



TRAINING
MANUAL

WE THRIVE

INTEGRATED GROUP SESSIONS FOR CHILDREN
AND ADOLESCENTS IN ACUTE CRISES



Save the Children

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About this Training

This training is intended to support Save the Children (SC) and partners to implement We Thrive integrated group Child Protection, Education, and MHPSS activities in rapid onset emergencies.

The training package has three documents:

- This **2.1 We Thrive Training Manual**, which provides guidance for organisers and facilitators of the training;
- A separate [2.2 We Thrive Training Workbook](#), which participants should receive at the start of the training, use throughout the training, and keep afterwards as a reference point; and
- An optional, simple set of slides in [2.3 We Thrive Training PowerPoint](#) which can be replaced by flipchart paper if necessary.

AIM AND OBJECTIVES

The aim of the training is to strengthen the knowledge and skills of facilitators to implement We Thrive integrated group activities in a safe, supportive, and playful manner with opportunities for children and adolescents to have positive social interactions with the facilitator and their peers.

In order to achieve that aim, the training has the following overarching objectives:

1. Strengthen facilitators' understanding of We Thrive and how it supports child protection and psychosocial wellbeing in humanitarian settings [Sessions 1, 2, and 3]
2. Equip facilitators with practical tools and strategies to create emotionally safe and supportive learning environments [Sessions 4, 5, and 7]
3. Enable facilitators to deliver safe, playful, integrated, and lifesaving learning sessions that support children's wellbeing [Session 8, 9, 10 & 11]
4. Prepare facilitators to monitor, evaluate, and continually improve their delivery of the *We Thrive* programme [Session 6]

TARGET AUDIENCE

The person(s) delivering this We Thrive training should have experience: implementing integrated group activities with children; building the capacity of frontline staff or volunteers working with children; and be familiar with the We Thrive package of resources. Within Save the Children, this is likely to be a Technical Advisor, Specialist, Programme Manager or similar. Different parts of the training can be delivered by different staff if needed/preferred. The person(s) delivering this training should be familiar with the theory and local/national practices related to Child Safeguarding, Psychological First Aid, and Safe Recognition/Identification, and Referral. It is recommended that Session 2 is delivered by a member of the Child Protection team who is confident speaking about Safe Recognition and Referral of children at risk of or experiencing violence, abuse, exploitation, and neglect.

The persons receiving this We Thrive training should be community-based facilitators of integrated group activities with children and others who are supporting the activities (e.g. Supervisors, MEAL staff etc.) Facilitators might include professionals such as teachers, CFS facilitators, social workers, or psychologists but they also include and deeply benefit from volunteer parents/caregivers, older persons, and others with experience working with and caring for

children and young people. As such, the approach and this training are designed to be understandable for a range of audiences and education levels.

DURATION

The training package consists of eleven sessions. All sessions are 90 minutes except for *Session 2: Recognising and Safely Referring Children at Risk of or Experiencing Child Protection Concerns* which is 2 hours and 30 minutes. This is a total of **17.5 hours**.

Depending on how you arrange your schedule, you can deliver the full content of this training over **3 - 4 full days**.

Below is an example training schedule. This can also be found in 2.3 Training PowerPoint.

DAY	SESSION - EXAMPLE
DAY 1	Session 1: The We Thrive Programme
DAY 1	Session 2: Recognising and Safely Referring Children at Risk of or Experiencing Child Protection Concerns
DAY 2	Session 3: Understanding and Promoting Wellbeing
DAY 2	Session 4: Creating an Emotionally Safe & Welcoming Environment
DAY 2	Session 5: Supporting Children & Adolescents Holistically
DAY 3	Session 6: MEAL Tools
DAY 3	Session 7: Free Play
DAY 3	Session 8: Lifesaving Learning
DAY 3	Session 9: Mock sessions preparation
DAY 4	Session 10: Mock session delivery
DAY 4	Session 11: Mock session delivery and training conclusion

SC recommends conducting this training as part of emergency preparedness planning to ensure a pool of trained facilitators is available in the event of a new rapid onset emergency. Alternatively, the training should be organised and conducted as soon as possible after the crisis event.

APPROACH

The training is meant to be as practical as possible and allow facilitators to become familiar with the design of the programme (e.g. the use of Free Play), the materials, as well as the monitoring, evaluation, accountability and learning (MEAL) tools. To increase familiarity with the session plans, the training session activities are similar to the sessions for children and adolescents with energizers and mindfulness activities from the session plans as well as playful approaches to learning about the programme and content where possible.

Contextualisation: Throughout the training, yellow highlighted text indicates requirements for COs implementing We Thrive to further contextualise the content or materials.

It is important that the Training package (2.1 We Thrive Training Manual; 2.2 We Thrive Training Workbook; 2.3 We Thrive Training PowerPoint) **is contextualised prior to the training.**

This training also includes two optional sessions focused on Free Play and Life Saving Learning, which are optional in the case that SC identifies the need to provide more time to these important topics.

During the last three sessions of the training, facilitators are expected to practise delivering the programme activities for children and adolescents with opportunities for positive social interactions in the form of Mock Sessions. This allows for feedback from peers and the trainer.

Acknowledging that facilitators may not fully absorb all the content from the training, the training also has an accompanying Training Workbook with resources and strategies for facilitators to use during the training and to keep and read again after the training.

Facilitator Learning and Development

Facilitators should have received the following trainings, which are pre-requisites for taking the We Thrive training:

- Mandatory HR/Code of Conduct briefing/training
- Mandatory Safeguarding briefing/training
- Mandatory Safety and Security training
- [Psychological First Aid Training for child practitioners](#)

Psychological First Aid

If it has not been possible to organise Psychological First Aid training beforehand, it should be organised as soon as possible after the We Thrive training. We Thrive is a programme designed to support children's wellbeing and reduce the risks of distress following an adverse event. It is built on a foundation of recreational, socio-emotional learning, and psychosocial activities. SC highly recommend that all staff receive training in Psychological First Aid (PFA) for child practitioners before an emergency or disaster occurs.

PFA for child practitioners is fundamental for all staff and partners as it equips them with essential skills to provide immediate emotional support to children facing distress. In emergencies or adverse situations, children are especially at risk, and well-trained staff can help create a sense of safety, offer reassurance, and prevent long-term psychological harm. PFA enables practitioners from all sectors to recognize signs of distress, respond appropriately, and connect children with further support if needed. By ensuring staff are trained in PFA, organizations can better protect children's wellbeing and foster resilience in times of crisis. It is the responsibility of the CP, Education and MHPSS team to co organise that type of training in country office to be facilitated by a qualified PFA trainer. Although We Thrive training references PFA principles, please note that completing this training is not equivalent to receiving formal PFA certification for child practitioners.

While the We Thrive training is not a PFA course, it incorporates communication skills and a psychoeducational approach to ensure safe and effective interactions with children and adolescents. Additionally, it equips practitioners with the skills to identify children in distress and in need of support using the Look, Listen, and Link methodology.

If you have limited time or funding, we recommend that your team complete the Children's development and well-being 6-hour online training as an alternative. Click here to access the training on line : <https://resourcecentre.savethechildren.net/6c59af1/>

Safe Recognition and Referral

This We Thrive training includes a session on Safe Recognition and Referral of children at risk of or experiencing violence, abuse, exploitation, and neglect to the relevant Child Protection focal point. The content is based on the global Child Protection Area of Responsibility (CPAoR) guidance and capacity building for non-Child Protection professionals. For more information on that approach, please speak to your Child Protection Lead and/or consult the CPAoR rapid guide which is available online [here](#).

Safeguarding

This training is not a substitute for completing SC's mandatory and supplementary Safeguarding trainings. However, the We Thrive training does include complementary skills building and reminders of the importance of Safeguarding awareness, prevention, reporting, and responding. For more information, please contact your Safeguarding Focal Point and/or consult the [Humanitarian Safeguarding Toolkit](#) on Onenet.

Training overview and materials

Session	Objectives	Materials	
Session 1: The We Thrive programme	<ul style="list-style-type: none"> Explain what We Thrive is, who it supports and how Describe what topics and activities are included in a session plan 	<ul style="list-style-type: none"> Training Workbook Training Schedule Session Plans Name Tags or Paper Tape 	<ul style="list-style-type: none"> Sticky Notes Flipchart paper or Whiteboard Markers
Session 2: Recognising and Safely Referring Children at Risk of or Experiencing Child Protection Concerns	<ul style="list-style-type: none"> 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] 	<ul style="list-style-type: none"> Flipchart and pens Completed referral pathway/contact card Printed or written exercises in session 2.1, 2.2, 2.5, and 2.6 	
Session 3: Understanding and promoting wellbeing	<ul style="list-style-type: none"> Describe the concept of wellbeing. List ways in which the programme supports wellbeing. 	<ul style="list-style-type: none"> Paper Pens Training Workbook 	<ul style="list-style-type: none"> 15-17 Session Plans – Supporting Each Other (you can choose a different session if you wish) Ball of string, wool, or yarn.
Session 4: Creating an emotionally safe and welcoming environment	<ul style="list-style-type: none"> Describe why 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. 	<ul style="list-style-type: none"> Training Workbook Paper Pens 	<ul style="list-style-type: none"> Flipchart paper Markers

Session	Objectives	Materials	
	<ul style="list-style-type: none"> Describe why providing opportunities for free play supports an emotionally safe and supportive environment. 		
Session 5: Supporting children and adolescents holistically	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Training Workbook PFA Child Development Handouts in Training Workbook 7-11 Session Plans Flipchart paper 	<ul style="list-style-type: none"> Markers Paper Pens Packet of tissues
Session 6: MEAL tools	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Training Workbook Session Attendance Form 	
Session 7: Free Play	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Paper Pens Participant Guide Flip Chart 	<ul style="list-style-type: none"> If available: pencils, paper clips, rulers, books or other reading materials, bottle caps, small rocks
Session 8: Life Saving Learning	<ul style="list-style-type: none"> Explain why Life Saving Learning activities are important for children and adolescents in crises Map safe evacuation routes and assembly points for your setting. 	<ul style="list-style-type: none"> Training Workbook Maps of the space where We Thrive sessions will be held on flipchart paper 	<ul style="list-style-type: none"> Markers We Thrive Session Plans Flip Chart paper with the titles of the Life Saving Learning content
Session 9: Mock sessions preparation and delivery	<ul style="list-style-type: none"> Apply knowledge from the training to deliver playful, accessible, and lifesaving integrated sessions 	<ul style="list-style-type: none"> Training Workbook 	<ul style="list-style-type: none"> Session Plans

Session	Objectives	Materials	
Session 10: Mock sessions delivery	<ul style="list-style-type: none">• Apply knowledge from the training to deliver playful, accessible, and lifesaving integrated sessions	<ul style="list-style-type: none">• Training Workbook	<ul style="list-style-type: none">• Session Plans
Session 11: Mock sessions delivery and training conclusion	<ul style="list-style-type: none">• Apply knowledge from the training to deliver playful, accessible, and lifesaving integrated sessions	<ul style="list-style-type: none">• Training Workbook• Training Evaluation Form	<ul style="list-style-type: none">• Session Plans

Session 1: The We Thrive programme

90 MIN

LEARNING OBJECTIVES

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

MATERIALS:

- Name Tags or Paper Tape
- Training Workbook
- Training Schedule
- Sticky Notes
- Session Plans – consider whether soft copies or printed copies are more suitable for your context & participants.
- Flipchart paper or Whiteboard
- Markers

PREPARATION:

- Training Schedule – update the PowerPoint or write on flipchart paper
- If not using the PowerPoint, write the We Thrive programme goals from the box in Activity 1.3 on a flipchart

TRAINER'S NOTES:

- If you are not using the PowerPoint, where necessary you can provide key information on flipchart paper/whiteboard so that participants have a visual reference throughout the training. However, there is no need to write everything from the Training Workbook on flipchart paper.
- Have participants fill out their name tags upon entering the training venue prior to the start of each training day. This will encourage participants to introduce themselves to each other.

Opening

15 MIN

Ask participants to briefly introduce themselves, by stating their name, and if they could be any animal (besides human), which animal would you be and why?

Provide a short overview explaining how it is organised:

- The training is divided into ten [edit number according to your training schedule], 90-minute sessions and one 2.5 hour session
- The training will take place over [insert the number of days for the training, usually between 3-4 days].

Provide the overarching objectives of the training:

1. Strengthen facilitators' understanding of We Thrive and their role in supporting protection and psychosocial wellbeing of children and adolescents in humanitarian settings [Sessions 1, 2, and 3]
2. Equip facilitators with practical tools and strategies to create emotionally safe, supportive, and inclusive learning environments [Sessions 4, 5, and 7]
3. Enable facilitators to deliver playful, accessible, and lifesaving integrated sessions that support children's wellbeing [Session 8, 9, 10 & 11]

4. Prepare facilitators to monitor, evaluate, and continually improve their delivery of the We Thrive programme [Session 6]

Provide an overview of the Training Workbook. Explain that this document contains resources for various activities throughout the training as well as strategies to reference after the training.

Provide an overview of the training schedule. You can reference the Training Workbook, prepare a handout with the training schedule ahead of time to distribute to each participant, or you could write the training schedule up on a flipchart, etc.

Explain that the training will be a mix of presentations, discussions, and opportunities to practise. Reiterate how important it is that each person actively takes part, contributes what they know, and learns from each other.

Provide the objectives for the session:

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

Ask the participants if there are any questions before moving on.

Activity 1.1: The sun shines on

10 MIN

Explain that we will interact with and get to know each other throughout the training, and that one of the ways is through fun energizers and games. All the energizers and games that we do during this training are also part of the We Thrive Programme Package.

Facilitate the activity - which is in the Activities Bank:

1. One person is in the middle.
2. The person in the middle shouts out “the sun shines on...” and names a colour or articles of clothing that some in the group possess. For example, “the sun shines on all those wearing blue” or “the sun shines on all those wearing socks” or “the sun shines on all those with brown eyes”.
3. All the participants who have that attribute must change places with one another.
4. The person in the middle tries to take one of their places as they move, so that there is another person left in the middle without a place. The new person in the middle shouts out “the sun shines on...” and names a different colour or type of clothing.

Activity 1.2: Setting group rules and expectations

10 MIN

Give each participant a sticky note and marker.

Say that in order to ensure the training is a safe space for everyone to share their ideas and learn together, we are going to create a group contract.

Ask the participants to write one ground rule or expectation on their sticky note they feel will help ensure that the training is a safe space for everyone involved and that all will engage in the training.

Ask the participants to post their sticky notes on the Flip chart paper posted on the wall.

Facilitate a brief discussion, grouping rules and expectations by topic, and include additional cards if an important new point is raised during the process.

Explain that we will hang the group rules and expectations on the wall for the remainder of the training for everyone's reference. Co-creating group rules and expectations is a great activity to do with children and adolescents as well.

Activity 1.3: Overview of the We Thrive programme

15 MIN

Display the prepared Flipchart paper with a list of goals for children and adolescents.

Provide the overview of the We Thrive programme:

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

Write this on Flipchart paper or a white/chalk board.

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

Ask the participants if they have any questions about the overview of the programme stating that we will explore these ideas over the course of the training.

Explain that there are two different kinds of group sessions for children and adolescents:

- **Free Play** where children and adolescents exercise their right to play and agency.
- **Guided Activities** where children and adolescents engage in games, mindfulness activities, and learning activities about one topic.

Explain that 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.

Ask participants to open their Training Workbook and briefly go over:

- The different age groups
- The guided activities outline

- The guided activities topics

Activity 1.4: Search it, got it!

30 MIN

Say now that we've gone over the programme, it's time to explore the content of the session plans.

Split participants into small groups.

Post flipchart paper on the wall (or write on whiteboard) with group identifiers and a scoreboard to tally scores.

Provide the instructions for the game:

- Start with your session plans completely closed at the beginning of each question.
- I will provide a question.
- After the question, I will say "Search it!", and then you can open your session plans and search for an answer that relates to the prompt.
- Discuss with your group members the correct answer.
- The first group representative to yell, "Got it!" and then provide a correct answer, earns points for their group.
- If the group provides an incorrect answer, then that group is disqualified for that round and other groups have an opportunity to try to answer the prompt.

Ask the participants if they are ready. Once everyone is confirmed, read the first question.

Question	Answer
Q1. What are the key topics found across all age groups?	<ul style="list-style-type: none"> • Life Saving Learning • Self Awareness and Empowerment • Positive Social Skills • Literacy • Numeracy <p><i>5 possible points</i></p>
Q2. What are the different sub-topics covered in the Positive Social Skills?	<ul style="list-style-type: none"> • Take others' perspectives; show concern for the feelings of others. • Actively listen and communicate effectively. • Develop positive relationships; seek or offer support and help when needed. • Solve problems, including through teamwork. • Resolve conflicts constructively. <p><i>5 possible points</i></p>

Q3. How many topics do children and adolescents learn about in each session?	One main learning topic, although there can and usually are more than one activity for that learning topic. <i>1 possible point</i>
Q4. True or False: All children and adolescents get a Free Play session at least once a week?	True <i>Emphasize that this is minimum, and in some contexts, it might be possible to schedule more Free Play sessions</i> <i>1 possible point</i>
Q5. What topic is not included in the 4-6 session plans?	Sexual And Reproductive Health And Rights <i>1 possible point</i>
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?	Activity Name: Alphabet sauce <ul style="list-style-type: none"> • 4-6, p. [insert page number] • 7-11, p. [insert page number] <i>3 possible points</i>
Q7. In the 7-11 session plans, what is the numeracy activity that involves clapping or snapping? What page is it on?	Activity Name: Multiplication clap/snap <ul style="list-style-type: none"> • 7-11, p. [insert page number] <i>2 possible points</i>
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.	<ul style="list-style-type: none"> • 7-11, p. [insert page number] • 12-14, p. [insert page number] <i>2 possible points</i>
BONUS (time allowing) Facilitate steps 1-4 in the Multiplication clap/snap game.	<i>5 possible points for facilitating</i>

Tally the points of the groups on the scoreboard.

Congratulate the winner with a round of applause.

Explain it is important to be familiar with the contents of the session plans before starting work with children to understand the content, materials, and preparation needed.

Activity 1.5: Mindful stretching and curling

5 MIN

Facilitate the activity - which is in the Activities Bank:

1. Everyone stand up. Let's raise our arms as high as we can to make ourselves taller, as if we were trying to touch the ceiling.
2. Remain stretched with arms up as high as you can, breathing deeply in and out the whole time your arms are stretched high. Feel your muscles stretching and twitching. Breath in and out 5 times whilst holding your hands stretched high – if you can. If it is too long, keep breathing with your arms down.
3. Let's make ourselves small. Squat down and curl up into a ball making yourself as small as you can.
4. Stay curled up in a ball as small as you can, breathing deeply in and out the whole time you are curled up in a ball. Think about the feeling of your arms touching your legs, your head curled up into yourself. Think about the feeling of your skin against your skin. Breath in and out 5 times whilst curled up in a ball.

Closing

5 MIN

Review the topics learned in the session.

Ask if anyone would like to share:

- Something they enjoyed about the session.
- Something they would like to learn more about.

Thank them for their participation.

2 HOURS
30 MIN

Session 2: Recognising and Safely Referring Children at Risk of or Experiencing Child Protection Concerns

LEARNING OBJECTIVES:

- 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 concern
- 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**)

MATERIALS:

- Flipchart and pens
- Completed referral pathway/contact card
- Printed or written exercises in session 2.1, 2.2, 2.5, and 2.6

PREPARATION:

- Print or make a hand-out containing local referral pathways or contact details
- Ensure you can explain any local and national laws related to consent/assent and mandatory reporting.
- Contextualise
 - Session 2.1 examples of protection concerns relevant to local context
 - Session 2.4. names and scenarios for recognising a CP concern
 - Session 2.5 Listen session depending on whether participants have had PFA training already
- If not using PowerPoint, write out Session 2.1 protection concerns on to flipchart paper, write out Session 2.4 scenarios on to A4 paper, and write out Session 2.5 key considerations table on to A4 paper.
- Print/draw and cut up the safe referral 'do's and don'ts' table in Session 2.6 so that participants can put the tips under the correct do or don't column.

TRAINER'S NOTES:

- Be mindful that this session includes sensitive topics related to violence, abuse, exploitation, and neglect of children, which participants might have experienced themselves as a child and which might affect people who they know.
- Remind participants that, if they are aware of examples of child protection concerns, they should not provide personal details of examples but rather speak generally.
- Apply communication skills, including active listening, effective speaking, and supportive body language. Be understanding and empathetic.

Opening

5 MIN

Welcome participants to the training.

Explain that the session includes discussion of difficult topics related to violence, abuse, exploitation, and neglect of children and that participants should be mindful that these issues affect everyone in different ways and that they are free to leave the room, ask questions, speak to you privately afterwards. Inform participants that during this session and the wider training we ask them not to name any people, but instead speak in general terms and/or anonymize any examples they have.

Provide the learning objectives by explaining that by the end of the training participants 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 preparation actions (**Prepare**)
- List the four main ways a person might recognise a possible child protection concern (**Look**)
- Practice Psychological First Aid techniques (**Listen**)
- Give examples of key considerations for making a safe referral (**Link**)

Activity 1: Child protection concerns

20 MIN

Explain that in this session, we are going to focus on some difficult things that children face. This can be hard to think about, but it is important to help us understand the responsibility of all humanitarian workers have to recognise and respond to child protection concerns.

Say that to get started, let's think about problems children face in the communities you work in or with. Call out any you can think of, and I will write them down.

Write the participants' answers on a flipchart and once the problems are written down, circle those that relate to Child Protection (i.e. challenges related to violence, abuse, exploitation, and neglect affecting children). There will likely be challenges children face that are not directly related to CP (e.g. lack of access to safe water, no textbooks). These can be noted down, but the focus of this session is on protection concerns.

Explain that children face many challenges (give examples from the flipchart). One role of all humanitarian workers is to recognise and respond to child protection concerns. That means that when you become aware of a child who is experiencing or at risk of abuse, neglect, exploitation, violence, or mental health/psychological distress, you need to take action.

Highlight that the examples that you circled on the flipchart paper which fall into this category and, if necessary, provide additional examples of child protection concerns such as children without any parent/caregivers; child-headed households; children who are at risk of joining or have joined armed forces; children who are being physically, emotionally, or sexually abused; children who are married or at risk of early marriage; etc.

Ask participants to turn to their neighbours to make groups of 3-4.

Explain that you will show them examples of child protection concerns and, in their groups, each member of your group should 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.

Remind participants that examples should be general and anonymous. They must not start talking about specific children or families in the community.

Move through all the examples (one per slide and in workbook), allowing a few minutes for each group to identify the ways they might become aware of a child with the respective child protection concern in their work.

Ask a member of each group to share an example (after each slide) of how someone might become aware of that child protection concern in their work and add your own examples as needed.

Explain that next we will discuss everyone's role in recognising and safely referring children who we think might be or who we know are at risk of or experiencing a child protection concern.

Activity 2: Roles and responsibilities

20 MIN

Say that if you are concerned that a child is at risk of or experiencing one of these types of harm, you need to take action by making a safe referral. Safe referrals are essential for children who are at risk of or experiencing harm to ensure that they are safe.

Explain that a referral is contacting and safely transferring the matter to a person or organisation that is qualified to deal with it. A referral pathway helps us to know who those people are and to contact them.

Explain that recognising and safely referring is mandatory for Save the Children employees and Save the Children partner employees. Save the Children sees this as a key role that we play in preventing and responding to violence against children.

Explain that for children who are vulnerable to the types of harm outlined in their workbooks, group activity facilitators might be one of few or the only reliable, trustworthy adults in their life. Recognising and safely referring such a child is a valuable thing to do.

Ask participants to think about a child you know. If they were facing a child protection concern, would you want it to be recognised so they could receive support?

Explain that we are not talking about investigating the situation or fixing the situation but simply referring the concern to the appropriate service provider, whether government authority or NGO agency.

Facilitators are not expected to (and not encouraged to) actively seek out child protection concerns or to assess, investigate, or formally identify child protection concerns. Please do not do this! Do not play detective or police.

Explain that there is a different role and responsibility for professionals with a mandate or responsibility to protect children. For example, doctors, social workers and certain other government workers have a higher level of responsibility and duty of care to proactively identify and respond to child protection concerns. That is a different level of responsibility and a different role compared to participants who have a very important role, but one that is limited to recognising and safely referring to the appropriate authority or agency.

Say that all humanitarian workers play a crucial role in ensuring children experiencing or at risk of harm have access to available appropriate support. Recognising and safely referring children experiencing or at risk of harm (child protection concerns) is an important role of all humanitarian workers across all sectors.

Ask the group why it is everyone's job to recognise and refer children experiencing or at risk of violence, abuse, exploitation, or neglect and spend a few minutes listening and discussing their answers.

Say that, 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.

Say that 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.

Explain how to 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. For example “Thank you for sharing that with me, I'd like to inform a colleague of mine who has experience working with children in similar situations and can provide some support. Would that be okay?”
- If you are not in direct contact with the child or caregiver, leave it for the child protection agency or organisation you will be referring them to, to make formal contact and they will seek informed consent/assent. For example, if someone else tells you about the child, such as a parent or another child attending activities with you.

Explain the **local and national laws** related to informed consent/assent and that Save the Children considers that:

- Informed consent/assent of a child is not required to make a referral if:
 - A child is facing a life-threatening situation, e.g. they might be injured and hospitalised or they might die, or
 - A child is at risk of harming themselves or others, or
 - 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:
 - A child is experiencing harm or at risk of significant harm, or
 - The caregiver is involved in the risk of harm

Activity 3: Prepare

20 MIN

Explain that whilst the topic of children being harmed might feel stressful or upsetting, 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
2. Know the contact details of relevant Child Protection Focal Points in the context.
3. Familiarise yourself with the Safe Recognition and Referral Decision Tree

Do hand out the local child protection referral pathway and contact details for local and national child protection focal points.

Ask how would you go about connecting with and building a working relationship with these contacts? Depending on answers suggest introductory meeting, briefing, and regular check-ins.

Optional: if there is no local child protection referral pathway, ensure that the participants have the name, phone number, and email address of the relevant Child Protection Focal Point who they can ask for available child-focused services at local, district and/or national level, implementing at community level. This might include remote services such as phonelines, hotlines, and web services.

Optional: If there is no established child protection referral pathway and no accessible child-focused services in the area, seek advice on alternative non-specialised services available. This might include non-Child Protection services that are provided by local groups, including faith-based and women's groups, and services provided by humanitarian partners, such as protection, protection against sexual exploitation and abuse (PSEA), sexual and gender-based violence (SGBV), Mental Health and Psychosocial Support (MHPSS), etc.

Explain the Safe Recognition and Referral Tree [See: 2.2 Training Workbook] by running through its different elements and asking participants if they have any questions or comments on each step.

Say: when a child is at risk or being harmed, time is of the essence. You should take action within 24 hours, especially if there is an imminent risk of significant harm to the child. You may also need to take action immediately if the situation is severe. For example, if they will be married tomorrow, if they will be beaten so badly they will be hospitalised, or if you think they are being sexually abused.

Remind participants of the SGBV referral pathways in place in their local areas and the importance of children who have experienced sexual violence receiving medical assistance within 72 hours.

Say that if you become aware of a child with other urgent needs (such as medical), refer the child/family according to the services available in your area. Inform the child/family of available services and how to access them.

Say that, for general concerns, not related to an individual child e.g., rumours of traffickers or child recruitment in an area, environment dangers, etc. – speak with the child protection focal point.

Activity 4: Look

20 MIN

Explain that there are four main ways you might become aware of a child at risk of harm or who might have protection concerns.

1. **See** (with your eyes) a child with a protection concern, e.g.
 - a. A food distribution worker observes a child registering as a head of household
 - b. A health worker notices that a child attending a health facility is pregnant
 - c. A camp coordinator observes a child engaged in heavy work in school hours
2. **Observe signs** in a child, including changes in a child or their behaviour that are worrying. In your role, you will work closely with children over time and observing a big change in a child or their behaviour might be a sign that they are at risk, e.g.
 - a. Physical marks
 - b. Behaviour that is not suited to their age and stage of development
 - c. A health worker observes weight loss in a child that becomes more severe over time
 - d. A teacher observes bruising on a child that recurs over time
 - e. A teacher notices a child who was previously engaged and alert has been failing to stay awake in class for some time
3. **Be told about** a child protection concern by an adult or child who has seen or been told about it, e.g.
 - a. A community leader tells you about a child being beaten in their village
 - b. A child tells you their younger sister has been harmed by their parent/caregiver

- c. During a need assessment, a community member tells you about a child who is at risk of harm and/or lives alone.
4. **Hear** directly from a child who tells you about a child protection concern they are affected by, e.g.
- a. A child tells you they are scared to go home, that they are not safe at home
 - b. A child tells you they are getting married
 - c. During a group discussion, a child shares a protection issue they are experiencing
 - d. A child tells you they are hungry because they are forced to give their food away to another household member

Say that we will go through some scenarios and decide: 1. if there is a possible child protection concern (Yes, no, maybe); 2. and what it is; and 3. how the facilitator became aware that the child might be at risk.

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.	Yes Alan is at risk of dropping out of the safe spaces activities and not returning to dropping out of school and becoming associated with an armed group.	Heard directly by the child
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.	Maybe. You do not know Bea very well because she only comes to the space sometimes. She might have a stomach or other medical problem. However, she might be showing signs of sexual abuse.	Observing the child
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.	Yes Claire is at risk of child marriage.	Being told by the female community leader
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.	Yes Doud is experiencing child labour.	Seeing the child with a protection concern

Ask: What would your next steps be after noticing these concerns? Allowing participants an opportunity to reflect on the steps.

Explain that 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. For example, Bea might just have a temporary upset stomach, but she might have a more serious medical or child protection concern. It is important that she receives appropriate help. In addition, when you learn that her sister Claire is at risk of child marriage, it is likely that Bea might be at risk of or experienced child marriage and/or other forms of sexual and gender-based violence.

Ask: Is there anything you would do differently in any of the scenarios we have discussed, if the person harming the child was employed by Save the Children or a partner? For example, if the person marrying Claire was one of your colleagues? Or if Doud's father was a volunteer at Save the Children or partner organisation?

Do: allow participants to answer and, if needed, remind them of their safeguarding obligation to refer within 24 hours to the Safeguarding focal point or via Datix.

Do: write/display the contact details of the Safeguarding focal point and the Datix link/QR code for Safeguarding reporting.

Activity 5: Listen

30 MIN

Explain that a key element of supporting the child is to listen to them. Listening involves mostly non-verbal communication techniques, but first it is important to consider the situation.

Explain that if someone else has informed you of the situation (e.g. another child or adult) then it is important to listen to that person. There might be good reasons to not approach the child concerned, but rather refer the child without speaking to them. For example:

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

Ask: what is an example of a scenario where you can refer without having contact with the child? If needed, give examples such as:

- A community leader tells you they have seen a child with injuries after the child was severely beaten and the community leader knows where the child lives;
- Another child informs you that their friend who also attends the group space is at risk of child marriage;
- You observe a child showing the signs and symptoms of child abuse and the child regularly attends sessions with you.

Explain: when deciding if you need to make contact:

- Always consider your own and the child's safety
- 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

Say that a key responsibility of an integrated group activities facilitator is to be approachable to children and adults seeking help.

Say that Save the Children expects you to provide the highest standards of empathy, compassion, and kindness to all children and adults.

Explain that to safely recognise and refer a child at risk of or experiencing harm, it is important to have a basic understanding of the Psychological First Aid Approach (PFA).

Remember that PFA is a pre-requisite for this training. In the event that some participants have not received PFA training, please ensure that a plan is in place for them to receive PFA training as soon as possible after completing the We Thrive training. Explain this plan to participants.

Ask a participant who has completed PFA training to recap some of the key things that they learnt and to share with the group, e.g. active listening techniques (e.g. acknowledgment, normalisation, generalisation), non-verbal communication techniques (e.g. mirroring, nodding etc.)

Do divide the participants in to either 8 or 4 groups. Give each group 1 or 2 of the following key considerations to discuss and be prepared to present back to the group for 1-2 minutes on (a) the importance of that key consideration and (b) giving an example of a phrase to say or something to do that reinforces that key consideration.

Key consideration	Importance	Example of a phrase to say or something to do
1. Safety: 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. Non-judgemental: Stay calm and reassure them without passing judgement.		
3. Attentive: Listen respectfully and carefully to what they are saying.		
4. Trustworthy: 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. Comforting: Be calm and use comforting statements appropriate to the cultural context.		
6. Do not investigate: 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. Take action in the child's best interests and tell them what you are doing: 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. Uphold confidentiality - Keep information about the child and their family private, do not share it with anyone else except for the referral focal point		

Do, after 5 minutes, give each group the opportunity to present back and ask all participants for additional examples and ideas related to each point.

Activity 6: Link

30 MIN

Recap the steps you have already gone over by asking participants what the first, second and third steps were. Answer: Prepare, Look, Listen. Now we will discuss "Link".

Explain that once you have recognised that a child is at risk of or experiencing a child protection concern, it is important to safely refer them.

Say remember that referrals should be made the same day, especially if the child is at imminent risk of significant harm, and especially if you believe the child might be at risk of or experiencing sexual violence.

Ask participants what is a child protection referral? Can anyone share what this means in their experience?

Take answers from participants and then summarise that, depending on what is available, a referral involves either:

- Referring the child directly to a CP Focal Point; or
- (In an area with no CP focal point or referral pathway), connecting the child to appropriate services and/or an adult trusted by the child.

Explain that:

- 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
 - 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.

Explain: It is not always 100% clear what is happening to a child, but it is not your role to investigate. If you are unsure about how to respond to a child protection concern, contact a Child Protection actor for support and guidance.

Ask: what do you think 'safe referral' might mean? What are some characteristics that might make a referral safe or unsafe?

Do direct participants to spend 10 minutes sorting the safe referral 'do's and don'ts' into the correct column

Do	Don't
Do no harm	
Do refer to a Child Protection Focal Point or other trusted service or known and trusted adult.	Don't remove a child from the location unless they are at immediate risk of harm.
Do only ask questions that are essential to refer or link the child.	Don't investigate or assess a child protection concern.
Do maintain confidentiality by keeping information you have about a child and their family safe and private.	Don't share information about the child with anyone else aside from: (1) the child protection referral point, or (2) an appropriate available service provider where there is no child protection referral pathway or actor.
Do ensure you are in a location where others can see you if you are in contact with a child.	Don't ever be alone with a child.
Provide comfort	
Do allow the child to lead the conversation and ensure active listening free of judgement and discrimination.	Don't lead the conversation or ask probing questions about what happened by who or why.
Do ensure physical comfort and that basic needs are met. E.g. offer water and somewhere to sit.	Don't make promises that you cannot keep - e.g., saying 'I will keep you safe' or 'everything will be OK'.
Do use comforting statements and speak in a way they can understand.	Don't use big or complex words.
Do use simple language to explain how you will refer or link them for help and what will happen next.	Don't force the child to keep talking if they do not want to.
Be approachable to children and adults seeking help	

Do be aware of child protection concerns in the community.	Don't ignore child protection concerns you become aware of.
Do respond to children and adults who approach you.	Don't use judgemental language.
Do be calm, attentive, kind, and respectful.	Don't display shock, disbelief, anger, or any other reactions that may cause distress.
Prioritise the child's best interests in all actions: This means putting the child's health and safety first	
Do phone the CP Focal Point while you are still with the child and wait for them to arrive before leaving. Where there is no CP referral pathway DO safely accompany them to an appropriate service provider and/or a known and trusted adult where available.	Don't leave a child who is at risk before they feel safe or have been linked with appropriate help.
Do connect the child with a caregiver or an adult the child trusts if you are already in contact with the child and they agree.	Don't force a child to have their caregiver or another adult present when they talk with you. Be guided by the child and their wishes.
Do confirm with the CP Focal Point and/or service provider that they have responded.	
Do remember that all children, including children with disabilities have the right to be involved in decisions that affect them. Listen to the child.	

Optional: If the country has mandatory reporting laws, e.g. that oblige certain professionals to report violence and abuse of children to authorities, explain the local laws now but that the child protection focal point who receives the referral is responsible for complying with local and national mandatory reporting laws. For example, the child protection focal point will not report sexual abuse where it will result in further harm to the child such as being stigmatised, punished for extra-marital sex, or forced to marry the perpetrator. Because of the complexities involved and the critical need for a comprehensive understanding of the overall situation it is NOT the role of facilitator to handle mandatory reporting, but rather the child protection focal point.

Explain: that participants should make a CP referral and a safeguarding referral if they believe that the perpetrator of harm against the child is associated with Save the Children or a similar NGO, UN Agency, or government entity (e.g. staff, volunteer, contractor, supplier etc.)

Closing

5 MIN

Review the topics learned in the session.

Ask if anyone would like to share:

- Something they enjoyed about or learned in the session.
- Something they would like to learn more about.

Thank them for their participation.

Session 3: Understanding and promoting wellbeing 90 MIN

LEARNING OBJECTIVES	<ul style="list-style-type: none"> Describe the concept of wellbeing. List the ways in which the programme supports wellbeing.
MATERIALS:	<ul style="list-style-type: none"> Paper Pens Training Workbook 15-17 Session Plans – Supporting Each Other (you can choose a different session if you wish) Ball of string, wool, or yarn.
PREPARATION:	<ul style="list-style-type: none"> Contextualise Maria's Story before you deliver the training to ensure that names and the type of crisis are contextually relevant. If not using the PowerPoint, prepare a flipchart paper with the socioecological model diagram found on Slide 12: Understanding Child Wellbeing.

Opening

5 MIN

Welcome participants to the session.

Provide the learning objectives by explaining that by the end of the session participants should be able to:

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

Activity 3.1: The wellbeing web

5 MIN

Ask participants to form a circle, either standing or seated.

- One person starts with the ball of string (yarn, or wool) and states one thing that supports their wellbeing, for example going for regular walks, spending time with family, etc.
- They hold onto the end of the string, and pass the ball of string to another person (ideally not the person to either side of them) who states how they support their own wellbeing or the wellbeing of others, for example I support my friends by listening to their worries
- When everyone has had a turn ask
 - What happens if one person lets go of the string?
 - How might this relate to the concept of wellbeing?
 - Who is responsible for your wellbeing?
- Close the activity by saying that this session looks at what wellbeing is and how We Thrive promotes children and adolescent wellbeing.

Activity 3.2: What is wellbeing?

15 MIN

Remind participants that the overall objective for the We Thrive programme is to promote children and adolescents' wellbeing.

Say in order to understand wellbeing, let's first think about what it means to be well.

Divide participants in to 3 (or 6) groups and assign each group one of the rows in the table below (child, family, community, society).

Ask each group to sit together and, for their assigned row, discuss their understanding of the domains of wellbeing in Column B and then suggest examples of signs that a child is 'doing well' in Column C and signs that a child who is 'not doing well' in Column D.

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		

Ask each group to share examples from their group work of a child that is 'doing well' and 'not doing well' and see if anyone else has additional suggestions.

Write the answers on the flip chart and circle any signs that might constitute a CP concern requiring Safe Recognition and Referral (building on previous session).

The table below contains examples of answers to help facilitate discussions.

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	Feels safe and secure at home Confident Happy Positive communication and connection with friends and facilitators Calm and able to regulate emotions, with support Pays attention and can concentrate Expresses hope and plans for the future	Withdrawn Limited communication Difficulty engaging and concentrating Scared
Their family or household	Supportive and caring relationship with parent/caregiver Financial and materials resources	Child is relatively clean and tidy Child seems to have eaten regularly Parent/caregiver is interested in child Parent/caregiver advocates and supports child	Child seems underfed Child is dirty and inappropriately dressed for the weather Parent/caregiver disinterested Parent/caregiver hostile to child
Their local community and neighbourhood	Sense of belonging Friends Role models Educational opportunities Spiritual opportunities Play and sports	Friends in the group space Regularly attends place of worship Is seen playing with others Has hobbies and interests	Is isolated from children in community Is not seen participating in community events Does not have the opportunity for hobbies or playing

Emphasize that child wellbeing requires support at all levels of the child's experience and environment.

Show the socioecological model diagram (2.3 Training PowerPoint) or on pre-prepared flipchart paper.

Tell the participants that in the next activity we will do an exercise that applies our shared understanding of wellbeing.

Ask the participants if there are any questions before our next activity where we'll apply our understanding of wellbeing to a scenario.

Activity 3.3: Maria's story

40 MIN

Say in order to understand how disasters and conflicts can impact a child's wellbeing, we'll analyse a story about a disaster.

Ask a volunteer to read Part I of the 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 play 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 has to 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.

Facilitate a short discussion about Maria:

Questions	Example Answers
How important do you think Maria's friends are to her wellbeing and why?	<ul style="list-style-type: none"> Because Maria is shy and prefers to stay indoors she does not have as many opportunities to make and connect with new friends making her current friends very important to her wellbeing.
How do Maria's parents support her? How is this important to her wellbeing?	<ul style="list-style-type: none"> While Maria's parents do not have much money, they do provide her with her basic

	<p>necessities (as much as we can tell from the story).</p> <ul style="list-style-type: none"> • Maria's parents support her education, which enables her to make a connection with a trusted adult, her teacher, and unlocks her interest in learning and having a future (being a teacher). • Having basic needs met allows children and adolescents to positively experience growth and development - provides time to explore interests, learn, and have hope for the future.
<p>What is the role of Maria's teacher in her life? How does learning support her wellbeing?</p>	<ul style="list-style-type: none"> • Maria's teacher is a trusted adult that encourages Maria and helps her learn. • Learning can support Maria's self confidence in herself and hope for the future.

Ask another volunteer to read Part II of the story.

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 car 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.

With the death of Maria's father, her mother now needs to work to feed the family and is out until late. Because her younger sister and grandmother are injured, Maria cannot attend the school because she now has to look after them. She is their primary caretaker and has to cook and manage the house between 7AM-9PM while her mother is away.

Split the participants into small groups.

Ask them to discuss and answer the questions about Maria in their Training Workbook. Provide them with 10 minutes to do so.

Questions	Example Answers
<p>What kind of social support did Maria lose as a result of the disaster?</p>	<ul style="list-style-type: none"> • Her father (social support). • Her close friends (social support). • Her teacher (social support).

	<ul style="list-style-type: none"> • Financial means, through the loss of her father's income. • The opportunity to learn and exercise her right to education. • The ability to be a child and not have as many responsibilities.
What kinds of resources and support do you think Maria needs to promote her wellbeing?	<ul style="list-style-type: none"> • Culturally relevant opportunities for Maria to grieve the loss of her father. • Social connections with other children her age that have shared experiences. • Opportunities for a sense of normalcy where Maria can have fun and learn. • Temporary opportunities to continue her education remotely. • Temporary financial support for her family. • Medical support for her sister and grandmother. • Referral to the child protection team / focal point.
At the onset of an acute crisis, which of these resources could be feasible to provide?	<i>There are no right or wrong answers here. The point is for participants to critically think about what is feasible during the acute crisis phase.</i>
What actions could the community do to support Maria's wellbeing?	<i>There are no right or wrong answers here, and the answers will vary based on the contexts with which the participants are familiar. The point is for participants to think about identifying existing community resources first, before designing interventions.</i>
What actions could SC, and/or SC-partners, do to support Maria and other children like her?	<ul style="list-style-type: none"> • Group activities for children her age where she can: feel safe, know what to expect, have fun, connect with their peers, cope with past and current experiences, learn new skills, and access other services through referrals. • Temporary remote education opportunities. • Provide holistic support for Maria and her family to ensure her basic needs are met so she can participate in group activities. • Safe recognition and referral (SRR) to the Child Protection focal point

Facilitate a group discussion on the kinds of support that Maria may need, including safe referral to the CP focal point and why that is necessary.

Activity 3.4: Types of We Thrive activities that support wellbeing 20 MIN

Explain that in order to promote children and adolescents' wellbeing in We Thrive, there are several types of activities included in the session plans.

Ask the participants to open their Training Workbook and review the different topics in We Thrive:

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 activities 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.

Split the group into pairs and ask them to:

- Review the Session: *Supporting Each Other* in the 15-17 Session Plans.
- Identify which of the seven **topics** this session focuses on
- Explain in what ways the session supports wellbeing

Provide them with 5 minutes to review and discuss.

Facilitate a share out allowing for participants to build off each other rather than repeat what was said.

Explain that beyond these activities, are the strategies and approaches to ensure that children and adolescents have a safe and welcoming environment which also supports their wellbeing. We will go over these strategies in the next session.

Activity 3.5: Squeeze the lemon

5 MIN

Facilitate the activity - which is in the Activities Bank:

1. Pretend to reach up to a tree and pick a lemon with each hand.
2. Squeeze the lemons hard to get all the juice out – squeeze, squeeze, squeeze.
3. Throw the lemons on the floor and relax your hands.
4. Then repeat, until you have enough juice for a glass of lemonade!
5. After your last squeeze and throw, shake out your hands to relax!
6. Ask:
 - *What did you notice about your body when you were squeezing the lemons?*

Closing

5 MIN

Review the topics learned in the session.

Ask if anyone would like to share:

- Something they enjoyed about the session.
- Something they would like to learn more about.

Thank them for their participation.

Session 4: Creating an emotionally safe and welcoming environment

90 MIN

LEARNING OBJECTIVES:

- 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.

MATERIALS:

- Training Workbook
- Paper
- Pens
- Flipchart
- Markers

PREPARATION:

- Activity 4.1: Prepare one small slip of paper for each participant with one mood written on it, such as: happy, sad, angry, worried and concerned. Ensure there are enough slips with moods for all participants.
- Activity 4.2: Prepare flip chart
- Activity 4.3: Prepare positive behaviour management strategies on flip chart.
- **Activity 4.4 can be omitted if your training schedule includes Session 7: Free Play.**

Opening

5 MIN

Welcome participants to the session.

Provide the learning objectives by explaining that by the end of the session participants 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.

Activity 4.1: Mood Greeting

5 MIN

Facilitate the activity - which is in the Activities Bank:

1. Give a slip of paper with a mood written on it to each participant. Explain that for the next five minutes the participants have to walk around the room and greet each other in the manner

culturally appropriate to the context and in keeping with the mood stated on their slip of paper.

2. Encourage participants to be creative and exchange a few words on their wellbeing, for example: "Hello, how are you?", "Hi, I'm worried about my mother, who is ill." After this short exchange they should find someone else to greet and repeat the process. After five minutes, invite the participants to sit in a circle or semicircle so they can all see each other.
3. Ask the participants how it felt to do this greeting activity, and what they noticed. If they do not mention it themselves, highlight that our moods influence both how we feel when we communicate with others and how others react to us when we meet them.

Example Moods

- | | |
|-----------|-----------|
| • Happy | • Excited |
| • Sad | • Annoyed |
| • Worried | • Relaxed |

Activity 4.2: Creating an emotionally safe and supportive space 15 MIN

Explain to participants that 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 experiences related to crisis events. Children and adolescents are also more ready to learn when they are having fun and feel happy.

Tell participants there are three important ways to create an emotionally safe and supportive space. Show a flipchart with the below written on it. Say, a safe space should be:

- Non-discriminatory
- Responsive to risks faced by girls and women
- Emotionally supportive

Divide participants in pairs and ask them to discuss what they think each of these means. Provide 5 minutes for this. Then ask a few pairs to share their responses. Write these on a flip chart or the whiteboard.

Ensure participants have said the following or complement their answers:

- **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 at risk 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. Consider that the sequencing of sensitive sessions will also contribute to creating an emotionally supportive environment – for example, it may not be appropriate to facilitate sessions on SRHR until facilitators have developed a stronger rapport with a group, which could take a few weeks depending on the frequency of sessions.

Explain that understanding and using the safe recognition and referral mechanism is part of creating an emotionally safe and supportive environment. Facilitators play a key role in linking at risk children with specialist service providers.

Explain that successfully creating an emotionally safe and supportive environment is more likely to enable children to open-up and disclose issues of violence, abuse, exploitation, and neglect. It is important for facilitators to be prepared and ready for this and to use the referral pathway and, if relevant, the safeguarding reporting channels. If in any doubt, speak to the child protection focal point.

Activity 4.3: Positive behaviour management

30 MIN

Tell participants that one way to ensure an emotionally safe and supportive environment is by employing positive behaviour management. Positive behaviour management supports children and adolescents to learn from their actions in a positive and respectful way, without the use of physical and/or emotional punishment. Positive behaviour management fosters trust for children to grow and learn.

Explain that the strategies used in positive behaviour management may differ based on the contextual norms and age group. For example, strategies for 4-6 year olds may look different than those for 15-17 year olds.

Ask participants to open their Training Workbook to Example Positive Behaviour Management Strategies. You can also write these on flipchart paper or the whiteboard, or show the PowerPoint slide.

Review each briefly for clarify as a whole group:

- **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.

Ask the participants if they have any other positive behaviour management strategies that they use that they would like to briefly share with the group. Add these to the flipchart paper or whiteboard list.

Divide participants into four small groups. Assign each group one of the strategies including those that participants mentioned. The group should select an age-group that is appropriate for this strategy (i.e. 4-6, 7-11, 12-14, 15-17).

Ask each group to come up with a 2-minute role play for this strategy. They have 5 minutes to prepare their 2-minute role play.

Provide each group with 2 minutes to perform their role play.

Facilitate a discussion with the entire group with the time remaining and provide constructive feedback for the groups to consider:

- What worked well?
- What would you do differently for other age groups?

Activity 4.4: Free Play

25 MIN

NOTE: Activity 4.4 can be omitted if your training schedule includes Session 7: Free Play.

Explain that providing opportunities for free play is another strategy for creating an emotionally safe and supportive environment. 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. Free play is a strategy for creating a supportive environment as during free play, children and adolescents have the opportunity to choose what they want to do.

Show a flipchart or write on a board the following wellbeing components free play promotes:

- **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.

Explain that free play also provides facilitators with a unique opportunity to observe children and adolescents.

Explain free play looks differently for younger children and adolescents. For example, for children 4-6, free play would be around 45-60 minutes. For 12-17-year-olds, it might be longer from 60-90 minutes.

Have participants individually answer the following questions on their own.

- 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?

Facilitate a large group discussion on the questions.

TRAINER'S NOTES:

- See [Session 7: Free Play](#) to provide more in-depth training on the Free Play component of We Thrive.

Activity 4.5 Mindfulness- Turtle

5 MIN

Facilitate the activity - which is in the Activities Bank:

1. Pretend you are a turtle going for a slow, relaxed turtle walk.
2. Oh no, it's started to rain!
Curl up tight under your shell for about ten seconds.
3. The sun's out again, so come out of your shell and return to your relaxing walk.
4. Repeat a few times, making sure to finish with a walk so that your body is relaxed.
5. Repeat, making sure to finish with a walk.



Closing

5 MIN

Review the topics learned in the session.

Ask if anyone would like to share:

- Something they enjoyed about the session.
- Something they would like to learn more about.

Thank them for their participation.

Session 5: Supporting children and adolescents

90 MIN

holistically

LEARNING OBJECTIVES:	<ul style="list-style-type: none"> • Differentiate between the different developmental needs of children of different ages and stages of development • Practise adapting activities for children of different ages and developmental stages 	
MATERIALS:	<ul style="list-style-type: none"> • Training Workbook • PFA Child Development Handouts in Training Workbook • 7-11 Session Plans • Flipchart paper 	<ul style="list-style-type: none"> • Markers • Paper • Pens • Packet of tissues
PREPARATION:	<ul style="list-style-type: none"> • Activity 5.3 – if not using the PowerPoint, print or draw the graphic from the UN Convention on Persons with Disabilities 	

Opening

5 MIN

Welcome participants to the session.

Provide the learning objectives by explaining that by the end of the session participants should be able to:

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

Activity 5.1: Tissue Game

5 MIN

Facilitate the activity

1. Ask participants to sit or stand in a circle so that they can all see each other
2. Give each participant a tissue
3. One by one participants must demonstrate what the tissue can be used for E.g. blowing your nose, cleaning your glasses, making a paper flower, making a paper fan, wiping your brow.
4. Encourage participants to think of a unique use when it is their turn.
5. Congratulate the group for their creativity!
6. Emphasize that this activity builds problem solving and resourcefulness, and encourages us to think creatively which is important for inclusivity and adaptations.

Activity 5.2: Considerations for different age groups

30 MIN

Say We Thrive supports children and adolescents ages 4-17 in four age groups: 4-6-year-olds, 7-11-year-olds, 12-14 year olds, and 15-17 year olds. When facilitating activities, it is important to recognize the unique developmental stages of the age ranges in each group. In particular, 4-6-year-olds and adolescents.

Divide participants into 4 groups. Assign each group with one session plans age ranges (4-6, 7-11, 12-14, 15-17).

Say you are going to review child development stages.

Provide instructions: Each group reviews the Psychological First Aid (PFA) child development stages handout in the Training Workbook. The session plans' age ranges overlap the stages in the handout. Each group chooses 1 fact about that developmental stage that they feel is helpful to know to facilitate activities for children and adolescents. Then, one person from each group shares that fact and why it is important with the whole group. Provide 10 minutes to complete this activity.

Say we are now going to apply the information about different developmental stages to the same activity. You can stay in the same groups with the same age group assignment.

Explain that each group must adapt the activity of a **Scavenger Hunt** for their age group and then present how they would make this activity age appropriate.

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

Ask participants to consider for their assigned age group:

- 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?

Give each group 10 minutes to plan the activity.

Ask each group to present their version of the Scavenger Hunt for their assigned age group. Facilitate a short discussion about the approach and resources they used.

Example adaptations:

- 4-6 year olds: keep the timing short, no more than 15-20 minutes; use simple describing words for the items they have to find e.g. something soft, something blue.
- 7-11 & 12-14 year olds: introduce written or oral clues. Level up by introducing multiple layers of clues to finally find the item, or have children solve a simple puzzle to unlock a clue.

- 15-17 year olds: adolescents have to create a scavenger hunt for their peers to solve; facilitators might provide some scaffolding for how to write a clue and give examples of what makes a good clue with the right level of challenge.

TRAINER'S NOTES:

- Depending on the size of the group and the time you have, you may want to ask each group to prepare and lead the activity for the rest of the participants. Consider that this may take up to 30 minutes for four groups to do a practical demonstration. It will also involve some more resources.
- Some of the considerations may vary based on context and the facilitator. This is fine.
- What is important are the considerations for young children needing simpler instructions and clear routines, whereas adolescents thrive when they feel more ownership over their experiences in the group activities.

Activity 5.3: Children and adolescents with disabilities

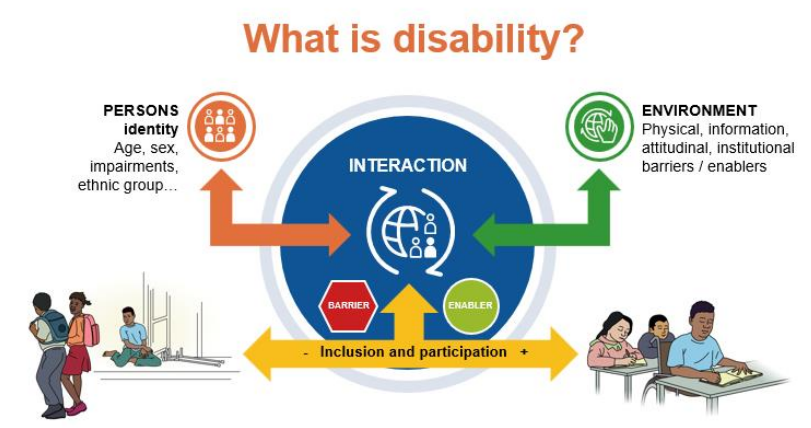
40 MIN

Say it is important to include all children and adolescents in We Thrive programming, including children and adolescents with disabilities. All children and adolescents should be participants, not just observers, in the activities. Therefore, we need to know how to adapt activities to be inclusive of all children and adolescents.

Emphasize that all children, including those with disabilities, should be participants, not observers.

State that adaptations benefit all children, not just those with disabilities.

Display the graphic from the definition of disability from the UN Convention on the Rights of Persons with Disabilities (CRPD). You can show this on the PowerPoint or print or draw it on the flipchart.



Ask participants to volunteer and describe what they understand from this graphic.

Say this graphic represents the “concept” of disability as developed by the CRPD. On the one hand, we have persons who have different characteristics: a biological age (date of birth), a sex assigned at birth, an impairment (or loss of function of a body part or system) ... On the other hand, we have

factors in the environment, such as buildings with stairs and no ramps, information in only one format or in a difficult language, attitudes from staff, lack of attention and policies in institutions... these are environmental barriers but can be enablers if they are changed.

When persons with a diversity of characteristics interact with these barriers or enablers there can be multiple results. If the person finds barriers, then the result may be lack of participation, and her/his disability will be realized. If the person finds enablers, then she/he will participate in an equal basis with others.

Ask participants to define disability in their own words.

Explain that disability is the result of interaction between a person's conditions and environmental barriers. Refer to the graphic in the Training Workbook and on the PowerPoint or flipchart paper:



Ask what is an "impairment"?

Explain that impairment is a problem in body function or structure, such as loss or deviation of psychological, physiological, or anatomical structure or function. Impairments may be long term or short term and can be **Physical, Sensory, Intellectual and Mental / Psychosocial**. Note that one person can have more than one impairment. The cause can be genetic factors such as incidents during birth: trauma, infection or non-communicable disease or after birth: Injury, malnutrition or illness.

We use 'impairment' when we want to highlight the specific type of impairment for the purpose of support, intervention, referral or care and where it is not relevant to understand the disability in relation to experienced barriers.

Show the example of Jamir (these pictures appear on the CRPD graphic, but you may print these as handouts if you wish)



IMAGE 1



IMAGE 2

Ask participants to look at images 1 and 2 in the Training Workbook.

Say for example, in this representation, Jamir is a boy with a physical condition. In Image 1 Jamir faces barriers in accessing school and negative attitudes from teachers, students and his own family as regard to his possibilities to learn just like any other child. In Image 2, he is attending a school that has been made accessible, and where peers and teachers are supportive of his learning.

Emphasize that disability is not inherent to the person; rather, it results from barriers that can be removed. The same person, this young girl behind Jamir, can study and participate in society, or face discrimination and be isolated at home.

Sum up by saying Disability can be changed by removing barriers.



IMAGE 3

Ask participants to look at Image 3 and ask “Where is the barrier?”

Say Communication barriers such as information being presented in only one format, restrict participation by not being accessible to everyone.

Define the five key barriers (attitudinal, environmental, communication, financial, institutional) and give real-life examples.

- Attitudinal believing conditions are contagious, fear of bad luck, shunning, bullying, neglect, over protection, avoidance
- Environmental no accessible toilets, water points, thresholds, lighting, sound levels

- Communication (Informational) the absence of adapted communication or information such as braille, radio, large print, word by mouth, home visits, sign posters, images etc.
- Financial extra costs that a person with a disability has to cover in order to participate in day-to-day life (transport to services, Assistive Technology)
- Institutional Policies or the absence of policies to subsidized services or access

Show Image 4 of a person alone in a room with labelled barriers (physical, communication, attitudinal, etc.).



IMAGE 4

Say Attitudinal barriers include the discriminatory attitudes of others in the surrounding community.

Ask participants to look at Image 1 again.



IMAGE 1

Ask "Where is the disability"? Support all participants to identify the conditions and the barriers.

If they still only focus on impairment, ask participants '*In this situation, could you identify if there is a risk for the child? What type of risk?*'

Say that now that we understand what disability is, let's explore the barriers that can limit participation.

Thank the participants for their participation and ask if someone remember what disability is. Remind that is the result of conditions and barriers

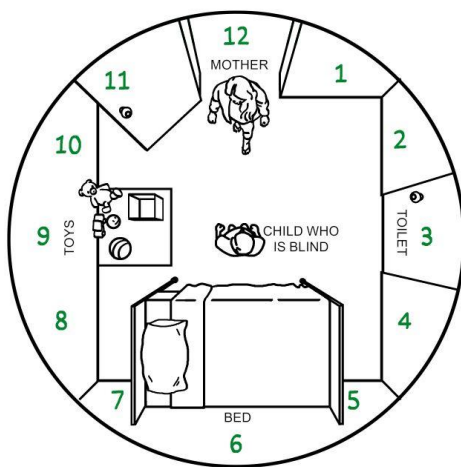
Say we are going to tackle of barriers and how to remove them in We Thrive starting with few tips on communication

Say first of all, Engage directly with the child, not just caregivers. Whenever possible, talk to and get information directly from the child or adolescent with a disability, and not only from their caregivers.

- Do not make assumptions. Confirm that you understand what the child has expressed.
- Children and adolescents with hearing disabilities (deaf or hard of hearing) often use sign language. If the child or caregiver does not know sign language, use body language, visual aids or key words, and speak slowly and clearly.

For children and adolescents with visual disabilities (blind or low vision):

In order to describe surroundings and introduce people present use the ‘clock method’ to help older children and adolescents locate people and items (for example, ‘the toilet is at 3 o’clock’ if directly to their right, or ‘the toys are between 8 and 10 o’clock’ if they are on the left).



Remind that one should always ask permission if offering to guide or touch the child or his or her assistive devices, such as wheelchairs or white canes.

Say if the child or adolescent has difficulty communicating or understanding messages (such as children with intellectual disabilities), consider the following:

- Use clear verbal communication and simple language avoiding difficult expressions, and subtleties like irony or sarcasm.
- Use objects that represent different activities to support the child’s or adolescent’s understanding and ability to anticipate what will come next and help build routine.
- Ask children to repeat instructions back to you. Repeat as many times as necessary, in different ways and check their understanding. Allow time for actions.
- Support children and adolescents in developing a book, a board, or cards with pictures or drawings related to daily activities, feelings and items (like utensils, favourite games or whether they are feeling hot or cold).
- Use or create a communication board



Provide the instructions:

- Find the session *A Welcome Place* in the 7-11 session plans.
- Adapt the learning activity, also entitled *A welcome place*, to be more inclusive of children and adolescents with disabilities using some of the strategies.

Small groups have 5 minutes to do so.

Ask for final adaptation ideas from participants.

Close the session saying that most of the children with disabilities can tell what they can do and where they require support. Always ask them first. Be sure that by implementing these strategies, we can ensure that every child, regardless of disability, has the opportunity to thrive and participate equally!

Activity 5.4: Mindfulness

5 MIN

Facilitate the activity - which is in the Activities Bank:

1. Pretend you are a lazy cat that just woke up from a lovely, long nap.
2. Have a big yawn.
3. And a meow.
4. Now stretch out your arms, legs and back – slowly like a cat – and relax.



Closing

5 MIN

Review the topics learned in the session.

Ask if anyone would like to share:

- Something they enjoyed about the session.
- Something they would like to learn more about.

Thank them for their participation.

Session 6: MEAL Tools

90 MIN

LEARNING OBJECTIVES:	<ul style="list-style-type: none"> • Explain how and why we monitor and evaluate sessions in We Thrive • Know your responsibilities as a facilitator so you can support monitoring and evaluation • Know who supports you to collect and use data
MATERIALS:	<ul style="list-style-type: none"> • Training Workbook • Session Attendance Form
PREPARATION:	<ul style="list-style-type: none"> • Consider inviting the MEAL staff to co-facilitate this session so that they can answer further questions about how they will support facilitators.

Opening

5 MIN

Welcome participants to the session.

Provide the learning objectives by explaining that by the end of the session participants should be able to:

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

Activity 6.1: What did you observe?

5 MIN

Facilitate the activity.

1. Ask for a volunteer to leave the room or the area and close their eyes
2. While the volunteer is away, ask for another volunteer to act as the facilitator of a session. Instruct all the other trainees to act like children, given them paper to colour on, a ball or toy to play with, etc. Invite facilitators to have fun with their role as children, asking questions or even being disruptive in a child-like way.
3. Invite the volunteer back and ask them to tell you what they think is happening in the room. Ask them if they can identify anyone who has a specific role. Invite all the other trainees to act out their roles.
4. The volunteer must guess who is facilitating the session and provide one recommendation based on how the "children" behaved.
5. After the volunteer has guessed, discuss how it felt to observe the session, what is something that the observer should look for, why is it important to observe each other and reflect on our own facilitation?

Activity 6.2: The facilitator's role in monitoring and evaluation

20 MIN

Ask the participants to turn to the Training Workbook, *The facilitator's role in monitoring and evaluation*.

Explain that 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**

Ask, does anyone know why it's important that we monitor and evaluate our programming?

Give participants a few moments to think, then ask for some responses.

If not already covered, explain that MEAL:

- Helps us to know if we are making the difference we set out to make e.g. are we meeting the goals of We Thrive?
- Ensure that we can identify any changes we need to make during implementation to continually improve the program and the experience for children and adolescents.
- Supports facilitator growth by providing opportunities for reflection and identifying areas for improvement.

Ask participants to look at the table in their workbook: **Facilitator Responsibilities in MEAL**

Ask the participants if they have any questions about the role of facilitators in monitoring, evaluating, and improving the programme before our next activity where we'll practise using some of the tools.

Activity 6.3: Using the Session Attendance Form

10 MIN

Have participants open their Training Workbook to the *Session Attendance Form*. Allow participants 2 minutes to review the form.

Explain the need to count the number of participants per session, every day, to inform programming. Particularly, how many children and adolescents the programme is supporting and the number of male and females.

Explain that this is part of the larger part of SC's efforts to assess who is and who is not accessing the programme.

Ask the participants if they have any questions about the Session Attendance Form.

TRAINER'S NOTES:

- This session should be tailored to reflect the MEAL expectations of your specific project/programme. If your response MEAL approach requires Facilitators to collect attendance of specific participants on a regular basis (ex. Mohammed attended at least 3x every week for 3 months); you should go over this during this activity as it would be a part of the Session Attendance Form. Collecting this level of information is not required as part of the We Thrive MEAL Tools, however, it is entirely possible that COs may have a child database where they are collecting data about every participant including their attendance.

Activity 6.4: Facilitator Learning Circles

25 MIN

Have the participants open their Training Workbook to the *Facilitator Discussion Tool – Facilitator Learning Circles*.

Explain that this tool is not used by facilitators themselves, but rather by the assigned lead who would run the learning circles. This may be a lead facilitator or a project staff member.

Divide participants into small groups and ask them to look at the guiding questions in the *Facilitator Discussion Tool*.

Ask each group to discuss:

Question	Example Answers
Based on the guiding questions, how might you as a facilitator best prepare for these meetings?	<ul style="list-style-type: none"> • Use the Weekly Reflection Tool and bring these notes with you • Answers may vary – take any suggestions
How often should <i>Facilitator Learning Circles</i> happen (ideally)?	<ul style="list-style-type: none"> • Weekly or monthly, depending on the Programme Manager's preference.
Based on the questions in the <i>Facilitator Discussion Tool</i> , what immediate actions do you think facilitators and the programme might take?	<ul style="list-style-type: none"> • Identify which key topics (e.g. Positive Social Skills) and sub-topics (e.g. Resolve conflicts constructively) the programme should prioritise over the next few weeks for specific age groups based on needs. • Identify which kinds of activities are working well and not working well for specific age groups and identify adjustments to the sessions. This can be changing the delivery of an activity (e.g. Mindfulness is at the beginning as

	<p>opposed to the end of a session), or the timing of the sessions (either making them longer or shorter).</p> <ul style="list-style-type: none"> • Learn and apply a facilitator's strategy (e.g. positive behaviour management, a local song they use that works well to transition young children age 4-6). • Identify strategies in which to increase children and adolescents participation and agency in the activities. <p><i>Note, there can be other answers, these are just a few of them.</i></p>
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Facilitate a discussion on the questions and answers and clarify participants perspectives.

Activity 6.5: MEAL & Program Staff Responsibilities

5 MIN

Explain that in addition to the tools explored earlier, the MEAL staff and programme staff will be conducting monitoring and evaluation using other tools. These include:

- PROTECT: Protection Mainstreaming Survey – Child perceptions
- OBSERVE: Facilitator Observation Tool
- DISCUSS: Child and Adolescent Discussion Tool
- CONSULT: Community Consultations
- FACILITATE: We Thrive Facilitator Training Pre-/Post-Test

TRAINER AND MEAL STAFF NOTE

If your MEAL approach includes additional responsibilities for facilitators – including conducting peer observations using the Facilitator Observation Tool or gathering feedback using the Child and Adolescent Discussion Tool, provide an overview of each of these tools and their uses.

Activity 6.6: Mindful Mirror

10 MIN

Facilitate the activity - which is in the Activities Bank:

1. Ask everyone to find a partner. If there is an odd number of participants, the facilitator pairs with someone.
2. The pairs of participants should stand facing each other, about three feet / one metre apart. One participant will be the leader, the other, the "mirror."
3. Moving only from the waist up, the leader begins to make simple gestures or movements. The "mirror" duplicates the leader's movements exactly – just as a mirror would. If the leader raises their right hand, the "mirror" should raise their left hand, just as the reflection in a real mirror would.

4. Encourage the leader to use smooth, continuous movements, because abrupt movements almost always catch the "mirror" lagging. It is the leader's responsibility to perform movements that the "mirror" can follow precisely.
5. Coach them to look into each other's eyes (if culturally appropriate), rather than at their hands, because this facilitates more precise communication. The leaders have to look right at their partners too, because their partners must look at them, and therefore the only way the mirror illusion can be perfect is if the leader also looks at the partner. If the leader looks away, and the "mirror" duplicates this movement by looking away, then the "mirror" can no longer see the leader to mirror the leader.
6. Once you've got all the participants concentrating on mirroring, have them switch leaders.

Closing

5 MIN

Review the topics learned in the session.

Ask if anyone would like to share:

- Something they enjoyed about the session.
- Something they would like to learn more about.

Thank them for their participation.

Session 7: Free Play

90 MIN

LEARNING OBJECTIVES:	<ul style="list-style-type: none"> 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
MATERIALS:	<ul style="list-style-type: none"> Paper Pens Participant Guide Flip Chart If available: pencils, paper clips, rulers, books or other reading materials, bottle caps, small rocks
PREPARATION:	<ul style="list-style-type: none"> Set out basic materials for “free play” including: paper, markers, pencils, paper clips, rulers, post-its, varied reading materials like magazines and books. Other items could include bottle caps, small rocks and other locally and easy to find materials. Write components of free play on a flipchart or board.

Opening

20 MIN

Welcome participants to the session.

Provide the learning objectives by explaining that by the end of the session participants 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

Ask participants to close their eyes or soften their gaze. Ask them to think back to when they were children or adolescents. What did they used to like to play? What was their favourite thing to do when they had some free time?

Explain to participants that they have 10 minutes of “free play” time, meaning they can choose what they want to do. Briefly show them the available materials and activities. Some examples are talking with a peer, drawing, writing, reading, and looking around the room. They can use any of the materials set out on the tables. The only rules are:

- No cell phones
- No work-related activities

As participants “free play”, walk around and observe and listen. When appropriate, ask an open-ended question so participants can share what they are doing. For example, if a participant is drawing, ask them to tell you about their drawing.

After 10 minutes, ask for a couple of volunteers to **share out** what they did and how they felt having the choice to choose what they would like to do if only for a few minutes.

Provide the learning objectives for the session:

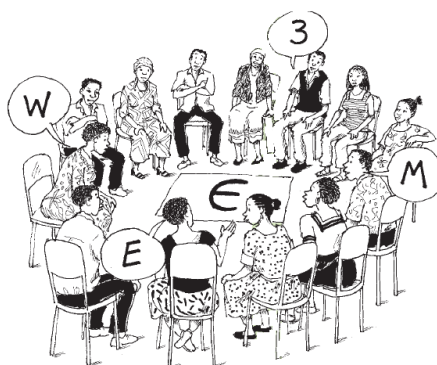
- Understand why free play is important for promoting wellbeing
- Become familiar with the free play sessions in the We Thrive programme.

Activity 7.1: The “E” game

5 MIN

Facilitate the activity - which is in the Activities Bank:

1. Write a large, curvy letter E on a piece of flipchart paper and place it in the centre of the circle. Ask participants to describe exactly what they see on the piece of paper, from where they are standing/sitting. Depending on where they are in the circle, they will either see an ‘m’, a ‘w’, a ‘3’ or an ‘E’.
2. Participants can then move places so that they see the letter from a different perspective.



3. Explain that we see things differently, according to our own perspectives and children are the same. Play can also be a very personal experience. We are going to discuss Free Play as part of the We Thrive programme.

ADAPTATIONS:

- This can also be done by writing an E in sand or dirt.

TRAINER'S NOTES:

- In other languages it is important to select letters, numbers, or symbols that can change meaning easily by adjusting the orientation. For example, an "m" can also be a "w", and an "E" can also be a "3".
- Alternatively, put a person or object in the centre of the circle and ask those around to describe exactly what they see from their perspective.

Activity 7.2: Free Play

20 MIN

Explain that free play means allowing children and adolescents 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.

Show a flipchart, slide, or write on a board the following components of wellbeing that free play promotes. Ask for one volunteer to read each of the following components to the group.

- **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.

Ask if participants have any questions about these components.

Explain that free play also provides facilitators with a unique opportunity to observe children and adolescents. Facilitators can use the **Facilitator Observation Tool** while children and adolescents are playing independently or in groups. It is an opportunity to get to know children and adolescents better and understand their interests, needs, and relationships with peers.

Activity 7.3: Free Play Sessions Review

35 MIN

Explain that, just as with the group activities, the length of free play sessions will depend on the age group. For example, for children aged 4-6, free play would be around 45-60 minutes. For 12-17-year-olds, it might be longer from 60-90 minutes.

Divide participants into 4 groups.

Assign each group a different age group session plan (4-6, 7-11, 12-14, 15-17). Each group **reads** the introduction and free play session for their assigned age group.

Have each group answer the following 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?

Example answers:

Age group	Ways of playing
4-6	<ul style="list-style-type: none"> • Increased playing with peers and less dependent on caregivers compared with toddlers • Enjoy making more complex things (and taking them apart again!) • Symbolic games – role play, fantasy games
7-11	<ul style="list-style-type: none"> • Increased skilfulness in sports, music, art, theatre, dance • Can engage in more complex and interactive construction projects with peers • Play may be more imaginative and more physical (e.g. rough and tumble) • Continued creativity e.g. making up songs and dance, building and making things • Growing sense of logic – play may be more organized and orderly • Social acceptance is very important – hanging out with friends can equal ‘play’
12 and above	<ul style="list-style-type: none"> • Friendship groups are often the most important part of life • Play = hanging out with friends without being told what to do • Play = sports, expressive arts, computer games, board games, card games

Each group **presents** the free play session for their assigned age group to the larger group using the questions as a guide.

Create a list of local materials for each age group (e.g. blocks, art supplies, books etc). Emphasize that even when resources (like toys or sports equipment) are scarce, as adults there is a lot we can do to support children play safely and get all the benefits of free play.

Facilitate a large group discussion on the differences and similarities between each age group.

TRAINER'S NOTES:

- Connect the discussion around free play to [Session 5: Supporting children and adolescents holistically](#) and discuss how children and adolescents at different developmental stages may play differently

Activity 7.4: Flower and Candle

5 MIN

Facilitate the activity - which is in the Guided Activities Bank:



1. Pretend you have a nice smelling flower in one hand and a slow burning candle in the other:
 - Breathe in slowly through your nose as you smell the flower.
 - Breathe out slowly through your mouth as you blow out the candle.
 - Repeat a few times.

Closing

5 MIN

Review the topics learned in the session.

Ask if anyone would like to share:

- Something they enjoyed about the session.
- Something they would like to learn more about.

Thank them for their participation.

Session 8: Life Saving Learning

90 MIN

LEARNING OBJECTIVES:

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

MATERIALS:

- Training Workbook
- Maps of the space where We Thrive sessions will be held on flipchart paper
- Markers
- We Thrive Session Plans
- Flip Chart paper with the titles of the Life Saving Learning content

PREPARATION:

- Draw a basic map of the training space and surrounding area, including any outdoor space, on flipchart paper. Do not mark emergency exits or evacuation points. You will need to create one map for each group. Keep it simple [example below].
- Flip Chart paper with the titles of the Life Saving Learning topics (if not using the PowerPoint)
- Contextualise Amina's Story ahead of time to ensure that names, setting and the type of emergency are contextually relevant.

Opening

5 MIN

Welcome participants to the session.

Provide the learning objectives by explaining that by the end of the session participants 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.

Activity 8.1: The Longest Line

5 MIN

Divide into teams of eight to ten people. Each team must have the same number of members.

Explain that the task is to create the longest line using participants' own bodies and any clothing or things in participants' pockets. Participants are not allowed to collect other things from the room/outside.

Give a signal for the game to start and set a time limit, such as two minutes. The team with the longest line wins.

Activity 8.2: Why Life Saving Learning

20 MIN

Ask a volunteer to read the story.

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 neighbor'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.

Put participants into pairs and discuss:

- What could have happened if Amina had not known what to do?
- What types of risks is it important for children, adolescents and their families to know about in the contexts where we work? (5 min)

Facilitate a plenary discussion on the importance of Life Saving Learning in particular, recognise risks and know what to do in case of an emergency.

Explain that providing Lifesaving Learning teaches children and adolescents the skills and knowledge they need to avert direct loss of life and severe physical and psychological harm in the short-term.

Discuss the importance not only sharing key information but being prepared and practicing risk-specific drills.

TRAINER'S NOTES:

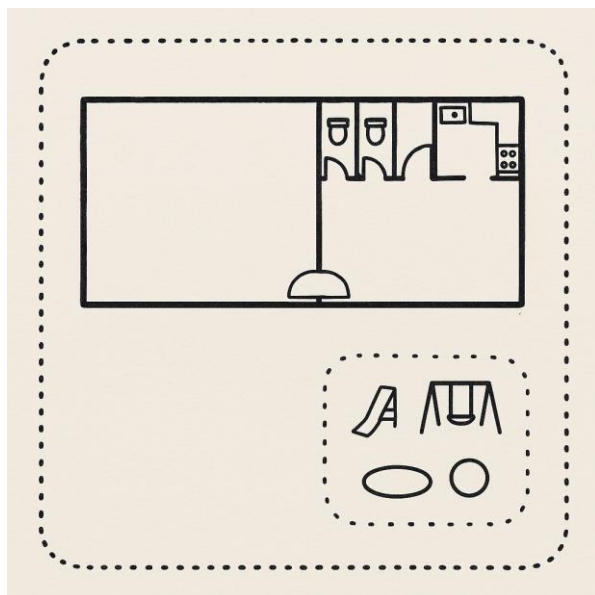
- Emphasise that the purpose of Life Saving Learning is to not scare children and adolescents, but rather to empower them to have the correct information to keep themselves and others safe.

Activity 8.3: Mapping Risks and Evacuation Points

25 MIN

Put participants into small groups of 3-5.

Provide a map of the training space to each group and ask them walk around the space – including outdoor areas - and to mark emergency exits, evacuation points, and areas of potential risk (e.g. blocked exits, windows). (10 min)



[Example map]

Have participants do a gallery walk to look at other group's maps and notice any differences.

Facilitate a short plenary discussion on the importance of knowing emergency exits, evacuation points, and areas of potential risk.

TRAINER'S NOTES:

- If you are delivering the training in the safe space, adapt this activity to be an evacuation drill. Have participants follow the steps from the Evacuation Drills session in the Session Plans.

Activity 8.4: Reviewing Life Saving Learning content

25 MIN

Display the list of Lifesaving learning topics on the flip chart or PowerPoint.

Ask participants to open their We Thrive Session Plans for one of the age groups (i.e. 4-6, 7-11, 12-14, 15-17) that participants will be implementing We Thrive with.

Ask participants to review the Life Saving Learning sessions and identify which sessions would be most important to facilitate first.

Facilitate a discussion about sequencing of Lifesaving Learning sessions and if / why it matters for your context. Use the following questions as appropriate:

- How often should we repeat this information (e.g. Evacuation Drills) to ensure children and adolescents remember what to do in the case an emergency happens during a session?
- Which risks do you feel like children and adolescents know the least about in this context?
- Which risks do you feel like children and adolescents know the most about in this context?
- Are there other topics that are important, but not currently included in the We Thrive Life Saving Learning Session Plans?

Activity 8.5: Box breathing

5 MIN

Lead participants through the following breathing activity:

Sit Comfortably: Find a comfortable place where you can sit up straight and relax your shoulders.

Inhale (4 Seconds): Slowly breathe in through your nose for a count of 4. Breathe down into your belly and feel it expand like a balloon.

Hold (4 Seconds): Hold your breath for 4 seconds. Try to keep your body relaxed.

Exhale (4 Seconds): Breathe out slowly through your mouth for 4 seconds. Imagine you're letting all the air out of the balloon.

Hold (4 Seconds): After you exhale, hold your breath again for 4 seconds.

Repeat: Do this cycle (breathe in, hold, breathe out, hold) a few times, until you feel calmer and more focused.

Closing

5 MIN

Review the topics learned in the session.

Ask if anyone would like to share:

- Something they enjoyed about the session.
- Something they would like to learn more about.

Thank them for their participation.

Session 9: Mock sessions preparation and delivery 90 MIN

LEARNING OBJECTIVES:	<ul style="list-style-type: none"> • Apply knowledge from the training to deliver playful, accessible, and lifesaving integrated sessions.
MATERIALS:	<ul style="list-style-type: none"> • Training Workbook • Session Plans
PREPARATION:	<ul style="list-style-type: none"> • Pre-assign pairs for mock sessions either intentionally or randomly. • Prepared flipchart with the mock session outline.

Opening 5 MIN

Welcome participants to the session.

Provide the learning objectives by explaining that by the end of the session participants should be able to:

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

Activity 9.1: Mock Sessions Preparation 55 MIN

Explain that for the rest of the training, participants will deliver 20-minute mock sessions. When they are delivering the session, the other participants will play the role of children or adolescents who are engaging positively in the session.

Assign pairs for the mock sessions. This can either be intentional to ensure pairs will complement each other well, or randomly assign them.

Assign the age groups to each pair to ensure a good representation of all age groups.

Assign a number to each pair which indicates when they deliver their session.

Split the pairs into two equal groups.

Provide the mock session expectations on flipchart paper and explain them:

- Ensure both participants who are leading the mock session are co-facilitating.
- 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).

Provide the mock session outline on flipchart paper and tell the participants what they will prepare for their mock session:

- 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 manual (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.

Ask the participants if they have any questions about the Mock Sessions.

Provide the rest of the time for this activity to plan and prepare for delivering their mock sessions (approximately 45 minutes).

Use this time to review the [Mock Session Observation Form](#).

Activity 9.2: Mock Sessions Delivery

30 MIN

Request that participants give their full attention and engage in all activities their fellow participants are facilitating.

Allow the participants to provide constructive feedback for the first 5 minutes (if they have any).

Provide your feedback during the final 5 minutes of the pair's time based on the [Mock Session Observation Form](#).

Facilitator 1	Facilitator 2
<ul style="list-style-type: none"> • Pair 1: 20 min mock session • Pair 1: 10 min feedback 	<ul style="list-style-type: none"> • Pair 2: 20 min mock session • Pair 2: 10 min feedback

Session 10: Mock sessions delivery

90 MIN

LEARNING OBJECTIVES:	<ul style="list-style-type: none"> • Apply knowledge from the training to deliver playful, accessible, and lifesaving integrated sessions
MATERIALS:	<ul style="list-style-type: none"> • Training Workbook • Session Plans
PREPARATION:	<ul style="list-style-type: none"> • Prepared flipchart with the mock session outline.

Activity 10.1: Mock Sessions Delivery

90 MIN

Request that participants give their full attention and engage in all activities their fellow participants are facilitating.

Allow the participants to provide constructive feedback for the first 5 minutes (if they have any).

Provide your feedback during the final 5 minutes of the pair's time based on the [Mock Session Observation Form](#).

Facilitator 1	Facilitator 2
<ul style="list-style-type: none"> • Pair 3: 20 min mock session • Pair 3: 10 min feedback 	<ul style="list-style-type: none"> • Pair 4: 20 min mock session • Pair 4: 10 min feedback
<ul style="list-style-type: none"> • Pair 5: 20 min mock session • Pair 5: 10 min feedback 	<ul style="list-style-type: none"> • Pair 6: 20 min mock session • Pair 6: 10 min feedback
<ul style="list-style-type: none"> • Pair 7: 20 min mock session • Pair 7: 10 min feedback 	<ul style="list-style-type: none"> • Pair 8: 20 min mock session • Pair 8: 10 min feedback

Session 11: Mock sessions delivery and training

90 MIN

conclusion

LEARNING OBJECTIVES:	<ul style="list-style-type: none"> • Apply knowledge from the training to deliver playful, accessible, and lifesaving integrated sessions
MATERIALS:	<ul style="list-style-type: none"> • Training Workbook • Training Evaluation Form • Session Plans
PREPARATION:	<ul style="list-style-type: none"> • Prepared flipchart with the mock session outline.

Activity 11.1: Mock Sessions Delivery

60 MIN

Request that participants give their full attention and engage in all activities their fellow participants are facilitating.

Allow the participants to provide constructive feedback for the first 5 minutes (if they have any).

Provide your feedback during the final 5 minutes of the pair's time based on the [Mock Session Observation Form](#).

Facilitator 1	Facilitator 2
<ul style="list-style-type: none"> • Pair 9: 20 min mock session • Pair 9: 10 min feedback 	<ul style="list-style-type: none"> • Pair 10: 20 min mock session • Pair 10: 10 min feedback
<ul style="list-style-type: none"> • Pair 11: 20 min mock session • Pair 11: 10 min feedback 	<ul style="list-style-type: none"> • Pair 12: 20 min mock session • Pair 12: 10 min feedback

Activity: 11.2 Training evaluation

20 MIN

Provide the [Training Evaluation Form](#) for participants to fill out during the session.

Closing

10 MIN

Thank the participants for all their time and energy in this training!

Ask if anyone would like to share:

- Something they enjoyed about the session.
- Something they would like to learn more about.

Provide positive feedback on the ways the participants contributed to the session (e.g. contributed openly and actively participated).

Conclude the training.

Mock session observation form

Competency:	Facilitator demonstrates the ability to facilitate We Thrive activities in a safe, supportive, and fun manner with opportunities for participants to have positive social interactions with the facilitator and their peers.	
Facilitator 1 Name:		
Facilitator 2 Name:		
Selected energiser, game, or mindfulness activity (5 min):		
Selected learning activity (15 min):		
Tasks:		
Select and facilitate activities from the We Thrive session plans including: <ul style="list-style-type: none"> • 1 opening energiser, game, or mindfulness activities from the selected session plans (5 min) • 1 learning activity (15 min), from the selected session plans 		
Performance Criteria	YES / NO	Comments
1. Deliver the activities in a fun way with opportunities for positive social interactions (Session 2).		
2. Include approaches for a safe and welcoming environment (Session 3).		
3. Includes relevant considerations for young children and adolescents (if relevant) (Session 4).		

Trainer Name:

Signature:

Date:

Training evaluation form

Participant Name:	Date:	Country Office or Partner Organisation:

Response scale is 1 to 4, where 1 is the lowest and 4 is the highest:

Questions	1	2	3	4
I learned new skills and knowledge				
I will use the new knowledge and skills I learned in the We Thrive programme				
I had the opportunity to ask questions when I did not understand (during activities/ during breaks)				
I had the opportunity to exchange experiences and learn new ideas from other participants				
I had the opportunity to actively participate				

Which two topics did you find the most useful in this training?

What additional support do you feel you need to implement the We Thrive programme?

Do you have anything else you would like to share about the training?

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