## Tool I - Quality Standards for Safe Spaces

The following information and sample tools are adapted from the Minimum Standards for Child Protection in Humanitarian Action, Standard 17[[1]](#footnote-1). Safe spaces are areas where psychosocial activities are offered for children and adults in a safe and protected environment. They aim to help restore a sense of normality and continuity in the lives of adults and children affected by crisis events. They are designed and operated in a participatory manner, often using existing spaces in the community.

One example is child-friendly spaces (CFSs) where communities create nurturing environments in which children can access free and structured play, recreation, leisure and learning activities. They may target children of a specific age group, or of a variety of age ranges. They also will often provide education and psychosocial support for children’s caregivers.

The following checklist may be useful in designing and implementing safe spaces according to quality protection standards (including child protection standards).

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| **Safe Spaces Quality Standards Checklist** | |
| **Location** | **Comments** |
| * A needs assessment has been carried out together with the community to decide whether safe spaces are needed. * Existing facilities and infrastructure (schools, community centres, tents, huts) are mapped to determine if a new safe space structure is needed. * The location has been identified that meets safety and accessibility criteria (defined in country). * Safety elements (fences, first aid, toilets, etc.) have been assessed and brought to standard. * WASH facilities, including drinking water, are properly maintained and hygienic. |  |
| **Planning and Coordination** |  |
| * Planning, development and support to safe spaces fully involves women, girls, boys and men and vulnerable groups. * Dialogue has occurred with the community to ensure safe spaces are safe and accessible for all target beneficiaries, including children and adults with disabilities. * Programme activities are contextually appropriate and relevant to needs of children, adults and communities. * Dialogue about how to create community safe spaces linked to larger protection systems has taken place. * Programme activities are coordinated with other agencies and sectors (e.g., health, hygiene, breastfeeding, information on humanitarian help). * A phase-out or transition plan has been developed early on, in consultation with the community and other interested parties, to hand over the activities and link with broader recovery planning. |  |
| **Staff and Volunteers** |  |
| * Resources (both material and human) are identified to run the safe space. * Staff and volunteers working in safe spaces receive initial and ongoing training and follow-up support, including coaching. * Numbers of staff and volunteers are sufficient to ensure safe and quality programmes for adults and children (e.g., 2 adult animators per fifteen 2-4 year olds). * Protection and other relevant sector staff (including government counterparts, community volunteers) are trained in protection standards and safe spaces. * Volunteers are recruited from the community and linked with other community-based initiatives. |  |
| **Psychosocial Activities and Monitoring** |  |
| * Age-appropriate activities are implemented in the safe space (including age-appropriate activities for children) on needs identified by women, girls, men and boys. * Clear guidelines, programmes and schedules for adult and child activities (appropriate to the programme objectives) have been set up. * Ongoing monitoring with feedback mechanisms is conducted (e.g., monthly discussion sessions with target beneficiaries), and involves families, adults and children (as appropriate to programme objectives). |  |

## Quality Monitoring of Child Friendly Spaces

When monitoring the quality of a CFS, the following tool can be used as guidance. The information can be collected through observations, interviews or discussions (formal and informal) with staff and volunteers and beneficiaries. A scale is provided for quantitative data collection. Under each thematic question are things to consider in setting up and implementing a CFS. These can be used as discussion points with respondents to gather qualitative data about whether the CFS is meeting quality standards. Their comments and reflections can be recorded in the space provided in the right hand column.

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| **Guidance for Quality Monitoring of CFSs** | | | | |
| **Appropriateness** | Strongly disagree | Disagree | Agree | Strongly agree |
| 1. The CFSs are **appropriate** to the needs, resources and security situation. |  |  |  |  |
| *Things to consider*:  CFSs may not be needed or appropriate in some circumstances, such as:   * When children have access to other means of meeting their needs for PS support, protection and formal and non-formal education. * In places where children may be attacked or recruited by armed forces. * In areas where girls or boys could be sexually harassed on the way to and from the CFS.   If CFSs are needed, an assessment should inform how to set them up to be most effective, safe and secure. Consider also safety concerns that can be caused by children themselves, such as bullying or threatening each other. | *Respondent comments and reflections:* | | | |
| **Protection** | Strongly disagree | Disagree | Agree | Strongly agree |
| 2. The CFS is a safe space where children are **protected.** |  | | | |
| *Things to consider:*  All staff and volunteers working in the CFS should be familiar with key protection standards and policies as well as being trained on child protection. The staff and volunteers should be screened to reduce the risk of violence including exploitation.  Adults and children should be provided with child protection messages including referral pathways. | *Respondent comments and reflections:* | | | |
| **Specific groups** | Strongly disagree | Disagree | Agree | Strongly agree |
| 3. The CFSs can support all children and promote **equality and inclusion**. |  |  |  |  |
| *Things to consider:*  CFSs provide an opportunity to support all children and promote equality and inclusion. Be sure to take steps to identify the most at-risk children, but in ways that do not stigmatize them or single them out. CFSs and the services they provide should also be designed to meet the distinct needs of girls and boys of different age groups, ethnic backgrounds, living situations, disability, etc. | *Respondent comments and reflections:* | | | |
| **Age and gender sensitivity** | Strongly disagree | Disagree | Agree | Strongly agree |
| 4. Have diverse boys and girls of different ages been given fair ways of participating in designing, managing and reviewing CFSs? |  |  |  |  |
| *Things to consider:*  Boys and girls of different age groups should be given fair ways to take part in designing, managing and reviewing programmes such as CFSs. The activities should be designed to be comfortable and engaging for them – for example, adolescent girls may prefer peer “talking groups” over play activities. For peers of the same sex, discussion groups can allow a forum for sharing on sensitive issues (love, sexual health, peer protection strategies), particularly with a gender-matched group animator. In some emergency situations, some groups may require greater attention (e.g., infants and young children in need of PS stimulation). | *Respondent comments and reflections:* | | | |
| **Disability awareness** | Strongly disagree | Disagree | Agree | Strongly agree |
| 5. **Children with disabilities** have easy access to CFSs, without physical, environmental and social barriers. |  |  |  |  |
| *Things to consider:*  Because of social stigmatization, parents may not feel at ease to send their children to a CFS. Others may be unaware that CFSs are also intended for children with disabilities, so this should be made clear when designing and implementing a CFS. Be sure to organize training for volunteers and staff on how to adapt activities for all children, with special emphasis on the needs of children with various types of impairments. Adapt the ratio of CFS volunteers and staff to children accordingly. | *Respondent comments and reflections:* | | | |
| **Play** | Strongly disagree | Disagree | Agree | Strongly agree |
| 6. CFSs are fun and promote the **right to play**? |  |  |  |  |
| *Things to consider*:  CFS activities must be well thought out and have an educational or psychosocial aim to be effective for improving children’s wellbeing. It may be useful to focus initially on basic play and recreation activities within the CFS, adding more advanced activities later (e.g., setting up referral mechanisms, organizing activities for individual or small groups of children who need extra support). Children should have a say on which play activities they want to have at the CFS, and traditional games should be included. Furthermore, encourage community members to become involved, such as inviting grandmothers and elders to teach songs and tell stories to young children. Implement games, songs and drawing activities that are appropriate for children of all ages and for those with disabilities, and that improve children’s personal and social skills. | *Respondent comments and reflections:* | | | |
| **Schools** | Strongly disagree | Disagree | Agree | Strongly agree |
| 7. CFSs coordinate with formal **schools**, complement them and do not compete with them? |  |  |  |  |
| *Things to consider:*  As schools reopen, ensure there are time slots for children of different age groups. For example, have activities for younger children during the day and hold after-school programmes. Be sure to have a clear and reliable schedule of activities. | *Respondent comments and reflections:* | | | |
| **Parents** | Strongly disagree | Disagree | Agree | Strongly agree |
| 8. The psychosocial wellbeing of **parents is** considered in children’s care and protection. |  |  |  |  |
| *Things to consider:*  Parents’ PS wellbeing is important for children’s care and protection. Consider scheduling parent support group sessions in CFSs, such as information sessions on childcare with local service providers, and ensure sessions are accessible for everyone including parents with disabilities. | *Respondent comments and reflections:* | | | |
| **Capacity building** | Strongly disagree | Disagree | Agree | Strongly agree |
| 9. CFS volunteers and staff are highly motivated and skilled. |  |  |  |  |
| *Things to consider:*  Employ men and women in the CFSs fairly, to match the intended composition of target groups. Everyone who works in a CFS should receive initial and ongoing training and coaching. It is important to train CFS volunteers and staff in facilitating play for all as well as protecting children. As CFS workers develop more skills, they can enrich the work of CSs. | *Respondent comments and reflections:* | | | |
| **Monitoring** | Strongly disagree | Disagree | Agree | Strongly agree |
| 10. CFSs are **monitored** on an ongoing basis to track the development of the CFS and identify gaps in levels of community awareness, quality of activities, safety, logistical support and so on. |  |  |  |  |
| *Things to consider:*  CFSs may serve as an entry point to monitoring the wellbeing of children on a regular basis. People with M&E experience should evaluate CFSs to see whether the activities produce meaningful improvements in the lives of boys and girls, that they are inclusive and achieving goals. | *Respondent comments and reflections:* | | | |

1. Minimum standards for child protection in humanitarian action. Child Protection Working Group (CPWG) (2012), pages 149-154. [↑](#footnote-ref-1)