

# i SUPPORT MY FRIENDS



## THEORY AND IMPLEMENTATION GUIDE

A training for children and adolescents  
on how to support a friend in distress

Building on the principles of  
Psychological First Aid





The *I Support My Friends* resource kit has been published by the United Nations Children’s Fund (UNICEF) in partnership with Save the Children (SC)/MHPSS Collaborative and the World Health Organisation (WHO).

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*This joint product reflects the activities of individual agencies around an issue of common concern. The principles and policies of each agency are governed by the relevant decisions of its governing body. Each agency implements the interventions described in this document in accordance with these principles and policies and within the scope of its mandate.*

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The *I Support my Friends* resource kit comprises:

- The Theory and Implementation Guide
- The Training Manual
- The Participant’s Workbook
- The Manual for Training of Facilitators and Focal Points



The resource kit is available online:

<https://www.unicef.org/protection/mental-health-psychosocial-support-in-emergencies>

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# FOREWORD

It is with great pleasure that UNICEF, Save the Children (SC)/MHPSS Collaborative, and WHO present *I Support My Friends* – a resource kit to facilitate training for children and adolescents in how to support a friend in distress, building on the principles of psychological first aid (PFA).

*I Support My Friends* recognises the agency and capacity of children and adolescents, girls and boys, to develop the skills to support their friends and ensures that they can do so safely with close adult supervision and attention to child safeguarding. The training builds on existing evidence-informed materials as well as our global experience in working with children and adolescents. At its heart lies the globally endorsed principles of **LOOK, LISTEN, LINK** to guide a humane, practical response to people in distress, as described in *Psychological First Aid: Guide for Field Workers*<sup>1</sup> (the original source material for this adaptation).

*I Support My Friends* empowers children and adolescents to identify and support their peers in distress whilst recognising the role that they naturally play in the protective networks of their peers. Children and adolescents expressed enthusiasm for the materials during piloting in Japan, Jordan, Mongolia and Turkey, prompting our three organisations to join hands and make the materials available on a global scale.



“When I first heard about PFA, I thought it was something only professionals could do and it would be difficult. However, I enjoyed learning about listening to my friends, asking for help if I believed it was right to do so, and helping to reduce my friend’s concerns.”

**15-year-old girl participating in a pilot training session in Japan.**

We wish to extend our gratitude to those who provided their support in developing, testing and reviewing *I Support My Friends*. Most of all, we value the contributions from the children and adolescents themselves.

With this resource kit, UNICEF, SC/MHPSS Collaborative and WHO contribute to community-based mental health and psychosocial support for, and with, children and adolescents. It is our hope that *I Support My Friends* will be used widely around the world to facilitate the coping skills, wellbeing and the safe participation of children and adolescents, as well as supporting access to psychosocial support within their communities.

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<sup>1</sup> World Health Organization, War Trauma Foundation and World Vision International, *Psychological First Aid: Guide for Field Workers*, 2011. [www.who.int/mental\\_health/publications/guide\\_field\\_workers/en/](http://www.who.int/mental_health/publications/guide_field_workers/en/), accessed 8 February 2021.



## KEY DEFINITIONS

**Adolescence** is the stage of physical, social, moral, emotional and cognitive development of children, which should be understood in relation to the local context and culture. A guiding age bracket is between 10-19 years old.<sup>2</sup>

**Child** includes all children and adolescents 0-17 years of age.

**Child Protection** is the prevention of and response to abuse, neglect, exploitation and violence against children.<sup>3</sup> Child protection should not be confused with the protection of children's rights, which is the responsibility of everyone working with children. Similarly, child protection is related to – but distinct from – child safeguarding.

**Child Rights-Based Approach** is a programming approach directed at protecting, respecting and fulfilling children's rights. It is normatively based on children's rights, as outlined in the United Nations Convention on the Rights of the Child (UNCRC). Children and adolescents are recognised as rights holders, whilst the State and other actors are recognised as duty bearers, accountable for their acts or omissions.

**Child Safeguarding** refers to all actions to keep children safe from any possible harm, including harm to a child's dignity and psychological integrity and any use of physical, emotional or psychological violence and sexual exploitation and abuse by organization's staff or related personnel and/or any adult associated with the programme. As per the *Minimum Standards for Child Protection in Humanitarian Action*,<sup>4</sup> all organisations should have child-safeguarding policies, procedures and implementation plans in place to ensure that staff, operations and programmes do not harm children.

**Caregiver** refers to those responsible for the care of children. This can include parents, grandparents, siblings, legal or customary guardians and others within the extended family network, as well as other child caregivers, such as teachers, who are outside of the family network.<sup>5</sup>

**Community** includes all adults and children in a child's life, as well as other stakeholders who influence child and family wellbeing, such as teachers, health workers, legal representatives and religious and governmental leaders. Community can be defined as a network of people who share similar interests, values, goals, culture, religion or history, as well as feelings of connection and caring among its members.<sup>6</sup>

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<sup>2</sup> UNICEF (2011) *The state of the world's children 2011: Adolescence – an age of opportunity*.

<sup>3</sup> The Alliance for Child Protection in Humanitarian Action (2019). *Minimum Standards for Child Protection in Humanitarian Action*.

<sup>4</sup> *The Alliance for Child Protection in Humanitarian Action (2019)*.

<sup>5</sup> UNICEF (2018) *Community-based Mental Health and Psychosocial Support in Humanitarian Settings: Three-tiered support for children and families*.

<sup>6</sup> Ibid.

**Crisis Event** involves experiencing or witnessing a situation that causes serious distress. The event may be sudden or unexpected but can also develop gradually. Examples include accidents, natural disasters, conflicts, disease outbreaks and direct experience or witnessing of violence or abuse. Crisis events can occur on a mass scale experienced by many people or by individuals (e.g., interpersonal violence).<sup>7</sup>

**Culture** is a set of shared values, beliefs and norms in a society. Culture is dynamic and changes as societies adapt to new information, challenges and circumstances.

**Distressing Event** is an experience that affects a person's mental health and psychosocial wellbeing, for example, losing a loved one or experiencing bullying.

**Family** is a socially constructed concept that may include children who live with one or both biological parents, their adult caregivers or legal/customary guardians. Family can also include various other arrangements such as living with grandparents or extended family members, with siblings in child- or youth-headed households, or in foster care or institutional care arrangements.<sup>8</sup>

**Gender** refers to the socially constructed roles, behaviours, activities and attributes that a society considers appropriate for girls, boys, women and men. 'Gender sensitive' describes an approach or intervention in which the different needs, abilities and opportunities of all individuals, regardless of their gender, are identified, considered and acknowledged.<sup>9</sup>

**Mental Health** is defined as a state of wellbeing in which individuals realise their own potential, can cope with the normal stresses of life, can work productively and are able to contribute to their community.<sup>10</sup>

**Mental Health and Psychosocial Support** is used to describe any type of local or outside support that aims to protect or promote mental health and psychosocial wellbeing and/or prevent or treat mental disorder.<sup>11</sup>

**Peer** is defined as children or adolescents in similar age groups as each other. They may be friends or might not know each other. A 'peer supporter' is a participant who has been trained in *I Support My Friends*.

**Persons with Disabilities** live with long-term sensory, physical, psychosocial, intellectual or other impairments that, in interaction with various barriers, prevent them from participating in, or having access to, humanitarian programmes, services or protection.<sup>12</sup>

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<sup>7</sup> World Health Organization, War Trauma Foundation and World Vision International (2011) [Psychological First Aid: Guide for Field Workers](#).

<sup>8</sup> UNICEF (2018) *Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version)*.

<sup>9</sup> Save the Children (2014) [Gender Equality Program Guidance and Toolkit: Engendering transformational change](#).

<sup>10</sup> World Health Organization. (2013) [Mental health action plan 2013-2020](#).

<sup>11</sup> Inter-Agency Standing Committee (2007) [IASC Guidelines for mental health and psychosocial support in emergency settings](#).

<sup>12</sup> Inter-Agency Standing Committee (2019) [Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action](#).

**Resilience** is the ability to overcome adversity and positively adapt following challenging or difficult experiences. It refers to the capacity of individuals to navigate their way to the psychological, social, cultural and physical resources that sustain their wellbeing. It also involves their capacity to negotiate these resources to be provided and experienced in culturally meaningful ways.<sup>13</sup>

**Wellbeing** describes the positive state of being when a person thrives, and their rights are realised across several domains. In this resource kit, wellbeing is defined in three domains:

1. Personal well-being: thoughts and emotions such as hopefulness, self-esteem, self-confidence and constructive emotional management.
2. Interpersonal well-being: nurturing relationships, a sense of belonging and the ability to be close to others.
3. Skills and knowledge: the capacity to learn, to make positive decisions, to effectively respond to challenges in life and to express oneself.<sup>14</sup>



## LIST OF ACRONYMS

<b>AFC</b>	Adolescent Friendly Space
<b>CFS</b>	Child Friendly Space
<b>CP</b>	Child Protection
<b>IASC</b>	Inter-Agency Standing Committee
<b>MEAL</b>	Monitoring, Evaluation, Accountability and Learning
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>PFA</b>	Psychological First Aid
<b>SC</b>	Save the Children
<b>SEL</b>	Social Emotional Learning
<b>UNCRC</b>	United Nations Convention on the Rights of the Child
<b>UNICEF</b>	United Nations Children's Fund
<b>WHO</b>	World Health Organization

<sup>13</sup> <https://resilienceresearch.org/resilience/>.

<sup>14</sup> UNICEF (2018) *Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version)*.

# 1

# INTRODUCTION

*I Support My Friends* is peer to peer psychological first aid that is specifically adapted for training children and adolescents in how to best support their friends following a distressing event. It is crucial that children and adolescents are aware of and have access to relevant, reliable support systems that contribute to their positive coping skills and ability to adapt. Children and adolescents are often first in line to observe and learn about their friends' concerns and should be equipped with the right tools to know how to listen and provide support without causing additional harm. Appropriate support at an early stage after a stressful event, or during times of adversity, further helps their coping and recovery.

Adults have a responsibility to support children and adolescents in knowing what to say and do, what not to say and do, and when and where to seek support. Adults have a duty to intervene as necessary to provide such assistance. *I Support My Friends* will equip children and adolescents with the ability to activate and strengthen positive coping skills that will help themselves and their friends adapt during and after a crisis event. It will also provide the adult participants with necessary skills to safely support children and adolescents to care for each other.

## **1.1 ABOUT *I SUPPORT MY FRIENDS* RESOURCE KIT**

The *I Support My Friends* resource kit has been developed to give facilitators a comprehensive package of tools and resources to best equip children and adolescents in safe and effective peer support, together with adult mentors. It provides guidance and tools for preparing, designing, and implementing trainings with children and adolescents in how to support a friend in distress. The resource kit also includes guidance for appropriate adult supervision to ensure the physical and emotional safety of child and adolescent helpers and the friends they support.

The resource kit includes four components:

- 1. Theory and Implementation Guide:** Presents an overview of key concepts and the theoretical foundation of *I Support My Friends*. It describes the ethical considerations and child-safeguarding actions that need to be in place to protect children's best interests and their physical and emotional safety. It also outlines the roles and responsibilities and expected skills and competencies of trusted adults who mentor child and adolescent peer supporters.
- 2. Training Manual:** Outlines a three-day, step-by-step training in *I Support My Friends*, including case studies, stories and a list of required materials. The manual includes tools to support the preparation and implementation of the training. Some of the tools correspond to worksheets that participants will use during the training (these are marked with a footnote).

**3. Participant's Workbook:** Contains the worksheets to be used by participants in the training. Each participant should receive their own workbook, which contains information, activities and space for notes and drawings.

**4. Manual for Training of Facilitators and Focal Points:** This is in progress currently and will include the materials needed to build the capacity of the adult facilitators and Focal Point(s) who will implement the training for children and adolescents. Once field tested, the package will include a training manual, agenda, PowerPoint slides and other guiding materials.

Parts of the materials have been sourced and adapted from other manuals and guidance. It is recommended for the user to consult these as complementary materials when using the resource kit. These include:

- [\*Psychological First Aid: Guide for Field Workers\*](#), World Health Organisation, War Trauma Foundation and World Vision International (2011)
- [\*The Psychological First Aid Training Manual for Child Practitioners\*](#), Save the Children (2013)
- [\*Psychological First Aid Field Operations Guide. 2nd Edition\*](#), National Child Traumatic Stress Network-National Centre for PTSD (2006)
- [\*Children's Resilience Programme: Psychosocial Support In and Out of Schools\*](#), IFRC PSC and SC (2012)
- [\*Youth Resilience Programme: Psychosocial Support In and Out of Schools\*](#), IFRC PSC and SC (2015)
- [\*Fun, Safe, Inclusive: A half day training module on facilitation skills\*](#), Save the Children (2016)

## 1.2 WHO IS THE *I SUPPORT MY FRIENDS* RESOURCE KIT INTENDED FOR?

The *I Support My Friends* resource kit is aimed at adults who plan to integrate peer to peer PFA skills building within their programming primarily for children and adolescents aged 9-17 years.<sup>15</sup> The resource kit may be used by animators/facilitators, social workers, educators, psychologists, counsellors and others who work closely with children and adolescents. The resource kit is also useful for programme managers, technical specialists and other staff involved in designing training initiatives, building the capacity of facilitators, programme monitoring and evaluation, quality assurance and learning within their organisation.

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<sup>15</sup> The developmental stages of the children in the local context should be guiding both which age group is targeted, and how the training is adapted.

### **1.3 WHEN TO USE *I SUPPORT MY FRIENDS***

Children and adolescents play an important role in supporting their peers in all contexts. *I Support My Friends* has been implemented in protracted humanitarian and development settings but has not yet been piloted in the more acute phase of an emergency. If used in the acute phase of a humanitarian context, the training should be implemented as part of a wider initiative to secure the basic needs and rights of children, adolescents and their families. There are many settings and situations in which this training can be particularly useful, including:

- During emergency response (e.g., set up in the days following a major crisis event in child- or adolescent-friendly spaces (CFS/AFS)).
- After a crisis affecting a small group of individuals, such as an accident or interpersonal violence or loss.
- As an integrated child-protection element of a larger programme in a different sector (as detailed in the section below).

### **1.4 INTEGRATING *I SUPPORT MY FRIENDS* WITHIN LARGER PROGRAMMES AND ACROSS SECTORS**

*I Support My Friends* is intended to be used as an activity within a larger programme. The training can be integrated across sectors (e.g., health, protection, education) to secure the basic needs and rights of children, adolescents and their families. It may be implemented either directly by an organisation or in partnership with a civil society actor, school, governmental or community-based entity. Implementation by or with local partner institutions or community networks is key to having a sustainable impact and broad reach. Structures within different sectors can serve as entry points for the training. These include schools, learning spaces, community centres, CFS/AFS or other facilities where children and adolescents meet for recreation, learning and social support. Programmers should ensure that the activity is sufficiently budgeted and that appropriate resources are in place for follow-up with relevant structures, such as social services, education and health.

The following sections provide illustrative examples of integration of *I Support My Friends* into larger programmes.

### 1.4.1 CHILD PROTECTION

Within a larger child-protection programme, *I Support My Friends* can be used to strengthen awareness among children and adolescents about their rights, and to prevent protection risks through supportive social relationships and positive coping mechanisms. Some examples of integration into child-protection programmes are as follows:

- As part of child-protection systems strengthening, by reinforcing awareness of child-protection concerns and networks such as community-based child-protection committees and children's clubs.
- Complementary to interventions focused on strengthening social and emotional competence and resilience, such as continued capacity building for children and adolescents who have completed a series of structured psychosocial support or life-skills sessions.
- As part of existing or new community volunteering programmes for children and adolescents.
- As part of remote forms of peer support (e.g., via social media, telephone) during conflict, natural disaster or lockdown resulting from a pandemic, such as COVID-19, that prevents children and adolescents from interacting face-to-face.



*During the piloting of I Support My Friends, the participants and school personnel in Mongolia developed platforms for continued engagement and support, including a Facebook group on PFA, a PFA club led by the peer educators, and a participation group for the peer supporters.*

### 1.4.2 DISASTER PREPAREDNESS

A well-functioning social group is more likely to show greater resilience and ability to care for themselves and each other in times of crisis than a disrupted group.<sup>16</sup> Equipping children and adolescents with the knowledge and skills that are at the core of *I Support My Friends* – such as empathy, solidarity and ability to link to their social support system – has many benefits for personal skills and strengthening social networks. For this reason, the training is particularly useful for children and adolescents as a preparedness measure, so that they are well equipped to respond in a crisis. The training can also be integrated into:

- Initiatives to involve children and adolescents in disaster risk reduction and disaster preparedness.
- A comprehensive roll-out of PFA orientation for children, adolescents and adults.
- Capacity building in disaster preparedness in emergency-prone areas.

<sup>16</sup> Salmon, K, Bryant RA (2002) *Posttraumatic stress disorders in children. The influence of developmental factors. Clinical psychology review*; Greca, AM, Silverman VK (2009) *Treatment and prevention of Posttraumatic stress reactions in children.*

### 1.4.3 EDUCATION

Integrating *I Support My Friends* into an education programme can be done as part of broader initiatives to build sustainable child-protection systems and support safe and healing learning environments, such as 'violence free schools'. The following are additional examples of how to integrate *I Support My Friends* into an education programme:

- As part of an anti-bullying programme of which building empathy, solidarity and connection are essential components. This can include holistic, school-based anti-bullying programmes that address policies, systems, capacities and engagement of school personnel, parents and children. For example, *I Support My Friends* can be included as training for the members of a children's school-safety committee.
- As part of school-based initiatives aimed at fostering a positive school climate and connectedness, such as mental health awareness, social emotional learning (SEL), suicide prevention and social cohesion among refugee and host communities.
- As an opportunity to support marginalised children and adolescents who are (re)-engaging in education after a crisis event or displacement, or who have been out of school for other reasons (e.g., because of the COVID-19 pandemic).
- Integrated into a non-formal education programme to complement wellbeing, recovery and social and emotional skills development.
- As part of a school-based mental health and psychosocial programme that explores shifting relationships and expectations as children transition through adolescence into adulthood. *I Support My Friends* can positively influence how adolescents see themselves by providing concrete opportunities to help others, which in turn may increase their confidence and self-esteem.
- As part of an inclusive education programme for children with disabilities, empowering them by reinforcing focus on their capacities as peer supporters. In addition, the community may shift its view of children with disabilities.

#### 1.4.4 HEALTH

Integrating *I Support My Friends* into health programs should be part of programmes that aim to engage children and adolescents in health activities. For example, a child-focused training in medical first aid and physical injury would be strengthened by adding *I Support My Friends* to equip children and adolescents with PFA skills. The following are additional examples of how to integrate *I Support My Friends* into health programmes:

- As part of programmes for mental health awareness, substance-use prevention and community-based suicide-prevention initiatives, among others. This may enable peer supporters to have a preventive function, in that peer support can facilitate early linking to appropriate mental health services for other children in need.
- As part of an adolescent-focused sexual health and reproductive rights programme, where, for example, peer support is promoted and encouraged.
- As part of a child-focused initiative in the context of a pandemic or other public health concern, where children and adolescents are trained to provide support to each other, for example, remotely through peer hotlines or social media platforms.
- As part of an initiative to reduce the risk of stigma and discrimination because of a disease outbreak.
- Complementary to basic training in first aid or other health-oriented awareness raising/capacity building initiatives targeting children and adolescents.

#### 1.4.5 LIVELIHOOD PROGRAMMES FOR ADOLESCENTS AND YOUTH

*I Support My Friends* integration into a livelihoods programme reinforces the development of positive life skills and promotes supportive and positive interactions between peers in vocational training programs, during internships or in the labour market.

#### 1.4.6 MONITORING, EVALUATION AND RESEARCH

*I Support My Friends* may be useful as a complement to training for children and adolescents in participatory-action research or program monitoring and evaluation activities in the field. The empathic and ethical support skills could also be useful as part of a participatory-feedback mechanism where children and adolescents engage with peers to provide feedback within programs related to wellbeing, self-development or other topics.

# 2

## **THE SOCIAL SUPPORT SYSTEM OF CHILDREN AND ADOLESCENTS**

Since the early 2000s, there has been a specific focus on the experiences of children and adolescents in humanitarian situations and the adverse impact on their mental health and psychosocial wellbeing. There can be multiple risks at individual, family, community and societal levels that can have both an immediate and long-term impact on children's development. It is crucial that children and adolescents are aware of, and have access to, relevant, reliable support systems that contribute to their positive coping skills and ability to adapt.

It is important to note that building the capacity of children and adolescents to be active agents in supporting their peers does not assume that children and adolescents should take on adult responsibilities or replace the role of adults in supporting children in distress. Nor does it replace the role of a functioning social-support system, which is a complex network of friends, family, teachers, community members, formal mental health and social service providers, legal representatives and others. Rather, it recognises the role of children and adolescents within such networks and highlights their value and capacity as natural and active sources of support to their peers.

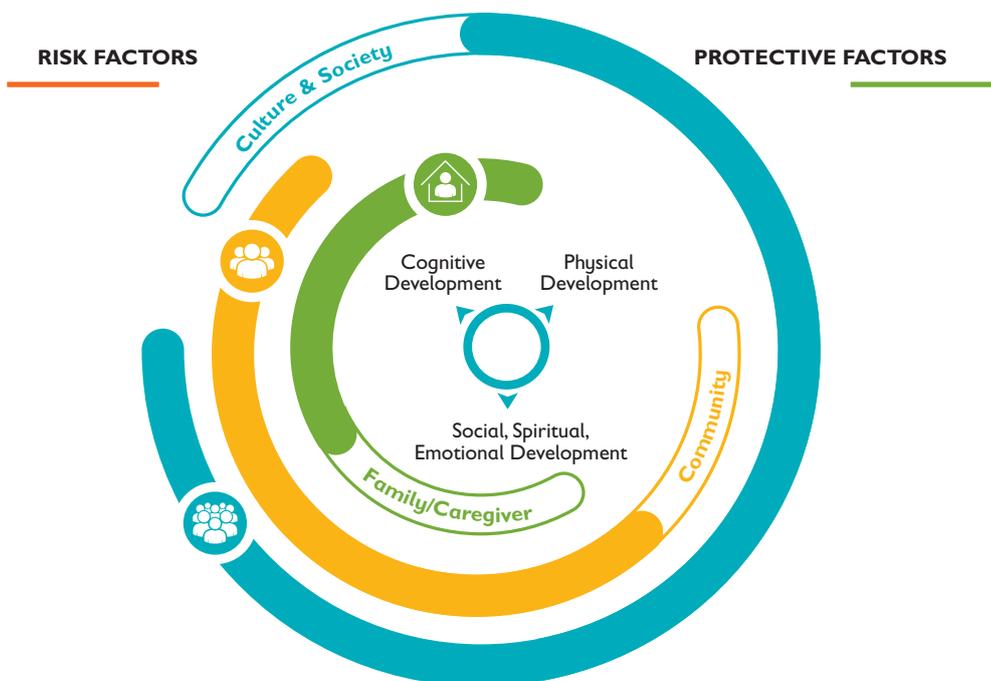
## 2.1 THE FRAMEWORK FOR SOCIAL SUPPORT

This section provides the frameworks upon which *I Support My Friends* is based – including the social ecological model of child development and the basics of developmental psychology. It also explains where *I Support My Friends* fits within the IASC MHPSS Intervention Pyramid.<sup>17</sup>

Global research and field experience highlight the importance of community-based approaches in meeting the continuum of MHPSS needs of children, adolescents and families in emergencies. UNICEF's *Community-based Mental Health and Psychosocial Support in Humanitarian Settings: Three-tiered support for children and families* highlights the importance of embedding MHPSS within the social ecological framework of child development (see Figure 1)  and engages directly with children, families/caregivers and communities. Positive social relationships facilitated through activities such as peer support are recognised in the UNICEF guidance as one of nine Circles of Support for children's optimal development.<sup>18</sup> *I Support My Friends* is one such model of peer support that strengthens children's natural helping roles and builds their capacities with new skills.

<sup>17</sup> IASC Guidelines for MHPSS in Emergency Settings (IASC, 2007).

<sup>18</sup> United Nations Children's Fund. Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version). New York, UNICEF, 2018.

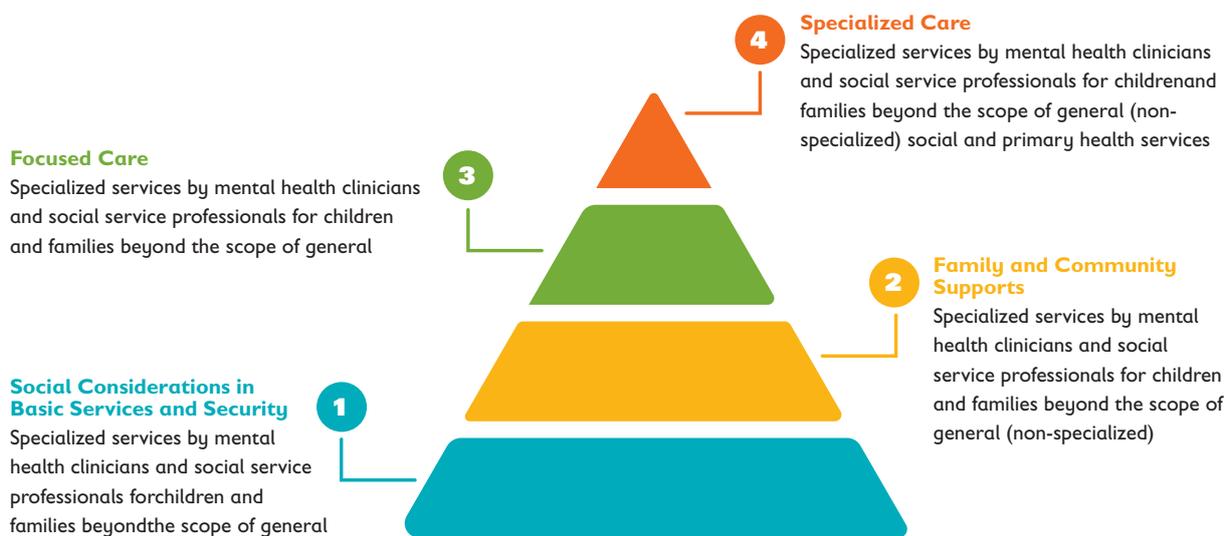


**Figure 1:** The Social Ecological Model, from the UNICEF Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version) (2018)

The social ecological model is at the heart of the *I Support My Friends* resource kit. This model recognises the protective networks or systems at individual, community and societal levels that play an essential role in providing protection and support to children and adolescents. While children and adolescents are encouraged to support one another, they are not expected to solve all their peers' problems or take on adult responsibilities. Referrals to law enforcement, social welfare systems and mental health care should be handled by an adult.

The *IASC MHPSS Guidelines* (2007) describe a range of complementary approaches and interventions – from basic needs and general family/community support, to more focused and specialised service provision by mental health professionals – to be implemented concurrently in emergency settings. Although different organisations and service providers may offer only one intervention, they must be aware of the various layers of intervention and work to ensure functional referral between them.

PFA describes a skill set that can be useful in various interventions described in the *IASC MHPSS Intervention Pyramid* (see Figure 2). 👁️ Engaging children and adolescents in providing peer support can be considered an approach on layer 2 of the pyramid.



**Figure 2:** The IASC MHPSS Intervention Pyramid, from the UNICEF Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version) (2018)

As with all MHPSS approaches, *I Support My Friends* should never be a stand-alone approach. It is intended to be embedded in a wider programme that activates family and community support systems and provides immediate access to child-protection assistance. For example, as part of preparations for trainings, efforts can be made to raise awareness among caregivers, community members and service providers about the training that the children will attend in order to activate family and community support systems for peer supporters. This can also help to identify referral resources for children who may need more specialised mental health or protection services and to document referral procedures and mechanisms.

## 2.2 THE BENEFITS OF PEER SUPPORT FOR CHILDREN AND ADOLESCENTS

Children and adolescents have unique vulnerabilities in contexts of crisis and adversity. Exposure to serious stressors can have long-term impacts on their development and ability to grow, learn and engage in healthy relationships – influenced by various factors, such as their age, gender, disability, developmental stage and the availability and quality of supports in their lives. However, children and adolescents also have the ability and desire to help others and to create positive change. Even in very distressing situations, adults can provide a conducive environment to help children and adolescents share ideas, thrive, and feel empowered and enabled to act as a resource for others, not only as passive recipients of support.<sup>19</sup> Field workers who have piloted *I Support My Friends* have observed an increase in children’s and adolescent’s sense of agency after participating in the training. Both girls and boys have given feedback that the training was empowering for them, as it reaffirmed and built upon their existing knowledge and competencies.

<sup>19</sup> Inter-Agency Standing Committee (2007) [Guidelines on Mental Health and Psychosocial Support in Emergency Settings](#).

The training in *I Support My Friends* helps children and adolescents become more aware of their existing abilities and learn new competencies to support peers in distress. The competencies include active listening, self-care, showing empathy, and the knowledge of how to link to the network of supports available to help others in distress. The training, therefore, adds to the ‘toolbox’ of personal and social life skills. As research on resilience in children and adolescents suggests, strengthening social and behavioural skills helps to facilitate positive coping and effective adaptation to adversities.<sup>20</sup>



*“I saw a female classmate who was being bullied by the others and was sitting alone in the classroom crying. In that moment, I realised I can help others as much as I am able to.”*

**15-year-old girl participating in a pilot-training in Mongolia.**

Another value of the training is that it reminds children and adolescents of what they should *not* do. For example, it reinforces messages that peer supporters should not try to solve situations all by themselves and recognise when it is important to seek support from a trusted adult. Such conversations are particularly important in contexts of adversity, such as conflict or natural disasters, where children and adolescents may feel pressured to help or may experience feelings of inadequacy and guilt for not helping enough.

## **2.3** WHAT CHILDREN AND ADOLESCENTS WILL LEARN

Through *I Support My Friends*, children and adolescents will learn skills to identify when a friend or peer is in distress, how to provide immediate support and when to refer them to an adult for further help. Additionally, they will learn to:

- Better understand their friend’s reactions to difficult experiences.
- Offer comfort in an appropriate way, which helps their friend to feel calmer.
- Better understand their friend’s needs and concerns.
- Help their friend to access basic support, information, services, or other support.
- Help to protect their friend from further harm.

These skills are based on the action principles of PFA: **‘LOOK, LISTEN and LINK’**, as presented in the *Psychological First Aid: Guide for Field Workers* published by the World Health Organisation, War Trauma Foundation and World Vision International.<sup>21</sup>

<sup>20</sup> See for example, research by the Resilience Research Centre: <https://resilienceresearch.org/>.

<sup>21</sup> World Health Organization, War Trauma Foundation and World Vision International (2011) *Psychological First Aid: Guide for Field Workers*.



“I was able to learn the 3Ls: [**LOOK**, **LISTEN** and **LINK**] well today. I feel that I could use them in my daily life.”

13-year-old boy participating in a pilot training in Japan.

PFA is recommended by expert consensus as the ‘Do No Harm’ approach to help people who have recently experienced a crisis event and are distressed.<sup>22</sup> It promotes effective factors to assist long-term recovery, including:<sup>23</sup>

- feeling safe, connected to others, calm and hopeful.
- having access to social, physical and emotional support.
- feeling able to help themselves, as individuals and community members.

In one qualitative study, participants reported various benefits of PFA, such as an increased sense of safety, the ability to feel calm, and a greater sense of control and hopefulness.<sup>24</sup> The benefits of PFA are not limited to disaster settings or humanitarian crises but also extend to individuals who experience distress in other circumstances.

Children and adolescents will also learn the *where, when and who* of providing peer support to their friends.

### Where should children and adolescents offer peer support?

- Children and adolescents can offer support to their friends and peers in any location that is safe. Where possible, support should be given in a quiet space without too many distractions, where personal matters can be shared without being overheard, and where children and adolescents feel safe and comfortable to talk, provide comfort and be comforted themselves. This can include, for example, CFS/AFS, schools or other learning spaces, safe areas in refugee camps, places in communities where children and adolescents gather, in reception centres and childcare centres, or at home.
- Children and adolescents can also offer peer support through digital media, such as online peer-support groups and social media.<sup>25</sup>

<sup>22</sup> Inter-Agency Standing Committee (2007) Guidelines on Mental Health and Psychosocial Support in Emergency Settings.; Sphere Association (2018) *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, fourth edition.*

<sup>23</sup> Hobfoll, Watson, Bell, Bryant, Brymer, Friedman, et al. (2007) Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry* 70 (4): 283-315.

<sup>24</sup> Schafer, Snider and Sammour (2016) *A reflective learning report about the implementation and impacts of Psychological First Aid (PFA) in Gaza.*

<sup>25</sup> For more information, see: <https://www.unicef.org/documents/child-safety-online/> and <https://www.weprotect.org/>.

### When should peer support be offered?

- PFA is intended to support someone who has recently experienced a crisis event and is in distress; it builds upon the empathic and caring responses that individuals naturally learn as they develop and socialise with others.
- Children and adolescents may also use their peer support skills in other circumstances with their friends, such as when friends are upset over daily life challenges. The communication and helping skills taught in I Support My Friends assist children with social and emotional learning and build capacities useful in their day-to-day life.

### Who can benefit from peer support?

- Any child or adolescent can benefit from peer support, regardless of age, gender, ethnicity, or abilities.
- The skills that are practiced in I Support My Friends are particularly valuable when a friend has experienced a distressing event, such as an accident, natural disaster, conflict, crisis event/ incident, disease outbreak, or other difficult situation. Such situations may also be individual, such as the loss of a loved one or other personal crisis.
- However, not all children and adolescents will want to receive help from a friend or peer. Reacting to a difficult experience is normal, and the peer may have access to other internal or external strategies to help him or her cope. It is important that peer supporters do not force help on their friends if they do not need or want it. Moreover, although support from a friend is valuable, it may not be enough to improve the situation. Further assistance may be required.



During an *I Support My Friends* innovation sprint in Jordan, children reported that they support their friends with the following types of problems:

Bullying

Conflict

Dropping out of school for work

### When should peer support be offered?

While PFA can be an important aspect of care, it is not enough to address complex MHPSS needs. Children and adolescents may encounter situations where their friend or peer needs more help than they are able to provide.

Therefore, through the *I Support My Friends* training, participants learn the limits of what they can offer, how to seek help from a trusted adult, and what situations are urgent and require adult help for their friends. For example, peer supporters must get adult help when a friend:

- is being abused or is in danger of being hurt by others.
- is harming himself/herself or expressing thoughts of suicide.
- has expressed thoughts about harming others.
- is unable to function in daily life because of the difficult situation he or she is facing.

A network of responsible adults, including a Focal Point, is important to have in place before beginning the training. The section below provides more information on engaging trusted adults to ensure the wellbeing of peer supporters.

## **2.4 ENSURING THE WELLBEING OF PEER SUPPORTERS**

All adults engaged in the programme are responsible for ensuring the safety and wellbeing of both the peer supporters and those who are receiving support. Safe and effective implementation of *I Support My Friends* requires activating the network of supportive and protective adults around children and adolescents – including parents, caregivers and other trusted adults in the community or school/learning centre. This is done through orientation and follow-up sessions described in Section 5.2. All adults can reinforce the critical message that peer supporters must first take care of their own wellbeing if they want to support others.

Providing help and support to someone in distress can be difficult for anyone – especially children and adolescents – if they themselves are not adequately supported. Hearing the story of a friend who is going through a difficult experience can stir up various emotions and reactions in the peer supporter and may touch upon their personal experiences. This is normal and should not be something to be ashamed of or to hide. Instead, such situations require that peer supporters have access to adequate adult supervision and support, both during and after the training and when they are applying their skills. This is done by a designated Focal Point – a trusted adult who also receives the training, provides mentorship and support, and facilitates referrals when necessary. The role of the Focal Point(s) is further described in Section 5.4 of this document.

Additionally, it is important that peer supporters know that *I Support My Friends* is a tool they can use when the need arises and they feel ready. If peer supporters do not feel ready to help a friend during a crisis event, they should not feel obliged to intervene. Having such conversations with the participants will lessen the feeling of responsibility that they may feel has been placed upon them. The *I Support My Friends* training has dedicated Session 9 to self-care and setting boundaries. Learning to have personal boundaries and practicing good self-care, along with support from trusted adults, will help to protect the wellbeing of participants.

# 3

## **CHILD DEVELOPMENT CONSIDERATIONS AND INCLUSIVE PROGRAMMING**

In day-to-day life, as well as in times of crisis, children and adolescents are often the first to notice how their friends are doing. They can be naturally insightful about each other's challenges and emotions, and empathic and sensitive to distress experienced by their friends and peers. They will often be the first to observe or hear about a challenging situation affecting their friend, and they are often the first to respond with help in one way or another. In other words, children are part of their friends' protective network and have a role to play in supporting early recovery, together with parents, caregivers, teachers and other important adults in the community. This is particularly true for older adolescents, who tend to seek advice and support from their peers, rather than adults, when dealing with common stressors in their daily lives.<sup>26</sup>

The content of *I Support My Friends* has been informed by evidence on children's emotional, social and cognitive development. In principle, children and adolescents experience the same range of feelings as adults. The difference lies in the way feelings and emotional experiences are processed and expressed, and they are influenced by their emotional, social and cognitive development at different ages. For example, while certain situations may be trivial to an adult, they may constitute significant experiences to the child, or vice versa.

A wide range of factors contribute to how children and adolescents are affected by and cope with distressing events. These include the children's age, gender, culture, and physical, social and emotional abilities – as well as their personal level of resilience. Other factors that influence how they experience and respond to adverse events include their sense of belonging and acceptance within their community, their individual experiences before and during the crisis, their family and life circumstances, and their perceptions of the support they receive to overcome difficulties.

The *I Support My Friends* training is intended for children and adolescents aged nine years and older.<sup>27</sup> As children and adolescents are not a homogenous group, it is recommended to divide participants into age-appropriate groups (e.g., ages 9-11, 12-14 and 15-17) and to further adapt the scenarios and case studies as appropriate to the group and context. The following sections will provide considerations for working with children and adolescents based upon their age group, gender, and physical and/or social ability. In every training, further consider the cultural norms within each unique context.

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<sup>26</sup> See for example, Newport Academy (2018) [The Importance of Teen Friendship](#); Association for Psychological Science (2015) [Close Friendships in Adolescence Predict Health in Adulthood](#). It should be noted that these preferences vary with the local context, culture, age, gender, disability, etc.

<sup>27</sup> The developmental stages of the children in the local context should be guiding both which age group is targeted, and how the training is adapted.

### **3.1 CHILDREN YOUNGER THAN 9 YEARS**

As noted, *I Support My Friends* is not designed for children younger than age nine. However, children in this age group may still benefit from having greater awareness of how their friends may feel, increase ability to read 'signals' of distress, and develop feelings of solidarity, empathy, caring and helping. For younger children, discussions that are more concrete and situational are recommended. The following questions may be helpful when working with younger children:

- “What makes my friend feel good?”
- “What makes my friend feel bad?”
- “How are we alike?”
- “How are we different?”
- “What do you do if your friend is sad or someone is treating your friend badly?”

These are issues that are commonly addressed and taught in pre-school and during the early school years and in anti-bullying programmes. As children grow older and mature, they can transition into *I Support My Friends* training.

### **3.2 CHILDREN AND EARLY ADOLESCENTS (BETWEEN 9 AND 11)**

From around nine years of age, children have generally reached a stage of cognitive and emotional development that enables them to see other people's perspectives and understand the impact of their own behaviour on others. They have also reached the stage where they can draw simple logical conclusions and are developing abilities that can help them support their friends safely. For example, they can generally tell when a friend needs support or how to manage the issue of confidentiality (both in protecting confidentiality and when to inform adults if a friend is in trouble). However, it is important for facilitators to specifically consider the capacities and situation of participants in the 9-11 years age range and to modify the training to ensure an extra focus on adult mentorship. In addition, facilitators should have realistic expectations about their capacities to learn new skills for peer support and should develop age-appropriate references to distressing situations (e.g., in role plays) so that they do not feel upset or overwhelmed.

### 3.3 ADOLESCENTS (BETWEEN 12 AND 17)

Adolescence may be marked by certain rituals and new responsibilities within their families and communities. As a result of gender and cultural norms, girls and boys may be expected to take on different types of responsibilities. Design and implement *I Support My Friends* for adolescents with these diverse realities in mind. For the training, also consider further separating early adolescents (between the ages of 12-14) from adolescents between the ages of 15-17, depending upon the local culture and norms for adolescents in these age groups.

As children grow older, they are more likely to seek support and advice from a peer as a first alternative, rather than adults. Adolescents are sometimes fearful or ashamed to speak to adults about sensitive or stigmatised topics such as relationships, sex, identity or gender-based violence. Therefore, training in *I Support My Friends* can support their journey through adolescence by helping them to know appropriate ways to respond and how and when it is important to seek adult assistance.

Moreover, a strengths-based approach recognises and builds upon the strengths and potentials of adolescents (rather than focusing on attributes they lack), empowering them and reinforcing their agency. This is a fundamental approach that must underpin any work with adolescents. At the same time, parents and caregivers continue to be strong reference points for support, particularly for younger adolescents. This is illustrated in an explorative study on adolescents' experiences of conflict in Iraq, Egypt, Jordan and Yemen. The study suggests that they often turn to their friends or peers when dealing with distressing situations in their daily lives for various reasons. Sometimes adolescents have nobody they trust, they do not want to be a burden to their families, or they fear repercussions from their family. However, when confronted with serious issues such as grief or death (e.g., as a result of the conflict), adolescents tend to turn back to their parents and caregivers for support.<sup>28</sup>

### 3.4 GENDER CONSIDERATIONS

To ensure gender inclusion and sensitivity, girls and boys may need to be trained separately, and it is helpful to have a balance of female and male facilitators appropriate to the situation. A decision needs to be made early if the trainings will be held with girls and boys together or separately, and what the gender balance of facilitators should be. Be sure to consult both with children and parents/caregivers on whether mixed-gender or gender-segregated groups are most appropriate and comfortable.

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<sup>28</sup> Save the Children (2019) *I wish tomorrow will not come. Adolescents and the impact of conflict on their experiences: an exploratory study in Iraq, Egypt, Jordan, and Yemen.*

### 3.5 RESOURCE AND LITERACY CONSIDERATIONS

Consider the following when implementing *I Support My Friends* in contexts where there are limited resources or *low literacy levels*.



The materials used in *I Support My Friends* can be adapted to the context or substituted with local alternatives that are more readily available, affordable or culturally appropriate. The training can also be implemented with almost no materials.

Although the Resource Kit relies on child and adolescent participants having basic literacy skills, adaptation guidance for groups with little or no literacy is provided in the activity descriptions. Training methods can also be adapted for lower literacy, for example, using creative methods such as drawing instead of writing or reading, the facilitator reading the scenarios as a form of storytelling, and having a discussion between the participants rather than filling in the worksheets. Another option is for participants to present their ideas back to the group during group discussion, and the facilitator can take notes in a simple manner that also stimulates learning. It may also be that a few participants have literacy skills and can be spread out across the different groups, or there may be enough facilitators so that one facilitator can join each group and take notes.

### 3.6 EQUAL ACCESS FOR CHILDREN WITH DISABILITIES

Equal access to *I Support My Friends* as a learning opportunity for children with disabilities must be ensured. The principles of universal design and reasonable accommodations should be applied to respond to participants' requirements and enable their full access and meaningful participation.<sup>29</sup>



**Universal design:** *The design and composition of an environment so that it can be accessed, understood and used to the greatest extent possible by all people regardless of their age, size, ability or disability'. It is based on seven principles:*

*Equitable use, flexible in use, simple and intuitive use, perceptible information, tolerance for error, low physical effort, and size and space for approach and use*

**Reasonable accommodations:** *Designing and implementing tailored and focused actions to ensure that the specific and individual disability-related requirements of persons are met.*

<sup>29</sup> See the Inter-Agency Standing Committee (2019) [Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action](#).

For children with intellectual, cognitive and developmental disabilities who can find abstract thinking or reading other people's signals very challenging, the materials can be adapted to facilitate more simple reasoning. For example, a concrete and action-oriented approach may be more appropriate. In this case, focus on questions such as:

- "What do you see or hear when someone is crying?"
- "What does it mean?"
- "What do you do then?"

Depending on the needs of the children or adolescents, it may be useful to conduct the training in small groups. Also consider the stigma that children with disabilities often face in their communities, and what may be necessary to ensure that the 'Do No Harm' principle is followed as they support and are supported by their peers. Collaborating with experts, such as organisations for persons with disabilities (including children), and consulting caregivers of children with disabilities and the children themselves will help to ensure that the necessary adaptations to both content and operational modalities are in place.

### 3.6.1 INCLUSIVE TRAININGS AND NON-DISCRIMINATION

Be inclusive: All children and adolescents can learn how to support their friends and peers.

Trainings in *I Support My Friends* should be inclusive and non-discriminatory.<sup>30</sup> The selection of participants should not involve an assessment of individual children based on what they may or may not have experienced in terms of distressing events as this can be stigmatizing. Moreover, ensure that the training is accessible to all children and adolescents, including the most vulnerable and hardest to reach (e.g., children in poverty, children with a disability, those who are out of school and children who are separated or unaccompanied). Effort must therefore be put into understanding the needs and risks faced by different groups in guiding training design and implementation. Potential environmental, institutional, social or attitudinal barriers to at-risk children attending the training should be identified and addressed.

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<sup>30</sup> According to the UN Committee on Economic, Social and Cultural Rights, General Comment No. 20, Non-Discrimination in Economic, Social and Cultural Rights (2009), non-discrimination aims 'to guarantee that human rights are exercised without discrimination of any kind based on race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status such as disability, age, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation'.

# 4

## **ETHICAL CONSIDERATIONS AND CHILD SAFEGUARDING**

## 4.1 PRINCIPLES AND STANDARDS

Keeping the best interests of the children or adolescents at the centre of all activities that concern them is a core principle of the UN Convention on the Rights of the Child (UNCRC),<sup>31</sup> rooted in Article 3. General ethical principles of PFA include respecting the rights, dignity (including respect for cultural and social values) and safety of children, adolescents and adults. To this end, the implementation of *I Support My Friends* is based on the following ethical considerations and standards.

**Child rights-based approach:** *I Support My Friends* is a child/human rights-based approach in that it recognises children and adolescents as rights-holders with the capacity to be key actors in their own development. Their participation thereby becomes both a means and a goal to achieve positive changes in their lives. All activities should respect children's rights as outlined in the UNCRC. In addition to the best interests of the child, the principles of non-discrimination and the right to participation are reflected in the programme.

**The principle of 'Do No Harm':** This principle guides the entire cycle of rolling out *I Support My Friends*; from preparation to implementation to evaluation. The principle of 'Do No Harm' is linked to that of child-safe programming as further described below. It entails careful assessment and mitigation of risks in order to eliminate what could otherwise cause intentional or unintentional harm to children/adolescents. Such risk-assessment guides if, and how, to implement *I Support My Friends*. See Section 4.3  below for further information on risk, assessment, prevention and mitigation.

**Child safeguarding and safe programming:**<sup>32</sup> Children and adolescents who participate in or who are affected by *I Support My Friends* must be safeguarded from deliberate or inadvertent actions and failings that place them at risk of any form of harm. Child protection is part of the safeguarding process. This includes protection from any use of physical, emotional or psychological violence, including corporal punishment and protection from sexual exploitation and abuse, as outlined by the Secretary General's Bulletin on Special measures for protection from sexual exploitation and sexual abuse. 'Safety' refers to both physical and emotional aspects of safeguarding. Consider the developmental stage, gender and abilities of the child, as well as other factors that can influence children's safety and rights in the local context, such as population group, gender dynamics, disability and cultural and religious norms. Other things to consider are displacement status, legal status and sensitivities around past or current conflict in the context. What is safe for a group of children in one context may not be safe for another group in a different context.

In addition to risk assessment and mitigation, actions to ensure the integrity of the programme and the staff who implement it, information sharing and accountability mechanisms are central

<sup>31</sup> UN Convention on the Rights of the Child (UNCRC), [CRC/C/GC/12](#).

<sup>32</sup> Save the Children (n/a) [Child Safe Programming Guidelines](#).

to safeguarding and safe programming. The [Minimum Standards for Child Protection in Humanitarian Action \(Standard 23.1\)](#) outline key child protection and safeguarding actions that programmes should follow to protect children from abuse and maltreatment, including sexual exploitation and abuse. This includes channels/mechanisms for children, adolescents and their families to participate and give their ideas, thoughts, feedback and complaints must be in place (CPMS Standard 23.1.1). Such mechanisms should also enable children and adolescents to report any child-protection or safeguarding concerns they may have in a safe and confidential manner. For more information on accountability, see Section 7.1 of this document. 

**Informed consent/assent:** Inform participants and their families on what to expect from *I Support My Friends* in a manner and language all children and adolescents, parents and caregivers can understand, with sensitivity to potential communication barriers. This is an essential step to obtaining informed consent for the participation of the child from their legal or customary guardian and informed assent from the children and adolescent participants themselves. Provide opportunities for children, adolescents and their parents and caregivers to ask questions and ensure that their participation is voluntary. Details on obtaining informed consent/assent are provided below in Section 5: Preparing the Training.

**Confidentiality and its limits:** The importance of confidentiality – as well as its limits – are discussed and practiced with children and adolescents during the training. As friends share their problems with each other, children may feel obliged to keep secrets, even in situations in which an adult should be involved. In the *I Support My Friends* training, participants reflect upon the meaning of confidentiality, why it is important and the fact that something they might not consider to be private may, in fact, be private for another person. The dangers of gossip and the importance of being discreet are also discussed. It should be made clear that being a trustworthy peer supporter means not talking about peers behind their backs.

However, the limits of confidentiality are also important, and peer supporters should understand that seeking supervision and support from the Focal Point(s), or informing trusted adults when further help is needed, is not gossip but rather their duty. They practice how to tell their peers that they cannot keep secrets if they are in danger, or if they learn that someone else is in danger. For example, if a peer supporter learns that another child is having suicidal thoughts or is experiencing abuse, the peer supporter must involve an adult who can help. Furthermore, the training helps participants understand that confidentiality is not synonymous with keeping all types of secrets. An example would be when perpetrators create an atmosphere of secrecy around their actions in order to inhibit their victim from seeking help and support. Disclosing such a situation is not the same as breaking confidentiality. Guidance from a Focal Point(s) is particularly important in these circumstances to ensure the safety of all involved.

**Child protection:** It is important to put in place response capacities and mechanisms to address both internal risks to children from the organisation, programme, or staff/volunteers, as well as potential external risks from the community and surroundings. This includes foundational training

of all staff in the areas of abuse, neglect, exploitation and violence that affect children in their families and communities. Developing a structure of safe and timely referral pathways as well as keeping an up-to-date service map are other prerequisites. No training should be conducted unless referral or reporting pathways are in place to respond to participants' distress or any disclosures that may emerge during the training. It is also important that there is a protocol in place to guide facilitators on how to support a participant in an urgent or high-risk situation. Further guidance can be found in the Inter-Agency Guidelines for Case Management and Child Protection and the IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Settings.<sup>33</sup>

## 4.2 CHILD AND ADOLESCENT PARTICIPATORY APPROACHES

A cornerstone of *I Support My Friends* is acknowledgement of the ability and desire of children and adolescents to help others and to create positive change. All efforts in the programme to facilitate effective, ethical and meaningful participation among children and adolescents are guided by nine basic requirements of participation, spelled out by the UNCRC. Namely, participation must be:

- Transparent and informative
- Voluntary
- Respectful
- Relevant
- Child friendly
- Inclusive
- Supported by training for adults
- Safe and sensitive to risk
- Accountable (follow-up is a commitment)

The ethical considerations outlined above are linked to these nine basic requirements on child participation, and the training further outlines how to put these into practice. Furthermore, peer supporters who have been trained in *I Support My Friends* can be an important source of support to other peer supporters, for example, by reminding each other of the strategies for self-care learned in the training, or by listening to each other. A peer mentoring component could also be considered, where adolescents who have completed the training and have experience in applying their peer support skills can become mentors of other adolescents. In this regard, *I Support My Friends* can be part of a broader programme for adolescents. An example from Mongolia is provided in the text box below. However, it is important that everyone understands that a peer mentor should never take on the role of a Focal Point.

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<sup>33</sup> <https://gbvguidelines.org/en/>.

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**From the Field: Child and Adolescent Participation in Mongolia**

*In addition to providing peer support, children and adolescents can play a participatory role in the implementation of the training. During the piloting of I Support My Friends in Mongolia, teachers were initially trained, and they then trained children and adolescents to become ‘peer-educators’. The teachers and peer educators then implemented the training for other children and adolescents together. Children who were trained in I Support My Friends by their peer educators said that they enjoyed trainings given by other children. The sentiment was echoed by the peer educators themselves, who found it useful to have a peer approach whereby the children were very open to communication and asking questions. The peer educators also said that they enjoyed providing training to younger students. In follow-up focus group discussions, other children expressed their interest in becoming peer educators as well.*

**4.3 RISK ASSESSMENT, PREVENTION AND MITIGATION FOR SAFE IMPLEMENTATION OF I SUPPORT MY FRIENDS**

Ensuring the emotional and physical safety of participants in *I Support My Friends* is essential to the ethical principle of ‘Do No Harm’. Safety is particularly important when training children and adolescents to offer support to their peers. Potential risks for both the peer supporter and distressed friend whom they are helping must be carefully monitored, mitigated and immediately addressed by facilitators and Focal Points.

A detailed Risk Assessment, Prevention and Mitigation Table can be found in Annex A. The table is included as an annex so that it is easily accessible by facilitators, trainers, Focal Points and others who are implementing *I Support My Friends*. A short example is below.

<b>Risk Assessment</b>	<b>Examples</b>	<b>Prevention &amp; Mitigation Strategies</b>
Child and adolescent participants and their caregivers are not fully aware of the programme specifics or the voluntary aspect of participation.	<ul style="list-style-type: none"><li>• Children and adolescent participants may feel pressure to attend.</li><li>• Caregivers may fear negative repercussions if they choose to withdraw.</li></ul>	<ul style="list-style-type: none"><li>• Full access to information about the aims and purpose of I Support My Friends is a prerequisite to make an informed decision about wanting to participate in the training.</li><li>• Pay careful attention to the process of obtaining informed consent from the legal or customary guardians, as well as informed assent by the participants.</li><li>• Adapt the channels for information dissemination to the target audience. Make sure all participants are made aware that the training is voluntary and that there will not be any negative consequences, implied or otherwise, if they choose to withdraw from the training. They have the right to withdraw at any time.</li><li>• Respect the emerging decision-making capacity and autonomy among adolescents.</li></ul>

# 5

## **PREPARING THE TRAINING AND ENGAGING TRUSTED ADULTS**

Supporting and ensuring the wellbeing of peer supporters happens when trusted adults and other community members are engaged in all phases of *I Support My Friends* implementation, starting from the initial preparation. Relevant information should be disseminated to trusted adults and potential participants through a variety of channels to ensure wide awareness of *I Support My Friends* among children, adolescents, parents/caregivers, key community members and service providers. This generates a common understanding and language for the programme. The following section outlines key steps to take in preparing for the training, including how to effectively engage children, adolescence, parents/caregivers and the community. It also gives more detail about the role of the Focal Point, a trusted adult in the programme who provides guidance and mentorship to peer supporters.

## **5.1 THE AIMS OF THE TRAINING**

When preparing the training *I Support My Friends*, it is important to stay focused on its overall aim – to empower children and adolescents with the skills and knowledge to support a friend or peer in distress using the principles of PFA. Specifically, by completing the training, participants will:

- Enhance their skills in identifying signs of distress in a friend or peer, providing immediate support in a safe manner (active listening, showing empathy) and helping to link to further assistance as required (through the Focal Points).
- Enhance their knowledge of, and trust in, the protective systems around them to which they can turn for help and support.
- Increase their awareness of how they themselves form part of the supportive networks available to their peers.
- Become more aware of how to protect their own personal boundaries and wellbeing.

## **5.2 INVOLVING PARENTS, CAREGIVERS, OTHER COMMUNITY MEMBERS AND OBTAINING INFORMED CONSENT/ASSENT**

Communicating the aims of the programme to the community, trusted adults and participants is critical in preparing for *I Support My Friends*. Three sessions/steps are recommended: Step 1, community information meeting; Step 2, parent and caregiver orientation; and Step 3, child and adolescent orientation. These steps ensure that everyone understands how the programme is run, provide the foundation for the training, and enable parents/caregivers to provide informed consent and children and adolescents to provide their assent. Disseminating information about *I Support My Friends* through orientation sessions also helps to ensure that all participants attend the training voluntarily, without feeling pressured, thus reducing dropouts later in the programme.

### **5.2.1 STEP 1 – COMMUNITY INFORMATION MEETING**

A community information meeting should be held to introduce *I Support My Friends* to the target community. This meeting will start the process for community members to make informed decisions about their participation in the training and to have any questions answered. The community information meeting should include information on:

- who the training is intended for and what they will learn.
- where and when the training will be held.
- who is facilitating the training and who is the sponsoring agency.
- what Focal Points are and what their responsibilities will be. If the Focal Points are already identified they can be introduced during this information meeting. Otherwise, the meeting may be an opportunity to receive nominations for Focal Points or expressions of interest from community members to support the programme.
- when and where orientation sessions for parents/caregivers and child/adolescent participants will be held, how to sign up for the training, and why informed consent/assent will be requested.

Be sure to include time for discussion/questions from the community. Those who sign up for the orientation sessions or express interest in the training will be invited to the subsequent meetings that will provide greater detail on *I Support My Friends*. If there are more people interested in participating in the training than can be accommodated, develop a plan (e.g., a waiting list) and communicate this to interested participants in a transparent manner.

### **5.2.2 STEP 2 – PARENT AND CAREGIVER ORIENTATION**

The Focal Points should have already been identified and recruited, and it is helpful if they participate in the orientation sessions for parents and caregiver as well as for children and adolescents.

The parent and caregiver orientation is held after the community information session and is intended for parents and caregivers of children and adolescents who are the target audience of the training. It is facilitated by the programme team, the Focal Point(s), and/or the training facilitators. This not only raises awareness among parents and caregivers of the content of the training but also equips this audience with further knowledge and tools to support their children.

A sample invitation letter to the orientation session is provided below:

**DEAR PARENT/CAREGIVER,**

Your child has been invited to participate in a training called *I Support My Friends*. This training is being facilitated to help your child to know what to say and do when a friend is facing a difficult situation, and when to ask for support from an adult.

We would like to invite you and your child to an **information meeting about the training**. In this meeting, you will have the opportunity to ask any questions that you, or your child, may have. At the end of the meeting, we would like to ask for your consent to allow your child to participate in the training.

Details about the orientation meeting:

- **When** (day and time):
- **Where:**

On the other side of this letter you can find more information about the *I Support My Friends* training.

We look forward to seeing you.

**Warm regards,**

Name

Role

Organization

At this meeting the following should be covered:

- A detailed overview of the training, including information about the principles of PFA and peer support.
- Introduction of the Focal Point(s) and the facilitators.
- The opportunity for parents/caregivers to give their input on operational aspects of the training such as timing, venue and duration.
- Information for parents and caregivers regarding their informed consent – and informed assent – that will be sought from children and adolescents to participate. *See the text  below for further details on informed consent and assent.*
- Where and when parents and caregivers who are available can themselves attend a PFA orientation and how they can register for it.
- Information about child safeguarding, feedback and complaints mechanisms, accountability, and how information will be shared with parents and caregivers as the programme proceeds and if any concerns arise with their child or adolescent. It is important to obtain the contact details of the parents/caregivers and to know the best way to contact them (e.g., through face-to-face group or individual meetings, texts, WhatsApp messages, or home visits) and how they would like to be kept updated.
- How and what information will be shared with parents and caregivers at the conclusion of the training.



## OBTAINING INFORMED CONSENT/ASSENT

Before starting the training, it is essential to get documented permission for the children/adolescents to participate from their parents/caregivers, generally in the form of a signature on a form. This is called **informed consent** and requires adults to have a good understanding of what the programme is about and to know they are free to choose whether their children will or will not participate without repercussions. Although different caregivers may attend the sessions (e.g., older siblings), the informed consent should be given by a parent or a legal/customary guardian.

While minors are not legally able to provide valid consent for their participation in the training, their emerging decision-making capacity should still be taken into account. For this reason, once informed consent is obtained from the parent/caregiver, informed assent can be sought from the child or adolescent. It is important for both caregivers/parents and for children/adolescents to receive clear information about the programme so they can make an informed decision to participate, and to do so freely and without pressure.

A template for an informed consent letter can be found in Annex E of the *I Support My Friends Training Manual*.



**PARENT/LEGAL OR CUSTOMARY GUARDIAN CONSENT FORM  
FOR THEIR CHILD'S PARTICIPATION IN *I SUPPORT MY FRIENDS***

Please tick to confirm	
I confirm that I hold legal or customary responsibility over the child.	<input type="checkbox"/>
I confirm that I have received information about the training my child is going to take part in.	<input type="checkbox"/>
I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	<input type="checkbox"/>
I understand that my child's participation is voluntary.	<input type="checkbox"/>
I understand that relevant notes and data will be collected during the training and used for evaluating the training. The data collected will be anonymous.	<input type="checkbox"/>
I agree to my child's participation in the training.	<input type="checkbox"/>

Name of child:

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Name of Parent/Legal or Customary Guardian:

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Signature of Parent/Legal or Customary Guardian:

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Phone number in case of emergency:

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Date:

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The orientation sessions for parents/caregivers and for children/adolescents provide the opportunity to answer questions about informed consent and assent and to provide forms for signature. Be prepared to collect the letters during these sessions but ensure that there is no pressure to sign the letter. Some participants may want to take them home to further consider participating, and then they can be informed how to return letters at a later time.

In contexts where the caregivers have low literacy skills, alternatives to written consent can be arranged, such as using a thumbprint. In some contexts, the signing of consent forms might be a sensitive matter, such as working with persons who have fled violence, conflict or discrimination. Work together in these circumstances to find local solutions that are comfortable for participants and their caregivers, and that still ensure informed consent by the parent or legal or customary guardian.

### 5.2.3 STEP 3 – CHILD AND ADOLESCENT ORIENTATION

Provide an orientation session in *I Support My Friends* for children and adolescents prior to the start of the training – either concurrently with the caregiver orientation or at a separate time. The orientation session can be done as a recreational activity that introduces the basic concepts and gives children and adolescents a sense of what they will learn. The child and adolescent orientation session will:

- introduce the Focal Points and the facilitators.
- present information on the training to children and adolescents in a child-friendly manner and ask for their input on operational aspects of the training such as timing, venue, duration, etc.
- discuss informed assent and consent, answer questions about it, and share the letters that their parents/caregivers will be asked to sign. Distribute informed assent letters (if using). Lastly, children and adolescents should also be informed that they can stop their participation at any time.

## 5.3 THE PARTICIPANTS

*I Support My Friends* training participants will be children, adolescents and Focal Points. In some trainings, the Focal Point(s) will co-facilitate the training. Design the training with the specific composition of the group in mind. Consider, for example:

**Ages and Developmental Stages of Participants:** Consider these stages and whether any participants have physical or developmental disabilities requiring adaptations of the training. More specifics on developmental considerations can be found in Section 3 of this document.

**Group Size:** The recommended number of participants for this training is between 15–20 per group to allow sufficient time for discussions and practice. The main guiding principle for determining the group size should be respect for the best interests of the child and the ‘Do No Harm’ principle. Try to avoid groups larger than 20 participants in order to maintain the quality of the training.

**Training Location:** Adapt the location and timing of the training to ensure accessibility to both boys and girls, working children and others. For example, consider whether the training should be held in the daytime, be an extracurricular school activity that will take place after regular school hours, or held during the weekends in order to most effectively ensure participation of all children.

**Gender Considerations:** The training may be held with mixed groups of boys and girls or gender-separated groups, depending on the context and culture and the wishes of participants. If held in mixed groups, try to keep an equal ratio of boys and girls. Participants – particularly adolescents – may feel more comfortable with gender-separated training or sessions in some contexts. An option may be to bring both genders together by combining the groups in stages, i.e., implementing some sessions apart and some sessions together, or to start with a few sessions

apart and then combine both groups. For more information relating to risks and mitigation strategies in relation to gender, see *Section 3.4 and Annex A*. 

**Group Familiarity:** It is recommended that the children or adolescents who attend the training have something in common with each other. For example, the participants may come from the same community, the same school, and if possible, the same class and/or attend the same youth club or other community activity. Once formed, members of the group are likely to build bonds with each other that are mutually supportive. Therefore, try to keep the integrity of the group over time by helping participants to keep in contact, and avoid adding new participants after the training has already begun with a specific group.



#### **Example from Turkey**

*In Turkey, I Support My Friends was piloted with children and adolescents who had previously attended the Children's Resilience or Youth Resilience Programmes together (i.e., a structured series of workshops focused on psychosocial topics). The same age-appropriate groups were used for the training in peer-to-peer support. In this manner, the participants knew each other well and links could be made to relevant topics that they had previously worked on together. The facilitators were also familiar to, and with, the children and adolescents, as they had facilitated the previous workshops.*

## **5.4 THE FOCAL POINTS**

The role of the Focal Point(s) in *I Support My Friends* ensures that adequate adult supervision and support is provided to peer supporters after the training has been completed. All adults help to ensure the wellbeing of the peer supporters, but Focal Points have a special responsibility to check in with the peer supporters on a regular basis, to provide guidance and emotional support, and to assist in situations where a child or adolescent needs referral. The Focal Points, therefore, need to be available and accessible to peer supporters, as well as to actively guide the group of peer supporters to continue social cohesion and skills building. The Focal Points can facilitate supervision and follow-up with the peer supporters through regular group meetings, as described below. One-on-one support or supervision may also be required, for example, in situations where the peer supporter needs assistance helping a peer in distress.

### **5.4.1 FOCAL POINT QUALIFICATIONS**

Focal Points should be responsible adults with basic knowledge of child- and adolescent-protection and referral pathways to services in the community. Focal Points can then provide guidance, link to the parents/caregivers (as appropriate and if it is safe to do so) and refer for further support as needed. Focal Points also need to be able to form trusting and empathic relationships with child and adolescent peer supporters, and to develop rapport with children of different ages, genders, ethnicities and abilities.

People selected as Focal Points may include, but are not limited to, the following:

- A community volunteer (e.g., community psychosocial worker or health worker) who is trusted by parents/caregivers and children and adolescents, and who has skills in working with children (i.e., has received previous relevant training).
- A designated teacher in the school, a child/youth club facilitator, or a member of the local child-protection committee.
- A professional staff member from a formal service provider, such as a school counsellor, MHPSS facilitator, or a child-protection social worker. If the Focal Point is a school counsellor or community social worker, the specific function of the Focal Point may be supplementary to his or her existing role.
- Community or religious leaders, who in some contexts are the first point of contact when people experience distress.

Consultation with children and adolescents themselves is recommended as part of the process of identifying the Focal Point(s) since they will be best able to identify adults they trust. This can be done as a separate process before orientation sessions about *I Support My Friends* are held. It is important to consider the gender of Focal Points (and gender balance if there is more than one Focal Point), based on contextual and cultural needs analysis.

#### **5.4.2 DESIGNING THE ROLES AND RESPONSIBILITIES OF THE FOCAL POINT**

The roles and responsibilities of Focal Points should be designed to respond to the needs of the community. Consider the following when refining the Focal Point's role:

- The needs among both the peer supporters and other children/adolescents in the community. What scope and level of follow-up is required for the peer supporters in the particular context?
- The prevailing norms linked to gender and culture. Who is a safe and appropriate Focal Point in the local context (e.g., considering age, gender norms, risks for stigma)?
- Existing community structures and their capacity. What is the most sustainable option?
- Opportunities for strengthening the protection system for children and adolescents. Do linkages exist, or can they be developed between informal and formal structures?
- The Focal Point to child/adolescent ratio. The ratio depends partly on the context; however, a general guideline is one Focal Point for 15-20 participants. A school counsellor may be responsible for a larger number of children as part of his or her role. What ratio is most suitable to ensure that all peer supporters have access to the support required?
- The possibility that more complex responsibilities are required from the Focal Point(s). Focal Points may require more advanced knowledge and experience if, for example, they will be facilitating group meetings on self-care among the peer supporters or where peer supporters are likely to meet other children or adolescents in significant distress. What knowledge and experience does the Focal Point need in the context of children and adolescents in this community?

### 5.4.3 DUTIES OF THE FOCAL POINT

The duties of the Focal Point include the following:

- Meet regularly with the group of peer supporters in a manner sensitive to age, gender, disability and culture. In the beginning when the participants are new peer supporters, or in contexts where the needs are high, follow-up meetings should be held weekly or bi-weekly. Once the Focal Point is certain that the peer supporters have enough experience and can manage their role, the meetings can be phased out to monthly. On-demand support should always be available for peer supporters in addition to the regular meetings.
- Help peer supporters set boundaries and provide guidance about when further support or referral is necessary. This may require individual follow-up with peer supporters in addition to the group meetings. Skilled and experienced Focal Points may facilitate more in-depth dialogues on self-care, personal boundaries and psychosocial support.
- Provide the opportunity for children and adolescents, in an age and gender sensitive manner, to give confidential feedback about *I Support My Friends* and ensure that such feedback is shared with relevant stakeholders.
- Work closely with parents, caregivers and child protection or social services to ensure that referrals appropriately involve parents/guardians and the relevant authorities.
- It is advised that the Focal Point(s) introduces themselves and explains their role in depth, both in the initial orientation session about *I Support My Friends* and in the training with the children/adolescents. If possible, the Focal Point(s) can co-facilitate the training.

### 5.4.4 SUPPORTING AND SUPERVISING THE FOCAL POINT

It is important to ensure that both the training facilitators and the Focal Point(s) have access to adequate support and supervision to ensure accountability, quality and their own wellbeing. Some examples of possible supervision relationships for Focal Points are as follows:

- If the Focal Point is a trained community volunteer, child-protection committee member or a child/adolescent club facilitator, technical supervision may be provided through regular meetings with a child-protection expert or MHPSS staff from a community centre.
- If the Focal Point is a child-protection committee member, the committee leader may play a supportive role to the CP or MHPSS expert providing technical supervision.
- If *I Support My Friends* is implemented in a school and the Focal Point is a teacher, such support may come from the school counsellor.
- If the training forms part of a community-based health programme and the Focal Point is a community health worker, supervision may be arranged through the facility-based health provider, such as a psychologist.

The lines of accountability for the Focal Point(s) are also important to consider. It should be clear to the children and adolescents from the onset of the training what behaviour they can expect from the Focal Point(s), and how and to whom they can communicate any concerns in the event that the Focal Point's actions fall outside of these expectations (child safeguarding).

# 6

## **FACILITATION OF THE TRAINING**

## 6.1 WHO CAN FACILITATE THE TRAINING WITH CHILDREN AND ADOLESCENTS?

The training can be facilitated by professionals, such as teachers, school/learning centre staff, social workers, health workers, psychologists or counsellors, or by community-based MHPSS or child-protection workers. Under the supervision of professionals, the training may also be facilitated by well-trained volunteers working directly with children or adolescents, for example, in the aftermath of conflicts and natural disasters or in spaces for child- and adolescent-friendly activities. Wherever possible, select facilitators who are existing community members.

All trainings in *I Support My Friends* should have at least two facilitators: one lead facilitator and one co-facilitator. To ensure gender inclusion and sensitivity, find the appropriate balance between female and male facilitators for the particular group of participants.

Facilitators of *I Support My Friends* should:

- have undergone rigorous screening and selection according to criteria for child protection and safeguarding.<sup>34</sup>
- have experience facilitating structured psychosocial workshops/training with children and adolescents.
- understand the local culture and context of the children and adolescents they will train (including local risk and protective factors, services, support mechanisms and referral pathways).
- preferably speak the same language as the participants. If this is impossible, provide training together with well-trained interpreters. If interpreters are used, they should have completed the same foundational training as the facilitators. It is important that facilitators and interpreters collaborate carefully in preparation for the training, such as considering together how best to translate certain terms.
- be knowledgeable about child and adolescent development; common reactions to crisis events; MHPSS principles and approaches; child-protection identification and referral; and approaches to child participation that are sensitive to age, gender and ability.
- have practical experience working with children and adolescents in crisis situations.
- understand the importance of supervision and support for themselves, and the role they play in supporting each other as co-facilitators.

Additionally, it is valuable if the facilitators:

- have delivered at least one PFA training to an adult group.
- are available to provide follow-up over time with peer supporters and their Focal Points, such as by offering refresher trainings. Continuity in follow-up by the original training facilitators can promote a sense of stability, trust and familiarity.
- have experience in working with children/adolescents with disabilities.

<sup>34</sup> See section 2.3.1 on Child Safeguarding and Protection Policy in [The Alliance for Child Protection in Humanitarian Action, Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, 2019](#).

Child and adolescent participatory approaches to training may also be explored. For example, in Mongolia peer educators were trained and paired with teachers to implement instruction in *I Support My Friends*. For more information on child and adolescent participatory approaches, see Section 4.2 of this document. 

## 6.2 FOUNDATIONAL PRE-TRAINING FOR FACILITATORS AND TRANSLATORS

Before embarking on the training in *I Support My Friends*, facilitators and translators should complete foundational training on the key topics outlined below. A forthcoming Manual for Training of Facilitators and Focal Points will include a list of training resources on these topics, various teaching methods for adult learners, guidance to accommodate different learning styles, and specific guidance on the required supervision and coaching for facilitators. The foundational training for facilitators will be divided into two categories: child-protection skills and MHPSS skills.

**Foundational child-protection skills** to ensure the best interests of the child:

- Child safeguarding and Code of Conduct.<sup>35</sup>
- Child protection (CP): how to detect and respond to abuse, neglect, exploitation and violence, and how to assess and handle child-protection risks.
- Facilitation and communication skills with child and adolescent participants.
- Equality and non-discrimination.
- Child and adolescent participation and inclusion.

**Foundational MHPSS skills** for providing children and adolescence with basic psychosocial support:

- Psychological first aid for children (see examples in Section 5.2.2). 
- MHPSS principles and approaches.<sup>36</sup>
- Factors that help positive coping (resilience).
- Child development, and the impacts of exposure to adversity for children of different ages and developmental stages.
- How to recognise signs of more serious mental health issues among children and adolescents and provide appropriate support and/or referral.

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<sup>35</sup> As per the Minimum Standards for Child Protection in Humanitarian Action (The Alliance for Child Protection in Humanitarian Action, 2019), all organisations should have a child safeguarding policy, procedures and related implementation plan that seek to prevent staff, operations, or programmes from harming children. A child safeguarding policy explains an organisation's commitment to keeping children safe from any possible harm caused by staff, operations, or programmes. Child safeguarding is part of the action being taken to address all harassment, exploitation and abuse committed by humanitarian staff and associates. Child safeguarding must build on the principles of Protection from Sexual Exploitation and Abuse. [Keeping Children Safe](#) is a good source of information and guidance on safeguarding.

<sup>36</sup> Inter-Agency Standing Committee (2007) *IASC Guidelines for mental health and psychosocial support in emergency settings*.

The scope of the facilitator foundational training package will depend upon the local context, and on assessment of the previous knowledge and experience of the facilitators. The Manual for Training of Facilitators and Focal Points will contain an assessment tool in order to guide the design of content of the foundational training for facilitators. Facilitators should also have thorough knowledge and understanding of the challenges that children and adolescents face in the community, so that they can provide context-specific information and support.

**Working with translators:** If the training is going to be implemented with the support of translators, they are encouraged to participate in the same training as the facilitators. This helps them to learn key terms and phrases, and to get a better sense of the aims of the training. Whether or not translators participate in the foundational training, it is important that facilitators collaborate closely with them prior to the training. Talk through the training and materials in detail so translators know what to expect, and agree together on how to translate key terms, such as ‘psychosocial distress’ or ‘personal boundaries’.

### **6.3 FACILITATORS: ROLE AND RESPONSIBILITIES**

All trainings should have at least two facilitators – one lead facilitator and one co-facilitator. This is important to:

- ensure compliance with minimum standards for child safeguarding.
- help to effectively respond to the needs of the group and individual participants.
- provide an excellent opportunity for on-the-job learning, including observing another facilitator and receiving constructive feedback.
- encourage staff care and wellbeing since facilitators can support each other.

**The Focal Point is also present at the training and may be able to assist the facilitation.**

As with the Focal Points, the appropriate gender balance among the facilitators should be considered. If the training will be implemented with girls and boys in a mixed group, it is strongly recommended that the lead and co-facilitator be of different genders. This way, the participants have the option to engage with either the female or male facilitator.

The roles and responsibilities of the lead and co-facilitators need to be clear and without ambiguity. This is achieved by preparing the training together carefully. The section below outlines the tasks of each of the facilitators. The lead and co-facilitators can share the responsibility of facilitating some sessions, if they like, and they should be prepared to cover for each other in the event that something unexpected happens.

**The lead facilitator** is the main person responsible for the training, including planning and delivery of the sessions. The co-facilitator helps to keep time and supports the lead facilitator in planning and delivery of the sessions (for example, assisting the setup of activities, helping

children and adolescents to carry out activities, and observing role plays). The co-facilitator also helps to observe the participants' reactions and responds to emotional reactions in the training; co-facilitators provide support to participants who may become upset or need to take time out of the training for any reason. The co-facilitator may also conduct some sessions and helps in reviewing the training days with the lead facilitator in order to make any necessary adaptations or improvements.

Co-facilitating sessions requires active attention from all parties. The co-facilitator needs to be alert throughout the sessions in case the lead facilitator or individual participant requires support for any reason. The lead facilitator should also observe the group continually and be attentive to any specific needs of the group or of an individual participant that may arise.

Having a system of debriefing with the facilitators after they have implemented a training in *I Support My Friends* is also important in order to document experiences and findings, which in turn feeds into learning at both national and global levels (see Section 7: Quality and Impact). 

## 6.4 FACILITATOR PREPARATION

**Knowing the participants:** A central component of preparing for the training is that the facilitators get to know the participants and their situation as much as they can before the training. They should discover as much as possible about what the participants may have experienced and what they have in common. Spending time on this process will allow the facilitator to draw on these specific experiences of the participants, help to build positive group dynamics and help to ensure that the activities are appropriate for the group.

The location of the training can provide natural entry points to getting to know the participants. For example:

- Consultations with teachers, school counsellors and parents/caregivers can be helpful for trainings implemented at schools.
- Consultations with MHPSS staff, child-protection staff, volunteers and others familiar with the situation of the children and adolescents can be beneficial for trainings held in community centres.

In some contexts, the training may be carried out by the same facilitators who have implemented other psychosocial activities with the group; these facilitators will already have in-depth awareness of the participants and can link the content of *I Support My Friends* to previous activities and discussions. It can be helpful to ask participants to complete a pre-training questionnaire to gather information about them in advance. (Refer to Annex F of the *Training Manual* for an example of a pre-training questionnaire.) However, it should be noted that the process of getting to know the participants does not include assessing individual children or adolescents to determine their wellbeing, or who is suitable for the training. Any child or adolescent is welcome. 

It is simply a tool to help form the groups with consideration given to age, gender, literacy, previous experience of organized children's activities, dietary or other special requirements.

**Knowing the context:** It is also important that the facilitators are aware of the local context, with sensitivity to culture, religious practices, gender norms, power dynamics and aspects of conflict sensitivity. Such knowledge is essential to effectively detect, mitigate and address risks to children and adolescents. *(For more information on ethical considerations, see Section 4 of this  document.)* Being aware of the context will also help to determine the appropriate structure and gender balance of facilitators, to decide whether there is a need for specific female or male training groups, to know how to best inform parents and caregivers, and to know which community members to keep involved and informed.

If the one of the facilitators is not from the same region or community as the participants in the training, it is important to try to pair the facilitator with a local co-facilitator who can help ensure that the language, communication and references to case studies are all relevant to the particular group.



*"It was very helpful to have local or regional co-facilitators. I was from the same country and know the areas the children came from, but I did not know the children very well. Having two facilitators who had known them for a couple of years helped to create a safe environment for both the children and for us, the facilitators."*

**Facilitator in a pilot training in Japan.**

**Knowing the services and referral pathways:** Link all trainings for children and adolescents on peer support with the existing child protection systems and other support services and develop and regularly update a service map with referral pathways and procedures. Facilitators and the assigned Focal Point(s) should be fully aware of when and how to respond to urgent cases and who is responsible for making referrals and necessary follow-ups. Children and adolescents should trust and feel comfortable in seeking support from the Focal Point(s) as well as other trusted adults associated with the programme.

Focal Points are responsible for making referrals to other service providers. Children or adolescents should not themselves be responsible for making referrals to medical services, law enforcement or social services. However, they should not be actively discouraged from contacting relevant support services, particularly in emergency situations. It should be acknowledged that it may happen in exceptional cases that children (in particular older children/adolescents) make their own contact. Therefore, it is important that relevant service providers and supportive structures in the community are aware that the training is being conducted and know how to communicate with responsible adults in the programme if children contact them directly.

## 6.5 CHILD-CENTRED LEARNING

Children and adolescents learn differently according to their age and development stage, personality and experiences. Some learn best by reading, others by seeing visual images, others by hearing, and some through using their bodies and ‘doing’. Using a mix of training techniques and approaches helps to keep the training interactive and interesting for participants.

The facilitators should adopt a flexible approach during the training, and utilise feedback from participants, both verbal and non-verbal, as a guide to adapt or improve the training approach. For example, ask the participants to share their preferred methods of learning and adapt the activities as necessary to accommodate different learning styles. Usually, children and adolescents (just like adults) learn best when ‘doing’. Therefore, physical activities, energisers and role-plays should be prioritised in the training schedule.

A key aspect of learning is being able to understand and relate new skills and knowledge to real-life contexts. Case studies and examples provided in the training should be reviewed and adapted as necessary to fit the local context. The training of the facilitators provides a useful opportunity to start adapting and contextualising the materials as appropriate. Role-plays that show situations common in the local context should be encouraged, so that the participants can recognise and relate to them more easily.

## 6.6 FACILITATION METHODS AND TECHNIQUES

Building children’s and adolescents’ skills in PFA is not just about the specific activities of the training but is also about *how* these activities are facilitated. The facilitator is a role model and is responsible for the atmosphere and communication within the group. To create a stimulating space for the learning of life skills, facilitators should establish a fun, safe, non-judgemental and inclusive environment.<sup>37</sup> This can be achieved by using a variety of facilitation techniques and by being prepared to deal with difficult emotions. (See Annex B for a list of activities.) 

Good facilitation skills are the foundation for developing trust, empathy and tolerance between participants, and they provide the basis for successful training outcomes.

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<sup>37</sup> For more information, see chapter 8 in Save the Children (2015) [The Youth Resilience Programme – Theory and Programmatic Guide](#).

## CREATING A FUN, SAFE AND INCLUSIVE LEARNING ENVIRONMENT<sup>38</sup>

### Fun

Laughter and fun have a series of benefits that support learning. Laughter eases anxiety and fear and improves the mood of the participants. It also lowers stress hormones, relaxes muscles, and can elevate levels of serotonin and dopamine in the nervous system. Moreover, having fun has social benefits for the group, as it strengthens relationships, enhances teamwork, helps defuse conflict and promotes group bonding. As a facilitator, mix the emotional, social or cognitive challenges in the training with fun and creative activities, including art and music. The more facilitators encourage creativity and tap into the participants' sense of fun, the easier it will be to introduce greater challenges. Some people think of play and fun as the opposite of work. However, children and adolescents (and adults) learn best when having fun. A good facilitator balances playfulness, creativity and seriousness at the same time.

### Safe

One of the main principles of PFA is the safety of the peer supporter – both emotional and physical. The facilitator should therefore be aware of safety issues including:

**Physical safety:** Consider participants' physical safety in terms of the learning environment, the materials distributed, the building being used, the location of the training and the route that participants will have to take to get there.

**Social and emotional safety:** Although the training raises some sensitive subjects, it is designed to maintain the social and emotional safety of the participants. The following are important considerations for creating an environment that is both socially and emotionally safe:

- Ask participants to respect one another.
- Never allow mocking or bullying.
- Set clear ground rules and apply them.
- Ensure that activities are appropriate to age, gender and culture and are not embarrassing for participants.
- Never force participants to engage in an activity that they don't want to do.
- Support group inclusivity and react if someone is excluded.
- Encourage children to speak positively about their parents/caregivers/peers.
- If any child has a difficulty or problem with anyone else, he or she should feel able to tell the facilitator.
- Model well-balanced, kind and respectful behaviour, and validate all opinions.
- Facilitate and model positive and constructive feedback that focuses on content and not individual skills or performances.

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<sup>38</sup> Table from *The Youth Resilience Programme: Theoretical and Programmatic Guide*, published by Save the Children in 2015. This has in turn been based on the manual *Fun, Safe, Inclusive – a half-day training module on facilitation skills*, also published by Save the Children in 2015.

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- Handle strong emotions in the group.
  - Keep participants well informed about activities and manage expectations. For example, if it is not possible for everyone to share their opinions, tell them in advance.
  - Keep a clear structure, be well prepared and keep time, as this enhances the participant's sense of structure and safety.
  - Refer children or adolescents to the appropriate services if there is a concern about their wellbeing or protection.
  - Respect the personal boundaries of the participants. As facilitator, Focal Point, or another adult within the training, avoid any form of physical touch.

It is essential that the facilitators are fully aware of the organisation's child-safeguarding policy and code of conduct, actively working towards implementing these policies throughout the training.

Confidentiality within the training is an important aspect of establishing a safe learning environment. The topic of confidentiality is presented to participants in Session 1 of the training, when discussing ground rules and mutual expectations, and discussed further in Session 8. The training should apply the same rules of confidentiality as for other activities conducted by the organisation when staff and volunteers are working with children, adolescents and their caregivers. Personal information shared by participants during the training should not be disclosed outside the group. The exception to this is if a child is in need of child protection services and safeguarding, such as if a child discloses violence, abuse, exploitation or matters that conflict with national law. This information should be reported in a way that is safe and confidential and that does not put the child at further risk. If such matters are brought up in the training, the facilitator must inform the Focal Point(s), who can help to address this.

### Inclusive

The facilitator should ensure the inclusion of all participants. For example, they should make sure that all opinions are respected and no one is intimidated, and that children with disabilities are able to effectively take part in activities. There are various methods to make sure that all participants, not just those who are outspoken, have the chance to express themselves.

- Explain the instructions and process to participants before every activity.
- Demonstrate exercises in front of the group so that everyone has a chance to understand.
- Use energisers (see Annex B)  to help children and adolescents focus when they may have a short attention span.
- Use a range of methods to benefit different participants, depending on their learning styles. A variety of activities creates opportunities that engage each participant – including those with disabilities.
- Brainstorm in pairs or small buzz-groups if there are shy participants in the group, before discussing in plenary.
- Let participants take turns. This will allow different participants to speak.

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- Invite participants who have not said much to participate. However, do not pressure anyone to speak.
  - Check on participants when they are doing group work. Encourage them to take turns presenting. Also, encourage them to help each other to solve the task.
  - Work with the input of participants and adapt sessions to their everyday life.
  - Make sure that everyone understands instructions and information being shared. Ask, “*Are there any questions?*” Invite discussion and be attentive to nonverbal signals that children may not be fully understanding.
  - Use participatory methods in doing recaps.
  - Use a suggestion box to gather participants’ reflections. For example, place a cardboard box in the room for ideas and feedback.

When implementing group activities, make sure that every group can follow along and is at the same stage of the exercise before moving on to the next step. Some groups will be more creative or work faster than others. Role model patience and be careful with giving praise to those participants who work fast, as it may trigger negative emotions in others.

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## **6.7 DEALING WITH DIFFICULT EMOTIONS OR REACTIONS IN THE GROUP**

The starting point for *I Support My Friends* when dealing with difficult emotions in the group is that all emotions are valid. This concept is important for peer supporters to understand both for themselves and when helping their friends. The training is designed to enhance awareness among children and adolescents so they can recognise that a peer is not feeling well and respond appropriately, giving suggestions to link them to further support when needed. Even though the training is designed to be sensitive to safeguarding the emotional and social safety of participants, difficult feelings could still arise as participants explore sensitive topics. The training might evoke emotions such as anger, sadness, fear, worry, confusion and/or guilt. Participants are encouraged to think of generic examples of how children or adolescents might react in times of distress, but some children might still draw upon personal experience or experiences of friends or family members. Some children might also disclose a sensitive event, or reveal something about themselves or a peer that is a child-protection concern.

If difficult emotions are expressed, they should be acknowledged and addressed, and not ignored or discouraged. The facilitators need to be prepared to adapt the training and activities to respond appropriately.

Here are some guidelines in facilitating the training in this context<sup>39</sup>:

- **Give choices:** Be sure everyone in the group knows ahead of time what will be discussed and that the focus lies on generic examples. Explain that if anyone becomes upset when talking or hearing about common reactions to distress, they may ask permission to take a break from the group for a few minutes. However, emphasise the preference that participants stay together as a group as much as possible, since they can provide support to each other. Also explain that if a participant would like to discuss a concern about their own life or about a peer, it can be done privately with the co-facilitators during a break or after the training.
- **Respect each other's private information:** Let participants know from the beginning that the training is a safe space. At the beginning of the training, explain the concept of confidentiality within the training and the exceptions to this principle.
- **Respond to personal stories:** If a participant shares a personal story, respect what they have to say and let the person know that you appreciate what they have shared with the group. If a person expresses strong emotions, try to reflect those back. For example, "I can see that this has been a very difficult experience for you." Some facilitators worry that if participants talk about their experiences, they might feel angry or sad. This may happen, but sometimes it also helps participants feel stronger. For some, it is a relief to share. They can often get support from the group. If the participant shares information about a critical incident or issue (e.g., experience of abuse or exploitation), gently thank the participant for sharing his or her story and affirm that this sounds very difficult indeed. Do not ask probing questions or ask for details in front of the larger group of participants. Instead, invite the participant to pursue the conversation individually with the facilitators later. After the training, follow up with the participant to ensure that they are safe and determine if further support is needed.
- **Acknowledge other participants' feelings:** If a participant reacts to a discussion or a role-play, acknowledge these feelings in a way that does not make the person feel ashamed. For example, "Observing this role-play has touched you very deeply. There might be others in the room who are feeling the same way."
- **Change the mood:** After talking about difficult issues, it is a good idea to do an activity that facilitates a change of mood in the group. Taking a break or playing some music that participants can move to may also facilitate a process of calming down or changing the mood.

It is also important for facilitators to be prepared to deal with other forms of reactions in the group, such as disagreement or conflicting perspectives. In these instances, facilitators may:

- **Refer to the ground rules.** Remind participants of the agreed-upon ground rules of the group. For example, participants have the right to express their opinions as long as they are respectful to others.
- **Role model calm behaviour.** As a facilitator, demonstrate how to remain as calm and neutral as possible. Acknowledge that it is all right if participants do not agree with one another.

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<sup>39</sup> Save the Children (2012) *The Children's Resilience Programme*.

- **Turn the disagreement into something positive.** Give nuance to the situation by explaining that different perspectives are valuable since they can stimulate dialogue and discussions.
- **Change the mood and activity.** Move on with the training, but consider alternative modalities such as breaking the participants into smaller groups. Changing groups is also a strategy to give some time and space to those who have a conflict with each other.

**Note:** While the training is open to all children, it is important to consider the participants' specific circumstances. Children or adolescents who reveal that they are in the midst of a crisis may be absorbed in their own situation and not yet ready to attend to others. At the same time, it can be soothing to be part of a group and empowering to help others. Moreover, all participants should be informed that they are not expected to implement peer support upon completion of the training. Rather, these are skills they can use when and if the need arises and when they feel ready.

Facilitators can explore whether individual participants feel comfortable with the training at this particular time in their lives and offer them options for safe participation or for attending a later training. The most important thing is for the facilitators to ensure emotional and social safety during the training.<sup>40</sup> This means monitoring how participants are doing, responding supportively as needed (e.g., if they feel overwhelmed or distressed) and identifying and referring participants who need more professional help. The responsible Focal Point(s) assigned to mentor and support participants after the training should also monitor and support participants over time. For more information on the qualifications, roles and responsibilities of the Focal Point(s), see *Section 5.4 of this guide.* 

<sup>40</sup> Save the Children (2016) *Fun, Safe, Inclusive: A half day training module on facilitation skills* is a useful resource.



# **QUALITY AND IMPACT**

Quality and impact of the training is ensured and measured through various processes of accountability, monitoring, evaluation and learning. Each of these is discussed in more depth below.

## 7.1 ACCOUNTABILITY

In compliance with the Core Humanitarian Standard on Quality and Accountability,<sup>41</sup> *I Support My Friends* should be integrated into the accountability system of the larger programme/project of which it is a part.

In addition to sharing relevant information about *I Support My Friends* with children, adolescents and their parents, caregivers, or legal or customary guardians before the training, create opportunities for them to participate in the planning, implementation and follow-up of the programme. For example:

- Consult children and adolescents, in addition to their parents, caregivers and other trusted adults, when assessing the risks that may be associated with implementing *I Support My Friends* in the local context and developing the mitigation plan.
- Consider the realities of the children's and adolescents' lives when planning the training, with regard to timing, duration and venue. Consult the children and adolescents themselves on these decisions as experts on their own situations, as well as their parents and caregivers.
- During the training, give opportunities for participants to provide their feedback and input on a regular basis to ensure that it is meeting their needs, as well as to course correct any difficulties that may arise. Participants in *I Support My Friends* are encouraged to share their ideas and feedback after each training day. These and other channels of communication ensure meaningful participation of children and adolescents, their parents and caregivers, and useful adaptation of the training to the audience.
- Put in place diverse mechanisms for providing feedback, ideas and complaints. A suggestion box that is easily accessible for participants can help to gather feedback – including anonymous suggestions or complaints. Inform participants how to contact the Focal Point(s), and if possible, provide a hotline number. Clearly explain accountability mechanisms, including how to submit complaints and how those are handled, including protecting confidentiality. This will help to ensure timely detection of and attention to any child-safeguarding concerns.
- Involve children and adolescents in programme monitoring and evaluation, including gathering their perspectives on the perceived impact of the trainings, both intended and unintended effects, and recommendations for the future.

For more information on child-friendly accountability mechanisms, see: 

- Save the Children (2014) *A Toolkit for Monitoring and Evaluating Children's Participation*.<sup>42</sup>
- Plan International (2018) *Child-Friendly Feedback Mechanisms: Guide and Toolkit*.<sup>43</sup>

<sup>41</sup> <https://corehumanitarianstandard.org/the-standard>.

<sup>42</sup> <https://resourcecentre.savethechildren.net/document-collections/toolkit-monitoring-and-evaluating-childrens-participation>.

<sup>43</sup> <https://plan-international.org/publications/child-friendly-feedback-mechanisms-guide-and-toolkit>.

## 7.2 MONITORING

Monitoring is an ongoing process of reflection during the training that helps to ensure that the training is on track to meet its aims and to make any necessary adaptations or course corrections that best meet the needs of the group and context. Ongoing monitoring also ensures that minimum standards for training of children and adolescents are being met.

An important aspect of monitoring is the debriefing session between facilitators at the end of a training day. Such reflection and conversation provide a chance to identify what worked well and what can be changed/improved on the next day. Facilitators can consider topics such as any sensitive issues that arose, which activities worked well, and the individual needs of any participants, including those who might require additional follow-up or referral. If possible, brief monitoring notes should be kept at the end of every session to document learning and provide the rationale for changes to improve future sessions.

Minimum standards should be ensured when implementing *I Support My Friends*, guided by tools such as:

- [\*The Minimum Standards for Child Protection in Humanitarian Action\*](#)
- [\*IASC Guidelines for Mental Health and Psychosocial Support in Emergency Settings\*](#)
- [\*UNICEF Operational Guidelines: Community-based Mental Health and Psychosocial Support in Humanitarian Settings. Three-tiered support for children and families \(field test version\)\*](#)
- [\*IASC Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support Programmes in Emergency Setting\*](#)

Some organisations also use quality benchmarks to monitor activities such as trainings and structured psychosocial activities for children and adolescents. These outline the ideal quality standards (rather than the minimum standards accepted) and can also be useful to monitor *I Support My Friends*.

## 7.3 EVALUATION

Evaluation is conducted to understand the overall impact of the programme – including both intended and unintended outcomes.

To evaluate outcomes of the training, questionnaires can be given to participants at the end of the training. Two options for post-training questionnaires have been included in Annex O of the  **Training Manual**: one focused on evaluating how participants experienced the sessions and one focused on what participants learned during the training. Moreover, the last activity in the training entails a ‘Spider Web’ exercise where participants answer a set of pre-determined

questions about their experiences in the training. It is also valuable to extend this session to include a focus group discussion with the participants, in order to gather their perspectives on what worked well or could be improved. Questions may include:

- *What did you enjoy the most about the training?*
- *What did you enjoy the least?*
- *What did you think was most useful from the training? What are some of the key learnings for you?*
- *What did you think was least useful from the training?*
- *Was there any activity or discussion that you did not like or that you think other children in your community would not enjoy or feel comfortable doing?*
- *To make the training even better, what could we change or add so children would enjoy the training even more (or could learn better)?*

The IASC *Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support Programmes in Emergency Settings*<sup>44</sup> provides valuable guidance for assessment, research, design, implementation, monitoring and evaluation of MHPSS programmes in emergency settings. It is a framework of common outcomes and indicators that can be used to guide the development of a monitoring and evaluation framework for specific programmes such as *I Support My Friends*. Within this framework, training in peer support can contribute to the following outcomes:

- Outcome 3: Family, community and social structures promote the wellbeing and development of all their members; and
- Outcome 4: Communities and families support people with mental health and psychosocial problems.

Indicators guided by the IASC Framework that can be considered for *I Support My Friends* are:

- Children (disaggregated by age, sex and disability) with opportunities to engage in learning developmentally appropriate socio-emotional skills (Outcome 3; Indicator 11).
- Change of perceptions of children (disaggregated by age, sex and disability) towards a peer with psychosocial problems pre- and post-training (Outcome 4; adapted version of Indicator 4).
- Increased knowledge for children (disaggregated by age, sex and disability) about supporting a peer with a psychosocial problem pre- and post-training (Outcome 4, adapted version of Indicator 4).

Furthermore, it is recommended that *I Support My Friends* is considered in outcome evaluations of the larger programme/project in which it is embedded. Evaluations of development and humanitarian aid are often guided by the criteria of relevance, effectiveness, impact and sustainability, developed by the Organisation for Economic Cooperation and Development Assistance Committee (OECD DAC).<sup>45</sup>

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<sup>44</sup> IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings (2017). Additional guidance may also be found in the *IFRC Psychosocial Monitoring and Evaluation Framework* (2016) IFRC Psychosocial Centre.

<sup>45</sup> OECD DAC, DAC *Criteria for Evaluating Development Assistance*.

Examples of questions are:

- **Relevance:** How was *I Support My Friends* adapted to be appropriate to the context and situation of the participants?
- **Effectiveness:** To what extent were the aims of *I Support My Friends* achieved? What factors contributed to the achieving or not achieving those aims?
- **Effectiveness:** Were the basic preconditions and minimum standards met, such as sufficient adult support from the Focal Point(s), facilitators and the proper integration and use of referral pathways?
- **Impact:** What were the changes brought about by *I Support My Friends*? Has there been an increase in the number of children or adolescents identified and referred to relevant services? Do children and adolescents in the school/community report improved psychosocial support? How do the individuals who received peer support describe the outcomes of the support? Were there any unintentional positive or negative changes as a result of the training and implementation of *I Support My Friends*?
- **Sustainability:** To what extent have the participants been able to use their peer support skills over time, i.e., what is the level of permanence of the impact of the training in *I Support My Friends*?
- **Sustainability:** How can *I Support My Friends* be effectively extended to other groups of children/adolescents and to other locations? What are the technical and operational recommendations in this regard?

## 7.4 LEARNING

Gather the various lessons learned from monitoring and evaluation activities, and from reflections of participants and others involved in the programme, to share with both the local and global communities of practice. This contributes to everyone's learning and to improving mental health and psychosocial support approaches for children and adolescents in the local context as well as offering useful information for implementing in other contexts. To share learnings and experiences with the global community of practice, send e-mail or report to:

[MHPSS-secretariat@unicef.org](mailto:MHPSS-secretariat@unicef.org)

The table below can help to guide the review of successes and learnings from your context. It is focused on (1) programmatic aspects, (2) operational aspects and (3) aspects linked to facilitator and Focal Point(s) capacity-building, organisation and support.

<b>Programmatic aspects</b>	<ul style="list-style-type: none"> <li>• Context, timing and agenda</li> <li>• Principle of fun (enjoyable, interesting)</li> <li>• Principle of safety (physical and emotional)</li> <li>• Principle of inclusiveness</li> <li>• Sensitive to age</li> <li>• Sensitive to gender</li> <li>• Sensitive to disability</li> <li>• Sensitive to culture and context</li> <li>• Child rights-based approach</li> <li>• Adult supervision and follow-up</li> <li>• Child safe programming</li> <li>• Other programmatic aspects</li> </ul>
<b>Operational aspects</b>	<ul style="list-style-type: none"> <li>• General operational aspects (e.g., the venue)</li> <li>• Target group: eligibility criteria and selection process</li> <li>• Communications about the training</li> <li>• Monitoring, Evaluation, Accountability and Learning</li> </ul>
<b>Facilitators and Focal Points – Capacity building, organisation and support</b>	<ul style="list-style-type: none"> <li>• Technical and professional competencies and knowledge of the facilitators and Focal Points</li> <li>• Training and technical supervision</li> <li>• Co-facilitation</li> </ul>

For each aspect, several sub-domains are outlined. They are based on global practice and standards for what constitutes quality psychosocial training/intervention. Questions to help guide the review of Lessons Learnt for *I Support My Friends* in each domain is provided below.

**LESSONS LEARNT FROM I SUPPORT MY FRIENDS**

For all sub-domains, please describe:

- Any ideas, suggestions, learnings or recommendations that emerge, including from children and adolescents themselves.
- Any adaptations made, the reasons for these and the outcomes.

Guiding questions for each sub-domain are presented next.

## PROGRAMMATIC ASPECTS

<b>Context, timing and agenda</b>	<ul style="list-style-type: none"><li>• In which context (humanitarian, protracted crisis, development, etc.) was <i>I Support My Friends</i> implemented and what were the outcomes?</li><li>• Did the training follow the agenda and suggested timing in the manual? If so, how well did it work? If not, what was changed or done differently?</li></ul>
<b>Principle of fun (enjoyable, interesting)</b>	<ul style="list-style-type: none"><li>• Which activities/content did the participants like the most and why?</li><li>• Among the activities/content, were there any activities that the children/adolescents seemed not to enjoy or find interesting? If yes, which ones and for what reason(s)?</li></ul>
<b>Principle of safety (physical and emotional)</b>	<ul style="list-style-type: none"><li>• Among the activities/content, were any found to be unsafe, either emotionally or physically?</li><li>• Did any of the activities cause difficult emotions for the participants? If yes, which ones and for what reason(s)?</li></ul>
<b>Principle of inclusiveness</b>	<ul style="list-style-type: none"><li>• Among the activities/content, were any not inclusive of all participants? If yes, which ones and for what reason(s)?</li></ul>
<b>Sensitive to age</b>	<ul style="list-style-type: none"><li>• Among the activities/content, were any unsuitable to the age group of the participants? If yes, which ones and for what reason(s)?</li></ul>
<b>Sensitive to gender</b>	<ul style="list-style-type: none"><li>• Among the activities/content, were any insensitive to the needs/situation of boys and girls (i.e., not gender sensitive)? If so, which ones and for what reason(s)?</li></ul>
<b>Sensitive to disability</b>	<ul style="list-style-type: none"><li>• Among the activities/content, were any found to be insensitive to children living with a disability? If yes, which ones and for what reason(s)?</li></ul>
<b>Sensitive to culture and context</b>	<ul style="list-style-type: none"><li>• Among the activities/content, were any inappropriate to the culture or context in which the piloting took place? If yes, which ones and for what reason(s)?</li></ul>
<b>Child rights-based approach</b>	<ul style="list-style-type: none"><li>• In what ways did the content and design stimulate or not stimulate the safe, active and meaningful participation of children?</li><li>• In what ways did the training respect or not respect the principle of non-discrimination?</li></ul>
<b>Adult supervision and follow-up</b>	<ul style="list-style-type: none"><li>• How was adult supervision and follow-up after the training ensured?</li><li>• Was the manual adapted? If yes, what was changed and why?</li></ul>
<b>Child safe programming</b>	<ul style="list-style-type: none"><li>• Did the training prepare the participants adequately and sufficiently?</li><li>• Did the participants feel they were confronted with unexpectedly difficult things that they were not prepared for?</li></ul>
<b>Other programmatic aspects</b>	<ul style="list-style-type: none"><li>• Was there anything else that was adapted or changed for reasons that were not mentioned above? If so, what was changed and why? Please describe what was adapted and the outcomes of this.</li></ul>

## OPERATIONAL ASPECTS

<b>General operational aspects</b>	<ul style="list-style-type: none"><li>• How would you describe your overall experience implementing <i>I Support My Friends</i>?</li><li>• Did you face any operational challenges? If yes, what were they and how were they resolved? (For example, lack of materials, venue issues, challenges with practical arrangements.)</li></ul>
<b>Target group: eligibility criteria and selection process</b>	<ul style="list-style-type: none"><li>• Who was selected to take part in <i>I Support My Friends</i>?</li><li>• How were the participants mobilised and selected? What worked well / did not work well in selection of participants, and why?</li><li>• How were Focal Points recruited and selected? What worked well/did not work well in selecting Focal Points, and why?</li></ul>
<b>Communications about the training</b>	<ul style="list-style-type: none"><li>• What methods and materials were used to disseminate information about <i>I Support My Friends</i>? What worked well/did not work well, and why?</li></ul>
<b>Monitoring, Evaluation, Accountability and Learning</b>	<ul style="list-style-type: none"><li>• How was <i>I Support My Friends</i> monitored and evaluated?</li><li>• What tools and indicators were used? What worked well/did not work well, and why?</li></ul>

## FACILITATORS AND FOCAL POINTS – CAPACITY BUILDING, ORGANISATION AND SUPPORT

<b>Technical and professional competencies and knowledge of the facilitators and Focal Points</b>	<ul style="list-style-type: none"><li>• What was the experience (e.g., practical experience, professional and academic background) of the facilitators and Focal Points who implemented <i>I Support My Friends</i>?</li><li>• How well prepared and confident did facilitators and Focal Points feel in their respective roles?</li></ul>
<b>Training and technical supervision</b>	<ul style="list-style-type: none"><li>• How was the training for facilitators designed (e.g., length, content, modality)? What was the outcome of the training for facilitators?</li><li>• How were models of technical supervision and coaching for staff designed (e.g., length, content, modality)? What has been most/least useful in technical supervision and coaching for staff?</li></ul>
<b>Co-facilitation</b>	<ul style="list-style-type: none"><li>• How was the co-facilitation arranged? What worked well and what could have been improved in the co-facilitation?</li></ul>

# ANNEXES

Risk Assessment	Examples	Prevention & Mitigation Strategies
<p>Child and adolescent participants and their caregivers are not fully aware of the programme specifics or the voluntary aspect of participation.</p>	<p>Children and adolescent participants may feel pressure to attend. Caregivers may fear negative repercussions if they choose to withdraw.</p>	<ul style="list-style-type: none"> <li>• Full access to information about the aims and purpose of <i>I Support My Friends</i> is a prerequisite to make an informed decision about wanting to participate in the training.</li> <li>• Adapt the channels and mode for information dissemination to the target audience, taking into account language, literacy levels and other context-specific factors.</li> <li>• Pay careful attention to the process of obtaining informed consent from the legal or customary guardians, as well as informed assent by the participants. Make sure all participants are made aware that the training is voluntary and that there will not be any negative consequences, implied or otherwise, if they choose to withdraw from the training. They have the right to withdraw at any time.</li> <li>• Respect the emerging decision-making capacity and autonomy among adolescents.</li> </ul>
<p>Children/adolescent peer supporters and those they help may be at risk from staff or volunteers involved in the programme.</p>	<p>In some contexts, such as post-crisis situations, it may be difficult to conduct comprehensive vetting and screening of staff or volunteers. Detecting and reporting child-safeguarding concerns may be hampered by a lack of child-protection systems and mechanisms.</p>	<ul style="list-style-type: none"> <li>• In all contexts, the Focal Point(s) should be a trustworthy person among children, adolescents and their families.</li> <li>• Where possible, as part of the recruitment or selection process, request references from within the community who can provide feedback on the character and experience of the candidate.</li> <li>• Ensure that child-friendly accountability mechanisms are in place and are well functioning – this is imperative. Children, adolescents and their families should have access to safe communication channels through which any concerns can be reported.</li> <li>• Ensure that functioning whistleblowing and reporting mechanisms for staff and volunteers are in place, whereby they can safely flag any concerns they have about the safety of children and adolescents who participate in, or who are affected by, the training.</li> <li>• Regularly remind children and adolescents about the behaviours they can expect from adults involved in <i>I Support My Friends</i> and about the accountability mechanisms.</li> <li>• Regularly evaluate the functioning of the accountability mechanisms together with the children and adolescents.</li> <li>• Ensure that Focal Point(s) provide close support and follow-up to the peer supporters.</li> </ul>

Risk Assessment	Examples	Prevention & Mitigation Strategies
<p>Children/ adolescents are facing stigma or discrimination because of their problems.</p> <p>Peer supporters are facing stigma or discrimination for assisting.</p>	<p>In some cultures, it is considered amoral to have suicidal thoughts or attempt suicide.</p> <p>Survivors of gender-based violence may also be blamed and stigmatised, putting them at risk of rejection or further violence within their families or communities.</p>	<ul style="list-style-type: none"> <li>• Base the adaptation and implementation of <i>I Support My Friends</i> on a thorough understanding of the culture, values and beliefs about psychological distress, gender norms and other issues that may place children and adolescents at risk of stigma and discrimination.</li> <li>• Follow clear selection criteria in the vetting and recruitment of facilitators and Focal Points according to child-safeguarding protocols (see Sections 5.4 and 6.1 of this  document for more guidance). Be aware of the appropriate gender balance among facilitators and Focal Points.</li> <li>• Address the risks of stigma and discrimination that children and adolescents with disabilities might face. Some children with disabilities are at heightened risk as a result of multiple vulnerability factors (e.g., gender, ethnicity, religion).</li> <li>• Ensure that facilitators and Focal Points are trained in sensitivity to age, gender and disability, and create a safe, inclusive and non-discriminatory environment.</li> <li>• Discuss with the peer supporters (both during the training and in follow-up meetings with the Focal Points) the importance of respect for the peer and their concerns, principles of inclusion and maintaining a non-judgemental attitude towards peers. This is particularly important in relation to groups of children who often are at particular risk of facing stigma and discrimination, such as children with disabilities.</li> <li>• Ensure Focal Points are trained in GBV guiding principles and understand how to safely handle disclosures and referrals.</li> </ul>

Risk Assessment	Examples	Prevention & Mitigation Strategies
<p>Inadequate budget and/or staffing available for safe implementation of the programme.</p>	<p>There are insufficient resources for follow-up meetings with participants, facilitators and the Focal Point(s) to gather lessons learnt, to conduct refresher trainings (including refresher training on child safeguarding), or to implement regular supervision of the Focal Point(s).</p>	<ul style="list-style-type: none"> <li>• Pay attention to the programme design in which <i>I Support My Friends</i> is embedded to define the appropriate staffing structures and budgeting from the beginning.</li> <li>• Ensure that budget is sufficient to implement relevant trainings and that the number of staff in place is sufficient to meet quality standards. Resources for regular follow-up meetings with the peer supporters on a weekly or bi-weekly basis should be budgeted and planned for. As part of an integrated programme, there should be sufficient resources to maintain collaboration with key formal and informal stakeholders, such as social services, schools, civil society organisations, or community-based child-protection networks.</li> <li>• Ensure that resources for developing materials on child safeguarding are available to children, adolescents and their parents and caregivers (for example, as posters and brochures on the appropriate behaviour of staff and volunteers).</li> <li>• Continuously monitor the needs of children, adolescents, facilitators and the Focal Points, and mobilise resources to address these needs accordingly.</li> <li>• Be transparent with the community about funding for the programme, and facilitate discussions with the community on how best to sustain the programme after the funding period ends.</li> </ul>
<p>There is a lack of conflict sensitivity.</p>	<p>Tension within or between communities may increase as a result of insensitive targeting. Tension may also be triggered or increase if underlying frustrations among the participants are not handled constructively, for example, during the activity where risks and problems are mapped out.</p>	<ul style="list-style-type: none"> <li>• Be aware of the dynamics between people in the community (e.g., between refugee/displaced and host communities) and the realities of the participants before starting the training. Make sure the facilitators and Focal Points are prepared and supported to handle potentially charged conversations.</li> <li>• Be aware of any sensitive language or terms that can be a matter of contention.</li> <li>• Encourage the participants to accept, appreciate and respect one another irrespective of their background or situation.</li> <li>• Avoiding the display of symbols that may be interpreted as divisive (e.g., maps, flags).</li> </ul>

Risk Assessment	Examples	Prevention & Mitigation Strategies
<p>There is a lack of gender sensitivity.</p>	<p>In some contexts, mixing girls and boys together presents numerous risks, such as lack of trust, resistance to participation in the task, risk of reputational harm if seen engaging with peers from the opposite gender.</p>	<ul style="list-style-type: none"> <li>• Assess gender norms and power dynamics in the local context, with the participation of girls and boys themselves. Consider other factors too, such as disability, displacement status, legal status and age. Adapt the programmatic approach accordingly.</li> <li>• Decide at an early stage whether trainings should be held with girls and boys separately, or together in mixed groups.</li> <li>• Ensure appropriate gender balance among facilitators and Focal Points.</li> <li>• Examples where the facilitators may choose to probe further into a discussion on gender norms have been included in the <i>Training Manual</i>. The facilitators should carefully moderate such discussions so that they do not simply reinforce gender stereotypes without exploring the deeper social norms and reasons. In order to ask probing questions on gender, it is recommended that facilitators have completed basic gender training so that they can navigate these conversations successfully.</li> </ul>
<p>Confidentiality is not correctly understood, or trust is lost if confidentiality has been breached.</p>	<p>Supporting a friend means that confidentiality might have to be breached, such as when the peer is experiencing violence. The breach of confidentiality might cause the peer to experience a sense of broken trust. Another risk in relation to confidentiality might occur if the peer supporter keeps the situation a secret rather than helping to link the peer to further support.</p>	<ul style="list-style-type: none"> <li>• Ensure that peer supporters, facilitators and Focal Points have a thorough understanding of confidentiality to protect sensitive information shared by children and adolescents within the community in which the programme is implemented. This also means that they should know when and how confidentiality must be breached in the interest of safety of children, adolescents and others. Guidance has been included in the training for children and adolescents (Session 8) on how to handle such situations.</li> <li>• Tackle the topic of confidentiality in every follow-up meeting with the peer supporters, and guide them as needed. This includes conversations and support to handle a situation where a friend feels as if trust has been broken.</li> <li>• Discuss the difference between ‘breaking confidentiality’ and ‘gossip’ with the peer supporters. Help peer supporters understand that confidentiality is not synonymous with keeping all types of secrets. An example would be a perpetrator creating an atmosphere of secrecy around his or her actions in order to inhibit the child/adolescent victim from seeking help and support. The survivor’s disclosure of such a situation to somebody else is not the same thing as breaking confidentiality. Guidance from a Focal Point is particularly important in these circumstances to ensure the safety of all involved.</li> </ul>

Risk Assessment	Examples	Prevention & Mitigation Strategies
<p>The environment does not offer adequate protection safety nets and referral systems.</p>	<p>A school environment may, for example, have power structures within it that are unsafe for the child/adolescent.</p>	<ul style="list-style-type: none"> <li>• <i>I Support My Friends</i> should never be implemented as a stand-alone programme. It is important that risk and protective factors in the local context are well understood and that the training is integrated into a wider initiative that considers and responds to children's rights.</li> <li>• A systems' strengthening approach should be taken when implementing <i>I Support My Friends</i>, in which accountability to children's rights is promoted within various structures and systems that serve children and adolescents (e.g., schools, health and social services).</li> </ul>
<p>The peer supporters may be involved in the abuse or bullying of other children, individually or in groups.</p>	<p>Children may regard participating in a training as a way to enhance prestige, power or influence over other children.</p> <p>The helping skills taught in <i>I Support My Friends</i> can be misused to put the distressed peer in an even more vulnerable situation or facilitate a grooming process. An example can be a peer supporter taking advantage of confidential information to put pressure on the peer. Another example can be a peer supporter who turns the helping relationship into a type of abusive relationship (e.g., financially or sexually).</p>	<ul style="list-style-type: none"> <li>• Children should not be barred from initially participating in the training as it enhances empathy and social support.</li> <li>• The full purpose and content of the training should be explained at the outset.</li> <li>• Standards of behaviour in terms of respectful treatment of others and themselves should be set at the beginning. Any child refusing to adhere to these should understand that they will not be able to take part in the programme.</li> <li>• Information to children and adolescents on what to expect from a peer supporter should be disseminated. The limits of peer support should be clearly defined to everybody involved.</li> <li>• The peer supporters should receive support and mentoring from a Focal Point on a regular basis.</li> <li>• Reporting mechanisms should be available for children and adolescents in the community to safely report child-protection or safeguarding concerns.</li> <li>• Make sure everyone involved in the programme understands that criminal behaviour will be reported to the relevant authorities.</li> <li>• Gender norms should be considered when helping the opposite gender.</li> </ul>

Risk Assessment	Examples	Prevention & Mitigation Strategies
Peer supporters take on too much responsibility.	<p>Peer supporters may try to solve problems that are beyond their ability, they may find themselves becoming overwhelmed by the problems of their friends and peers, or they may have difficulties in setting boundaries to protect their own wellbeing.</p> <p>Peer supporters may feel that it is their responsibility to care for adults.</p>	<ul style="list-style-type: none"> <li>• Ongoing support and supervision must be in place after the training for both peer supporters as well as Focal Points.</li> <li>• Training of Facilitators and Focal Points must address the limits of what children and adolescents can do (according to their age and developmental stage) and what is beyond their capacities. This includes such situations as a child or adolescent acting as the main source of support for an adult or being involved in situations with an adult that they are not equipped to deal with. Scenarios that peer supporters may encounter have been included in the Manual for Training of Facilitators and Focal Points.</li> <li>• Peer supporters should be guided to understand the limits of their role and how and when to seek support from their Focal Point.</li> </ul>
Referral resources and pathways are unclear.	Facilitators or Focal Points may be unsure about where or to whom they should refer specific, unexpected problems.	<ul style="list-style-type: none"> <li>• Make sure referral pathways, service maps and protocol on how to manage urgent cases are in place prior to roll out of the programme and training. Further guidance can be found in <i>Inter-Agency Guidelines for Case Management and Child Protection</i>.<sup>46</sup></li> </ul>

<sup>46</sup> [http://www.cpcnetwork.org/wp-content/uploads/2014/08/ICM\\_guidelines\\_ENG\\_.pdf](http://www.cpcnetwork.org/wp-content/uploads/2014/08/ICM_guidelines_ENG_.pdf).

Risk Assessment	Examples	Prevention & Mitigation Strategies
<p>The timing for <i>I Support My Friends</i> is not right; children and adolescents are not ready to help others in distress.</p>	<p>Participants in the midst of a crisis may not be ready to attend to others.</p>	<ul style="list-style-type: none"> <li>• Assess whether it is the right timing to implement <i>I Support My Friends</i> based on the local context and make decisions accordingly. The Best Interests of the Child and the principle of ‘Do No Harm’ should be guiding the decision about timing.</li> <li>• Ensure that facilitators and Focal Points are familiar with the local context.</li> <li>• Monitor the needs of the participants as the training progresses. The co-facilitator has a particularly important role in this.</li> <li>• Ensure that facilitators and Focal Points are trained and supported to monitor any ‘red flag behaviours’ among participants, and refer for further support when needed. Typical red flags may include withdrawal behaviours, lack of impulse control, difficulty respecting the personal boundaries of others or in safeguarding their own personal boundaries, and threats of harm to oneself or others. These actions may indicate that the peer supporter or the peer receiving support is at risk.</li> </ul>
<p>The training may expose vulnerabilities and be distressing for some peer supporters because of their life experiences.</p>	<p>Although <i>I Support My Friends</i> is designed to be safe, it tackles sensitive topics, such as identifying difficult situations that children and adolescents can face and their common reactions to these. There are likely to be participants in the group who have experienced such events or know someone who has.</p>	<ul style="list-style-type: none"> <li>• Discuss this possibility at the beginning of the training openly with the participants and their parents and caregivers.</li> <li>• Ensure that facilitators and Focal Points have the knowledge and skills to refer participants safely and promptly to further support as needed, without making their own assessments or diagnosis unless they have the appropriate qualifications and skills to do so.</li> <li>• Ensure that facilitators and Focal Points can deal with difficult emotions that may arise in the group, and provide appropriate comfort and support in a safe manner.</li> </ul>

Guided by the principles of ‘Fun, Safe, Inclusive’,<sup>47</sup> a range of participatory learning techniques are used in *I Support my Friends* to keep the participants engaged. These include:

**Brainstorm and buzz groups:** The participants are asked to reflect and comment on a concept, idea, or problem, either in the large group or smaller groups. Every response is acceptable; there are no right or wrong responses in a brainstorm. The more ideas the better, and participants are encouraged to contribute without judging or criticising other’s ideas. The responses are written on a board or flipchart where everyone can see them. A brainstorm should not last too long, and time should be provided for the participants to reflect on the various responses given.

**Role-play:** This is about group members acting out relevant life situations. The participants may be given a specific role to play or they may be able to choose a role to play, depending on the nature of the activity.

Role-play can help children and adolescents explore their attitudes towards themselves and others. They give people the opportunity to understand and feel empathy for other people’s challenges and the situations they are facing. Role-play can also give participants practice in dealing with difficult situations, thereby providing valuable life skills. *I Support My Friends* incorporates role-play as a means to practice PFA skills, such as active listening or the principles of ‘**LOOK, LISTEN, LINK**’. Pre-defined scenarios for role-plays have been developed to depict situations where there is a need for peer support and to illustrate the content of the training in a clear way. Be sure to adapt these to the participants’ age, culture and context.

If a real-life scenario based on participants’ experiences is used, the participants should not play themselves in a role-play even if they want to do so. This may trigger difficult memories or feelings associated with that event. In addition, feedback on the role they play or how they actually handled the situation in real life may be taken too personally. Taking on the role of someone else allows the child or adolescent to explore and imagine what that person would do and feel in the situation, thus increasing empathy. In role-plays on sensitive matters, it is advised that the facilitator takes on the role of the victim/survivor. This helps to ensure that the experience of the survivor is not trivialised by avoiding over-acting or laughing.

A debriefing should always follow role-plays. This means that group members step out of the roles they have been playing to reflect on the role-play and consider their feelings and what they have learned. If any participant seems upset or otherwise affected by a role-play, facilitators should speak with the participant individually to make sure he or she is feeling all right by the time the session/training day is finished. Facilitators should help participants to distinguish between themselves and the roles they played. A physical exercise may assist participants in ‘shaking off’ the role they played and return to being themselves.

<sup>47</sup> [Fun, Safe, Inclusive: A half-day training module on facilitation skills \(Save the Children, 2016\).](#)

**Still image/sculpture:** If a role-play seems too realistic and risks triggering emotions among participants, a still image (sometimes called sculpture) may be a good alternative.

A group of participants use their bodies as the means to create an image. In the *I Support My Friends* training, this technique may be used to demonstrate reactions to difficult events. For example, one child might demonstrate the experience of the difficult situation, whilst others exhibit different reactions to the event (e.g., looking sad, scared, or surprised). Others may demonstrate what they think can help in such the situation. Since there is no movement or sound involved, it can be a safer option than a role-play.

**Case studies:** A case study is a story or description of an incident or situation that may or may not be real. When using case studies, it is very important to consider the emotional safety of the participants. For example, case studies may evoke distressing memories of personal experiences for participants. Pre-designed examples of case studies and scenarios, based on potential situations, have been prepared for *I Support My Friends*; these can be adapted to the local context (to be found in the annexes of the *Training Manual*).



Each has been designed with a clear purpose in mind, for example, to facilitate reflection upon the principle of confidentiality, or to assist implementation of role-play that clearly illustrates the three principles of 'LOOK, LISTEN, LINK'.

**Discussion:** This is a free-flowing conversation that gives all participants the opportunity to express themselves and listen to the opinions and ideas of the group equally. The facilitator does not take a leadership role but instead is either an equal participant or helps in the discussion process. The facilitator's role is to ensure that everyone has the opportunity to share his or her views. This may be especially needed in a larger group. In a training where the participants have agreed to treat each other with respect and tolerance, a discussion can be a lively exchange of diverse ideas and opinions. It is a method of learning that stimulates the cognitive skills of analysis, synthesis and evaluation. If a couple of people in a group are dominating the conversation, facilitators should wait for a pause and then – in a friendly way – invite a quiet group member to talk. For example, "Lily, what do you think about this issue?" However, facilitators should strike the balance of constructively stimulating reflection among the participants without pitting their ideas against one another in a way that might trigger conflict or negative emotions.

**Rounds:** This is a particularly useful technique of encouraging the participation of everyone in the group. The participants are usually asked to sit or stand in a circle. As facilitators move through the circle, each participant takes a turn to share his or her experiences, feelings or opinions, or to do a certain action.

**Group work:** As a way of providing space for more voices than in a plenary session, group work can support participants who do not like to speak in a large group or who struggle to get an opportunity to speak. In a smaller group they might feel safer and more valued, and they might find it easier to express themselves and to come up with new ideas. In *I Support My Friends*, some activities are facilitated through discussions in smaller groups or pairs, whilst others are facilitated in plenary.

While children and adolescents sometimes have their preferred friends with whom they would choose to work, it can be useful to provide opportunities for participants to work with a variety of other participants and to form new groups as the training goes along. This builds rapport among all participants and keeps dialogue fresh. New groups also help stimulate reflection upon issues from different perspectives and ensure that everybody feels included. There are numerous ways of randomly assigning participants to groups, including drawing lots, giving each participant the number 1, 2, 3 or 4, which represents four different groups, or forming groups according to what people like. Groups can also be made based on the participants' capabilities, for example, by placing those who are comfortable taking notes in a group where others may have literacy issues. Helping the participants to form new groups ensures inclusiveness, especially for individuals who are new to the programme or who do not have close friendships with anyone in the big group. Groups should be formed in a manner that is sensitive to age, gender and disability. (For example, groups may be mixed or separated between girls and boys, depending on the context.)

**Parking lot:** In any training, it is a good idea to create a 'parking lot' for questions or comments that arise and may not have been addressed in the session. A parking lot can be a box, a designated space, flipchart, post-it notes, or a notebook. Facilitators should explain to participants the purpose of the parking lot and how it will be used. Facilitators may post questions or topics that deserve more time or explanation, and participants themselves may post any questions or comments they want to have addressed. They can also post a question for later discussion if they do not feel comfortable asking the question in front of others.

It is the responsibility of the facilitator to make sure these questions or comments are addressed, either in plenary with all the participants, or with the individual person who left the question or comment – if the person has included his or her name. However, it may not be possible to address all points that come up during the training. If some points were not addressed, the facilitator could read them out at the end of the training. The group can then decide on how and when to address these and who should be responsible for following up.

**Energisers:**<sup>48</sup> These are fun activities that are used to help children and adolescents feel comfortable being in the training space together and to energise them after breaks or long periods of passive activities. Younger children may find it difficult to concentrate for long periods of time and may need activities or breaks more often than older children. Short energisers can be used to change the mood in the group following a serious part of the training. Energisers are usually short activities, about 5-10 minutes. Although time is allocated for them in the training schedule, additional energisers can be added if useful. Facilitators can plan energisers themselves or can ask participants to suggest or demonstrate energisers to their peers. The energisers included in *I Support My Friends* complement the thematic activities by promoting, for example, team building, communication, problem solving and trust.

**Recreation/breaks:** Children and adolescents learn better when opportunities for recreation and physical activity are embedded in the training. Having breaks between sessions where they can go outside and play, partake in sport, run, or just enjoy free non-structured physical activities is important.

**Creative activities (e.g., listening to or playing music, drawing, painting, theatre):**

Creative activities can improve a person's mood and have overall benefits for wellbeing. For example, listening to music can help regulate emotions and generate a sense of happiness and relaxation. Creative activities also provide opportunities for expression of feelings and ideas, and such group activities can build bonds among participants. For example, participants can create a song or dance together that expresses the importance of caring for each other.

Drawing is enjoyed by many children and adolescents. It can be used as a relaxation exercise without a predefined task or as a way of getting to know the participants. If drawings are used with a purpose, facilitators should make sure there is enough time to talk about the drawings and to respond carefully to the ideas and emotions that the drawings might evoke. In *I Support My Friends*, drawing is used as a technique for the community mapping exercise. The training may also end with a drawing exercise, where participants can draw their own 'ID cards' as peer supporters or draw what they will do with the new skills they have learned.

**Play/playful activities:** Play is essential for learning across all areas of a child's development. Integrating elements of play into the activities stimulates the learning of social, emotional and cognitive skills.

**Clap and smile:** Together with children and adolescents, facilitators should find a way to show appreciation to each other during the training – for example, when someone comes up with a good idea or has completed a group presentation. Participants can help decide how the group would like to show appreciation, such as clapping and smiling, or snapping fingers or other types of expression. Acknowledgement makes people feel valued, motivates them and encourages further participation.

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<sup>48</sup> For ideas on what energisers to use, the [Children's and Youth Resilience Programmes](#) can be consulted.

**Demonstration:** This technique is used to explain what the participants are expected to do in each task or activity. It may be done verbally or physically, for example, with facilitators demonstrating how to do certain movements or actions. One example for *I Support My Friends* is acting out the three principles of **LOOK, LISTEN, LINK** with gestures.

**Probing questions:** The facilitators may stimulate deeper discussion and dialogue through the use of 'probing questions' such as, "Could you tell us more about that?" or, "What do you mean when you say ...?" Probing questions may also give insight into what participants understand or think about certain issues, such as, "Do you think younger children react in the same way as older children? Why or why not? Please explain." When asking a probing question, the facilitator needs to be prepared for the responses that may come – for example, to sensitively clarify any inaccurate responses, give correct information or be ready to facilitate a potentially charged conversation. In order to ask probing questions on gender, it is recommended that facilitators have completed basic gender training to better help them navigate these conversations successfully.

**Feedback:** Giving and receiving feedback is an important part of practical learning, particularly in developing social and emotional skills. Feedback is a critical reflection tool during practice sessions to help participants to improve their helping skills, verbal and nonverbal communication and problem-solving abilities. Open, sensitive and constructive feedback can lead to important learning among the participants and can help to create an atmosphere of trust and safety in the training. However, if delivered insensitively, feedback can humiliate and de-motivate the learner, and create an atmosphere where participants do not feel safe enough to practice and make mistakes in front of each other.

Therefore, facilitators have an important part to play as a role model in giving constructive and sensitive feedback, and in laying ground rules for how participants will give each other feedback or reflect on their own performance – for example, on role-plays they have performed or observed. Constructive feedback offers suggestions to improve but does not put others down or hurt their feelings. One way a facilitator could do this is to first say something that the person (or they themselves) did well, and then follow with a statement of what could be better. Focus should also be on the content of peer support and should not judge another person's acting skills or performance. When receiving feedback, facilitators should encourage participants to learn to use it as a constructive and helpful tool. Other important guidelines to follow in relation to feedback are:

- Allow participants make comments on their own performances individually before facilitators or other participants do. They should be encouraged to reflect on both what went well and what could have been done differently or improved.
- Be specific and clear. Avoid general comments such as, "This was excellent." Instead, facilitators should give an example: "This was excellent, because you presented yourself to your peers in a language that was easy to understand."

- Do not generalise. Avoid using words such as always, never or all. Facilitators should link specific feedback to the specific context.
- Balance positive and constructive feedback. The participants should always have a chance to hear what they did well.
- To offer constructive criticism, facilitators might suggest something the person could do differently: “That was a very interesting way of showing how you might feel in that particular situation. There may also be other ways children could feel in this situation. For example, ...”
- It is important to give feedback as soon as possible after the activity, otherwise the comments may not be relevant, or the participants may not remember.
- Be careful with giving advice as a first step; rather, facilitators may help them to come to a better understanding or approach themselves. Allow the person to reflect and come up with alternatives or to ask peers for suggestions to generate creativity and dialogue. If addressing behaviours or belief systems that don't respect children's rights, remember that changing harmful norms requires long-term and holistic approaches, often working with communities at different levels. Therefore, be patient and help participants to discuss and analyse these topics sensitively.

**Questions and answers:** Many children or adolescents have never heard of PFA. They may encounter many new concepts during the training. As a facilitator, encourage a learning environment where anyone is welcome and comfortable asking any questions he or she might have. Encourage participants to try and answer each other's questions before you do. This will help to gain a more in-depth understanding of the children's knowledge and beliefs.

There may be questions facilitators cannot answer. Facilitator should be honest about what they do and do not know. No one is expected to know everything – not even facilitators – and some questions may not have a clear answer. For example, the answer might vary depending upon the particular situation or context. Use the group as a resource asking, “Does anyone have an idea about this or know the answer?” As a facilitator, tell the participants that you will try to find an answer for them if you do not know.



