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UASC Training of Trainers

Facilitator’s Guide

# Introduction

Separation from parents, relatives or usual caregivers is a devastating experience for children.

Separated children are among the most vulnerable of all children affected by emergencies. Having lost the care and protection of their families and caregivers just when they need them most, these girls and boys are at increased risk of physical and psychological harm, abduction, trafficking, and unlawful recruitment or use by armed forces or armed groups, sexual abuse and exploitation, and permanent loss of identity. Moreover, they may be burdened with adult responsibilities far beyond their years. Indeed, it is vital that governments, child protection organizations and other protection actors work together to ensure that the most vulnerable children are protected.

This *Unaccompanied and Separated Children Training of Trainers (UASC TOT)* course is designed to prepare participants to facilitate training on unaccompanied and separated children (UASC). This training will reinforce participants’ understanding of the specific needs of UASC, highlight good practice in working with unaccompanied and separated children under a protection framework, and provide participants the opportunity to apply learning so they can roll out training on UASC within their own organisation and to other stakeholders.

# Aim and Objectives

The aim of the UASC TOT is to prepare participants to be able to present information effectively, respond to questions, and lead activities that reinforce learning about UASC.

As a result of successfully completing the UASC TOT, participants will be able to;

* Define UASC and explain the international legal framework and mandates related to UASC
* Explain drivers and causes of separation and suggest key prevention actions
* Describe priority actions for UASC in emergency response and best practices in relation to coordination
* Describe how to conduct identification and other case management steps for UASC
* Describe alternative care best practices in emergencies
* Explain the process of family tracing, reunification, reintegration, and follow up for UASC

This training is aligned to the [Field Handbook on Unaccompanied and Separated Children](https://alliancecpha.org/en/technical-materials/field-handbook-unaccompanied-and-separated-children) and the [Addendum to the Field Handbook on Unaccompanied and Separated Children](https://alliancecpha.org/en/technical-materials/guidance-note-primary-prevention-family-separation). Participants will be directed to relevant material from the [Toolkit on Unaccompanied and Separated Children](https://alliancecpha.org/en/child-protection-online-library/toolkit-unaccompanied-and-separated-children), the [Primary Prevention Framework for Child Protection in Humanitarian Action](https://alliancecpha.org/en/primary_prevention_framework), 2019 [*Minimum Standards for Child Protection in Humanitarian Action*](https://alliancecpha.org/en/CPMS_home), the [*Child Protection in Humanitarian Action Competency Framework*](https://alliancecpha.org/en/child-protection-online-library/guidance-child-protection-humanitarian-action-competency-framework), and the [Alternative Care in Emergencies Toolkit.](https://alliancecpha.org/en/technical-materials/alternative-care-emergencies-toolkit-2013)

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# How to use this Facilitator’s Guide

This Facilitator’s Guide has been developed to provide the Facilitator of this UASC TOT with the information required to deliver the UASC TOT either face to face or through remote delivery. This Guide contains the *Lesson Plan* for each Module and identifies the resources, handouts, and activities required by the Facilitator.

The Facilitator should use this Guide to ensure they complete all required pre, during, and post training actions as outlined in this Guide. The Facilitator should access this Guide and commence preparation for the training at least 8 weeks before the training starts so they can complete the required *Pre-Training Preparation* according to the timeline.

# Facilitator Profile

Facilitators delivering the UASC TOT need to have experience in child protection in humanitarian action as well as a comprehensive understanding of the *2019 Minimum Standards for Child Protection in Humanitarian Action, the UASC Toolkit* and their implementation. Facilitators need to be comfortable with participatory approaches and be able to work in a facilitating style that helps learners to further their existing knowledge and build new connections, rather than simply recalling facts shared by a presenter.

Facilitators should:

* Have at least 5 years of experience in child protection in humanitarian action programming
* Have experience in case management and UASC programming in humanitarian action
* Have a comprehensive understanding of:
  + *2019 Minimum Standards for Child Protection in Humanitarian Action,*
  + *Field Handbook on Unaccompanied and Separated Children and the Addendum to the Field Handbook on Unaccompanied and Separated Children,*
  + *Toolkit on Unaccompanied and Separated Children*,
  + *Alternative Care in Emergencies Toolkit*
* Have experience in delivering training for adults, including facilitating groups and leading participatory activities
* Have the availability to commit to all phases of the UASC TOT including preparation, and pre and post training engagement. The pre-training preparation will require the Facilitator/s to start preparing at least eight weeks before the Face to Face or Remote Delivery component, and the post training engagement will require the Facilitator to provide support and feedback to participants for six weeks after the last day of the facilitator-led component
* Be proficient in the English language

See the Alliance [Facilitator Handbook](https://drive.google.com/file/d/1jl_bBf_Emoml7f1778mQ6GTeIw6L8kYP/view?usp=sharing) for further guidance, if required. The purpose of the Handbook is to support Facilitators to prepare for and deliver Alliance training packages.

For more guidance contact the L&D Working Group on [learning@alliancecpha.org](mailto:learning@alliancecpha.org).

# Role and Responsibilities of Facilitator

**Before the Training (allow 6 - 8 weeks to complete)**

* Read the *UASC TOT Facilitator’s Guide.*
* Share “*Pre-Training Preparation*” actions with the participants. Review responses and make adjustments to the training as needed.
* Read the relevant sections of the Interagency Working Group on UASC *Field Handbook on Unaccompanied and Separated Children*, the *Toolkit on Unaccompanied and Separated Children*, familiarise themselves with the *Toolkit on UASC* and the *Alternative Care in Emergency Toolkit*.
* Familiarize themselves with information about the context in which participants are working including:
  + The emergency context
  + The child protection situation and specific risks faced by children. This can be obtained from recent Child Protection Rapid Assessments and/or multi-sectoral reports.
  + Local child protection legislation
  + Local child protection systems, structures, and coordination mechanisms
  + Statistics on UASC and existing programming
  + Existing UASC coordination structures and level of effectiveness

**During the Face to Face/Remote Delivery Component (4/8 days)**

* Conduct 4 Day Face to Face or 8 Day Remote Delivery UASC TOT sessions
* Debrief with training team (if applicable) and administrative support team at the end of each day to review the day and respond to any issues.

**After the Face to Face/Remote Delivery Component (allow 4 - 6 weeks to complete)**

* Share the *Post Training Assignment* with the participants via email, clearly stating when it should be returned to you by.

# Participant Profile

This Training of Trainers is designed for child protection practitioners working at managerial and coordination level and above who have technical expertise in child protection, and specifically in case management and working on UASC programming:

## Participants should:

* Be child protection practitioners with experience in managing or coordinating child protection programmes in humanitarian settings
* Have experience implementing case management programmes or have received training on case management.
* Have support from their manager to participate in the training with the intention of delivering the content to others after they have completed the training
* Have the ability to take on the role of Facilitator for rollout of the UASC training
* Have proficiency of English Language

The training assumes that participants have experience in managing or working in humanitarian settings. However, in cases where some participants are new to humanitarian response, it is important for the group work activities that the Facilitator divide participants into groups that blend less experienced participants with those who are more experienced.

The training also assumes that participants are trained on case management and/or are experienced in providing case management for children. This is because the training will not cover case management in detail.

# Role and Responsibilities of a Participant

* Complete *Pre-Training Self-Assessment* and *Expectations of Training Questions* and return to Facilitator within one week of receiving.
* Complete the “*Definitions, Guiding Principles, and International Instruments Relating to UASC*” Module prior to attending the training.
* Complete the *Training Feedback* document at the end of the training.
* Complete the post training Module on *Rollout of UASC Training* within one month of the end of the training and send it to the Facilitator.
* Complete the *Post-Training Self- Assessment* after finishing the post training Module on *Rollout of UASC Training* and send it back to the Facilitator within one week.
* Conduct training on UASC as required.

# Structure of the UASC TOT

## 1. Pre-Training Self Learning

Participants are to be sent the *Pre-Training Self-Assessment, Expectations of Training Questions, and “Definitions, Guiding Principles, and International Instruments Relating to UASC”* Module 6 weeks before the training to complete.

Participants should complete the *Pre-Training Self-Assessment* and *Expectations of Training Questions* and send back to the Facilitator within one week of receiving. Participants should allocate approximately 1 -2 hours. The answers will allow the Facilitator to assess participants’ level of knowledge and individual expectations and intentions, and adapt course materials and content prior to the live training as needed.

Participants should complete the “*Definitions, Guiding Principles, and International Instruments Relating to UASC*” Module before Day 1 of the Training. This Module has reading material and four activities to be completed by participants. Participants should allocate 3 hours to complete the Module.

## 2. Training Content – 4 Day Face to Face or 8 Day Remote Delivery Component

Most of the information included in the Training has been taken from the*Field Handbook on Unaccompanied and Separated Children* and the training has been divided into Modules that reflect the Chapters of the *Field Handbook*. Not all content included in the *Field Handbook* will be covered in the Training due to the large volume of information. Participants will be expected to read and familiarize themselves with the topics not covered after they have completed the Training so they are able to facilitate training for child protection colleagues.

## 3. Post-Training Engagement

The aim of the UASC TOT is to prepare participants to be able to present information effectively, respond to questions, and lead activities that reinforce learning about UASC. Sessions on facilitating UASC Training will be conducted during the live Training. On the final day of the training, participants will be provided with instructions on how to complete the Post Training Module on “*Rollout of UASC Training”.* Participants will be engaged by the Facilitator after the Training to complete several activities to apply the information they have learned, assisting participants to facilitate a UASC Training.

Participants will complete the Post Training Module within one month of the end of the Training and send their work to the Facilitator. Participants should allocate approximately 20 hours to complete the Module.

## 4. Post-Training Self-Assessment

Participants will complete the *Post-Training Self-Assessment* and send it back to the Facilitator within one week of finishing the Post Training Module “*Rollout of UASC Training”*. The Facilitator will compare the results from the *Pre and Post-Training Self-Assessment* to assess each participant’s individual learning in relation to the content of the Training and provide feedback to each participant to assist them in identifying content from any topics that needs to be consolidated.

Participants should allocate approximately 1 hour to complete the *Post-Training Self-Assessment.*

| **PRE-TRAINING PREPERATION** | | |
| --- | --- | --- |
| **Time** | **Action Required** | **Purpose** |
| **8 weeks before Training** | Read UASC TOT Course *Facilitator’s Guide* | * Facilitator familiarises themself with the *Facilitator’s Guide* and understands the outcomes and methodologies of the training * Facilitator reviews the content of the UASC TOT Training and seeks guidance from UASC Working Group if required |
| Facilitator to familiarise themselves with contextual information about the location where the training is being held prior to the training | * Facilitator can incorporate relevant contextual information into the training * Facilitator can adapt activities within the Modules to focus on relevant UASC context |
| Receive training participant list | * Facilitator can begin to plan how participants will be allocated into groups for activities during training. |
| **6 weeks before Training** | Distribute *Pre-Training Self- Assessment* and *Expectations of Training* questions to Participants | * Facilitator provides enough time for participants to complete and return the documents that will be used to adapt content of the training if required |
| Send *Resources* to Participants | * Participants have electronic copies of the Resources listed under *Resources Required* and found in *Resources* Folder |
| Send *Pre - Definitions, Guiding Principles, and International Instruments Relating to UASC Module* to Participants to be completed before Day 1 of F2F | * Participants have sufficient time to complete the Module before commencing the training |
| **REMOTE DELIVERY** | Familiarise yourself with the technology/software that will be used for the Training. Ensure you know how to use Powerpoints, make breakout rooms, use discussion boards etc. | * Facilitator to ensure they understand and can use the computer and software that will be used to deliver the Training remotely. |
| **5 weeks before Training** | Receive completed *Pre-Training Self Assessment* and *Expectations of Training* answers from Participants | * Facilitator can identify the prior knowledge and motivations of each participant |
| **4 weeks before Training** | Contextualise the *Agenda* and Resources | * Facilitator to use the results of the *Pre-Training Self Assessment*  to modify/adapt the Training Agenda and Activities if required * Facilitator to use the results of the *Pre-Training Self Assessment* and the *Expectations of Training* questions to identify each Participant’s level of knowledge and plan the allocation of participants into groups for activities and the Simulation. * Facilitator to identify if any participants will require extra assistance or modifications to handouts and resources |
| Prepare all handouts required for training | * Facilitator to print handouts required for all participants * Facilitator to organise for all resources to be available for the Training |
| Send finalised *Agenda and key resources* to Participants | * Facilitator to send the finalised *Agenda* to Participants and include information about where and what time to arrive on Day 1 of the Training * Facilitator to send participants electronic copies of the Interagency Working Group on UASC *Field Handbook on Unaccompanied and Separated Children*, the *Toolkit on Unaccompanied and Separated Children, and the Alternative Care in Emergency Toolkit* that they will need to have access to during the training. |
| **REMOTE DELIVERY** | Prepare all handouts required for training | * Facilitator to organise for all handouts to be emailed to participants prior to the Training |
| **1 day before Training (if possible)** | Visit the Training Room | * Facilitator to ensure the Training Room has been set up in café style (tables arranged in clusters so that participants sit in small groups of 4 - 5 and all participants can see to the front of the room) * Facilitator to check internet, speakers, and AV facilities. * Facilitator to check Whiteboard, Flip Charts etc available. |
| **REMOTE DELIVERY** | Test the technology to be used for the Training | * Facilitator to ensure computer (and any other resources required to deliver the Training remotely) are working. |
| **Morning of Training** |  | * Facilitator to ensure Participants will be greeted when they arrive and marked off Registration List |

# Sample Agendas

## FACE-TO-FACE DELIVERY

| **Day 1** | **Day 2** | **Day 3** | **Day 4** |
| --- | --- | --- | --- |
| 08.30 - 9.00  Welcome and Introduction | 08.00 - 09.00  Training of Trainers – Preparing for training | 08.30 - 09.30  Training of Trainers – Adult Learning | 08.00 - 09.00  Training of Trainers – Facilitating Training |
| 9.00 - 10.40  Characterising Family Separation in Emergencies | 9.00 - 10.30  Assessment of Separation and Risk of Separation | 09.30 - 11.00  BIA, BID, and Information Management | 09.00 - 12.45  Simulation  (including working break and debrief) |
| 10.40 - 11.00  Break | 10.30 - 10.45  Break | 11.00 - 11.15  Break |
| 11.00 - 12.45  Preventing Separation | 10.45 - 12.15  Planning for UASC | 11.15 - 13.20  Alternative Care of UASC |
| 12.45 - 13.30  Lunch | 12.15 - 13. 45  Identification of UASC | 13.25 - 14.00  Lunch |
| 13.30 - 15.00  Preparedness in UASC Programming | 13.45 - 14.15  Lunch | 14.00 - 15.30  Family Tracing | 12.45 - 13.45  Lunch |
| 15.00 - 15.15  Break | 14.15 - 15.55  Documentation of UASC | 15.30 - 15.45  Break | 13.45 - 15.15  Reunification |
| 15.15 - 17.00  Coordination for UASC Programming | 15.55 - 16.10  Break | 15.45 - 17.15  Verification for Family Reunification | 15.15 - 15.30  Break |
| 17.00 - 17.30  Day 1 Review | 16.10 - 17.10  Case Management for UASC | 17.15 - 18.15  Day 3 Review and Simulation Activity 3 | 15.30 - 17.00  Reintegration and Follow Up |
| Homework (45 mins)  Simulation Activity 1 | 17.10 - 17.30  Day 2 Review |  | 17.00 - 17.45  Day 4 Review and Close |
|  | Homework (45 mins) Simulation Activity 2 |  |  |

## REMOTE DELIVERY

| **REMOTE DELIVERY AGENDA**  \*Recommended to include a short stretch break every 25 - 30 mins during Remote Delivery \* | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DAY 1**  **(240 mins)** | **DAY 2**  **(240 mins)** | **DAY 3**  **(240 mins)** | **DAY 4**  **(270 mins)** | **DAY 5**  **(240 mins)** | **DAY 6**  **(210 mins)** | **DAY 7**  **(240 mins)** | **DAY 8**  **(270 mins)** |
| Introduction  Characterising Family Separation in Emergencies    Preventing Separation | Preparedness in UASC Programming  Coordination for UASC Programming  Day 1 Review  Simulation Activity 1 | Training of Trainers – Preparing for training  Assessment of Separation and Risk of Separation  Planning for UASC | Identification of UASC  Documentation of UASC  Case Management for UASC  Day 2 Review  Simulation Activity 2 | Training of Trainers – Adult Learning  BIA, BID, and Information Management  Alternative Care of UASC | Family Tracing  Verification for Family Reunification  Day 3 Review  Simulation Activity 3 | Simulation | Training of Trainers – Facilitating Training  Reunification    Reintegration and Follow Up  Day 4 Review and Close |

# Resources and Preparation Required

If you are delivering this training face to face you will need to purchase the standard stationery items generally required for in-person training. This will include flipcharts, markers, sticky notes, tape, and pens.

It is important for the Facilitator and Participants to have access to the digital copies of the following resources. A link to these Resources (or electronic copies) should be sent to Participants four weeks before Day 1 of the Training. This list can be found in the *Resources* folder.

* [Field Handbook for Unaccompanied and Separated Children](https://alliancecpha.org/en/technical-materials/field-handbook-unaccompanied-and-separated-children)
* [Addendum to the Field Handbook on Unaccompanied and Separated Children](https://alliancecpha.org/en/technical-materials/guidance-note-primary-prevention-family-separation)
* [Toolkit on Unaccompanied and Separated Children](https://alliancecpha.org/en/child-protection-online-library/toolkit-unaccompanied-and-separated-children)
* [Primary Prevention Framework](https://alliancecpha.org/en/primary-prevention-framework)
* [*Minimum Standards for Child Protection in Humanitarian Action*](https://alliancecpha.org/en/CPMS_home)
* [*Child Protection in Humanitarian Action Competency Framework*](https://alliancecpha.org/en/child-protection-online-library/guidance-child-protection-humanitarian-action-competency-framework),
* [Alternative Care in Emergencies Toolkit](https://alliancecpha.org/en/technical-materials/alternative-care-emergencies-toolkit-2013)
* [Child Protection Case Management Training Package for Caseworkers in Humanitarian Settings](https://alliancecpha.org/en/child-protection-case-management-training-package)
* [Interagency Guidelines for Case Management and Child Protection](https://resourcecentre.savethechildren.net/document/inter-agency-guidelines-case-management-and-child-protection/)
* [Guideline on Supervised Independent Living for Unaccompanied Children](https://www.unhcr.org/media/guidelines-supervised-independent-living-unaccompanied-children)
* [*General comment No. 6 (2005): Treatment of Unaccompanied and Separated Children Outside their Country of Origin*](https://www.refworld.org/docid/42dd174b4.html)
* [2021 UNHCR Best Interests Procedure Guidelines: Assessing and Determining the Best Interests of the Child](https://www.refworld.org/docid/5c18d7254.html)
* [Inter-agency Guidance Note: Data Protection and Information Sharing in Humanitarian Settings including Specific Considerations for Settings with Refugees](https://alliancecpha.org/en/technical-materials/information-management-case-management)

Facilitators should complete their own preparation to deliver each session. See the [Alliance Facilitator Handbook](https://drive.google.com/file/d/1jl_bBf_Emoml7f1778mQ6GTeIw6L8kYP/view?usp=sharing) for a suggested approach to preparation. Please ensure to prepare for the sessions sufficiently in advance.

# 0. Pre-Training Self Learning

## Module 0. – Definitions, Guiding Principles, and International Instruments Relating to UASC

| **Duration** | 4 weeks |
| --- | --- |
| **Learning Objective(s)** | By the end of the pre-learning participants will be able to:   * Define UASC * Explain the Guiding Principles relating to UASC * Describe the international legal frameworks and mandates related to UASC * Describe the impact of separation on a child * Identify further risks that UASC may face |
| **Key Learning Points** | * **Separated Children** – are those separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members. * **Unaccompanied Children** – They are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so. * While all children in an emergency face risks to their development and well-being, unaccompanied and separated boys and girls face greater risks of several threats. Separation from family members in an emergency can be a highly distressing event, which can have a negative effect on the developing child. * Lacking the protection of parents or usual carers, UASC are amongst the most vulnerable to abuse, neglect, exploitation and violence. Young children and others with special needs are especially dependent on adults for their survival. * While primary responsibility for ensuring children’s survival and well-being lies with parents, family and community, national and local authorities are responsible for ensuring that children’s rights are respected, protected and fulfilled. UASC-related policies, programmes and decisions need to be guided by applicable international, regional and national instruments, ‘soft’ law and guidelines. * UASC should be provided with effective case management and other interventions such as psychosocial support or support to access health care. In order for interventions to be sustainable and address underlying causes of separation, they should feed into broader child protection systems where these exist, or support the development of systems where they do not exist or have been negatively impacted by the emergency. UASC also need to be provided with appropriate, monitored interim care and long-term alternative care options if reunification is impossible or not in their best interests |
| **Instructions** | Share the instructions below with participants via email. Podcast, resources and instructions templates are available in the module 0 folder.  This is a self-directed learning Module. Please follow the steps below to complete the required material before attending the live training. This should take approximately 3 hours.  1. Listen to the Webcasts shared:   * Webcast - CPMS Standard 13: Unaccompanied and separated children - An introduction - 50 minutes: <https://youtu.be/rC_Bs_vCCwQ> * Webcast - CPMS Standard 13: Unaccompanied and separated children - In context - 20 minutes: <https://youtu.be/3jOpFsXlxk0>   2. Read the following documents:   * Tool 1 Key International Instruments Guidelines * Tool 38 Problem Tree * Table 1 HB – Legal Principles * Handout – Impact of Separation   3. Complete Activity 2, 3 and 4 as per Self-Learning Activities instructions document |
| **Preparation** | * Send Module Package with Instructions to Participants 6 weeks before Day 1 of live sessions |

# Training Modules Instructions

## Module 1.1 - Welcome and Introduction

| **Duration** | 30 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Introduce each other * Describe the content and purpose of the training |
| **Key Learning Points** | * The aim of the UASC TOT is to prepare participants to be able to present information effectively, respond to questions, and lead activities that reinforce learning about UASC. The course takes place over 4 days and includes elements of child protection technical content, and elements of training skills and reflection. |
| **Preparation** | * Adapt and print *Training Agenda* and distribute to participants or display in the training room. * Prepare enough pieces of string for the number of participants. Ensure different lengths of string. * Set up ‘Parking Lot’ and ‘Acronyms’ sheets |
| **Preparation - Remote Delivery** | * Share link to adapted *Training Agenda* in a dedicated course folder * Prepare the technology introduction * Write the course aims and objectives on a virtual whiteboard * Prepare a space for acronyms and car park on a virtual whiteboard |

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 5 mins | **Welcome** participants to the training.  **Introduce** yourself and let other members of the facilitation team introduce themselves. | S1 | **Ask** each participant to introduce themselves in the chat. |
| 10 mins | **Activity** – String Game  1. Facilitator to pass around pieces of string or wool of different lengths.  2. Go around the group and ask individuals to introduce themselves, including their experience and/or interest in the UASC TOT, in the time it takes to wrap the full length of string around their fingers. Participants will have various lengths of time to introduce themselves. | S2  Pieces of String | Prepare breakout rooms of 4-5 people. Explain they have 3 minutes to identify 3 things they all have in common.  Launch the breakouts for 3 minutes, then bring everyone back.  Ask each group to share what they have in common. |
| 10 mins | **Remind** participants of the *Expectations of Training Questions* they completed.  **Explain** how you used the Questions and identify any themes or topics participants mentioned in their answers that won’t be covered in this training.  **Refer** to the slide and explain the purpose of the course, with a brief overview of the topics that will be covered during the 4 days.  **Direct** participants to the *Training Agenda*.  **Explain** the structure of the training and objectives that define what participants will learn throughout the training  **Note** that we won’t be discussing in detail the steps in case management, the Child Protection Rapid Assessment Toolkit, or the Minimum Standards for Child Protection in Humanitarian Action (CPMS). These are topics they should already have some knowledge of, and/or can research more about later.  **Tell** participants the purpose of the training is to prepare participants to be able to present information effectively, respond to questions, and lead activities that reinforce learning about UASC. | S3  S4  S5 | **Share a** virtual whiteboard with Course Aims and Objectives. |
| 4 mins | **Tell** participants any necessary housekeeping information.   * Security * Location of toilets * Smoking areas * Fire alarms and exits * Break times and lunch * Access to the training room   **Ask** the group to brainstorm ‘Ground Rules’ for the training (for example - no phone or computer use during sessions, show respect for each other etc)  **Point** out the *Parking Lot* and *Acronyms* sheet which should be displayed in a prominent place in the room.  **Tell** participants they should write any questions not answered during the day in the Parking Lot. | S6 | Technology briefing.  **Provide** an introduction to the video calling platform and any additional tools (e.g virtual whiteboards) that you will use during the course.  Ensure everyone knows how to use the chat, raise their hand, and ask for help if needed.  Share a link to the virtual acronym list and parking lot. |
| 1 min | **Ask** for a volunteer to act as timekeeper to assist in ensuring participants come back from breaks on time and remind the participants that we need to stay on time.  **Ask** any further questions or comments?  **Tell** participants the next session will be ‘Characterising Family Separation in Emergencies’ |  |  |

## Module 1.2 - Characterising Family Separation in Emergencies

| **Duration** | 100 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Recall the definitions of UASC learned in the Pre-Training Module * Describe the causes of separation in emergencies * Define non-emergency related separation and mixed migratory flows * Recall factors which may increase children’s vulnerability to family separation |
| **Key Learning Points** | * Separated Children – are those separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members. * Unaccompanied Children – are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so. * While primary responsibility for ensuring children’s survival and well-being lies with parents, family and community, national and local authorities are responsible for ensuring that children’s rights are respected, protected and fulfilled.   There are the 4 main underlying causes of separation:   * + Accidental   + Deliberate   + Aid-induced   + Non-emergency related separation and mixed migratory flows   There are a range of emergency situations in which children become separated and there are different factors that may increase the vulnerability of individual children as well as the scale of separation. The number of UASC and the geographical scope of the problem will depend on the following factors:   * + The type of emergency and the context   + Population movements   + If any separation of families existed before the emergency   In the refugee context there are four broad scenarios of family separation:   * separation that occurred prior to arrival in country of origin * separation that occurs at the point of arrival (where there is mass influx) or during movement of population away from the border, allocation of shelter, distribution) * separation that occurs post-arrival, for example due to conflict within the refugee settlement, attacks on refugee settlement * separation that occurs by way of the child's or family’s decision to send the child to another country (leading to mixed movements) |
| **Preparation** | * Print copies of Handout\_*Quiz on Causes of Separation*. 1 copy for each Participant. * Print copy of Case Studies. Each group gets a different Case Study. * Flip chart and marker |
| **Preparation - Remote Delivery** | * Share link to copies of Handout\_*Causes of Separation,* Handout\_*Quiz on Causes of Separation*, and Handout\_*Case Studies* for Small Group Activity to participants in the relevant course folder * Prepare virtual whiteboard with two columns ‘Voluntary’ and ‘Involuntary’ * Prepare virtual whiteboard with answers using the answers in *Quiz - Causes of Separation (Facilitator’s Version)* |

### **Module 1.2 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 20  mins | **Tell** participants that this Module is about the causes of separation but first we will do a quick recap on the learning from the Module on definitions of UASC completed individually before the training.  **Say** that the information in the pre-training self-learning module was important so we know that everyone is starting the training with the same understanding of the meaning of the terms ‘unaccompanied children’ and ‘separated children.’  **Ask** participants in plenary to identify:   1. What is the definition of an unaccompanied child? 2. What is the definition of a separated child? 3. How are children who are without the care of their usual caregivers looked after in your community/culture? 4. Does anyone need clarification about a term or definition they learned in the Pre-Module?   **Tell** participants that understanding the causes of separation is essential to guide both individual and collective actions to prevent separations and respond to the needs of separated children.  **Ask** participants – what are the different ways in which children become separated during emergencies?  **Draw** a table on a flipchart with two columns – one for voluntary and the other involuntary separation. **Record** participants’ answers on the flipchart as they list them. When the group has finished giving answers, elicit the common factor among each list and name the columns ‘Voluntary’ or ‘Involuntary’. (**Note** that sometimes something can be perceived to be both ‘voluntary’ and ‘involuntary’ and this is likely to cause discussion amongst participants) | S1 | **Use** a virtual whiteboard to record common factors resulting in separation in two columns ‘Voluntary’ and ‘Involuntary’ |
| 15 mins | **Distribute** theHandout\_ *Causes of Separation* (Supporting Information and Resources section and module’s folder) and ask participants to individually read the definitions. **Give** participants a couple of minutes. **Tell** participants to ask for clarification on the definitions if necessary.  **Summarise** the definitions using S2  Accidental separations - These separations are not planned or anticipated, and they occur against the will of either parent/caregiver or child/ren. They generally occur when communities are under attack or forced to flee from danger.  “Deliberate” separations occur when parents, caregivers, or children themselves make a conscious decision to separate and are often the result of the extra stresses placed upon a family related to the emergency. They arise out of a deliberate act such as handing over a child to another’s care out of dire poverty, for evacuation or other reasons. Deliberate separation can also occur after the immediate emergency phase which may be referred to as ‘secondary separation’. “Deliberate” separations do not always have a negative impact on children (in some cases children can be placed in a more beneficial situation) but they can increase children’s vulnerability in some circumstances.  Family separation can also occur as a consequence of the humanitarian response (sometimes referred to as agency induced separation),  Secondary separation occurs after the immediate emergency and is usually a consequence of the impact of the emergency on the economic circumstances and the capacity of families and communities to protect children. This term is sometimes used specifically to refer to the separation of children from foster carers or other interim caregivers i.e. the carers they were placed with following separation from family. Secondary separation may also be linked to “agency induced separation” e.g. the provision of residential care facilities and services rather than supporting family based care.  All these forms of separation may be pre-existing – pre-dating the onset of the emergency; primary – occurring during or immediately after the emergency, usually as a consequence of the event itself; or secondary – occurring after the emergency and often as a consequence of deteriorating livelihoods and the reduced capacity of families to provide care to children. Accidental separation tends to be primary, while deliberate separation tends to be pre-existing or secondary.  It is important to note that in one context there can be children separated by the emergency as well as other UASC, including children on the move (such as migrant children in mixed migratory flows) and those children who were separated prior to the emergency. Their needs should also be taken into consideration within the humanitarian response, since targeting should be based on clearly defined vulnerability criteria rather than reasons for separation.  **Note** the ICRC generally uses the term secondary separation in relation to ‘agency induced separation’.  **Say** that in some contexts children are sent ahead of family members for their protection or safety with extended family such as grandparents, adult siblings, aunts, uncles, cousins, or community appointed guardians. The children are then separated from the appointed accompanying caregiver and placed in foster care or temporary care. They are then not unified with parents or caregivers awaiting at journey's end, who may be poor or living without documentation. Children then have to start new lives without their known caregivers. These harms can be addressed by keeping children together with caregivers accompanying them and providing child protection and reunification services in the community of destination.  **If this training is being conducted in a refugee context, the Facilitator should ask participants what are the main broad scenarios of family separation in this context? Then note** that in refugee contexts there are four broad scenarios of family separation:   * separation that occurred prior to arrival in country of origin (this may be during flight, or pre-emergency separation, or individual separation due to individual persecution) * separation that occurs at the point of arrival (where there is mass influx) or during movement of the population away from the border. Prevention measures include: information for population as they cross the border, clear procedures to prevent separation when organising movement, registration, allocation of shelter, distribution) * separation that occurs post-arrival, for example due to conflict within the refugee settlement, attacks on refugee settlement * separation that occurs by way of the child's or family’s decision to send the child to another country (leading to mixed movements) - various factors at play here and can occur within weeks, months or years after arrival in country of asylum   **Emphasise** that children become separated in many ways as a result of any emergency – **ask** why is it important to understand the cause of separation?  **Take some suggestions, then show** the slide.  **Refer** to the slide. It is important to understand the causes of separation   * To identify trends of how and why separation is occurring * To ensure an appropriate and effective response to individual children * To inform programme design thus ensuring appropriate interventions | S2    S3  S4  S5 | **Share a link to** the Handout\_ *Causes of Separation.* |
| 15 mins | **Activity** – Quiz on Causes of Separation  **Give** a copy of the Handout\_ *Quiz - Causes of Separation* to each Participant (see module’s folder). **Ask** them to complete the Quiz individually by deciding which type of separation each statement represents - accidental, deliberate, agency induced.  **Allow** Participants 5 mins to complete the Quiz and **then go through the answers** using the answers in the *Quiz - Causes of Separation (Facilitator’s Version).* | S6 | **Use the** *Quiz - Causes of Separation (Facilitator’s Version) to paste descriptions in the chat and ask participants to write in the chat whether it’s a case of accidental deliberate or agency induced separation. Cover as many questions as time allows.* |
| 10 mins | **In plenary, facilitate** a short discussion on what factors are likely to have an impact on:   * The numbers of children separated? * The type of separation (i.e. deliberate or accidental)? * The geographical scope of the problem? * The vulnerability of children? |  |  |
| 30 mins | **Activity –** Small Group Activity – Identifying Children’s Vulnerability to Family Separation  **Split** participants into small groups of 4 - 5. **Give** each group a copy of a Case Study found in the Supporting Information and Resources section and module’s folder  **Ask** groups to read the Case Study and discuss the following questions to prepare to present the Case Study in Plenary:   1. What is the type of emergency and the context in this Case Study? 2. How could the population movement/s described in this Case Study lead to separation? 3. What impact could the humanitarian response have on family separation?   **Give** groups 15 mins to discuss and prepare to present their Case Study in Plenary. Ask a few groups to present as time allows.  **After** each presentation, summarise the main points adding in important details that the group may have missed.  **Note** that the Case Studies may not provide sufficient information for definitive answers but they give a good starting point for discussion and reflection upon the factors which may increase vulnerability of individual children as well as the scale of separation. | S7 | **Prepare** breakout rooms for each group. Share a link to the case study and a virtual whiteboard for making notes.    Copy and paste the questions into the chat.  **Launch** the breakout rooms. Close the breakout rooms after 15 mins.  Screen share the virtual whiteboards during each presentation as needed. |
| 5 mins | **Tell** the participants that there are a range of emergency situations in which children become separated and there are different factors that may increase the vulnerability of individual children as well as the scale of separation.  **Tell** participants that the number of UASC and the geographical scope of the problem will depend on the following factors:   * **The type of emergency and the context;** armed conflict, natural disaster, political unrest, and persecution may result in large numbers of UASC, exacerbate risks to children who may have been separated before an emergency, and can create population movements over extensive areas including across international borders. Other disaster situations, such as the explosion of ammunition stockpiles in Congo Brazzaville in 2012 can also result in family separation, likely to be on a smaller scale and contained at a local level. In addition, where the general infrastructure is of a high standard the impact of the emergency itself is likely to be less devastating (buildings more likely to remain standing etc. causing fewer fatalities, injured or trapped people resulting in fewer separations). * **Population movements**: to what extent this is foreseen and planned and the way in which the civilian population flees. There are likely to be fewer separations where: * populations are able to prepare to evacuate their homes, for example through early warning systems for tsunamis or because there has been a build-up to conflict or political unrest. * the population has the capacity to move in an organised fashion, for example, populations living in urban areas with access to transport, the internet and mobile phones are likely to be better informed and able to evacuate, flee or relocate in an orderly fashion, to maintain contact with one another and to find one another following emergencies.   **The humanitarian response** can have both a positive and negative impact on the numbers of UASC i.e. how much preparedness was possible and the degree to which the overall response supported family unity and numbers of UASC.  **Wrap up** the session and tell participants how it links to the next session on Preventing Separation. | S8 |  |

## Module 1.3 - Preventing Separation

| **Duration** | 105 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Describe the 3 levels of prevention and how these apply to UASC programming * Identify risk factors and protective factors relating to family separation * Give examples of messages on prevention of separation for different audiences |
| **Key Learning Points** | * In accordance with the public health model of prevention, there are three levels of prevention: primary, secondary and tertiary.   + Primary prevention: addresses root causes among the population to reduce the likelihood of harmful outcomes. The target group of primary prevention is all children in a community or population.   + Secondary prevention: addresses specific threats of vulnerabilities of a child identified as at risk of harm. The target group of secondary prevention are children at high risk of harm.   + Tertiary prevention: reduces the longer-term impacts of harm and the chance of recurring harm for a child identified as having been harmed. The target group of tertiary prevention is individual children who have experienced harm. * Risk factors that may lead to family separation include: child marriage, child labour, psychosocial distress/ family breakdown, children placed in institutions to access basic services; children sent away for safety reasons, child recruitment; accidental family separation following sudden population movements; children sent elsewhere/ placed in institutions to access basic services. * Protective factors may include: Supportive communities and social/traditional norms; Awareness among communities of child protection and impact of family separation; Availability of socio-economic support; Availability of basic and specialized services and multi-sectoral programming to support children and families; Adequately resourced social workforce; Legislation and policies providing for the protection of children and promoting family support. * An example message on prevention of family separation for children is “*Make a plan with your parents/carers for where to meet if you are separated.*” Other examples could be “*Children will always be better protected in a family setting. Do everything you can to keep your children with you whenever it is safe to do so*” or “*Beware of strangers offering to take you away and promise education, employment, or marriage. These offers are not always genuine and you may be at risk of violence, exploitation, or abuse. Report anything you feel may be suspicious*.” |
| **Preparation** | * Print copies of Handout *Root Causes, Risk Factors and Protective Factors.* 1 copy for each Participan*t.* * Print copies of *Handout Case Studies*. 1 copy for each group. Each group gets a different Case Study. * Print copies of *Tool 8 - Example of Contextualised Messages in Jordan*. 1 copy for each Participant. * Flip chart and marker |
| **Preparation - Remote Delivery** | * Share link to of Handout *Root Causes, Risk Factors and Protective Factors, Tool 4 – UASC prevention and preparedness measures, Handout Case Studies*, *Tool 8 - Example of Contextualised Messages in Jordan* in the relevant course folders * Prepare a virtual whiteboard with the headings ‘Hazards’ and ‘Existing Vulnerabilities’. |

### **Module 1.3 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 5 mins | **Ask** how many of the participants are familiar with the Primary Prevention Framework for Child Protection in Humanitarian Action?  **Say** in 2021, the Alliance for Child Protection in Humanitarian Action published the Primary Prevention Framework for Child Protection in Humanitarian Action (the Framework). This was developed due to the recognition that whilst there has been significant progress regarding response to harm against children, less emphasis has been placed on preventing abuse, neglect, violence and exploitation of children. The aim of the Framework is to provide guidance for humanitarian workers on the key actions and considerations to apply when developing or implementing programming to prevent harm to children in humanitarian settings “at the population-level | S1 |  |
| 10 mins | **Ask** participants to share what they think Primary Prevention means and discuss in plenary.  **Show** slide  **Say** Primary Prevention refers to interventions at the ‘population level’  **Ask** participants for ideas on what this means  **Show** slide and discuss, ensuring participants understand this explanation  **Say** the Primary Prevention Framework was developed subsequent to the Field Handbook and Toolkit on UASC and the ACE Toolkit and although these resources include some information on population level approaches, particularly through ‘child protection systems strengthening’, there is insufficient detail, including practical examples, to support implementation in humanitarian settings.  **Explain** that to fill this gap a Guidance Note has been developed as an *Addendum to the Field Handbook on Unaccompanied and Separated Children* and accompanying *Toolkit* which links the purpose, concept and principles of primary prevention to prevention of family separation. The Guidance Note is available [here](https://alliancecpha.org/en/technical-materials/guidance-note-primary-prevention-family-separation) | S2  S3 | Invite contributions verbally or through the chat |
| 10 mins | **Say** applying a primary prevention approach to prevention of family separation involves addressing the root causes of family separation within a population or community, leading to an overall reduction in the number of children separated from their families. An example of a primary prevention approach to prevent family separation is support to caregivers, such as parenting skills sessions or social and economic support.  **Say** theroot causes of family separation depend on the context.  **Ask** participants in plenary - what root causes of separation exist in their context?  **Say** that in accordance with the public health model of prevention, three levels of prevention are described in the Framework – primary, secondary, and tertiary.  **Show** slide | S4 | Invite contributions verbally or through the chat |
| 20 mins | **Present** the [video on the three levels of prevention](https://www.youtube.com/watch?v=HhArcqP_SmM&t=6s)in CPHA programming.  **Activity -** Discussion in Pairs: Primary, Secondary, and Tertiary Prevention  **Split** participants into pairs.  **Ask** participants to;   1. Generate examples for each level (primary, secondary and tertiary prevention) related to preventing family separation. 2. Identify the target groups for primary, secondary and tertiary prevention.   **Give** participants 10 minutes to discuss with their partner before asking them to share with the wider group and review Slide 6 | S5  S6 | **Play** the video.  **Prepare** breakout rooms of pairs. **Set** the time for 10 mins and ensure that the rooms will close quickly by adjusting the settings.  **Paste** the Activity instructions into the chat.       **Launch** the breakout rooms. Circulate between the breakout rooms as needed.  **Close** the breakout rooms after 10 mins and show screen with slides |
| 10 mins | **Say** insufficient investment has been made in primary prevention programming to prevent family separation across a population; the major focus of child protection actors in humanitarian programming has generally been on secondary and tertiary prevention interventions. In addition to ensuring more children remain with their families during emergencies, effective primary prevention will reduce the number of families and children in need of secondary and tertiary prevention services as well as response services such as family tracing and reunification.  **Ask** - any questions?  **Say** the Primary Prevention Framework includes eight principles for effective primary prevention interventions based on existing evidence. These principles are all relevant to prevention of harm to children, including family separation, and should be applied throughout all stages of child protection programming, from preparedness through to evaluation and learning.  **Show** slide | S7 |  |
| 20 mins | **Say** different prevention measures can contribute to the resilience of communities and increase the protection of children. It is important to understand that assessing risk is an important element of preparedness and enables specific steps to be taken to prepare.  **Show** the slide.  **Say** in Assessing Risk of Separation – Risk = hazard + vulnerability. In referring to separation, the risk of separation will be higher for a child already exposed to a hazard (such as flood) where that child is already vulnerable because, for example, he or she is living in a displaced community without the usual protective factors or is living on a flood plain.  **Refer** participants [*Tool 4 – UASC prevention and preparedness measures*](https://alliancecpha.org/en/child-protection-online-library/toolkit-unaccompanied-and-separated-children)*.*  **Say** while it is impossible to predict exactly when children will become separated, an assessment of risk can indicate the likely scale and scope of the problem, those children who may be particularly vulnerable to separation, as well as identifying any potential additional risks, such as existing problems of trafficking in the area.  **Ask** participants for their ideas about potential hazards that may lead to an emergency in which separation occurs, and who is likely to be affected. **Show** slide with photograph and say – who is likely to be affected?  Still in plenary, **brainstorm** ideas on existing vulnerabilities. **Ask** participants in relation to the current emergency in their context:   1. Are there potential hazards that could lead to separation? 2. Are there children/sectors of the population who may be particularly vulnerable to separation? 3. What makes these children/sectors of the population vulnerable?   **Write** their ideas on board/flip chart grouped by Hazards and Existing Vulnerabilities.  **Say I**t is very important to also assess protective factors as this will help to understand the degree of vulnerability and we will want to build on these where possible in our interventions or measures to address the risk of family separation.  **Ask** for examples of protective factors from participants and refer to the socio ecological model during the discussion, asking participants at which level the protective factor can be found.  **Write** examples of the protective factors on a flip chart  **Refer** to the Handout *Root Causes, Risk Factors and Protective Factors* (in module’s folder) as needed to complement the discussion and ideas of participants.  **Note** that in the case of family separation triggered by persecution of either a parent or child, prevention should happen in the country of origin to prevent separation before a child becomes a refugee. In a refugee context, prevention activities will focus on separation which may occur after arrival in the country of asylum. | S8               S9 | **Refer** participants to *Tool 4 – UASC prevention and preparedness measures.*  **Paste** the questions into the chat.         **Use** a virtual whiteboard to record the answers grouped under the headings ‘Hazards’ and ‘Existing Vulnerabilities’.  **Use** a virtual whiteboard to record participant’s suggested protective factors.  **Refer** participants to the Handout *Root Causes, Risk Factors and Protective Factors*. |
| 5 mins | **Say** we are now going to look at one method of communicating information about UASC and family separation to the affected community and other actors in the humanitarian response. Messages developed and disseminated through information campaigns can be used to raise awareness of the risk of family separation and provide information on how separation can be avoided, the importance of supporting family unity, the objectives of identifying UASC and registering children unaccounted for.  Information campaigns should provide clear information on immediate action to be taken if UASC are found/known about/are being cared for, how to report cases of children unaccounted for and what services are available to prevent separation and support UASC.  Preprepared standard messages are available in the [Toolkit on Unaccompanied and Separated Children](https://alliancecpha.org/en/child-protection-online-library/toolkit-unaccompanied-and-separated-children) and these can be rapidly adapted to the context. See *Tool 5 - Sample core child protection messages, Horn of Africa drought, CPWG*, *Tool 6 - Prevention of separation messages for parents and carers, and Tool 7 - Prevention of separation messages for children*. The focus at this stage is on preventing separations. | S10 |  |
| 25 mins | **Activity -** Small Group Activity – Analyse Risks in Case Study and develop messages and information relating to prevention of separation.  **Split** participants into small groups of 4 or 5. **Give** each group a copy of the Case Studies document in the module’s folder **Allocate** each group 1 of the Case Studies.  **Tell** participants that they need to develop at least 2 - 3 messages to prevent separation in this context.  **Explain to** the groups that they need to think about different target audiences of children, parents/carers, communities, and develop specific messages for each audience using the information in their Case Study.  **Give** groups 15 mins to complete the Activity.  **Ask** each group to share 1 message and explain the context and target audience for their message.  **To wrap up the session, show** participants an example using *Tool 8 - Example of Contexualised Messages in Jordan* and explain that they can use this example, and the other Tools in the Toolkit, to help them develop messages for their context.  **Remind** participants that a comprehensive standalone learning package on preventing family separation is available in English [on the Alliance website](https://alliancecpha.org/en/learning/learning-package-prevention-separation). This could be one of the resources to use to further train others as a post training assignment. | S11 | **Prepare** breakout rooms for small groups of 4 - 5. **Set** the time for 15 mins and ensure that the rooms will close quickly by adjusting the settings.  **Refer** groups to the *Handout Case Studies.* **Allocate** each group 1 of the Case Studies. **Paste** the Activity instructions into the chat.   **Launch** the breakout rooms. **Circulate** between the breakout rooms as needed.  **Close** the breakout rooms after 15 mins.  **Refer** participants to *Tool 8 - Example of Contexualised Messages in Jordan.*  Refer participants to [Alliance website](https://alliancecpha.org/en/learning/learning-package-prevention-separation) |

## Module 1.4 - Preparedness in UASC Programming

| **Duration** | 90 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Identify funding and resource requirements for UASC programming * Describe preparedness actions to be taken at project level to respond to separation * Suggest ways to work with other sectors to incorporate prevention of separation into sector work |
| **Key Learning Points** | * Mapping the capacity to respond to UASC is an important action to be taken in preparedness to respond to separation and involves understanding the capacities that exist. An emergency response will aim to strengthen existing capacities and fill any gaps. * Key actions involved to ensure readiness for a UASC programme response includeidentification of funding and resources (human and material) for anticipated activities, pre-positioning Family Tracing and Reunification (FTR) kits, organising supplies and transport, understanding the legal framework and how the country currently responds to UASC, recruiting and training staff, preparing for rapid assessment e.g. researching/collecting background /baseline information and developing emergency preparedness and response plans (based on agreed roles and joint Standard Operating Procedures (SOP’s). * It is important to engage other sector actors in the humanitarian response since they can play a key role in preventing separation. Engagement can include: * establishing emergency referral pathways * organizing bilateral meetings to review specific practices * briefings at cluster/sector coordination meetings * conducting training for other organizations’ staff * providing resources such as standard forms * launching joint prevention of separation information campaigns – for example, at nutrition and feeding centres. |
| **Preparation** | * Print copies of *Tool 4 – UASC Prevention and Preparedness Measures.* 1 copy for each participant. * Flip chart and marker |
| **Preparation - Remote Delivery** | * Share link to the 6 handouts in the module’s folder * Share link of Tool *4 – UASC Prevention and Preparedness Measures* to participants. |

**Module 1.4 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 10 mins | **Introduce** the session topic and objectives.  **Ask** the group for ideas about why it is so important to map existing capacities to prevent and respond to UASC. Take some suggestions, then explain that this can be to inform a strategy, to build, develop, or strengthen capacity to prevent and respond to UASC.  **Show** slide.  **Refer** to slide - mapping capacities to respond to UASC involves understanding the capacities that exist at household, community, district, or regional level, within central government or within the neighbouring countries or the international community, within organisations and broader networks of actors and organisations, including public and private sectors. An emergency response will aim to strengthen existing capacities and fill any gaps.  **Say** capacity refers to both formal and informal capacity.  **Show** slide.  **Say** – capacity mapping for what? **Refer** to slide. Capacity for prevention of separation, identification, documentation, tracing and reunification (FTR), case management, information management, alternative care. | S1    S2  S3 | Invite contributions verbally or through the chat |
| 40 mins | **Activity** – Small Group Activity – Capacity Mapping for Emergency Response to UASC  **Say** - we are now going to do an activity about capacity mapping in relation to an emergency response to UASC. When we complete this activity, we are considering capacity for:   * Prevention of separation * Identification * Documentation * Tracing and Reunification (FTR) * Case Management, including assessment, follow up and review * Alternative Care   **Divide** participants into either three or six groups and give each group one of the three questions on the slide.   1. Who should be involved in a mapping exercise to map the capacity to prevent and respond to UASC? What is the role of each actor? 2. When considering ‘capacity’ what do we need to think about and how will you identify strengths/weaknesses and identify gaps? 3. What questions will you need to ask to find out about possible ways of providing alternative care for UASC?   **Give** the groups 20 minutes writing down on a flip chart key points in response to their given question. Remind them to think about informal/traditional and formal capacity.    Where possible they should refer to the situation, they are working in.    **After** 20 minutes ask each group to present their ideas in plenary. (If more than one group has worked on each question, ask one group to present and the other group to contribute their ideas afterwards).  **Following** the presentations **facilitate** a discussion on the role of government using the questions below to guide the discussion:   * National government should take a lead role in the response if possible/appropriate. What is the situation in the context they are working in? * What happens if governments are unable or unwilling to fulfil their international obligations to protect all persons under their jurisdiction? * Finally, participants may have mentioned different methods or tools to assess capacity i.e. the use of a SWOT analysis (strengths, weaknesses, opportunities and threats). Discuss the pros and cons of these if there is time. | S4 | **Prepare** breakout rooms for either three or six groups (depending on number of participants). **Set** the time for 20 mins and ensure that the rooms will close quickly by adjusting the settings.  **Paste** the Activity instructions into the chat. **Allocate** each group one of the three questions.    **Launch** the breakout rooms. **Circulate** between the breakout rooms as needed. **Ask** the groups to choose a scribe to record their answers.  **Close** the breakout rooms after 20 mins but leave them available to relaunch for the next Activity. |
| 5 mins | **Ask** the group what are the key actions involved to ensure readiness for a UASC programme response?  **Ensure participants mention:**   * identification of funding and resources (human and material) for anticipated activities * pre-positioning Family tracing and reunification (FTR) kits * organising supplies and transport * understanding the legal framework and how the country currently responds to UASC * recruiting and training staff * preparing for rapid assessment e.g. researching/collecting background /baseline information and developing emergency preparedness and response plans (based on agreed roles and joint Standard Operating Procedures (SOPs).   **Note:** Check whether participants are familiar with the use of SOPs and inform them we will look at developing these later in the training. | S5 |  |
| 25 mins | **Activity –** Small Group Activity – Project Preparedness  **Organise** participants back into the three or six groups from the previous exercise. Give each group copies of the three different Templates for Tasks (see Excel sheet in module folder), copies of the Case Study, and for the group working on Task 1 the Handout 2 FTR kit supply, from the module 1.4 folder.  **Tell** groups to use the templates as a tool to practise preparing for emergency work with UASC.   * Groups working on **Task 1** should complete the template with regard to the supplies and materials that will be required for an initial emergency response to UASC in countries X and Y. * Groups working on **Task 2** should complete the templates with regard to staffing requirements in the circumstances as described in the case study. This should include both country X and country Y. * Groups working on **Task 3** should complete the template with regard to training topics and approach to training for child protection roles.   **Give** groups 15 mins to complete the Activity.  **In plenary, ask one group** per Task to give a brief overview of how they completed their Task.    **Ensure** no key actions have been missed (see key actions listed in Supporting Information below):  **Wrap up the session by emphasising** that this exercise refers to measures to be taken in preparation of an impending emergency situation such as in the case study, or in other circumstances where emergency preparedness is possible, for example where a combination of famine and food shortages is predicted to lead to population movements. However, given that this level of preparedness is not always possible,preparedness and prevention may overlap. | S6 | **Reopen** the breakout rooms and have participants work in the same groups as the previous Activity. **Set** the time for 15 mins and ensure that the rooms will close quickly by adjusting the settings.  **Refer** participants to the three different Templates for Tasks. **Refer** participants to the Case Study and **ask** the group working on Task 1 to use the Handout FTRKit Supply List.  **Paste** the Activity instructions into the chat  **Launch** the breakout rooms. **Circulate** between the breakout rooms as needed.  **Close** the breakout rooms after 15 mins. |
| 10 mins | **Refer** to *Tool 4 – UASC Prevention and Preparedness Measures.*  **Say** it is important to take specific preparedness measures with actors in the wider humanitarian community.  **Present** the 3 steps below (page 21 of *Tool 4 – UASC Prevention and Preparedness Measures)*   1. **Step 1 – Advocate for organisations to help prevent separation and preserve family unity through incorporating into their planning the need to:**  * Provide the necessary support for basic services, ensuring that all households have access to basic relief supplies, including family kits, health services, education and psychosocial support, as quickly as possible. * Put resources into monitoring, supporting and managing family-based care options for UASC, rather than residential care, where possible. * Limit the development of residential care options and restrict their use to those situations in which residential care is absolutely necessary. * Provide appropriate material/financial support to vulnerable families, enabling them to continue to care for their children.  1. **Step 2 – Raise awareness about family separation, potential for separation, risks for UASC, and ways to prevent separation and preserve family unity.**  * Offer to review practices, work alongside other actors, provide resources, or develop guidance regarding separation prevention. * Emphasize the need for proper record-keeping, such as registers of all hospital admissions, discharges, deaths and medical evacuations. * Offer to provide information/training on mainstreaming to prevent separation and preserve family unity. * See Chapter 3.1.4, *Key messages to emergency actors in other sectors of the humanitarian response* * See *Tool 9: Sample laminated card for cross-sector partners*  1. **Step 3 – Liaise closely with those actors undertaking humanitarian evacuations, including evacuation of children, to preserve family unity during evacuation**  * First protect and assist in place. * Never be involved in involuntary evacuations. * Organize and implement evacuations as part of a coordinated plan of action, including both the starting point and destination. * Give families full information so that they can give informed consent. * Whenever possible, evacuate children together with adult family members. * Only evacuate children without family members as a last resort and as a temporary measure. * Evacuate to the nearest safe and appropriate place, ensuring cultural/linguistic links and ease of return. * Ensure supervision of placement/care of children by national or local welfare services. * Maintain communication between children and their families, even where it requires special efforts. * Maintain complete records of all evacuations.   **Say** it is important to engage other sector actors in the humanitarian response since they can play a key role in preventing separation; this is particularly true for transport, health, nutrition and Cash and Voucher Assistance (CVA) actors/sectors. Such engagement can take the form of establishing emergency referral pathways, organizing bilateral meetings to review specific practices or briefings at cluster/sector coordination meetings, conducting training for other organizations’ staff, providing resources such as standard forms, or launching joint prevention of separation information campaigns – for example, at nutrition and feeding centres. | S7 | **Refer** participants to *Tool 4 – UASC Prevention and Preparedness Measures.*  Invite participants to share examples verbally or through the chat |

**Supporting Information for Project Preparedness Exercise Debrief**

**Task 1:**

**Supplies & Stockpiling**

Where possible it is preferable to source local materials where these are of good quality. The quantity of supplies required will depend on the scale and nature of the emergency.

The following are likely to be required:

* Adequate supplies of materials and resources for prevention of separation and emergency response for UASC including forms, stationary, identity bracelets or labels or marker pens, megaphones, prepared messages relating to prevention of separation and promoting family and community based care, cameras, mobile/satellite phones, laptops and related technology for RapidFTR[1]; FTR kits[2] can be pre-positioned and if necessary FTR backpacks prepared; if electricity supply is not assured, carbonless forms or carbon paper to enable copies of forms.
* Communication equipment for field staff: radios/ mobile phones/satellite phones
* Computers and printers for programme use and for any partners
* Copies of the IA CP IMS, Training Manual - Inter-agency Child Protection Information Management System
* Copy of IA Data Protection and Information Sharing Protocol. Upcoming
* Printed supplies of information and documentation required for programming, for example relevant legal framework, government policies and guidelines related to child protection/social welfare, national policy e.g. on confidentiality/informed consent where this exists or agency protocols, evacuation guidelines, standard agreements and Memorandum of Understanding (MOU), Standard Operating Procedures (SOP’s) and training materials. Translated materials as applicable
* Examples of policy documents developed with governments in other emergencies, promoting community based care rather than institutional care[3]
* Copies of the Interagency Guiding Principles on Unaccompanied and Separated Children, Guidelines for the Alternative Care of Children (2009) United Nations – Section IX. Para 153 onwards relate to application of standards in emergency situations, Moving Forward: Implementing the ‘Guidelines for the Alternative Care of Children’ (2012) CELCIS; page 113 Care provision abroad and in emergency situations and the Alternative Care in Emergencies (ACE) Toolkit (2013) Interagency Working Group on Unaccompanied and Separated Children
* Access to clean water and appropriate food for children including infants - refer to Operational Guidance on Infant and Young Child Feeding in Emergencies, v2.1http://www.ennonline.net/resources/6
* Supplies for temporary alternative care provision, for example shelter materials and non-food items including bedding and emergency supplies for children (clothing, basic toys etc.)

**Task 2:**

| **Table 1 Core functions for an emergency response to Unaccompanied and Separated Children (UASC)** | | |
| --- | --- | --- |
| **Staff Category** | **Function** | **Other considerations** |
| Senior level child protection coordinators/ managers | Overall management of the programme: attend coordination meetings, recruit staff, support, mentor and supervise case workers, carry out assessments/situation analysis, develop partnerships with government actors and other partners, develop Standard Operating Procedures, write programme proposals and advocacy statements/messages, establish information management and case management systems and processes[2] etc. | There is often a rapid turnover of staff in the initial stages of an emergency and thus, succession planning will need to be considered early on. The high turnover of staff also has budget implications, such as higher travel costs, possible instalment payments to staff etc. Continuity is important – for example Save the Children aim for no more than one change in focal person in the first 3 months and a permanent person in place by the 3-month mark (staying at least 12 months or the duration of the response if less than one year). |
| Child protection case workers | Carry out child protection programme work related to prevention and response to family separation including case management and FTR activities, working directly with the affected children and families and with volunteers/community members participating in the emergency response.  Facilitate and monitor appropriate alternative care | Case workers should be of mixed gender where possible[3] and should speak the same language as the affected population.  If there are children from marginalised ethnic groups, ideally there should be case workers from the same ethnic group.  Recommended ratio for case management is approximately 25 cases to one case worker |
| Information management officers | Manage programme needs for information including gathering and analysing assessment and response data.  Support the work of the coordination group for UASC, for example preparing updated information on recent findings for members of the group  Interface with other agencies and the media in line with data protection and information sharing protocols | An evaluation of the emergency child protection response following the earthquake in Haiti identified that the absence of a dedicated information officer to the child protection cluster in the early days of an emergency had severely affected the capacity of the group to process data[4].  Information management support to UASC programmes, particularly in the early stages of an emergency when systems are being established, will allow the child protection team to focus on the more “technical” activities. |
| IT and data management staff | Establish an information management system e.g. IA CP IMS and establish and implement data protection protocols and procedures.  Provide training on the IA CP IMS and RapidFTR where in use.  Data management including data entry | The information management team including data entry staff can make an important contribution to quality control and case management. Where they are included as part of the child protection team and trained in basic child protection issues, data entry staff are more likely to identify problems with forms and gaps in case management. In this way the IA CP IMS can act as an audit tool. |
| Administrative staff | Procurement, data entry, prepare job descriptions, organise travel arrangements and manage finances, human resources administration, admin support for case management etc. | A case management system will require significant administrative support to manage individual case files and records (filing, storing, closing cases and archiving) |
| Drivers and Logisticians | Transport needs for staff, partners and volunteers to carry out all activities related to prevention, FTR and follow up.  Movement of children as necessary e.g. to alternative care provision, for family reunification. | Emergency work with UASC is heavily dependent on reliable transport; cars, motorbikes and bicycles may all be required.  Communications equipment is essential for staff working in remote areas. |

**Competencies**

Reference should be made to the Child Protection in Emergencies (CPIE) Competency Framework which “provides a set of standards to facilitate staff recruitment, performance management and professional development with the aim of protecting children in emergencies.[5]” Developing job profiles in line with the competency framework will help to ensure the appropriate skills are identified.

[1] See Appendix 2 CP Specialist Unaccompanied and Separated Children – TOR for Emergency Missions

[2] See Appendix 3 Example of Data Management Process for description of related roles and responsibilities

[3] See CPWG (2010) *Child Protection in Emergencies (CPIE) Competency Framework,* CPWG p. 47 for ideas on recruiting teams with gender balance

[4] Key findings of the CPWG (2010) *Key findings of the global Child Protection Working Group* *(CPWG) Learning and Support Mission to Haiti,* CPWG , p.4

[5] CPWG (2010) *Child Protection in Emergencies (CPIE) Competency Framework,* CPWG P.4

**Task 3:**

The following topics and areas for skills development should be included in a training and capacity building programme for emergency work with UASC. The list is not exhaustive, and training should be tailored to the needs and capacity gaps as highlighted in the assessment of capacity. The focus for emergency preparedness will be on developing the knowledge and skills to address the immediate situation.

✔ Interagency Guiding Principles on Unaccompanied and Separated children

✔ Definitions and Causes of separation

✔ Emergency work with UASC; prevention of separation and FTR including completing the relevant IAWG-UASC forms

✔ Knowledge and skills of cross sectoral prevention work and child protection mainstreaming

✔ Individual case assessment; Best Interests Assessment and Best Interests Determination

✔ Child Safeguarding

✔ Identifying potentially trafficked/smuggled UASC, immediate response and protection and prevention mechanisms

✔ Appropriate alternative care provision i.e. based on the Guidelines for the Alternative Care of Children (2009) United Nations and the Alternative Care in Emergencies (ACE) Toolkit, (2013) Interagency Working Group on Unaccompanied and Separated Children

✔ The needs, risks and appropriate responses to the nutritional needs of unaccompanied and separated infants.

✔ Prioritisation of actions for UASC including through the use of a triage system

✔ Case management and referral mechanisms, understanding local social welfare systems

✔ Understanding child protection programming, rights based approaches and needs based approaches

✔ Community based approaches

✔ Child rights and child development

✔ Working with children including listening and interviewing skills and family mediation skills

✔ Participatory approaches

✔ Negotiation, coordination, advocacy, mediation and facilitation skills

✔ Knowledge of child welfare, legislative framework and minimum standards in alternative care

✔ Legal Protection of children, including international law and standards, relevant national legislation, policies and operational guidelines

✔ Minimum Standards in child protection in humanitarian action

✔ Information management systems, confidentiality and security of information, computer skills and operating electronic database

✔ Guidelines for the use of images and identities of children for example by the media, including on the internet.

## Module 1.5 - Coordination

| **Duration** | 105 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Describe the importance of coordinating an emergency response to UASC * Identify context-based coordination structures and roles in emergency response to UASC * Suggest ways to overcome challenges to effective coordination * Describe the role of SOPs and referral pathways in ensuring a coordinated response to UASC |
| **Key Learning Points** | * Coordination is crucial in an emergency response to UASC and poor coordination can negatively impact tracing and reunification. Effective coordination helps prevent duplication of activities, facilitates information exchange and promotes standardized approaches and good practice in programmes for UASC. * It is important to work through existing systems and early collaboration with the government and local organizations to promote ownership. The involvement of the ministry of social welfare or other relevant ministries, such as the national immigration authority, as well as adherence to national laws and policies, is particularly important. * The coordination structure depends on the context: * In emergencies within a Cluster System, the Global Protection Cluster (GPC) and the Child Protection Area of Responsibility (CP AoR), provide the framework for coordinating and implementing child protection work in the field. * UNHCR is responsible for coordinating the humanitarian response in a refugee setting - including work with refugee UASC * Where the cluster system is not in operation a group should be established to coordinate work with UASC, either as a distinct UASC coordination group or as part of the coordination of child protection work. * There are always challenges to effective coordination in any emergency response so it is important to ensure all organisations/actors can participate, conduct coordination meetings at a convenient time for all actors and in a language they understand, develop SOPS to define roles and responsibilities, and ensure UASC TF representation at relevant coordination meetings. |
| **Preparation** | * Print copies of Handout *Role and Tasks of a Coordination Group for UASC*. 1 copy for each participant. * Divide participants into 4 groups. Each group will look at one of these documents. Print copies of each document. 1 x each participant in each group. * Handout *SOP Uganda* * Handout *SOP Sudan* * *Tool 11 – Sample terms of reference for a UASC technical working group* * *Tool 13 – Standard Operating Procedures for Emergency response to UASC in Jordan* * Flip chart and marker |
| **Preparation - Remote Delivery** | * Share link to copies of Handout *Role and Tasks of a Coordination Group for UASC*, *Handout SOP Uganda, Handout SOP Sudan, Tool 11 – Sample terms of reference for a UASC technical working group, Tool 13 – Standard Operating Procedures for Emergency response to UASC in Jordan* * Prepare a poll/quiz with the 3 questions and answers * Prepare a virtual whiteboard with the heading ‘What is essential to agree upon when establishing a coordination group for UASC?’ |

**Module 1.5 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 30 mins | **Ask** the group to give examples/experience of no coordination or poor coordination in response to UASC.  **Tell** the group that effective coordination helps prevent duplication of activities, facilitates information exchange and promotes standardized approaches and good practice in programmes for UASC.  **Refer** participants to **Standard 1 – Coordination** in *Minimum Standards for Child Protection in Humanitarian Action* (CPMS)  Standard  Authorities, humanitarian agencies, civil society organisations and affected populations coordinate actions to protect all affected children in a timely, efficient manner.  It is important to work through existing systems and early collaboration with the government and local organizations, including refugee-led organisations in refugee setting, will promote ownership and increase the likelihood of promoting positive change in the social and welfare policy of the country. The involvement of the ministry of social welfare or other relevant ministries, such as the national immigration authority, as well as adherence to national laws and policies, is particularly important to ensure the sustainability of case management, provision and supervision of alternative care arrangements, and eventual handover of programme work.  Coordinating with other sectors is essential to ensure a comprehensive response.  Poor coordination can potentially negatively impact tracing and reunification as tracing may take longer and reunification may be delayed and there could be a greater chance of new separations as a result of the humanitarian response. | S1  S2 |  |
| **Explain** what should be considered before establishing a mechanism for coordination.   * Is there currently a CP coordination mechanism? * Can that mechanism meet the needs of coordinating the emergency response or be strengthened to do so? * Governments have primary responsibility for protection of children – is it appropriate/possible to work with and through existing government structures? * What extra efforts might be required to facilitate the involvement of government and national actors? | S3 |  |
| **Ask** the group who is responsible if the government is not able or willing to undertake a coordination role in an emergency response?  **Say** that NGOs, UNICEF or UNHCR may take on coordination of protection interventions, working in coordination with others, for example ICRC and other components of the ‘Movement’.  **Explain** that the coordination mechanism is context specific and the coordinator role can be undertaken by different organisations depending on the context. |  | **Use** the polling/quiz feature and **ask** participants to select *who is responsible if the government is not able or willing to undertake a coordination role in an emergency response:*   1. *UNICEF* 2. *UNHCR* 3. *NGO* 4. *It depends* |
| **Explain** coordination of UASC in emergencies within a Cluster System   * The Global Protection Cluster (GPC) and the Child Protection Area of Responsibility (CP AoR), (for whom UNICEF is the focal point agency), provide the framework for coordinating and implementing child protection work in the field. * A response to UASC will be coordinated by the country-level CP sub-cluster/AOR who will agree on the formation of a distinct coordination group for UASC where this is necessary. * In emergencies covering a wide geographical area it may be necessary to establish further UASC sub-working groups at community, national and regional level ensuring strong linkages and two-way communications   **Say** UNHCR is responsible for coordinating the humanitarian response in a refugee setting - including work with refugee UASC  **Tell** participants ICRC are not part of the UN system and have observer status only in clusters. The ICRC coordinates with the UN cluster system.  Where the cluster system is not in operation a group should be established to coordinate work with UASC, either as a distinct UASC coordination group or as part of the coordination of child protection work. | S4 |  |
| **Ask** participants if they know about the IA UASC Task Force?  **Tell** participants that the IA UASC TF is not a formal part of the cluster structure but operates within a collaborative framework under the wider umbrella of the Alliance for Child Protection in Humanitarian Action. The UASC Task Force leadership rotates and more information can be found on the Alliance for Child Protection in Humanitarian Action [dedicated page](https://alliancecpha.org/en/unaccompanied-and-separated-children). | S5 | **Use** the polling/quiz feature and **ask** participants to select ‘yes’ or ‘no’ to the question “*Is the IA UASC TF a formal part of the humanitarian cluster structure?”*  *Share Alliance for Child Protection in Humanitarian Action UASC Task Force dedicated page link: https://alliancecpha.org/en/unaccompanied-and-separated-children* |
| **Explain** to participants that the ICRC in collaboration with the National Red Cross and Red Crescent Societies have the lead in restoring family links (RFL) and reunifying families across international borders.  Non-governmental agencies and any other implementing partners should therefore coordinate all cross-border RFL activities with ICRC, and work with UNHCR in the case of refugees |  | **Use** the polling/quiz feature and **ask** participants to select ‘yes’ or ‘no’ to the question “*Does the ICRC lead Restoring Family Links activities?”* |
| **Tell** participants that whatever the framework for coordination of work with UASC, it is essential to agree on ways of working.  **Lead** the group in a brainstorm about what is essential to agree upon when establishing a coordination group for UASC.  **Ensure** the group identifies:   * Lead organisation/chair for the UASC coordination group/groups; i.e. government, UNICEF /UNHCR, NGOs, Coordination groups can also be co-chaired. * Coordination with ICRC and other components of the Movement (including National Societies). * TOR for the coordination group * Decision making processes; which organisation has the authority to make which decisions where it is not possible to reach consensus * Mechanisms for communication between the groups at different levels (if more than one group) * Coordination with any existing coordination group on Case Management * Data protection and information sharing protocols | S6 | **Invite** participants to contribute verbally or through the chat |
| 15 mins | **Activity –** Priority Tasks for a UASC Coordination Mechanism  **Give** participants the Handout\_ *Role and Tasks of a Coordination Group for UASC* (in module’s folder)  **Give** participants 5 mins. **Ask** them to read through the list of tasks and **identify the priority tasks** for a newly formed Coordination Group for UASC. Participants should identify their top 5 priority tasks and be able to explain why they chose these tasks.  **Lead** the group in a plenary discussion about the importance of prioritising tasks in a coordination group and how to do so. Explain that working groups can be established to focus on particular areas of work that need to be completed urgently, and different actors within the coordination group can take the lead on driving the completion of different tasks. | S7 | **Refer** participants to the Handout *Role and Tasks of a Coordination Group for UASC.* |
| 30 mins | **Tell** the group that there are always challenges to effective coordination in any emergency response.  **Lead** the group in a plenary discussion. **Ask** a participant to act as scribe and record responses on a Flip Chart.  **Ask** participants:   1. **What are the challenges associated with coordination in a UASC response?**   Facilitate a discussion to cover the key points:   * Numerous organisations/actors with varying experience and expertise * Lack of participation by local actors due to language issues or practical constraints e.g. transport * Confusion over roles, responsibilities and accountabilities * Lack of collaboration and integration with other protection related coordination groups  1. **To identify suggested actions to overcome the challenges associated with coordination groups (i.e Child Protection Working Group, UASC Taskforce etc.)**   Facilitate a discussion to cover the key points:  **1. Numerous organisations/actors with varying experience and expertise**  The participation of *all* actors in the coordination group is important in promoting collaboration and good practice, but groups can be unwieldy to manage if too large:   * Work to a pre-set agenda and ensure the chair keeps to time and fulfils a lead role * Provide background information in writing to save time in discussion * Keep introductions as brief as possible * Agree on a core group where decisions are made and hold the larger inclusive group for information sharing. Designate tasks, (such as amending forms) with time limits, to smaller task groups.   **2. Lack of participation by local actors due to language issues or practical constraints**   * Hold coordination meetings at the beginning or end of the working day; experience shows that attendance is likely to be higher at those times. * Take account of the time taken for participants to travel between their place of work (e.g. refugee camps) and the “base” where meetings are held when setting the time for meetings. * Conduct coordination meetings in the local language where possible or ensure that interpreters are available, and key materials are urgently translated*.* * Identify strategies to overcome language barriers to coordination * Change the location of meetings or organise transport so that everyone can attend meetings; senior actors such as government personnel who are still unable to attend should be briefed and kept updated by chair or other senior members of the core group. * Develop (in relevant language/s) an information package for distribution to new organisations containing basic information about, e.g. coordination, the cluster system, child protection and policy and principles relating to UASC.   **3. Confusion over roles, responsibilities and accountabilities.**  The following can help to provide clarity; ensure these build on or adapt any agreements developed during the preparedness phase.   * Standard Operating Procedures (SOPs) * Referral pathways for the prompt and effective referral of children to necessary procedures and services   **4. Lack of collaboration and integration with other coordination groups.**   * Ensure representation at relevant coordination meetings (e.g. Protection Working Groups or Child Protection Working groups) This can take a lot of time but is essential for integrated protection programming and mainstreaming child protection issues; organisations may need to share these tasks and lobby for support of an information officer during the initial start-up period. * Seek opportunities to work together e.g. on common advocacy messages or undertaking joint assessments | S8 | **Use** the virtual whiteboard to record participant responses and information from the notes they have missed. |
| 5 mins | **Tell** participants Standard Operating Procedures refer to a document that aims to regulate coordination among operational agencies and implementing partners on working modalities. Such procedures can be developed specific to UASC- related work, or they can be for more general child protection efforts that include UASC.  **Note** that SOPs are distinct from information-sharing protocols (ISPs), which are necessary whenever confidential data is exchanged among agencies. When done well, SOPs can be useful but not compulsory ways to document who is doing what and where. If there are already efficient coordination mechanisms and roles/responsibilities are already clear, SOPs are unlikely to be needed. However, organizations should use SOPs where they are necessary and appropriate, for example, if there is a high turnover of humanitarian actors.  The ICRC and Red Cross Red Crescent Movement National Societies do not sign SOPs/ISPs, with the exception of a global Memorandum of Understanding between the ICRC and UNHCR. In several contexts and if deemed necessary, the ICRC and National Societies might opt to issue an information sheet on its Restoring Family Links activities in order to inform UN agencies and other humanitarian actors of the Movement’s actions. | S9 |  |
| 25 mins | **Activity -** Activity 2 – TORs, SOPS and Referral Pathways  **Divide** participants into 4 groups. Give each group a sample SOP or TOR. You can use the ones available in the Supporting Information and Resources section or module 1.5 folder or use others that you have come across more recently  **Ask** groups to read through the document they have been given and identify the key features of the document. Give groups 15 mins.    **Ask** groups to report back to plenary and then lead a discussion on how these documents can be used to ensure better coordination and interventions for UASC.   * Coordination of UASC-related work in emergencies can be challenging, but there are tools and best practices which can facilitate effective coordination. * Coordination tools can be simple, ad hoc fixes to urgent needs; it is essential to collaborate as well as possible without slowing down programming. * SOPs aim to regulate coordination among operational agencies and implementing partners on working modalities. Such procedures can be developed specific to UASC- related work, or they can be for more general child protection efforts that include UASC. * The process of agreeing on SOPs should not prevent operations from starting, nor should they take an extended period of time to develop. | S10 | **Prepare** breakout rooms for 4 groups. **Set** the time for 15 mins and ensure that the rooms will close quickly by adjusting the settings.  **Allocate** each group a different sample SOP or TOR and refer them to the relevant handout.  **Paste** the Activity instructions into the chat:  *Read through the document and identify its key features.*  **Launch** the breakout rooms. **Circulate** between the breakout rooms as needed.  **Close** the breakout rooms after 15 mins. |

## Module 1.6 – Day 1 Review

| **Duration** | 30 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Recall learning from Day 1 * Describe the purpose of the Simulation activity |
| **Key Learning Points** | * The aim of the Day 1 Review is that participants recall learning from the day and help each other to consolidate this learning during the activity. * Participants will be introduced to the Simulation activity which has been designed to provide participants an opportunity to apply the learning from the training in a simulated real-life situation and given an overview of how activities in different Modules during the 4 days will help them prepare for the Simulation on Day 4. |
| **Preparation** | * Print copies of the *Bingo Template.* 1 copy for each Participant. * Print copies of *Organisation Package* and the C*ountry X - Situation Analysis* or share via email * Allocate participants to groups/organisations for the simulation exercise. |
| **Preparation - Remote Delivery** | * Share link to download *Bingo Template* * Email link to *Organisation Package* and the C*ountry X - Situation Analysis to each participant* * Allocate participants to groups/organisations for the simulation exercise. |

**Module 1.6 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 20 mins | **Tell** participants that we are playing a game of bingo to see what we can recall from Day 1.  **Handout** Bingo Template to all participants.  **Explain the rules of the game clearly.** The participants should move round the room and find someone who can answer each question on their bingo card. They may only get one answer from each person, and should record that person’s name on the relevant box.  Once someone has filled their sheet they should call ‘Bingo’ |  | **Prepare** breakout rooms for 4 groups. **Set** the time for 15 mins and ensure that the rooms will close quickly by adjusting the settings.  **Allocate** participants into groups. **Paste** the instructions into the chat:  *Answer the questions as a group, making sure one group member writes the answers. Once the group has filled the sheet, all participants should exit the breakout room and call ‘Bingo’.*  **Launch** the breakout rooms. **Circulate** between the breakout rooms as needed.  **Close** the breakout rooms after 15 mins but leave them available to relaunch for the next Activity. |
| 10 mins | **Explain** to participants that we will be conducting a Simulation on Day 4 of the training.  The Simulation activity has been designed to encourage the participants to work together to achieve a common goal and provides an example to participants of the challenges associated with effective coordination of a UASC response.  Participants will be split into groups and each group is a different stakeholder in the UASC coordination group.  During the Simulation, groups will be given various tasks to complete. There will be some time pressure applied and new information being given to groups during the Simulation.  We will be completing activities as part of the different modules over the next two days which will be based on information from the Simulation and will help participants prepare for the Simulation.  To prepare for the Simulation, groups need to complete some tasks as Homework on Days 1, 2, and 3 of the training. These tasks should take no longer than 45 mins. Groups can decide if they want to complete the task after we finish for the day, or before we start the next morning.  **Any** questions?  **Divide** participants into their Organisations for the Simulation.  **Give** participants a copy of their Organisation Package and the Country X - Situation Analysis.  **Tell** participants that they should use this information to prepare as an Organisation for the Simulation on Day 4.  **Tell** them that they should spend about 45 mins sometime before the first session starts tomorrow morning, reading the information contained in the Organisation Package and Situation Analysis and discussing as an Organisation:   * Why their organisation is a member of the Child Protection Coordination Group * If they think their organisation currently works with UASC and what sort of work they do to support UASC. * What capacity their organisation has to support a response for UASC affected by the earthquake described in the Situation Analysis. | S1       S2         S3  S4 | **Prepare** breakout rooms for 4 groups/organisations that will be used in the simulation. **Set** the time for 5 mins and ensure that the rooms will close quickly by adjusting the settings.  **Refer** groups to their Organisation Package and Country X - Situation Analysis.  **Paste** the Activity instructions into the chat:  *Use your Organisation Package and the Country X - Situation Analysis to prepare as an organisation for the Simulation on Day 4.*  *Spend about 45 mins sometime before the first session starts tomorrow, reading the information contained in the Organisation Package and Situation Analysis and discussing as an Organisation:*   * *Why their organisation is a member of the Child Protection Coordination Group* * *If they think their organisation currently works with UASC and what sort of work they do to support UASC.* * *What capacity their organisation has to support a response for UASC affected by the earthquake described in the Situation Analysis*   **Launch** the breakout rooms. **Circulate** between the breakout rooms as needed.  **Close** the breakout rooms after 5 mins. |

## Module 1.7 – Homework - Simulation Activity 1: Roles, Responsibilities, and Function of a Coordination Group

| **Duration** | 45 mins (self-directed) |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Identify the roles and responsibilities of different actors in a coordination group |
| **Key Learning Points** | * How to use a Situation Analysis and a description of each Simulation Group’s organisation to identify the organisation’s role and responsibility in a UASC coordination group. |
| **Preparation** | * Ensure each participant has received a printed copy or an emailed copy of their *Organisation Package* and the C*ountry X - Situation Analysis.* |
| **Preparation - Remote Delivery** | * Ensure all participants have access to their *Organisation Package* and the C*ountry X - Situation Analysis.* |

**Module 1.7 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 45 mins | Participants use their copy of their Organisation Package and the Country X - Situation Analysis to prepare as an Organisation for the Simulation on Day 4. All the resources can be found in the module’s folder  Participantsshould spend about 45 mins sometime before the first session starts tomorrow morning, reading the information contained in the Organisation Package and Situation Analysis and discussing as an Organisation:   * Why their organisation is a member of the Child Protection Coordination Group * If they think their organisation currently works with UASC and what sort of work they do to support UASC. * What capacity their organisation has to support a response for UASC affected by the earthquake described in the Situation Analysis. |  | **Paste** the Activity instructions into the chat. |

## Module 2.1 – Training of Trainers – Preparing for Training

| **Duration** | 60 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Describe the importance of preparation in delivering a training * Identify actions required to develop and deliver UASC Training |
| **Key learning Points** | * It is important to prepare properly before delivering a training, to ensure that you understand the content of the training, are familiar with the structure and flow of the training, and are confident in using participatory learning methodologies to support participants to meet the learning objectives * Training material may need to be adapted to suit the training context and participant’s level of knowledge. * The tools included in the Facilitator’s Guide will help you prepare for delivering a UASC Training but you need to anticipate any issues in advance and prepare as much as possible to ensure the training runs smoothly. |
| **Preparation** | * Ensure you have enough Flip chart and markers for participants to work in pairs |
| **Preparation - Remote Delivery** | * Prepare virtual whiteboard for groups to make notes |

**Module 2.1 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 15 mins | **Ask** participants what comes to mind when you think of a high-quality training?  **Ask** what comes to mind when you think of a training that is not useful?  **Say** that part of delivering a high-quality training is preparing properly and thinking about the best methods to convey the information. The aim of this training is for you to be able to facilitate UASC Training. | S1  S2 |  |
| 45 mins | **Activity** – Pairs Activity – Prepare to Facilitate UASC TOT  **Ask** participants to pair up.  **Remind** participants that the aim of this TOT is to prepare them to be able to take on the role of facilitator for future UASC Training with their colleagues and other actors.  With that in mind, **ask the pairs to make a list on a flip chart** of the key actions they would need to take before, during, and after facilitating a UASC Training. They do not need to think about the logistics of organising a training but should consider what steps they would need to take to be prepared to deliver the content of a UASC training. Ask for some examples from the group first, to make sure they are not thinking about logistics.  **Give** pairs 15 mins to prepare their flip charts and display them.  **Ask** the pairs to walk around the room and read each other’s lists. **Give** them 10 mins.  **After** 10 mins bring the group back together in plenary. **Tell** participants that to prepare to facilitate a training, we recommend the following steps:   * Familiarise yourself with the structure and content of the course. Review the course aims, objectives and agenda, then read through each session to get an outline of what is covered and the links that exist between sessions and topics. * If there is more than one facilitator, agree who will lead the delivery of which sessions. * If possible, collect information about the participants. Useful information to collect includes: * Current role * Years of relevant experience * Individual objectives for the training * Language ability and literacy level may also be useful in some cases. * Review this information against what you know about the training package. Flag any participants whose experience or objectives do not align with who and what the course is designed for, and discuss the relevance with them or the person who is coordinating the course. * Familiarise yourself with the training environment. For face to face training, this could involve visiting the training space itself, or may simply be understanding what set up is available, such as break out rooms, wall space, furniture, room layout etc. For remote training, this step is essential. Make sure you are comfortable and confident using the chosen video calling platform. Set up your own space so that you can facilitate easily, for example plug in a second screen so you can see your session plan on one and the participants on the other, at the same time. * Carry out detailed preparation to deliver the sessions that you will facilitate. This should include: * Printing or saving a copy of the session plans, so you can add your own notes and prompts. * Familiarising yourself with session aims, objectives and key learning points. * Familiarising yourself with the session structure and activities. * Ensuring you are clear on the instructions for each activity. For remote facilitation, this will include any technical requirements, additional tools or platforms required, and may include setting up shared folders, preparing virtual whiteboards or online quizzes and polls. * Reading any supporting documents or resources. * Identifying the links to any earlier or later sessions in the course, so you can help participants to connect the learning. * Contextualising the session, as required.   **Wrap up** the session by telling participants that there will be a TOT session each morning of the training that will cover different aspects of facilitating training on UASC. These sessions will help participants understand the role of a facilitator and assist them in completing the Post Training Module.  **Remind** participants that they can also refer to the Alliance’s [Facilitator Handbook](https://drive.google.com/file/d/1jl_bBf_Emoml7f1778mQ6GTeIw6L8kYP/view?usp=sharing) and [L&D Toolkit](https://alliancecpha.org/en/child-protection-online-library/learning-and-development-toolkit) for more guidance. | S3    S4 | **Prepare** breakout rooms for pairs. **Set** the time for 15 mins and ensure that the rooms will close quickly by adjusting the settings.  **Ask** the pairs to write a list of the key actions on a virtual whiteboard  **Paste** the Activity instructions into the chat:  *Groups should read through the document they have been given and identify the key features of the document.*  **Launch** the breakout rooms. **Circulate** between the breakout rooms as needed.   **Close** the breakout rooms after 15 mins.  **Allow** 10 minutes for participants to read other groups’ notes.  Share links to both resources |

## Module 2.2 – Assessment of Separation and Risk of Separation

| **Duration** | 90 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Explain the importance of mapping local and national capacity, including the capacities of refugee populations in refugee settings, in order to respond to UASC prevention and identify critical gaps in response services * Describe the role of Rapid Assessment of UASC * Develop Key Informant questions to assess separation for use in a Rapid Assessment |
| **Key Learning Points** | * Capacity mapping allows the emergency response to develop, or strengthen capacity where necessary. Mapping of local and national capacity should be undertaken with community members and include: * Identification of systems of traditional and formal care * Understanding local coping mechanisms and support systems * Capacity, organisational readiness, and proposed role of all child protection actors * Capacity of civil society and local organisations * Level of representation, participation, and consultation with boys, girls, women and men * Existing coordination systems and capacity to coordinate. * A CPRA is a rapid assessment most useful in situations where a rapid response is required, for example in the aftermath of a rapid-onset emergency. A rapid assessment of UASC should be conducted at the earliest possible opportunity and assessments should be undertaken with the active involvement of communities including children. * Key Informant Interviews are one method of gathering information during a Rapid Assessment. Key informant interview questions should be adapted as a preparedness measure before an emergency. Adapting the questions has several purposes:   + - 1. So that the questions are relevant to the specific emergency context.       2. So that the questions are understandable (translated as required, culturally appropriate, and   gender sensitive).   1. So that the best questions to gather the right information are asked in the context |
| **Preparation** | * Print copies of (1 x each participant)   + Handout *Rapid Assessment of Family Separation*   + Handout *Key Informant UASC Interview Standard Tool*   + *Activity 1 - Case Studies* |
| **Preparation - Remote Delivery** | * Share link to *Handout Rapid Assessment of Family Separation, Handout Best Practices in Assessments of Family Separation, Handout Key Informant UASC Interview Standard Tool,* and *Activity 1 - Case Studies* |

**Module 2.2 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 5 mins | **Introduce** the session topic and objectives | S1 |  |
| 10 mins | **Ask** participants they have taken part in CPRA training or other training for undertaking assessments.  **Ask** a participant to explain what a CPRA is.  Confirm that:   * Aim: to give an indication of the scope of urgent child protection related needs (in this case UASC) among the affected population within the immediate post-emergency context. * Most useful in situations in which a rapid response is required for example in the aftermath of a rapid-onset emergency. * Limitations: does not replace a more comprehensive assessment or on-going efforts to establish more robust mechanisms for data collection.   **Explain** that in many cases an assessment of UASC will be undertaken as part of a Child Protection Rapid Needs Assessment. Whilst this session draws on the guidance and materials in the CPRA guide and introduces participants to some of the approaches in that document, this is not a full training in Child Protection Rapid Assessment for which training exists. For more information on CPRA please consult the [CPRA Toolkit Review](https://alliancecpha.org/sites/default/files/technical/attachments/cpra_toolkit_review_final_0.pdf) on the Alliance website | S2 | Share link to [CPRA Toolkit Review](https://alliancecpha.org/sites/default/files/technical/attachments/cpra_toolkit_review_final_0.pdf) on the Alliance website |
| 5 mins | **Give** participants a copy of Handout *Rapid Assessment of Family Separation*  **Say:**   * A rapid assessment of UASC should be conducted at the earliest possible opportunity; however, urgent actions to prevent and respond to family separation can be started before assessments are finalised. * Assessments should be undertaken with the active involvement of communities including children * Estimating the full scale of family separation in the early days of an emergency is extremely challenging, but numbers are likely to be higher than those identified through initial rapid assessment or those indicated from population registration statistics, where separation may be missed or hidden * In some instances, mixed migration or complex and multi-layered problems, including pre-existing separation, for example, can make it difficult to clearly establish the scale of separation, even in the longer term * In addition to the scale of separation, the nature of separation should also be explored in initial and ongoing assessments, including causes and types of separation, and the current situation of UASC, including care arrangements and protection risks. * Assessments of the scale and scope of separation should use a range of methodologies in a variety of sites, based on the context, to inform rapid response and longer-term programme planning and priorities.   **Emphasise** that rapid assessments should build on any information for example from preparedness assessments of risk, vulnerability and capacity. | S3 | **Refer** participants to the Handout *Rapid Assessment of Family Separation.* |
| 10 mins | **Ask** participants what are the Guiding Principles/Ethical considerations for an Assessment? Take some suggestions then animate the slide and confirm:   * Do no harm * Confidentiality and informed consent * Recognition of children’s and communities’ capacities * Consideration of information already available * Non-hindrance of urgent action * Commitment to action upon availability of results   **Refer** participants to of Handout *Best Practices in Assessments of Family Separation* for their information and allow a few minutes to read through. | S4 | **Refer** participants to the Handout *Best Practices in Assessments of Family Separation* |
| 20 mins | **Activity –** Pairs Activity - Communicating the Objectives of an Assessment  **Ask** participants to pair up. **Give** each participant a copy of *Activity 1 - Case Studies in the modules’ folder*  **Explain** to participants that in each of the case studies, the concepts of separated and unaccompanied children have not been easily understood by the community or the organisations.  **Tell** participants that this activity is about communicating the objectives of an assessment on UASC and is a role play.  **Ask** participants to follow the instructions on the slide:   1. Each pair has two different case studies, and each person takes turns to play the role of someone about to undertake a rapid assessment for UASC, explaining the definitions of Unaccompanied Children and Separated Children as well as the objectives of the assessment. 2. The other participant takes the role of the community member/official who doesn’t really understand the concept for the reasons outlined in the scenario. 3. The roles are then switched using the second case study. 4. Feedback on the exercise in plenary and discuss tips on how to ensure that everybody understands the terminology and objectives.   During the debriefing, **tell** participants that if the objectives of the assessment are not clear, children may be presented as UASC when they are not. Sometimes in the expectation that material assistance will be provided or that children will be better cared for. Conversely, children may be hidden fearing they will be taken away.  Everyone involved in assessments must have a clear understanding of the definitions of unaccompanied and separated children. It is a good idea for the definitions to be written down in local languages/dialects to avoid confusion. It is also important to understand how the definitions relate to local and cultural understanding of childcare practices. | S5 | **Prepare** breakout rooms for pairs. **Set** the time for 15 mins and ensure that the rooms will close quickly by adjusting the settings.  **Refer** participants to *Activity 1 - Case Studies.*  **Paste** the Activity instructions (points 1-4) into the chat.  **Launch** the breakout rooms. **Circulate** between the breakout rooms as needed.   **Close** the breakout rooms after 15 mins. |
| 30 mins | **Activity** – Develop Key Informant Questions based on Simulation Case Study  **Ask** participants if they know of any methodologies that can be used in assessments. Take a few examples and summarize by showing slide 6  **Divide** the participants into groups of 4 - 5. Tell participants that you are going to work on the use of Key Informant Interviews as one of the methodologies for rapid assessments.  **Ask** participants to refer to the Simulation Situation Analysis (SitAn) provided on Day 1 to complete this activity.  **Give** participants a copy of the *Handout Key Informant UASC Interview Standard Tool* in the module’s folder  Tell participants that we are going to use the information in the Situation Analysis to review the Key Informant Interview standard tool and the work done in this activity will also be useful in day 4 Simulation.  **Ask** the groups to:   1. Identify who in the population described in the Situation Analysis could be interviewed for a KII 2. Identify what changes need to be made to contextualise the tool for use in Country X.   **After** 20 mins ask the groups to come back to plenary and facilitate a discussion about:   1. The benefits and limitations of KII 2. How would we mitigate any risks associated with conducting KIIs?   **Wrap** up the session and remind participants and remind them that for more comprehensive information on Child Protection Rapid Assessment they should consult:   * [CPRA Toolkit](https://www.cpaor.net/resources/child-protection-rapid-assessment-toolkit) * [CPRA Toolkit review](https://alliancecpha.org/sites/default/files/technical/attachments/cpra_toolkit_review_final_0.pdf) | S6  S7  S8 | **Prepare** breakout rooms for groups of 4 - 5. **Set** the time for 20 mins and ensure that the rooms will close quickly by adjusting the settings.  **Refer participants to** *Handout Key Informant UASC Interview Standard Tool.*  **Paste** the instructions into the chat:   1. *Identify who in the population described in the SitAn could be interviewed for a KII* 2. *Identify what changes need to be made to contextualise the tool for use in Country X.*   **Launch** the breakout rooms. **Circulate** between the breakout rooms as needed.  **Close** the breakout rooms after 20 mins.  Share links to the following resources:   * [CPRA Toolkit](https://www.cpaor.net/resources/child-protection-rapid-assessment-toolkit) * [CPRA Toolkit review](https://alliancecpha.org/sites/default/files/technical/attachments/cpra_toolkit_review_final_0.pdf) |

## Module 2.3 – Planning for UASC

| **Duration** | 90 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Describe priority actions in emergency response to UASC * Explain the importance of prioritising actions using a triage system |
| **Key Learning Points** | * In an emergency response, difficult decisions have to be made about which of the many “priority” actions are the most urgent. The use of a checklist can be helpful in managing all the tasks. * Standard 13 of the Minimum Standards for Child Protection in Humanitarian Action (CPMS) details Key Actions to be taken in a response for UASC * A triage system can be used in an emergency response to ensure there is a structured way of deciding on priorities. The rationale for using a triage system is that some children have a high chance of rapid reunification and opportunity may be lost if using “traditional” methods i.e. document all UASC first. Triaging involves determining which children can be rapidly reunited and acting immediately. |
| **Preparation** | * Print copies of *Tool 27 – Sample prioritization tool for UASC.* 1 x each participant * Print copies of Handout *Role Play - Case Studies*. 1 x each group. |
| **Preparation - Remote Delivery** | * Share links to *Minimum Standards for Child Protection in Humanitarian Action,* *Tool 27 – Sample prioritization tool for UASC,* andHandout *Role Play - Case Studies* |

**Module 2.3 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 5 mins | **Say** in rapid onset emergencies, there may have been no opportunity for preparedness activities. Difficult decisions have to be made about which of the many “priority” actions are the most urgent. The use of a checklist can be helpful in managing all the tasks.  Obviously, the more that can be done prior to an emergency, the less there will be to do once the emergency occurs***.*** It can be difficult to work out what to do first when a number of key tasks need to be carried out simultaneously (and in a way that does not unintentionally increase separation). The use of a simple checklist outlining the tasks and activities, locations and responsible organisations can be invaluable.  **Tell** participants that in this session we will look at identifying the priority action in response to UASC and explain how to triage the actions using a triage system.  **Ask** participants if they are familiar with the CPMS and have them explain to the group how the CPMS is used. If no one is volunteering, you can play the video [“Introducing Child Protection Minimum Standards (2019 Edition)”](https://www.youtube.com/watch?v=NoGkwXKLCzA)  **Refer** participants to p.153 of the [CPMS](https://alliancecpha.org/en/CPMS_home) and give them an overview of Standard 13, presenting S2 and S3  **Explain** that Standard 13 of the Minimum Standards for Child Protection in Humanitarian Action (CPMS) details Key Actions to be taken in both prevention and response. We will be focusing on response actions as we have already covered preparedness and prevention actions. | S1  S2 and S3 | **Refer** participants to p.153 of the [CPMS](https://alliancecpha.org/en/CPMS_home) and give them an overview of Standard 13. |
| 40 mins | **Activity** – Identifying Priority Actions to be Taken in UASC Response  **Divide** participants into groups of 4-6 participants (no more than 4 groups. Groups to be of mixed ability/experience where possible) each group should be given a copy of the *Handouts and Case Stud*y and follow the instructions on the slide. **Give** them 20 mins.  **Instructions:**  *You are a core group of experienced CP workers for a small number of international NGOS - the first to arrive in the country. The response from the international community will grow over the coming days.*  *At an emergency meeting convened by UNICEF you have been requested to take on a lead role in planning and initiating a response to UASC, working with government and other local actors where possible.*  *Develop a draft plan of action for the initial emergency response (the first 5 days) and write your ideas on a flip chart. You do not need to go in to detail as to how the plans would be implemented. You should be able to provide a rationale for your decisions however there are no right or wrong answers*.  Bring everyone back to plenary and invite each group to present their plan.  **Refer to** pgs. 154- 155 of Standard 13 of the [*Minimum Standards for Child Protection in Humanitarian Action*](https://alliancecpha.org/en/CPMS_home) and **summarise** to ensure the key points below have been identified:  13.1.8. Work with children, families and communities to:   * Monitor and analyse the scale, root causes and potential risk factors for family separation during and after the crisis; and * Develop or adapt context-specific programmes that prevent and respond to cases of separation.   13.1.9. Collaborate with government actors and coordination structures to agree upon essential elements of information, case management and referral systems within two weeks of the onset of a crisis.  13.1.10. Ensure there are sufficient trained staff and logistical equipment for case management and immediate family tracing and reunification (FTR).  13.1.11. Establish child protection help desks or screening points at key locations (such as reception and arrival areas, schools, food distribution centres, hospitals, etc.) and/or during planned population movements to identify and prevent family separation.    13.1.12. Support other actors’ efforts to register and document affected children and adults. Provide technical support on child-friendly procedures during:   * Evacuations; * Mass population movements; and * Medical evacuations, quarantine or isolation.   13.1.13. Work with other sectors to ensure programmes and messaging do not promote voluntary or accidental family separation to receive special assistance.  13.1.14. Use case management to ensure children’s best interests are assessed, determined and taken as a primary consideration in all decisions that affect them. This includes decisions related to tracing, alternative care placements and reunification. (See Standards 18 and 19.)  13.1.15. Prioritise UASC (including children who are refugees) for equal, safe access to assistance, protection and services, including education.  13.1.16. Ensure courts, national child protection systems and best interests procedures allow sufficient time for family tracing in accordance with the best interests of the child.  13.1.17. Facilitate communication and, where appropriate, contact between the child and their family when family tracing was successful but (a) family reunification is not possible or not in the child’s best interests and (b) continued communication is in the child’s best interests.  13.1.18. Implement timely, systematic, multisectoral monitoring and follow-up to (a) support family reunification and community reintegration and (b) verify that children who have been reunited are receiving adequate care. | S4 | **Prepare** breakout rooms for groups of 4 - 6. **Set** the time for 20 mins and ensure that the rooms will close quickly by adjusting the settings.  **Allocate** participants into groups.  **Refer** participants to *Tool 18 – Minimum Standards for Child Protection in Humanitarian Action, and Handout Role Play - Case Studies.*  ***Share*** *a link to a virtual whiteboard for groups’ notes.*  **Paste** the instructions into the chat:  *Develop a draft plan of action for the initial emergency response (the first 5 days). You should be able to provide a rationale for your decisions.*  **Launch** the breakout rooms. **Circulate** between the breakout rooms as needed.  **Close** the breakout rooms after 20 mins. |
| 15 mins | **Give** participants *Tool 27 – Sample prioritization tool for UASC.*  **Refer** to the slide and explain what a triage system is and how it can be used in an emergency response.  **Ask** participants if they have experience of using specific methodology to prioritise UASC in rapid onset emergencies or have worked in settings where this could have been helpful and ask if they can share their experiences with the rest of the group.  **Explain** that a triage system is just a structured way of deciding on priorities.  **Explain** the background and rationale for using a triage system i.e. some children have a high chance of rapid reunification and opportunity may be lost if using “traditional” methods i.e. document all UASC first. Triaging involves determining which children can be rapidly reunited and acting immediately.  **Refer** to slide talk through the system then **refer** them to their handout *Tool 27* - *Sample prioritisation tool for UASC* actions through a triage system. Allow participants a few minutes to read their handout and invite them to ask questions if they do not understand.  **Explain that implementation** of such a system will depend on the circumstances but a suggested method of implementation is to allocate one team in each location to carry out triage and to “fast track” those children given high priority for tracing or for interventions to meet their basic needs including adequate alternative care. | S5 | **Refer** participants to Tool *27 – Sample prioritization tool for UASC.* |
| 30 mins | **Activity** – Small Group Activity – Prioritising Actions Using a Triage System  **Show** the slide ‘Triage Systems’ and talk through the system.  **Explain** that implementation of such a system will depend on the circumstances but a suggested method of implementation is to allocate one team in each location to carry out triage and to “fast track” those children given high priority for tracing or for interventions to meet their basic needs including adequate alternative care.  **Divide** participants into small groups of at least 4 people and tell them we are going to do a role play.  The purpose of the role play is to allow participants to practice using a system of triage.   * Participants should work in groups of at least 4 people per group. * Distribute the handout *Role Play - Case Studies.* * Give participants 5 minutes to read and ask for any clarifications. * In each group one person should take the role of the first child and two people should take the role of child protection workers to interview the child. * Participants then switch roles for the following children.   **After 20 mins ask** groups to complete the role play and come back to plenary to discuss how they would triage the 4 children.  **Ensure** participants de-role afterwards.  The session should end with a **plenary discussion** to summarise the issues and clarify any difficulties, referring to the handout and facilitator version of the triage role play cards.  **Lead** a discussion about the implementation of a triage system:   * How do participants feel about the idea? * Do they think a triage system would be useful? * Do they have suggestions about how it might be adapted?   Note that there is also an urgency to the second category of cases highlighted in the handout - those children at imminent risk e.g. with medical needs. Later in the training we will consider this again when we talk about Alternative Care. | S6  S7 | **Prepare** breakout rooms for groups of at least 4 people.  **Paste** the instructions into the chat:   * *Read the case study* * *One person should take the role of the first child and two people should take the role of child protection workers to interview the child.* * *Switch roles for the following children.*   **Launch** the breakout rooms. **Circulate** between the breakout rooms as needed.  **Close** the breakout rooms after 20 mins.  **Paste** these questions into the chat:  *How do participants feel about the idea?*  *Do they think a triage system would be useful?*  *Do they have suggestions about how it might be adapted?* |

## Module 2.4 – Identification of UASC

| **Duration** | 90 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Use definitions of UASC and develop vulnerability criteria * Describe how to conduct identification as part of a coordinated programme response * Demonstrate how to develop a plan of action to identify separated children |
| **Key Learning Points** | * Not all UASC are in need of targeted interventions. An understanding of each individual child’s situation is needed in order to determine whether a child in a situation of separation requires support and what kind of support. This is important in order to ensure that resources go towards supporting the most vulnerable children and that the support provided is appropriate to the needs of the child. * A framework for applying vulnerability and resilience criteria, including a matrix for decision making, has been developed and can be adapted to different situations. * If actors in a response do not have a clear and consistent approach to identification of UASC the response can disrupt existing care arrangements for UASC and create new separations. These actions may result in long term or permanent separation: * Separated children can be deliberately hidden * Girls (including those who are pregnant or young mothers) may be hard to identify * Some UASC e.g. migrant or trafficked children are fearful or suspicious * Urban based refugees can be reluctant to register especially where there are government led encampment policies. * Not being clear and consistent can result in UASC being missed and children who are not UASC being registered i.e. false separations.   Key points when developing a plan to locate and identify UASC include:   * Find out what has been done/is being done and ensure efforts are coordinated * Considering where children are likely to be within the community * Agree priorities based on e.g. very young children, children in unsafe locations or at risk of abuse or exploitation, child headed households or where there are known to be high concentrations of UASC. * Understanding what to do to take preventative actions where separation is on-going and address urgent problems |
| **Preparation** | * Print copies of *Tool 38 – Decision Tree for determining a child’s separation status.* 1 x each participant * Print copies of *Tool 28 – Vulnerability and Resilience Criteria.* 1 x each participant * Print copies of *Handout Case Study A.* 2 x copies. * Print copies of *Handout Case Study B*. 2 x copies. * Flip chart and markers |
| **Preparation - Remote Delivery** | * Share link to *Tool 38 – Decision Tree for determining a child’s separation status, Tool 28 – Vulnerability and Resilience Criteria, Handout Case Study A,* and *Handout Case Study B* to participants. * Preparea virtual whiteboard with the following headings   1. Degrees of separation  2. Contact with caregiver/family of origin  3. Reasons for separation 4. Protection issues 5. Individual characteristics of vulnerability/resilience |

**Module 2.4 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 20 mins | **Remind** participants that in Module 1 we looked at the definitions of UASC. In this module we are going to build on that and look in more depth at how we use the definitions in practice, developing vulnerability and resilience criteria, and developing a plan of action after UASC have been identified.  Definitions of UASC help us to reliably identify target group/s.  *However*, an understanding of the social and cultural childcare beliefs and practices is necessary when using the definitions.  **Give** participants a copy of *Tool 38 – Decision Tree for determining a child’s separation status.*  The definitions of unaccompanied and separated children as set out in the introduction to the UASC Field Handbook should be used by all actors working with UASC. These definitions are based on the definition provided in the *CRC General Comment 6* (<https://www.refworld.org/docid/42dd174b4.html>). Note that in a number of countries, for example in the European context, the term ‘separated child’ is not defined in legal and policy frameworks, leading to specific challenges. Family is defined as the nuclear family, and separated children arriving with relatives may be separated from them.  When using the definitions it is important to explore any potential confusion in terminology; for example, the local term for an orphan may be a child with only one parent, meaning that if staff perceive “orphans” and “UASC” to be the same they may go on to identify children with only one parent.  **Ask** participants how the definitions of unaccompanied and separated children apply and how are they likely to be understood *in relation to cultural childcare practices and beliefs, as well as legal and policy frameworks, in the context they work in*?  **Explain** that the objectives of identification are to facilitate family tracing and to ensure that children receive appropriate care until reunification or alternative long-term solutions are arranged.  Different criteria may be used for the children included in UASC programmes based on separation status and resilience/ vulnerability. Everyone identifying UASC should understand the criteria in use and differences in criteria between programmes should be clarified, particularly if there are joint programmes or training.  **Say** that not all UASC are in need of targeted interventions, particularly in circumstances where children are sustained by kinship networks and other customary protective mechanisms. An understanding of each individual child’s situation; whether the separation is voluntary, how resilient they are, whether there are additional factors which make him or her more vulnerable is needed in order to determine whether a child in a situation of separation requires support and what kind of support, rather than looking solely at his or her separation status. This is important in order to ensure that resources go towards supporting the most vulnerable children and that the support provided is appropriate to the needs of the child.  A framework for applying vulnerability and resilience criteria, including a matrix for decision making, has been developed for use with unaccompanied and separated Somali and South Sudanese children in the Horn of Africa and Sudan / South Sudan. Whilst context specific, this provides an example tool which could easily be adapted to different situations.  **Before** looking at this we will work in plenary to see what a similar matrix would look like based on their situation. | S1            S2  S3  S4  S5 | **Refer** participants to *Tool 38 – Decision Tree for determining a child’s separation status.* |
| 20 mins | **Activity** – Plenary – Context Specific Vulnerability and Resilience Criteria  **Explain** that this exercise is to further explore the range of issues that UASC may face. A more in depth understanding of differentiated vulnerabilities, resilience and experiences will help us better identify and prioritise the different support we need to provide to individual children. The goal is to generate a context specific vulnerability and resilience criteria table to inform our approach to registration, assessment and follow up.  Using a flip chart and marker pen at the front of the room, **write the following column headings** across the top:  1. Degrees of separation  2. Contact with caregiver/family of origin  3. Reasons for separation  4. Protection issues  5. Individual characteristics of vulnerability/resilience   * Keep in mind the specific context that you are in, ask participants to suggest all the different possible ways in which children’s experience could differ and write the variables under each heading/column.   **Say** this dimension recognizes that certain characteristics make some children more vulnerable to protection risks than others. **For example, what are the community beliefs and treatment of children with disabilities and chronic illnesses, including HIV in your context?** Are they at increased risk of abuse, neglect and social exclusion, and requiring support to access specialized services?   * Try to build up a context specific vulnerability/resilience table – be open to people suggesting other headings/groupings etc   After exhausting all suggestions and discussion, **ask** participants if any of the points should serve as ‘triggers’ for different types of response?  **Tell** participants we will now look at an example of Vulnerability Criteria for differential programming. | S6 | **Use** a virtual whiteboard to record the answers under each heading:  *1. Degrees of separation*  *2. Contact with caregiver/family of origin*  *3. Reasons for separation*  *4. Protection issues*  *5. Individual characteristics of vulnerability/resilience* |
| 20 mins | **Give** participants a copy of *Tool 28 – Vulnerability and Resilience Criteria*  Showing the example from the context of the East and Horn of Africa – point out how some (bottom left hand corner) were identified as factors that would make children less likely to need individual case management support and more likely to benefit from information and signposting to services, while others (in bold) were deemed to be factors making it necessary to provide direct support and follow up to the child, and one (in red) is a trigger for urgent follow up…. and ask for any reflections on differences/similarities between the one generated in the session and the one from East and Horn of Africa.  **Ask** participants for their reflections on if/how this would be helpful to inform their programming?  **Ask** participants to identify the possible consequences if actors in a response do not have a clear and consistent approach to identification of UASC?  **Ask** someone to act as scribe and make notes on flip chart at the front of the room.  **Ensure** participants identify:   * disrupt existing care arrangements for UASC * create new separations   *These actions may result in long term or permanent separation*   * Separated children can be deliberately hidden * Girls (including those who are pregnant or young mothers) may be hard to identify * Some UASC e.g. migrant or trafficked children are fearful or suspicious * Urban based refugees can be reluctant to register especially where there are government led encampment policies. * Not being clear and consistent can result in UASC being missed and children who are not UASC being registered i.e. false separations.   **Note** that in most refugee settings, the first point of identification of UASC may be the border/immigration officials, or government or UNHCR registration staff. In refugee settings where individual Refugee Status Determination (RSD) is conducted by the state or mandate RSD is conducted by UNHCR (as opposed to countries where refugee status is granted prima facie), the child will need to be referred to RSD as a matter of priority. This will help ensure the child receives the right to be recognised as a refugee under national and international law, prevent refoulement, and access services.  **Also, helpful to note**, UNHCR promotes individual refugee status determination for children, even those arriving with their parents (instead of being granted derivative status). For Unaccompanied Children this is straightforward, but for Separated Children, derivative status can lead to dependence and risks. remember to consult UNHCR in these contexts. | S7  S8  S9 |  |
| 30 mins | **Activity –** Small Group Activity – Developing a Plan of Action to Identify UASC  This activity is about understanding the steps in locating and identifying UASC.  **Divide** participants into four groups of mixed experience if possible. **Give** half of the groups Case Study A and half of the groups Case Study B.  **Ask** the groups to develop a plan to locate and identify UASC based on the information in their case study. If appropriate, participants could base the exercise on the current emergency they are preparing for instead of the case studies. Their response (written on a flip chart) should be guided by the questions written on the Slide.   * What preparation will you undertake to mitigate any risks associated with identification? * What will you communicate and with whom? * How will you try to ensure you reach all UASC? * What methods will you use? * Who should undertake the identification exercise? Where would you go and what would you do to identify children in each location?   The facilitator(s) should spend a little time with each group to ensure that the plans drawn up by the groups have covered all the important points.    **After 15 minutes two groups should work together (one with case study A and one with case study B) and review each other’s plans**, making any suggestions and additions where necessary. Give groups a few minutes to do this.  **In plenary,** summarise the session drawing on observations of the group work and inviting any questions or clarifications from the participants. Refer to the facilitator’s notes below if necessary to ensure all important points are covered and the participants have covered all the actions outlined in the “table of steps to ensure a comprehensive search” below.  **Steps to ensure an effective and comprehensive search for UASC:**   | Meet with and talk to a wide range of people | Depending on the context this might be local authorities, police, the military, community leaders or chiefs, families, teachers, health workers, camp managers, religious leaders, local organisations especially those working with children or women’s associations to find out more about where UASC might be, why and how they came to be separated and the possible whereabouts of their families and communities. Other children are often an excellent source of information. | | --- | --- | | Visit locations where UASC might be found | For example, churches, mosques, hospitals or health centres, feeding centres or baby tents, residential children’s homes, boarding schools, welfare institutions, temporary shelters, marketplaces, places known to be frequented by children working/living on the streets, in or around military camps or schools. Check areas such as transit sites or refugee/IDP camps at night or times when people are eating when it will be more obvious if a child is alone.  Where populations are on the move check places where separation is likely e.g. transportation sites, points where people gather for water, health care or other services or likely routes people will follow if fleeing from danger  UASC are also likely to be in extended family or kinship care, with spontaneous foster carers, or in foster placements organised by local authorities or NGO’s; they may be with their own community or with other groups caught up in the conflict, be amongst refugees or displaced persons or the host community. | | Negotiate access to detention centres/ prisons | As well as finding UASC who are detained, women or other family members may have information on where UASC can be found – they may have had to leave their children – or they may wish to report children unaccounted for. It is important to be in close contact with/refer cases on to other organisations who may already have access to such places of detention, or who conduct activities in favour of missing persons and their families, such as the ICRC | | Follow up on reports of the recruitment of children by armed forces or armed groups | Any information on recruitment or suspected recruitment of children into armed forces or armed groups should be passed on to existing programmes or initiatives working with CAAFAG where these exist. Where programmes to address these problems do not exist, these matters should be referred to the child protection or protection coordination groups. UASC formerly associated with armed forces or armed groups should be included in FTR programmes where tracing is required unless there are specific interventions addressing the situation of CAAFAG. | | Follow up on reports of working children, including those in the Worst Forms of Child Labour and on reports of trafficking and abduction of children | Any information on working children/suspected trafficking of children should be passed on to existing programmes including monitoring initiatives for example through ILO or local level monitoring initiatives. Where programmes to address these problems do not exist, these matters should be referred to the child protection or protection coordination groups. Unaccompanied and separated working/trafficked children should be included in FTR programmes where tracing is required and referred to specialist organisations as appropriate. |   **Wrap up the session by saying** the key points when developing a plan to locate and identify UASC include:   * Find out what has been done/is being done and ensure efforts are coordinated * Considering where children are likely to be within the community * Agree priorities based on e.g. very young children, children in unsafe locations or at risk of abuse or exploitation, or where there are known to be high concentrations of UASC. * Understanding what to do to take preventative actions where separation is on-going and address urgent problems | S10 | **Prepare** breakout rooms for 4 groups.  **Give** half of the groups Case Study A and half of the groups Case Study B.  **Paste** the instructions into the chat:  *Develop a plan to locate and identify UASC based on the information in the case study. Record your answers to these questions:*  *What preparation will you undertake to mitigate any risks associated with identification?*  *What will you communicate and with whom?*  *How will you try to ensure you reach all UASC?*  *What methods will you use?*  *Who should undertake the identification exercise? Where would you go and what would you do to identify children in each location?*  **Launch** the breakout rooms. **Circulate** between the breakout rooms as needed.  **After 15 mins, merge the groups for the peer debrief.**  **Close the breakout rooms.** |

## Module 2.5 – Documentation of UASC

| **Duration** | 100 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Describe good practice in documentation process * Demonstrate how to complete UASC Documentation Forms * Demonstrate skills in interviewing UASC |
| **Key Learning Points** | * Documentation involves recording all the information needed to carry out family tracing, identify childcare and protection needs and develop a case plan. Documentationshould be used for all children who gave consent and need tracing to be carried out on their behalf by a trained CP worker (i.e. case workers) using the agreed interagency registration form (or registration list) as soon as possible following identification. * The use of different terminology and procedures by different organisations can sometimes be confusing, making it difficult to decide whether/which/when to complete assessments for individual children. * Confidentiality must be a primary consideration when working with UASC; confidentiality is important in keeping children safe and protecting their dignity and wellbeing and must always be respected if trust is to be established and maintained. * For the process of documentation to be successful there are 3 main aspects to consider: * The way in which documentation is organised and implemented * The skills of the person documenting the child * What happens to the information recorded and how it is used and managed * The use of Standard Operating Procedures is one way of clarifying roles and responsibilities in each activity/geographical location * UASC TF has agreed on the inter-agency child protection information management system (IA CP IMS+) and standard forms to support case management work in general, and family tracing, reunification and temporary care more specifically. In refugee settings, when BIA and BID processes are required, specific forms can complement the inter-agency package of case management forms. * It is important to find out what criteria are used in the local context for informed consent before interviewing children and to base any criteria developed for work with UASC on this where appropriate. * Interviewing a child can be difficult because it may be painful for you to listen to the child’s experiences - sometimes their stories may evoke painful memories from your own life. Many children are not used to talking to adults about how they feel or there may be rules in the society about what they can and can’t talk about. * Important things to remember when interviewing children:   + You need to listen and observe   + Try to understand the thoughts and feelings the child is expressing   + Ensure you get your questions across in a way that the child can understand. Use child friendly language and examples a child would be familiar with. |
| **Preparation** | * Print copies of: (1 each participant)   + *Tools 41 - 44 – Registration Forms for UASC, IAWG*   + Handout *Skills and Qualities of an Interviewer*   + Handout *IAWG UASC Registration Form*   + Handout *Case Study* * *Print one copy of the* Handout *Role Play Cards that you have selected* |
| **Preparation - Remote Delivery** | * Share link to *Tools 41 - 44 – Registration Forms for UASC, IAWG,* Handout *Skills and Qualities of an Interviewer*, Handout *IAWG UASC Registration Form,* andHandout\_ *Case Study* * *Share link to* Handout *Role Play Cards that you have selected with volunteers* |

**Module 2.5 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 5 mins | **Say** that this module is about the documentation process, and we will complete some activities using UASC documentation forms.  Documentation involves recording all the information needed to carry out family tracing, identify childcare and protection needs and develop a case management plan. This is the first step towards protecting and preserving the identity of the child and tracing family members from whom he or she has been separated.  **Explain** that documentationshould be used for:   * Who: All children who gave consent and need tracing to be carried out on their behalf by a trained CP worker (i.e case workers) * On what: The agreed interagency registration form (or registration list) * When: As soon as possible following identification. * How: A cumulative process, individual case assessment/Best Interests Procedure (BIP) will be required, and a Best Interests Determination (BID) required in refugee settings only. * Why: To gather information to facilitate tracing, reunification, identify individual needs and facilitate broader case management   **Note** that in refugee settings where UNHCR complements the role of the government, the main tool for documentation is progress. Progress is used as it links to other documentation such as Refugee ID Cards, ration cards, FTR, and is used for determining durable solutions. When an UASC is identified they should be referred for refugee registration, or referred so their refugee registration records can be updated.  (**Elaborate** on each point and invite participants to ask for clarification if necessary. Note that ICRC and some other organisations refer to documentation as registration.) | S1  S2 |  |
| 3 mins | **Say** that for some children the process of building up enough information to trace the family of the child through interviews or informal contact with the child, should also identify individual/additional needs which may involve an individual case assessment according to eligibility criteria as well as completing the registration forms.  **Refer** to slide on Individual case assessment and explain how to proceed depending on whether additional information is required or not.  Individual case assessment may be referred to in different ways, for example a comprehensive assessment or best interest’s assessment and carried out using different tools – we will talk about the BID next session.  The use of different terminology and procedures by different organisations can sometimes be confusing making it difficult to decide whether/which/when to complete case assessments for individual children. | S3 |  |
| 13 mins | **Activity –** Pairs Activity - Confidentiality  **Ask** participants to turn to the person next to them and discuss the questions on the slide for 3 minutes:   * What do we mean by confidentiality and why is confidentiality so important in work with UASC? * Are there occasions when you should disclose information you hear from a child in your work?   **In plenary,** invite some answers to each question.  **Explain** that Confidentiality must be a primary consideration when working with UASC; confidentiality is important in keeping children safe and protecting their dignity and wellbeing and must always be respected if trust is to be established and maintained.  Information on UASC can be very sensitiveand may include issues that the child would not wish others to know about (e.g. sexual exploitation) or that might put the child at risk of harm or stigmatization e.g. previous involvement in an armed force or armed group. As well as violating their right to privacy, breaching confidentiality can break the trust the child has in the organisation.   * Confidentiality means information will only be shared with others (with the consent of the child/carer) on a ‘need to know’ basis and only if it is in the best interests of the child. However, confidentiality does not mean never talking about the case. The person in charge of tracing may need to share information on a case with others involved in various aspects of case management, this should be done in line with key child protection and data protection principles.   Most of the time agreement or consent is obtained from a child or carer to share information with others, however on some occasions information is shared without agreement when this is in the best interest of the child or in cases of mandatory reporting. | S4  S5 | **Conduct the discussion in plenary, given the time available.** |
|
| 15 mins | **Explain** that for the process of documentation to be successful there are 3 main aspects to consider:   * The way in which documentation is organised and implemented * The skills of the person documenting the child * What happens to the information recorded and how it is used and managed (we look at this in the next session)   Where possible, documentation should be carried out within a framework for FTR agreed within the UASC coordination group;   * The use of Standard Operating Procedures is one way of clarifying roles and responsibilities in each activity/geographical location; (refer to CMTF for template SOP, and the UNHCR BIP SOPs Toolkit in refugee settings https://www.unhcr.org/media/unhcr-bip-sops-toolkit) * SOPs help to ensure there are no gaps in coverage and minimise the risk of children being documented by more than one organisation.   **Say** that standardised forms are used for documentation and tracing:   * IAWG-UASC has agreed on the inter-agency child protection information management system (IA CP IMS+) and standard forms. In refugee settings BIA and BID forms are used. * All children who need tracing to be carried out on their behalf should be documented on either the registration form or extended registration form as soon as possible following identification (or using the registration list when necessary) * In a refugee situation, UNHCR and/or relevant national refugee authorities register refugees, including children, initially likely to be at the Heads of Household level. As individual level registration starts, separated children are registered separately but cross referenced with the family with whom they are staying. * In addition, UASC must be documented for family tracing; it is essential that these two processes are linked.   **Give** participants a copy of *Tool 42 – Registration Form for UASC, IAWG* and a copy ofHandout\_*Guidance Note to fill the IAWG UASC Children Registration Form.*  **Ask** participants to individually read through the Guidance Note and Registration Form. | S6         S7  S8 | **Refer** participants to *Tool 42 – Registration Form for UASC, IAWG* and Handout\_*Guidance Note to fill the IAWG UASC Children Registration Form.* |
| 25 mins | **Activity –** Pairs Activity – Role Play filling out Registration Form  **Ensure** each pair has role play cards and copies of the IAWG UASC registration form.  **Invite two participants to perform a role play** (use the most relevant from those available or locally relevant role plays). One volunteer will play the role of the social worker, the other volunteer will play the child. All the other participants will be filling in the registration form. **Refer** participants to their handout on interviewing skills and dos and don’ts when interviewing children.  **Allow 5** minutes for the volunteers to prepare for the role play and 10 minutes for the role play to unfold. Once the 10 minutes have elapsed thank the volunteer and ask what they think went well and what they could have been improved in the way the interview was conducted. Then ask all the other participants if they were able to fully complete the form and what suggestions they would have to improve the registration interview.  **Ask** whether any participants have used these registration forms and explain that this standard list has been developed by the IAWG UASC.  **Finally,** summarise the session with questions and answers and discussion on any of the issues covered in the exercise. | S9 | **Refer** the participants who volunteers for the role play to the relevant role play card and IAWG UASC and all the other participants to the registration form  **Paste** these instructions into the chat:  *Listen to the interview and complete the registration form appropriately* |
| 5 mins | **Ask** the group, have your colleagues gained the informed consent/assent from the child or caregiver before they started the interview?  **Remind participants** of the need to obtain informed consent from the child or their carer before commencing the interview or taking photographs.  **Check** whether participants are familiar with the concept of informed assent, if not, what do they think about it? Why is it important?  **Say** that it is important to find out what criteria are used in the local context for informed consentand to base any criteria developed for work with UASC on this where appropriate, e.g. what do the local authorities use?  **Ask** participants what should be done in the case of an unaccompanied child/one who is not able to give consent? What have participants done in the past? Do they know what happens in the context they are working in? | S10 |  |
| 10 mins | **Tell** participants we are going to do an exercise about interviewing children. First, we will do a short quiz.  **Refer** to slides. **Ask** participants to hold up a piece of paper with their answer, then give the correct answer and explain.  Ask as many questions as time allows | S11 – S17 | Ask participants to use the chat to answer the questions. |
| 25 mins | **Activity –** Groups of Three - Interviewing Young Children  This activity will give participants the chance to practice and improve their interviewing skills for the purposes of documenting UASC.  **Refer** participants to the handout on skills and qualities of an interviewer and allow participants time to read this through and familiarise themselves with this and the previous handouts.  **Explain** that interviewing young children or those who have difficulty communicating requires skill and patience and that this session will be spent in role plays to practice these skills.  **In threes**, which include an interviewer, interviewee, and observer, practice the three types of questions:   * + Open questions   + Specific questions   + Closed questions   **Ask** participants to work in groups of three for the role plays.  **Distribute** copies of the case study and instructions and ensure participants have a copy of the handout on interviewing skills. They should also have paper and pens or markers so that the ‘interviewer’ can use different interview techniques, such as drawing, to elicit information from the ‘child.  **At the end of the activity bring all participants into plenary** and allow time for questions and discussion of how they found the session.  Refer participants to the [Child Protection Case Management Training Package for Caseworkers in Humanitarian Settings](https://alliancecpha.org/en/child-protection-case-management-training-package), 3 level training and more specifically Level 1 Module 3 on Communicating with Children for more learning resources on this topic. | S18 | **Prepare** breakout rooms for groups of 3.  **Refer** participants to the handout on interviewing skills and the case study.  **Paste** these instructions into the chat:  *In threes, which include an interviewer, interviewee, and observer, practice the three types of questions:*   * + *Open questions:*   + *Specific questions*   + *Closed questions.*   *Use your copies of the case study and instructions*  **Note** that you will visit the groups. They should ignore you and carry on with the activity.  **Launch** the breakout rooms.  **Close** the breakout rooms after 20 mins. |

## Module 2.6 – Case Management for UASC

| **Duration** | 60 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Explain how case management helps individual children and the list the steps involved * Describe case management principles as they apply to UASC * Explain the importance of a case management system |
| **Key Learning Points** | Case management helps individual children through:   * direct support or referral; * good management of information; * facilitates case monitoring; * referral to services; * coordination of service provision. * identification of durable solution   Case management is a key approach in child protection and is a process that usually follows six steps:  1. Identification and registration;  2. Assessment;  3. Case planning;  4. Implementing the case plan;  5. Follow-up and review;  6. Case closure.  The principles of case managementare:   * Do no harm * Prioritise the best interests of the child * Non-discrimination * Seek informed consent/informed assent * Respect Confidentiality * Ensure Accountability * Child Friendly * Child-centered * Empower children and families to build upon their strengths   Case management and information management systems for work with UASC should feed into a national social welfare system where this exists. It is important not to create parallel social welfare systems. |
| **Preparation** | * Print copies of (1 x each participant) of case management forms * Flip chart and markers |
| **Preparation - Remote Delivery** | * Share link of *case management forms* |

**Module 2.6 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 10 mins | **Say** that this session is a brief review of case management, and we will further explore Best Interest Determination, Best Interest Assessment and Information Management in upcoming sessions.  **Remind** participants this is NOT a full training on case management. For more learning resources on case management you can consult the 3 level “[Child Protection Case Management Training Package for Caseworkers in Humanitarian Settings](https://alliancecpha.org/en/child-protection-case-management-training-package)”  **Explain** that case management helps individual children through:   * direct support or referral; * good management of information; * facilitates case monitoring; * referral to services; * coordination of service provision. * identification of durable solution   Case management provides individualised, coordinated, holistic, multisectoral support for complex and often connected child protection concerns.  Case management is a key approach in child protection and provides the framework within which to assess, plan and manage the needs of individual children in a structured and systematic way.  **Refer** to slide with inter-agency definition: Case Management is a way of organizing and carrying out work to address an individual child’s (and their family’s) needs in an appropriate, systematic and timely manner, through direct support and/or referrals, and in accordance with a project or program’s objectives | S1  S2  S3 |  |
| 12 mins | **Read** through the definition on the slide, highlight Standard 18 of CPMS definition.  “Children and families who face protection concerns in humanitarian settings are identified and have their needs addressed through an individualized case management process, including direct one-on-one support and connections to relevant service providers.”  **Present** S5 on how to approach case management  **Say** there are other principles that should guide the case management process.  **Ask** participants to individually write down as many principles of case management as they can think of. **Give** participants 2 mins. Allow participants to present their suggestions and complement with information below. Use S6 to recap   * **Do no harm -** ensuring that actions and interventions designed to support the child (and their family) do not expose them to further harm. At each step of the case management process, care must be taken to ensure that no harm comes to children or their families as a result of caseworker conduct, decisions made, or actions taken on behalf of the child or family * **Prioritise the best interests of the child -** The “best interests of the child” encompass a child’s physical and emotional safety (their well-being) as well as their right to positive development. In line with Article 3 of the United Nations Convention on the Rights of the Child (UNCRC), the best interests of the child should provide the basis for all decisions and actions taken, and for the way in which service providers interact with children and their families. * **Non-discrimination -** children are not discriminated against (treated poorly or denied services) because of their individual characteristics or a group they belong to (e.g. gender, age, socio-economic background, race, religion, ethnicity, disability, sexual orientation or gender identity). * **Seek informed consent/informed assent -** Informed consent is the voluntary agreement of an individual who has the capacity to give consent, and who exercises free and informed choice. Informed assent is the expressed willingness to participate in services. * **Respect Confidentiality -** Confidentiality is linked to sharing information on a need-to-know basis. The term “need-to-know” describes the limiting of information that is considered sensitive and sharing it only with those individuals who require the information in order to protect the child. Any sensitive and identifying information collected about children should only be shared on a need-to-know basis with as few individuals as possible. * **Ensure Accountability -** Agencies and staff involved in case management are accountable to the child, the family, and the community. * **Child Friendly -** Providing services in ways that are appropriate and accessible for children. * **Child-cantered -** organizing and delivering services and making decisions in a way that centres on children’s needs and best interests. * **Empower children and families to build upon their strengths -** All children, and their families, possess resources and skills to help themselves and contribute positively towards finding solutions to their own problems. Caseworkers and supervisors must work to engage children and families to play an active role in the case management process. | S4       S5  S6 | **Ask** participants to list principles in the chat.  Invite someone to explain each principle and complement as needed from the information provided. |
| 12 mins | **Say** case management is a key approach in child protection and is a process that usually follows six steps:  1. Identification and registration;  2. Assessment;  3. Case planning;  4. Implementing the case plan;  5. Follow-up and review;  6. Case closure.   * **Criteria** must be set to guide who is registered * **Timeframes** should be set within which steps should be completed. | S7 | **Ask** participants to call out the steps of case management in order. |
| 5 mins | **Explain** the benefits of case management in UASC programming:   * Caseworkers can play a vital role in the protection of UASC through supporting FTR and alternative care arrangements, alongside addressing other CP needs. * Close coordination with other key stakeholders involved in FTR and alternative care is essential to support individual children's safety and wellbeing. * Where possible, caseworkers should engage closely with community-based groups supporting FTR and alternative care. | S8 |  |
| 20 mins | **Activity** – Small Group Activity - How are forms used for Case Management  **Give** participants a copy of each of these forms (Handout Case Management Forms in the module’s folder):   * *Consent and Assent Form* * *Registration and First Assessment Form* * *Assessment Form* * *Case planning Form*   **Say** documentation is an essential part of case management and practitioners should use the standard forms for registration, assessment, and other relevant case management processes.  **Ask** participants to work in pairs to go through these forms and remind themselves of the following:   * what step of the CM process the form is used for * what is the purpose of the form   **Give** participants 10 mins and then bring them back to plenary and present slides 8 to 10.  **If there is time, ask** participants if they have used the forms before and give examples of how they were used, any challenges, and the benefits. | S8, S9 and S10 | **Prepare** breakout rooms for 3-4 people.  **Refer** participants to the case management forms.   **Paste** these instructions into the chat:  *Look at the forms and discuss:*  *what step of the CM process the form is used for?*  *what is the purpose of the form?*  **Launch** the breakout rooms.  **Close** the breakout rooms after 10-15 mins. |
| 1 min | **Remind** participants this is NOT a full training on case management. For more learning resources on case management you can consult the 3 level “[Child Protection Case Management Training Package for Caseworkers in Humanitarian Settings](https://alliancecpha.org/en/child-protection-case-management-training-package)” and that more specifics aspects of best interest determination and assessment will be covered in upcoming sessions. |  |  |

## Module 2.7 – Day 2 Review

| **Duration** | 20 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Recall learning from Day 2 * Summarise learning about case management and relate back to group |
| **Key Learning Points** | n/a - KLPs will be generated by the participants based on the content of day 2’s sessions. |
| **Preparation** | * Print/write on individual pieces of paper Hot Potato Case Management Questions and create a ‘Hot Potato’ using sticky tape. * Flip Chart - write Homework instructions on a flip chart |
| **Preparation - Remote Delivery** | * Write the Hot Potato Case Management Questions on individual sticky notes on a virtual whiteboard. * Prepare a random number selector with the same numbers as the number of participants. |

**Module 2.7 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 15 mins | **Tell** the participants we are playing ‘Hot Potato’.  **Show** the class the ‘Hot Potato’  The Hot Potato is a ball made out of layers of paper. Each layer has a question from Day 2 sessions on it. The ball starts very large. The music is playing… they throw the ball around the room… when the music stops the person holding the hot potato needs to take one layer off and answer the question.  ***Hot Potato Questions (1 x question per participant. Add more if required)***   * *What is the first step in case management?* * *Explain the purpose of a triage system.* * *What is a Key Informant Interview?* * *What is the objective of identification of UASC?* * *What is Standard 13 of the CPMS?* * *Describe the principle of confidentiality in relation to documentation of UASC.* * *Explain the purpose of Standard Operating Procedures.* * *Name one way case management helps individual children.* * *Why is it important to adapt training materials before facilitating a training?* * *When should a rapid assessment of UASC be conducted?* * *Identify a risk of not having a clear and consistent approach to identifying UASC.* * *Name a principle of case management.* * *Describe one important thing to remember when interviewing a child.* * *Why is it important to contextualise the definitions of UASC in different contexts?* * *How many steps are usually part of the case management process?* * *What is the purpose of capacity mapping?* * *How can identifying ‘priority’ actions make a UASC response more effective?* * *Is case management used for individual children?* * *What are the six steps of case management?* * *What are the first forms used in case management?*   **Once a participant has answered a question** they can sit out.  **Explain** the rules of the game clearly.  This activity will require participants to recall learning from Day 2 and participants can assist each other.  **Summarise or add detail** to answers if required. |  | **In Plenary,** tell participants that we will take turns to answer questions from the ‘Hot Potato’.  **Allocate** each participant a number.  **Prepare** a random number selector with the same numbers as the number of participants.  **Use** the random number selector to select a participant, who should choose a sticky note and answer the question on it. |
| 5 mins | **Remind** participants that they have a Homework task.  **Tell** participants that today’s Homework is again an Activity based on the Simulation.  **Remind** participants that they should use their copy of their Organisation Package and the Country X - Situation Analysis.  **Tell** participants that this activity is about mapping the capacity to respond to UASC using the information they have about all four organisations and the Situation Analysis.  **Explain** that mapping should be conducted in preparedness for an emergency but, for this Activity, they should assume it has not been done prior to the earthquake.  **Tell** them that they should spend about 45 mins sometime before the first session starts tomorrow morning, reading the information contained in the Organisation Package and Situation Analysis to identify:   1. What information relating to UASC should have been mapped by child protection actors prior to the emergency in SC and the Northern Region of Country X? 2. How can this information be gathered after the earthquake has already happened and what are the risks associated with conducting mapping after an emergency?   **Tell** them they should refer to pgs. 102 - 103 of the UASC Handbook for guidance and send these instructions via email to each participant. |  | **Share** the instructions via email |

## Module 3.1 – Training of Trainers – Adult Learning

| **Duration** | 60 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Explain key adult learning principles and identify ways to demonstrate them |
| **Key Learning Points** | * For facilitators, understanding the principles of adult learning can improve the educational experience. Adult learners have certain characteristics which include: * A preference for self-directed learning * An ability to draw on life experience to assist with learning * A willingness to learn when transitioning into new roles * A focus on immediately applying new knowledge to real-life situations and problems * A tendency to be internally motivated (rather than externally) * When designing and facilitating training for adults, it is important to ensure that you vary the learning methodologies and how content is delivered as people have different learning preferences and like to learn in different ways. This also helps to maintain attention and interest, which is essential for learning to take place. |
| **Preparation** | * Print Handout *Learning Objectives UASC TOT*. 1 copy for each participant |
| **Preparation - Remote Delivery** | * Email a copy of Handout *Learning Objectives UASC TOT* to participants. * Preparea virtual whiteboard with two sections entitled:   + How have we applied these adult learning principles in this course so far?   + What more could we have done to apply them more? |

**Module 3.1 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 10 mins | **Explain** that the UASC TOT employs adult learning principles in its structure and design.  **Ask:** What characteristics do adult learners have in common?  Take some suggestions then explain that it is theorised that adult learners have certain characteristics which include:   * A preference for self-directed learning * An ability to draw on life experience to assist with learning * A willingness to learn when transitioning into new roles * A focus on immediately applying new knowledge to real-life situations and problems * A tendency to be internally motivated (rather than externally)   **Say** that for adult learners, understanding the principles of adult learning can improve the educational experience. Adult learners, for example, can implement certain techniques to improve performance. This can take many different forms. Since adult learners tend to be internally motivated, for instance, it might help to identify early on the "why" participants are undertaking the learning. This is one of the reasons we asked you to complete the *Expectations of Training* questions before this UASC TOT.  Adult learners tend to draw on their life experiences to learn new information, so you will have noticed you approach classes, lessons and even reading material from that perspective. We have also tried to incorporate as many activities as possible, and the Simulation, into the training so you are able to immediately apply the new knowledge. | S1 | **Invite** participants to contribute verbally or via the chat |
| 20 mins | **Activity** – Small group work - Applying adult learning theory  **Explain** that we will get into small groups and work together to answer the following questions:   * How have we applied these adult learning principles in this course so far? * What more could we have done to apply them more?   Ask the groups to identify specific examples in response to each question, and to make a note of these on post it notes (one idea per note), and add them to two flipcharts, one for each question.  Allow 10 minutes for discussion. While this is going on, group the points being added to the flipcharts.  Bring everyone back to plenary and summarise the points on each flipchart, asking for additional explanation from the group as needed. | S2 | **Prepare** breakout rooms for groups of around 4 people.   **Copy and paste** the questions into the chat and share a link to a virtual whiteboard with a section for each question.  **Launch** the breakout rooms.  During the discussion, start to group the points being added to the virtual whiteboard.  **Close** the breakout rooms after 10 mins |
| 30 mins | **Activity** – Small Groups – Adapting Learning Objectives and Agenda to Suit the Audience and their Learning needs  **Give** all participants a copy of the *Learning Objectives UASC TOT*, and a target audience profile card.  In 4 groups, participants should reflect on the target audience described on their card and discuss what learning needs this audience might have in relation to UASC.  **Then they should compare those learning needs with the** *Learning Objectives* and *Agenda* of this TOT, and note any changes they would make to the *Learning Objectives* and *Agenda,* if they were delivering a UASC training for that audience. **Give** participants 20 mins.  **Ask** each group to present an overview back to the group and explain:   * Who their target audience was and the learning needs identified * How did they take these factors into consideration when deciding what to adapt and how? | S3 | **Prepare** 4 breakout rooms for groups.  **Paste** these instructions into the chat:  *Reflect on the target audience and discuss their learning needs on UASC.*  *Adapt the Learning Objectives and Agenda of this TOT to the target audience you have been given.*  **Launch** the breakout rooms.  **Close** the breakout rooms after 20 mins. |

## Module 3.2 – BIA, BID, and Information Management for Case Management

| **Duration** | 90 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Describe in simple terms key principles and components of Information Management for Case Management (IM4CM) with a focus on data protection and information sharing * Describe the purpose of Best Interests Assessment (BIA) and Best Interests Determination (BID) and their use in case management for UASC |
| **Key Learning Points** | * IM4CM is a key element of case management. It improves service delivery, mitigates risk, and supports accountability. IM4CM includes:   + Forms for documenting individual cases;   + Data Protection Impact Assessment (DPIA) and a Data protection and Information-sharing protocol (DPISP) for child protection case management; and   + An information management system. * The purpose of a DPIA is to identify, evaluate and make recommendations about how to address the risks to children arising from case management service providers managing sensitive data at agency and inter-agency levels, in line with relevant data protection frameworks. Generally, it is best practice to conduct a rapid or comprehensive data protection risk assessment prior to commencing information collection, sharing, storage and analysis. * The purpose of a DPISP is to establish appropriate practices for safe, secure and ethical information-sharing in the context of inter-agency child protection case management including information specific to UASC and related activities such as family tracing and reunification. It outlines general provisions and guiding principles that inform the approach that should be taken to data protection and information-sharing within international and national legal frameworks, inter-agency guidance and policies.   Note: both these documents have specific considerations for settings with refugees and links to BIP.   * UNHCR’s Best Interests Procedure (BIP) is used for child refugees when State procedures are inaccessible and/or inappropriate and it complements government procedures. Situations where the BIP would be used include: * Cases of refugee UASC who are to be resettled, repatriated, or reunified across country borders. * When there are issues of accessibility in implementing the national case management procedure or a national case management procedure is not available. * Where governments require BIP is used in relation to resettlement * A Best Interests Procedure includes comprehensive [child protection](https://emergency.unhcr.org/entry/43381?lang=en_US) case management throughout 6 key steps: identification, best interests assessment, action planning, implementation, follow up and case closure. There are two key procedural elements for making decisions throughout the different steps of case management: Best Interests Assessment (BIA), and Best Interests Determination (BID). |
| **Preparation** | * Print copies of: (1 x copy for each participant) * *Sample Best Interests Assessment Form, UNHCR* * *Best Interest Determination Report Form, UNHCR* * [*Tool 33 – Global DPISP Template (global CMTF/ Alliance)*](https://alliancecpha.org/en/technical-materials/information-management-case-management) * *Familiarize with Inter-agency Guidance Note: Data Protection and Information Sharing in Humanitarian Settings including Specific Considerations for Settings with Refugees* |
| **Preparation - Remote Delivery** | * Share links to *Sample Best Interests Assessment Form, UNHCR, Best Interest Determination Report Form, UNHCR,*  [*Tool 33 – Global DPISP Template (global CMTF/ Alliance)*](https://alliancecpha.org/en/technical-materials/information-management-case-management) * *Familiarize with Inter-agency Guidance Note: Data Protection and Information Sharing in Humanitarian Settings including Specific Considerations for Settings with Refugees* * Prepare a virtual whiteboard to share information about the Best Interests Procedure. |

**Module 3.2 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 15 mins | **Ask** Participants in plenary why they think information management is important in case management? Take a few suggestions  **Explain** that information is at the core of case management and family tracing services. Agencies working with UASC both seek and generate information, which they may need to share with other actors including governments either for service provision or for data analysis to understand trends of separation, needs etc.  **Say** Information management is a key element of case management. It improves service delivery, mitigates risk, and supports accountability. IM4CM includes:   * Forms for documenting individual cases; * Data Protection Impact Assessment (DPIA) and a Data protection and Information-sharing and data protection Protocol (DPISP)s; and * An information management system.   All staff should be trained on these elements and on the information management system an organization chooses to utilize. The DPIA and DPISP, which are inter-agency tools, should also be referenced or annexed in case management standard operating procedures.  Data protection is a key aspect of child safeguarding. Data protection risks should be identified and addressed at the onset of an emergency while adapting case management forms and related information-sharing protocols.  **Present** S3 with the following information: This is also outlined in Standards 5 and 18 of the [Minimum Standards for Child Protection in Humanitarian Action (CPMS)](https://alliancecpha.org/en/CPMS_home) highlight the importance of information management in relation to case management:  **Standard 5: Information management (p. 89)**  “Up-to-date information necessary for child protection action is collected, processed/analysed and shared according to international child protection principles and with full respect for confidentiality, data protection and information-sharing protocols.”  **Standard 18: Case management (p. 197)**  “Children and families who face child protection concerns in humanitarian settings are identified and have their needs addressed through an individualized case management process, including direct one-on-one support and connections to relevant service providers.”    **Present** S4 with the following information  The[Inter-agency Guidelines for Case Management and Child Protection](https://alliancecpha.org/en/technical-materials/case-management-and-child-protection-guidelines) highlight, on page 44, that after it is decided that case management is an appropriate approach to addressing child protection risks and vulnerabilities then it is imperative to set up a “safe and confidential system for collecting, storing and sharing information” as one of four essential elements of designing and implementing case management services.  The [UNHCR Best Interests Procedure Guidelines](https://www.refworld.org/docid/5c18d7254.html) highlight, in section 3.5 – Information Management for the Best Interests Procedure (p. 110), that “safe and ethical collection, storage, sharing and analysis of information on children during the best interest procedure can enhance the response for individual children as well as child protection programming more broadly” | S1  S2  S3  S4 |  |
| 20 mins | **Explain** DPIAs and DPISPs are information management for case management tools that should be used regardless of the system or tool used to collect, store, share and analyse child protection case management data – including paper-based or “offline” systems or tools.  This means there should be *one common* inter-agency DPIA and DPISP for child protection case management *even if multiple IMS are in use.*  **Tell** participants that the DPIA and DPISP are informed by the development of context-specific case management procedures and related forms; this will inform the selection of specific data points to be collected and shared in a given setting and situation. The *Inter-agency Guidance Note: Data Protection and Information Sharing in Humanitarian Settings including Specific Considerations for Settings with Refugees* describes data protection and information sharing processes and is a key reference tool.  These templates should be used to support and formalize inter-agency data protection and information-sharing standards and practices to be applied by organizations and entities delivering child protection case management for UASC in line with local/national legislation. These tools are applicable to all settings and should be signed by all organisations adhering to agreed specific case management procedures which includes support to UASC, whether at national or local level.  ☀ It is important to note that the development of a DPIA and a DPISP is not specific to the roll-out of any specific information management system.  Leadership in Roll-out:  The roll-out of DPIA and development of DPISP is usually led by the child protection coordination body in the country. This could be the UNHCR- or government-led CPWG, the AoR coordinator or the leads of an established case management task force in a country/location. A specific agency with expertise can also play this role in agreement with the coordination mechanism. If national authorities are involved in the case management work or coordination, it is important to involve them from the onset and ensure they are aware off/ part off the development of related data protection and information sharing procedures.  The coordination mechanisms should also roll-out/disseminate key related IM4CM guidance/tools to staff participating in case management activities. Agencies should be accountable for ensuring that their staff are aware of and participating in these processes and that they are equipped with the appropriate tools to adhere to the standards set out.  ***Timeframes:***  The DPIA should be conducted as soon as the need and scope of humanitarian case management is confirmed within a maximum of three months in order to inform contextualization of a DPISP and to support individual agencies and entities in assessing and improving internal data protection measures specific to child protection case management.  Contextualization of the DPISP is to be initiated as soon as possible, for signature within a maximum time frame of three months, with the aim of finalizing it in the shortest time possible.  **Ask** for questions.  Notes for facilitators:  One key exception:  During the interim period, while IA DPISP is being finalized, child protection case management data-sharing shall be limited only to individual cases and for the purpose of obtaining services in the best interests of the child. Such information-sharing shall respect the data protection and case management principles outlined in this guidance and should be undertaken in line with organizations’ data protection policies. The principles of data minimization (only sharing what is necessary for the provision of that specific service), confidentiality and information security must be respected. In addition, the decision to share data must be made with the best interests of the child as a primary consideration or following the consent/assent of the child (and/or legal guardian, as applicable).  **This is key to consider when needing to work with UASC at the onset of a crisis especially for rapid FTR work.**  Sharing of information with UNHCR:  It is important to note that **for** UASC who are refugees UNHCR has specific accountabilities, and obligations, for implementing BIP and refugee protection. It is therefore often necessary to share information with UNHCR and receive information from UNHCR in order to effectively deliver services to children and their families. BIP is embedded within, and linked to, refugee protection case management; therefore, information may be required for a child benefiting from child protection case management/BIP in order for them to have access to and benefit from broader refugee protection services, including refugee protection case management (e.g., identity management, documentation, durable solutions and other assistance). Information-sharing with UNHCR, as with any child protection case management actor, should have a legitimate basis and a specific purpose in line with the best interests of the child and the application of data protection principles    **Give** participants *– Tool X - Inter-agency Guidance Note: Data Protection and Information Sharing in Humanitarian Settings including Specific Considerations for Settings with Refugees* | S5 | **Refer** participants [*Tool X - Inter-agency Guidance Note: Data Protection and Information Sharing in Humanitarian Settings including Specific Considerations for Settings with Refugees*](https://alliancecpha.org/en/technical-materials/information-management-case-management)  [Inter-agency Child Protection Case Management Data Protection and Information Sharing Protocol | Alliance CHPA (alliancecpha.org)](https://alliancecpha.org/en/technical-materials/inter-agency-child-protection-case-management-data-protection-information-sharing-protocol) |
| 20 mins | **Activity –** Individual – Understanding the DPISP  Using [*Global DPISP Template*](https://alliancecpha.org/en/technical-materials/information-management-case-management), ask participants to take 10 mins to individually identify and summarise in their notes the key components/ sections of an DPISP.  **Say** Summarize the key sections and show that there is a key Annex on IT Security which allows an organization to self-assess itself and ensure they are meeting basic data protection measures specific to information security. This template is endorsed globally and has been revised by Child Protection and Data experts, some sections need to be contextualized and it is important to be aware of that.  Explain that whilst all the DPISP is important, it is important to really consider the section on “*Personal Data Points to be Shared”* and understand what can and cannot be shared and ensure that frontline workers are aware of this. Ask participants how they think this may help them in their work. | S6 | **Paste** the Activity instructions into the chat:    *Use* [*Tool XX– Global DPISP Template*](https://alliancecpha.org/en/technical-materials/information-management-case-management) *take 10 mins to individually identify and summarise the key components of an ISP.* |
| 10 mins | **Say** UNHCR’s Best Interests Procedure is used for child refugees when State procedures are inaccessible and/or inappropriate.  UNHCR BIP complements government procedures and is used in situations where:   * There are cases of refugee UASC who are to be resettled, repatriated, or reunified across country borders. In this case, a Best Interest Determination panel would be conducted. * There are issues of accessibility in implementing the national case management procedure or a national case management procedure is not available. * BIP is required by certain governments in relation to resettlement, and ensuring the exercise of free and informed choice in cases of voluntary repatriation.   **Explain** that the Best Interests Procedure (BIP) is a mechanism that UNHCR uses to ensure that the best interests principle (set out in Article 3 of the UN Convention on the Rights of the Child, and described in CRC General Comment No. 14) is respected in work with individual children.  An appropriate Best Interests Procedure:   * Promotes adequate child participation without discrimination; * Gives due weight to the views of the child in accordance with age and maturity; * Involves persons with relevant expertise in decision-making; * Balances all relevant factors to assess the best option; and * Fulfils all the child’s rights.   **Say** a Best Interests Procedure includes comprehensive child protection case management through the 6 key steps that we have seen before: identification, best interests’ assessment, action planning, implementation, follow up and case closure. There are however two key procedural elements for making decisions throughout the different steps of case management: best interests’ assessment (BIA), and best interests’ determination (BID).  Child protection assessments conducted in child protection case management are usually considered to be equivalent to a best interest’s assessment (BIA).  ‘Best Interests Determination’ (BID) is a formal process with strict procedural safeguards designed to determine the child’s best interests. This is necessary for decisions that have severe and long-term consequences, including judicial procedures. | S7  S8                        S9 | **Use** a virtual whiteboard to share the following information:  *The Best Interests Procedure (BIP) is a mechanism that UNHCR uses to ensure that the best interests principle (set out in Article 3 of the UN Convention on the Rights of the Child, and described in CRC General Comment No. 14) is respected in work with individual children.*  *A Best Interests Procedure includes comprehensive*[*child protection*](https://emergency.unhcr.org/entry/43381?lang=en_US)*case management.*  *‘Best Interests Determination’ (BID) is a formal process with strict procedural safeguards designed to determine the child’s best interests. This is necessary for decisions that have severe and long-term consequences, including judicial procedures.* |
| 25 mins | **Activity -** Small Group Activity - Using the BIA and BID Forms  In groups of 4 - 5, read, assign some groups to review the BIA form and some groups to review the BID Report Form. Ask each group to answer the following questions:   * What is the form you have been assigned? * What is the purpose * When do you think the form used and how?   Allow participants to discuss for 10 minutes. When time has elapsed ask one group for the BIA Form to present and the other groups to complement the information. Ensure the following information are covered  *Best Interests Assessment (BIA):*   * A BIA is an assessment of an individual child, designed to ensure that the child's best interests are the foremost consideration. * A BIA should take place as soon as a child is found to be at risk; it can be reviewed and updated regularly until a durable solution is implemented. * BIAs can be used to screen and prioritize children at risk, including at reception and registration * A BIA should be carried out, for example, before tracing occurs or a child is found a temporary care arrangement. * As with all case management processes, a safe and secure information management system should be utilized to support BIP processes. There are many information management systems which exist; two of the most commonly known are the Primero Child Protection Information Management System <https://www.cpims.org/> (CPIMS+) and UNHCR’s ProGres system.   Facilitator Note: ProGres is used globally by UNHCR staff as their institutional tool for refugee protection case management, including BIP. It is important to note that proGres is mandatory for UNHCR staff. However, UNHCR is now promoting IA CPIMS+/Primero for case management purposes for UNHCR-funded or non-funded partners, where available. Please see the [UNHCR Position Brief on Use of the proGres CP and GBV Modules and of Primero CPIMS+ and GBVIMS+ by UNHCR Staff and Partners](https://unhcr365.sharepoint.com/:b:/r/sites/community-childprotect/SiteAssets/SitePages/IM4CM/Position-Brief_Use-of-proGres-and-PRIMERO-March-2023.pdf?csf=1&web=1&e=iGfcRv)  Then ask one group for the Best Interest Determination Report to present their discussion and the other groups to complement. Ensure the following information have been covered.  *Best Interests Determination (BID):*   * BID is a formal process with strict procedural safeguards. It determines the child's best interests on the occasion of particularly important decisions that affect the child. * Steps should be taken to establish a BID panel if it doesn’t already exist. * A BIA should permit the child to participate, should be conducted by decision-makers with relevant expertise, and should balance all relevant factors to determine the best option. * For more information, including the circumstances in which a BID is required, see Chapter 4 of the BIP Guidelines.   **Present** S11 and remind participants that an extensive [training package on Best Interest Procedure](https://files.unhcr.org/en/2022/bip-toolbox/2021-bip-guidelines-training-pack.pdf?_gl=1*1wvddnr*_rup_ga*MjY3NzgyMTM2LjE2OTE1ODg4NTU.*_rup_ga_EVDQTJ4LMY*MTY5MTY3ODM3MS40LjEuMTY5MTY4MDM5NS4wLjAuMA..*_ga*MjY3NzgyMTM2LjE2OTE1ODg4NTU.*_ga_X2YZPJ1XWR*MTY5MTY3ODM3MS40LjEuMTY5MTY4MDM5NS4wLjAuMA..#_ga=2.28288252.176421075.1691588855-267782136.1691588855) is available through UNHCR. | S10  S11 | **Prepare** breakout rooms for groups of 4 - 5. **Set** the time for 10 mins and ensure that the rooms will close quickly by adjusting the settings.  **Allocate** participants into groups.  **Share** the BIA Form with some groups and the BID Report Form with other groups   **Paste** these instructions into the chat:  *Review the tool you have been assigned and answer the following questions:*   * *What is the form you have been assigned?* * *What is the purpose* * *When do you think is the form used and how?*   Rotate within the groups and ensure a rapporteur is assigned from each group.  **Launch** the breakout rooms.  **Close** the breakout rooms after 10 mins. |

## Module 3.3 – Alternative Care of UASC

| **Duration** | 125 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Describe different types of alternative care * Provide examples of alternative care best practice in emergencies * Explain how to establish a monitoring system for alternative care arrangements |
| **Key Learning Points** | * Alternative care is care provided by caregivers who aren’t the usual caregiver of a child. It should be considered an interim and short term option. Alternative care may be kinship care; foster care; other forms of family-based or family-like care placements; residential care; or supervised independent living arrangements for children. * Key elements when considering the alternative care needs of UASC in emergency settings: * Context and culture in relation to alternative care * Assessment of the current care arrangements and practices for UASC, including through government and civil society actors, legislation, policies and standards that apply * Identification of alternative care options for UASC (currently with no adult carer or living in an unsuitable care arrangement) building on appropriate local solutions * Capacity to monitor the situation of all UASC living in alternative care arrangements * Prevention of secondary separations * Temporary residential arrangements are unsatisfactory for any period longer than 12 weeks and better care arrangements should be arranged within that period of time. Residential care is never recommended for young children under 5 years old and children with additional needs such as children with disabilities. * It is important to monitor care arrangements. To ensure monitoring is effective, organizations and caseworkers should: * Fully inform children of what to expect from monitoring arrangements. * See the child and carer separately and together during monitoring visits * Follow up on concerns relating to access to services/resources within a specified period of time. * Triangulate monitoring and make unexpected visits. * Ensure that all persons carrying out monitoring understand the case management system and are trained to identify signs of abuse, measure a child’s well-being and report incidents * Inform children of their rights and what to do if their rights are not fulfilled or if they wish to make a complaint, including through a child-friendly complaints system |
| **Preparation** | * Print copies of *Tool 47 - Standards for temporary care.* 1 x each participant * Print copies of *Tool 48 – Guidance on monitoring care arrangements.* 1 x each participant * Handout *Group Work*. 1 x each participant * Flip charts and markers |
| **Preparation - Remote Delivery** | * Share links to *Tool 47 - Standards for temporary care* and *Tool 48 – Guidance on monitoring care arrangements* to participants. * Prepare a virtual whiteboard with the heading “What should be considered when determining the most appropriate form of care for UASC?” |

**Module 3.3 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 20 mins | **Ask** the group – What is alternative care?  **Say:** Alternative care is care provided to children by caregivers who are not biological parents or usual primary caregivers. It may be formal or informal.  Alternative care can be provided in families, in the community, or in residential care;  Informal care is:  Any private arrangement provided in a family environment   * whereby the child is looked after by relatives or friends (informal kinship care) or by others in their individual capacity * at the initiative of the child, his/her parents or other person * without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body. * Informal care can also include independent living arrangements that children set up themselves with/without community supervision.   In many contexts, informal care is the most common type of care provision.  Such arrangements should be formalized where possible even where these are temporary care arrangements i.e., registered with the relevant authority or other actor (e.g., NGO), supported and built on where they are in the best interests of the child.  Residential care is not always formalized.  In humanitarian situations, for example, residential care facilities or ‘orphanages’ are sometimes established without formal registration or approval from the regulatory authorities that establish guidelines, policies, and monitoring standards.  It is important to consult children on potential alternative care arrangements that they would feel comfortable with.  **Emphasise** that for most UASC alternative care is only required as an interim measure and the goal should always be family reunification where this is in the child’s best interests.  **Present** S3 on Standard 19 of the CPMS (page 205) that reads “All children without protective and suitable care receive alternative care according to their rights, specific needs, wishes and best interests, prioritizing family-based care and stable care arrangements.” and it should be read in conjunction with standard 13 on UASC and standard 16 on Strengthening Family and Caregiving Environments.  **Explain** that competent authorities should be informed, supported and involved to the maximum extent possible. All alternative care arrangements should be developed or supported in keeping with internationally agreed guidelines:   * [Guidelines for the Alternative Care of Children](https://digitallibrary.un.org/record/673583?ln=en), United Nations * [Moving Forward: Implementing the ‘Guidelines for the Alternative Care of Children](https://www.alternativecareguidelines.org/MovingForward/tabid/2798/language/en-GB/Default.aspx)’ *(specifically the emergency care sections)* * [Alternative Care in Emergencies Toolkit (ACE)](https://alliancecpha.org/en/technical-materials/alternative-care-emergencies-toolkit-2013) * UNHCR [Guidelines on Supervised Independent Living for Unaccompanied Children](https://www.unhcr.org/media/guidelines-supervised-independent-living-unaccompanied-children)   **Ask** participants to individually think of what the guiding principles for alternative care programming could be and to write them down in their own notebook. After 2 minutes, ask participants to share what they have come up with and complement as necessary with S5 and S6[[1]](#footnote-0). | S2    S3  S4  S5 and S6 | **Ask** participants to individually think of what could be the guiding principles for alternative care programming and to write them down through the chat function without hitting the enter button. Say that they will only hit send once you count to 3. Read a few examples and complement using S5 and S6 |
| 30 mins | **Instructions:** divide participants into 5 groups. Assign each group a different type of alternative care:   * Residential Care * Kinship Care * Foster Care * Supervised/Supported Independent Living * Small Group Homes   Ask each group to describe the main characteristics for the type of alternative care assigned, pros and cons.  The objective of this exercise is to learn more about the different types of alternative care and associated risk and protective factors.  Allow 10 minutes for discussion. Distribute handout on different types of alternative care and allow 5 to minutes for reading. Check for questions  **Explain** that in most emergencies, the majority of UASC are taken in spontaneously by extended family or friends, neighbours or other members of their community; it is only in extreme circumstances that this capacity may be overwhelmed. Spontaneous care should be supported if necessary and if in the child’s best interest.  **Remind** participants that Separated Children, by definition, are already in a family-based care arrangement. For Separated Children, what is needed is to assess the quality of care and any risks with the arrangement. Alternative care will only be needed for Separated Children if the care arrangement is found to pose a risk for the child or it is not in the child’s best interests.  **Say** that Unaccompanied Children who are not included in these spontaneous care arrangements will be living in a range of settings e.g.   * *existing residential care centres* * *temporary emergency residential care* * *alone or with peers / siblings but lacking any adult care.* |  | Prepare 5 breakout rooms, name each one according to the list of types of alternative care.  Paste the instructions into the chat:  *List the main characteristics, pros and cons of this type of alternative care.*  Launch breakout rooms for 10 minutes.  Close breakout rooms |
| 15 mins | **Give** participants *Tool 47 - Standards for temporary care* and allow a few minutes to read through the document  **Ask participants to discuss with their neighbour** - what do we do when temporary residential arrangements have already been arranged?  **Ask** a few pairs to give their answers.   * This type of care is unsatisfactory for any period longer than 12 weeks – we have to try as much as possible to arrange better care arrangements within that period of time * Emphasise the importance of monitoring care arrangements. * Refer to Tool 47 - Standards for temporary care   **Remind** participants that alternative care arrangements will be necessary for UASC until they are reunited, or in the longer term for those UASC unable to be reunited or for whom reunification is not in their best interests[[2]](#footnote-1).  ***Note:*** Emergency care centres should be avoided wherever possible and, where they exist, alternative community-based care arrangements should be urgently sought for the UASC living there to allow them to be closed down as quickly as possible. Careful management is essential to ensure these arrangements do not encourage the separation of children.  ***Ask*** participants to spend 3 minutes discussing with the people closest to them the pros and cons (as well as alternatives) to Emergency Care Centres. |  | **Share** the link to*Tool 47 - Standards for temporary care* and allow a few minutes to read through the document  **Discuss** the question in plenary for 5 minutes.Keep an eye out for contributions being made in the chat.  In plenary, ask for verbal or chat contributions on the pros, cons and alternatives to Emergency Care Centres. |
| 10 mins | **Discuss** with the group in plenary:  What should be considered when determining the most appropriate form of care for UASC? **Write** ideas on a flipchart.   1. Care arrangements should not be used to promote political, religious or other agendas, should be decided based on their age, specific needs, level of maturity and resilience, and cultural sensitivity and practices, infants need plenty of physical contact, affection and stimulation and continuity of care. 2. Provision also needs to be made for infant feeding and the intensive one-on-one support required for infants 3. Caregiver to child ratio 4. The capacity to monitor care arrangements: although community-based care in a family setting is the best option for children, a realistic assessment must be made of the capacity to monitor; if there is no capacity and other care options are available, children should not be left in very fragile care arrangements. It may also be challenging to monitor children in some types of residential care, especially as access can be denied; the proposed care setting should also be carefully assessed to ensure monitoring will be possible. 5. The type of care arrangement most likely to assure the protection of children who are especially vulnerable or are victims of trafficking, exploitation, or recruitment into gangs, armed forces or armed groups.   **Remind** participants that: Every child’s circumstances are unique - the best care arrangement for each child will be different. As a result, each child's situation needs to be analysed and responded to in a systematic way.  In some cases, family based care may not be feasible for unaccompanied children, particularly older children, and supervised independent living may be an option if this is necessary, suitable, and in the child’s best interests. **Refer** participants to the UNHCR Guideline on Supervised Independent Living for Unaccompanied Children (<https://www.unhcr.org/media/40142> ) | S7 and S8 | **Share** a link to a virtual whiteboard and ask the group to spend 2 minutes thinking on their own and adding their ideas in response to the question. Then discuss in plenary and complement using the key points provided. |
| 20 mins | **Activity –** Small Group Activity – Develop an Alternative Care Action Plan for UASC Using Simulation Case Study  **Divide** participants into 4 groups.  **Ask** participants to refer to the *Country X - Situation Analysis* and identify:   1. What forms of alternative care are described in the Situation Analysis? What forms of alternative care aren’t specifically mentioned but are likely to be happening? 2. What actions, if any, should be taken to support Separated Children in this context? 3. What actions, if any, should be taken to support Unaccompanied Children in this context?   **Give** participants 10 mins and then have a discussion in plenary with the whole group about their answers. | S9 | **Prepare** breakout rooms for 4 groups.  **Refer** participants to the *Country X - Situation Analysis*  **Paste** the 3 questions into the chat.  **Launch** the breakout rooms.  **Close** the breakout rooms after 10 mins but keep ready to relaunch for the next Activity. |
| 8 mins | **Explain** that despite the known risks of residential care for UASC in emergency settings, in some emergency’s children, including those separated in the emergency, are already in residential care settings and will need to remain there until community-based care can be arranged where this is in the child’s best interests.  **Tell** participants we are going to do an activity on how residential care should be managed and monitored.  **Present** slides 10, 11 and 12 | S10, 11 and 12 |  |
| 17 mins | **Activity –** Group Work – Mitigating Risks of Supporting Residential Care  **Split** participants into 4 groups and give each group a copy of the Handout *Group Work*. Both groups should answer both questions.  **Tell** participants to use *Tool 47 - Standards for temporary care* to assist in this activity.  *A residential care provider requests urgent supplies for children in their care including water, basic food and non-food items and food for infants. They are unable to access supplies because of the disruption and limits to transportation and they have additional children admitted since the emergency. Organisations in other sectors have also received requests and are asking for guidance from the UASC coordination group. Initial reports appear to confirm that the situation of the children is indeed very poor, and they are in need of immediate support. You have also heard that the manager of the care centre has been interviewed by journalists.*  *1. What are the risks of providing support to the residential care provider? What are the risks of not providing support?*  *2. Is there anything you can do to mitigate any risks associated with providing support? With whom will you need to work/coordinate with when developing a response?*  **After** 10 mins bring the group back to plenary and lead the group through the following answers.  1. Temporary assistance to support children in residential care or not?  Immediate assistance including supplies of water, basic food and non-food items and appropriate food for infants are frequently requested and may be necessary to ensure the survival of children in residential care.   * + Creating dependence and perpetuating the harmful effects of residential care   + Legitimizing the institution when it has been proven to not be the optimum system of care.   + Sustaining an abusive system.   + Create aid-induced separation by supporting this institution   + Attracts unnecessary media attention to the centre, with potential risks of attracting traffickers, or other abusers to places where UASC are.   + Manipulation of aid and wasting resources, as the institution has requested support from various organisations   + What are our responsibilities from the moment we start providing support?   + Providing to some children who are not necessarily the most vulnerable     Risks of NOT providing support:  What might happen to the children?   * + Children might run away   + Children might be forced into labour or exploitation to access resources     Critical Question  Recognising the potential unintended consequences of such assistance, whereby a pull factor is created for families struggling to support children, how can assistance be provided in such a way as to minimise the risk of creating separations?     1. **Possible measures might include:**   ✔ Carrying out a rapid needs assessment, as necessary, to establish whether the assistance is genuinely necessary; especially against the CPMS Standard 19: Alternative Care;  ✔ Agreement on the level of support by all organisations providing aid i.e. only basic assistance which ensures the survival and wellbeing of children to avoid the perception that children in care will be better off than those in the rest of the population (coordination);  ✔ Any support needs to be part of and contribute to a comprehensive and longer-term approach to promote and develop family-based and community based care;  ✔ Provision is made discreetly;  ✔ Ensuring that managers of residential care clearly understand their obligations with regard to fair distribution and record keeping and that this is monitored;  ✔ Setting conditions with residential care centres who will receive humanitarian assistance for example agreement on access for documentation and tracing for all children and a commitment to the aim of family reunification for all UASC;  ✔ Agreeing conditions with regard to minimum standards of care of all children in the residential care settings. Facilities should only be supported where they are committed to achieving minimum standards of care and strong protection procedures;  ✔ A clear communication strategy to inform members of the community and care providers of the temporary nature of provision and the overall objective of family reunification (media, articles, branding the support provided);  ✔ Involving members of the community in developing measures to prevent inappropriate admissions to residential care including though gatekeeping and screening procedures for new admissions to residential care;  ✔ Anticipate steps forward / longer-term;  ✔ All new admissions to residential care are documented on admission and a regular system of monitoring of their well-being established. | S13 | **Tell** participants to use*Tool 47 - Standards for temporary care* to assist with this activity.  **Paste** these instructions into the chat:  *A residential care provider requests urgent supplies for children in their care including water, basic food and non-food items and food for infants. They are unable to access supplies because of the disruption and limits to transportation and they have additional children admitted since the emergency. Organisations in other sectors have also received requests and are asking for guidance from the UASC coordination group. Initial reports appear to confirm that the situation of the children is indeed very poor and they are in need of immediate support. You have also heard that the manager of the care centre has been interviewed by journalists.*   1. *What are the risks of providing support to the residential care provider? What are the risks of not providing support?* 2. *Is there anything you can do to mitigate any risks associated with providing support? With whom will you need to work/coordinate with when developing a response?*   *Work through the questions and develop an urgent response action plan based on the answers.*  **Relaunch** the breakout rooms with the same groups as in the previous exercise.  **Close** the breakout rooms after 10 mins.  **Lead** the group in a discussion in plenary. |

## Module 3.4 – Family Tracing

| **Duration** | 90 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Describe spontaneous, informal, and formal family tracing methods * Explain best practice in family tracing and cross border tracing |
| **Key Learning Points** | * Tracing is the process of searching for family members or primary legal or customary caregivers. The aim of tracing is to find a long-term family- based care solution. The term also refers to the search for children whose parents are looking for them. * Tracing is carried out in a number of ways: * Restoring Family Links (RFL) is a generic term used to describe various activities of the International Red Cross and Red Crescent Movement aimed at preventing separation, restoring and maintaining contact among family members * Mass tracing * Photo tracing * Cross referencing and database tracing * Centre based tracing * Inter-camp and inter-country tracing * Case by case tracing * Cross border tracing * Tracing should be based on an analysis of potential risks to UASC and be in line with good practice, including a commitment that a child’s whereabouts will not be disclosed while seeking tracing information. Priority in tracing should be given to the most vulnerable: very young children, unaccompanied children living in difficult circumstances, and those with obvious protection risks. * In all contexts, organizations and staff conducting tracing should: * Commence tracing as soon as possible. * Work with local organizations, networks and communities. * Use varied and innovative tracing methods * Ensure that systems are in place to protect confidentiality and safeguard information. * Ensure emotional support is available throughout the tracing process and involve children in their own tracing, as much as possible. * Where tracing has stalled, actively seek alternative long-term solutions |
| **Preparation** | * Print copies of Handout *ICRC position towards web-based tracing.* 1 x each participant * Print copies of Handout *Activity 1 - Case Study 1.* 4 x copies. * Print copies of Handout *Activity 1 - Case Study 2.* 4 x copies. * Print copies of cards with cross border tracing components and relevant activities/indicators. One copy for each group (4 to 5 groups) |
| **Preparation - Remote Delivery** | * Share links to Handout *ICRC position towards web-based tracing,* Handout *Activity 1 - Case Study 1,* Handout *Activity 1 - Case Study 2.* 4, and Handout *Activity 2 - Group Work* to participants. * Prepare virtual whiteboards with sticky notes for components and activities/indicators - see Cross Border Tracing Components table |

**Module 3.4 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 10 mins | Explain the definition of tracing.   * ***Tracing,*** in the case of children, is the process of searching for family members or primary legal or customary caregivers. The aim of tracing is to find a long-term family- based care solution that is “in the best interests of the child”; this often means reunification with parents or other close relatives although other durable solutions may be identified depending on the wishes of the child and their best interest. * The term also refers to the search for children whose parents are looking for them. | S1   S2 |  |
| 15 mins | **Explain** that spontaneous tracing comprises many instances of family tracing and reunification, and organizations should support existing tracing practices where they do not pose a risk to UASC, such as by sharing too much identifiable information. Examples of such support can include:   * Ensuring regular communication with and, where necessary, referrals for follow-up from community leaders undertaking spontaneous tracing. * Asking community leaders and clan elders to be focal points for community- based tracing, so that they can support inquiries into the whereabouts of relatives from those communities or clans. This could include being available near registration points or by phone. * Connecting communities or children with resources to facilitate tracing – for example, by providing a phone or phone credit to a child or community focal point who can help make or receive calls for children and their families   Organizations should work closely with communities, where possible, to ensure complementary methods, avoid parallel processes of family tracing and make linkages between formal and informal methods.  **Note** that informal systems are not always inclusive of all affected children and have limitations in terms of effectiveness, depending on the situation – for example, if community networks are cut off in a certain area.  **Ask** participants if they know anything about web-based tracing?  **Give** participants Handout\_*ICRC position towards web-based tracing.*  **Give** participants 5 mins to read the document.  **Lead** discussion about the issues raised. What issues might web-based tracing present? How could web-based tracing increase the risks for UASC?   * Efficiency of the tools and methodology * Long-term sustainability of the model * Target population. Some websites do not ‘target’ people affected by natural disasters. | S3 | **Refer** participants to Handout *ICRC position towards web-based tracing.* |
| 15 mins | **Explain** that family tracing undertaken by organizations should be carried out as part of a coordinated programme involving local/national authorities and organizations, where appropriate. With the child’s informed consent/assent, family tracing should be carried out on behalf of every child who is separated from his/her family by an emergency, where required.  **Split** participants into groups and allocate each group a type of formal tracing method.   * Restoring Family Links * Mass Tracing * Photo Tracing * Cross Referencing and Database Tracing * Centre Based Tracing * In-Camp and In-Country Tracing * Case by Case * Cross Border Tracing   **Ask** them to summarise the method and analyse:   * Who the tracing method includes and excludes? * How resource intensive the method is? * What are the safeguarding risks? * Any pros and cons?   **Refer** them to pages 230 to 235 of the [Field Handbook on UASC](https://alliancecpha.org/en/technical-materials/field-handbook-unaccompanied-and-separated-children)  **Tell** participants to write their answers on flip charts and display them and at the end of the session (during the break) participants can do a gallery walk to review the different methods. | S4 | **Prepare** breakout rooms for 8 groups.  **Divide** participants into 8 groups and allocate each group a type of formal tracing method:   * Restoring Family Links * Mass Tracing * Photo Tracing * Cross Referencing and Database Tracing * Centre Based Tracing * In-Camp and In-Country Tracing * Case by Case * Cross Border Tracing   **Refer** them to pages 230 to 235 of the [Field Handbook on UASC](https://alliancecpha.org/en/technical-materials/field-handbook-unaccompanied-and-separated-children)  **Paste** these instructions into the chat:  *Summarise your allocated method and analyse:*   * *Who the tracing method includes and excludes?* * *How resource intensive the method is?* * *What are the safeguarding risks?* * *Any pros and cons?*   *Record your group’s answers to share in plenary.*  **Launch** the breakout rooms.  **Close** the breakout rooms after 10 mins. |
| 30  mins | **Activity –** Small Group Activity - Good Practice Using Case Study  **Organise** the participants into groups of 4-6.  **Explain:**   * Group one should answer questions 1 and 2, based on Case Study 1 * Group two should answer questions 3 and 4, based on Case Study 1 * Group three should answer questions 1 and 2, based on Case Study 2 * Group four should answer questions 3 and 4, using Case Study 2.   Show the slide and read through the questions:   1. *What steps would you take before you begin tracing to ensure good practice, maximise the likelihood of a positive outcome, and minimise any additional risk to the child?* 2. *What methods of tracing do you think would be suitable and why? How would you minimise the risk of any further harm throughout the process?* 3. *What additional information would be helpful and how could you obtain this? Are there any limiting factors, if so, what could you do about those?* 4. *When should tracing be discontinued and how should that decision be made?*   **At the end of 10 minutes** the participants reconvene in plenary and one group from Case Study 1 presents their answers followed by additional comments or ideas from other Case Study 1 groups, after which the Case Study 2 groups do the same.  **Refer** to facilitator notes in supporting information below for sample answers to each case study and additional information. | S5 | **Prepare** 4 breakout rooms.  **Copy** the list of which group should do what into the chat.  Share a link to the case studies and a virtual whiteboard for notes.  **Paste** the questions into the chat:   1. *What steps would you take before you begin tracing to ensure good practice, maximise the likelihood of a positive outcome, and minimise any additional risk to the child?* 2. *What methods of tracing do you think would be suitable and why? How would you minimise the risk of any further harm throughout the process?* 3. *What additional information would be helpful and how could you obtain this? Are there any limiting factors, if so, what could you do about those?* 4. *When should tracing be discontinued and how should that decision be made?*   **Launch** the breakout rooms.  **Close** the breakout rooms after 10 mins.  Conduct the debrief as described |
| 5 mins | **Ask** participants why there is an even greater need for close collaboration and cooperation in work with UASC when this involves more than one country?  **Say that** Cross border tracing requires the capacity to carry out all the activities related to FTR in each country, the logistical capacity to transport staff and children and close relationships with the authorities on each side of the border in order to obtain clearance to transport children.  Emphasise that each of these steps could take weeks or even months and may have to go through a number of organisations/actors. **Note** that for refugee children, cross border tracing must be based on a BIA.  **Tell** participants that the ICRC and the National Red Cross and Red Crescent Societies have a mandate to provide Restoring Family Links services across international borders. Non-governmental agencies and any other implementing partners should therefore coordinate all cross-border tracing with these organizations, and work in coordination with UNHCR in the case of refugees.  As an organization with a unique mandate to provide Restoring Family Links services across international borders, the ICRC and the National Red Cross and Red Crescent Societies (in collaboration with UNHCR in refugee settings) will normally be responsible for organizing cross-border tracing and reunification, including notifying the authorities in advance, and issuing travel documents to children who do not have identity documents. UNHCR will also ensure that refugee children go through voluntary repatriation procedures and receive relevant documents (see Chapter 12.3 of [Handbook](https://alliancecpha.org/en/technical-materials/field-handbook-unaccompanied-and-separated-children)). Other organizations, such as the International Organization for Migration, UNICEF, NGOs and implementing partners, may also be involved. Cross-border tracing should be coordinated among these and other relevant organizations as appropriate for the situation | S6 |  |
| 15 mins | **Activity –** Group Work – Cross Border Tracing Components  Divide participants in 4 or 5 groups Hand out cards for the various components of a cross border tracing programme and the cards with the suggested indicators/activities. Ask each group to match the components with the suggested indicators/activities.  Review results in plenary. and check for questions  [1] Note that in line with its mandate and neutral, impartial and independent approach to fulfilling its exclusively humanitarian mission, the ICRC uses its own database, forms, and information management tools, but will agree on information sharing as appropriate with partners working with UASC. | S7 | **Prepare** breakout rooms for 4 or 5 people. Share link to virtual whiteboards with sticky notes of components of a cross border tracing programme in one colour and sticky notes with indicators and activities in another colour  **Launch** the breakout rooms and circulate to assist groups with the Activity.  **Close** the breakout rooms after 15 mins.  **Ask** each group to give their answers in plenary and supplement with information from Notes for Facilitator. |

**Supporting Information for Case Study Debrief:**

**CASE STUDY 1**

1. What steps would you take before you begin tracing to ensure good practice, maximise the likelihood of a positive an outcome and minimise any additional risk to the child. Work closely with the carer (who already has a positive relationship with Hien) and involve Hien as much as possible in developing a plan to carry out tracing, ensure you have his consent, know who he wants to be traced and explain what will happen. Take care not to raise expectations inappropriately and work with the carer to support her capacity to help Hien throughout the tracing process. Also ensure coordination with any local and international organisations or local authority groups to find out who is carrying out tracing where, ensure cross checking on any database or any registration systems to see if his parents/family are registered. Continue sharing information with Hien and his career on tracing results and developments.

2. What methods of tracing do you think would be suitable and why? How would you minimise the risk of any further harm throughout the process? Examples would be tracing using the media, photo tracing ensuring his location cannot be established from the data displayed/broadcast. There may be a good chance of Hien recognising his home area if he was taken along but he could also become very upset if he found his home destroyed or was to receive bad news of his family. This possibility should only be considered as a very last resort following the guidelines on “children accompanying tracing workers”.

3. What additional information would be helpful and how could you obtain this? Are there any limiting factors, if so, what could you do about those? There are a number of leads that could be followed up on for example finding out where the teachers from the school lived and if any can be traced as they will know about Hien’s family. Follow up with the garment factory/s in case there is one that makes children’s clothes, and this is where his mother works. The manager of the orphanage could become a limiting factor if he obstructs tracing and/or stops the carer from spending time with Hien – this could be addressed by trying to involve the manager, meeting with him and the staff to discuss the importance of tracing, if appropriate with someone from the local authority.

4. When should tracing be discontinued and how should that decision be made? Tracing should not be discontinued until “all reasonable efforts” have been made to trace family members or there is conclusive proof that all family members are dead. The decision to stop active tracing and determine long term alternative care should involve a formal review process. A BID may be used for refugee UASC and where there is no national process in place. National authorities should always be involved in this process where possible, which should be linked to a national framework for care of all vulnerable children, where this exists.

**CASE STUDY 2**

1. What steps would you take before you begin tracing to ensure good practice, maximise the likelihood of a positive outcome and minimise any additional risk to the child. Involve Jean-Claude as much as possible, ensure you have his consent, know who he wants to be traced and explain what will happen, coordinate with any local and international organisations or local authority groups to find out who is carrying out tracing where, ensure cross checking on any database or any registration systems to see if his parents or any other family members are registered. Be ready to provide appropriate emotional support throughout the tracing process.

2. What methods of tracing do you think would be suitable and why? How would you minimise the risk of any further harm throughout the process? The first step would probably be mass tracing in the camp or any other camps to which the affected population have fled/are being supported, sending information including photographs on to other camps. Photographs/lists might be displayed at registration centres, food distribution centres or at transit sites ensuring his location cannot be established from the data displayed/broadcast.

3. What additional information would be helpful and how could you obtain this? Are there any limiting factors, if so, what could you do about those? It would be important to interview Jean-Claude and find out as much information as possible about his home area. Also, to try and track down information about where the population from his village fled to since he seems to have become separated from them. Workers in the camp may also be able to help with local knowledge. In this case it would also be important to try and find out if there is any information about his brother Emile – checking with the local authorities/Red Cross to see if he has been registered as a UASC, also to find out if his death has been recorded. Security may be a limiting factor in carrying out tracing in his home area. In this case, it is possible to reach out to other organizations who might have access to limited areas.

4. When should tracing be discontinued and how should that decision be made? Tracing should not be discontinued until “all reasonable efforts” have been made to trace family members or there is conclusive proof that all family members are dead. The decision to stop active tracing and determine long term alternative care should involve a formal review process. A BID may be used for refugee UASC and where there is no national process in place. National authorities should always be involved in this process where possible, which should be linked to a national framework for care of all vulnerable children, where this exists.

**Cross-border Tracing Components, Answers**

| **Cross border Tracing Programme** | |
| --- | --- |
| **Component** | **Suggested indicators/activities** |
| Government authorities have an active role in coordination and implementation where appropriate and possible. | The involvement of government authorities is facilitated, and their capacity strengthened or developed where necessary. Emergency work with UASC is linked to a national framework for the care of all vulnerable children where this exists. |
| Effective coordination of all partners | A clear framework defines mechanisms for coordinating activities, decision making and sharing information at local, national and regional levels and agreements (e.g. MoU’s or SOP’s) emphasise the importance of cooperation and outline which organisation is responsible for each aspect of FTR in each location/country. |
| Standardised tools are used and appropriately implemented by all partners | The IA CP IMS is widely promoted for early implementation[1] - compatible databases facilitate information sharing as necessary for the purposes of FTR/RFL:   * where possible information is centralised to allow for cross matching between and across country programmes * data protection protocols are agreed and used by all implementing partners. * the information management system is used to support case management   Regular joint training events bring together staff responsible for information management in all implementing countries |
| Standardised forms are used by all implementing partners | Interagency standard forms are readily available, translated into all relevant languages and distributed in a timely fashion. |
| Service provision and mapping of services along key routes and at border crossing points for populations crossing international borders | * Information is provided to populations on the move about services available “en route” including how they can access tracing services. * The capacity for rapid identification, documentation, tracing, verification and reunification is developed (where necessary) at camps/ informal settlements / collective centres which are close to border crossing points to facilitate reunification where families are waiting for children to arrive (or vice versa). |
| Regular and ongoing training supports good practice and promotes engagement by all country programmes. | * Rotating training events and programme exchanges promote a “whole programme” approach and facilitate the exchange of ideas and understanding of challenges in each setting. * Training brings together case workers/programme staff from each country programme and involves a range of participating organisations/actors. * A mentoring system is used to support caseworkers who are supervised on a regular basis. |
| Day to day operational aspects of tracing are effectively supported | A cross border liaison officer could be appointed with sole responsibility for day-to-day operational support and monitoring of the cross-border aspects of the programme, for example ensuring effective information exchange, follow up action is completed, movements of children are logged etc. |
| UASC, their carers and families are kept fully informed, and systems exist for follow up | * All documented UASC are followed up regularly whilst tracing is ongoing (at least every three months). * When families are traced, they are informed of the necessary procedures and time scale before reunification; thus preventing children/family members becoming frustrated/children trying to find their own way home. Children are also informed of what they should do if they decide to move to another location. |

## Module 3.5 – Verification for Family Reunification

| **Duration** | 90 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Describe the role of verification for family reunification * Explain key steps in conducting verification |
| **Key Learning Points** | * Verification is the process of establishing the validity of relationships and confirming the willingness of the child and the family member to be reunited. There are two elements to verification:   1. Validating family ties  2. Assessing whether reunification is in the best interests of the child   * When tracing is successful, an assessment should *verify* that family reunification is in the best interests of the child.In cases where there are serious concerns, it may be necessary to involve the appropriate authorities, existing welfare systems, other agencies and local communities for any further action or future support required.   The methods of verification involve a series of steps that should be followed in all cases. *Adult claimants should be requested to:*   * Pick the child’s photo out of a number of photos. * Describe the child, including any birthmarks, scars, skin markings, tattoos or any other defining physical characteristics. * Describe the clothing, jewellery or objects the child was wearing or carrying at the time of separation. * Recall the place where the child was left and how the separation occurred. This description can be checked against any known information about the child or the location where they were found * Identify any words or phrases the child knew before the separation (in cases where the child is already talking) * Name locations or places the child knew at the time of separation. * Whenever possible, ask the relatives’ neighbours for corroboration of claims. Enquire whether the parent or relatives had a child, a nephew or grandchild of a certain age and sex. * Also ask them to recall any information they know about the place and date of separation between the claimant and the child. * Family reunification should be the priority for refugee UASC whether this is in the country of asylum, the country of origin through voluntary repatriation or in a third country. As a minimum, a Best Interests Assessment (BIA) should be conducted to assess whether reunification is indeed in the best interests of the child. In some exceptional circumstances, a Best Interests Determination (BID) is required prior to family reunification. |
| **Preparation** | * Print copies of Handout *Case Studies*. 1 x copy for each group. * Print copies of Handout *Adult Verification Form.* 1 x each participant * Print copies of Handout *Child Verification Form*. 1 x each participant |
| **Preparation - Remote Delivery** | * Share links to copy of Handout *Case Studies*, Handout *Adult Verification Form,* and Handout *Child Verification Form* to participants * Prepare a true or false poll/quiz with questions about verification. |

**Module 3.5 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 10 mins | Tell participants that the session is about the role of verification in family reunification, and we will discuss the key steps in conducting verification.  **Energiser -** One volunteer has to tell 2 truths and a lie about themselves, the rest of the group has to ask questions to work out what was true and what was a lie. They are not allowed to ask a direct question – i.e.: are you lying about X?  **Reflect** upon the challenges of finding out the truth and triangulating data. | S1 |  |
| 10 mins | **Tell** participants verification is the process of establishing the validity of relationships and confirming the willingness of the child and the family member to be reunited.  There are two elements to verification:  1. Validating family ties  2. Assessing whether reunification is in the best interests of the child  **State** that when a family has been traced in the country of origin (for refugee children), the decision to carry out verification needs to be made with caution so as not to create risk for the child or the family. In some cases, actors may not be present on the other side of the border to carry out this work. These aspects need to be documented in the child's BIA, in case needed for subsequent BID in the context of resettlement, for example.  **Invite** participants to give examples: ***Why do we need to do verification?***  Take a few example and present Slide 3  **Validating Family Ties -** Children, especially infants, very young children or those unable to communicate effectively, can be handed over to the wrong person. This could be a genuine mistake, from a desire to replace a lost child by parents whose own children are dead or missing, or to use a child for labour or exploit in other ways. In conflict or post conflict situations, a child could be claimed for malicious reasons such as to take revenge on a family or remove a witness to killings.  **Assessment -** The Interagency Guiding Principles on UASC state “when tracing is successful, an assessment should ***verify*** that family reunification is in the **best interests of the child.** In cases where there are serious concerns, it may be necessary to involve the appropriate authorities, existing welfare systems, other agencies and local communities for any further action or future support required.”  **Best Interests of the Child (CRC Article 3**): In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.  **Emphasise** that living conditions are frequently more difficult than before the emergency and the family circumstances may be changed due to death or sickness of family members or re-marriage. Poverty should not rule out reunification but interventions may be required to enable the family to accept the child where there are extreme difficulties.  **Is reunification in the best interests of this particular girl or boy?**  Verification highlights any problems which need to be addressed during the preparation period before reunification takes place. The process should consider the **views of the child** and the **family members, confirm** that both parties are willing to go ahead and assess the conditions and circumstances the child will be reunited into. Legal guardians should also be involved and heard in the process. | S2                   S3  S4  S5 |  |
| 45 mins | **Activity** – Small Group Activity - How do we do verification?  This activity introduces the process of verification and highlights ‘problem areas’ such as children with communication difficulties, cross border and the need for further assessment.  **Divide** participants into 4 groups.  **Allocate** each group one Case Study each and give each participant a copy of the Sample Verification Forms (Adult and Child).  **Ask** participants to read their group’s Case Study and then answer these questions:   1. *What questions would you need to ask to do verification? We are looking for different specific questions that you would ask, to which person, and ideas as to why you selected that question. Use the Verification Forms as a guide.* 2. *How will you double check the data? What methods will you use? Here we are looking for detail on any particular concerns you have and the types of data you want to double check and why.* 3. *What steps should you take? Work out who you need to talk to, who needs to be informed etc.* 4. *What decision would you make? You need to say what you think your final decision would probably be and why.*   **Give** participants **20 mins** and then come back to plenary.  **Ask** the groups to present their response to one of the questions and give feedback on their answer. Refer to the facilitator version with sample answers to give feedback. | S6 | **Prepare** breakout rooms for 4 groups.  **Allocate** each group one Case Study and **refer** participants to the Sample Verification Forms.  **Paste** the 4 questions into the chat.  **Launch** the breakout rooms and circulate to assist groups with the Activity.  **Close** the breakout rooms after 20 mins.  **Ask** each group to give their answers in plenary and supplement with information from the Facilitator version. |
| 10 mins | **Say** we are going to talk about the methods of verification with infants, young children, and children with difficulty in communicating.  Allocate one side of the room for True and one for False. Explain that you will read a series of statements, and participants should get up and move to True, or False. Test the instructions by saying: The instructions are clear. Clarify if needed, then work through the list.  *Adult claimants should be requested to:*   1. *Pick the child’s photo out of a number of photos.* 2. *Name locations or places the child knew at the time of separation.* 3. *Visit the child’s school to meet the child and verify it is the correct child.* 4. *Recall the place where the child was left and how the separation occurred.* 5. *Ask for the child’s current location and contact details to verify it is the correct child.*   Invite everyone to return to their seats.  Summarise that the methods of verification involve a series of steps that should be followed in all cases. *Adult claimants should be requested to:*   * Pick the child’s photo out of a number of photos. * Describe the child, including any birthmarks, scars, skin markings, tattoos or any other defining physical characteristics. * Describe the clothing, jewellery or objects the child was wearing or carrying at the time of separation. (If these items have been saved, or photographed, they can be compared to the claimant’s description.) * Recall the place where the child was left and how the separation occurred. This description can be checked against any known information about the child or the location where they were found * Identify any words or phrases the child knew before the separation (in cases where the child is already talking), e.g. nicknames, pet names or a certain way a child pronounced the name of a sibling or family member. * Name locations or places the child knew at the time of separation. These may have been repeated and recorded by caregivers, for example, a child might talk about “going to the river” or to a church where there is singing. * Whenever possible, ask the relatives’ neighbours for corroboration of claims. Enquire whether the parent or relatives had a child, a nephew or grandchild of a certain age and sex. * Also ask them to recall any information they know about the place and date of separation between the claimant and the child.   It is very important to triangulate the information and compare stories of separation. Note that in certain countries, there is a habit to give nicknames, which could be something to investigate. | S7 | **Prepare** a true or false poll/quiz with the following questions:  *Adult claimants should be requested to:*   1. *Pick the child’s photo out of a number of photos.* 2. *Name locations or places the child knew at the time of separation.* 3. *Visit the child’s school to meet the child and verify it is the correct child.* 4. *Recall the place where the child was left and how the separation occurred.* 5. *Ask for the child’s current location and contact details to verify it is the correct child.* |
| 10 mins | **In plenary, ask participants to suggest** when further assessment is required prior to reunification?  **Complement** the answers suggested by the group with the information below:   1. In the case of voluntary separation, to assess if the original issues been resolved 2. Where there was a history of relationship problems in the family prior to separation, in particular neglect of the child, violence or abuse. 3. If there have been significant changes in the family since separation, for example death or illness/disability of family member/s. 4. Ask if the family is willing to provide care for the child/is and is the child willing to return to the family? 5. Where the family has concerns about reunification. Assess if these concerns are related to lack of material resources or financial capacity to care for another family member. Or are they concerned about the way the child will fit in, related to behavioural, social or emotional issues? 6. Where a child has concerns about reunification. Assess what can be done to address these. Are there specific impacts resulting from his or her experiences since separation for example association with armed forces or armed groups or GBV? 7. If the child requires health care beyond that which is normally available in the community to which he or she will return. Would the conditions make it difficult to provide optimal care? 8. If there is any hostility to returning children in the community to which he or she will return. What is the situation of the family within the community and how much social support do they have? 9. If there is continuing insecurity in the home area, is this likely to place the returning child at risk, how much does this affect the day-to-day life of the family? | S8 and S9 | **Ask** participants to type suggestions into the chat and monitor the responses. |
| 5 mins | **Say** family reunification should be the priority for refugee UASC whether this is in the country of asylum, the country of origin through voluntary repatriation or in a third country. (Reunification in a third country includes both as part of a formal resettlement programme and when reunification is carried out with family who have moved on to a third country where the child is still in the country of first asylum).  As a minimum, a **Best Interests Assessment (BIA)** should be conducted to assess whether reunification is indeed in the best interests of the child. In some exceptional circumstances, a **Best Interests Determination (BID)** is required prior to family reunification. It is important to consult UNHCR during this process. UNHCR’s Country of Origin Information (<https://www.unhcr.org/us/country-information-and-guidance>) can give a good indication on the protection issues in country of origin, and specific Policies on Return which are used in the context of changing circumstances in the context of voluntary repatriation. | S10 |  |

## Module 3.6 – Day 3 Review and Homework – Simulation Activity 3: Planning the Response

| **Duration** | 60 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Identify three key individual learnings from Day 3 * Identify how programme interventions in other sectors can affect UASC * Formulate messages for other sectors to support the wellbeing and needs of UASC using the Simulation Situation Analysis |
| **Key Learning Points** | * The aim of the Day 3 Review is that participants recall learning from the day and identify key individual learning from Day 3. |
| **Preparation** | N/A |
| **Preparation - Remote Delivery** | N/A |

**Module 3.6 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 20 mins | **Tell** participants this session is designed to consolidate learning from Day 3 and requires participants to reflect upon their own learning.  **Organise** the participants into groups of 3. Explain that you will call out a list of topics that we have covered on Day 3. In their groups, they should talk about this topic, until you say stop.  Work through the list of topics, allowing 2 minutes for discussion on each one:   * Adult learning * BIA, BID * Information Management for Case Management with a focus on data protection and information sharing * Alternative Care * Family Tracing * Verification for Family Reunification   Bring everyone back to plenary and check for any questions that arose during the exercise. | S1 | **Prepare** breakout rooms of 3 people each. Explain that you will send one topic at a time as a broadcast message. They should discuss this until the next one arrives. |
| 45 mins | **Divide** participants into their Organisations for the Simulation.  **Refer** participants to their copy of the Country X - Situation Analysis.  **Tell** them that this activity is about using the information in the Situation Analysis to identify how UASC may be affected by the work of other sectors during the response to the earthquake, and formulating messages/advocacy points to be given to other sectors so they can take action to support the wellbeing and needs of UASC.  **Tell** them that they should spend about 40 mins sometime before the first session starts tomorrow morning using the Situation Analysis and pgs. 277 - 283 of the UASC Handbook “**Matrix - Cross-Sector Programmes Supporting the Wellbeing and Needs of UASC**” to:   1. Identify how the actions of different sectors working on this response could affect UASC. 2. Formulate 4 - 5 contextualised messages/advocacy points directed at these different sectors that will support the wellbeing of UASC in this context. |  | **Prepare** breakout rooms for 4 groups. **Divide** participants into their Organisations for the Simulation.  **Paste** these instructions into the chat:  *Use the information in the Situation Analysis to identify how UASC may be affected by the work of other sectors during the response to the earthquake and formulate messages/advocacy points to be given to other sectors so they can take action to support the wellbeing and needs of UASC.*  *Spend 45 mins using the Situation Analysis and pgs. 277 - 283 of the UASC Handbook “Matrix - Cross-Sector Programmes Supporting the Wellbeing and Needs of UASC” to:*   1. *Identify how the actions of different sectors working on this response could affect UASC.* 2. *Formulate 4 - 5 contextualised messages/advocacy points directed at these different sectors that will support the wellbeing of UASC in this context.* |

## Module 4.1 – Training of Trainers – Facilitating Training

| **Duration** | 60 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * List challenges associated with training delivery * Identify strategies to mitigate challenges in facilitating training |
| **Key Learning Points** | * Delivering training can be challenging, especially for those without experience, or for those who only facilitate occasionally. To mitigate challenges associated with delivering training it is important to know the material, use examples, speak clearly, and ensure variety in your presentation of information. * Preparation is required by the facilitator to ensure that they use good facilitation techniques and have regard to the impact of their personal manner, body language, posture, and pacing have on the delivery of information and how it is received by participants. |
| **Preparation** | * 4 x flip charts and markers with headings ‘Personal Manner’, ‘Body Language’, ‘Posture’, ‘Pacing’. * Print Handout *Modified Instructions from Facilitator’s Guide.* 1 x copy for each participant*.* |
| **Preparation - Remote Delivery** | * Email copy of Handout *Modified Instructions from Facilitator’s Guide* to participants*.* * Preparea virtual whiteboard with the headings ‘Personal Manner’, ‘Body Language’, ‘Posture’, ‘Pacing’. |

**Module 4.1 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 10 mins | In plenary, **ask** participants to list any challenges associated with delivering training in the role of Facilitator. Make a note of these on a flipchart. Ensure that you elicit examples that can be managed through preparation and some that can only be dealt with on the day.  **Say:** We spoke on day 2 about the importance of preparation for good facilitation. **Ask:** Which of these challenges could be mitigated by good preparation? Circle these challenges in another colour.  Explain that in this session, we will think about what we can do with these remaining challenges. | S1 | **Note** the challenges on a virtual whiteboard.  Move the relevant sticky notes to a separate area of the board |
| 20 mins | Ask the participants to get into groups of 3 or 4 with the people closest to them.  Show the slide and explain that they should each share an experience related to one of the remaining challenges. They should describe what happened, how they felt, why it was challenging, what they did, and what they learned.  Allow 15 minutes for discussion then bring everyone back to plenary and ask if anyone wants to share a brief reflection. | S2 | Prepare breakout rooms of 3-4 people. Paste the instructions into the chat:  Select a challenge from the board  Describe a time you have experienced this:  What happened?  How did it feel?  Why was it challenging?  What did you do?  What did you learn?  Launch the breakouts for 15 minutes. |
| 30 mins | Explain that now, you will give each group a scenario. Considering this scenario from the perspective of the facilitator, they should think about:   * What is the worst thing you could do? * What actions would you actually take?   Handout the scenarios and allow 10 minutes for discussion.  Bring everyone back to plenary and ask each group in turn to:   * Read out their scenario * Share their idea of the worst thing to do * Share what they would actually do   Check for questions and share any additional ideas or suggestions as necessary.  Remind participants that preparation is key, but so is the ability to manage the group and situation on the day - a facilitator must be prepared yet flexible. | S3 | Reorganise the breakout rooms. Allocate one scenario to each group and refer participants to the scenarios document.  Launch the rooms for 10 minutes. |

## Module 4.2 – Simulation

| **Duration** | 225 mins (including working break and debrief) |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Identify resource requirements for a UASC assessment * Identify what information is required from a UASC assessment and describe how to assess separation and identify UASC * Suggest ways to work with other sectors to incorporate prevention of separation into sector work |
| **Key Learning Points** | The simulation reinforces key learning points from several sessions in the learning package, rather than introducing new KLPs. |
| **Preparation** | * Ensure participants have brought laptops to use during the simulation * Collect email addresses and share a list of contacts to enable communication during the exercise |
| **Preparation - Remote Delivery** | * Preparea Discussion Board for Groups to contact each other and coordinate during the Simulation. * Prepare breakout rooms for 4 organisations. * Collect email addresses and share a list of contacts to enable communication during the exercise |

**Module 4.2 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 10 mins | **Simulation Instructions for the Participants**  Explain that during the simulation:   1. The law of physics apply 2. Where each group/organisation will be physically working throughout the Simulation. Groups should be in different rooms if possible. 3. The email address for the Simulation lead and how to receive and reply to any notes sent by the Simulation lead. 4. Coffee breaks and lunch will be open between [insert time for coffee and lunch to be available] - it’s your responsibility to make sure everyone in your organisation gets a chance to go and eat but your organisation space should always be staffed as the scenario will not break - so you will need to take turns. 5. Groups are allowed to speak with each other and move between the rooms. (For remote - Note that they may need to return to plenary and ask the facilitation team to reassign them to another breakout room.) 6. What to do if there is an emergency, and other relevant administrative issues. 7. Tasks should be completed using information from the Situation Analysis and each group’s organisational resources and capabilities. Where there is not enough information in the Situation Analysis and Organisation Package provided to each group, use your own experience as child protection staff and any resources available to fill in any gaps and/or suggest what should be done as per best practice. 8. Please use the handouts from Days 1 – 3 of the UASC TOT, the UASC Handbook, and other relevant Guidelines to assist in completing all tasks. 9. That the Simulation is starting now. |  | **Share a link to the** Discussion Board for Groups to contact each other and coordinate during the Simulation.  **Paste** this information into the chat:   1. *Groups can contact each other via the Discussion Board during the Simulation.* 2. *If you need to contact the Simulation Controller during the Simulation send an email to [insert Facilitator’s email address].* 3. *Groups should monitor the Discussion Board in case the Simulation Controller posts any messages.* 4. *Groups are allowed to communicate with each other during the Simulation.Note that you may need to return to plenary and ask the facilitation team to reassign you to another breakout room.* |
| Inject | **Instructions for Briefing Meeting to be held at 0.10**  **Role 1 acts as the lead of the Child Protection Coordination Group in this meeting.**    **Role 1 needs to give the participants these instructions via an email to all NGOs**    *“Hello, I’m [INCLUDE NAME] and I’m the lead of the Child Protection Coordination Group.*    *As members of the Child Protection Coordination Group, I need help from your organisations to prepare a plan to conduct an assessment to identify the needs of UASC in SC and the surrounding areas after the earthquake.*  *In order to prepare the assessment plan, there will be an initial meeting of the Child Protection Coordination Group in the main Training Room in 30 mins (0.30). Each group needs to come to the meeting prepared to provide an update on:*    *1.* *Where their organisation is based, what their organisation’s mandate is, and the main advocacy points in relation to UASC their organisation would like included in the assessment plan presentation.*  *2.* *The material resources and staff their organisation has available to support an assessment to identify UASC, including any training capability their staff have.”*  *[INCLUDE NAME]*  *Child Protection Coordination Group Lead*    **Tell the participants they should now go to their rooms and prepare for the Meeting. They should be back in the Training Room ready for the meeting at in 30 minutes [INCLUDE TIME] and must have assigned a spokesperson for the meeting.** |  | **Prepare** breakout rooms for 4 organisations. **Set** the time for 25 mins and ensure that the rooms will close quickly by adjusting the settings.  **Divide** participants into their Organisations.  **Send** the instructions email to all participants.  **Launch** the breakout rooms.  **Close** the breakout rooms after 25 mins but leave them able to be relaunched. |
| 60  mins | **Instructions for Meeting to be held at 0.30**  **Role 1 acts as the lead of the Child Protection Coordination Group in this meeting.**    **Say t**he aim of this Meeting is to start to plan the child protection response to the earthquake and receive updates from the four organisations:    1. Where their organisation is based, what their organisation’s mandate is, and the main advocacy points in relation to UASC their organisation would like included in the assessment plan presentation.  2. The material resources and staff their organisation has available to support an assessment to identify UASC, including any training capability their staff have.    **Role 1 needs to tell the participants:**     1. That the CP Coordination Meeting is starting now. 2. Thank all organisations for attending on such short notice but we need to start working on our planning for the assessment to identify UASC as soon as possible. 3. Remind the meeting that you need their help in putting together the assessment plan presentation as soon as possible as the meeting will be held [INCLUDE TIME] 4. With that in mind, ask each organisation (in 5 mins or less) to provide the meeting a summary of:     * Where their organisations is based    * What their organisation’s mandate is    * The material resources and staff their organisation has available to support an assessment to identify UASC, including any training capability their staff have.    * The main advocacy points in relation to UASC their organisation would like included in the presentation      1. Thank participants for providing this information about their organisations.   The Child Protection Coordination Group explains that they need to jointly prepare a presentation to be delivered to the Protection Cluster about how they will conduct an assessment to identify UASC in this response. The participants need to identify the priority actions the Child Protection Coordination Group should take to ensure they are ready to conduct the Assessment in one week’s time, specifically:     1. Identify what information we need to get from the Assessment to provide an effective response for UASC. 2. Identify how we can get this information based on the information in the Situation Analysis 3. What are the potential risks of conducting an Assessment and how can these risks be mitigated? 4. Consider if staff from the organisations who will conduct the Assessment need any training or materials in preparation. If yes, identify what training they require and who could deliver it.     Allow time for participants to come up with the information to be presented and how they plan to deliver the presentation during the Protection Cluster meeting to be held at [INCLUDE TIME]. Once the hour has passed. Say that you have other meetings to go to and that the organizations should continue to connect to ensure that they are ready for the presentation at [INCLUDE TIME] in the main training room at [Include Time]. |  | **Ensure** all participants have returned from breakout rooms to plenary.  **Paste** the list of information to feature in the presentation in the chat.  ***Ensure*** *participants are all back in their groups* |
| Inject | **Instructions for Email to be sent at 1:35**  **Role 1 needs to give the participants these instructions via an email to all NGOs**  *“Hello, I’m [XX – your name] and I’m the lead of the Protection Cluster*    *I am aware that agencies members of the Child Protection Coordination Group are going to be giving a presentation on the assessment to be taking place in a week from now in the upcoming Protection Cluster meeting at* [INCLUDE TIME]  I am aware that this is a bit of last minute request but it would be great if agencies presenting could also outline in their presentation any messages/advocacy that they will be sharing with stakeholders in the coming weeks. The group should consider the following and incorporate into their presentation:    1. What messages/advocacy material needs to be given to the Protection Cluster to assist any interventions by Protection Cluster members to assist and support UASC?  2. What actions will each of the four organisation’s will take to develop and disseminate messages to prevent further separation and respond to UASC based on their organisation’s expertise, skills, and geographical areas of operation?  *[INCLUDE NAME]*  *Protection Cluster Lead* |  | **Send** the Email to all groups. |
| 30 mins | **Instructions for Meeting to be held at 3.00**  **Role 2 acts as the lead of the Protection Cluster in this meeting.**  The aim of this Meeting is for the Child Protection Coordination Group to deliver their presentation to the Protection Cluster to provide an outline of how they will deliver an assessment to identify UASC.    **Role 1 needs to tell the participants:**     1. The Protection Cluster Meeting is starting now. 2. Thank all organisations for their continued work on the response. 3. Tell the Meeting that today we have a presentation from the Child Protection Coordination Group about a UASC Assessment. 4. Ask the group to deliver their presentation. 5. Thank the group for their work on the Presentation. 6. Ask any questions and provide feedback to the group on their presentation 7. Close the Meeting.     **Tell the participants that this is the end of the Simulation Activity.** |  | **Ensure** all participants have returned from breakout rooms to plenary. |
| 15 mins | **Instructions for Simulation Debrief to be held at 3.30**    **The Facilitator should now debrief the Simulation exercise with the group.**    **Tell** the participants;   * + The Simulation Exercise used a fictional country and humanitarian disaster to give participants an opportunity to apply the learning from Days 1 – 3 of the UASC TOT in a time-pressured situation.   + The purpose of the Simulation was to consolidate learning, encourage participants to work together to achieve a common goal, and provide an example of the potential challenges associated with effective coordination of a UASC response.   + The Tasks in the Simulation Exercise asked you to focus on different aspects of the UASC TOT content, remember the information you have learned during the training, and analyse new information from the Simulation Country Context and Organisational Packages to produce new and original work.     **Tell** the participants how they performed as a group in the Simulation, in terms of the group’s ability to effectively complete the Tasks. **Provide feedback** on the content of the Presentation and of the advocacy messages. Note the positive and constructive highlights.    **Provide feedback** on any issues that arose during the exercise.    **Ask** participants:   * + How did the participants find the exercise?   + What was challenging?   + Was there anything unexpected about the exercise?   + Do the participants feel that the exercise helped them better understand the topics covered on Days 1 -3?   **Allow** participants to raise any issues so you can respond. |  | **Ask** participants to respond in plenary or provide feedback to these questions in the chat:  *How did you find the exercise?*  *What was challenging?*  *Was there anything unexpected about the exercise?*  *Did the exercise help you better understand the topics covered on Days 1 -3?* |

## Module 4.3 – Reunification

| **Duration** | 90 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Describe the principle of best interests. * Explain how to use assessment forms to assess if reunification is in the child’s best interests * Describe the steps for preparing a child and their community for reunification |
| **Key Learning Points** | * The best interest’s principle means that children have the right to have their best interests assessed and taken into account as a primary consideration in all actions or decisions that concern them. Reunification will generally be in the best interests of the child but even in clear cut circumstances, reunification is a major step for the child and their family. * Following positive tracing and verification of family ties, organizations and staff should then assess whether reunification is in the best interests of the child by completing verification forms: * Verification forms should include confirmation by all parties of their willingness to go ahead with reunification and should highlight any immediate problems (such as access to education) that need to be addressed *before* reunification * Children and families may have mixed feelings about reunification for a variety of reasons. Given these feelings, preparation should actively include children, families, and communities and may include: * A reorientation period with family, such as exchanges of letters/photographs or family visits. * Development of a follow-up care plan, copies of which should be given to the family, child and other supporters. * Exploring assets, relationships and resources available to the family and returning child to see how these can facilitate the child’s reintegration into the family and community. * Help families access available assistance, arrange additional rations, find referrals for livelihoods programmes, arrange school enrolment or advocate for free school uniforms or materials. * Set up arrangements to support specialist follow-up, such as transport to medical appointments * Work with communities to map and determine access to local resources for support, including statutory services, livelihoods programmes or funding for community projects. * Mobilize and support communities to develop/strengthen child protection networks. * Explore communities’ beliefs, fears or concerns about what happened to the child |
| **Preparation** | * Print copies of *Tool 54 – Assessing whether reunification is in the child’s best interests in complex cases.* 1 x copy for each participant. * Print copies of Handout*\_The Child’s Story.* 1 x copy for each participant. |
| **Preparation - Remote Delivery** | * Email copy of *Tool 54 – Assessing whether reunification is in the child’s best interests in complex cases, and* Handout*\_The Child’s Story to* participants. |

**Module 4.3 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 15 mins | **Say** family reunification will generally be in the best interests of the child but even in clear cut circumstances, reunification is a major step for the child and their family and the decision on whether or not children should be reunited following successful tracing should be taken by senior level staff only when:   * The verification process has been completed and is positive * The living conditions the child will be returning to have been assessed * The child, child’s current carer/s or guardian and family member/s with whom the child will be reunited are all in agreement that reunification is in the child’s best interests * The local authorities and community leaders have been informed and are in agreement (where relevant). Any special necessary ritual is prepared for. * The security situation has been assessed and it is safe to go ahead with reunification   In refugee settings, this is why a BID is required in exceptional circumstances.  In plenary discussion**, ask** participants to identify some of the issues that might mean reunification is not in the best interest of the child.  **Give** participants *Tool 54 – Assessing whether reunification is in the child’s best interests in complex cases* and highlight any considerations not already raised by the group.  **Tell** participants that in refugee settings, the best interests procedure must be followed and requires a BIA for family reunification and/or, for complex or cross border cases, a BID. | S1  S2 | **Refer** participants to *Tool 54 – Assessing whether reunification is in the child’s best interests in complex cases* and highlight any considerations not already raised by the group. |
| 5 mins | **Ask** participants if they know the steps involved in family reunification?   * Preparation phase * Carrying out the reunification (child, family, community) * Follow up and monitoring   **Explain** that reunification can be easier or more difficult partially due to the time period of separation. If the child was only temporarily separated a short process can be done (and documented) and minimal preparation is required. (Although if the child/family have specific needs it may be necessary to refer their case for further support: health/livelihoods etc.).  Reunification can also be affected by issues such as location (i.e.: the family lives in remote rural areas, or cross-border cases), by the time apart, and the experiences of the children/ family/ community during that separation period**.** Good preparation will help minimise the negative impact on the child and the family.  **Say** a reunification planshould be agreed with clear timelines and stakeholders. | S3 | **Paste** the this question in the chat and monitor responses:  *What are the steps involved in family reunification?* |
| 35 mins | **Activity** – Small Group Activity - Preparing for Reunification  **Divide** participants into 4 groups.  **Tell** participants to use their copy of Handout *Case Studies f*rom *Module 3.5 - Verification.*  **Allocate** each group a case study. **Give them 20 mins** to brainstorm the following questions:   * What are the issues in preparing that stakeholder? * What strategies could be used? * How will we do the actual reunification?   **Each group** has to be ready to deliver a **3-minute overview** to the rest of us on how to prepare their stakeholder/s for reunification. They can use any resources they want and use any methodology.  **After 20 mins ask** each group to present their overview in plenary. | S4 | **Prepare** breakout rooms for 4 groups.  **Allocate** each group one Case Study and **refer** participants toHandout *Case Studies f*rom *Module 3.5 - Verification.*  **Paste** the 3 questions into the chat.  **Launch** the breakout rooms and circulate to assist groups with the Activity.  **Close** the breakout rooms after 20 mins.  **Ask** each group to present their overview in plenary. |
| 5 mins | **Say** if the decision is NOT to reunify the family (after determining the best interests of the child in the case and following national legal requirements), then a clear decision should be taken, where possible according to national legislation.  Children’s participationwould be key in such a decision and a formal BID process would be required for refugee UASC and in the absence of national legal procedures.  The alternative care option should be clearly defined, monitored and contact between the child and their family should be maintained where appropriate. | S5 |  |
| 30 mins | **Activity** – Plenary Discussion - Reunification Case Study using Assessment Form  **Participants** should use their copy of *Tool 54 – Assessing whether reunification is in the child’s best interests in complex cases.*  **Give** participants a copy ofHandout *The Child’s Story and allow 5 minutes for them to read this through.*  **Facilitate** a group discussion about the issues raised and ask participants to provide examples from their own experience.   1. Where there was a need for proper verification and how this could have been done? 2. What measures needed to be taken for proper preparation and reunification? | S6 | **Refer** participants to *Tool 54 – Assessing whether reunification is in the child’s best interests in complex cases and* Handout *The Child’s Story.*  **Paste** the questions in the chat. |

## Module 4.4 – Reintegration and Follow Up

| **Duration** | 90 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Describe reintegration of UASC * Describe the importance of follow-up after reunification * Compare the roles and responsibility of stakeholders after reunification * Create a plan for strengthening local capacity |
| **Key Learning Points** | * Follow-up after reunification is essential for ensuring that the child is fully reintegrated back into family life. For a variety of reasons, UASC may experience problems settling back into life with their family or with family members with whom they never previously lived. * For some children the need for follow-up will generally be minimal. Such children may require one visit in the first month and another visit in the third month to check that there are no unforeseen problems or protection issues. Other children and their families, such as those separated for a long time or returning home with a new disability, may need substantial support over a long period. Follow-up should be designed to fit the needs of the individual child. * Follow-up activities will depend on the individual child, family and context, and are likely to involve: * Monitoring the quality-of-care arrangements through a number of follow up visits * Providing emotional and/or practical support to a child during his/her transition * Working with the child/family on one of the specific issues identified during preparation for reunification, such as behavioural concerns for adolescents returning after a long separation * Identifying long-term specialized, culturally appropriate responses for some children, such as those suffering from mental health problems as a result of their experiences during separation * Helping children and their families access the range of support necessary for the reunification or long-term alternative care arrangement to be sustainable * Ensuring that children and families have information about basic services, humanitarian assistance and wider development programmes * As a part of case management, facilitating referrals to relevant services or programmes and monitoring those referrals to ensure support is being accessed * After reunification, children become the responsibility of the family and community. Ideally, follow-up should be conducted by local child welfare systems or community structures, if existing and functioning. A comprehensive mapping of local capacity should be used as a basis for deciding who should provide follow-up and how much capacity building and support, if any, is required. |
| **Preparation** | N/A |
| **Preparation - Remote Delivery** | N/A |

**Module 4.4 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 20 mins | **Explain** that in the interests of the child’s future development, follow-up after reunification is essential for ensuring that the child is fully reintegrated back into family life.  **Say** that follow-up encompasses a range of activities for children and their families to facilitate their reintegration. These activities may include social and economic support. Follow-up is usually required for family reunification.  **Ask** participants what they think some of the challenges UASC may face after being reunified?  **Say** that for a variety of reasons, **UASC may experience problems settling back into life with their family** or with family members with whom they never previously lived.   * Changes in a family’s circumstances caused by conflict, poverty or major domestic upheaval, such as the death or remarriage of a parent, can lead to difficulties. * For some children, reunification is a disappointing experience. They may have experienced the separation as an abandonment by parents/relatives and blame them or show avoidance or aggressive behaviour to put the family to the test. * Girls, in particular, may have limited opportunities to participate in education or vocational training programmes without financial support, and have little hope of earning income. * Communities as a whole are likely to be faced with difficulties, such as lack of access to services, loss of livelihoods and legal struggles. It is more equitable to consider the protection, survival and development needs of *all* children in the community, not just reunited children, and where follow-up support is provided, the needs of families as a whole in the community should also be considered. | S1  S2 | **Ask** participants to list as many challenges UASC may face after being reunified in the chat. Monitor the chat. |
| 15 mins | **Activity** – Pairs Activity – Factors for Prioritisation of Follow Up After Reunification.  **Divide** participants into pairs and tell them they will have **15 mins** for the following activity.  **Ask** pairs to brainstorm what factors would necessitate prioritisation of follow up for children who have been reunified? Ask them to consider:   * The child’s relationship with his/her family and community. * The existing assets, relationships, and resources available to the family and the level of services in the community to support and protect children and families. * Circumstances of the child related to his/her separation. * Circumstances into which the child will return, including the amount of possible preparation.   **Facilitator** should circulate to assist pairs if needed. **See supporting information for facilitator below. The facilitator should use this information to assist the pairs.** The facilitator does not need to present this information in plenary**.** | S3 | **Prepare** breakout rooms for groups of 3.  **Paste** these instructions into the chat:  *Brainstorm what factors would necessitate prioritisation of follow up for children who have been reunified? Consider:*   * *The child’s relationship with his/her family and community* * *The existing assets, relationships, and resources available to the family and the level of services in the community to support and protect children and families.* * *Circumstances of the child related to his/her separation* * *Circumstances into which the child will return, including the amount of possible preparation*   **Launch** the breakout rooms and circulate to assist pairs with the Activity and provide information from the Notes for Facilitator if required.  **Close** the breakout rooms after 15 mins. |
| 30 mins | **Who is responsible for UASC after they have been reunified?**  **Say** that after reunification, children become the responsibility of the family and community. Ideally, follow-up should be conducted by local child welfare systems or community structures, if existing and functioning.  A comprehensive mapping of local capacity should be used as a basis for deciding who should provide follow-up and how much capacity strengthening and support, if any, is required.Where there is no alternative to the provision of follow-up by external organizations, every effort should be made to involve local authorities and organizations concerned with child protection, as a way to promote community ownership.  Follow-up – whether via formal systems, such as local authority social workers, or informal mechanisms, such as child protection committees – should be linked to an accountable agency and within a structure that:   * Feeds into an effective case management and information management system * Is linked with and adheres to national statutory processes, where they exist * Incorporates clear referral pathways for services such as psychosocial support or legal aid * Ensures capacity to supervise, support and review work of those undertaking follow-up * Has clear criteria for closing cases.   **Explain t**hat follow-up activities will depend on the individual child, family and context, and are likely to involve:   * Monitoring the quality-of-care arrangements through a number of follow up visits. * Providing emotional and/or practical support to a child during his/her transition. * Working with the child/family on one of the specific issues identified during preparation for reunification, such as behavioural concerns for adolescents returning after a long separation. * Identifying long-term specialized, culturally appropriate responses for some children, such as those suffering from mental health problems as a result of their experiences during separation. * Helping children and their families access the range of support necessary for the reunification or long-term alternative care arrangement to be sustainable. * Ensuring that children and families have information about basic services, humanitarian assistance and wider development programmes. * As a part of case management, facilitating referrals to relevant services or programmes and monitoring those referrals to ensure support is being accessed . | S4          S5  S6 |  |
| 25 mins | **Activity** – Small Group Activity – Identifying Stakeholders and their Capacity  **Divide** participants into small groups of 4 -5.  **Ask** participants to look at pgs. 267 - 270 of the [Handbook](https://alliancecpha.org/en/technical-materials/field-handbook-unaccompanied-and-separated-children) and highlight the key points for each aspect related to reintegration:   1. Who has responsibility for follow up after reunification? 2. What role does strengthening local capacity play in supporting reintegration? 3. What elements need to be included in follow up after reunification? 4. What is the role of families and communities after reunification?   **After 15 mins, bring** back to plenary and go through the 4 questions with the group.  Let participants know that they can also refer to the Inter-agency group on children’s reintegration’s [Guidelines on Children’s Reintegration.](https://familyforeverychild.org/wp-content/uploads/2022/01/RG_Digital_DC-1-2.pdf) | S7 | **Prepare** breakout rooms for groups of 4 - 5.  ***Refer***participants *to* pgs. 267 - 270 of the [Handbook](https://alliancecpha.org/en/technical-materials/field-handbook-unaccompanied-and-separated-children).  **Paste** these instructions into the chat:  *Using the Handbook, highlight the key points for each aspect related to reintegration:*   1. *Who has responsibility for follow up after reunification?* 2. *What role does strengthening local capacity play in supporting reintegration?* 3. *What elements need to be included in follow up after reunification?* 4. *What is the role of families and communities after reunification?*   **Launch** the breakout rooms and circulate to assist groups with the Activity.  **Close** the breakout rooms after 15 mins. |

**Supporting Information for Facilitator - Factors for prioritisation of follow up after reunification**

*For some children, especially those separated accidentally, briefly, and easily welcomed back, the need for follow-up will generally be minimal. Such children may require one visit in the first month and another visit in the third month to check that there are no unforeseen problems or protection issues.*

*Other children and their families, such as those separated for a long time or returning home with a new disability, may need substantial support over a long period. Follow-up should be designed to fit the needs of the individual child rather than becoming an inflexible process where, for example, every child has a pre-set number of follow-up visits after reunification. Boys and girls will have different needs, which are likely to vary according to gender, age, disability, ethnicity, and experiences during separation.*

*The child’s relationship with his/her family and community is a key element in determining the depth and frequency of follow-up required. In cases where these relationships are positive, there may be less need for intensive follow- up. The question of how much follow-up is needed and for how long will also depend on the existing assets, relationships, and resources available to the family and the level of services in the community to support and protect children and families.*

*Criteria for prioritizing cases must be agreed upon when the lack of resources and/or practical constraints limit the amount of follow-up that can be carried out following reunification. These criteria should be developed in consultation with the affected children themselves, their family and community. Organizations should take the following factors into account when developing criteria to prioritize cases for follow-up after reunification.*

*Circumstances of the child related to his/her separation:*

* *Long period of separation*
* *Significant harm or abuse during separation, such as sexual violence or association with armed forces or armed groups*
* *Physical injury/disability or emotional/psychological difficulties*
* *Child becoming an adolescent*
* *Voluntary separation or prior concerns regarding the family’s care and protection of children.*

*Circumstances into which the child will return, including the amount of possible preparation:*

* *Family members are particularly impoverished, ill or have other major problems that affect their ability to provide care.*
* *Extended family members who the child has not lived with before will be providing care.*
* *Family has significantly changed since separation, for example, through remarriage or death of family members.*
* *A fragmented or fragile community lacks functioning child protection systems.*
* *The community is hostile, particularly towards children forced to commit violence against their own families or communities, children associated with armed forces or armed groups, or girls who became pregnant during conflict.*
* *Children are from an ethnic minority or marginalized group.*
* *The child or family are reluctant to reunify.*

*Usually, though not always, the closer the relationship between adult and child, the more protected a child is. Thus, children living with less closely related adults might be at greater risk of abuse or marginalization within the family.*

## Module 4.5 – Day 4 Review and Close

| **Duration** | 45 mins |
| --- | --- |
| **Learning Objective(s)** | By the end of the session participants will be able to:   * Recall learning from Days 1 - 4 * Provide feedback on training |
| **Key Learning Points** | KLPs are drawn from across the 4 days of training. |
| **Preparation** | * Print *Feedback Form*. 1 x each participant |
| **Preparation - Remote Delivery** | * Prepare an online evaluation form and copy the link into the Technical Producer Notes. |

**Module 4.5 Plan**

| **Time** | **Notes for Facilitator** | **Resource** | **Technical Producer Notes (Remote Delivery)** |
| --- | --- | --- | --- |
| 25 mins | **Ask** participants to stand in a circle facing each other.  **Ask** participants to think back across the 4 days of the training and identify one important piece of information they learned in relation to UASC that will impact how they respond to UASC in their work.  **Ask** each participant to tell the group what they learned and why they consider it important.  **Thank** everyone for their contributions to the training and remind them that they have another module to complete over the next month.  **Tell** participants they will receive the information about this module at the conclusion of the training. |  | **Ask** participants to individually identify one important piece of information they learned in relation to the UASC that will impact how they respond in their work and tell the group. |
| 10 mins | **Remind** participants that they will be completing a Post Training Module on Rollout of UASC TOT Training.  **Distribute** participants instructions for the post training assignment**. Explain** that they need to complete the 3 Activities. within 1 month of today. **Allow** 10 minutes to read through the instructions.  Take any questions  **Remind** participants that after they have completed the 3 activities, they should complete the “Post-Training” column in the Self-Assessment and send the Activity answers and Self-Assessment to the facilitator. |  | **Send** participants instructions for the post training assignment**.** |
| 10 mins | **Give** participants the *Feedback Form* and ask them to complete it before they leave the training room. |  | **Refer** participants to the *Feedback Form* and ask participants to complete the form |

1. Minimum Standards for Child Protection in Humanitarian Action, 2019 [↑](#footnote-ref-0)
2. Alternative care provision in emergencies should be in line with guidance in the following publications:

   United Nations (2009) *Guidelines for the Alternative Care of Children,* United Nations

   Centre for Excellence for Looked After Children in Scotland (2012) *Moving Forward: Implementing the ‘Guidelines for the Alternative Care of Children’* (CELCIS),

   Fulford, L.M, (2013) *The Alternative care in Emergencies (ACE) Toolkit* Interagency Working Group on Unaccompanied and Separated Children [↑](#footnote-ref-1)