



IMPLEMENTATION
GUIDE

WE THRIVE

INTEGRATED GROUP SESSIONS FOR CHILDREN
AND ADOLESCENTS IN ACUTE CRISES



Save the Children

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Overview

What is We Thrive?

We Thrive is a Save the Children package of **integrated group sessions** for children and adolescents to be used in rapid onset humanitarian crises. It can complement existing programming or be an entry point to work in new locations. We Thrive can be used in any safe and appropriate group spaces, such as community centres, Child Friendly Spaces, Temporary Learning Spaces, Health Centers or Feeding centres or schools, as well as mobile programming.

We Thrive consolidates a range of group activities and approaches to support children and adolescents' protection, learning and wellbeing in crisis and brings together best practice from **Child Protection (CP)**, **Education in Emergencies (EiE)**, and **Mental Health & Psychosocial Support (MHPSS)**.


We Thrive has one over-arching objective, which is: ***To enhance crisis-affected children's protection, learning and wellbeing through playful, accessible, and lifesaving integrated sessions.***


What Terminology is used in We Thrive?


Abbreviation	Meaning
CP	Child Protection
EiE	Education in Emergencies
LGBTQI+	Lesbian, Gay, Bi-sexual, Transgender, Queer/Questioning, Intersex, plus other gender identities and sexual orientations
LoE	Level of Effort
MEAL	Monitoring, Evaluation, Accountability, and Learning
MHPSS	Mental Health and Psychosocial Support
PFA	Psychological First aid
SC	Save the Children
SG	Safeguarding
SGBV	Sexual and Gender-based Violence
SRHR	Sexual and Reproductive Health and Rights

When should We Thrive be used?

We Thrive is designed for the first 0-6 months of a rapid onset humanitarian crisis. As a result, it is designed to be simple, fast, and flexible.

 **Simple:** The sessions use plain language and are jargon-free to ensure that they are easy for facilitators to follow and adapt. This also supports faster translation into other languages.

 **Fast:** The package is designed to be implemented for the first 0-6 months of a response. Sessions require very few and basic resources to implement, and facilitator training can be conducted in under a week.

 **Flexible:** Teams can select, prioritise, shorten/extend sessions to meet the needs of children and adolescents in most types of crises.

The final We Thrive roll-out steps include guidance on how to transition from We Thrive rapid response programming to longer-term CP, EiE, and MHPSS programming.

Who is We Thrive for?

We Thrive contains sessions for children and adolescents in the following age groups:

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

Where should We Thrive be used?

We Thrive can be implemented in any group space that meets national and international standards for safety, hygiene, and health. Project locations might include but are not limited to: community centres; Child Friendly Spaces; Temporary Learning Spaces; schools, outside spaces, libraries, other municipal spaces etc.

Staff, facilitators, children and adolescents, and parents/caregivers should be able to access the venue safely considering nearby risks such as flooding, checkpoints, unexploded ordnance, and other risky areas of the community. Spaces must meet national and international standards in terms of environment, size, and equipment, such as Standard 15 of the Minimum Standards for Child Protection in Humanitarian Action or 'Selecting a Site for a CFS' in the [Toolkit for Child Friendly Spaces in Humanitarian Settings](#).

Priority should be given to ensuring that the following equipment and materials are available:

- Proper ventilation, shade or warmth

- Adequate lighting
- Access to clean drinking water
- Access to hygienic, secure and accessible bathroom facilities separated for boys and girls with and without disabilities
- Supplies for menstrual hygiene management
- Fire extinguishers
- First aid equipment

What is included in the We Thrive technical resources

The We Thrive approach contains three packages of resources:

1. **This Implementation Package** to support contextualisation and programme planning. This includes Programme Principles, Roll-out Steps, and Programme Considerations, and is complemented by the Session Plans for children and adolescents aged [4-6](#), [7-11](#), [12-14](#) and [15-17](#).
2. **Training Package** to enable teams to build the capacity of facilitators, which includes:
 - a. [Training Manual](#) of guidance to organise and deliver the training;
 - b. [Training Workbook](#) for participants to use during the training and keep afterwards; and
 - c. An optional [PowerPoint](#) that can be replaced with flipcharts.
3. **The Monitoring Evaluation Accountability and Learning (MEAL) Package** to support monitoring and evaluation, which includes [MEAL Guidance and Tools](#).

Who implements We Thrive?

An ‘**integrated approach**’ allows two or more sectors to work together to achieve a shared programme outcome(s). It is based on existing capacities and joint needs identification and analysis, it promotes beneficial processes and outcomes for all sectors involved.

As We Thrive is an **integrated response package**, it is implemented by CP, EiE, and MHPSS staff working together to deliver a holistic package. WASH, Health, and Nutrition, Gender and MEAL staff are also essential contributors to ensure quality and relevant contextualization and implementation. Teams are encouraged to maximise the expertise and experience from different specialisms and to implement together.

We Thrive is implemented by community-based facilitators. Teams are encouraged to identify, train, and support diverse teams of facilitators from the local community to act as a group of safe, reliable, and trustworthy adults to promote the safety and wellbeing of children and adolescents. Facilitators might include professionals such as teachers, CFS facilitators, social workers, or psychologists but they also include and deeply benefit from volunteer parents/caregivers, older persons, and others with experience working with and caring for children and young people.

Regardless of background, all facilitators of We Thrive must receive Save the Children’s core trainings required for working with children, including:

- Child Safeguarding; and
- Psychological First Aid for child practitioners

In addition, facilitators must be trained on the We Thrive package itself which can be delivered in under a week and includes modules on:

- The We Thrive approach, components, and topics
- Safe Recognition and Referral of children at risk of or experiencing violence, abuse, exploitation, and neglect
- Understanding and promoting wellbeing
- Creating an emotionally safe, inclusive and welcoming environment
- Supporting children and adolescents holistically
- MEAL
- Free Play
- Life-saving Learning
- 3 mock sessions to practice implementing sessions

All the training modules reinforces best practice in CP, EiE, and MHPSS in rapid onset emergencies. In addition, the We Thrive training reinforces Child Safeguarding, Psychological First Aid, and SGBV best practices with reminders and tips for facilitators and other programme staff.

What topics does We Thrive cover?

We Thrive includes 7 main topics that all reflect an integrated approach to protecting children and promoting wellbeing. The 7 topics are:

- Free Play
- Life-saving learning
- Self-awareness and empowerment
- Positive social skills
- Literacy skills
- Numeracy skills
- Sexual and reproductive health and rights for children above 7 years.

How long do We Thrive sessions and the We Thrive programme last?

We Thrive contains several Session Plans for each of these topics and the Session Plans are organised by age group. Each session contains activities that range from 5-30 minutes long. The activities within sessions are designed to flow and build from warm-up through to cool down. The overall sessions last from 60-120 minutes. The Session Plans include between 38-52 sessions per age group:

The exact duration of We Thrive implementation depends on the context, particularly how frequently facilitators are working with children of different ages and how long the group space is open for. Some facilitators might wish to repeat or adapt sessions. Some facilitators might add their own sessions. Teams are unlikely to use all the sessions, for example some of the life-saving learning sessions (e.g. fire risk, M-Pox) will be relevant in some locations not others. As an example, if children attend for 2 hours per day, 5 days per week, there are enough new/unique sessions for 1-3 months.

What types of sessions are in We Thrive?

We Thrive contains both guided sessions and unguided free play sessions.

GUIDED SESSIONS support children and adolescents to learn a specific topic. While each guided session focuses on one topic, the topics are complementary and not mutually exclusive. The guided session topics are:

- Life-saving learning
- Self-awareness and empowerment
- Positive social skills
- Literacy skills
- Numeracy skills
- Sexual and reproductive health and rights for children above 7 years.

UNGUIDED SESSIONS (Free Play) allows children and adolescents time to exercise their right to play and agency. Free play also allows facilitators to observe and work with participants individually and in a small group setting. The We Thrive approach recommends including Free Play in at least one session per week. Free Play provides children and adolescents with:

- **Connection:** Play allows children and adolescents opportunities to freely engage one another and explore ways to play and get to know each other and feel part of a community.
- **Normalcy:** Much of what is *known* and *normal* is taken away during crises. Allowing children and adolescents time and space to be children supports increasing their sense of normalcy in situations that are anything but.
- **Agency:** Children and adolescents in crisis situations have lost much of their autonomy and ability to control the world around them.
- **Learning:** Play is how children learn. Providing free play increases opportunities for learning, problem solving, working in groups, discovery, conflict resolution, and more.
- **Creativity:** Without specific guided activities from an adult, children and adolescents have an opportunity to be creative with each other, available materials and their time.

What human and financial resources does We Thrive require?

We Thrive can be implemented in a variety of group spaces, meaning the human and financial resources will vary depending on the project location.

Human resources: Where possible, there should be three facilitators (2 women and 1 man) for a group of up to 20 children (assuming the children are over the age of 5). The logic for that is that there are always two facilitators for group sessions even if the third facilitator is sick, dealing with a child who is distressed, working on community engagement, etc. Facilitators should never be alone with children.

Facilitators should be supported and supervised by sectoral (i.e. MHPSS/CP/EdiE) Officers, Coordinators, or similar. Supporting group spaces requires approximately 20-60% level of effort (LoE) from Officers and Coordinators, depending on their existing role and responsibilities. In some contexts, this might be 60% for an Officer and 20-30% for a Coordinator.

5-20% LoE from Programme Managers, Technical Advisors, MEAL staff and similar is required depending on their exact role in the roll-out and implementation process. These percentages may also change over time as activities have been contextualised and the programme stabilises.

Financial resource requirements vary depending on a range of factors. We Thrive is designed to be cost effective to run and little budget is needed for established spaces. The main budget items to consider include:

- Human resources including facilitators, part-time LoE from programme staff, and support costs;
- Budget for community consultations;
- Budget for translation, which might be necessary if project staff and facilitators need the We Thrive technical resources in a local language;
- Budget for equipment if establishing or renovating a new space in a location with little infrastructure or safety, health, and water, sanitation, and hygiene equipment.
- Budget for replenishable materials although these are few and can be locally sourced. We Thrive encourages that facilitators and children to reuse and recycle materials such as bottles, paper, and fabric and use natural materials such as flowers and plants from the local area.

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Wonder Lab collated and revised the activities from the following existing resources, all of which are Save the Children approaches and package unless otherwise noted:

- Return to Learning
- RIRE, and the approach used in the ECHO PP in Burkina Faso, Mali and Niger
- HEART: healing and education through the arts
- Girls Decide
- Life Saving Messages: Syria Earthquake 2023, Sudan Crisis 2023, Nepal Earthquake 2016, Bangladesh
- Literacy Boost Common Approach
- Numeracy Boost Common Approach
- Psychosocial activities for Child Friendly Spaces - Rohingya Response - Cox's Bazar, Bangladesh
- Ready to Learn Common Approach
- Safe Schools Common Approach
- Youth Resilience Programme
- Youth Participation: Best Practice Toolkit
- TeamUP (SC and War Child)
- I Support My Friends (SC and UNICEF)
- Different. Just like you: A psychosocial approach promoting the inclusion of persons with

- disabilities (IFRC)
- The Activity Catalogue for Child Friendly Spaces in Humanitarian Settings (IFRC and World Vision)
- SAFE -Supporting Adolescents and their Families in Emergencies (IRC)
- Adolescent Girls Toolkit (UNICEF)

Programme Principles

The purpose of the Programme Principles is to ensure a common understanding across Save the Children (SC) to inform the implementation of We Thrive. These Principles bring together perspectives from child protection (CP); education; mental health and psychosocial support (MHPSS); safeguarding (SG); disability inclusion; gender equality; sexual and gender-based violence (SGBV) prevention, mitigation, and response; lesbian, gay, bisexual, transgender, queer and intersex+ (LGBTQI+) inclusion; and child participation.

Where there are children, they should be playing, learning, feeling good about themselves and their environment.

SC Staff Member – Ukraine

PROGRAMME PRINCIPLES

To support SC staff and partners, each principle has key considerations which should be applied according to context. All the principles should be considered in the development and implementation of programming, and some may need more focus given the needs in the context.



1. Respond rapidly and build programming over time

- **Use emergency preparedness planning** to engage communities, plan for group activities and train staff to respond rapidly in the event of a humanitarian crisis.
- **Respond rapidly to address immediate risks and needs** of children and adolescents which can be exacerbated by crisis events.
- **Use existing information to inform the rapid response** including staff and partner pre-existing knowledge of a context and information from rapid needs assessments, community consultations, and safety audits.
- **Learn about community power dynamics.** Observe who is participating, who is not, and why. This learning can help to avoid developing interventions that privilege those with power, without effectively reaching the most vulnerable children. It can also guide efforts for an inclusive process.

- **Build the skills of the facilitators from the outset of the response.** This will support strengthening of the activities and will enable the implementation of more specialised interventions over time.



2. Promote community ownership from the start

- **Engage with, listen to, and learn from children and community members from the start and overtime.** Involve them in key decisions such as the identification of appropriate facilitators, the selection of appropriate games and activities, determining what creates a safe and accessible space, and the identification of children who will need additional support to meaningfully participate. Make sure to include a diverse range of community members, including those who do not usually have access to decision-making. This enables everyone to have a voice and to take part in and “own” decision-making
- **Engage with local authorities and faith leaders when relevant** as they play a vital role in informing an emergency response including supporting community acceptance and identifying children and adolescents in vulnerable situations .
- **Consider partnerships with local organisations** that may be better placed to provide sustainable support to group activities and manage safe spaces. This may include organisations working on women and girls’ rights, LGBTQI+ organisations, and organisations of persons with disabilities (OPD).
- **Engage with caregivers** by explaining the purpose of and approach to group activities, problem solving barriers to access, and providing them with ways to support their children, in particular parents of children with disabilities.
- **Provide accessible feedback mechanisms** for staff, children and adolescents, caregivers, and community members using existing SC mechanisms and processes. It is important ensure access to feedback mechanisms accessible to all including person who are illiterate and persons with disabilities.



3. Enable children’s participation in identifying, leading, and evaluating activities

- **Enable children and adolescents to be the key actors in community decision-making and action.** Use group activities as an opportunity to engage children in understanding their lives

and what matters to them and support them to take active roles within their communities and promote a sense of agency. This can include conducting safety audits on protection risks.

- **Support children's meaningful participation in identifying and leading activities to promote their sense of agency.** This may include responsibilities around setting up safe spaces, taking on specific roles and responsibilities for group activities, and providing peer support and outreach to other children.
- **Ensure that children have regular opportunities to provide feedback** on group activities and to share their ideas for strengthening further programming.



4. Ensure inclusion of all children and adolescents

- **Take steps to promote non-discrimination** in access to, involvement in and implementation of group activities by understanding gender, diversity, and power dynamics within the community.¹
- **Work with children, adolescents and communities to identify and reach marginalised and excluded children to address and overcome barriers to their participation.** Factors that can affect participation include age, gender, disability, ethnicity, legal and socio-economic status. Work with caregivers and the community to remove barriers to their participation (e.g. by involving them in planning the location, timing and type of activities, and by engaging with caregivers to address concerns about their children's involvement, particularly for adolescent girls in some contexts). In cases where it may be unsafe to engage a caregiver (e.g. with LGBTQI+ children and/or child survivors of SGBV), identify alternate support mechanisms and trusted adults.
- **Promote the inclusion of children and adolescents at risk of or who have experienced violence, abuse, exploitation or neglect,** by working with community child protection focal points, case management teams and children and adolescents themselves, where appropriate. Example of children and adolescents at risk include unaccompanied and separated children, child mothers, LGBTQI+ children, children with disabilities and children who have returned from armed forces or armed groups.

¹ There are various causes of discrimination which could include: sex, gender identity, age, disability, health status (including HIV/AIDS), nationality, ethnicity, caste, religious/spiritual beliefs, language, culture, political affiliation, sexual orientation, socio-economic background, geographic location, international protection status, specific education needs, or other factors.



5. Provide and promote safe and protective environments and do no harm

- **Provide a physically safe environment, including for mobile responses**, by assessing and mitigating risks in and around the physical space for children and adolescents to make it as safe as possible. For example, consider if the location is in proximity to armed groups, or busy roads, if it is isolated, obstructed or poorly supervised, or if there is an appropriate supply of water or access to inclusive gender-sensitive hygiene facilities.
- **Register basic information on children** who attend group activities in order to know who the child is, how to contact caregivers, and to understand any specific needs that they have. Ensure that informed consent and assent is taken from the caregiver and child. Ensure that children's data is managed and stored safely, in line with Save the Children's Data Protection Policy, and both national and international data protection requirements.
- **Create a psychologically safe and emotionally supportive environment.** This helps provide children and adolescents with a sense of normalcy, allowing them to play freely and learn to protect themselves from risks. Use basic communication skills and empathy. Encourage them to express their emotions, but avoid getting upset or angry in front of them.
- **Ensure that activities are not a form of counselling or specialised psychological support.**
- **Be aware of and responsive to specific risks that children may face during group activities**, such as exclusion, bullying, and sexual harassment. SC should provide information and activities that enable children to avoid risks, know what to do if they experience violence, and promote recovery.
- **Be responsive to the gender-specific risks that children and adolescents face and create / adapt single sex spaces where appropriate.** Ensure that the design, setup, and running of safe spaces considers the unique needs of adolescent girls, boys, and non-binary children and adolescents. Seek guidance from children and adolescents and from women and girls' rights and LGBTQI+ organisations on single sex spaces to foster meaningful access and participation.
- **Identify and mitigate risks that may exist when children, adolescents, caregivers, and staff travel to and from the safe space.**



6. Facilitate engaging and playful sessions that promote safety and protection skills and knowledge

Sessions should be:

- Playful to stimulate creativity, critical thinking, problem solving, communication, and cooperation.
- A combination of guided activities (structured activities) and free play (unstructured), both of which support a sense of normalcy.
- Contextually appropriate and responsive to the needs of children and adolescents, including in terms of language, , age groups and materials.
- Developmentally appropriate, acknowledging that adolescents may have different motivations, expectations and needs than younger children.
- Inclusive, applying reasonable accommodations and removing barriers to ensure children and adolescents with disabilities can meaningfully participate.
- Gender-sensitive by removing gendered access barriers, not reinforcing negative gender stereotypes and norms, and inclusive of children holding non-binary gender identities wherever possible to do so.

The activities should build the following knowledge and skills:

- Life-saving information and skills to enable children and adolescents to protect themselves from risks in their community such as mine-risk awareness, fire safety, health and hygiene awareness, etc.
- Social and emotional skills to learn how to manage challenging situations and engage in positive social interactions with their peers and trusted adults.
- Literacy and numeracy skills for a sense of normalcy and to build self-confidence.



7. Enable safe recognition/identification and referral of children in need of safeguarding or protection

- **Identify key child protection risks in the context and relevant services and supports within the community.** In some contexts, girls may face specific risks such as harassment, sexual exploitation and violence, and trafficking during crises. Boys may face specific risks include child labour, recruitment into armed forces and armed groups, and sexual exploitation and violence. Children and adolescents holding non-binary gender identities and identifying more

broadly as LGBTQI+ may face increased discrimination and heightened risk of sexual and physical violence, trafficking, denial of resources and services, and harmful practices (e.g. intersex genital mutilation).

- **Ensure that facilitators are coordinated with child protection staff** as well as child protection focal points and service providers within their communities to refer child protection cases
- **Ensure staff and facilitators receive training, guidance, and support** on child safeguarding, child protection risks, psychological first aid, and safe identification and referral of children in need of safeguarding and protection.
- **Ensure that children attending group activities are aware of Save the Children's Code of Conduct and that humanitarian assistance is always free.** Establish child and gender-sensitive reporting mechanisms, inform children of how to use them, and support them to do so as needed.
- **Ensure that children understand what child protection and safeguarding risks are and what to do if they or a friend are at risk of experiencing violence, exploitation, or neglect.** Undertake participatory activities with children to explore child protection and safeguarding risks and resources within their communities and to identify ways to keep themselves and their friends safe from harm.

Refer children who are at specific risk of, or have experienced violence, abuse, exploitation or neglect to appropriate community support services such as women's groups, youth organisations, LGBTQI+ services, organisations of persons with disabilities, or child protection case management when available. When such services are not available, follow interagency guidance for best practices (e.g. GBV Pocket Guide).



8. Support adolescent girls, boys, and those with non-binary gender identities to access information and services on sexual and reproductive health and rights (SRHR) and sexual and gender-based violence (SGBV)

- **Create safe spaces for adolescents to learn about SRHR and SGBV.** Spaces for these specific activities should be single sex and adapted to the unique needs of boys, girls, and adolescents with non-binary gender identities. Also consider specialised services for girls, such as girl-friendly spaces.
- **Seek guidance from children and adolescents and from women and girls' rights and LGBTQI+ organisations** to foster meaningful access and participation that supports delivery of information on and services related to SRHR and SGBV.

- **Equip staff and volunteers with the knowledge and skills to facilitate discussions and interactive sessions on SRHR and SGBV** in a gender sensitive, age-appropriate, and culturally relevant manner. Ensure they are trained on safe and ethical recognition and referrals.
- **Provide information and life skills through interactive sessions and group discussions, including peer-to-peer learning.** Activities could cover topics such as knowing your body, healthy relationships, consent, and where to seek help. This helps support adolescents' sense of agency.
- **Engage caregivers and the broader community in discussions about SRHR and SGBV,** emphasising the importance of supporting children's access to information and services.



9. Train and supervise diverse facilitators of group activities

- **Provide facilitators with:**
 - **Training, including mandatory training on safeguarding and PFA, as well as guidance** on child-friendly, participatory approaches to engaging children, organising large groups and facilitating activities. Refer to the training manual and training facilitator workbook for more resources.
 - **Compulsory Regular opportunities for technical supervision and feedback** from their direct line managers/supervisors.
 - **Guidance on when and how to escalate child safeguarding concerns** through the available reporting channels or to their direct line manager/supervisor. Any and all concerns must be reported within 24hrs.
 - **Regular opportunities for peer support** to reflect on activities, problem solve and suggest adjustments to continually promote safe, playful and inclusive approaches.
- **Be aware that facilitators' own wellbeing may be impacted by the crisis.** Promoting access to wellbeing support, ensuring a safe, inclusive, flexible, and kind work environment in which staff are listened to and respected, are ways to support the mental health balance of facilitators.



10. Collaborate across sectors

- **Where appropriate, plan group activities in the same location with other services** such as distributions, medical facilities, or nutritional feeding so that children and adolescents have a safe place to play and interact while caregivers receive services.
- **Provide children, adolescents, and their caregivers with information** on how to access basic services and assistance such as food, shelter, medical support, cash assistance, legal aid, etc.
- **As schools re-open, transition group activities to support access to education** for school-age children and continue provision of group activities to complement formal schooling as appropriate.
- **Conduct joint needs assessments for the acute response across sectors and with other organisations to reduce data collection fatigue, allow for data sharing, and support an integrated response.** Ensure that the assessments gather enough information, including disaggregated data on children and adolescents with disabilities.

Roll-out Steps

The following 10 steps are recommended to roll-out We Thrive. These steps are designed to be very flexible and should be adapted to the needs of the context. These roll-out steps are not exhaustive and should be complemented by any other steps required by the context.

The roll-out steps do not have to be completed in a specific order and many can be done at the same time, such as finalising the budget whilst updating service mappings and referral pathways. A few of the roll-out steps are interdependent, for instance the technical resources should be contextualised before they are translated and before facilitators are trained. These roll-out steps can form the basis of a detailed implementation plan (DIP) where implementing teams can input more detailed steps and interdependencies

It is possible to reach Step 8 (organise and begin implementing sessions) within 2-3 weeks. However, these suggested timings are provided as a general indication and will increase or decrease depending on the situation. For instance:

- It is likely to take more time if project locations need to be established and equipped or if a lot of translation is needed; and
- It is likely to take less time if project locations are already up and running or if translation is not needed/is minimal.

Roll-out Step	Approximate time needed	Overall timeline
1. Agree roles and responsibilities	1-2 hours	2-4 weeks
2. Analyse needs with children, parents/caregivers, the community, and authorities	1-2 weeks	
3. Finalise budget and (if necessary) procure equipment and materials	2 days to finalize budget and then standard procurement procedures and local/national timeframes apply	
4. Contextualise (and, if necessary, translate) We Thrive Session Plans, Training, and MEAL Tools	2-4 weeks	
5. Assess risks and (if necessary) adapt/establish project locations	2-4 weeks	
6. Ensure service mapping and referral pathways for each project location are up-to-date and user-friendly	1-2 weeks	
7. Recruit and train facilitators	1-2 weeks	1-2 weeks
8. Organise and begin implementing sessions	Ongoing for 2-6 months or as long as required	Ongoing
9. Review MEAL data and incorporate key learning and feedback from children, adolescents and the community	Ongoing	
10. Transition to longer-term programming	As required by the situation, likely after 6 months of implementation.	

1. Agree roles and responsibilities

We Thrive is a truly integrated approach and should ideally be implemented by CP, EiE, and MHPSS staff working together. Teams are encouraged to maximise the expertise and experience from different specialisms and to implement together so that children receive a standardised and strong service across locations, grants, and partnerships.

Taking an integrated approach to rolling out We Thrive ultimately strengthens the quality of services for children by maximising the skills, experience, and strengths of different sectors across needs analysis, community engagement, contextualisation, capacity building and beyond.

To achieve this, it is important to agree roles and responsibilities early in the roll-out process. This could be done with support from PDQ Directors, Operations Directors and equivalents to convene a meeting to:

- Discuss and agree who has availability and expertise to deliver on the roll-out steps in the timeframe determined by the context;
- Verify and validate key roles, responsibilities and ways of working;
- Create a time-bound action plan, which could involve using the Detailed Implementation Plan (DIP) template to outline and monitor progress with the roll-out.
- Agree on channels of communication and regular coordination meetings.

Across departments – share the responsibility for roll-out steps across different teams and departments. Staff from different departments can and should support each other and MEAL colleagues will also play an important role. The following table suggests a way to maximise time across Operations and Programme Development and Quality (PDQ), but this is just an example and is not fixed. This table should be adapted to the situation and will vary between context and depend on available staff, established ways of working etc.

Roll-out step	PDQ or Ops Suggestions
1. Agree roles and responsibilities	Both
2. Analyse needs with children, parents/caregivers, the community, and authorities	Both
3. Finalise budget and (if necessary) procure equipment and materials	Ops with support from PDQ
4. Contextualise (and, if necessary, translate) We Thrive Session Plans, Training, and MEAL Tools	PDQ with support from Ops and MEAL Tools to be reviewed in coordination with MEAL
5. Assess risks and (if necessary) adapt/establish project locations	Ops with support from PDQ
6. Ensure service mapping and referral pathways for each project location are up-to-date and user-friendly	Ops with support from PDQ
7. Recruit and train facilitators	Ops for recruitment and PDQ for training
8. Organise and begin implementing sessions	Ops with support from PDQ
9. Review MEAL data and (if necessary) revise programme	PDQ with support from Ops
10. Transition to longer-term programming	PDQ with support from Ops

Across sectors – in a response with a full staff of CP, EiE, and MHPSS in position, who is best placed to lead each step will depend on a range of factors such as workload/availability, expertise, and the needs of the community and programme. We Thrive is designed to be flexible to enable teams to come together and support each other to the best of their abilities. For example:

- A CP TA or Specialist might lead the needs analysis and contextualisation because the priority needs of children relate to protection issues such as family separation, unexploded ordnance and recruitment by armed forces and armed groups, meaning CP expertise is a priority for the design of the roll-out.
- An MHPSS TA or Specialist might lead the training if new facilitators are known to have little experience of communicating with children who are distressed and if the training needs to focus more on MHPSS topics.
- An Education Programme Manager might lead the selection of project locations and budgeting if We Thrive is being rolled out in schools where the Education team has established relationships and programming with the schools and local authorities.

Please note that it is possible to implement the same We Thrive approach in project locations that are managed by different sectors. For example, the same schedule of sessions in a Child Friendly Space and in a Temporary Learning Space. So long as HR and donor, coordination, and other reporting lines are clear, this can be an effective method of programming at scale.

2. Analyse needs with children, parents/caregivers, the community, and authorities.

In line with the We Thrive Programme Principles, it is important to respond rapidly to address immediate risks and needs. That might mean responding based on existing knowledge and secondary data about the context. At the same time as rapidly responding, it is important to simultaneously collect data on risks and needs from children, adolescents, parents/caregivers, community members, and authorities. This might then inform adaptations and certainly the use of the sessions on more sensitive topics, such as sexual health and reproductive rights.

See the *Community Consultations* in the MEAL Tools and Guidance. It is important to ensure that data gathered is disaggregated by age, gender, disability and other key factors in context.

Child and adolescent participation is key at all stages of roll-out and implementation. Taking a rights-based approach includes proactively creating opportunities for children and adolescents to have a voice and for their views to be given due consideration within the We Thrive approach depending on their age, disability status and developmental stage. That includes but is not limited to participating in prioritising needs, selecting types of activities, giving feedback etc.

Parents and caregivers should also be encouraged to be part of the We Thrive roll-out and to attend events and celebrations in the group space. Transitions to longer-term programming might include parent/caregiver sessions, such as Safe Families Common Approach sessions. A consent form for parents/guardians can be found in the We Thrive MEAL package and should be adapted for context-specific requirements for parent/caregiver consent for children to attend activities, data collection, and photography etc.

Marginalised groups are hard to reach at the beginning of a response because it takes time to build trust and demonstrate value, as well as to adapt activities and schedules to accommodate specific needs (e.g.

of children with disabilities), cultural requirements (e.g. of children from ethnic minorities) and daily patterns (e.g. of children who work). Nonetheless, efforts should be made to proactively seek out and include marginalised children and community groups, e.g. through networking and working with organisations led by that community group.

Community members play a significant role in promoting children's safety and wellbeing in humanitarian settings. It is important to understand pre-existing practices, as well as the impact of the crisis on community capacities and practices. We Thrive should be rolled out in collaboration with networks, structures, processes and initiatives that are led and organised by community members, including children.

Authorities have specific mandates and responsibility for supporting parents/caregivers to look after their children and for upholding the laws, policies, and practices that protect children and promote their wellbeing. Humanitarian interventions should take a systems-strengthening approach and understand and build upon existing systems including coordinating and collaborating authorities, if appropriate.

3. Finalise budget and (if necessary) procure equipment and materials

We Thrive can be implemented in a variety of group spaces, meaning the human and financial resources will vary depending on the project location.

Human resource requirements include 3 facilitators per group. There can be multiple groups in one area if the space is large enough. Adequate staff numbers are essential to maintain the safety of children, staff, and communities. The number of children per group depends on the age of the children and the number of children with disabilities and should be informed by national and international standards. The Minimum Standards for Child Protection in Humanitarian Action 2019, which specify that the recommended ratios are two adult facilitators per:

- 20 children aged 5-9
- 25 children aged 10-12 years
- 30 children aged 13-17 years.

Financial resource requirements vary depending on a range of factors. Many sessions require no material resources to implement, and there is no need for specific kits or supplies beyond what is needed to create a safe environment.

For both free play and guided sessions, children and adolescents need basic learning and play materials. When possible these should be locally sourced and/or made by SC staff. Facilitators may be able to make or bring different kinds of local learning and play materials as part of their role. Consult the session plans list of materials required to implement specific sessions and activities.

If We Thrive is being implemented in new spaces or in locations with little infrastructure or equipment, procurement should focus on safety, hygiene, and health. Priority should be given to ensuring that the following equipment is available:

- Proper ventilation, shade or warmth
- Adequate lighting
- Access to clean drinking water
- Access to soap for hands washing

- Access to hygienic and secure bathroom facilities separated for boys and girls with and without disabilities
- Supplies for menstrual hygiene management
- Supplies for washing toys and equipment (e.g. clothes, detergent, mop, etc)
- Fire extinguishers
- First aid equipment

Many of the activities in the session plans can be done without materials. Should the Country Office or partner implementing the We Thrive programme wish to gather / procure materials, they can do so before or during the implementation based on need. The following are a suggested list of materials to prepare both for free play sessions and for the guided activities. It is not an exhaustive list, or is it necessary, to have every item listed below.

Art Supplies	Locally sourced materials	Reading materials	Other
<ul style="list-style-type: none"> • Flipchart • A4 paper • Pens • Tape • Glue • Markers • Coloured pencils • Crayons • Paint • Ink, dye, henna • Chalk • Whiteboard markers • Paint brushes • Scissors 	<ul style="list-style-type: none"> • Cleaned plastic bottles of varying sizes • Sticks of varying sizes • Scraps of local materials (clothing, textiles etc) • Sand • Balls • Trays of varying sizes • Toys for younger children • Puppets • Varying soft objects (e.g. stuffed animals) • Buckets • Dirt • Clay • Bowls • Broomstick • Bedsheet 	<ul style="list-style-type: none"> • Magazines • Books • Cereal or other boxes • Pictures • Newspapers • Flyers 	<ul style="list-style-type: none"> • Blocks • Musical instruments • Chalkboard or whiteboard • Small rug(s) • Ruler(s) • Rope • Name tags/cards • Sitting mats for the floor • Sponges • Paper towels

4. Contextualise (and if necessary translate) the We Thrive technical resources

In the We Thrive technical resources (session plans, training materials etc.) **yellow highlighted text** indicates where the content should be contextualised. Contextualisation discussions should focus on the yellow highlighted text, key contextualisation questions below and always follow a do-no-harm approach.

It is important that the contextualisation process adheres to the principle of ‘do no harm’. The result of the contextualisation should not create or reinforce existing stigma or discrimination of various groups based on their identities. Example groups and identities can include: gender identity, disability, health status (including HIV/AIDS), nationality, ethnicity, caste, religious/spiritual beliefs, language, culture, political affiliation, sexual orientation, socio-economic background, geographic location, international protection status, specific education needs, or other factors.

It might be useful to conduct a short contextualisation workshop with SC and partner staff, programme facilitators, external stakeholders, and community members who are familiar with and from the context. Please see examples of an [agenda](#) and [slides](#) from a We Thrive contextualisation workshop in Sudan in 2025, which could be adapted for the situation.

Key contextualisation questions

- What is the best way to adapt the content highlighted yellow? E.g. names and scenarios in case studies.
- *Language appropriate*: Which language(s) are children and adolescents most comfortable with to communicate their thoughts and feelings? The programme should be delivered in this/these language(s).
- *Sensitivity to context and culture*: The activities and accompanying images, symbols, and pictures should be sensitive to cultural norms, gender identities, disabilities, religion, and experiences of marginalised groups.
- *Sensitivity to group dynamics*: Will the programme support children and adolescents from different groups? Are there current tensions between these groups? Will caregivers and community members feel comfortable with groups mixing? Will caregivers and community members feel comfortable for girls and boys to participate together, including adolescents, if even from the same group?
- *Sensitivity to previous experiences*: Have participating children and adolescents experience traumatic events? In what ways should SC adjust the content of the session plans to not trigger emotional reactions? In what ways should SC prepare the facilitators to be sensitive to these experiences?
- *Sensitivity to daily stressors*: What are the current challenges faced by the groups that SC is supporting? In what ways should SC, either through programme or referrals to other services, either address these challenges and/or consider them in programming. For example, if older adolescents have caretaking and economic responsibilities for the household, it may be appropriate to identify a time in the evening that works best for this group.
- *Responsive to literacy levels*: What are the educational experiences and literacy levels of participating children and adolescents - disaggregated by age groups (4-6, 7-11, 12-14, 15-17)? To what extent should activities be adapted for low or no literacy levels?

Translating the We Thrive technical resources

Materials for facilitators (e.g. Session Plans, Training Workbook) should be made available in local languages. It is important to leave time in the roll-out process to translate as needed. Tips for translation include:

- Select translator(s) with who are fully fluent or highly proficient in reading and writing in the relevant language.
- Select translator(s) who speak the dialect of the affected community and who have knowledge of the local culture, including around childhood, childrearing and parenting.
- Provide selected translator(s) with the abbreviations table at the start of this document and discuss the meaning of technical terms with them to ensure they understand CP, EiE, and MHPSS terminology.
- Warn translator(s) that We Thrive contains some sensitive content such as child protection topics related to violence, abuse, exploitation, and neglect of children.
- Instruct translator(s) to translate the language in the documents as accurately as possible (without changing or interpreting them) and to leave a comment if they believe something cannot be translated directly so that you can discuss and agree potential interpretations together.
- Ensure translator(s) know that they can contact you if they are unsure of the meaning of a word, message, or activity to ask for clarity.

5. Assess Risk and (if necessary) adapt/establish project locations

Risk assessment and risk management plan In any location where We Thrive is being implemented (including outreach and mobile programming), the safety of children and their families is paramount. A risk assessment and risk mitigation plan should be in place before finalising locations. This might be part of broader programming or response risk management, such as the SCARF process but, as a minimum, the risk assessment should identify:

- Potential physical hazards
- Distance to unsafe sites such as flooding, roads, military barracks or areas of conflict
- Potential conflict with the community
- Likely routes children/adolescents will take to attend the space and consider the possibility for children to be targeted for recruitment, abduction or attack during or while travelling to group sessions
- Proximity to other services

Spaces must meet national and international standards in terms of environment, size, and equipment etc. Equipment for spaces should be procured in line with sectoral standards. We Thrive requires minimal materials to implement and there is no need for specific kits or supplies beyond what is needed to create a safe and inclusive environment. Initial sessions in a space should include creating and displaying Safeguarding other essential Information, Communication, and Education (IEC) materials to enable reporting by children and other community members.

6. Ensure service mapping and referral pathways for each location are up-to-date and user-friendly

We Thrive facilitators must be provided with referral pathways that are updated regularly and are easy to use. As a bare minimum, this should include the name, phone number, and email address for the Child Protection focal point and the Safeguarding focal point.

However, it might be more comprehensive and include Education, Child Protection, MHPSS, Gender-based Violence, Health, and other multi-sector referral pathways and contact details. In some contexts, this will be organised through coordination mechanisms (e.g. 3/4/5Ws) and sometimes this will need to be internal.

Facilitators should be encouraged to build relationships of trust with nearby service providers and to let their line manager know if a referral pathway is not working, e.g. the service provider is not responsive or has closed-down services.

7. Recruit and train facilitators

Recruitment and capacity building can be conducted as part of emergency preparedness, which is ideal when the context allows, or right after a crisis event.

Recruitment should focus on identifying facilitators with the attitudes, beliefs, and skills to work with all children. Facilitators do not necessarily need to be professionals with formal qualifications. Facilitators might be parents/caregivers, teachers, animators, youth leaders, teachers, social workers, or many other profiles with experience of and skills related to working with children and adolescents. During the recruitment process, it is important that a facilitator:

- Speaks the local language
- Understands the local context and culture
- Is motivated by the desire to serve the community
- Is able to interact with diverse people in a friendly, calm, and patient way
- Respects children and adolescents with different views, backgrounds, or orientations
- Is able to motivate people
- Has good self-awareness
- Is self-critical
- Is honest and open to reflect and learn
- Passes SC CO-specific background checks or other alternative means as appropriate for the context (e.g. community vetting process), and
- Is available during the programme timing - this is especially important for adolescent programming which may be at a different time due to other responsibilities adolescents have during the day.

Where possible, there should be three facilitators (2 women and 1 man) for every group of about 20 children, see further guidance above on suggestions around age range. The logic for that is that there are always two facilitators for group sessions even if the third facilitator is sick, dealing with a child who is distressed, working on community engagement focusing on gathering information for monitoring, evaluation and learning, etc.

Training

Regardless of background, all facilitators of We Thrive must receive SC's core trainings required for working with children, including:

- Child Safeguarding; and
- Psychological First Aid for Child Practitioners

In addition, facilitators must be trained on the We Thrive package itself which can be delivered in under a week. The training reflects best practice in CP, EiE, and MHPSS and includes complementary skills building related to safeguarding, disability inclusion, gender equality, SGBV, LGBTQI+ inclusion, and child participation. The We Thrive training includes modules on:

- Overview of We Thrive approach and components
- Safe Recognition and Referral of children at risk of or experiencing violence, abuse, exploitation, and neglect
- Understanding and promoting wellbeing
- Creating an emotionally safe and welcoming environment
- Supporting children and adolescents holistically
- MEAL
- Free Play
- Life-saving Learning
- Mock session to practice implementing sessions

8. Organise and begin implementing sessions

Develop a schedule and implement the programme including free play and guided activities with children and adolescents.

- *Decide on the frequency, duration, and timing of group activities*, for example you may have 2 hours each morning for 5 days for young children, and sessions in the afternoons for adolescent girls and boys on alternate days. One afternoon per week should be kept available for weekly meetings in alignment with the programme's MEAL Tools and Guidance.
- *Sequencing sessions*. The sequencing of We Thrive sessions is flexible to respond to the interests and needs of participating children and adolescents. The only exception is Session 2.1 Safe and Unsafe. We strongly recommend that this is the first session implemented to ensure that participating children and adolescents recognise safe and unsafe situations and know what to do in an unsafe environment. This is critical in acute crises
- *Adjust programme timing for adolescents*. Adolescents can often have other responsibilities including caring for their siblings, their own children, or generating income for their families. Ensure the programme timing allows for the most vulnerable adolescents to attend. This may require programming sessions for adolescents in the late afternoon/early evening.
- *Schedule at least one free play session per week* and one to four guided activities sessions per week.
- *Ensure the session duration is appropriate to the age and development stage*. Due to the differing ages and development stages of children and adolescents, younger children may not be able to focus for a long session, whereas older adolescents potentially can. The suggested duration for the sessions by age group is as follows:

4-6: 45 - 60 minutes

7-11: 45 - 75 minutes

12-14: 60 - 90 minutes

15-17: 60 - 90 minutes

- *Provide opportunities for children to interact before and after the sessions*. Children and adolescents can establish social connections outside of the session, and it is ideal to have the safe space open 15-30 minutes prior and/or after the session.
- *Vary the guided activities to meet the needs of children*. For example, during the beginning of the response, it may be more appropriate to conduct guided activities from the Positive Social Skills key topic to create a sense of connectedness between participants.
- *Be cautious when implementing activities that are sensitive in nature*. While all of the activities are appropriate for an acute response, some of them require a level of trust and comfort between the facilitators and the participants and among the participants. It is ideal to discuss and agree amongst

facilitators whether and when children are ready for these sessions. These activities are signposted clearly in the session plans as follows:



The content of this session may be sensitive in nature. Ensure that the children are comfortable with you and each other, and that you are familiar with the session, prior to facilitating it.

9. Review MEAL data and (if necessary) revise programming

Plan for and schedule Facilitator Weekly meetings.

As part of the MEAL Tools and Guidance, facilitators should attend regular meetings (ex. a meeting at the end of each week) to enable facilitators to share, reflect and learn, request and hold specific trainings according to need, and to plan for the following week.

Regularly conduct MEAL data collection and analysis activities to inform outreach including:

- *Session Attendance Form:* Facilitators record daily attendance per session per age group, disaggregated by gender and disability.²

Programme/MEAL Officers capture the Session Attendance data into a database to track trends disaggregated by location, age, gender, and disability.

- *Protection Mainstreaming Survey – Child Perceptions:* MEAL/ Programme Officers survey children about their perceptions of safety, accessibility, accountability and participation in the program, using the data with facilitators to address gaps and opportunities.
- See the MEAL Tools and Guidance for more information.

Regularly conduct MEAL data collection and analysis activities to inform the quality of programme activities including:

- *Facilitator Observation Tool:* MEAL/Programme officers observe facilitators no more than once a month and provide guidance. Facilitator discussion questions in this tool can be used by facilitators individually, in facilitator learning circles, or with MEAL/Programme officers to document facilitators' observations of children and adolescents attending sessions.
- *Community Consultations:* Programme Managers/Officers meet with community members to help design and ensure the programme is supporting children and adolescents in the most vulnerable situation and identify opportunities to support outreach.
- See the MEAL Tools and Guidance for more information.

Adapt the programme activities as needed.

The guided activities are flexible. SC staff should adapt the programme to meet the needs of the children and adolescents. Staff can:

- *Select the session.* Select sessions based on the evolving context and needs of the children and adolescents. Relatedly, staff can create the scope and sequence of the sessions (e.g. conducting a session that focuses on a specific contextual risk (Life Saving Learning) followed by a session on seeking or offering support and help when needed (Positive Social Skills).

² When feasible and appropriate, the programme registration form should include the Washington Group Short Set on Functioning (WG-SS) questions which allows to identify different types of functional difficulties : <https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/>

- *Extend the sessions, by adding more activities.* Note, it is not recommended to have children and adolescents learn about or discuss more than one topic per session.
- *Facilitate community engagement and contributions.* For example, by incorporating sessions by local artists, musicians, storytellers and sports people."

10. Transition to longer-term programming

We Thrive is designed for the first 2-6 months of a rapid onset humanitarian crisis, but it can be used for as long as it is needed. In humanitarian settings, the risks facing children's safety and wellbeing can change quickly and it is important to regularly review and revise the programme.

The We Thrive sessions should be a 'living' approach that reflect up-to-date risks and needs. This can be achieved through regular review of MEAL data, particularly feedback from children, adolescents, parents/caregivers and facilitators, and revising the approach accordingly. For instance, children might ask for more movement and sports activities or parents/caregivers might ask for more sessions on literacy and numeracy. In some settings, staff might become aware of new risks in the community and introduce or adapt/develop new life-saving learning sessions. The We Thrive programme should be reviewed and (if necessary) revised every 2-3 months or if there is an event or issue that triggers review and revision, such as an infectious disease outbreak.

Transition to longer-term programming should be considered if the answer to any of the following questions is 'yes':

- Are children and adults asking for sessions or services that are beyond the scope of We Thrive?
- Do staff feel that any of the session plans or key topics become limited or insufficient to meet the needs of children?
- Since We Thrive was rolled-out in the rapid onset of the emergency, has the context changed so that additional longer-term programming can be introduced?
- Are activities becoming too repetitive and losing participation and engagement from children and adolescents?

If the answer to any of those questions is 'yes', then a transition to longer-term programming should be considered. Use the Transition Guidance Tool to help determine what comes next after We Thrive. That tool provides an overview of longer-term curriculums for different age groups, programme durations, and to meet different needs.

Programme Considerations

While the above guidance provides the steps necessary for preparing for and implementing the *We Thrive* programme, there are additional considerations for the overall approach to the programme as well as specific considerations when supporting young children, older adolescents, and participants with disabilities. These considerations are not exhaustive but are rather meant to highlight those that are directly relevant to programming and should be considered regardless of contexts.

Overall programming considerations

- **Encourage Movement:** Children and adolescents need to be physically active. All of the sessions have opportunities for age-appropriate activities where participants move their bodies.
- **Provide opportunities for positive social interactions:** Children and adolescents need opportunities to interact with each other and create social connections. All of the sessions provide

multiple opportunities for participants to do so in a variety of ways (e.g. free play, adult-led games, small group and pair activities).

- **Calm minds and bodies:** It is important for children and adolescents to have opportunities to relax and calm their minds and bodies. All of the sessions have a mindfulness activity to do so.
- **Provide clear rules, expectations, and boundaries:** Facilitators should establish rules and expectations from the beginning of the programming, ensure that these are communicated and visually displayed, and remind children and adolescents of them regularly in order to support positive behaviour management.
- **Be cautious to not perpetuate existing discriminatory beliefs against a group:** Children and adolescents may come from different groups (nationality, ethnicity, caste, religious/spiritual beliefs, language, refugee, etc.). It is important that facilitators and participants do not discriminate against other participants from these groups.
- **Be aware of and do not perpetuate gender bias:** Facilitators come from different backgrounds and have different beliefs. During the sessions, it is important that they not perpetuate any preconceived expectations (e.g. girls are naturally quieter, calmer, and more organised than boys, or, boys have more energy and are naturally more active or take leadership roles).
- **Be mindful of dynamics between genders, ages, and groups:** Facilitators should consider the kinds of topics and interactions that they are planning for the session. It is important to think about pair and group activities ahead of time and potentially pre-determine groups prior to the session:
- **Give opportunities for children and adolescents to choose topics of interest:** With a self-directed learning approach, facilitators can provide children and adolescents with the opportunity to choose topics from the session plans that they are most interested in learning about.
- **Offer children and adolescents the choice of their own learning modality:** In safe spaces, facilitators can provide children and adolescents with choices on how they want to engage: individually, in pairs, or in groups. This also encourages positive social interactions and ownership over their learning.
- **Provide children and adolescents with the opportunity to collaborate and identify how the physical space is organised:** This can allow for creativity, self-expression, collaboration, and ownership over these spaces. Facilitators should also keep in mind safety issues that affect children with disabilities and different genders.
- **Support children to take on roles and responsibilities within the guided activities:** For example, setting up activities, tidying away, organising groups etc. Over time, facilitators should be encouraged to notice children's and adolescents' individual strengths and build on these.

Supporting young children

In addition to the overall programme considerations, the following actions will support young children, particularly those that are age 4-6:

- **Keep activities short and simple:** Keep activities short, active, and fun. Expect young children to be able to focus on one task for a few minutes at a time. Young children have limited attention spans, which can be further limited in emergency contexts. Ensure activities and information are concrete and tangible. Young children are still developing abstract thoughts (e.g. long conversations about friendship are not appropriate).
- **Set and maintain routines:** Young children respond well to routine. The 4-6 session plans have repeated activities in every session for consistency. Facilitators can use songs and music as part of routines (e.g. good morning songs) or transitions (e.g. changing between activities or spaces). Facilitators can also use positive behaviour management strategies to get children's attention and refocus them (e.g. 1, 2, 3, all eyes on me).

- **Provide simple instructions:** Keep instructions short and simple - do not give young children too much information that they will not be able to remember or process.
- **Provide clear expectations and boundaries:** There should be no more than five simple rules. Involve children when creating the rules. Accompany these rules with simple visuals for each rule that are large enough for all to see and understand (e.g. an ear for "listen").

Supporting adolescents

- **Ask adolescents for their opinions and contributions:** Adolescents have the capacity for abstract thoughts. Provide opportunities for reflections during the whole group, small groups, pairs, and individual activities.
- **Co-create simple rules and expectations:** Adolescents respond well to opportunities to collaborate with facilitators when creating rules and expectations. They can also hold each other accountable.
- **Share responsibility and agency:** Provide adolescents with the opportunity to select and lead activities to support their sense of agency and develop their communication skills.
- **Set and maintain routines, but vary activities:** Adolescents appreciate both consistency in routine as well as novel experiences. The guided activities session plans provide them with both by having a similar outline, but with different activities.

Supporting children and adolescents with disabilities

According to the Convention on the Rights of Persons with Disabilities (CRPD), adults, adolescents, and children with disabilities are persons who have long-term physical, mental, intellectual, or sensory impairments, which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others (UN, 2006). Similarly, the Convention on the Rights of the Child (CRC) underscores the right of children with disabilities to enjoy a full and decent life in conditions that promote dignity, self-reliance, and active participation in the community (Article 23, UN, 1989). It further affirms their right to education, healthcare, and inclusion in all aspects of social life, including play and recreation (Article 31). Play is essential for a child's development, well-being, and social inclusion, and children with disabilities must have equal opportunities to engage in accessible and inclusive play environments that foster learning, creativity, and interaction with peers.

Children with disabilities have the same rights to play as any other children. We Thrive activities should engage all children and adolescents with disabilities as participants in activities. Play fosters inclusion by enabling interactions with peers. Play is essential for their development, well-being, and social interaction. We Thrive activities need to be accessible to every child, no matter their capacities, to the greatest possible extent. Children with disabilities face many barriers to play, and adaptation needs to take place. Consider that:

- Children with physical or sensory impairments need environmental adaptations to promote their physical access to and navigate between different play elements.
- Children with cognitive difficulties may need extra visual supports within the environment to help orient within the space.
- Children with social-emotional difficulties can benefit from quiet spaces for downtime away from social play.
- Some children with sensory sensitivities may benefit from noise-reducing elements (e.g., quiet zones, headphones, textured materials for tactile engagement) to create a more comfortable play environment.

- Providing a variety of play activities, including structured and unstructured options, accommodates different disabilities, preferences, and comfort levels.
- Assistive tools (e.g., ramps, braille signage, communication boards) can enhance participation and independence.

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

7 Principles of an inclusive We Thrive activities

1. Accessibility – Easy to reach, free of obstacles, with clear signage.
2. Safety – Away from potential hazards (busy roads, flooding, etc.).
3. Low Cost – Use locally available materials to reduce expenses.
4. Context and Gender Sensitivity – Consider local norms and involve women in decision-making.
5. Participatory Design – Engage the community and children in planning and maintaining play spaces.
6. Rich Play Experience – Provide diverse sensory and play opportunities.
7. Eco-Friendly and Simple – Use sustainable, low-cost materials suitable for remote or refugee settings.

Considerations to ensure participation of children with disabilities

- **Identify children and adolescents with disabilities:** Work with local communities and organizations of persons with disabilities (OPDs) to identify and include children and adolescents with disabilities in group activities.
- **Consult and coordinate with OPDs:** These organizations can provide valuable training for staff, offer personnel to assist, and share relevant resources. They can also support caregivers who may feel uncomfortable allowing their children with disabilities to attend safe spaces.
- **Identify community members who can support communication:** Examples include caregivers of children and adolescents with disabilities, community volunteers, sign language interpreters, inclusive education or special education teachers, and speech and language therapists. Availability of these specialists may vary across contexts.
- **Identify mentors with disabilities:** Encourage mentors to use their leadership, skills, and capacities to counter negative attitudes towards disability. Consider introducing a peer system for adolescents and youth with and without disabilities.
- **Involve children with disabilities and their caregivers in decisions** ("Nothing about us without us!") Collaboration between caregivers, communities, and children themselves is key to fostering inclusive activities.
- **Remove hazards for safety and accessibility:** Ensure level floor surfaces, well-lit areas, and space for wheelchair users.
- **Provide disability inclusion training for staff and volunteers:** Equip facilitators with the skills to understand different needs, promote positive interactions, and apply inclusive play strategies.
- **Encourage peer support and interaction:** Implement buddy systems where children without disabilities engage with their peers with disabilities to foster social inclusion and mutual learning.
- **Review and modify guided activities:** Ensure reasonable accommodations, remove barriers, and minimize potential risks for participating children and adolescents.
- **Establish feedback mechanisms:** Create a system where children with disabilities, caregivers, and facilitators can provide input on play spaces and activities to ensure continuous improvement and responsiveness to needs.