expect that you will:

- Be understanding about the importance of submitting to our screening requirements (such as criminal record checks).
- Treat all children with respect and dignity in accordance with our Core Values (you can find these on our website) using appropriate language, respecting their privacy and keeping information about them confidential.
- Listen to children. Be sensitive to the signals they send you about how comfortable they are with you (their language, conversation and physical intimacy) and respond accordingly.
- Stop any interaction with a child if a child says stop or if the child appears uncomfortable with the interaction.
- Always ask permission from a child and the child's parents or carer (as appropriate) if you wish to take photos or videos, making sure you explain carefully how you will use them (your use of images must be as expressly agreed with us, especially considering risks of displaying images on-line).
- Be culturally appropriate in how you speak, act and dress.
- Always be in view of another adult when with a child; that is, don't be alone with a child unless it is unavoidable or the child is in immediate danger. This is for the child's protection and to protect you from possible false accusation. Where you are visiting (or working as a contractor in) a World Vision project, you must be accompanied by a designated World Vision staff member at all times.
- Not become involved sexually with a child whether by direct contact, exposing them to sexual materials or other non-contact sexual activity (grooming). In many countries including Australia, such conduct can be a serious offence, often punishable by imprisonment.
- Not hit or abuse any child. World Vision Australia does not support corporal punishment but recommends alternative methods of discipline. Abuse can happen through your physical actions, words or emotional messages you send.
- Not hire children to help around the house or otherwise exploit children through inappropriate labour. Children have a right to education and play.

Please REMEMBER:

- You are always responsible for your behaviour towards a child, even when the child's behaviour can be interpreted as inappropriate (for example, seductive behaviour).
- You must comply with all applicable local, national and international laws about child protection.
- You must immediately report any suspicions of inappropriate behaviour to your World Vision contact.
- There are processes for investigating accusations which respect all involved.
- Non-compliance with this Code of Conduct will be taken very seriously. In the case of employees, it may be grounds for termination of employment. Where considered necessary or appropriate, non-compliance will be reported to relevant authorities.

I have read and will comply with this Code of Conduct (to be signed below where not appended to an agreement):

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

## Sudanese Red Crescent Society PS Guidelines for volunteers working with children

### Introduction and background of these guidelines

Sudanese Red Crescent is implementing psychosocial activities for children and youth in selected areas of operation by engaging this target group in meaningful play and recreational activities to support children and youth in coping with difficult experiences and improving their psychosocial wellbeing.

Activities for children and youth are implemented by selected volunteers, who have all signed SRC Volunteers code of conduct based on the seven fundamental principles. However, as children and youth are especially vulnerable in times of disasters and/or conflicts extra guidelines following standards for acceptable/unacceptable behaviour in relation to children are needed to ensure protection and prevention of misconduct.

### Standards for acceptable/unacceptable behavior in relation to children

Volunteers and staff must abide by the following standards concerning SRCS programs or activities involving children and youth:

- All activities involving children should be supervised by volunteers/staff; in particular same-sex volunteers/staff if this enhances the protection of children. The number and gender-balance of volunteers/staff will be determined according to the sex, age and capacity of the children, and should always be sufficient with the necessary skills and qualifications consistent with the scope of work/role expected. Wherever possible, more than one adult should be present when working in the proximity of children.
- Volunteers/staff are not allowed to be alone with a child somewhere that is secluded or where they cannot be observed. It is acceptable for volunteers/staff to work alone with a child where there are visibility panels/windows in doors. Efforts will be made to ensure that the lone volunteers/staff is the same sex as the child if this is considered to enhance the protection of the child.
- Volunteers/staff should not invite unaccompanied children into their home, unless they are at immediate risk of injury or in physical danger. In this case, the volunteer/staff involved should advise their supervisor of the need for such action.
- Volunteers/staff should not sleep close to unsupervised children unless absolutely necessary, in which case the volunteers/staff must obtain his/her supervisor's permission, and ensure that another adult is present, if possible the child's parent or guardian. In all cases, the volunteer/staff should be the same sex as the child/children.
- Volunteers/staff must not use language or behavior that is inappropriate, offensive, discriminatory harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
- Volunteers/staff must not use physical punishment on any part of the body of the child.
- Volunteers/staff must not hire children for domestic or other labor which is inappropriate given their age or developmental stage, which interferes with their time available for education and recreational activities, or which places them at significant risk of injury.
- Volunteers/staff must immediately report concerns or allegations of child exploitation and abuse and policy non-compliance in accordance with appropriate procedures and laws of the country.
- Volunteers/staff must disclose all charges, convictions and other outcomes of an offence, which occurred before or occurs during their association with the SRCS that relate to child exploitation and abuse.

- Volunteers/staff must encourage open communication between all children, young people, parents, staff and volunteers and have children and young people participate in the decisions that affect them. Volunteers/staff must not use computers, mobile phones, video cameras, cameras or social media to exploit or harass children, or access child exploitation material through any medium.

When photographing or filming a child or using children's images for work-related purposes, the volunteers/staff must obtain informed consent from the child and caregivers of the child before photographing or filming a child. As part of this, the volunteers/staff must explain how the photograph or film will be used.

- Assess and endeavor to comply with local traditions or restrictions for reproducing personal images before photographing or filming a child.
- Ensure photographs and videos present children in a dignified and respectful manner and not in a vulnerable or submissive manner. Children should be adequately clothed and not in poses that could be seen as sexually suggestive.
- Ensure images are honest representations of the context and the facts.
- Ensure file labels or text descriptions do not reveal identifying information about a child when sending images electronically or publishing images in any form.

#### **Statutory declaration by volunteers/staff**

I, undersigned, hereby confirm that to the best of my knowledge I have not been convicted of, am not currently suspected of, or am not being prosecuted for any offence involving any type of harm to a child or children in any country. I declare that there is no element which could affect my suitability to work with children, and that I am aware of the seriousness of this declaration and that any erroneous declaration may be considered as gross misconduct.

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Date

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Signature

This document has been developed based on the IFRC Child Protection Policy from the IFRC Reference Centre for Psychosocial Support and Save the Children 'The Children's Resilience Programme' (2010) Job Description: Facilitator.


## Annex C. Sample Poster for CFS on Child Protection

You deserve to be safe!  
This is a safe space


In this space there is **no**:



hitting




mean words




unsafe behaviour


Everyone in this space is treated with...



kindness






respect



care


If you need help, or want to talk to someone, you can speak to a person wearing a Red Cross or Red Crescent sign

IN THIS SPACE YOU CAN TAPE LOCAL REFERRAL PATHWAYS / NAMES OF LOCAL SUPPORT AGENCIES / ETC.

Remember, if you need help,  
talk to someone you trust.

[www.ifrc.org](http://www.ifrc.org)  
 Saving lives, changing minds.



International Federation  
of Red Cross and Red Crescent Societies

## Annex D. Guidance about dealing with difficult behaviour in children

From: Alison Schafer for World Vision International for the Haiti Earthquake Response (June 2010).

### Why children misbehave and simple ways to guide them.

Why children misbehave	Description	Guidance techniques
Wanting to belong to a group	A child may misbehave to test the acceptance of others	Unconditional acceptance regardless of the bad behaviour
To get attention	Where some attention, even negative attention, is better than no attention at all	Praising and giving attention to good behaviour but ignoring bad behaviour (unless safety is a concern)
Lack of confidence	They feel inadequate or afraid to attempt certain tasks	Praise and encouragement
Does not feel well or lack in basic needs	Without appropriate sleep, food and exercise, a child will not behave at their optimum level	Try to find ways to encourage basic needs being met
Wanting to belong to a group	A child may misbehave to test the acceptance of others	Unconditional acceptance regardless of the bad behaviour
Feels upset or emotional	A child may be responding to a change in routine or circumstances and misbehaves as a way to seek reassurance from others	Reassurance, empathy and support to identify feelings
Disappointment	A child may be angry about something and misbehave because they do not know how to cope with a situation	Support to develop coping skills to deal with disappointment
Discouraged	Children who believe they are bad will act bad and children who feel guilty will act out because they feel a deep sense of shame about who they are and what they can do	Encourage them to feel capable and praise their positive attributes; ensure failures are normalised
Feeling unloved	Children need to feel safe and cared for; without these things children will misbehave to try and confirm they are not lovable or to seek attention and reassurance from others	Reassure safety, care and concern for the child's well-being reinforcing that they are loved and lovable
New situations	All children make mistakes when they are trying to learn something new, such as how to behave appropriately in groups or when they are around new people or situations	Discuss desired behaviours in the new situations and expected ways of being part of those new people or places
Imitation	Children who sees adults, peers or older siblings misbehave may imitate these behaviours	Encourage desirable role-models



Why children misbehave	Description	Guidance techniques
Testing the limits	Children will attempt to test the limits of those who are there to discipline them to see at what point they will or will not get into trouble	Be firm about the important limits, but allow some space to continue pushing boundaries in ways that do not harm themselves or others
Lack information or do not understand instructions	Children who do not understand what is expected of them may misbehave as a way to try and figure out how things or other people operate	Ensure children are aware of what is expected of them and that instructions are age-appropriate (as well as the expected behaviour)
Stand up for themselves	Children usually have great ideas and values and may misbehave as a way to stand up for themselves and what they believe is right or wrong	Encourage children to explore their ideas and discuss these with them
To get what they want or because misbehaviour actually works	If a repeated misbehaviour is successful for a child to get their own way, they will persist with the bad behaviour	Provide alternative approaches that demonstrate good behaviour as a way for a child to get their way
Abuse or neglect	Abused children often behave in ways that aim to maintain their safety and have their needs met	Ensure safety of all children
Fear	Children who have experienced a fearful situation may misbehave as a way to keep themselves safe or as a way to pretend they are not fearful	Encourage and reassure children about their safety in the situation

## Do's and Don'ts for Supporting Children with Difficult Behaviours

Do	Don't
Be patient	Hold or confront a child in anger or frustration or yell at them
Make eye contact when talking with children about their difficult behaviours and use a calm, reassuring tone of voice	Deliberately provoke an emotional response
Provide opportunities for children to simply laugh and have fun	Force a child to comply with an alternative behaviour (such as by holding them until they complete a task)
Ensure activities are planned in a way that every child has an opportunity to succeed (e.g. do not just play games that only have a 'winner')	Always try to get a child to do something new or improve existing skills (some children find comfort in being able to do familiar skills well)
Ensure activities are appropriate to the child's age and skills	Plan for activities that children cannot participate in due to their age or skill levels
Celebrate and praise successes and good behaviour, even for small things. For example, "When you said thank you to that girl, you showed me how good your manners are."	Use reward systems or prizes for good behaviour or remove things for bad behaviour*
Be honest with children about their situation expressing empathy for the things you cannot change (e.g. "I know it must be hard living with your family in such a small space")	Promise things you cannot provide or follow-up on (e.g. promising a child a better living arrangement). Do not deprive a child of basic necessities like food, water or sleep.
Support an emotionally-charged child to contain their feelings and return to a state of calm (e.g. assisting a child to breathe deeply so they can speak more calmly about what is bothering them)	Hit, poke or threaten a child with harm. Never 'hold down' a child, tie them up, cover their nose or mouth or be physical with them as a way to change behaviour or their emotional state.
Be willing to repeat corrective behaviours. Difficult behaviours do not change quickly, but they can be reduced with repeated interventions.	Expect children to comply or change behaviour after a single intervention or conversation
Be a good role-model (e.g. if we yell at other children this encourages them to yell at each other)	Expect a child to behave differently to the adults they are observing
Implement approaches that include a child with difficult behaviours rather than exclude them. For example, "time-in" techniques as opposed to "time-out"***	Exclude a child from a group activity
Help children identify how they are feeling (e.g. "I can see you are feeling very frustrated right now")	Blame a child for their feelings or behaviours
Reassure children of their safety, which may take many repetitions	Laugh at children's insecurities or fears
Be empathic (e.g. "I can understand how this task might feel scary for you")	Be sarcastic

Do	Don't
Be playful. Children are not adults and do not always respond to simple conversation. They may need to learn through play.	Expect a child to change through conversation alone
Remain curious about children's behaviours (e.g. "I'm wondering why you feel you cannot participate in this activity?")	Interpret a child's misbehaviour as an unwillingness to participate with the group or be involved
Be accepting and non-judgmental (e.g. "It's OK to feel angry about that")	Tell a child their feelings are wrong or inappropriate or that they should not feel a certain
Respect and encourage the child when reflecting an inappropriate behaviour (e.g. "I think you are a very loving boy as I have seen the way you helped your sister to school today, but biting another student is not an appropriate behaviour")	Laugh at a child's misbehaviour or feelings. Never label a child as "bad"
Facilitate activities to promote interaction between children and between adults and children (for example, do not simply expect children to entertain themselves)	Expect children to always play without interaction with others
Listen to what children say and their ideas and if possible, work toward incorporating those ideas into the programme	Ignore or laugh at a child's ideas. Try not to be distracted when a child is sharing something with you
Listen to children when they express their concerns or feelings to you, including if they have had a bad experience	Force a child to talk about, act out, play or draw a bad experience or 'trauma'

\* One reason to avoid reward systems is that children with behavioural problems are rarely able to achieve rewards for good behaviour, and may end up feeling "bad" or "not as good as" other children who do receive rewards.

\*\*"Time-out" can refer to any action that aims to remove a child from a situation, such as placing them on a 'naughty chair', sending them out of the space or excluding them from activities. This approach often leads to a child feeling greater guilt or shame, and can result in continued challenging behaviour. "Time-in" refers to encouraging children to be 'closer' to the action but with greater supervision. Say, for example, "I can see this is a difficult task for you, so I'd like you to sit next to me so that I can help you."

## Annex E. Registration and Attendance Records

From: World Vision International and Columbia University, with Save the Children, UNICEF, Mercy Corps, AVSI, Queen Margaret University (2015) *Evaluation of Child Friendly Spaces: Tools and Implementation Guide for Monitoring and Evaluating CFS*.

### A. Registration

Key objectives

- To track number of children enrolled in the CFS and their characteristics (sex, age, disability status)
- To support appropriate targeting of CFS activities

Time needed: Approximately 10 minutes for each child at time of enrolment

Frequency: Once per child

Key steps

- Register all children attending the CFS at first arrival to programme.
- Enter the registration data into information management system.
- Registration records can be kept and used for programme reports, attendance verification and tracking referrals of children.

Data to be collected includes: Child's name/Family Name/Sex/Age/Date of registration/Current Place of Residence/Caregiver Phone No. (if comfortable)/Date of Arrival to (country)/Date of Arrival to (camp/CFS location)/Medical Conditions/Special Needs/Number of other children in family home (under 18)/Adults at home (e.g. father, aunt, grandmother)/UNHCR Reg # (if applicable).

### B. Attendance

Key objectives

- To track how many children attend the CFS each day and their characteristics (sex, age, disability status)
- To support appropriate targeting of CFS activities
- Time needed: Approximately 15 minutes at start of each CFS session
- Frequency – daily

Key steps

- Register all children attending the CFS each session using a daily attendance sheet.
- At the end of the day, enter the attendance data into a database.
- On a weekly or twice-weekly basis, review attendance and look for patterns of attendance by sex, age group and disability status (if feasible to collect this data).
- Use analysis of attendance data to target hard-to reach groups and tailor activities appropriate to characteristics of those attending.

Data to be collected includes: Date/Session name/number/Name of staff member completing form/Registration number/Name of child/Sex/Age/Disability status

## Annex F. Monitoring and evaluation

### Guidelines in talking with children for monitoring and evaluation purposes

From: IFRC Reference Centre for Psychosocial Support (2017) *Monitoring and Evaluation Framework for Psychosocial Support Interventions Toolkit. Guidance note and overview.* Pages 30-32

#### **Be prepared**

Be prepared by gathering information about the life conditions of children in the area, and consider any problems or consequences that could arise from your communication with them.

#### **Be clear on your purpose and obtain informed consent**

Be clear on your purpose, and what you want the child/children to gain from the experience. Be sure that children know what you will do with the information and obtain informed consent from the child and their caregiver or guardian before talking with them.

#### **Obtain permission from the child and guardian**

Obtain permission from the child and his or her guardian for all interviews, videotaping and photographs. This permission should be in writing. Permission must be obtained in circumstances that ensure that the child and guardian are not coerced in any way and that they understand what will happen with the information they share. Permission needs to be obtained in the child's language and in consultation with an adult the child trusts.

#### **Ensure safety and don't expose children to danger**

Remember that children do not have the same filters or cautions as adults; therefore do not use any questions or approaches that place a child in danger in any way. Furthermore, do not post pictures of the child or interview as locations can be easily identified. Always ensure the child's safety and that he or she will not be adversely affected by sharing their information.

#### **Structure the conversation**

Structure the conversation to create a common focus and help children to stay on track (e.g., "Today I would like to hear your opinions about..."), but also be flexible so you can change focus according to the child's interests. Children may start talking about something else to get a small break. Allowing some small talk can be relaxing for children and can help to create a good atmosphere when talking with a group of children. Then, you can bring the conversation back on track while respecting the personal space of children.

#### **Set a safe and positive atmosphere**

Set a safe and positive atmosphere for children by ensuring the venue is physically safe, setting ground rules (e.g., children have the right but not the duty to speak, everyone must listen), smiling and showing your interest, being kind and keeping a light atmosphere.

#### **Be respectful when talking about parents and communities**

Be respectful when talking about parents and communities. Avoid criticising, devaluing or making personal judgments of children's caregivers. For example, never say, "Your mother

was bad to hit you.” Rather, you can say something like, “It was wrong what happened – children should not experience this.” It is important to be sensitive to any feelings of guilt or conflict of loyalty in children.

### **Validate and value children’s perspectives**

Validate and value children’s perspective on issues, and take them seriously. In a group setting, you can create the atmosphere that all participants are valuable, and all statements are welcome as long as they respect others in the group. Many children in difficult circumstances feel shame and have low self-confidence – acknowledging and valuing their perspectives is important to their PS well-being. Also, do not ask children to tell a story or take an action that is not part of their own history – no ‘staging.’

### **Avoid any harm to children**

Avoid any harm to the child during a group or individual discussion. For example, don’t punish children, laugh at them or allow any mockery, or let anyone feel silly or inferior. Avoid questions, attitudes or comments that are judgmental, insensitive to cultural values, that expose a child to humiliation, or that reactivate a child’s pain and grief from traumatic events.

It is important not to apply any pressure or intimidation for children to answer questions.

### **Avoid over-interviewing or pressuring children to tell their story**

Pay attention to where, when and how the child is interviewed. Limit the number of interviewers and photographers. Try to make certain that children are comfortable and able to tell their story without outside pressure, including from the interviewer.

### **Be inclusive**

Do not discriminate in choosing children to interview because of sex, race, age, religion, status, educational background, disabilities or physical abilities.

### **Be sure all children feel welcomed and included**

In a group setting, be sure all children feel welcomed and included. Help children to take turns in speaking, and let the group feel that you are equally interested in everyone. Some children may need to be “invited” to speak, and you can use concrete examples to encourage quiet children to become involved. Let children finish their sentences and protect them from being interrupted. You can also help to keep a child focused by summing up and validating what they are saying; for example “So, right now you are telling us about...”

### **Acknowledge when children speak about something difficult**

You can help to generalise and normalise children’s reactions to difficult experiences (e.g., “Many children have experiences...”) and to highlight their coping (e.g., “So when you were scared, you ran to the neighbour’s house, well done! – Then what?”). Reduce any emotional chaos for children by containing, accepting and identifying their feelings. (e.g., “Perhaps you feel sad about that...”). Mirroring emotions can also be helpful, for example “I see this makes you upset...” Also be sure to respect each child’s physical and emotional boundaries, and not to pressure them to talk about personal issues they don’t feel comfortable to share.

**Use language appropriate to the age and developmental stage of children**

Be sure to tailor your conversation to the age and development stage of the children (or adolescents) with whom you are interacting. For example, with younger children, use child-friendly language with simple terms. Avoid irony or terms they may not understand. Speak with older children and adolescents in ways that respect their abilities and knowledge.

## Annex G. Safe Spaces Quality Standards Checklist

From: IFRC Reference Centre for Psychosocial Support (2017) *Monitoring and Evaluation Framework for Psychosocial Support Interventions. Toolbox*. Pages 61-62.

Safe Spaces Quality Standards Checklist	
Location	Comments
<ul style="list-style-type: none"> <li><input type="radio"/> A needs assessment has been carried out together with the community to decide whether safe spaces are needed.</li> <li><input type="radio"/> Existing facilities and infrastructure (schools, community centres, tents, huts) are mapped to determine if a new safe space structure is needed.</li> <li><input type="radio"/> The location has been identified that meets safety and accessibility criteria (defined in country).</li> <li><input type="radio"/> Safety elements (fences, first aid, toilets, etc.) have been assessed and brought to standard.</li> <li><input type="radio"/> WASH facilities, including drinking water, are properly maintained and hygienic.</li> </ul>	
Planning and Coordination	Comments
<ul style="list-style-type: none"> <li><input type="radio"/> Planning, development and support to safe spaces fully involves women, girls, boys and men and vulnerable groups.</li> <li><input type="radio"/> Dialogue has occurred with the community to ensure safe spaces are safe and accessible for all target beneficiaries, including children and adults with disabilities.</li> <li><input type="radio"/> Programme activities are contextually appropriate and relevant to needs of children, adults and communities.</li> <li><input type="radio"/> Dialogue about how to create community safe spaces linked to larger protection systems has taken place.</li> <li><input type="radio"/> Programme activities are coordinated with other agencies and sectors (e.g., health, hygiene, breastfeeding, information on humanitarian help).</li> <li><input type="radio"/> A phase-out or transition plan has been developed early on, in consultation with the community and other interested parties, to hand over the activities and link with broader recovery planning.</li> </ul>	



Staff and Volunteers	Comments
<ul style="list-style-type: none"> <li><input type="radio"/> Resources (both material and human) are identified to run the safe space.</li> <li><input type="radio"/> Staff and volunteers working in safe spaces receive initial and ongoing training and follow-up support, including coaching.</li> <li><input type="radio"/> Numbers of staff and volunteers are sufficient to ensure safe and quality programmes for adults and children (e.g., 2 adult animators per fifteen 2-4 year olds).</li> <li><input type="radio"/> Protection and other relevant sector staff (including government counterparts, community volunteers) are trained in protection standards and safe spaces.</li> <li><input type="radio"/> Volunteers are recruited from the community and linked with other community-based initiatives.</li> </ul>	
Psychosocial Activities and Monitoring	Comments
<ul style="list-style-type: none"> <li><input type="radio"/> Age-appropriate activities are implemented in the safe space (including age-appropriate activities for children) on needs identified by women, girls, men and boys.</li> <li><input type="radio"/> Clear guidelines, programmes and schedules for adult and child activities (appropriate to the programme objectives) have been.</li> <li><input type="radio"/> Ongoing monitoring with feedback mechanisms is conducted (e.g., monthly discussion sessions with target beneficiaries), and involves families, adults and children (as appropriate to programme objectives).</li> </ul>	

## Annex H. Resources

Band, E.B. and Weisz, J.R. (1988) *How to feel better when it feels bad: Children's perspectives on coping with everyday stress*. *Journal of Developmental Psychology*, 24: 247-253.

Child Protection Working Group (CPWG) (2012) *Minimum Standards for Child Protection in Humanitarian Action*.

Education Cluster, INEE, IASC and Global Protection Cluster (2011) *Guidelines for Child Friendly Spaces in Emergencies: Field Testing Version*.

Educo (Member of the ChildFund Alliance), Plan International, Save the Children UK, War Child UK and World Vision International (2015) *Inter-Agency Study on Child-Friendly Feedback and Complaint Mechanisms within NGO Programmes: Phase One Report*.

Erickson, R.J. (1985) *Play contributes to the full emotional development of the child*. *Education*. 105: 261- 263.

Inter-Agency Standing Committee (IASC) (2018) *How to support survivors of gender-based violence when a GBV actor is not available in your area: A step by step pocket guide for humanitarian practitioners*.

Inter-Agency Standing Committee (IASC) Reference Group on Mental Health and Psychosocial Support in Emergency Settings. (2017) *A Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings*.

Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychosocial Support in Emergency Settings (2017) *Inter-Agency Referral Form and Guidance Note*.

International Federation of Red Cross Red Crescent Societies (2013) *Child Protection Policy. Document Reference Number 193*.

International Federation of Red Cross Red Crescent Societies (2017) *CFS in Emergencies: A Case Study Report*

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International Federation of Red Cross Red Crescent Societies (2018) *Community-Based Health and First Aid Module and Violence Prevention Module*.

IFRC Reference Centre for Psychosocial Support (2014) *Moving Together: Promoting psychosocial well-being through sport and physical activity*.

IFRC Reference Centre for Psychosocial Support (2015) *Sexual and gender-based violence: A two-day psychosocial training*.

IFRC Reference Centre for Psychosocial Support (2015) *Different. Just like you*.

IFRC Reference Centre for Psychosocial Support (2017) *Monitoring and Evaluation Framework for Psychosocial Support Interventions Toolkit*.

IFRC Reference Centre for Psychosocial Support (2018) *Psychological First Aid for Red Cross Red Crescent Societies*.

IFRC Reference Centre for Psychosocial Support and Save the Children Denmark (2010) *The Children's Resilience Programme: Psychosocial support in and out of schools*.

International Rescue Committee (2016) *Safe Healing and Learning Spaces Toolkit*

Klass, C.S., Guskin, K.A., and Thomas, M. (1995) *The early childhood program: Promoting children's development through and within relationships*. *Zero to Three*, 16: 9-17.

Kohlrieser, G. and Jossey-Bass (2006) *Hostage at The Table: How Leaders Can Overcome Conflict, Influence Others, and Raise Performance*.

Plan International (2017) *Child Friendly Spaces Providing child protection and education in conflict settings: a case study from Timbuktu, Mali*.

Positive Discipline: *Creating respectful relationships in homes and schools*.  
www.positivediscipline.com

Ritchie, J. and Pohl, C. (1995) *Rules of thumb workshop*. *Early childhood Educator*, 10: 11-12.

Save the Children Denmark: Various online training modules in Arabic and English are available on [www.disasterready.org](http://www.disasterready.org), including:

- *Fun, safe, inclusive*
- *Development of Children, Adolescents and Youth*
- *Mental health and psychosocial wellbeing of children, adolescents and youth, part 1*
- *Mental health and psychosocial wellbeing of children, adolescents and youth, part 2*
- *Children play*
- *PFA*

Save the Children (2008) *CFS in Emergencies: A Handbook for Save the Children Staff*.

Save the Children (2011) *Keeping Children Safe: A Toolkit for Child Protection*.

Save the Children (2014) *A Toolkit for Monitoring and Evaluating Children's Participation*.

Save the Children Denmark (2015) *The Youth Resilience Programme Resource*

Save the Children (2016) *Fun, Safe, Inclusive: A half-day training module on facilitation skills*.

Terre des Hommes (2011) *Working with Children and their Environment: Manual of psychosocial Skills*.

Vanderbilt University Center on the Social and Emotional Foundations for Early Learning (CSEFEL) *Module 1, Handout 1.5: Positive Relationships with Young Children.*

United Nations (1989) *The United Nations Convention on the Rights of the Child.*

UN High Commissioner for Refugees Protection Cluster (2017) *Child Protection in Emergencies (CPiE) Mobile Teams.*

UNICEF (2009) *A practical guide for developing children friendly spaces.*

UNICEF (2011) *Guidelines for CFS in Emergencies.*

UNICEF (2017) *Operational Guidance on Community-Based Mental Health and Psychosocial Support in Humanitarian Settings.*

WHO, WVI and War Trauma Foundation. (2011) *PFA: Guide for Field Workers.*

Wittmer, D. and Petersen, S. (2006) *Infant and Toddler Development and Responsive Program Planning: A Relationship-Based Approach.*

World Vision International (2008) *Children in Emergencies Manual.*

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World Vision International (2017) *Learning Roots Teachers Manual.*