

INEE Good Practice Guide on Emergency Spaces for Children (ESC)

During an initial emergency response, humanitarian agencies and communities create **Emergency Spaces for Children (ESC)**. These places are developed with communities to protect children during emergencies through structured learning, play, psychosocial support and access to basic services. ESCs are implemented under many different names such as ‘Child Friendly Spaces’, ‘Safe Spaces’ and ‘Child-Centered Spaces’. Regardless of their names, these programs have the same focus and activities, and are part of the larger humanitarian protection response. ESCs are not simply a collection of activities focused on a specific site but rather a community program to create a larger protective environment for children during emergencies.

ESCs physically protect children by providing them a designated safe area that is supervised by a caring adult. ESCs should be healthy and safe places for children with sufficient water, sanitation, waste disposal, and maintenance of equipment. Adequate lighting, safe routes to and from the ESCs and other security measures should be taken to ensure children’s safety. To help protect children from external threats, ESCs can be delineated by fencing, rocks or walls. Communities should determine whether situation is safe enough for ESCs to be implemented and if their children attend. Security should be regularly reevaluated.

In an emergency many children suffer from abuse, separation, neglect, and trauma related injuries. An ESC is a place to identify these children, provide services, and refer to appropriate agencies and caregivers. Over time, the children and ESC community can be used to seek out, identify, and support other vulnerable children not participating in the ESC.

In order to offset the physical and emotional isolation caused by emergencies, ESCs seek to develop a safe and trusting community for children. Safe Spaces build relationships, cooperation, and respect amongst peers by providing opportunities for team building and group activities. Structured activities, established weekly schedules for ESC activities, and predictable routines facilitate a return to normalcy by enabling children to appreciate a pattern to their lives and to foresee and feel in control of the future. ESCs provide a daily schedule of organized games, sports, drama, art and music and academic sessions that evidence suggests improves their emotional well being.

Educational activities organized in ESCs support children’s critical thinking, problem solving skills, and cognitive development. In some cases, this helps to prepare children to enter or re-enter the formal classroom. The development of these social, emotional and cognitive abilities are enhanced through relevant life skills training to prepare children to live in post-crisis environments. Programmatically, lifeskills could cover issues such as child rights, landmine/unexploded ordnances/small arm awareness, health and hygiene, and the prevention of child trafficking.

Established frameworks? : Human Rights and Humanitarian resources should be used as framework for ESC implementation. This would include the Convention on the Rights of the Child as well as humanitarian resources such as the SPHERE Guidelines, the Interagency Network for Emergency Education

As an easy way of remembering the different components of ESC’s Save the Children has developed the mnemonic of B-SAFE:

Build relationships, cooperation, and respect amongst peers

Screen for high-risk children and youth

Active, structured learning and life saving information

Facilitate children’s natural resiliency and a return to normalcy.

Establish a sense of security and self-esteem.

(INEE) Minimum Standards for Education in Emergencies, Chronic Crisis and Early Reconstruction and Interagency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings with a focus on their cross-cutting themes of participation, assessment monitoring and community participation.

(1) Implement rapidly within capacity

Where appropriate, ESCs should be initiated rapidly to support as many children as possible. ESCs are not needed in every situation and start up should be based upon careful assessments and identification of children's needs. Assessments should guide the decision to implement ESCs and the specific protection, education and psychosocial interventions. ESC program activities should be age and gender specific, support the needs of children from different ethnic and language groups, and children with varying physical and mental abilities.

The scale of rapidly implemented ESCs should be limited by locally established standards. These standards should be established with other ESC implementers in the area and maintained. In scaling up, programs should not expand past their ability to sustain quality. Youth implementing ESC activities for younger children has been shown to be a positive activity for teens, and also a means of supporting program quality and reach.

Quality programming depends on staff ability, but also upon the support they are provided. Facilitators should receive an initial one-to-two day training with regular support through refresher trainings and regular, structured visits from experienced supervisors. Training should reinforce existing skills and also reflect the 'emerging' and changing needs of the community. Training should include an orientation to psychosocial programming, the protection of children including screening for vulnerability and referral, as well as strategies to implement educational, recreational and expressive activities. ESC staff selection should be based upon community endorsement as well as on the individual's experience working with children. Where possible, a gender balance of staff should be maintained to facilitate the participation of girls. Facilitators should have a clear understanding of the work responsibilities, inclusive nature and non-discriminatory nature of ESCs, self-care and adherence to Codes of Conduct and/or a Child Safety Policy.

(2) Address children's immediate and changing needs

ESC programming should reflect the diversity of the children and their experiences during the crisis. ESC assessments and community dialogue should identify the different groups of children and their specific education and protection needs. ESC assessments should determine issues related to children's ages, gender, disability, class, ethnicity, and vulnerability to threats. Programmatic activities should be designed to consider the needs of children from these groups, and address the differences in their experiences and their coping mechanisms.

Children are key informants and efforts should be made to reach out to them during assessments to determine appropriate program activities. Through ongoing monitoring, ESC activities are adapted to the changing needs of children. Regular on-site monitoring protocols should be built into program design to ensure children's safety and program quality.

ESC activities should group children by age for safety and child development reasons. Program space can be divided by activity type. For example, space should be created for active play, quiet play, and structured group activities. Activities should support a range of learning styles and provide opportunities for children

to express themselves, develop friendships, and have fun. Younger children often do not have the verbal and linguistic ability to speak about their feelings, so arts and crafts and drama and role play can support non verbal expression.

(3) Expand ESC programming into community networks

ESC programming is more than providing activities for children in specific physical area. ESC design should support the affected communities to address children’s educational and protection needs inside and outside the physical ESC site. Program activities should support communities to identify and address the protection needs of children, referring children attending ESC activities for specialist help, and possibly enhancing existing child serving structures such as Parent Teachers’ Associations/School Management Committees, Child Rights Committees, or the development of a Community Child Protection Network.

Government officials, community and religious leaders, educational actors, parents, children and other stakeholders should be involved in the creation and implementation of ESCs. These individuals should be involved with all aspects of program of implementation to make the program more relevant to the children’s needs. Also, programs are more sustainable as beneficiaries are empowered, invested, and engaged in the program processes. Community engagement requires program implementers to pay attention to issues such as power structures, ethnicity, religion and gender. As families and communities become more settled overtime, community participation and program ownership should increase.

Care should be taken to conduct the ESC activities in ways which affirm and enhance the primary protective and nurturing role of parents and families, and not displace them—this could involve parent participation in the design and implementation of the program, providing parents with a place to meet and support each other, as well as involving the family in any services or referrals made through the program.

(4) Implement for program transitioning or conclusion

ESCs are an integral part of an immediate humanitarian response but also the overarching long-term recovery process. As ESCs are not long-term development programs, they should never hinder the re-establishment of formal schooling. Specifically, ESCs should be careful when using school facilities and hiring teachers as ESC facilitators. Programmatically, because of the ESCs short time frame, they should be careful to start activities that are not sustainable in the long term. Food and meal distributions, health services, and trauma counseling should have clear transition or phase out strategies before being taken on as regular ESC activities. ESCs program time constraints also limit their ability to address complicated or sensitive issues such as integrating divided communities or challenging gender roles. However, they can be a space where foundational values and commitments for peace can be learned by children.

From the beginning, transitions should be mapped to long-term programming by developing plans and memorandum of understandings with community members, education officials, and donors on length of intervention and/or NGO phase out strategies. Although flexible to changing circumstances, the decision to continue ESCs in a different form after the designated end date should be based upon community needs and wishes, availability of resources and technical capacity. Immediate and short term plans focus on quick resumption of educational and protection services to affected groups. ESCs are a short term emergency response within a larger, overarching strategy for children. The recovery of children and their communities is supported by a clear understanding of ESC end dates or how they transition into long-term programming.

(5) Prepare for future acute emergency responses

Before an emergency, field offices and staff should be prepared to implement ESC programs. This will enable more children will be more rapidly assisted during the emergency as staff and resources will already have been secured. ESC programming should be included into national or organizational emergency response plans. Such plans should include the pre-planning and possible positioning of locally appropriate ESC kits. Kit contents should be comprised of local materials, games, and resources that could be adaptable depending upon the context of the emergency urban/rural, natural disaster/conflict. Where ever possible, materials should be purchased locally to ensure cultural appropriateness and support the re-establishment of local merchants. If resources for pre-positioning are not available pre-established agreements for ESC kits can be established with local vendors to expedite programming. Key information materials and resources should also be translated in advance and be available for rapid publication.

Resource and referral systems and protocols should be developed in advance of program implementation to address needs of vulnerable children as they are identified. For example, relationships with family tracing programs should be established to support separated children identified in an ESC.

See below for a series of useful checklists

Emergency Spaces for Children (ESC) Checklists

The following checklists can be used to create ESC assessment tools. Assessment teams should pick and choose questions that are relevant and apply to their emergency context.

Assessment

Process

- Is the assessment team prepared to assess the full range of children's need up to 18? Or a smaller section of the population e.g. younger children, disability, gender.
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- Does the assessment consider site locations, implementing partners, suitability of program activities, and question key contacts and informants?
- Does the assessment team include children and other members of the affected and host communities?
- Is the ESC assessment part of a larger multi-sectoral rapid assessment?
- Are children respondents included in the assessment and are they given a substantive opportunity to share their concerns regarding issues of personal security and general well-being?
- Are a variety of assessment methods used to triangulate data and facilitate community participation?
- Are particular vulnerable groups included as respondents?
- Key informants should include, where possible: children, parents, formal and non-formal education leaders, teachers, student teachers, members of parent/teacher associations, teachers' unions, early childhood and after-school program providers, faith-based organization leaders, community leaders, children/youth-focused NGO providers, local service providers to disabled children, and members of local childcare councils, local government officials.

Needs identification and analysis

- What are the existing protection and psychosocial threats to children?
- Are there any ongoing direct threats to children's lives?
- Are there separated or missing children?
- Are there children associated with fighting forces?
- Are there children in detention or in institutions?
- Is there any known exploitation and abuse of children?
- Are there groups of children living together without adults or in child-headed households?
- Do children work in this area? What do they do? When do they work?
- What are children's educational needs?
- What are the community-based and cultural mechanisms for teaching, learning, coping, and protecting children from physical and psychosocial harm?
- What are the existing beliefs and attitudes towards education and play?
- Are disabled, poor, ethnic and language minority, and other vulnerable groups identified? What specific threats do they face and how can an ESC address them?

- How might gender roles impact access to ESC programming and how might these issues be addressed?
- How do children spend most of their time during the day? How does this differ by age especially for adolescents?
- What are the most common causes of death and illnesses amongst children?
- Do children lack access to essential services (especially the most vulnerable)?
- What ethnic groups, different religions, and language minorities are there among people living in this location? Have there ever been any ethnic or religious conflicts in the area?
- Are children or youth involved in any high risk behavior (drug taking, crime, use of small arms, driving, suicidal behavior)?
- Has the crisis caused displacement of children and families? Is this continuing? Are there new families moving into or out of the area? Why?

Programmatic assessment

- What services existed prior to the crisis? Were they sufficient?
- Are there existing schools and educational facilities in the area? What was the percentage of children attending school? For children not attending school, what was the main reason for their not attending? (These questions should be asked about the situation before and after the disaster).
- What services were provided to vulnerable groups prior to the crisis? Who were the service providers?
- What international, national, local or community stakeholders need to be involved or consulted in the implementation of ESC?
- Are state and/or local policies or resources that could be used to enhance implementation of ESC? Similarly, are there any potential policies and obstacles identified that might prevent or impede ESC?
- What cultural, educational and recreational materials or resources exist?
- Are there designated areas for children to learn and play? If so, are these places safe? Are there alternative places for children to play and learn?
- Do educational materials exist that provide relevant life-saving information for children?
- Are local and other groups already responding to children's education and protection needs? What can be added to their response to reach more children and provide better quality care?
- What existing local resources can be purchased for the set-up of the ESC?
- Is there space and materials available for training?

ESC establishment

- Was the site selected in collaboration with community and children?
- Is the identified space safe? Has it been cleared of dangerous items such as bullets, unexploded ordnances?
- Is the building structurally sound? Any electrical problems? Is the ground level and cleared of any sharp objects? Is the area clearly delineated?
- Does the site assessment consider natural disaster/environmental risks?
- Is there an appropriate adult to child ratio?

- Have staff gone through Child Protection screening during the recruitment process? Do they understand, and have they agreed to a Code of Conduct, Child Protection Policy and Child Protection Behavior Protocols?
- Is the Code of Conduct on display in word and picture form?
- Is the space divided up for different activities, including room for quiet activities, structured learning, registration and administration, and a large space for active play.
- Can children travel between the safe area and their homes safely? If not, what support can be given for their parents to provide activities in their homes?
- Are materials culturally appropriate? Are traditional and local games available?
- Are there rubbish/trash bins on the site?
- Are sufficient latrines available? Are they lockable and separate for boys and girls? Are there suitable hand washing facilities available?
- Is drinking water available at the site?
- Is a First Aid kit on site?
- If appropriate are there materials for fire prevention? E.g. fire extinguisher, sand, water
- Is there a roster of available staff to establish these programs?
- Have staff been selected and/or endorsed by the community?
- Have staff received training?
- Are there plans in place for follow-up trainings and monitoring?
- Have the staff been given adequate security briefings? Do they have the necessary communication and security equipment?
- Have local service providers (health, social services) been contacted regarding referrals? Has a referral structure with follow up been established?

Program process and activities

Community engagement

- Have plans for the implementation of ESC been made with the government and other responding agencies (Education/Protection Clusters)?
- Have policies been developed with the community to address monitoring, program schedule, content, incident reporting, referrals, non-violent behavior management?
- Has a ESC management committee been established?
- What parental support and involvement is included in the program? Are there regular (at least every two weeks) meetings with parents?
- Will the ESC phase out or transition to longer term programming? Have links with other sectors been established for handover and transitioning?

ESC activities

- Is there an established schedule of activities?
- Does the safe area allow specific times for specific age groups?
- Are lists kept of children who attend? Is this a security concern?
- Are there a variety of programs going on? Are there activities offered for all age groups?
- Do children participate in the choice of activities?
- Do activities provide life saving information and address children's education needs?
- Are ESC programs linked with other sectors e.g. health (immunization), water and sanitation (hygiene education),?

- Are there systems to refer children for specialized services? Is there any follow up on referred cases?
- If appropriate, do Child Rights awareness activities take place?
- Are there sufficient activities for all of the children in the community?
- Are programs age-appropriate, child-centered, gender sensitive? Do they encourage freedom of expression, creativity, resiliency, building self-esteem, team building, cooperation, respect, play, peace/nonviolence and recreation?
- Is there equal participation of boys and girls? Have children with disabilities participated in activities?
- Are materials available for language and ethnic minorities and children with disabilities?
- Is there a record of visitors to the ESC? Are there clear standards regarding the number of visitors permitted and guidelines for their behavior e.g. taking photographs or access to children's artwork?

Protection

- Have separated and unaccompanied children been referred to agencies responsible for tracing and registration?
- Which children in the community are not attending? Are girls attending? Minorities? Children with disability? Young children? Old children? HIV+ children? What can be done to promote their attendance?
- Do programs address threats and needs identified in the assessment?
- What happens if a child doesn't attend the activities? Is there any follow up?

Monitoring and evaluation

- Have individual ESC physical and paper monitoring systems been put in place to recurrently measure program safety, quality, access, and compliance with minimum standards and procedures for childcare?
- Has a record been kept of children's attendance?
- Are there any factors which may disrupt the frequency of monitoring such as road access, administrative approval or security?
- Is monitoring conducted frequently enough to measure program objectives?
- Was the program conducted in coordination with other agencies, which were also conducting ESCs or other child-focused programming?
- Was a baseline conducted to determine children's emotional state, psychosocial well being and life skills, and lay a foundation for an end of program evaluation?
- Was an evaluation conducted and how were the results disseminated?

Preparedness

- Is there a plan to implement ESCs in an emergency?
- Are materials pre-positioned to establish emergency spaces for children? Can vendor agreements with prices be made in advance for ESC items?
- Are community members trained to implement ESCs?
- Are there child friendly information materials (e.g. in hygiene awareness) prepared in appropriate languages or pictorial form?