



TRAINING  
WORKBOOK

WE THRIVE  
INTEGRATED GROUP ACTIVITIES FOR CHILDREN  
AND ADOLESCENTS IN ACUTE CRISES



**Save the Children**

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## Training Overview

Session	Objectives
<b>Session 1: The We Thrive programme</b>	<ul style="list-style-type: none"> <li>• Explain what We Thrive is, who it supports and how</li> <li>• Describe what topics and activities are included in a session plan</li> </ul>
<b>Session 2: Recognising and Safely Referring Children at Risk of or Experiencing Child Protection Concerns</b>	<ul style="list-style-type: none"> <li>• List common child protection (CP) concerns in the community</li> <li>• Describe the role and responsibility of everyone in the humanitarian community in recognising and safely referring children at risk of or experiencing child protection concerns</li> <li>• List the three main actions to be prepared [<b>Prepare</b>]</li> <li>• List the four main ways a person might recognise a possible child protection concern [<b>Look</b>]</li> <li>• Practice Psychological First Aid techniques [<b>Listen</b>]</li> <li>• List the key considerations for making a safe referral [<b>Link</b>]</li> </ul>
<b>Session 3: Understanding and promoting wellbeing</b>	<ul style="list-style-type: none"> <li>• Describe the concept of wellbeing.</li> <li>• List ways in which the programme supports wellbeing.</li> </ul>
<b>Session 4: Creating an emotionally safe and welcoming environment</b>	<ul style="list-style-type: none"> <li>• Describe why and adolescents need an emotionally safe and supportive environment to learn and thrive.</li> <li>• Practice behaviour management strategies that support an emotionally safe and supportive environment.</li> <li>• Describe why providing opportunities for free play supports an emotionally safe and supportive environment.</li> </ul>
<b>Session 5: Supporting children and adolescents holistically</b>	<ul style="list-style-type: none"> <li>• Differentiate between the different developmental needs of children of different ages and stages of development.</li> <li>• Practice adapting activities for children of different ages and developmental stages</li> </ul>
<b>Session 6: MEAL tools</b>	<ul style="list-style-type: none"> <li>• Explain how and why we monitor and evaluate sessions in We Thrive</li> <li>• Know your responsibilities as a facilitator to support monitoring and evaluation</li> <li>• Know who supports you to collect and use the data</li> </ul>
<b>Session 7: Free Play</b>	<ul style="list-style-type: none"> <li>• Describe the ways that free play promotes wellbeing</li> <li>• Identify what resources / materials you can provide for free play and free time sessions in your context</li> </ul>
<b>Session 8: Life Saving Learning</b>	<ul style="list-style-type: none"> <li>• Explain why Life Saving Learning activities are important for children and adolescents in crises</li> <li>• Map safe evacuation routes and assembly points for your setting.</li> </ul>

<b>Session 9: Mock sessions preparation and delivery</b>	<ul style="list-style-type: none"><li>• Apply knowledge from the training to deliver playful, accessible, and lifesaving integrated sessions</li></ul>
<b>Session 10: Mock sessions delivery</b>	<ul style="list-style-type: none"><li>• Apply knowledge from the training to deliver playful, accessible, and lifesaving integrated sessions</li></ul>
<b>Session 11: Mock sessions delivery and training conclusion</b>	<ul style="list-style-type: none"><li>• Apply knowledge from the training to deliver playful, accessible, and lifesaving integrated sessions</li></ul>

## Session 1: The We Thrive programme

### Opening - Learning objectives

By the end of this session, you should be able to:

- Explain what We Thrive is, who it supports and how
- Describe what topics and activities are included in a session plan

### Programme overview

*We Thrive - Integrated group activities for children and adolescents in acute crises* is an integrated approach that brings together perspectives from child protection, education in emergencies, and mental health and psychosocial support.

The programme promotes the wellbeing of participating children and adolescents by enabling them to:

- Feel safe
- Know what to expect
- Play and have fun
- Connect with their peers
- Cope with past and current experiences
- Learn new skills
- Access other services through referrals

Save the Children (SC), and/or SC-supported partners, can implement this programme in acute crisis situations.

The sequencing of We Thrive sessions is flexible to respond to the interests and needs of participating children and adolescents.

The only exception is **Session 2.1 Safe and Unsafe**. We strongly recommend that this is the **first session** implemented to ensure that participating children and adolescents recognise safe and unsafe situations and know what to do in an unsafe environment. This is critical in acute crises.

### Session plans

There are four different group activities session plans:

- 4–6-year-olds
- 7–11-year-olds
- 12–14-year-olds
- 15–17-year-olds

Each session plans consists of sessions, each lasting 45 to 90 minutes depending on the age group.

## Types of group sessions

There are two types of group sessions:

**FREE PLAY** to allow children and adolescents time to exercise their right to play and agency. Free play also allows facilitators to observe and work with participants individually and in a small group setting.

**GUIDED ACTIVITIES** support children and adolescents to learn one topic. While each guided activity session focuses on one topic, the topics are complementary and not mutually exclusive.

**FLOW:** the guided activities session flow as follows:

1. **Opening** to welcome children and adolescents and take attendance (if appropriate).
2. **Energizer** to bring children and adolescents together in a fun, interactive way.
3. **Learning activity(s)** to allow children and adolescents to learn about or discuss a topic and/or apply a skill.
4. **Interactive game (time allowing)** to allow children and adolescents to connect with each other.
5. **Mindfulness activity** to calm children's/adolescents' bodies and minds before the end of the session and practise coping strategies which children and adolescents can apply outside of the sessions. Regularly practicing calming activities can help reduce stress and anxiety.
6. **Closing** to recognise children's/adolescents' participation and allow for them to provide any feedback for the next session.

## 7 KEY TOPICS

As well as Free Play, there are six guided topics that are important to promoting and protecting children and adolescents' wellbeing:



**Self Awareness and Empowerment** to identify and manage emotions. Children and adolescents recognise their own abilities and strengths and identify ways they can support themselves and their community.



**Positive Social Skills** to listen to, communicate with, and take others' perspectives. When children and adolescents apply these skills they can develop positive relationships, offer support, solve problems through teamwork, and resolve conflicts constructively.



**Literacy skills** to support a sense of normalcy and practice skills to support reading and writing. Note, this programme is not intended to support children learning to read and write if they have no previous experience.



**Numeracy skills** to support a sense of normalcy and practice maths and geometry concepts and skills.



**Life Saving Learning** to recognise risks and know what to do in case of an emergency.



**Sexual and Reproductive Health and Rights (SRHR)** to support adolescents' body awareness, set boundaries, and make safe life choices to protect themselves. *Not included in the 4-6 Session Plans.*

Question	Answer
Q1. What are the key topics included in all of the session plans?	
Q2. What are the different sub-topics covered in the Positive Social Skills?	
Q3. How many topics do children and adolescents learn about in each session?	
Q4. True or False: All children and adolescents get a Free Play session at least once a week?	
Q5. What topic is not included in the 4-6 session plans?	
Q6. Find the learning activity that relates to the topic, Literacy- Reading: Phonological awareness. What's the activity and what page number is it on?	
Q7. In the 7-11 session plans, what is the numeracy activity that involves clapping or snapping? What page is it on?	
Q8. There is a Self Awareness session in more than one session plan that has the activity,	

Feelings Charades. Find it and identify the page number.	
<b>BONUS</b> (time allowing) Facilitate steps 1-4 in the Multiplication clap/snap game.	

## Closing - Recap

What is something you enjoyed about the session?

What is something you would like to learn more about?



## Session 2: Recognising and safely referring children at risk of or experiencing child protection concerns

### Opening - Learning objectives

By the end of this session, you should be able to

- List common child protection (CP) concerns in the community
- Describe the role and responsibility of everyone in the humanitarian community in recognising and safely referring children at risk of or experiencing child protection concerns
- List the three main actions to be prepared [**Prepare**]
- List the four main ways a person might recognise a possible child protection concern [**Look**]
- Practice Psychological First Aid techniques [**Listen**]
- List the key considerations for making a safe referral [**Link**]

### Activity 2.1. Child Protection Concerns

In your group, take turns to name the child protection concern, and say the ways you might become aware of a child with this child protection concern in the work that they do in the community. Please only give general, anonymous answers and do not identify children and families in the neighbourhood.

**Emotional abuse:** humiliating or degrading treatment against a child. E.g.

- Insulting
- Criticising
- Shaming
- Isolating a child

**Physical abuse:** the use of violent, physical force to cause injuries or suffering to a child. E.g.

- Hitting
- Shaking
- Burning
- Biting

**Sexual abuse:** any involvement of a child in sexual activity by an adult or person of power, including all forms of sexual violence. E.g.

- Rape
- Sexual exploitation
- Indecent touching
- Exposure including showing children in pornographic material

**Unaccompanied child:** who has been separated from both parents (or previous primary caregiver) and other relatives. E.g.

- Child released from detention with no family or relatives nearby.
- Child fleeing violence in which parents were killed.

**Exploitation:** the use of children for someone else's advantage, gratification or profit., E.g.

- A child being forced to work for too long or too hard for their age.

**Neglect:** Deliberate or careless failing to protect a child or provide for their rights to safety and development when the caregiver has the ability to do so. E.g.

- Not providing sufficient food or water
- Failing to properly supervise a child a child
- Not providing adequate care to a child with disabilities

**Children Associated with Armed Forces or Armed Groups (CAFAAG):** All children – including girls – under age 18 who are, or have been, recruited or used by an armed force or group in any capacity. This includes, for example, children who are engaged in fighting, children who are working as cooks or cleaners or couriers for armed forces and armed groups.

**Child marriage:** A formal or informal union involving a child (under 18).

## Activity 2.2. Roles and Responsibilities

In summary, safe recognition and referrals is a core responsibility of all actors because children need everyone to be looking out for them:

- Protection is central to humanitarian work
- All humanitarian workers are helpers of children
- Humanitarian workers are accountable to children and their families and are in a unique position to respond to and prevent further harm to children.

It is important to recognise and refer children at risk or experiencing harm because:

- Children and/or families might be scared or told not to come forward
- Children and/or families might not know that it is possible to ask for help
- Children and/or their families might not know how to ask for help
- Children and/or their families might not know that support or services are available

Approach informed consent/assent by considering:

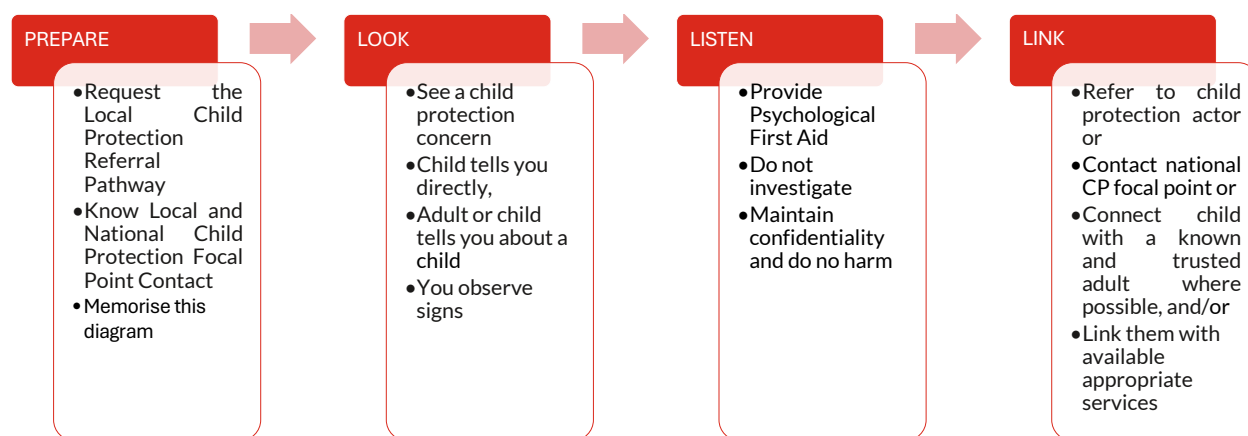
- If you are already in direct contact with the child or caregivers, explain – in a way they understand – what referral action you are taking.
- If you are not in direct contact with the child or caregiver, leave it for the CP agency or organisation you will be referring them to, to make formal contact and they will seek informed consent/assent.

Remember that:

- Informed consent/assent of a child is not required to make a referral if:

- o A child is experiencing harm or at risk of significant harm, or
  - o A child is at risk of harming themselves or others, or
  - o A child is too young or lacks the ability or maturity for assent/consent
- Informed consent of a caregiver is not required to make a referral if:
  - o A child is experiencing harm or at risk of significant harm, or
  - o The caregiver is involved in the risk of harm

## Activity 2.3. Prepare



There are three simple ways to be prepared for a scenario that requires you to recognise and safely refer:

1. Familiarise yourself with the Local Child Protection Referral Pathway and MHPSS services
2. Know the contact details of Local and National Child Protection Focal Points
3. Familiarise yourself with the Safe Recognition and Referral Decision Tree

## Activity 2.4. Look

**See**  
a child with a  
protection concern.

**Be told about**  
a child protection  
concern by an adult or  
child who has seen or  
been told about it.

**Hear directly**  
from a child who tells  
you about a child  
protection concern  
they are affected by.

**Observe signs**  
in a child including  
changes in a child or  
their behaviour that  
are worrying.

**Remember:** if you are unsure if a child is at risk, you should refer. It is better to refer and be wrong than to not refer and the child is harmed

Scenario	Is it a child protection concern? If yes, what is the child protection concern?	How did the facilitator become aware?
Alan is a 15-year-old boy and he comes to the group space after school. Alan likes spending time with a young male facilitator who he respects. Alan tells the facilitator that when he turns 16 he will leave school home and join the local armed group.		
Bea is a 15-year-old girl who sometimes comes to the group space with her sister. You notice that she seems uncomfortable and shy. She is sweating and keeps touching her stomach as if it hurts.		
Claire is Bea's 13-year-old sister who usually comes to the group space every morning. Claire suddenly stopped coming a few days ago. When you mention this to a neighbouring community leader, she informs you that Claire's family are preparing for her to marry.		
Doud is a 9-year-old-boy who lives near to you. You are aware that his family struggle for work and money. You notice that he has stopped going to school, but recently started seeing him engaged in heavy work during the school day.		

## Activity 2.5. Listen

In some situations, there might be good reasons why you should not approach a child. E.g.

- Where it may put you and/or the child at risk, and/or
- Where you can make a referral without having direct contact with the child

In some situations, you should approach the child. E.g.

- When a child is facing immediate risk of harm, you may need to approach a child
- If a child approaches you, you will always need to respond to them directly

**What** are some of the verbal and non-verbal communication techniques that you learnt in your Psychological First Aid training?

## Key considerations when communicating with a child or person worried about a child

Key consideration	Importance	Example of a phrase to say or something to do
1. <b>Safety:</b> Confirm you are in a quiet and private place to talk. Make sure it is a place where others can see you, but not hear you.		
2. <b>Non-judgemental:</b> Stay calm and reassure them without passing judgement.		
3. <b>Attentive:</b> Listen respectfully and carefully to what they are saying.		
4. <b>Trustworthy:</b> Do not make promises you cannot keep such as saying “everything will be OK” when it is not within your control to assure a child’s well-being.		
5. <b>Comforting:</b> Be calm and use comforting statements appropriate to the cultural context.		
6. <b>Do not investigate:</b> Ask only questions necessary to gain a basic understanding – who the child is and why they need help. Do not ask for details or sensitive information but make sure that the CP focal		

point will be able to locate the child/family and take action.		
7. <b>Take action in the child's best interests and tell them what you are doing:</b> Tell them in an appropriate way what you will do next, give simple and accurate information that the child understands. If the child has a protection concern, explain that you will refer or link them to someone that can help. Do listen to and consider the child's views and wishes		
8. <b>Uphold confidentiality</b> - Keep information about the child and their family private, do not share it with anyone else except for the referral focal point		

## Activity 2.6. Link

- Where a child protection referral pathway exists, refer the child to a Child Protection Focal Point
- Where a child protection referral pathway is not in place:
  - Contact the National Child Protection Focal Point for information on available services
  - Connect a child with a known and trusted adult where possible, and/or
  - Link them with available appropriate services
- If you are in direct contact with a child at risk of harm, stay with them until they have been linked with appropriate help
  - Phone the Child Protection Focal Point while you are still with the child and wait for them to arrive before leaving

- o Where there is no child protection referral pathway, accompany them to an appropriate service provider or trusted adult where available
- Maintain confidentiality. Keep information about the child and their family private. Do not share it with anyone else except for the referral point or an identified service provider. Do not gossip with friends and family.

## **Closing - Recap**

What is something you enjoyed about the session?

What is something you would like to learn more about?

## Session 3: Understanding and promoting wellbeing

### Opening – Learning objectives

By the end of this session, you should be able to:

- Describe the concept of wellbeing.
- List ways in which the programme supports wellbeing.

### Activity 3.2. Understanding wellbeing

A. The child and their environment	B. Domains of wellbeing to consider	C. Signs of 'doing well'	C. Signs of 'not doing so well'
The child	Safety Protection Physical health Mental health Food and nutrition		
Their family or household	Supportive and caring relationship with parent/caregiver Financial and materials resources		
Their local community and neighbourhood	Sense of belonging Friends Role models Educational opportunities Spiritual opportunities Play and sports		

### Activity 3.3. Maria's Story

#### Maria's story

Part I



**Maria** is a 10-year-old girl who lives with her parents, grandmother and four-year-old sister. She is very close to all of them and helps to take care of her sister and grandmother at times when her parents are working. The family lives in a small wood house, and Maria shares a room with her grandmother and sister.

Maria is a bit shy and prefers to stay indoors when she is at home rather than playing with the children in her neighbourhood. However, she has three very good friends at school, with whom she's very close.

Maria is very bright and does well in school. She is a model student and a favourite of her teachers. Her parents prioritise her education and work very hard to ensure she has a good one, even though they don't have much money. Maria must walk 20 minutes to school every day.

Last year, Maria had a teacher that made a huge impact in her life and worked with her after school whenever she needed help. This experience influenced her so much that she now wants to be a teacher when she grows up.

### SMALL GROUP DISCUSSION QUESTIONS

- How important do you think Maria's friends are to her wellbeing and why?
- How do Maria's parents support her? How is this important to her wellbeing?
- What is the role of Maria's teacher in her life? How does learning support her wellbeing?

### Part II

Two weeks ago, on a Sunday, the area where Maria's town is located was struck by a **7.0 earthquake**, devastating the area. Maria's father, who was at work, was killed by a falling pillar. Her house collapsed injuring her grandmother (broken arm) and her younger sister (broken leg). Maria and her mother were not injured.

Most buildings in the area have been seriously damaged or destroyed including Maria's school because it was 20 years old, and the foundation could not withstand the earthquake. Maria does not know what happened to her close friends in school or if they are safe. In addition, her entire neighbourhood was evacuated to temporary shelters a 45-minute multi-cab ride away from their old home. She now has to go to a new school, which is taking in the displaced children temporarily. Unfortunately, the host students do not like the new arrivals coming to their school.

### SMALL GROUP DISCUSSION QUESTIONS

- What kind of social support did Maria lose because of the disaster?
- What kinds of resources and support do you think Maria needs to promote her wellbeing?
- At the onset of an acute crisis, which of these resources could be feasible to provide?

## Activity 3.4. Types of We Thrive activities that support wellbeing

**Free Play** contributes to wellbeing by providing opportunities for children to process, recover from, and cope with adverse experiences and regain a sense of normalcy. Play helps to create and strengthen positive relationships between peers and trusted adults. Play helps children to learn self-regulatory skills, alongside communication and decision-making skills.

**Self Awareness and Empowerment activities** are foundational life skills for children to protect themselves and their friends and to achieve positive long-term outcomes.

**Positive Social Skill activities** provide opportunities to interact with each other, cooperate, and create social connections that have short term and long-term benefits

**Literacy and numeracy activities** support a sense of normalcy and self-confidence and there is a direct link between learning and wellbeing because when a child is 'well' they have more capacity to learn new things and, when a child learns, that positively supports their wellbeing.

**Life Saving Learning activities** help children to understand risks in their environment and change their behaviour accordingly, minimising the risk and maximising their safety and physical wellbeing and health.

**Sexual and Reproductive Health and Rights (SRHR) activities** support adolescents' body awareness, boundary setting, and positive life choices to protect themselves as they transition to adulthood.

## Closing - Recap

What is something you enjoyed about the session?

What is something you would like to learn more about?

## Session 4: Creating an emotionally safe and welcoming environment

### Opening - Learning objectives

By the end of this session, you should be able to:

- Describe why children and adolescents need an emotionally safe and supportive environment to learn and thrive.
- Practice behaviour management strategies that support an emotionally safe and supportive environment.
- Describe why providing opportunities for free play supports an emotionally safe and supportive environment.

### Session 4.2. Creating an emotionally safe and supportive space

In addition to creating a space that is physically safe (including travel to it), safe spaces must also be emotionally safe and supportive. Children and adolescents must feel safe, welcomed and included. This helps children and adolescents recover from crisis events. Children also learn better when they are having fun, feel happy and safe.

Three important ways to create an emotionally safe and supportive space:

- **Non-discriminatory:** The environment should be free from stigmatisation and all children and adolescents should be treated with respect and equality (regardless of sex, age, disability, health status (including HIV/AIDS), nationality, ethnicity, caste, religious/spiritual beliefs, language, culture, political), affiliation, sexual orientation, socio-economic background, geographic location, international protection status, specific education needs, or other factors.
- **Responsive to risks faced by girls and women:** While children and adolescents of all genders face risks, girls and women are particularly vulnerable in crisis and facilitators should pay special attention to the dynamics between gender and in particular girls.
- **Emotionally supportive:** An emotionally supportive environment provides a sense of normalcy to play, learn and deal with risks and encourage social cohesion when relevant.

### Example Positive Behaviour Management Strategies

- **Establish clear expectations and routines.** If children and adolescents don't know what is expected of them, this can be reflected in their behaviour (e.g. running around the room, interrupting, etc).
- **Provide positive reinforcement and praise.** Children and adolescents benefit from hearing what they are doing well.

- Give opportunities for children and adolescents to choose topics of interest. This promotes a sense of agency and increases the likelihood of engagement.
- **Be a role model.** Children and adolescents look towards the adult in the room to know how to behave in a space. Model the tone of voice, energy and behaviour you expect from children and adolescents.

## How Free Play promotes wellbeing

Free play means allowing children and adolescents with time to engage with materials and each other in an unstructured way, while under the supervision of an adult. Offering opportunities for free play is an effective way to create an emotionally safe and supportive environment, where children and adolescents can explore, express themselves, and feel in control of their experiences. Play is children's spontaneous way of exploring and learning about the world. It's driven by a desire to enjoy the activity itself, not because you must do it and often brings joy and/ or escapism. It is the natural, self-driven way children use their curiosity and imagination.

Free play supports wellbeing by promoting:

- **Agency:** Free play provides children and adolescents with opportunities to make choices for themselves. In crises, agency can be diminished. Increasing opportunities for agency can promote wellbeing.
- **Connection:** Free play provides opportunities to connect with peers freely and outside of guided activities led by an adult.
- **Normalcy:** Children and adolescents naturally play. Free play provides this sense of normalcy in a safe space.
- **Learning:** Children and adolescents learn through play. Free play increases opportunities for learning, problem solving, collaboration, conflict resolution, and discovery.
- **Creativity:** Free play provides children and adolescents with opportunities to think and play creatively, on their own terms, with each other and with materials.

## Session 5: Supporting children and adolescents holistically

### Child Development - Overview of Stages

#### Opening - Learning objectives

By the end of this session, you should be able to:

- Differentiate between the different developmental needs of children of different ages and stages of development.
- Practice adapting activities for children of different ages and developmental stages

Source: Psychological First Aid - Training for Child Practitioners

DOMAINS	COGNITIVE DEVELOPMENT	EMOTIONAL DEVELOPMENT	SOCIAL DEVELOPMENT
Stage: Preschool 4-6 years	<p>At age 3-4:</p> <ul style="list-style-type: none"> <li>• Completes 3- to 4-piece puzzles</li> <li>• Understands concept of “two” sorts of objects by shape and colour.</li> <li>• Understands the concepts of “same” and “different”.</li> <li>• Has mastered some basic rules of grammar.</li> <li>• Speaks in sentences of five to six words.</li> <li>• Tells stories.</li> <li>• Begins to have a clearer sense of time.</li> <li>• Recalls parts of a story.</li> <li>• Understands the concept of same/different.</li> </ul>	<ul style="list-style-type: none"> <li>• Shows affection for familiar playmates. Interested in new experiences.</li> <li>• Increasingly inventive in fantasy play.</li> <li>• More independent.</li> <li>• Imagines that many unfamiliar images may be “monsters”.</li> <li>• Views self as a whole person involving body, mind, and feelings.</li> <li>• Shows more independence and may even visit a next-door neighbour alone.</li> </ul>	<p>At age 3-4:</p> <ul style="list-style-type: none"> <li>• Imitates adults and playmates.</li> <li>• Can take turns in games.</li> <li>• Understands “mine” and “his / hers”</li> </ul> <p>At the age of 5-6:</p> <ul style="list-style-type: none"> <li>• Wants to please friends.</li> <li>• Cooperates with others and negotiates solutions to conflicts.</li> <li>• More likely to agree to rules.</li> <li>• Likes to sing, dance, and act.</li> <li>• More able to distinguish fantasy from reality.</li> </ul>

	<ul style="list-style-type: none"> <li>Engages in fantasy play.</li> </ul> <p>At age 5-6:</p> <ul style="list-style-type: none"> <li>Can count ten or more objects.</li> <li>Correctly names at least four colours.</li> <li>Better understands the concept of time.</li> <li>Knows about things used every day in the home (money, food, appliances).</li> </ul>		
Stage: Middle childhood 7-12 years	<ul style="list-style-type: none"> <li>Interested in facts.</li> <li>Begins to understand alternative perspectives and begins to use logic in order to solve problems.</li> <li>Inductive reasoning is also developed in this stage.</li> <li>Child can be adventurous and inventive but benefits from structure.</li> <li>Increased attention span.</li> </ul>	<ul style="list-style-type: none"> <li>Signs of low or high self-esteem become clearer.</li> <li>Gradually gains emotional control.</li> </ul>	<ul style="list-style-type: none"> <li>Peer group identity is gradually more important.</li> <li>Fear of social exclusion.</li> <li>Understands cultural and social norms.</li> </ul>
Stage: Adolescence 13-18 years	<ul style="list-style-type: none"> <li>Abstract and logical thinking and young people are able to use deductive reasoning.</li> </ul>	<ul style="list-style-type: none"> <li>Begin to see their future and can feel both excited and apprehensive about it.</li> <li>Strong conflicts with parents usually decline</li> </ul>	<ul style="list-style-type: none"> <li>Strong Identification with heroes, role models.</li> <li>Common for younger teens to think they're immune from</li> </ul>

		around adulthood, but mood swings and behaviour changes are often part of the process.	anything bad happening to them. <ul style="list-style-type: none"> <li>• They are likely to engage in risky behaviour.</li> </ul>
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## Considerations for different age groups

- Keep activities short and simple
- Set and maintain routines
- Provide simple instructions
- Provide simple, clear expectations and boundaries
- Co-create simple rules and expectations
- Share responsibilities and provide opportunities for exercising agency
- Vary activities within routines
- Encourage movement
- Provide opportunities for calm minds and bodies.
- Use songs and music for routines and transitions.

## Adapting a Scavenger Hunt for different age groups

A Scavenger Hunt is a game where players search for specific items or complete tasks, usually following clues.

Adapt this game for your assigned age group. Consider the following:

- How long should the activity be?
- What resources (if any) will you provide?
- What instructions or directions will you provide?
- What level of adult support might be needed?
- How can the activity be inclusive of children or adolescents who cannot read or write?

**NOTES:**

## Defining children and adolescents with disabilities

According to the Convention on the Rights of Persons with Disabilities (CRPD), adults, adolescents and children with disabilities are *persons who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others* (UN Convention on the rights of Persons with Disabilities, 2006).







IMAGE 4



## Strategies to support children and adolescents with disabilities

- **Check on accessibility.**
- **Ask the children with disabilities first** if they need any support before implying / assuming they need help and about their play preference
- **Ask caregivers** when relevant for additional information of adaptation
- **Review and modify games and play activities** to ensure all children can participate, using assistive devices where necessary, prior to every session based on children and caregivers' feedback.
- **Clear the pathway** to access to sanitation (toilet, sink / bucket to wash hands)
- **Remove hazards for safety and accessibility** to ensure all children and adolescents can participate safely.
- **Adjust seating arrangements** to support all children and adolescents. For example, seat children and adolescents with visual impairments closer to the front of the room and closer to the facilitator.
- **Create visual aids** for the space and for activities.
- **Use at least two forms of communication** (visual& verbal or nonverbal in certain instance) to ensure clarity on the different activities. (for instance: explain and show large font poster)

Overall, the environment and adaptations should promote as much as possible independent access to play for children with disabilities. Keep in mind that every child and adolescent is different, and the level and type of support they need can vary.

## Tips to include children and adolescents with disabilities in We Thrive :

Type of conditions	
<b>Children with intellectual disabilities</b>	Provide emotional stability and structured support. Show concretely how to do things Use repetition Provide places for solitary play for a child who gets easily overwhelmed and need a short time away from others during play activity.
<b>Children with hearing conditions</b>	Position yourself appropriately to facilitate visual communication such as sitting face to face. Refrain from shouting, rather use visual and physical interaction cues Use two ways of communication
<b>Children with visual conditions</b>	Verbally describe play activities and the environment Use the analogy of a clock to provide direction (e.g. toilets at 9am, chair at 3pm) Facilitate interactions with other children if relevant
<b>Children with communication disorders</b>	Allow enough time for expression. Guide peers on how to communicate with the support of the child Use communication board when relevant
<b>Children with severe physical conditions</b>	Provide adaptive toys. Encourage peer interaction with appropriate accommodations.
<b>Children on the autism spectrum</b>	Establish a structured and familiar play environment. Introduce gradual changes to prevent frustration Provide places for solitary play for a child who gets easily overwhelmed and need a short time away from others during play activity.
<b>Children with multiple disabilities</b>	Use continuous verbalization and physical contact. Build on personal interests to encourage participation.

## Closing - Recap

What is something you enjoyed about the session?

What is something you would like to learn more about?

## Session 6: Monitoring, evaluation, accountability, and learning tools

### Opening - Learning objectives

By the end of this session, you should be able to:

- Explain how and why we monitor and evaluate sessions in We Thrive
- Know your responsibilities as a facilitator to support monitoring and evaluation
- Know who supports you to collect and use the data

### The facilitator's role in monitoring and evaluation

#### Facilitators' role, skills and knowledge

As facilitators, you are the primary point of contact with children or adolescents attending We Thrive sessions and are well-positioned to observe and document participation and implementation.

- Facilitators should proactively build relationships of trust and respect with children and adolescents, including frequent check-ins to agree on mutual expectations and communication preferences, as part of efforts to create a safe space and safe dynamic for children to give open, honest, critical feedback.
- Facilitators should be aware that asking for feedback from children who are experiencing a lack of safety and stability due to a humanitarian emergency and who have not had many opportunities to express themselves might disclose feelings of distress or hopelessness that require applying Psychological First Aid principles.
- Facilitators should always be equipped to respond to disclosure of a child protection or child safeguarding incident during the feedback session and should follow-up and report the incident to the relevant channels, i.e. child safeguarding focal point

**Facilitator Responsibilities in MEAL** [This table will need to be adapted according the MEAL approach]

What	Tool	How often?	Purpose?
Complete daily attendance tracking	Session Attendance Form (fill out)	Daily for each group	This ensures we are tracking which children and adolescents are regularly attending We Thrive sessions and can follow up on attendance issues.

			MEAL staff will collate the attendance data on a <b>weekly basis</b>
Complete weekly reflections on children and adolescents' participation	Session Attendance Form (fill out)	<b>Weekly</b> for each group	<p>This tool allows facilitators to reflect on children and adolescents' participation which can inform making changes to the sessions,</p> <p>Facilitators bring these reflections to the Facilitator Learning Circles, <b>which may be led by a lead facilitator and supported by technical leads and MEAL staff.</b></p>
Participate in Facilitator Learning Circles	Session Attendance Form (bring to meeting)	<b>Weekly or monthly</b>	<p>A Facilitator Learning Circle is a structured, collaborative meeting where facilitators come together to reflect on their experiences, share insights, and support each other's professional growth.</p> <p>These circles are particularly useful in We Thrive where facilitators may have diverse backgrounds and experiences. When working with children, facilitators need a supportive environment to discuss challenges, brainstorm solutions, and ask for outside help when needed. This discussion guide can help facilitators improve their facilitation and have space to discuss what is and is not working for them.</p>

## REGISTER: Session Attendance Form

### OVERVIEW

Description	A form for facilitators to record daily attendance per session per age group, disaggregated by gender and disability <sup>1</sup> (when the information is available).
Consent	Caregivers must consent if their children's and adolescents' names will be tracked.
Collected by	Facilitators
Frequency	Every Session
Participants	Children and Adolescents
How to use	Prior to using the tool, MEAL and sectoral technical staff must review what needs to be collected and contextualise the attendance forms for facilitators. Data can be collected in paper form, in the <b>We Thrive excel database, or in a Kobo form</b> . To use this tool, facilitators must be oriented to attendance tracking to ensure they understand what needs to be measured and when. MEAL/ sectoral technical staff must review the completed form either on paper or electronic copy weekly to track attendance across sessions, entering data for systematic tracking as appropriate. Data analysis should identify attendance frequency, the number of children by age, gender or disability experiences that may or may not be reached in programming, etc. Data should be reviewed at least weekly to ensure all children are able to access the program. <b>For reporting purposes, teams may create project specific benchmarks for regular attendance, such as attending sessions 3 times per week for 3 weeks.</b>
Analysed by	MEAL/Programme Data Officer

<sup>1</sup> Disability data may be collected using multiple approaches. If teams are already using the Washington Group questions with caregivers for case management and have trained staff in this data collection, those tools can be used. Disability data should be collected from caregivers. Only if teams are trained to collect data with children and have case management and referral systems in place, can disability questions be addressed to children. Disability may also be observed or inferred based on caregiver or child disclosure. Additional insights may come from attendance or registration records. Triangulation of these sources will help ensure more inclusive data collection.

## TOOL

Administration Details	
A1. Facilitator Name:	A2. Date:
A3. Location:	

## TEMPLATE: Individual attendance tracker

Unique ID	Child's Name	Gender <i>Boy</i> <i>Girl</i>	Age	Center name	Child has a disability <sup>2</sup> <i>No/ none observed</i> <i>Yes, child has a known disability (existing case management, referral, etc.)</i> <i>Yes, child has an observed disability (suspected)</i>	Day 1	Day 2	Day 3	Day 4	Day 5

<sup>2</sup> Disability should be identified with relevant case managers or using appropriate tools. If the facilitator observes a disability, they should note it here and refer the child to the correct support services.

A4. How many children are attending in total?:			
A5. Age Group: (select one and disaggregate by number of males and females)			
4-6	7-11	12-14	15-17
A6. Number of boys and girls by age:			
A6a. Boys ages 4 to 6:	A6c. Boys ages 7 to 11:	A6e. Boys ages 12 to 14:	A6g. Boys ages 15 to 17:
A6b. Girls ages 4 to 6:	A6d. Girls ages 7 to 11:	A6f. Girls ages 12 to 14:	A6h. Girls ages 15 to 17:
A7. How many children have disabilities?			
<b>Reflections at the end of the week:</b>			
A8. How many children have at least one friend who they play with in an age-appropriate way during free play?	None/ Not observed Less than half About half More than half All of the children		
A9. Girls enjoyed the session and were actively participating in the activities?	Yes, completely Yes, mostly No, not really No, not at all Don't know/ Not observed		
A10. Boys enjoyed the session and were actively participating in the activities?	Yes, completely Yes, mostly No, not really No, not at all		

	Don't know/ Not observed
A11. Were there specific groups of children who were not participating (ex. Children with disabilities, children who were also taking care of a sibling during the session)?	



## OBSERVE: Facilitator Discussion Tool - Facilitator Learning Circles

### OVERVIEW

Description	This tool is not part of systematic MEAL, but a reflection tool that teams may or may not use to collect data from facilitators. In cases where this tool is used solely by facilitators without data quality assurance or checks, it is essential that basic feedback from facilitators is still provided to implementing teams to address any major concerns and support actions discussed in the facilitator learning circles. In cases here this tool is used as a structured facilitation discussion guide, all discussion must be documented, ideally with a word for word transcription but detailed notes per question at minimum.
Consent	Facilitators must consent to participate in the conversation
Collected by	Facilitator. MEAL, Programme data officer, sectoral technical staff must attend if this tool is being used for data collection for program reporting.
Frequency	Weekly or Monthly
Participants	Facilitators
How to use	<p>Facilitator Learning Circles should be planned monthly, with each Facilitator bringing a completed Facilitator Observation and completed Session Attendance Forms to the Circle. A Learning Circle Lead should be either a <b>Project staff member or a Facilitator who has experience in child-focused facilitation and/or teaching and learning</b>. The objective of the Facilitator Learning Circle is to support quality of We Thrive implementation, support Facilitators to reflect on the sessions they are facilitating, identify issues or concerns to improve children and adolescent's access and participation, and the safety and relevance of the intervention. These questions are intended to be suggestions, and the lead of the Learning Circle can adapt them based on the questions, concerns or feedback from the We Thrive Facilitators. Information gathered in the Learning Circles is intended for learning and to support Facilitators adapt their approach. Actions identified from the Learning Circles should also be shared with SC staff and partners to adapt the programme and address access, safety or other critical issues that emerge e.g. timetabling, safety of physical space, accessibility, etc.</p> <p>In situations where implementing teams are collecting data from the facilitator learning circles in the MEAL plan, all responses should be recorded and shared in writing with the implementing support staff.</p>
Analysis by	MEAL

## TOOL: Facilitator discussion

<b>Administration</b>		
FA1. Facilitator names:		
FA2. Lead facilitator/ interviewer name:	FA3. Location:	FA4. Date:
<b>Introductions:</b>		
<p><b>What is a facilitator learning circle?</b> A Facilitator Learning Circle is a structured, collaborative meeting where facilitators come together to reflect on their experiences, share insights, and support each other's professional growth. These circles are particularly useful in We Thrive where facilitators may have diverse backgrounds and experiences. When working with children, facilitators need a supportive environment to discuss challenges, brainstorm solutions, and ask for outside help when needed. This discussion guide can help facilitators improve their facilitation and have space to discuss what is and is not working for them.</p>		
<b>Running the Facilitator Learning Circle</b>		
<ul style="list-style-type: none"> <li>• <b>Set the Tone:</b> Create a supportive and open environment where facilitators feel comfortable sharing their experiences and challenges. Facilitation is a skill that improves with practice. Encourage facilitators to be patient with themselves and each other. There are no wrong answers!</li> <li>• <b>Use Structure:</b> Consider using a consistent structure for each meeting, such as:             <ul style="list-style-type: none"> <li>○ <b>Check-in:</b> Start with a brief check-in where each facilitator shares how they are feeling.</li> <li>○ <b>Reflection:</b> Use guiding questions to discuss the past week's activities. Recognize that you do not need to answer all questions in one session. 7 to 8 questions in one hour is recommended.</li> <li>○ <b>Action oriented:</b> Identify any challenges and brainstorm solutions together. Discuss plans for the upcoming week and set goals. Use reflections to identify areas where facilitators might need additional training or support.</li> </ul> </li> <li>• <b>Document Insights:</b> Regardless of your role, documenting the conversation, reflections and insights is a valuable resource for future reference             <ul style="list-style-type: none"> <li>○ <b>Facilitator-led circles:</b> If you are a facilitator leading the circle, ensure everyone has paper and pen/pencil to document their notes and responses to questions. Share any actions and specific needs with implementing staff (see Action Planning section below).</li> <li>○ <b>Implementing staff-led circles:</b> If you are an implementer staff member, it is best to work in pairs so one staff member can be the note taker, capturing as much information as possible, while the other facilitates the discussion. Ensure you prioritize what needs to be collected in your MEAL Plan.</li> </ul> </li> </ul>		
<b>Guiding questions: Reflecting on the Learning Session</b>		
<p>Ask Facilitators to refer to their completed Facilitator Observation forms. Use these guiding questions to lead the discussion:</p>		
FO1. How were children or adolescents participating in the group sessions? Please provide some examples (e.g. are children or adolescents interacting with each other or not?).		
FO2. Were different children or adolescents participating differently or included/excluded during sessions - girls / boys / children with disabilities / particular individuals? Why do you think that was?		

FO3. What positive and negative behaviours and/or emotions did you notice children or adolescents experiencing during the group sessions? I.e. Were children frustrated with themselves or others? Were some children distracted or withdrawn during an activity? Were children supporting each other and accepting other children's contribution?

FO4. Were there any signs of distress or discomfort among children or adolescents? If yes, were these signs present in all children or in just some children or adolescents?

FO5. What did children/adolescents say about what they enjoy doing? Were there any differences across genders or for children with disabilities or other differences?

FO6. How do you know if children are understanding or learning in the sessions?

**Guiding questions: Reflecting on the Free Play Session**

*Ask Facilitators to refer to their Facilitator Observation forms. Use these guiding questions to lead the discussion:*

FO7. What types of games or activities do children or adolescents choose to do during Free Play (e.g. group vs. individual)? Why do you think they are choosing these activities?

FO8. What positive interactions or accomplishments did you notice? For example, did children display cooperation and teamwork? Did they encourage each other during activities? Etc.

FO9. Were different children or adolescents playing differently or included/excluded in play - girls / boys / children with disabilities / particular individuals? Why do you think that was?

**Guiding questions: Reflecting on Attendance**

*Ask Facilitators to refer to their Session Attendance Forms. Use these guiding questions to lead the discussion:*

FO10: Reflecting on the attendance at the Sessions you ran this month, do you notice any trends or patterns? Are some children attending infrequently? Are particular groups excluded? Are only boys or only girls attending some days? Why do you think that is?

FO11: How can we increase the participation of the children and adolescents who need the most support in the We Thrive Sessions? Are there any actions we can take together? Are there actions SC should take? Are there actions other community members could take?

**Guiding questions: Overall Review**

FO12. What have been your 'successes' of the week in terms of outcomes for children?

FO13. What one to two things do you think went well?

FO14. What one to two challenges did you have facilitating the sessions and supporting children and adolescents during the sessions?

FO15. What could be some of the ways facilitators could address these challenges (based on your experiences with participating children and adolescents)?

FO16. Is there any additional support you need as a facilitator to run these sessions?

Action Planning
FO17. Based on what we discussed, what should we do more of?
FO18. Based on what we discussed, what should we change or stop doing?
FO19. What kinds of learning sessions should we prioritise, for what ages, and why (e.g. Self-awareness and empowerment, Positive social skills and relationships, Literacy, Numeracy, Life-Saving Learning, Sexual and Reproductive Health and Rights)?
FO20. Based on what we discussed, what actions will Save the Children take?
If the Learning Circle is not led by an implementing staff member, provide a contact number here to ensure issues are communicated to the Project management team: _____
<i>Submit all written notes to the MEAL and Programme officers for analysis and record keeping.</i>

Group Activity on the *Facilitator Discussion Tool*:

- Based on the guiding questions, how might you as a facilitator best prepare for these meetings?
- How often should *Facilitator Learning Circles* happen (ideally)?
- Based on the questions in the *Facilitator Discussion Tool*, what immediate actions do you think facilitators and the programme might take?

## Closing - Recap

What is something you enjoyed about the session?

What is something you would like to learn more about?

## Session 7: Free Play

### Opening - Learning objectives

By the end of this session, you should be able to:

- Describe the ways that free play promotes wellbeing
- Identify what resources / materials you can provide for free play and free time sessions in your context

### How Free Play promotes wellbeing

Offering opportunities for free play is an effective way to create an emotionally safe and supportive environment, where children and adolescents can explore, express themselves, and feel in control of their experiences. Play is children's spontaneous way of exploring and learning about the world. It's driven by a desire to enjoy the activity itself, not because you must do it and often brings joy and/ or escapism. It is the natural, self-driven way children use their curiosity and imagination.

Free play supports wellbeing by promoting:

- **Agency:** Free play provides children and adolescents with opportunities to make choices for themselves. In crises, agency can be diminished. Increasing opportunities for agency can promote wellbeing.
- **Connection:** Free play provides opportunities to connect with peers freely and outside of guided activities led by an adult.
- **Normalcy:** Children and adolescents naturally play. Free play provides this sense of normalcy in a safe space.
- **Learning:** Children and adolescents learn through play. Free play increases opportunities for learning, problem solving, collaboration, conflict resolution, and discovery.
- **Creativity:** Free play provides children and adolescents with opportunities to think and play creatively, on their own terms, with each other and with materials.

### Free Play Sessions Review

#### SMALL GROUP DISCUSSION QUESTIONS

- What do you expect children and adolescents in this age group to be doing during free play? (What types of interactions, games, play etc)
- What materials could you provide to support free play for this age group?
- What rules and boundaries would you provide for this age group?

Age group	Ways of playing
4-6	<ul style="list-style-type: none"> <li>• Increased playing with peers and less dependent on caregivers compared with toddlers</li> <li>• Enjoy making more complex things (and taking them apart again!)</li> <li>• Symbolic games – role play, fantasy games</li> </ul>

7-11	<ul style="list-style-type: none"><li>• Increased skilfulness in sports, music, art, theatre, dance</li><li>• Can engage in more complex and interactive construction projects with peers</li><li>• Play may be more imaginative and more physical (e.g. rough and tumble)</li><li>• Continued creativity e.g. making up songs and dance, building and making things</li><li>• Growing sense of logic – play may be more organized and orderly</li><li>• Social acceptance is very important – hanging out with friends can equal ‘play’</li></ul>
12 and above	<ul style="list-style-type: none"><li>• Friendship groups are often the most important part of life</li><li>• Play = hanging out with friends without being told what to do</li><li>• Play = sports, expressive arts, computer games, board games, card games</li></ul>

## Closing – Recap

What is something you enjoyed about the session?

What is something you would like to learn more about?

## Session 8: Life Saving Learning

### Opening - Learning objectives

By the end of this session, you should be able to:

- Explain why Life Saving Learning activities are important for children and adolescents in crises
- Map safe evacuation routes and assembly points for your setting

See the Life Saving Learning sessions in the Session Plans.

**Amina** is a 12-year-old girl who lived with her family in an IDP camp. The camp was crowded, with many families using open fires for cooking inside makeshift tents. One evening, while Amina was reading in her tent, she heard shouting and saw thick smoke rising nearby. A neighbour's tent had caught fire, and the flames were spreading quickly.

Thanks to a Life Saving Learning session she attended two weeks earlier, Amina knew exactly what to do. She remembered:

- Stay low to avoid smoke inhalation.
- Shout FIRE! multiple times to alert her family and neighbors.
- Exit quickly through the safest route leaving her belongings.
- Go to the designated meeting place and call for help.

Amina grabbed her younger brother's hand and led him outside. She didn't panic because she remembered that staying calm was important.

Because Amina knew the fire safety procedures, she helped her family escape safely and prevented further panic.

### Closing - Recap

What is something you enjoyed about the session?

What is something you would like to learn more about?

## Session 9-11: Mock sessions

### Opening - Learning objectives

By the end of this session, you should be able to:

- Apply knowledge from the training to deliver playful, accessible, and lifesaving integrated sessions.

### Mock Sessions Expectations

- Ensure both participants who are leading the mock session are co-teaching.
- Deliver the activities in a fun way with opportunities for positive social interactions (Session 2).
- Include approaches for a safe and welcoming environment (Session 3)
- Includes relevant considerations for young children and adolescents (if relevant) (Session 4)

#### MOCK SESSION OUTLINE

- 1 opening energiser, game, or mindfulness activities from the selected session plans (5 min)
- 1 learning activity (15 min), from the selected session plans

#### Important!

- Both activities must come from the same session plan (i.e. 4-6, 7-11, 12-14, 15-17), but do not have to come from the same session.
- Pairs cannot duplicate activities, and must share their selections with the trainer during this session to confirm no other pair has selected it. If so, they have to reselect activities.

### Closing - Recap

What is something you enjoyed about the session?

What is something you would like to learn more about?