Identifying and Ranking Risk and Protective Factors: A Brief Guide
The Alliance for Child Protection in Humanitarian Action (the Alliance) supports the efforts of humanitarian actors to achieve high-quality and effective child protection interventions in humanitarian settings. Through its technical Working Groups and Task Forces, the Alliance develops inter-agency operational standards and provides technical guidance to support protection of children in humanitarian settings.

For more information on the Alliance’s work and joining the network, please visit https://www.alliancecpha.org or contact us directly: info@alliancecpha.org.

Written by: Celina Jensen on behalf of the Alliance for Child Protection in Humanitarian Action


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About this guidance document: Recognizing the strategic importance of improving evidence-based approaches to preventing child protection issues, this guidance document was developed as part of the Alliance-led Prevention Initiative to support child protection humanitarian practitioners in their prevention programming efforts. While child protection agencies operating in humanitarian contexts generally conduct systematic risk assessments, these assessments often focus on determining the scale and characteristics of harmful child protection outcomes and do not typically identify or seek to understand the risk and protective factors leading to desirable or undesirable outcomes for children within the cultural context. The participative listing and ranking methodology will support practitioners in identifying risk and protective factors at all levels of the socio-ecological framework. This will lead to practical action and strengthened prevention programming.

This guidance document was created in support of the Prevention Initiative and its objective to develop key prevention focused resources to support child protection humanitarian practitioners in their efforts to prevent harm to children before it occurs. The contents of this guide were informed by the Alliance report: Understanding Risk and Protective Factors in Humanitarian Crises: Towards a Preventive Approach to Child Protection in Humanitarian Action (2021).
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## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Harm</td>
<td>Harm is any detrimental effect of a significant nature on a child’s physical, psychological or emotional well-being that impacts healthy child development. Harm may be caused by physical or emotional abuse, neglect, and/or sexual abuse or exploitation.</td>
</tr>
<tr>
<td>Hazard</td>
<td>Hazard is potentially damaging physical events, natural phenomenon or human activity that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption or environmental damage. Some definitions suggest hazards are dangers that can be foreseen but not avoided.</td>
</tr>
<tr>
<td>Risk factors</td>
<td>Risk factors are environmental factors, experiences or individual traits that increase the probability of a negative outcome.</td>
</tr>
<tr>
<td>Promotive factors</td>
<td>Promotive factors influence positive developmental outcomes in general, independent of risk. Where protective factors are influences that buffer or reduce the negative impact of risk factors, promotive factors capture the notion that some influences promote positive outcomes regardless of risk exposure or level of risk.</td>
</tr>
<tr>
<td>Protective factors</td>
<td>Protective factors balance and buffer risk factors and reduce a child’s vulnerability. They lower the probability of an undesirable outcome.</td>
</tr>
<tr>
<td>Resilience</td>
<td>Resilience in child protection in humanitarian action is the ability to deal with adversity and crisis. It refers to the capacity of a dynamic system to adapt successfully to challenges that threaten its function, survival, or development and is influenced by a combination of protective factors that exist across a child’s social ecologies, which must be promoted to outweigh risks. These include individual characteristics and external factors that have come together for it to materialize in culturally meaningful ways, such as: diversity of livelihoods, coping mechanisms, life skills such as problem-solving, the ability to seek support, motivation, optimism, faith, perseverance and resourcefulness. While resilience has been viewed as a trait or an outcome, it most likely is a process that exists on a continuum that may be present to differing degrees across multiple domains of life, and may change as a result of the child’s interaction with their environment.</td>
</tr>
<tr>
<td>Risk</td>
<td>Risk refers to the likelihood that violations of and threats to children’s rights will manifest and cause harm to children in the short- or long-term. It takes into account the type of violations and threats, as well as children’s vulnerability and resilience. Risk can be defined as a combination of hazard, threat, and vulnerability and must be considered within the socio-ecological framework.</td>
</tr>
</tbody>
</table>

1 Alliance for Child Protection in Humanitarian Action, 2019
2 Benard, 2004; Rutter, 1987; Werner & Smith, 1992
3 Ibid.
4 Pietrzak & Southwick, 2011
5 Kim-Cohen & Turkewitz, 2012
| **Threat** | Threat is a person or thing that is likely to, or acts with the intent to, inflict injury, damage, danger or harm, either perceived or actual. They may be manifested in the form of behavior, organizational or group practices, or formal policies. |
| **Vulnerability** | Vulnerability refers to individual, family, community and societal characteristics that reduce children’s ability to withstand adverse impact from violations of and threats to their rights. It is often specific to each person and to each situation as well as to geographic location and timing. |
1. INTRODUCTION

Why identify risk and protective factors?

Humanitarian crises, including natural disasters, conflict, and infectious disease outbreaks threaten the health, safety and well-being of children, families, and communities. Risks to children in humanitarian settings are multiple and may include: family separation, recruitment into armed forces or groups, involvement in hazardous labor, physical or sexual abuse, psychosocial distress, injury and even death. At the same time, the individuals (beyond their immediate caregivers), processes, laws, institutions, capacities and behaviors that protect children and provide support across the varying “ages and stages” of their development – the child protection systems – often become weak or ineffective.

Vulnerability is generally understood as the likelihood of experiencing a negative outcome based on the existence of specific risk factors and the capacity to respond to or cope with those risk factors. Vulnerability to specific harmful outcomes often arises when a child faces multiple risk factors and has few protective factors to buffer against them, such as the presence of a consistent, responsive caregiver, access to education, or supportive, concerned persons within or outside the family. If a child is exposed to a higher number of risk factors than protective factors, they may be at greater risk of experiencing a negative outcome(s), yet if the protective factors equal or outweigh the risk factors, they may exhibit well-being even in the face of adversity.

Since prevention work is characterized by intervening before the occurrence of an undesirable outcome, it is essential that preventive efforts be grounded in an understanding of the risk factors present at each level of the social-ecology of the child that may lead to a harmful outcome(s), as well as the protective factors that can help to outweigh them. From this standpoint it is critical to identify and assess risk and protective factors at all levels of the socio-ecological framework.

This guidance document focuses on the participative listing and ranking methodology and process. It does not detail the steps leading up to its use, such as the selection of participants, qualities of the facilitators, or facilitation setting and location. These steps are essential, and should be carried out in a similar manner to other participatory methods.

Purpose of the Participative Listing and Ranking Methodology

The purpose of the participative listing and ranking methodology is to enable child protection humanitarian practitioners, civil society partners, children, and communities to identify the risk and protective factors present in a child’s environment at all levels of the socio-ecological framework. One of the strengths of this methodology is that participants identify risk and protective factors and also play a leading role in prioritizing the risk and protective factors that are most important to them, which can support practical action. It involves facilitating focus group discussions to collectively identify and prioritize risk factors that cause harmful outcomes as well as the protective factors that reduce vulnerability to them.

Preventing harm to children during humanitarian crises requires identifying the risk factors that cause or increase the vulnerability of a child to a harmful outcome(s), and the protective factors that buffer against them. A deeper understanding of the risk and protective factors that exist in context will lead to improved:

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6 Mansourian, 2020; Alliance for Child Protection in Humanitarian Action, 2019; Boothby et al., 2012
7 Alliance for Child Protection in Humanitarian Action, 2019
8 Werner & Smith, 1992
1) Design of programmatic interventions, including preventive approaches;  
2) Prioritization of appropriate responses, including strengths-based practices that prevent harmful outcomes to children before they occur;  
3) Identification of children and families for program inclusion in a cost- and time-efficient manner;  
4) Identification of existing mechanisms that care for and protect children at the community-level; and  
5) Re-assessment or monitoring of risk and protective factors over time. Importantly, this methodology helps to elucidate protective factors that are often not visible or considered when one takes a deficits- or problem-oriented approach, such as the importance of friendships, nuanced considerations of caregiver-child relationships and community-child relationships, and spirituality that all play an essential role in preventing harm to children.

**Why is identifying and ranking risk and protective factors important and necessary?**

Assessing vulnerability to harmful child protection outcomes for prevention programming is challenging since the causal mechanisms and pathways to harmful outcomes are diverse and complex. By engaging with the affected community, including children, caregivers, and other relevant stakeholders in a participatory manner, this methodology will help identify and understand the risk factors associated with specific harmful outcomes and the protective factors that exist in context. This will also enable the establishment of criteria for identifying children at risk of specific harmful outcomes, which can support prevention of harm before it occurs.

**Who can use this methodology to identify and prioritize risk and protective factors?**

This exercise will likely reveal that some of the most pressing child protection concerns are rooted in larger issues beyond the scope of child protection programming; for example, economic vulnerabilities, social or political unrest, or harmful social norms. There are no easy solutions to these challenges, but they do highlight the need for multi-sectoral integration. In particular, since the nature of preventive work is multi-sectoral, this methodology is important for all child protection humanitarian actors as well as other relevant actors, such as government staff, mental health professionals, health providers, education staff, faith communities, local community-based organizations, and service providers whose work directly or indirectly aims to promote children’s well-being and healthy development.

**When should you identify risk and protective factors?**

Risk and protective factors should be identified:

- During the assessment and situation analysis phase to inform program planning and design;  
- When there is a change in the humanitarian situation, such as an increase in armed conflict; and  
- When a new humanitarian event has occurred in an already protracted crisis, such as a natural disaster or infectious disease outbreak to assess whether there are new risk factors or if existing protective factors have become further strained.
**Why is it important to understand the context?**

The pathways to harmful child protection outcomes are diverse, and the risk factors that may lead to a specific harmful outcome will vary depending on the context. Risk and protective factors may also vary depending on compounding factors, such as age, gender, and disability. The better you understand the context, the more prepared you will be to facilitate meaningful and informative focus group discussions.

**How can this methodology be used?**

The participative listing and ranking methodology can be used in a range of circumstances and settings depending on the resources available, including as part of a:

- population-level survey, such as a child protection rapid assessment or joint or multi-sector needs assessment; or as a
- standalone tool to inform program design, baseline measurement and evaluation, or in advance of a population-level survey to inform the design of questions.

Population-level surveys can be used to collect important data for targeting programs to the geographical areas where they are most needed by generating information on the prevalence, number and basic characteristics of children who have experienced or who are at risk of negative outcomes specific to the context.

**Universal Risk and Protective Factors**

It is critical that risk factors are not considered in isolation. They must be assessed in conjunction with protective factors. Protective factors can influence vulnerability to a negative outcome. Since children are engaged in a dynamic process of development, it is essential that protective factors which promote the well-being and resilience of children and families be strengthened and/or restored in humanitarian settings. Identifying what these protective factors are is a first step in fostering their re-establishment.

While there are many families that maintain protective factors despite extreme adverse experiences during humanitarian crises, it is important that the protective factors outweigh the risk factors that are present in order to maintain or restore the child or family’s ability to cope. For instance, adolescent boys who live in a community in close proximity to an armed group (a risk factor) and where there are few options available for informal or formal education (a risk factor) may be at risk of recruitment. However, in families where there is a consistent, responsive caregiver (a protective factor) and close, supportive, family relations (a protective factor) this may buffer against the child’s risk of recruitment. Each community and culture has mechanisms in place to understand, maintain, and support protective processes. It is critical to work with the community to understand what the protective factors are.

There are many pathways to harmful child protection outcomes during humanitarian crises. As of yet, there exists no standard, empirically verified set of risk or protective factors to assess specific outcomes since these factors are highly context-specific, however, there are “universal” risk and protective factors that will likely be relevant to your context. While children, caregivers, community members, and other relevant stakeholders in your context will inform you of the existing risk and protective factors, it is also important to be aware of the universal risk and protective factors as they can help to act as a guide to inform this exercise.

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9 These are common factors identified across different disciplines, such as child developmental science and MHPSS. This is not an exhaustive list and it is likely that not all of the factors included in the list are identified in your context. The list is simply a guide that can be adapted as necessary.
Table 1: Universal Protective Factors

It is important to note that the protective factors in Table 1 have been observed across different disciplines and cultures; however, they do not reflect unique culturally based protective practices. Culturally based protective influences must be considered, and the common protective factors listed in Table 1 can be adapted to the cultural context as necessary.

<table>
<thead>
<tr>
<th>Universal Protective Factors&lt;sup&gt;10&lt;/sup&gt;</th>
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</thead>
<tbody>
<tr>
<td>1. Caregiving in early life by at least one consistent and responsive caregiver</td>
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<tr>
<td>2. Ability to form and sustain meaningful connections to at least one other person throughout life</td>
</tr>
<tr>
<td>3. Ability to regulate emotions</td>
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<tr>
<td>4. Opportunities to develop the capacity for problem solving, learning and adaptation</td>
</tr>
<tr>
<td>5. Opportunities to acquire sequentially growing skills and knowledge according to the requirements of culture</td>
</tr>
<tr>
<td>6. Access to effective formal and non-formal education</td>
</tr>
<tr>
<td>7. Age appropriate opportunities to contribute to family and community well-being</td>
</tr>
<tr>
<td>8. A sense of self-esteem and self-efficacy</td>
</tr>
<tr>
<td>9. Ability to make/find meaning in life</td>
</tr>
<tr>
<td>10. Opportunities to exercise a growing capacity for agency and judgment in the cultural context</td>
</tr>
<tr>
<td>11. Participation in culture, ritual, and communal systems of belief, leading to a sense of belonging</td>
</tr>
<tr>
<td>12. Hope, faith and optimism</td>
</tr>
</tbody>
</table>

Note that to some degree these factors build on one another. Number 1 provides the conditions for numbers 2 and 3, which in turn provide the preconditions for number 4. Similarly, numbers 5, 6 and 7 create the conditions for number 8. The use of the words ‘opportunities to develop capacity’ instead of ‘skills’ is intentional and used as a way to move from describing factors as inherent characteristics of the individual to attributes of the environment.
Table 2: Universal Risk Factors

There are also noticeable consistencies in the risk factors linked to harmful outcomes for children. These can be understood as “universal” or common risk factors. Similar to the protective factors, the list in Table 2 provides a useful starting point for identifying context specific risk factors.

<table>
<thead>
<tr>
<th>Universal Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Premature birth, birth anomalies, low birth weight, or pre- or post-natal exposure to environmental toxins</td>
</tr>
<tr>
<td>2. Lack of caregiving by consistent and responsive caregivers during early life</td>
</tr>
<tr>
<td>3. Loss or lack of opportunities to develop the capacity for problem solving, learning and adaptation</td>
</tr>
<tr>
<td>4. Loss or lack of opportunities to acquire sequentially growing skills and knowledge according to the requirements of culture</td>
</tr>
<tr>
<td>5. Unmet basic needs (such as limited access to adequate nutrition, shelter, clean drinking water, clothing appropriate to climate, and medical care)</td>
</tr>
<tr>
<td>6. Family separation, either temporary or permanent, due to death or inability to continue care on the part of one or more parents or main caregivers (for instance, as a result of forced removal, incarceration, deportation, armed conflict, extreme deprivation or persecution, injury, or physical or mental illness)</td>
</tr>
<tr>
<td>7. Exposure to structural, social, or interpersonal violence (including racism, caste or ethnic discrimination and marginalization, gender discrimination, state sponsored violence, community violence, family or intimate partner violence, or physical, sexual or emotional abuse)</td>
</tr>
<tr>
<td>8. Lack or loss of access to effective formal and non-formal education</td>
</tr>
<tr>
<td>9. Loss of community connections</td>
</tr>
<tr>
<td>10. Harmful social or gender norms</td>
</tr>
<tr>
<td>11. Absence or non-enforcement of legal and normative frameworks that are meant to protect children from abuse, neglect, exploitation and violence</td>
</tr>
<tr>
<td>12. Displacement resulting from forced migration or loss of home</td>
</tr>
</tbody>
</table>

Unmet basic needs may be limited or unavailable due to the nature of the humanitarian situation itself (such as food insecurity or lack of access to clean water during a drought, or lack of shelter due to forced migration). Alternatively, basic needs may be available but are not met due to monetary poverty (resulting for instance from an exhaustion of savings, depletion of income, high rent costs, exhaustion of other coping mechanisms or lack of access to the formal labor market). Note that monetary poverty does not capture all forms of deprivation; rather it captures a household’s ability to meet basic needs that are commonly obtained through market purchase or self-provision.
Prior to facilitating the listing and ranking exercise, it is essential that the child protection issues/risks in context have been identified (for instance, family separation, child labor, sexual and gender-based violence, etc.) since this exercise focuses on identifying and prioritizing the risk factors that cause or increase vulnerability to them. Child protection issues can be identified by conducting a secondary data review of existing data, a rapid child protection assessment, expert consultation, focus group discussions, or through other participatory activities, such as body mapping, risk and resource mapping, a seasonal calendar or transect walks.

Consult with the Child Protection Coordination Group members in your context to better understand what the main child protection issues are in context.

Realistically, there may be many child protection issues that are of concern, and these concerns may vary across different groups in the community. It may not be possible to address all of the child protection problems in your programming. Prioritizing those child protection concerns that local actors and community members agree are important is an essential step that must be completed prior to beginning this exercise. To support you in prioritizing child protection issues, refer to A Reflective Field Guide, Community-Level Child Protection in Humanitarian Action.

Once you have identified the main child protection issue(s), complete this exercise to identify the existing risk and protective factors in context to determine the factors that cause or increase vulnerability. If more than one child protection issue has been identified, it is important to complete this exercise for each because, while some risk factors will co-occur, there may be different risk factors that cause increased vulnerability to each specific child protection issue. For example, if family separation and recruitment are the two child protection issues most prevalent in your context, conduct this exercise for each separately. While some risk factors that cause separation and recruitment may be the same, others will be different.

The process for identifying and ranking risk and protective factors involves four key steps:

**Step: 1 Conduct focus group discussions**

**Step: 2 Rank the risk factors and the protective factors**

**Step: 3 Analyze and interpret the results**

**Step: 4 Determine criteria for sub-groups or sub-populations of children at risk**
Conduct focus group discussions

The focus groups will include:

- Children
- Caregivers
- Community members (including religious leaders and community elders), and
- Other relevant stakeholders (such as child protection practitioners, government staff, and other sector staff, including service providers).

Each group should have their own focus group. The aim of these focus groups is to identify risk factors that cause a harmful outcome and the protective factors that exist in context.

Each focus group should be composed of a total of 7 to 10 participants. Determine in context whether it is necessary to have separate adult male and female FGDs. If it is possible to include adult men and women together, the total number of 7-10 should consist of an equal balance of male and female participants. Since risk and protective factors may vary for boys and girls and different age groups of children it is strongly recommended that separate focus groups be facilitated.

Table 3: Sample of focus group discussion composition

<table>
<thead>
<tr>
<th># of FGDs in each location</th>
<th>Focus Groups</th>
<th># Male Participants</th>
<th># Female Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2</td>
<td>Children (aged 8-11)</td>
<td>7-10</td>
<td>7-10</td>
</tr>
<tr>
<td>1-2</td>
<td>Children (aged 12-14)</td>
<td>7-10</td>
<td>7-10</td>
</tr>
<tr>
<td>1-2</td>
<td>Children (aged 15-17)</td>
<td>7-10</td>
<td>7-10</td>
</tr>
<tr>
<td>1</td>
<td>Caregivers</td>
<td>7-10</td>
<td>7-10</td>
</tr>
<tr>
<td>1</td>
<td>Community members</td>
<td>7-10</td>
<td>7-10</td>
</tr>
<tr>
<td>1</td>
<td>Other sector staff and child protection practitioners</td>
<td>7-10</td>
<td>7-10</td>
</tr>
</tbody>
</table>
The FGD questions are designed to capture risk and protective factors. To facilitate the identification of risk and protective factors:

- The facilitator will explain that the aim of the discussion is to identify and understand the factors that lead to [insert child protection issue].
- For focus groups with children of all ages, particularly younger children, consider including a game at the beginning and end of the focus group to encourage engagement and to help children feel comfortable.
- The facilitator will list each risk factor and protective factor separately on one flipchart for risk factors and another flipchart for protective factors in front of the participants in a free listing exercise. The factors should be numbered starting from 1 on each flipchart. Separate flipcharts identifying risk and protective should be developed for each level of the socio-ecological framework: individual, family, community, society, and socio-cultural norms (where necessary). Note that younger children may not be able to identify at which level each risk and protective factor exists. Consider skipping this step for focus groups with younger children.
- Make sure that the factors are as specific as possible. For instance, instead of writing ‘gender’ or ‘age’ or other more general factors, such as ‘violence’ or ‘bullying’ write: ‘boys aged 9-12’, ‘girls aged 15-17’, ‘bullying at school by other students’ or ‘violence inflected by neighbors in the community’. The more specific the risk factors are, the more we will be able to identify appropriate programming approaches. Probe participants when necessary to determine the specifics of which group of children is most at risk and why. For instance, if ‘girls’ are mentioned, ask if there is a specific age group of girls that is most impacted.
- You may also want to show participants the universal protective factors in Table 1 and the universal risk factors in Table 2 to help spark ideas or to ask participants if they are relevant to the context or how they can be adapted.

The Sample Focus Group Discussion Questionnaire with further instruction is included in the Annex of this Guide.

Importantly, you may also consider keeping track of your own observations during the focus group discussions. For instance, children may articulate risk and protective factors differently than adults. Use your own observations to identify risk or protective factors during the discussions.
Rank the risk and protective factors

When you have two lists: a list of the risk factors and a list of the protective factors, you will discuss with the group how prevalent each factor is and where or at which level each factor is present (such as individual, in the home/family, school, community, or wider society). This exercise will make it easier to determine where each risk or protective factor is most often experienced, which can help to target activities and allocate resources where they are most needed. Asking about the availability of specific protective factors, particularly those that are services, safe locations, recreational activities, etc. is important because it will provide you with an indication of what protective factors are prioritized by children and communities and how available or accessible they are.

The participants will then rank the factors from highest to lowest in order of how much of a role each factor plays in causing the child protection issue.

The facilitator will go through each of the factors and inquire how prevalent each factor is:

- Responses can include: Not at all, a little, somewhat, often, or a lot. Once the group has come to a consensus, the facilitator will write their response beside the risk or protective factor on the flipchart.
- The note-taker will record the responses on a piece of paper or directly into an excel sheet or other data analysis tool.

Finally, write each risk factor and each protective factor down on a separate piece of paper OR bring different objects to the focus group that can be used to represent the different factors. Using different objects particularly with groups of younger children is a way to keep the focus group active and participatory. Children can select an object to represent each factor; arranging them in an order will allow the children to get up and move around the room. Ask participants to rank the risk factors that cause or lead to increased vulnerability in relation to the child protection issue that is being discussed from highest to lowest in order of how much of a role each factor plays in causing the child protection issue (in other words, each factor’s level of importance in manifesting the child protection issue).

Then ask them to do the same with the protective factors from highest to lowest in order of importance of what prevents the child protection outcome from occurring or reduces vulnerability to it.

Once they have ranked the objects representing each factor or the pieces of paper ask the group to confirm that they all agree with the order. Ask if there were any disagreements or divergent viewpoints. If there are, ask the participants to explain why. Finally, ask the group if they have any other inputs to add before thanking them for their participation.
Analyze and interpret the results

Once the focus group discussions are complete, analyze and interpret the results. Creating a simple Excel sheet to list the risk and protective factors identified by and in accordance to the ranking recommended by each focus group as per each level of the socio-ecological model (individual, family, community, society and socio-cultural), prevalence, and availability of assets and resources will help to compare the factors across groups. In addition:

- record if there are specific factors that are raised by all groups, and
- notice if there are factors that are not raised by all groups.

Key consideration: It is important to note that the number of times a single factor is raised in the focus groups is not indicative of its level of importance. It could be that a factor is considered taboo in the cultural context and therefore not widely spoken about. It may also mean that a specific factor is not perceived to be a risk or protective factor by a particular group. For instance, child protection practitioners may understand a particular gender norm to be harmful, while this may not be identified or prioritized by the local community, whereas a specific protective factor may be highlighted by the local community, but not by child protection practitioners who may be less familiar with local or traditional community coping mechanisms.

Consider conducting a thematic analysis of the risk and protective factors identified. This may involve sorting the data into broad themes to better understand the participants’ views and opinions with regards to the risk and protective factors identified and in accordance to the socio-ecological model as it may support you in identifying the most appropriate programmatic approaches.

Remember! Children have unique perspectives on the issues that affect them. They may identify social and protection risk factors that are exacerbated by humanitarian situations, such as abuse or maltreatment in the home, alcoholism, or parental distress that can be over looked or under emphasized by adults, but that are important factors that cause a child to become more vulnerable to negative outcomes.

What does this information mean?

When different groups have different opinions about what risk factors are critical, it can impact where resources are allocated and the programmatic interventions that are prioritized. The same can happen when children have different opinions than adults. Hence, it is critical to facilitate focus groups with different groups of participants.

This information will also help you understand what children, caregivers, community members, etc. prioritize as protective factors which will help you identify appropriate program interventions, including activities centered on building strengths to increase coping capacities and capabilities.
Interpreting the results

To support in the interpretation process it is highly recommended to organize a workshop with child protection practitioners and other relevant actors working in the humanitarian context.

The purpose of an interpretation workshop is to facilitate a structured consultation process that supports the interpretation of data by all actors involved in the protection of children. The two main outcomes of this process are:

1) a validated list of risk factors and protective factors for each priority child protection issue identified in the context; and

2) recommended priority population-level prevention interventions to a) address existing risk factors, and b) promote, restore, or build the protective factors.

This can be done by presenting the results of the participative listing and ranking exercise to the group of workshop participants. Participants should be invited to provide any further insight, input or feedback as per the lists of identified risk and protective factors. Next, participants should have the opportunity to identify population-level programmatic recommendations appropriate to the cultural context. It is critical that children, caregivers, and local actors participate in this exercise, as they will be best suited to identify appropriate prevention interventions.

**Participants:** It is essential that the interpretation workshop include local or national actors working in child protection (such as representatives from community-based organizations, local or national NGOs, and government representatives), adults and children impacted by the humanitarian situation, as well as other relevant local or national actors working in other sectors (such as education, health, judiciary, or MHPSS). It is important that there is a balance of male and female participants.

**Final Report:** Once the interpretation workshop is concluded, a report should be developed and shared with participants for final comments before release. However, agencies do not need to wait for the final report to start their programming. If this is an individual agency initiative, it is recommended to disseminate and share the results of this exercise with the wider Child Protection Coordination Group and other relevant actors.
Step 4

Determine criteria for sub-groups or sub-populations of children at risk

During step 4 the sub-groups or sub-populations of children and families most in need of preventive programming should be determined. It is often the accumulation of and interaction between various risk factors that combine to increase vulnerability and the probability of harm occurring. Where relevant, use the results to determine criteria for sub-populations of children at risk of the main child protection issue(s) in the context. These criteria will support you in identifying sub-populations of children and families most in need of preventive support or strengths building activities to include in population-level programming interventions that address the identified risk and protective factors.
3. KEY RESOURCES

These resources will help you to determine the main child protection problems that exist in context.

- *Desk Review Template and Guidance, CPWG.*

The Participative Listing and Ranking Methodology continues to be developed and refined. The Assessment, Measurement and Evidence Working Group of the Alliance invites you to share your uses and variations of the methodology for further documentation of the evolution of its use. Please contact ame.wg@alliancecpha.org.
4. ANNEX: SAMPLE QUESTIONNAIRE AND TOOLS

Sample Focus Group Discussion Questionnaire

<table>
<thead>
<tr>
<th>Date:</th>
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<tbody>
<tr>
<td>Facilitator:</td>
<td></td>
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<tr>
<td>Location:</td>
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</tr>
<tr>
<td>Specify focus group participants (children, community members, caregivers, other sector staff/child protection practitioners):</td>
<td></td>
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<tr>
<td>Gender (girls, boys, men, women or mixed):</td>
<td></td>
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<tr>
<td>Tick the age category (for children only):</td>
<td>8-11</td>
</tr>
</tbody>
</table>

Aim: To identify the risk factors associated with a specific negative outcome and the protective factors that exist in context at each level of the socio-ecological framework. The questions are designed to indirectly ask participants about risk factors that may lead to a negative outcome in order to establish cause and effect, as well as the protective factors that are present.

Note that this is a sample questionnaire. Modify or amend the questions as you see best in accordance to the context. For instance, you may wish to simplify the questions or reduce the number for focus groups with younger children.

Participants

Depending on the context, it may be necessary to have separate discussions with men and women. Literacy is not essential. This tool is most effective when used to interview girls and boys separately as risk and protective factors may differ based on gender. Similarly, it is recommended to interview children in the age groups of 8-11, 12-14, and 15-17 separately as younger children may experience risk and protective factors differently than older children.

Facilitators

Qualified facilitators will work in pairs. In each pair, one person will facilitate the discussion and the other will be the note taker. The tips below can help you make focus groups as effective as possible.

Basic Principles:

- Use non-leading questions
- Use open-ended questions
- Probe (a non-leading way to obtain more information)
- Avoid asking the question ‘why?’
- Ask about what makes a particular group or child vulnerable as opposed to asking directly about specific groups of children; avoid putting participants on the spot.
Facilitate the focus group discussion

The discussion is created around a series of questions. The questions should be non-leading in that the wording should not push the participants to respond in a particular way, or restrict the types of responses that will be elicited. The questions should be brief, and stated in the simplest way possible. The wording is crucial and time should be taken to ensure that participants understand what is being asked in the way you intended. Make sure to field-test your focus group question(s) with the community members and children prior to facilitating this exercise.

It is suggested that the questions be worded in a way that asks the participants to think of a real person, someone that they know, rather than respond about a ‘generalized person’. Real examples tend to be more specific and, of course, reflect actual behaviors, emotions or attributes rather that what someone ‘should’ act like or feel. Asking the participants to think of someone other than themselves avoids issues related to self-disclosure. Ask them not to disclose the name of the person they are thinking about to avoid problems of confidentiality and to allow them describe the person they are thinking of more freely. Alternatively, if needed, consider providing an example scenario to better describe a situation related to the child protection issue being discussed, which may help to put the questions into context.
Instruction

Introduce yourself and explain the purpose of the focus group. Explain to participants that they have been invited to share their opinions and feedback and that you will guide the discussion by asking the group to reflect on specific questions. Some examples include: “We would like to understand how to know when children are doing well…” or “We are trying to understand may cause or lead to [insert negative outcome]…or “It would be very helpful for us to understand the kinds of problems children or families experience that cause [insert negative outcome] so that we better understand what the most appropriate programmatic interventions will be…”

Explain the expected duration of the focus group.

Obtain informed consent (for children, obtain informed assent prior to the focus group during the preparation phase). Explain that participation is optional. If at any time a participant does not want to participate, they can leave the room, or if they do not want to answer a question, they are allowed to decline an answer. It is perfectly okay to do so.

Explain the ground rules for the focus group discussion. These will set the tone and expectations for behavior to enable everyone to feel safe, encouraging their participation.

Allow time for questions, and ask participants to introduce themselves.
Sample Focus Group Discussion Questions

The facilitator will pose the questions below. The note taker will write the key factors mentioned by participants on two separate flipcharts, however, DO NOT title the flipcharts “Risk Factors” and “Protective Factors”. Simply allow the participants to respond naturally to the questions. The note taker will list the risk factors on one flipchart and the protective factors on another.

• Think about a child who is doing well. Can you please describe the characteristics/key factors of a child who is doing well at:
  a) 0-5 years of age
  b) 6-12 years of age
  c) 13-17 years of age
• Are these factors/characteristics the same for boys and girls, children with disabilities, etc.?
• Think about how things have changed since the [insert humanitarian situation, such as conflict, displacement, natural disaster, etc.]. What is different under the current circumstances?
• What are some things happening in this community, at school, or at home that make boys and girls feel happy and safe?
• What are some things happening in this community, at school, at home that make boys and girls feel sad, scared, or unhappy?
• What are some traditions or ceremonies you have for boys and girls in this community? How do you feel about them? Are there traditions that celebrate boys and girls?
• Are there some traditions or ceremonies that make boys and girls feel uncomfortable or unsafe?
• Now think about a child who has experienced a problem, such as [insert child protection issue]. If you know a child who has experienced this problem please do not tell us their name, but rather think about what factors or issues may have caused them to experience this problem or more generally, that may make children vulnerable to this problem. Are there:
  a) Individual issues (e.g. difficulty learning at school or difficulty in expressing emotion)
  b) Issues in the family or with the parents/caregivers (e.g. divorce, single parent household, substance use of adults in household, unemployment, etc.)?
  c) Issues in the community (e.g. close proximity to an armed group, lack of educational opportunities)?
  d) Issues in society (e.g. certain beliefs/norms that put children at risk)
• Who is most affected by [insert child protection problem] and why? (e.g. are girls, boys, or children of specific age groups more affected?).
• Who is least affected and why?
• Before the [insert humanitarian situation] when a child had this problem, what happened? Who was consulted? (e.g. received medical support, specific service providers were consulted, etc.). Are there any special danger signs that indicate that a child is not doing well? (For girls? For boys?) What do you do and with whom do you consult if things are not going well? Now, given the current situation, what happens when a child has this problem? Who is consulted?
• Before the [insert humanitarian situation], if a child does not behave properly or is not growing up properly, what do you do? Who do you consult on these occasions? Given the current humanitarian situation, what do you do? Who do you consult with?
• If a caregiver is under stress or having difficulty caring for the children, who should help her/him? Is there some way she could feel better?
Now let’s review the lists all together. Title the flipcharts “Risk Factors” and “Protective Factors”. Ask participants if they agree that the factors listed cause or make a child more vulnerable to [insert child protection problem]. Ask if there are any other factors they can think of that may increase vulnerability to [insert child protection problem]. Next, go through the list of protective factors, and ask if there are any other protective factors that would help to cope with, reduce or mitigate vulnerability to [insert child protection problem].

The facilitator will go through each of the factors and inquire how prevalent each factor is:

- Responses can include: Not at all, a little, somewhat, often, or a lot. Once the group has come to a consensus, the facilitator will write their response beside the risk or protective factor on the flipchart.
- The note-taker will record the responses on a piece of paper or directly into the excel sheet attached to this guide.

Next, the facilitator will ask where each factor is present. Note that the factors may be present in more than one location, for instance, violence against children may happen at home, at school, and in the community.

Finally, write each risk factor and each protective factor down on a separate piece of paper OR bring different objects to the focus group that can be used to represent the different factors. Ask participants to rank the risk factors that cause or lead to increased vulnerability in relation to the child protection issue that is being discussed from highest to lowest in order of how much of a role each factor plays in causing the child protection issue (in other words, in the order of each factor’s level of importance in manifesting the child protection issue).

Then ask them to do the same with the protective factors from highest to lowest in order of importance of what prevents the child protection outcome from occurring or reduces vulnerability to it.

Once they have ranked the objects representing each factor or the pieces of paper ask the group to confirm that they all agree with the order.

At end of the session:

- Ask any clarifying questions
- Ask the participants if they have anything to add to the discussion
- If there is time, do a quick energizer activity
- Thank the participants for their time.
Sample Questionnaire and Tools

**Tool 1: Prevalence of risk factors**

Tick only one column for each of the protective factors.

**Instruction:** The note taker will complete the tables below during the focus group discussions. The tables should be completed for each separate focus group that is facilitated. Once the focus groups are complete, the information below should be inserted into an Excel sheet.

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<thead>
<tr>
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**Tool 2: Where the risk factors are present**

**Instruction:** Tick as many columns as necessary. For example, corporal punishment may be present at school, at home, and in the community.

<table>
<thead>
<tr>
<th>Risk Factor List</th>
<th>Individual level</th>
<th>Family level</th>
<th>In the community</th>
<th>In the wider society</th>
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<tbody>
<tr>
<td>1. [insert risk here]</td>
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**Tool 3: Prevalence of protective factors**

Tick only one column for each of the protective factors.

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</table>
Tool 4: Where the protective factors are present

**Instruction:** Tick as many of the boxes for each protective factor as necessary. For example, a caring mentor may be present in the family/household and in the community.

<table>
<thead>
<tr>
<th>Protective Factor List</th>
<th>Individual level</th>
<th>Family level</th>
<th>In the community</th>
<th>In the wider society</th>
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<tr>
<td>17. [insert protective here]</td>
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<td>18. [insert protective here]</td>
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</tr>
<tr>
<td>19. [insert protective here]</td>
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</tr>
<tr>
<td>20. [insert protective here]</td>
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</table>
**Tool 5: Availability or Accessibility of the protective factors**

**Instruction:** Tick only one column for each of the protective factors

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