



Safe Spaces for Children and Caregivers – Minimum Standards

The purpose of these Minimum Standards is to encourage quality and consistency in relation to the establishment and operationalization of Safe Spaces for Children and Caregivers in Ethiopia. The Safe Spaces are physical and relational environments in which boys and girls of all ages, and their caregivers, can experience a restored sense of safety, express themselves, make connections and feel supported.

In the current humanitarian context in Ethiopia, Safe Spaces for Children and Caregivers are amongst the most important gateways through which boys, girls and families can access mental health and psychosocial support interventions and mitigate the impact of adversity on emotional and developmental well-being. Participation in the Safe Space provides structure, normalizing activities, restoration of routines, socialization, and trusted adult supervision. These are all protective factors that enhance resilience and are found to mitigate against developing more complex psychosocial problems. Additionally, Safe Spaces provide a venue for the identification of more complex protection and mental health issues that may require referral to additional, more specialized interventions and services.

Child-Friendly Spaces (CFSs) with intersectoral programming interventions and Baby-Friendly Spaces are examples of Safe Spaces established and functioning in Ethiopia. Some of the standards described in this document may equally apply to formal and non-formal learning spaces, child rights clubs, youth clubs, and other similar facilities that share child protection and developmental well-being goals.

1. SETTING UP A SAFE SPACE

1.1. *Preparation*

- Organisations should preferably identify existing facilities or structures that can be used or strengthened as Safe Spaces; this option should be preferred over the establishment/construction of new facilities.
- Appropriate permission should be received to use the space or facility.
- Safety and security of the area should be ensured; the location should be free of physical hazards and distant from unsafe sites (for example main roads, military areas, etc.).
- Parents or caregivers should be consulted during the location identification process, to ensure safety, security and accessibility.
- Accessibility of the Safe Space should be ensured. This includes proximity to targeted population; access on drop-in basis; suitable opening hours that are compatible with school attendance and other learning activities.
- From the outset, the Safe Space should be planned in such a way to serve early recovery and longer-term psychosocial support and child development purposes. It should provide children with a sense of safety, structure and continuity in the midst of overwhelming experiences and enable them to learn about things happening around them and how to deal with the risk they face. Safe Space should help children grow in their understanding of the supports available to them so they can regain a sense of control in their lives. The community should then be involved in the establishment and management of the Space to gradually build their ownership and contribute to sustainability of the intervention.

1.2. *Community engagement*

- Existing community-based Child Protection Committees or other community-based structures and mechanisms should be engaged and mobilized in the establishment and management of the Safe Space, on the basis of clear Terms of Reference and bi-laws.
- Community-based groups should receive, as minimum, basic training in child rights, child psychosocial and developmental well-being, disability and inclusion, child protection in emergencies, and identification and referral of vulnerable children; members of community-based groups should know and understand local referral pathways and mechanisms.



- Community-based groups can be engaged in risk mapping and service mapping as part of their training.
- In Spaces that are run by external actors to the community such as an NGO, the community should be made aware from the outset that a phase-out period or handover may take place. The Space should be set up and run in such a way to facilitate its longer-term sustainability as a community facility – as relevant and needed.

1.3. Staffing

- Staff should be recruited from both the displaced /returnee and the host communities to support social cohesion and address language barriers. Appropriate background checks should be conducted in line with Child Safeguarding principles and SEA.
- The basic training package for Safe Space staff and volunteers should include: child-friendly communication and facilitation skills; child development; child rights and child safeguarding and reporting mechanisms; disability and inclusion; child protection in emergencies, basic mental health and psychosocial support, and Psychological First Aid; identification and referral of children with additional protection and MHPSS needs and concerns; parenting support and parenting skills training. In baby-friendly spaces, staff should be trained on child-care practices.
- Basic First Aid training is highly recommended. At any given time, at least one trained person should be on duties, including for children who work or care for siblings or other family members physical accessibility for children and adults with restricted mobility and with disabilities.
- Staff should sign and be trained into the organization's Code of Conduct (CoC) and child safeguarding policy and on Prevention of Sexual Exploitation and Abuse (PSEA) in local languages. Staff should understand their responsibilities under the policy and CoC
- There should be a minimum of two staff for every 25 children attending the Space; regardless of the number of children, there should always be at least 2 adult staff present in the Space. As far as possible, composition of the staff should be gender balanced. In order to ensure the feasibility of the provisions above, and to avoid the Safe Space is forced to turn away children in order to keep the appropriate staff/children ratio, organisations should make sure they plan for a number of staff that is adequate to the number of children expected in the Space; funding agencies should support these costs.
- Community volunteers and youth group members can be mobilized to assist in running activities. Youth volunteers should be coached and supervised by adult members of staff.
- Staff and volunteers should receive ongoing coaching, supervision and support, including opportunities for staff care. Staff and volunteers may come from the affected community themselves and be exposed to stories of children who have experienced very distressing events. Effective supervisors create a culture of openness and sharing. They promote a positive team spirit by ensuring staff well-being and stress management are a priority. Supervisors can encourage staff and volunteers to maintain good work habits and work-life balance, and ensure they have access to confidential support when needed.

1.4. Safe Space construction, equipment and supplies

- Safe spaces can be temporary, semi-permanent, permanent, or mobile structures. Temporary structures should only be used in temporary IDP sites. Safe Spaces set up in return locations and within the host communities should preferably be established within existing facilities, to facilitate ownership by the local community and longer-term sustainability.
- Construction of new facilities should be avoided. In the circumstances where no existing facilities can be used for Safe Space activities, the new facilities should be built according to basic health and safety standards and be weatherproof (including protective against heavy rains, hot weather etc.).
- The facility should provide adequate space for small groups to conduct different activities simultaneously.



- The facility should include properly separated boy/girl latrines with locking doors, water and soap for handwashing, supplies for menstrual hygiene management, and safe water for drinking. Posters and pictures should be on display, encouraging handwashing and explaining the most effective handwashing techniques. It is important that handwashing facilities are at the point of access of the CFS (e.g. at the entrance) to reinforce the behaviour and minimum COVID/diseases prevention measures.
- The facility should have access to an outdoor area for recreational activities whenever possible. As much as possible, a shaded area should be arranged for children or caregivers waiting outside when the space is busy.
- An area for confidential private discussions between children and Safe Space's staff should be identified. It is recommended to create a private room within the Safe Space area. Staff should not hold private conversations with children and caregivers in places where privacy and confidentiality cannot be ensured.
- Safe Spaces should include adequate quantity and range of locally sourced materials that can be manipulated and used creatively, as well as materials that support children's physical, emotional and cognitive development, ex. sand, clay, soft balls, stuffed animals, dried flowers and leaves, materials for arts and crafts, sports equipment, and if possible music equipment and/or instruments. Materials should be suitable to be used by children with different levels of ability. Encouraging beneficiaries to contribute to the decoration of the space could also give them a sense of "home".
- In locations where displaced, returned and host communities are scattered over large areas, mobile Safe Spaces should be considered. These can consist of a mobile team of facilitators, who make use of an equipped vehicle to visit different kebeles/locations on rotation according to a clear schedule. Activities can be organized in outdoor locations or in existing community facilities such as schools, community halls, places of worship if feasible and appropriate, as well as health and nutrition centres (particularly for baby-friendly spaces).

2. RUNNING A SAFE SPACE

1.1. Outreach

- Safe Space activity programmes should include both facility-based and outreach activities, designed to reach out to children and caregivers in more remote locations. Activities should be run in a number of different settings, to increase accessibility and inclusiveness. In outreach locations, it may not be possible to provide the full range of activities run in the facility; a minimum package of activities should be identified and delivered.
- Efforts should be made to reach out to highly vulnerable children. This includes children who are working or out of school; unaccompanied children; children who are heads of households; street children; pregnant girls; minority children; children infected or affected by HIV/AIDS, etc. It is also important to reach out to caregivers of children with special needs (through outreach and home visits) so that they know all children are welcome. Discuss ways to support their inclusion and participation in the CFS. Flexible activity schedules to allow specific groups such as working children or girl mothers to participate in the CFS.
- In order to make outreach activities more sustainable, these should be linked to – or, whenever possible, embedded within – existing mobile services, such as health extension workers, mobile health and nutrition teams etc. Some existing community-based structures (for example, savings and lending groups) may be mobilised to support outreach activities in remote locations.

2.1. Schedule and attendance

- A clear activity programme should be defined in consultation with children, caregivers, and other community representatives, with weekly or monthly schedules.
- Schedules should be displayed in the Space and available in local languages.



- Timing and nature of the activities should be compatible with the daily routines of girls and boys and their caregivers. This may imply that some of the activities are run in the afternoon, at the weekend and during holidays, compatible with security concerns and with adequate provisions for overtime compensations or time in lieu for the staff.
- Activities should be scheduled at regular times and places, as a way to ensure consistency and predictability and to support children's healing process.
- Activities should be tailored to different age brackets and developmental stages. Depending on local norms, activities may have to run separately for boys and girls. In contexts where significant barriers exist to girls' participation, deliberate targeting of girls (and relevant activity design) should be pursued.

2.2. Activities with children

- Safe Spaces should provide a wide range of activities including arts and crafts, sport and physical activity and imaginative, communicative and manipulative activities. Partners should strive to offer a diversified range of activities even in the Spaces run on lowest resources/budgets.
- Collaborative play, games and sports should be preferred over individual or competitive ones. In baby-friendly spaces, developmentally appropriate activities should be conducted, involving child-caregiver interaction.
- The activity package should include a combination of structured activities and unstructured play, as both contribute to cognitive and socio-emotional development. Every child should have the opportunity to attend both; the proportion of unstructured activities vs. structured ones should be higher for younger children. In structured activities, aims and goals should be clearly stated and discussed with participants; activity components should unfold in a sequence and following a plan, with clear introductory and ending sections, and with time for reflection/discussion after the activity is finalized.
- In both structured and unstructured activities, facilitators should actively engage with the children and support the learning-through-play and socialization processes through verbal and non-verbal communication, rule setting, supporting children with learning new tasks, etc. Small group activities should be frequently monitored to ensure all members in the group are participating. In baby-friendly spaces, active engagement of the caregiver should be sought, including through the promotion of optimum care practices (e.g. Infant and Young Child Feeding) . As far as possible, the Safe Space should offer life skills-building and socio-emotional learning activities, aimed at improving children's sense of identity and belonging, communication and social interaction skills, ability to understand and cope with distress¹. Several standardized packages developed at the global level have been piloted and contextualized for Ethiopia and should be preferably used to support the delivery of this type of activities.

2.3. Early Childhood Development

- The Safe Space should include activities specifically designed for children under 5. Children younger than 3 years of age should only attend the Space with their caregiver. Early Childhood Education and Development actors should be involved in designing and running such activities.
- Organisations should ensure that staff and volunteers working with very young children receive appropriate, specific training and ongoing supervision and support.

¹ Social and emotional learning is a process of acquiring social and emotional values, attitudes, competencies, knowledge and skills that are essential for learning, being effective and successful, and having a sense of wellbeing. SEL can play a crucial role in helping children learn skills to manage their emotions, build healthy relationships and more adaptive behavioural responses, and reduce the harmful effects of emergencies on their development. For more information, please refer to UNICEF (2018). *Operational guidelines for community-based mental health and psychosocial support in humanitarian settings*.



- Whenever possible, joint caregivers-children activities should be organized to promote attachment.

2.4. Activities with adolescents

- Deliberate targeting of adolescents, with appropriate and relevant activities, should be pursued; noting that older children are often tasked with accompanying their younger siblings to the Safe Space, and can benefit from being able to attend activities specifically designed for them; including sexual and reproductive health education, mental health awareness, life skills training, and activities aiming at building social cohesion. Specific activities should be designed to identify and support adolescent boys and girls at risk, in a way that does not stigmatise them.
- Gender sensitivities should also be assessed to ensure activities selected are appropriate and do no harm.

2.5. Activities with caregivers

- Safe Space staff should collect caregivers' contact information and should obtain their consent prior to registering children in the Space.
- Safe Spaces should include a range of activities with caregivers, including: periodic coordination and feedback meetings regarding the running of the Safe Space; awareness raising activities on child rights, child protection, and child well-being topics, including positive discipline and the importance of education for girls and boys; psychosocial support and stress management activities for caregivers; parenting support and parenting skills training for caregivers, including specific activities and/or key messages and skills for caregivers of children with disabilities or developmental disorders; social and recreational events for caregivers and families; Implementing partners who do not possess relevant expertise in one or more of the above-mentioned domains should actively seek the support and collaboration of other NGOs active in the area. The CP-GBV AoR will actively promote and facilitate such collaborations.
- Activities with parents should be designed to be relevant to caregivers with different levels of literacy.

2.6. Inclusion

- The Safe Space should be made accessible and inclusive for children experiencing developmental delays, disorders and disabilities, including children with physical, sensory and/or intellectual disabilities, as well as children who have learning difficulties and difficulties with communication/social interaction. Activities should be tailored to meet the distinctive needs and capacities of every child. Implementing partners who are not specialized in inclusion should actively seek the support and collaboration of specialized NGOs. The CP-GBV AoR will actively promote and facilitate such collaborations.
- Boys and girls should have equal access to all activities².
- All other aspects of diversity (ethnicity, religion, displaced/refugee status, and others) should be factored in to ensure the greatest possible inclusiveness in the running of the Safe Space.

2.7. Identification and referral of protection concerns

- Safe Space staff should be aware of types and signs of abuse and other health and protection concerns), and they should know where and how to refer vulnerable children to case management or specialized services for further assessment and care. This should include a basic understanding of key developmental milestones, and when and where to refer if developmental difficulties are suspected.
- A referral contact directory should be available in the Safe Space

² Refer to paragraph on Outreach for activities to be carried out to ensure inclusion



- National Case Management Referral Forms should be available in the Safe Space, and staff should be trained and capacitated to use it. In the refugee context, the Interagency Referral Form should be used instead.
- All referrals should follow confidentiality and informed consent guidelines.

2.8. Safety and Security

- All dangerous and hazardous objects should be removed from the Safe Spaces. The Space should be fenced and protected from wild animals.
- Safe Space staff and volunteers should wear identification at all time (organization ID cards or/and visibility).
- Caregivers should be given a registration card upon enrolment of their child in the Safe Space. When coming to collect their children, caregivers should show their child's registration card.
- Visitors should not be let inside the Safe Space without prior authorization from management. All visitors should sign a Code of Conduct prior to accessing the Space.
- First aid kits and fire extinguishers should be available and periodically checked, replaced and replenished in every Safe Space (static and Mobile).
- In Baby-friendly Spaces, staff and visitors should take off their shoes before accessing the space.
- Emergency contacts details (police, ambulance, fire) should be on display in the Safe Space.
- Organisations, including CBOs, are responsible for the security and safekeeping of Safe Space's assets.
- Organisations should secure a night guard for static Spaces and secure mobile Spaces' materials when activities finish for the day.

2.9. Cross sectoral integration and collaboration

- The Safe Space should not replace regular schooling and mechanisms for supporting school attendance should be developed.
- Mechanisms of cooperation and collaboration between the school/temporary learning space and the Safe Space should be established; for example, Safe Space staff may conduct part of the activities in the school setting; they may support teachers with identifying and responding to children's psychosocial need (or vice versa, if teachers' skills are more advanced in that respect); conversely, educational aspects should be integrated in Safe Space activities, with the support of Education actors, and without competing with formal education.
- Informal education and psychosocial support activities for out of school children and young people should be organized (ensuring that the Safe Space is not pulling children away from formal education).
- Health, nutrition, hygiene promotion interventions and messaging may be organized in the Safe Space; in Baby-friendly Spaces, these components are an integral part of Safe Space programming.

2.10. Monitoring and reporting

- Safe Space staff and volunteers should collect four types of information to report their activities:
- Total number of individual children registered with the Safe Space: children should be registered individually on the first time they join the Space. A child registration form should be used for this purpose; this should include alphanumeric codes in order to protect personal data. The cumulative number of children registered constitutes the total number of children accessing the Safe Space.
- Daily attendance: Children's attendance in the Safe Space should be recorded on a daily basis, disaggregated by sex, age group and disability. This number cannot be accumulated over a period of time, as it would result in double-counting individuals (children attend multiple times over one week, or one month).



- Individual attendances. Since the psychosocial benefits of attending the Safe Space are usually proportional to the number of days/hours that each child spends in the Space, staff are encouraged to maintain a database of individual attendances to measure how often/for how long each individual child received support from the Space. This information is particularly relevant when structured and modular psychosocial support activities – such as socio-emotional learning curriculums – are delivered.
- In Safe Spaces where person-focused psychosocial support is offered, the number of children and/or caregivers receiving this should also be recorded as the number of children and/or adults referred to specialized services including health, mental health, nutrition, shelter, food, NFI, education, and GBV.
- In addition to the above, Safe Space staff should record and report information about the caregivers attending the Space:
 - Individual number of caregivers who attend the Space (one-time registration, as above)
 - Caregivers' daily attendance, as above
 - Caregivers' individual attendances, particularly for caregivers who are involved in structured and modular psychosocial support activities – such as parenting skills training courses
- In order to ensure the feasibility of the provisions above, and to avoid that technical staff gets overburdened with reporting duties, organisations should make sure that data clerks are included in the staffing of the Safe Space; funding agencies should support these costs.

2.11. Feedback and complaint mechanism

- Feedback and complaint mechanisms can reinforce the quality and accountability of Safe Spaces and improve the situation for children and caregivers that we are entrusted to assist. Complaint mechanisms should:
 - (a) Be confidential and safe, recognising the many risks associated with reporting allegations in situations of extreme vulnerability.
 - (b) Be available at the community level.
 - (c) Be easily accessible for children and young people, as well as reaching out to marginalized groups.
- Suggestion boxes, face to face feedback forums and hotlines are some of the possible mechanisms for eliciting feedback.
- Partners should have clear complaints handling procedures and these should be explained to children and caregivers in accessible and child-friendly language.

3. CLOSING THE SAFE SPACE

- Partners are encouraged from the outset to think of sustainability plans for the Safe Space, and to anticipate and prepare for the eventual hand over to community-based formal and informal structures, or BoWCYA/ZoWCYA mandated government institutions.
- Consider options such as closing down Safe Spaces once schools re-open or transitioning Safe spaces into community resources such as early child development centres, women-friendly spaces, community centres, spaces for children's/youth clubs, literacy initiatives, or vocational training activities
- These options should be decided with full collaboration of community stakeholders. When it is clear that funding will no longer be available, organisations should provide information to the community as soon as possible about when the phase-out or transition will take place and the steps to be taken.
- Group discussions should be organised with children to provide child-friendly information regarding the transition.
- Include budget considerations in planning the phase-out or transition
- Enable communities to make key decisions about the transition of the CFS whenever possible.
- Meetings should be organized with parents and communities to inform about the transition.



Revision

These Minimum Standards will be reviewed every twelve months – or earlier as necessary - based on the recommendation of the AoR coordinators or any of the members, taking into account the changes in the displacement and returnee locations

Additional References

- The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action. <https://reliefweb.int/report/world/minimum-standards-child-protection-humanitarian-action-2019-edition>
- IASC, INEE, Global Protection Cluster, Global Education Cluster (2011). Guidelines for Child-friendly Spaces in Emergencies. https://www.unicef.org/protection/Child_Friendly_Spaces_Guidelines_for_Field_Testing.pdf
- Save the Children (2014). Child-friendly Spaces in Emergencies – a Handbook for Save the Children staff. https://www.unicef.org/french/videoaudio/PDFs/Guidelines_on_Child_Friendly_Spaces_-_SAVE.pdf
- UNICEF (2009). A practical guide for developing Child-friendly Spaces [https://www.unicef.org/protection/A_Practical_Guide_to_Developing_Child_Friendly_Spaces_-_UNICEF_\(2\).pdf](https://www.unicef.org/protection/A_Practical_Guide_to_Developing_Child_Friendly_Spaces_-_UNICEF_(2).pdf)