GUIDANCE

CHILDREN'S CONSULTATIONS IN HUMANITARIAN CONTEXTS

Save the Children

Acknowledgements

This guidance brings together years of work on children's consultations in humanitarian contexts by Save the Children. It builds on pre-existing guidance, including the "Protecting Children in Conflict – Process Guidance for Participatory Research, Assessments or Consultations", the toolkit for children's consultations in hunger responses (which has been adapted from the Ending Violence against Children – Children's Consultation pack (2016), the Child Friendly Participation Assessment Tools Toolbox, and the Toolkit for Monitoring and Evaluating Children's Participation: Booklet 5 (2014)), and integrates lessons learned from previous children's consultations. Many of the colleagues contributing to this guidance have been relentless advocates for child participation in humanitarian responses, and have supported such initiatives with technical expertise and passion.

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CONTENTS

* *Please note that Annexes mentioned in the Guidance are not included in this document, but have been made available separately in user-friendly formats.*

CHILDREN'S CONSULTATIONS STEP BY STEP:

BRING TOGETHER, AND CONSULT WITH, YOUR KEY STAKEHOLDERS

↓

IDENTIFY THE OBJECTIVES
of the children's consultation

↓

DECIDE ON THE APPROACH(ES)
to child participation and plan for this accordingly

↓

IDENTIFY PRELIMINARY KEY QUESTIONS

↓

DO A SECONDARY DATA REVIEW

↓

REFINE KEY QUESTIONS
based on the available data and data gaps

↓

DEVELOP THE METHODOLOGY
and sampling approach

↓

IDENTIFY AND ADAPT APPROPRIATE TOOLS,
including the informed consent and assent process

↓

PLAN FOR KEY STEPS,
such as Insights to Action, presenting findings and closing the loop

→

ASSESS RISKS AND DEVELOP A RISK MITIGATION PLAN

↑

DEVELOP A REFERRAL PROTOCOL

↑

SUBMIT FOR ETHICS REVIEW
and obtain approval

↑

UPDATE METHODOLOGY AND TOOLS
based on ethics review and translate materials

↑

PREPARE FOR DATA COLLECTION,
including the training of facilitators and note takers

↑

COLLECT DATA

↑

ANALYSE DATA

↑

VALIDATE YOUR FINDINGS
with children and other stakeholders

↑

TURN INSIGHTS INTO ACTION

↑

PRESENT FINDINGS

↑

CLOSE THE LOOP WITH CHILDREN

↑

LEARN FROM THE CHILDREN'S CONSULTATION PROCESS

1

INTRODUCTION TO THE GUIDANCE

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The way children experience disasters and crises can be distinctly different from the experiences of adults. This results in needs and problems specific to the affected child population. For any humanitarian response to be rights-based, appropriate, relevant and effective, consultation with and participation of the affected population are crucial. It is therefore vital that the specific needs and problems facing children affected by the crisis – as well as their capacities and suggested solutions – are understood, documented and taken into consideration when developing and reviewing strategies for a humanitarian response. Similarly, it is critical that children participate in emergency response preparedness processes, as well as in the monitoring and evaluating of responses.

Current needs assessment processes across the humanitarian sector do not ensure systematic respect for the child's right to be heard or the systematic consultation with children. This commonly results in the outputs of such needs assessments failing to include the unique perspectives, experiences and ideas of children. This not only means that needs and issues specific to children are not given the weight they deserve, but also that valuable contributions to the overall relief effort from the perspective of children are ignored.

Failure to listen to children's perspectives and opinions about preparedness for, or the response to, a crisis ignores children's own agency and their right to participate in decision making processes that affect their lives. In times of crisis, this can negatively impact their ability to recover from the crisis and undermine efforts to increase their resilience to future shocks and crisis events. This culminates in a greater risk of children's humanitarian needs being left unmet and of the overall response falling short of the mark, placing children at risk of further harm.

As part of Save the Children's commitment to shift the power and put children's rights and equality at the centre of our work in all contexts including humanitarian settings, we will listen to children as part of preparedness, response design, and monitoring and evaluation.

Objective of the Guidance

This guidance aims to provide Country Offices and Responses with practical information on how to realize the child's right to be heard, and prepare for and run a children's consultation in a meaningful and ethical way. It also covers how to use what children tell us to inform our work (from Insights to Action) and how to close the loop with children and communities. Using a 'good enough' approach, the methodology presented is sound but realistic, recognising the challenges and limitations when undertaking assessments in complex contexts. Where relevant, notes have been included on how to conduct consultations in collaboration with other actors. It is encouraged to conduct children's consultations in collaboration with local and national actors and other (international) humanitarian agencies. Lastly, this 'how to' guide is equally relevant when conducting children's consultations as part of other, inter-agency data collection exercises like inter-agency sector-specific needs assessments.

This guidance supports Save the Children humanitarian response teams to deliver on the SCI Monitoring, Evaluation, Accountability and Learning (MEAL) in Emergencies Procedure, in particular on the minimum requirement to conduct children's consultations. Given the various objectives children's consultations may have (see below), they also support other key deliverables in the MEAL in Emergencies Procedure as well as the Response Management Procedure, including needs assessments and response strategies and their revision. Children's consultations can take place in the early phase of a rapid onset response or later on (for example, to support recovery programming and exit strategies), and can also take place in a protracted crisis.

2

OBJECTIVES OF CHILDREN'S CONSULTATIONS

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Children and young people have the right to participate in decisions affecting their lives, their community and the larger society in which they live. Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) states that children have the right to be heard in decisions that affect them. To realise this right, children should have an opportunity to express their views freely, for their views to be respected and taken seriously, for decision-making processes to be informed by children's views, and for children to see the result of their participation.
In line with our commitments to children's rights and commitments under the Core Humanitarian Standard and Grand Bargain, children's consultations can have several objectives, supporting high quality and accountable responses.

Children's consultations can help us to:

1. **Realise and support children's rights and meet humanitarian standards:**
   - Realise the child's right to be heard (Article 12 CRC; Article 7 African Charter on the Rights and Welfare of the Child (ACRWC));
   - Realise the child's right to freedom of expression (Article 13 CRC; Article 7 ACRWC);
   - Realise the child's right to information (Article 17 CRC);
   - Meet the Core Humanitarian Standard;
   - Fulfil Grand Bargain commitments (Enabling priority 2);
   - Meet the Minimum Standards for Child Protection in Humanitarian Action (for example Principle 3).
2. **Provide children a platform to tell Save the Children, the wider humanitarian sector and other duty-bearers:**
   - How they think they, their families and their communities should prepare for emergencies and what support they think they would need depending on the type of emergency;
   - How children's lives have changed following a crisis;
   - What the biggest problems children, their families and communities are facing;
   - Where children feel safe and at risk, and why;
   - How different equity–seeking groups of children are affected differently by the crisis, as a result of age, gender, disability status, ethnicity, race, geography, refugee status, class and other intersecting factors;
   - What children's hopes and aspirations are for recovery from crisis;
   - What children's capacities, coping strategies and support nets are;
   - How children want to be involved in the humanitarian response and decision-making processes, to drive actions in their own communities;
   - Ideas on how to address, improve or resolve these needs, priorities and concerns from the perspective of children.
3. **Enable humanitarian actors to design, implement, and adapt their programming to better meet the expressed needs and rights of children, and create opportunities for children to lead and drive activities based on their feedback.**
4. **Deliver strong advocacy** with donors, United Nations (UN) bodies and national and local governments, with evidence-informed messages based on children's voices, to raise awareness on issues and rights deficits.
5. **Empower children to engage in dialogue** with donors, UN, national and local governments, to improve their preparedness and response to humanitarian crisis.
6. **Provide a foundation for further, long-term discussions and exploration with children** about how they want to be involved in decision making processes in their communities and beyond, together with Civil Society Organisations.
7. **And demonstrate our commitment to children's participatory rights and being accountable to children** by listening to their opinions, taking them into consideration when making decisions, and informing children of how their participation helped create change.

Time and context permitting, we can also use children's consultations to understand what information children would like to have and how best to provide it in an emergency, as well as to identify how children would like to share feedback and concerns with humanitarian actors, to strengthen our approaches to Accountability to Affected Populations.[1] Depending on the timing and phase of the response, the children's consultation could also help gather feedback from children on the humanitarian response thus far (for example, ongoing monitoring and evaluation with children) to inform decision-making.

REMEMBER!

A children's consultation is one way to support children's right to participation in a humanitarian context, but not the only way! In addition to a children's consultation, is critical child participation is embedded across humanitarian responses and child-led humanitarian action is supported.

Considerations for children's consultations in collaboration with other actors

Save the Children has conducted children's consultations with other child-focused agencies in the past and where possible we should collaborate with others – whether local or national actors, International Non-Governmental Organisations (INGOs), or UN agencies. Collaboration with other actors gives us more collective capacity to consult with children, will ensure more actors implement responses informed by child participation and creates a strong collective advocacy effort to influence the wider humanitarian sector. Importantly, collaboration with local and national actors also supports locally-led humanitarian action. Save the Children should ensure partners can meaningfully engage in the children's consultation process.

In the wake of 2013's Typhoon Haiyan in the Philippines, child-focused agencies World Vision, Plan and Save the Children, with the support of UNICEF, developed a child-specific participatory consultation methodology that enabled girls and boys to voice their needs and opinions, using methods appropriate to their ages and evolving capabilities. The report, "After Yolanda: What Children Think, Need and Recommend", provided a unique evidence base for consideration in response planning to ensure the specific needs of children were met. The success of the report in addition to continued advocacy led by Save the Children, contributed to the Government of the Philippines drafting a Children's Emergency Bill including the necessity of consulting children about their specific needs in all future disasters.

Since then, Save the Children, Plan and World Vision have worked together to listen to children's experiences of the Ebola outbreak in Sierra Leone, the Nepal earthquake, the Rohingya refugee crisis and the Central Sulawesi earthquake and tsunami in Indonesia. For the Central Sulawesi earthquake and tsunami response, the children's consultation was conducted by Empatika, an Indonesia-based people-centered research organisation.

These inter-agency children's consultations have helped elevate children's voices to influence decision-making processes, including informing OCHA's Humanitarian Response Plans and government recovery strategies. Agencies have also used the findings to advocate for programming that responds directly to the expressed needs and aspirations of boys and girls living in emergencies.

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[1] Save the Children's internal Participatory Accountability Assessment Toolkit can be used to support this.

3

WHEN TO CONDUCT A CHILDREN'S CONSULTATION

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Children's consultations can be large-scale or light-touch or somewhere in between depending on the context and objectives. When deciding with your team whether it is the right time to do a children's consultation, reflect first on the following questions to ensure the children's consultation can be conducted with quality:

- **Is there a clear purpose and benefit to children and communities, and in particular to the children that would participate in the consultation, if we conduct a children's consultation right now? For example:**
    - Is there a gap in data about children's needs and priorities? Or is there such a gap in specific geographical areas or for specific groups of children affected by inequality and discrimination?
    - Have there been opportunities so far for children to share their views on how they want to prepare for a crisis?
    - Has there been a recent escalation or change in context?
    - Have there been any opportunities so far for children to share their views on how the crisis has affected them, what their priorities are and how they want to be involved in the response?
    - Have children requested that their views be taken into account in the response or have they asked to advocate or engage in dialogue with Save the Children, our donors, the UN, or national and/or local governments?
- **Is there senior level buy-in to conduct, and clear opportunities to use the findings of, this consultation (in other words, to ensure Insights lead to Action)? For example (please note, a children's consultation does not need to support all of these objectives):**
    - Could the findings and recommendations from the children's consultation contribute to external response-wide needs analysis and response planning (such as Humanitarian Needs Overviews, Humanitarian Response Plans, Joint Response Plans or government plans)?
    - Will there be an internal strategy development or refresh/review process soon after the consultation (for example, Response strategy, Humanitarian Plan, Child Rights Situational Analysis or longer-term Country Strategy)?
    - Will there be an Emergency Preparedness Plan Process soon after the consultation?
- **Is there adequate budget and staffing available to conduct a high quality, meaningful, gender sensitive and ethical exercise? Will those involved be able to dedicate full time level of effort (LOE) to the exercise or at least for a period of time to oversee data collection and conduct analysis?**
- **Can we meet each of the Nine Basic Requirements for quality child participation (see also below)?**
- **Is there enough time to conduct a high quality, meaningful and ethical exercise so that the findings can be used effectively?**
- **Is it safe to consult with children at this point in time for both agency staff and affected people, taking into consideration not only physical safety, but also "do no harm" principles more broadly. For example, do we have staff with Mental Health and Psychosocial Support (MHPSS) and Child Protection expertise available to support the process?**
- **Is there access to the affected areas?**

If these questions can be answered positively, it is time to start planning your children's consultation!

4

TERMS OF REFERENCE

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A critical step in your preparation is developing a strong Terms of Reference (ToR) that clearly outlines all relevant information for the children's consultation. This helps create agreement and awareness about the purpose, outputs, roles and responsibilities and all the steps in the process among relevant stakeholders, whether in Save the Children or in other organisations that we are collaborating with. Below you find an overview of aspects to cover in the ToR (most of these topics are discussed in more detail throughout the guidance).

You can use the standard Save the Children ToR template for Evaluations, Assessments and Research. Adapt and expand the template as needed for the children's consultation, paying specific attention to the topics below.

Objectives of the children consultation

The ToR should be specific about the objectives of the children's consultation and what it will and will not do, so that everyone involved is on the same page. Include the key questions the children's consultation seeks to answer. A starting point can be the objectives and questions outlined above in **Section 2 and 3**, and the methodology section below provides guidance on how to identify the key questions. You should also describe what decisions or processes the findings will inform.

Establishing these objectives and key questions clearly from the very beginning of the process will provide guidance throughout the rest of the consultation process and its timeline, including the development of the methodology, tools, and how findings will be presented. In addition, clearly establishing the objectives and key questions will avoid scope creep later on in the process. It is essential that all the relevant stakeholders take part in a discussion to determine the objectives and key questions. These include:

- PDQ Director and Technical Advisors, including the Head of MEAL/MEAL lead and staff specialised in child participation (this could include Child Protection, Child Rights Governance, Education staff)
- Advocacy, Campaigns, Communications, and Media (ACCM) team
- Safeguarding lead
- Response Team Leader, Operations Director and Country Director
- Other Operations colleagues as relevant, such as Area Managers and/or Programme Managers

If we conduct the children's consultation together with (local/national) partners, you should also involve key stakeholders from their side from the very start and ensure their meaningful participation throughout this process. In some contexts, children might also be part of the design phase and should help inform objectives, methodology and key questions. For more on participatory approaches, see **Section 5**.

Methodology

Use the ToR to outline the methodology you intend to use to answer the children's consultation key questions. This should include the geographical scope and sampling approach, as this will have implications for the timeline and budget required. If you already have the tools you want to use, list these too. MEAL staff should lead on designing the methodology and tools, in close collaboration with technical advisors. The methodology for children's consultations is described in more detail below in **Section 6.**

Insights to Action

The ToR should clearly include the process stakeholders will go through to turn what we have heard from children into actions to improve our response programming and/or design new programmes. Learning from other children's consultations has shown that going from Insights to Action requires purposeful planning. In the ToR, clearly outline the process, when it will happen, and who needs to be involved. This is explored in more detail in **Section 12**.

Presenting findings

The ToR should outline what kind of "final products" will be produced, how these will be disseminated and what ACCM initiatives they will feed into. This could include a final report, a child-friendly version, a launch event, social media campaign, a video, advocacy with children, etc. Agreeing on these final products at the beginning will ensure shared expectations, clear roles and responsibilities of each team, accurate budgeting (for example, for lay-out and copy-editing) and inclusion in the timeline. This is covered in **Section 13**.

When thinking through these final products, special consideration needs to be given to ensure the loop is closed with children and communities, in line with the Nine Basic Requirements for Meaningful and Ethical Child Participation.

Closing the Loop

Closing the loop is essential for building trusting relationships and partnerships with children and communities and a key quality standard for children's participation. Some evidence indicates that failure to close the loop can also place children at further risk of violence or other rights violations. Experience of various children's consultations has shown, however, that closing the loop with children can be challenging. It is therefore essential that already in the ToR, teams develop a plan to share with children what came out of the consultations and what actions will be taken. This plan should also be considered when developing the budget. You may also want to plan for participatory activities with children to validate findings and suggested actions, or to action plan in their communities. For more on closing the loop, see **Section 14.**

Timeline

A timeline should be included with time requirements for each phase of the process and deadlines for key deliverables. It is important to build in sufficient time and a buffer, especially for key aspects such as training of enumerators, data collection and analysis, the insights to action process and closing the loop, to avoid rushing these steps as this will undoubtedly affect the quality of the process and final products. It is critical that time is also built in for the Ethics Review Process (refer to the Ethics & Evidence Generation Procedure, which includes a Humanitarian Adaptation, for expected timeframe of ethics review.) When setting a timeline, also consider time needed for supply chain processes (for example procuring a venue for trainings/workshops, or procuring services to design final products, etc.).

The timeline will help ensure that all stakeholders are aware of when their involvement will be expected and the timely finalisation of the process to ensure findings can feed into relevant decision-making processes, especially those that are sector-wide or external. It will also help ensure that ACCM colleagues can advise on when to release final products externally, so we can get the timing right from an Advocacy and Media perspective.

Roles and Responsibilities

The children's consultation process – including tool development, data collection, analysis, report writing, action planning – will require the involvement of many stakeholders. Think of the PDQ Director, Head of MEAL and Accountability Focal Point, Safeguarding lead, ACCM colleagues, Technical Advisors and Operations staff, as well as stakeholders from other organisations if we are collaborating with others. Identify in advance who is responsible, accountable, consulted and informed for different aspects of the process.

Experience has shown that having one person lead and coordinate the children's consultation is the most efficient and effective. It is important that this person – in agreement with their line manager – can prioritise the children's consultation full time for a number of weeks (depending on the scope of the consultation process). Other staff – depending on their function – will have to dedicate some LoE at different parts of the process and are less likely to support this process full time.

REMEMBER!

When identifying the objectives of the children's consultation, consider how children's perspectives can inform ACCM initiatives. Ensure, however, that children's consultations are about understanding children's perspectives, and take steps to guard against any pre-determined agenda. Save the Children will carefully listen to children and document their views and recommendations. We will not extract only quotes or data that align with our own pre-defined agendas and strategies. Our ACCM initiatives will be flexible, be informed by children's voices and create platforms to amplify those voices – together with children!

Budget

Include information about budget in the ToR, so there is a clear understanding of what needs to be funded and how the costs will be covered. Funding can come from multiple donors. In your budget, include things such as transport for data collection, validation and closing of the loop with children (and adults), refreshments for the consultation participants, for office supplies (flip charts, pens, stickers, printing), venues to organise the training(s) and workshops, translation of materials, and the development and design of final products (for example, budget for professional lay out and proof reading of the final report and for the design of the child-friendly versions). These examples are not exhaustive, and you may need to add other types of costs based on your context!

Sign off processes

The ToR should describe what sign off processes will be followed for final products (for example, the report and child-friendly version) and any ACCM materials. It may also include mention of key steps that should be completed before sign off is given (for example, were the findings validated with children before finalisation?). This will avoid delays and confusion at the final phase of the process.

Additional topics to cover in the ToR

In the ToR, you also want to cover the following:

- Strengths and limitations of the methodology
- Analysis plan
- Risk assessment (preliminary)
- Data protection plan
- Validation process with children

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Considerations for children's consultations in collaboration with other actors

A ToR is even more important when conducting a children's consultation with other agencies or actors. If you are working with multiple organisations, the following points are important to consider:

- Ensure all collaborating organisations are involved in the process as early on as possible so all all are on the same page and there is clear agreement on the role of each agency.
- A Memorandum of Understanding (MoU) will be required if you are splitting costs for the children's consultation between multiple organisations. This should also include agreement on how the work will be divided and which organisation will be responsible for what.
- Having one lead for the entire process has proven most effective and efficient. The lead would be responsible for overall coordination, technical oversight and quality of the process, and project management. LoE required when leading this process when multiple organisations are involved is higher than when it is internal to Save the Children.
- Ensure each organisation has one staff member who is the main point of contact for the consultation and then one or more focal points (for example, by function) that will coordinate amongst themselves. For example, each agency has a MEAL focal point, an ACCM focal point, a safeguarding focal point, and someone who will coordinate input from Technical Advisors (please note this may look different for local and national actors with different staffing structures). You will also need to identify staff from each organisation that will liaise about operational matters, such as logistics of data collection, procurement, etc.
- Agree in advance between organisations what red lines will be for each, as well as what terminology to use in the final products, to avoid back and forth later on. For example, in some contexts certain words may be sensitive, such as the words used to describe a war or conflict, the words "refugee" or "migrant", and sometimes we need to use specific words or terms when describing our interventions.
- When working with other organisations, a shared ACCM strategy is useful to ensure our efforts are coordinated and reinforce one another.
- Sign off procedures are more complicated when multiple organisatoins are involved. Outline in the ToR (or the MoU) what the process will look like to avoid delays at sign off stage.

5

PARTICIPATORY APPROACHES

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In Save the Children we distinguish three approaches to child participation: consultative participation, collaborative participation, and child-led participation. These have been outlined below. Children's participation in humanitarian action has often been consultative in nature, where Save the Children sought children's views to build knowledge and understanding of their lives and experiences, which in turn informs response strategies, their implementation and adaptation, as well as advocacy efforts.

There is, however, a dynamic and interconnected relationship between the approaches. One consultation process, for instance, might apply more than one approach, for example: adults may define the consultation questions and run the focus groups, but then work in collaboration with children to validate the data, design programme adaptations or novel ideas, close the loop and to use the findings in advocacy efforts. In some contexts, children might also collaborate in the design and delivery of workshops. Children's experiences during a consultation might also lead to their own child led efforts to create change.

Importantly, the 'approaches' are not a measure of quality (quality is defined by ensuring adherence to the Nine Basic Requirements – see **Section 8**). The approaches should instead be used to: further define your consultation plan; clarify the role of adults and of children at each stage of the process; communicate expectations and limitations with children, staff and partners; define the tools and resources that will be needed and; document and evaluate your efforts.

APPROACH	DEFINITION	EXAMPLES
Consultative participation	Where adults seek children's views in order to build knowledge and understanding of their lives and experiences. There is a defined plan to ensure children's views are respected, influence decision making and that children see the results of their participation.	For example, an NGO might consult with children during a humanitarian response to better understand children's needs. Consultation could be about a proposed policy change, or to get children's views on planning. It might be a piece of research to find out more about how children play, how they prefer to learn, or what challenges they face on a day to day basis. A local authority might consult with children on a regular basis on community issues. Following the consultations, decision makers define their response/policy/planning/etc. by taking into account children's views and they report back to children to explain their process.
Collaborative participation	Where children help to work out what needs to be done and how. It is a partnership between adults and children.	For example, an NGO partners with a local children's group to undertake research or focus groups with children. Children help define the research questions, the methodology, and support data collections with other children. Children also help write the report and disseminate the findings. They further help define advocacy and campaigning opportunities. Children are collaborators and partners throughout the process.

APPROACH	DEFINITION	EXAMPLES
Child-led participation	Where children initiate their own activities. Child-led participation is an approach that is wholly led by children. Instead of responding to ideas or projects initiated by adults, they create their own structures or organisations through which to determine the issues that are most important to them.	For example: children attend a consultation hosted by Save the Children. During the consultation they understand that safe access to the toilets is a key concern for many children in their community. After the consultation, the children meet and form a 'buddy system' to stay safe when going to/from the toilets. They also raise awareness and engage other children in the community. At the same time, they meet with camp organizers and advocate for more lights and better safety provisions. While adults may serve as facilitators, resource-providers, technical assistants or child protection workers, children ultimately control and direct the process.
No participation **Children as subjects**	No consultation with children. Decisions are made without children's participation. Processes where adults only extract information from children and there is no commitment to follow up or close the loop. Children's opinions do not influence decision making processes. Children are viewed only as beneficiaries and not rights.	For example: some research/survey methods may collect data from children, but it is not always clear if/how the data is used in decision making processes or if children ever see the impact they did or did not make. Research 'of' children, does not equal child participation.

In rapid onset emergency responses, it may be more challenging to support collaborative and child-led approaches. We should, however, always ask ourselves if there are opportunities to go beyond the traditional consultative approaches. For inspiration, here are some examples of collaborative approaches:

- Collaborating with children to identify the key questions of the consultation;
- Working with a small group of children to review tools prior to piloting;
- Children (co-)lead data collection processes, for example as child researchers[2] or as facilitators;
- Children organise and/or take part in sessions to validate findings and suggested actions;
- Children discuss the findings and identify what actions should be taken;
- Children lead the development of a child friendly report;
- Children organize community dramas/radio programs to share information or raise awareness;
- Children share findings and agreed actions with peers or in their wider communities;
- Joint advocacy initiatives based on the findings from the children's consultation to create change.

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[2] See here for guidance on child-led data collection.

CASE STUDY

Children's Ebola Recovery Assessment

In 2015, child-centred agencies conducted a consultation in Sierra Leone to hear how the Ebola crisis had affected their roles, responsibilities and future opportunities, and to formulate their recommendations for recovery. This consultation had more collaborative participation elements than most other children's consultations in emergencies have had. Save the Children engaged with two of its local child- and youth-led partners (Children's Forum Network and Children's Advocacy Network) to help with the community mobilisation, contextualise tools, and to act as youth facilitators for the consultation. This level of collaboration was more feasible in Sierra Leone, as Save the Children had a long-term pre-existing partnership with these child- and youth-led organisations.

To define the approach(es) suitable to your context and consultation, consider the following:

- Map out each phase/stage of the consultation and consider which 'approach' might be feasible (remember you might apply multiple approaches, at different stages of the children's consultation process, and for some stages, child participation may not be appropriate, see also Annex 2).
- What objective do we have for the children's consultation, for example: do we need to find out specific information, or is there some flexibility in the scope (in other words: is there opportunity for children to influence the questions or not)?
- Who are the groups of children we want to involve, and which approaches fit their age and capacities? Do they have any experience undertaking research, facilitating focus groups, etc.?
- Do we have pre-existing partnerships with child-led organisations who could support the consultations?
- What approaches to child participation are appropriate in this context?
- What human resources are available to support different approaches to child participation at different stages of the process? Do we have the right staff to support more collaborative, inclusive approaches meaningfully?
- What financial resources are available to support the different approaches to child participation?
- What is our timeframe and is there sufficient time to allow for meaningful collaborative or child-led approaches (which often take longer than consultative, as they will require more engagement with children)?

In the first phase of humanitarian responses, we have often chosen a more consultative approach, based on staff capacity, the timeframe (often short), and human and financial resources available for the exercise. Whether you take a consultative, collaborative or child-led approach, it is critical to decide on your approaches when developing the Terms of Reference (see also Annex 2). Importantly, your approach(es) can also be communicated to children to support transparency and understanding related to expectations and limitations (this is what we can and cannot do and here are the reasons why). Careful consideration of your 'approach' throughout the consultation plan will ensure you have made strategic and deliberate decisions about 'how' you will support children's participation.

REMEMBER!

Depending on the approaches you and the team decide on, there may be different risks involved. When developing your risk assessment with your team, consider risks associated with the different forms of participation and how you may address them (they may differ!). For child-led participation, we are unlikely to be in a position to identify and mitigate risks, given our limited role in the process. However, we can offer support to children to identify and share ideas of how to address them and stay safe (if we have an existing relationship with them). We may also be able to offer support if/when they face risks during activities.

If you are looking for more guidance, please consult this discussion paper and Safety modules in the Campaign Planner: Tools #8 (exercises 1 and 2); Tool 13 (exercise 2 and 3); Tool 20 (exercises 1, 2 and 3).

6 METHODOLOGY

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In this section, you will find guidance to develop the methodology for your children's consultation. Experience from previous (inter-agency) children's consultations teaches us that often *less is often more*. In other words, speaking to large numbers of children does not necessarily lead to better data or more powerful findings. The methodology considerations presented below use this principle as a starting point and help you get the balance right between speaking with enough children to have indicative findings for different groups on the one hand and resources and time available to conduct the process on the other.

6.1 Identify the overarching consultation question(s)

Identifying strong and clear question(s) that the consultation seeks to answer at the start of the process, is essential to a successful children's consultation (these are similar to research questions). You will have to ask yourselves what it is you want to understand from children. This should be brainstormed with relevant stakeholders such as the PDQ team (like Technical Advisors), the operations or implementation team (for example Programme Managers), and ACCM colleagues. While it may be tempting to create a broad list of consultation questions – to answer any and all questions you may have – it is best practice to identify a short set of key consultation question(s) that is as specific as possible. The questions should relate to the information gaps you have or problem you are trying to solve. This is why a secondary data review (see below) is vital as it helps you focus your consultation questions on what you do not know yet – making the process more manageable and likely to produce rich information.

6.2 Secondary Data Review

Once the draft children's consultation key questions have been identified with key stakeholders, you should conduct a (light touch) secondary data review to understand what relevant information already exists and what information and recommendations children may have already shared (through other processes). Secondary data can include needs assessment (for example, Rapid Needs Assessments, Multi-Sector Needs Assessment, Education Joint Needs Assessments, Gender Analyses, etc.), previous children's consultations, research and other relevant data such as monitoring data, accountability data, project evaluations etc. Secondary data can come from Save the Children but also from external sources. Ideally the secondary data were collected with/from children. Ensure that Technical Advisors support the secondary data review, actively providing sources, flagging relevant information and identifying gaps in information for their thematic area.

KEY DEFINITIONS

- PRIMARY DATA:

  Is new data collected from participants for needs assessment, evaluations and research, etc.

- SECONDARY DATA:

  Is "one-step removed" in that it is data that has already been collected (data that already exists).

To conduct a secondary data review, you should determine:

- **What you will consider to be acceptable existing data –** for example does data have to have come from a child participatory process?
- **A period during which the data is still considered relevant** – this will depend on how much context has changed in the area of focus. For example, will data from 5 years ago still be relevant in the area of focus?

Please do remember that secondary data collected from adults, does not replace the need to consult with children! However, if there were other relevant and quality child participation processes that happened recently, then that data can help us narrow down what to focus on in the children's consultation.

If you are conducting the children's consultation in a protracted humanitarian context, you may also want to consult the Research, Evidence and Learning Agenda of your Country Office, to see if there are already pre-identified knowledge or learning gaps that are relevant and could be filled (partially) through the children's consultation.

Once you have reviewed the data, summarise what information we have available (what are the key findings from the secondary data review), and what gaps still exist that we may want to explore through the children's consultation. Use this to review the questions to ensure that they focus on the information gaps and finalise them in the ToR. Once the short set of key questions has finalised, they should be used to inform the methodology and data collection tools.

QUESTIONS TO ASK WHILE REVIEWING SECONDARY SOURCES/DATA:

1. Who collected the data to be analysed (for example, male and female staff, who had been trained on child participatory methods)?
2. When was the data collected?
3. Is the data consistent with other data available from other sources?
4. What type of data was collected?
5. How was the data collected?
6. Where was the data collected?
7. Who was consulted as part of the data collection? Which groups (especially impacted by inequality & discrimination) were left out of consultation or were not so well represented? Whose voices are we missing?
8. In what context was the data collected, are the contexts the same or similar?

6.3 Data collection methods

All previous children's consultations have used qualitative methods for data collection and analysis, as these have allowed Save the Children to explore issues with children in depth using fun, interactive and child friendly methods. In addition, qualitative methods allow for problem solving and action planning with children, which is more challenging to facilitate through a quantitative approach. Qualitative methods also enable us to better understand and represent children's voices, experiences and perspectives.

Despite being the most appropriate methodology, qualitative data collection and analysis are more time consuming, which should be factored into the timeline. In addition, findings from qualitative data collection will not likely be generalizable outside the group from which you sampled participants during data collection.[3]

REMEMBER!

It is critical that the key questions of the children's consultation – as well as the questions we will ask children as part of the participatory data collection activities – are relevant to children, in line with the Nine Basic Requirements for Meaningful and Ethical Child Participation. In other words, the topics we discuss with children should be ones that are of real relevance to children and ones they are likely to have insight into. By focusing on topics that are relevant to children, their participation will be meaningful and ethical, and the data more reliable.

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[3] If you need statistically significant findings from data collection processes with children, quantitative methods should be used. However, this type of data collection and analysis offers very limited opportunities to explore issues in depth with children. Therefore, any quantitative approaches should be combined with qualitative approaches, to make children's engagement in these processes more meaningful.

KEY DEFINITIONS

- QUALITATIVE RESEARCH

  Aims to create a detailed understanding of something so you can explore, discover and construct. It is best for a detailed understanding, with in-depth and rich descriptions of a particular behavior or phenomena, typically drawn from a smaller number of adults and/or children.

- QUANTITATIVE RESEARCH

  Aims to quantify so you can describe, explain, and predict. It is best when we want information that is representative of a particular population (group), and when we want to quantify relationships and ideas.

Once you have identified the final key consultation questions – which may have been adapted based on the secondary review – you should:

1. Break it down into smaller more focused sub-questions.
2. Identify your sampling approach based on access, disaggregation (age, gender, children with disabilities, etc.), available funding, etc.
3. Identify which tools best correspond to each sub-question (see section below on Tools).
4. Narrow down your final selected tools based on the target group(s) (taking into consideration context, available funding and staff skills, children's age, disability, literacy and gender, etc.).

The above steps are explained in more detail below.

6.4 Sampling Approach

Sampling for qualitative data is not as exact as for quantitative data. What you are trying to achieve is something called 'saturation': when enough people or groups of people are repeating the same things that you know it is a reliable finding. Normally in qualitative research, data collection continues until saturation is reached, but in humanitarian contexts, you will likely need to determine the sample in advance of the data collection process, to determine timeline, budget and other logistical components.

Because of the qualitative approach, the sampling approach will not be calculated using a sample calculator, but instead will be determined by the number of groups of children with distinct characteristics (also called "sub-populations") you are interested in. Establishing these "sub-populations" is an important step to ensure we get perspectives from various equity-seeking groups of children impacted by inequality and discrimination.

Identifying your sub-groups (disaggregation)

Early on in the process (when developing the ToR and methodology), it is important to consider what level of disaggregation you need to ensure the key questions can be answered for different "sub-populations" of children. You can only analyse findings for sub-populations if you consult with these groups separately. What groups you want to consult with, will depend on the objectives of the children's consultation and the context you are working. These could include:

- By gender
- By age group
- By geographical area (rural, urban)
- By how affected communities are by the crisis
- By in- or out-of-school
- By host, displaced or refugee community
- By nationality or ethnicity
- Or by other inequalities and discriminatory factors based on the context

The first two – by gender and age group – are minimum levels of disaggregation, in order to ensure age-appropriate and gender sensitive approaches to data collection and analysis. As much as possible, we should accommodate for children with disabilities to take part in the focus groups, rather than consulting with them separately (see box below).

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Most of the children's consultations Save the Children has been involved in or led on, consulted with children aged 8 to 17 years old, but split into more specific age groups to ensure age-appropriate tools and discussions, and age-specific analysis. We have often used the following age break-down:

- 8-11 years old
- 12-14 years old
- 15-17 years old

These are not set or mandatory age breakdowns. How you split age groups may be different in your context, depending on children's development. If your team has specialised skills and experience in working with younger children, it may be possible to also consult with children aged below eight years old (see for example the children's consultation in Ukraine). At the same time, it is also not mandatory to speak with all these age groups: if your gap in data is specifically around adolescents, your children's consultation may focus on this age group only.

Which groups are targeted in the children's consultation will help determine which tools to use and how to phrase questions in the tools. Literacy levels (any age) and disability needs might also define your consultation plans and needed resources and methodologies. Gender may also be a key consideration in some contexts. Discuss the age, disability and gender breakdowns with education, gender, inclusion and child protection staff.

REMEMBER!

We discussed above children as the main focus on the children's consultation, but you may decide that in addition to consulting with children, you also want to add a data collection component focused on parents and caregivers, or adults that often engage with children, such as teachers. By adding this, you can create useful opportunities for triangulation. However, always remember that adult perspectives are not more valuable or true than those of children.

How to determine your sample size?

Once you have established the various “sub-populations” you are interested in, you have enough information to determine how many group discussions you will need to organise in each location that you will cover in the children’s consultation.

A review of qualitative research found that as a general guide, **saturation is reached with 3-6 focus groups of a particular sub-population of interest.**[4] That means that if you were only studying a highly homogenous groups, then those numbers of focus groups discussions may be sufficient overall. If you are studying a non-homogenous population, you would need to do more focus groups.

In other words, as a rule of thumb for each sub-population, you will need to speak with at least three groups of children (per location). The moment you add an additional characteristic you want to disaggregate and analyse data by (for example, we want to consult with boys and girls in the age groups 8-11, 12-14 and 15-17 (all consulted with separately and facilitated by staff/enumerators of corresponding sex), but also want to analyse this by host or refugee community), you need to double the number of focus groups you will conduct (see also below). This in turn has an impact on budget, logistics and your timeline, which is why deciding this early on in the preparation process is critical.

Your focus groups should consist of 6-10 children each. Depending on the age of the children and the experience of the facilitators, the size of the groups can vary within this range. In some contexts, it is common for fewer children to attend than were invited, whereas in others, we often see more children show up than planned for. Consider this when identifying children to participate in group sessions and make sure to communicate clearly children can only participate if their parents or caregivers have consented.

As mentioned at the start of the methodology section, consulting with large numbers of children will not necessarily lead to better quality data. Consulting with large numbers of children is therefore not recommended (also see box below “Less is often more”) and the sample size will need to be realistic based on time and human resources available to clean and analyse the data. For example, in a children’s consultation in Ukraine approximately 100 children took part, in a children’s consultation for the Rohingya response 200 children took part, and in a children’s consultation about the impact of hunger in Kenya, 160 children took part.

Indicative findings

Bear in mind that children’s consultations, just as any qualitative research, do not yield statistically representative results. However, they are the most appropriate method for collecting data from children in humanitarian contexts. Using the methodology and sampling approach outlined above, findings from the consultations will give you a good indication of the situation of the groups of children you are interested in (gender, age, location etc.) in the wider population. Be clear about the research limitations in your strength and limitations section of the ToR, final report and in your internal and external communications.

CASE STUDY

Less is often more!

During an inter-agency children’s consultation, agencies consulted with high numbers of children across many locations who had been affected by an earthquake. Although this ensured data was collected from a wide range of geographical locations, the amount of qualitative data was so enormous that the consultation team was unable to clean and analyse it in time, nor were they able to analyse data in much detail. Had the team consulted with fewer children, they would have had more time and less data to analyse, leading to stronger findings and more useable results.

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[4] *Namey, E. Riddle me this: How many interviews (or focus groups) are enough? (2017)* https://researchforevidence.fhi360.org/riddle-me-this-how-many-interviews-or-focus-groups-are-enough

EXAMPLE FOR STEPS 1 TO 3 (as mentioned on page 24):

1. **Initial problem/information gap identified:**

   "We don't know how children's health has been affected by the crisis in South Sudan"

2. **Secondary review show that there have recently been:**

   - a country-wide child participatory study focused on children's physical health (ages 8-18)
   - a country wide child participatory assessment with boys and girls – ages 16-18 – to identify potential impact of the crisis on their mental health

Adapt final consultation questions:

"Have boys' and girls' (ages 8 to 17) mental health been impact by the crisis in South Sudan and what support do they need"

3. **Identify your data collection methods:**
   Identify sub-questions, sample plan and match with relevant tools (**see section 7**)

Sample plan:
The table below lists the *number of discussion groups per sub-population.* Each group will consist of 6 to 10 participants.

STATE	8 – 11 years old		12 – 14 years old		15 – 17 years old		Total
	Boys	Girls	Boys	Girls	Boys	Girls	
STATE 1	3	3	3	3	3	3	18
STATE 2	3	3	3	3	3	3	18
STATE 3	3	3	3	3	3	3	18
TOTAL:	9	9	9	9	9	9	54

Sub-question	Corresponding tool(s)	8 – 11 years old	12 – 14 years old	15 – 17 years old
1) Understand effects of crisis of children's mental health	Body mapping	X	X	
	FGD			X
	Yes/no maybe	X	X	X
2) What children recommend as support	Visioning		X	X
	Message to aid organisations and people in power	X	X	X

Gender Sensitive Consultations and Facilitation

Ensure the consultations are equally accessible for all groups of children. This includes physical considerations (such as location, timing, transport, and ability), social considerations (such as norms around participation, leadership, and stigma) and personal/cognitive considerations (such as literacy levels and confidence). Consider the following to ensure your consultations and facilitation is gender sensitive[5]:

- Consider if there any barriers to the participation of certain groups of children, such as cultural or gender norms, that we need to account for and address prior to the consultations.
- Ensure the spaces where we conduct consultations are considered safe and comfortable by all groups of children. Identify what would be considered gender safe spaces (for example use Girl Friendly Spaces if available).
- Organise consultations at times during which the relevant groups of children are available.
- Consult with different groups of children separately so that we can analyse data by gender.
- Ensure that consultations with girls are led by women and those with boys are led by men (or women if that is more appropriate in the context).
- Ensure a Gender Technical Advisor reviews the participatory data collection tools to ensure the activities, instructions and questions are gender-sensitive.

As well as identifying as girls or boys, children may be non-binary. Non-binary children and adults often face specific challenges and barriers to attaining their rights. Where possible and ethical (considering first and foremost the safety of the potential participants) we should seek to consult with non-binary children to understand their experiences. Please be aware that publicly identifying children as non-binary may create risks for them in some contexts. It is recommended to work with local LGBTQI organisations or organisations of non-binary people to explore the possibilities for consulting with non-binary children, explore the risks and develop a plan of how they can be supported to participate.

For more guidance, consult the Humanitarian Gender Analysis Tool or reach out to the Save the Children SOGIESC Task Team (at SOGIESCTaskTeam@savechildren.org) and refer to the SOGIE Policy Position.

Consulting with children with disabilities

Consulting with children with disabilities helps to appropriately adapt programmes to their needs, which will help them reach their full potential and fulfil their fundamental rights (Plan International, 2016). Different approaches may be needed when consulting with children with disabilities, depending on the nature of the impairment underlying the disability. Sufficient time, resources and budget must be allocated, however, often adaptations required in a consultation approach are small, and easy to achieve with little budget implications.

It is advised to consult with children with and without disabilities in the same groups, rather than consulting with children with disabilities in separate groups (unless the children's consultation key questions specifically aim at exploring needs of children with disabilities only). In the note taking, we capture what was mentioned by children with and without disabilities, to the extent this can be observed or assessed using the Washington Group Questions prior to the consultations if appropriate.

During the planning stage, it is useful to engage with local organisations or networks of persons with disabilities to support the design of disability

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[5] This box is based on this guidance on gender-sensitive Focus Group Discussions and Facilitation.

inclusive approaches. For example, these organisations may be able to support with the planning and providing advice on all accessibility requirements to make participation an enjoyable and meaning experience for children with disabilities. The support could be context specific – for example the local disability partners can advise on which language is most appropriate to use in a specific location and identify sign language interpreters to support during the consultation.

It is always advisable to approach the planning with an "inclusive design approach" – for example , ensuring physical accessibility of the location, information, communication, setting up of groups, assessment of individual requirements (as needed). The majority of the children with disabilities will be able to participate with very little support.

During the consultation, a welcoming, friendly and safe spaces will enable children with disabilities to participate and share their experiences without inhibition. A key thing to remember is to "always address the child directly '' and ask their preference, rather than addressing the person accompanying the child. In group activities, make every effort to include the child(ren) within the group, rather than speaking with them separately. Do not make any assumptions, if needed, discuss with the child what adaptations or assistance he/she would find useful.

You can also adjust your tools accordingly. For example, if you using a tool which requires drawing (such as Body Mapping), and you have participants who have visual impairments in the group, you can ask all participants to share their views verbally, without writing them down. If necessary, the facilitator can write down the ideas on the flip charts on behalf of all participants. When using drawings, you can substitute with materials with textures and glue, or other sensory supporting resources instead (magnetic tiles' board, clay, buttoning constructions, etc.). If there is a child in the wheelchair, you can ask all children to sit in the circle for movement-type activities and use hands for voting (rather than physical moving). Pay attention to the language we use when doing activities, for example "look at", "stand up", "walk around," and adapt accordingly.

Consult with your Disability Inclusion Technical Advisor, as well as with Disability Inclusion TWG for more adaptations. More examples and guidance can be found here:

- UNICEF's Take us seriously: Engaging Children with Disabilities in Decisions Affecting their Lives (available in English, French, Spanish).
- Plan's Guidelines for Consulting with Children & Young People with Disabilities (available in English, French and Portuguese).

6.5 Developing an analysis plan

Before data collection starts, it is useful to develop an analysis plan, based on the key consultation questions and the tools that have been developed (tools will be discussed below in **Section 7**).[6] When developing the analysis plan, please consider:

- To inform the analysis plan, discuss with key stakeholders such as Technical Advisors and ACCM colleagues what kind of analysis they expect, to ensure everyone is on the same page.
- In the past, a lot of the children's consultation analysis aligned to different thematic areas, but this is by no means a requirement. You can be as creative as you want to be, letting the data lead you!
- You are likely to use a mix of deductive coding and inductive coding. This means that based on your key questions and secondary data review, you may already develop a framework of codes that you can reasonably expect to be relevant. During the coding process and analysis, your codes will evolve based on the data you have,

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[6] For more guidance on qualitative data collection and analysis, please see here.

and additional codes will need to be added, using a more inductive approach.

- If multiple people will be coding and analysing data, use the development of the analysis plan to ensure that there is agreement on what each of the codes mean and the process to add new codes, so that there is consistency in the use of codes across the entire data set.
- In addition to agreeing who will do the analysis, also clarify and agree which staff will need to be involved in the review of the draft analysis and findings (see also below).
- Ensure that in your analysis plan (and in your analysis grid), you already consider the various levels of disaggregation that are needed, in line with the objectives and methodology of the children's consultation. For example, if analysis will focus on differences between age groups, then this should be reflected in your analysis plan. If there are many levels of disaggregation, for example by age group, gender, and location, your analysis plan and grid will need to take this into account.
- Decide whether you will be using software or another way to code and analyse the data early on in the planning phase of the children's consultation. It is not mandatory to use a qualitative analysis software, but it can make the process easier. Examples of qualitative analysis software are Nvivo and MAXQDA. It is especially important to consider this early on if software needs to be procured.
- Determine in advance what your unit of analysis will be, as this will inform your analysis later on. There are two approaches you could consider (or potentially a mix of both):
- Assess for each group of children consulted whether something was mentioned or discussed; your analysis focuses on the group level (for example, in most groups of girls aged 8-11, x, y and z were mentioned).
- Assess across all groups, how many children mentioned something and use this you determine whether something was mentioned by most, many, some or a few children across all the groups; your analysis focuses on the level of individual participants (for example, most girls aged 8-11 described x, y and z).

Considerations for children's consultations in collaboration with other actors

- Decide among organisations whether you will co-design the methodology and tools, or whether one organisation will design and then ask other organisations for review and input.
- It will be helpful for Technical Advisors from all organisations to review the tools, but keep in mind the time review may take. Each focal point of the organisation is responsible for involving Technical Advisors as necessary.
- Ensure that in addition to Technical Advisors, the methodology and tools are also reviewed by Safeguarding focal points to ensure what we ask and how we ask it is culturally appropriate, sensitive, respectful and not doing any harm.
- Ensure the analysis plan is reviewed and agreed on by all organisations.
- Agree in advance whether the analysis team will consist of members from each organisation, or whether one organisation will be responsible for doing analysis, after which all other organisations review preliminary findings.

7 TOOLS

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Save the Children has used a number of tools for children's consultations, either on our own or together with other organisations such as Plan and World Vision when conducting Inter-Agency Children's Consultations. These have been outlined in the table below and can be found in Annex 1. When using the tools, please remember:

- You do not need to use every tool available. Instead, select and adapt tools that best help you answer the key consultation questions that you have identified. You can also use tools you have used successfully before.
- You may use multiple tools to explore the same key questions in the children's consultation and support triangulation. Make sure to map out the key questions of the children's consultations and which tools will help answer them to ensure you do not leave any key questions unanswered. This will also help guide the data collection teams and the analysis process later on.
- You will need to select appropriate tools depending on the age and capacities of children you will be speaking with. Consult with relevant staff – such as MEAL, Child Participation, Child Protection specialists – about what will be appropriate for different age groups in your context. Make sure you have also consulted your Disability Inclusion Technical Advisor or Disability Inclusion Technical Working Group to help identify the most appropriate tools.
- Ensure a gender sensitive approach to your consultations. Consult with your Gender Technical Advisor to define the approach(s) appropriate to your context (see box above on gender-sensitivity).
- When selecting tools and adapting them to the context and the data collection objective, also consider children's mental health and well-being, to ensure the tools and questions are sensitive to children's recent experience and we minimise the risk of triggering trauma.
- The tools in Annex 1 use general language and questions. Take time to adapt the tools to ensure it is relevant to the focus of your children's consultation and that the language used is age-, context-, gender-, disability- and culturally-appropriate, as well as respectful. A back translation will help quality assure the tools.
- Build in enough time in the children's consultation timeline, so you and the team can pilot the tools you have selected and make any adaptations based on the piloting process (see below). Use this opportunity to check whether the data you collected is helping to answer the questions.
- For each tool, develop a note taking template that matches the tool's structure, so that note takers can easily organize their notes in the templates. This will also ease the process of data cleaning and analysis.

The table below provides an overview of the tools in Annex 1, including their purpose and the age group. Please note that the age groups mentioned are an indication, but what will work in your context for different ages groups may differ.

Purpose	Name	Age group	Comment
Informed consent and assent	Informed consent from parents and caregivers	Parents and caregivers	
	Informed assent script for children	8-17 years olds	
Ice breakers and energisers	Ball game	8-11 year olds	
	Introducing my neighbour	12-17 year olds	
	Energisers	All age groups	

Purpose	Name	Age group	Comment
To understand effects of the emergency on children	Body mapping	8-11, 12-14, 15-17	Could be considered childish by older children (15-17) in some contexts
	Individual Expressive Drawing	8-11, 12-14	
	Puppets	8-11, 12-14	
	Mapping my day	8-11, 12-14, 15-17	
	Yes/no/maybe	8-11, 12-14, 15-17	May be challenging for younger children
To map risks children face	Risk mapping	12-14, 15-17	
	Empowerment star	12-14, 15-17	
To prioritise problems children face	Dot voting	8-11, 12-14, 15-17	This tool can be used to gather data on preferences and priorities more widely
To review the ongoing response activities	H-assessment	8-11, 12-14, 15-17	
To gather children's recommendations and identify their hopes for the future	Circles of action	12-14, 15-17	
	Visioning	12-14, 15-17	
	Messages to aid organisations and people in power	12-14, 15-17	
	Helping Hands	8-11, 12-14, 15-17	
To gather feedback on the process	Stone in the pond	12-14, 15-17	
	Stand, kneel, sit	8-11	

If you want to include in your children's consultation, any activities to collect data in relation to Accountability to Children and Communities, for example where children access information or how they would like to share feedback and concerns, this toolkit contains activities that can support that.

8

MEANINGFUL AND ETHICAL CHILD PARTICIPATION

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8.1 Ethics Review Process

Children's consultations should go through an Ethics Review Process to ensure evidence is generated ethically and the welfare of participants is ensured, in line with the Ethics & Evidence Generation Policy and Procedure. Ethics Approval also ensures we can externally publish the final report(s).

As part of Save the Children's Ethics Review Process, the ToR, tools (including informed consent and assent processes), and risk assessment should be submitted, as well as information about how we will ensure safeguarding policies are adhered to and the Nine Basic Requirements for Meaningful and Ethical Child Participation will be met.

The Ethics Review Process takes approximately two weeks, but faster turnaround is possible in humanitarian responses when response teams have less time to prepare and conduct these consultations. Please ensure you build enough time into the timeline for the Ethics Review Process. Get in touch with the Ethics & Evidence Generation team in advance to provide them notice that their review will be requested (EthicalEvidence@savethechildren.org). The Ethics Review Process is free and does not require budget.

Lastly, it is important to highlight that (MEAL) staff leading on (and contributing to the design and use of) the children's consultation should have basic ethics certification. Staff supporting the data collection/participatory processes with children should receive a basics ethics training from a certified MEAL staff member. More details are in the above referenced Ethics and Evidence Generation Procedure.

Considerations for children's consultations in collaboration with other actors

A children's consultation will only need to go through one Ethics Review Process. When working together with other organisation, you will need to decide which Ethics Review Process to go through if other organisations have a similar process. It is not necessary for each organisation to submit the children's consultation to their own Ethics Review Process.

8.2 Nine Basic Requirements for Meaningful and Ethical Child Participation

The Nine Basic Requirements for Meaningful and Ethical Children's participation are outlined in the Committee on the Rights of the Child General Comment on Article 12. Save the Children is committed to fulfilling these requirements. They help plan for and implement high quality children's consultations.

It is highly recommended to organise an induction for staff participating in the children's consultation – both MEAL and ACCM staff – to receive a training or refresher on the Nine Basic Requirements and how to implement them in practice. In addition, the tool in Annex 3 can help teams plan for meaningful and ethical child participation. The table below outlines each requirement and illustrates how they can be fulfilled in practice for the children's consultation.

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Requirement	In practice this means…
1. Participation is transparent and informative	• Child-friendly information about the consultation is provided in appropriate and accessible languages/formats in a timely manner. • The purpose of the consultation, what will happen during it, how information will be used, and the limitations are clearly explained to children during the informed assent process. • Children are free to ask questions and know how to get more information, if they wish. • Children are clear on what they can and cannot influence; their expectations are effectively managed. • Staff are prepared to answer children's questions and do not dismiss them. *Top tip: try creating a "Frequently Asked Questions" document during your planning process to ensure that staff leading consultations have the information children might ask about.*
2. Participation is voluntary	• Children have enough information and time to decide about whether they want to participate or not. • Children have provided informed assent. • Children know they can stop participating at any time, without repercussions. • Staff have addressed adult/child power imbalances to ensure a truly voluntary process. • Staff are aware that permission given under pressure is not consent.
3. Participation is respectful	• Children can freely express their views, and these are listened to by adults and other children. • Effective facilitation ensures children are not humiliated, frightened to speak out or discriminated against. • Effective facilitation ensures that the ways of working are culturally- and gender-sensitive. • Children's own time commitments (to study, work, play) are respected and taken into consideration when planning the consultation. • Staff are polite and considerate. • Support from key adults in children's lives (for example, parents, carers, teachers) has been gained to ensure respect for children's participation. • Children are never used or manipulated by adults to advance the latter's agenda.
4. Participation is relevant	• Issues discussed are of real relevance to the children involved. • Children clearly understand why they are participating in the consultation. • Children understand how their input will add value to the children's consultation process and the decisions it is seeking to influence. • Children are encouraged to highlight the issues that they themselves regard as relevant. • Methods enable children to understand the issues of concern and support them to share their insights, expertise and recommendations according to their age, circumstances and maturity.

Requirement	In practice this means...
5. Participation is child-friendly	• The methods and tools are child friendly, and appropriate for the age and capacity of children involved. • Consultation locations and times are child friendly and accessible by children. • Staff have the competencies to make children feel relaxed and build their self-esteem and confidence. • Staff are adaptive and flexible in their approach. • Sufficient time is allotted for the proposed activities.
6. Participation is inclusive	• Children are not discriminated against by reason of age, gender, race, colour, sex, sexual orientation, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status. • Girls and boys of different ages, non-binary backgrounds and abilities are supported to take part in the children's consultation. • A safe space is provided for different groups of children to explore issues relevant to them (for example, girls working separately from boys, if needed with facilitators and translators of corresponding sex). • The process ensures that the voices of children impacted by discrimination and inequality are heard and valued. • Participation challenges and responds to existing patterns of discrimination. • Direct efforts are made to meet in environments and times accessible to children, especially those impacted by discrimination and inequality, considering specific requirements (for example, disability friendly transportation and venues).
7. Participation is supported by training	• All adults interacting with children possess the confidence, skills and support to facilitate meaningful children's participation processes. • Staff have dedicated time and access to key documents and relevant resources. • The management of the children's consultation is set up to support the continuous quality improvement in child participation (for example, regular debriefs with facilitators). • Opportunities to support children to lead elements of the children's consultation have been explored; where possible, these children receive appropriate training (for example, in facilitation, in data collection, in analysis etc.).
8. Participation is safe and sensitive to risk	• The principles of 'do no harm' and 'best interests of the child' have been applied. • A risk assessment (considering conflict sensitivity where appropriate) and risk mitigation plan has been developed and implemented. • Children feel safe when they participate. • Children involved in the children's consultation are aware of their right to be safe from abuse and know where to go for help if needed. • Referrals for psychosocial support (or other urgent support) to children have been established.

Requirement	In practice this means...
	• Staff recognise their legal and ethical responsibilities in line with codes of conduct, child safeguarding policies and procedures; all staff have signed a code of conduct and child safeguarding policy. • Consent is obtained for the use of all information provided by children and information identified as confidential is safeguarded at all times. • No photographs, videos or digital images of a child can be taken or published without the child, and parent/carer's explicit consent for a specific use. If pictures or videos are taken, children will not be recognisable.
9. Participation is accountable	• Ensure an appropriate, child-friendly version of the results of the children's consultation is shared back to children. • Lessons learned are captured and used to inform quality improvements, both within a response and from one children's consultation to the next. • Children receive child-friendly information about how they can share their feedback and concerns with Save the Children. • We commit to using the findings of children's consultation for programme adaptation and advocacy. • We make every effort to see children's consultation as the foundation for further child participation throughout a response and document within our strategy how ongoing children's participation will influence our work.

8.3 Risk Assessment

It is critical that children are not harmed during children's consultations. To help children be safe, we must assess and mitigate risks. This requires awareness and consideration of the local and national socio-cultural, religious and political context. *All children's consultations must have a risk assessment and mitigation plan.*

We need to assess risks associated with participation, but we also need to analyse the risks of not supporting child participation and of not listening to children (for example, failure to support children's right to participation, continued disempowerment after a traumatic experience, increased risks of staff abusing children, or increased risk of poor quality project implementation if there are no channels for children to share their concerns and feedback). Participation will always come with risks (that most often can be mitigated), but risks of not supporting child participation may be greater and more challenging to mitigate.

Risk assessments should consider potential physical, psychological, economic, legal or social harm to children and their communities, as well as to the organisation(s) involved and their staff. Risk assessments should be developed in consultation with a range of staff (from Save the Children as well as partners if relevant). At a minimum, seek to ensure engagement from:

- Child Protection colleagues (including MHPSS);
- Safeguarding colleagues;
- MEAL colleagues;
- Safety and security colleagues;
- Programme managers or project coordinators;
- and staff members who work closely with the communities where the consultations will take place (for example, area-based staff).

Where possible, you should consult with children to help understand what the risks and benefits of a consultation would be. For example, if you have pre-established children's groups you could ask for their advice in reviewing the plans and identifying additional risks, before finalising your risk assessment. Some risks may only be known by children themselves and/or children may bring a unique perspective into the risk analysis and mitigation plans. Alternatively, you can review existing data already collected from the same area or the same context where children may have identified risks or expressed concerns to help inform your risk assessment.

Risk assessment must be linked to conflict analysis – ask if your country teams already have conducted a conflict analysis. Then using that conflict analysis, reflect on how it could affect the children's consultation. For example, you should consider what differences, tensions and conflict between children may emerge during consultations. Which conflict-related issues might be particularly sensitive for particular groups of children to discuss? Who are most conflict-affected and vulnerable in this area? How should they be included in consultations? Who might react badly to being excluded from the consultation process, and why might this be the case? What might drive their sense of exclusion and injustice?

When developing risk assessments, think about…

Who might be at risk during this activity?	What types of risk might they face?	When assessing risks, consider:
• Children in general? • Specific sub-groups of children – different ages, genders, disabilities, minority groups etc.? • Adults in communities? • Staff? • Organisation/s • Etc…	• Risks to immediate physical safety (for example, car accidents, unsafe locations, contracting diseases etc.) • Risks to psychological health and wellbeing (for example, re-traumatisation) • Risks of retribution or retaliatory violence (for example, would a child be at risk if people, including possibly perpetrators, knew that they had been talking about violence against children?) • Social harm (for example, stigmatisation if it becomes known by a community that a participant has experienced something that is 'taboo', such as sexual violence) • Child safeguarding risks, including sexual abuse and exploitation • Harm because of unfair exclusion • Economic harm (for example, could the participant or a community lose income as a result of participating in the study?) • Legal harm (for example, could participating in the study affect a participant's ability to make a legal claim such as those related to refugee law?) • Reputational harm (linked to misuse of power, authority, incompetency, lack of accountability etc.) • Financial harm (fraud, misuse of resources)	• *Likelihood: how likely is it that the event/situation will happen?* *For example, it's very likely that I will get a cold but very unlikely that I'll be hit by lightning.* • *Severity: how much harm would be caused if the event/situation happened?* *For example, a child being abused by a staff member would be a very severe risk, but me losing my wallet would be low severity.*

Use the **risk assessment template** included in Annex 4 to document your risk assessment and mitigation plan. This should be saved and kept on record during and after the children's consultation. The **risk mitigation checklist** (see Annex 4) can be used prior to data collection to ensure risks have been considered and mitigation measures are in place. It may also be a useful source of inspiration of factors that you need to consider when you are completing the risk assessment template. You can add any additional risk mitigation measures you identify during the risk assessment to this checklist.

REMEMBER!

Your risk assessment and risk mitigation checklist need to be context specific to be relevant and effective. If your children's consultation is taking place in various areas that differ from another (for example, they are in different provinces or districts), this may mean you need risk assessments, conflict analysis and risk mitigation checklists for each area, developed by staff working in these areas.

8.4 Developing referral protocols

Consultations with children should rarely/never seek to collect data on very sensitive topics nor should children be asked to share personal stories of abuse/neglect. Children should also receive clear information about the scope and purpose of the consultation and have ongoing access to feedback and reporting channels. However, regardless of our key consultation questions and our methodologies, sensitive topics may arise. Sometimes during children's consultations, we can learn about urgent serious problems and safeguarding concerns that individual children are facing. **Referral protocols** ensure that we know how to report issues and/or refer children for further support if the need emerges during the participatory activity. Needs could include:

- Support after a (child) safeguarding or child protection issue arises (including identification of an unaccompanied child in need of care and other support);
- Support for any Gender Based Violence (GBV) disclosure, considering the best interest of the child (remember, consultations should not actively seek for GBV disclosures as this leads to re-traumatising the survivor).
- Psychosocial support, if a child is very distressed or discloses that they have experienced a traumatic event;
- Health support, if the child is unwell/injured and not receiving assistance or if a child discloses that they have recently experienced sexual violence;
- Urgent requests for assistance (for example, food or shelter).

Children may reveal harm or safety issues, including child abuse or neglect related to themselves or others, during the consultation, or staff may suspect that children or others are at risk and in need of protection. This requires an immediate, sensitive response from staff and follow-up support or referral to appropriate services.

For example, if the needs are non-sensitive (like the urgent need for food or shelter), ask the child to talk to you further about the issue after the discussion. If the issue is sensitive (for example, protection concerns), it may be necessary to follow up with the child at their home or community rather than asking them to stay after a discussion. This should be done both when a child discloses issues related to themselves and to other children. Depending on the nature of the issue, consider what location would be safest for the child (for example, if the child alluded to violence in the home, discussing this issue further at their home would put them at more risk).

Recognising potential well-being concerns, ensuring that children are safe, and that follow-up support is provided as necessary, are core components of high quality and ethical consultations. It is important for the consultation team to be aware of what steps to take, but you should also communicate to children (as part of the assent process) what we will do if certain issues are disclosed (for example "if we are worried about your safety or that of another child").

REMEMBER!

Any safeguarding concerns must be reported to the designated safeguarding focal point immediately after the focus group discussion – do not wait until the end of the entire children's consultation process is completed. You do not need proof or evidence that a breach of the safeguarding policy has occurred; you must report any concerns.

In addition to hearing about urgent harm or safety issues that require participants to be referred for additional support, you may face requests for assistance or questions about the work of other humanitarian actors. Try to predict what these requests and questions may be and develop a list of **"Frequently Asked Questions"** and answers to these, to help facilitators and enumerators provide accurate responses. For example, you may face questions about what activities Save the Children is doing in the area, eligibility criteria for assistance, and what other services are being provided by other organisations. You should also include information about our feedback and reporting channels.

Follow these steps to develop a referral protocol (see Annex 5 for example):

1. Liaise with the Child Protection and Safeguarding teams. They may already have established referral protocols, or at least some information such as the service mapping.

   Please note: you may need to tailor any existing protocol you are already using to the consultation, but they form a good starting point. Depending on the areas the children's consultation will take place in, you may require to develop multiple referral protocols.

2. Identify the potential harm or safety issues that may be identified during the consultation.

3. For each potential harm or safety issue, identify a list of signs or warning signals that should trigger a referral to help facilitators/enumerators identify concerns.

   for example, *"obvious untreated physical injuries" that require urgent medical attention include: fractured/ broken bones, dislocated bones, loss of consciousness, cuts/bleeding.*

4. For each potential harm or safety issue, identify what support children experiencing that may need.

   This could include, for example: medical treatment (including post-exposure prophylaxis and emergency contraceptives); psychosocial support; support to meet basic needs; and legal support.

5. For each potential harm or safety issue, identify how urgently support must be provided.
   for example, *within 24 hours, within 48 hours, within 1 week etc.*

6. Map organisations that can provide the potential support identified.

   This will include Save the Children ourselves, partners, other NGOs, local services (such as health facilities), and the police.

   NB. At this point, you may decide to develop multiple referral protocols if the mapping of organisations is different for various areas the children's consultation will take place in.

7. Agree arrangements with these support providers. Engage additional support as required.

8. Identify roles and responsibilities within data collection teams for referring issues.

9. Monitor the referral processes: what types of issues are being identified during the consultation process and are children getting the agreed level of support? It may be appropriate for the child protection team to support.

8.5 Informed consent and assent

It will be necessary to obtain agreement to participate in the consultation from children (assent) and from their parents and/or caregivers (consent). For informed consent and assent, we need to:

- Provide **all necessary information** in an understandable and accessible way;
- Emphasise that **participation is voluntary** and that children can withdraw consent at any point during data collection, without negative consequences;
- Obtain **"affirmative action"**: either verbal or written consent stating they agree to participate.

How to best obtain consent and assent – whether in writing or verbal with a witness present (for example, another staff member) – will depend on your context. However, please consider the following:

- Try to obtain consent and assent a few days before the consultations, so that parents and caregivers, and children have time to think about the decision to participate.
- In recognition of children's evolving capacities, you could consider approaching children aged 14-17 first (before speaking to their caregivers) to ask whether the child would be interested in taking part, giving the child space to decide whether to participate.
- At the start of each discussion with children, always summarise key information related to the children's consultation and check that all children continue to assent to participate.
- Remember that assent and consent are renegotiable. Children can withdraw their assent and stop participating at any time if they change their minds. It is important to explain this to children at the start. You can rehearse this idea with children during icebreaker games, for example by playing a game in which children are able to say "stop!" at any point. It can be difficult for a child to say "stop" to an adult so you may wish to consider giving children something they can hold up (such as a red card if football is a popular sport in that context, or a road sign saying stop) if they want to pause or stop the discussion. If at some point during the session, a child seems disengaged, a facilitator can always check in with them whether they want to continue.
- Emphasise that if children do not want to participate there will not be any negative consequences for them and their families. Especially in first phase of a humanitarian response, children and their families may worry that not participating may affect their eligibility for support from Save the Children in the future. At the same time, participating in consultations does not mean children and their families will automatically receive Save the Children's support moving forward.
- Always provide information to children and parents and caregivers on how they can contact Save the Children if they have any feedback or concerns (sharing details on our feedback and reporting channels).

In Annex 1, you find example consent and assent scripts. In addition, this guidance and these examples produced by the SCI Ethics and Evidence Generation Team can help develop your informed consent and assent process[7].

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[7] For additional guidance on informed consent, including a case study on non-written informed consent and child-friendly approaches, see pages 44-46 of this resource pack.


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Considerations for children's consultations in collaboration with other actors

- Make sure there are focal points for safeguarding and Child Protection concerns for each organisation and each area covered by the children's consultation, who have fed into the risk assessment and the referral protocol.
- Ensure there is a unified referral protocol that all organisations agree to and that roles and responsibilities are clear.
- Ensure informed consent and assent processes are the same for all organisations (for example, to make sure all participants receive the same information about the consultations).
- Agree between organisations which feedback and reporting channels we be used, so that it is clear to children and their families how to share feedback or raise concerns. What is most appropriate, will depend on your context.

REMEMBER!

If you need family's contact details to be able to close the loop later on (for example in your context there is wide access to technology and you will be digitally sharing child-friendly briefs with all participants of the children's consultations) you can use the informed consent and assent process to collect those personal details. Make sure to collect consent and assent separately for participation in the sessions and for the collection of the contact details. You will need to clearly communicate how you will use the personal data, how long you will store it and how that data will be protected. For collecting personal data as part of consent and assent processes, please see this guidance.

9

PREPARING FOR DATA COLLECTION

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9.1 Profile of data collection team

It is important to select staff with skills that can effectively support data collection and engagement with children. Ideally staff selected for the data collection team (facilitators and note takers) will have:

- A commitment to the Nine Basic Requirements for Meaningful and Ethical Child Participation.
- Experience in data collection with children, participatory research with adults and/or working with children in other settings (for example, Child Rights Governance, Child Protection or Education programming).
- Language skills based on the groups you will be consulting with.
- Strong soft skills, including active listening, flexible, engaging and a quick thinker.
- Awareness of personal biases and ability to set them aside.
- An authentic approach to working with children and willingness to practice humility (this helps to balance power between adults and children).
- For note takers: attention to detail, fast writer, observant, analytical, and an ability to take notes with minimal bias.

9.2 Data collection team composition

Running participatory activities with children can be intense and taking notes can be challenging. To manage these activities and ensure high quality data the following is recommended for a group of six to ten participants:

- Ideally, to ensure high data quality: 2 facilitators and 2 note takers (4 total);
- In between solution: 1 facilitator and 1 note taker, and 1 person who can rotate between both roles (3 total);
- Bare minimum, but with risks to data quality: 1 facilitator and 1 note taker (2 total);
- Accommodations: pending the composition and needs of your group, extra facilitators may be needed to support the participation of children with disabilities. Gender balance may also be a key consideration.

The composition of data collection teams should mirror the profile of the groups of children they will be speaking with, to create a safe space for children to speak freely including about sensitive topics. Female staff should consult with girls, and male staff with boys. Depending on the context, it may also be acceptable (or even more appropriate in some cases) for female staff to consult with (younger) boys. In addition, children with disabilities can also define the support and resources they will require, including facilitation requirements. What is most appropriate should be explored with the gender, inclusion and safeguarding focal points in your office.

Facilitators should never take on a dual role as a note taker. Where possible, it may be helpful to have two note takers with different responsibilities. For example: one note-taker can be tasked with capturing the detailed voices, views and quotations during a consultation. The other note-taker can be responsible for capturing big ideas, concepts, emergent ideas and recommendations. Lastly, it is important to consider language(s) used/spoken in each of the areas in which you will be consulting with children. It is important children can express themselves in the language they feel most comfortable using. Ensure that the data collection teams have the right language skills and tools and/or explore options for translation.

REMEMBER!

Depending on the approach(es) to child participation selected for this consultation process, data does not need to be collected only by adults. In a children's consultation co-led by children, they can lead or support some of the processes, for example by facilitating sessions with their peers. Children may also be collaborators in taking notes and defining ways to document the consultation. Bear in mind that child-led data collection requires more planning and preparation time. See the section above on the approaches to child participation and consult guidance such as this guidance on child-led data collection and this toolkit for participatory research and evaluation.

9.3 Training for data collection teams

Collecting data with children through participatory activities in group settings can be challenging and is very different from data collection with adults. It is therefore important that the data collection team receives in-depth training specifically for the children's consultation, even if they are experienced in data collection from adults (in line with Basic Requirement 7: supported by training). If you are working with staff who have experience in collecting data with children, you may be able to do a more light-touch training.

REMEMBER!

If you are collaborating with children in the data collection/consultations, you will need to consider the specific skills and competencies needed by the young people on the team according to the roles they will be taking. Ensure the training is delivered in a child friendly format.

The following topics should be covered in the training. Who is responsible for each session depends on your context, team composition, and which one of the stakeholders involved in the process is best placed to deliver training on these topics.

Topic	Suggested content
Objectives of the children's consultation	• Objectives • Key questions we want to answer • How we will use the findings
The methodology	• What methodology will we use to collect data • Who will we collect data from • What is the sampling approach
Informed consent and assent	• Principles underlying consent and assent • How will we obtain consent and assent
Data collection tools	• What tools will we use and for which groups • How will we ensure the tools are gender and disability sensitive • The questions in each of the tools including probing questions • How to use note taking templates
Facilitation and note taking skills	• Top tips for facilitation and note taking • Practice facilitation and note taking, including how to ask probing question to ensure sufficient detail in the notes • How to minimize bias in facilitation and note taking (awareness of how the "adult" bias may influence our work) • What accommodations might be needed for gender and inclusion • Practice "tagging" of participants with a number and attributing notes to each number to anonymously track data by individual participant
Data quality	• What steps will data collection teams go through to ensure data quality • What will the consultation lead do to ensure data quality

Topic	Suggested content
Managing data	• Where will data be stored • When should it be shared with the data collection team lead
Child participation	• The importance of child participation • The different approaches that can be used • The Nine Basic Requirements for Meaningful and Ethical Child Participation and what they mean in practice
Gender and inclusion considerations	• Ensuring the consultation is, at a minimum, gender sensitive • Understanding, unpacking and accommodating the accessibility needs of the participants • Adaptations and tools for supporting different needs, including low literacy and different disabilities
Safeguarding	• General safeguarding and safe programming principles and considerations for MEAL and Research • How to identify safeguarding and protection risks, including risks specific to gender, inclusion and children with disabilities • Referral Protocol
Risk Assessment	• What risks have been identified, including based on the Conflict Analysis • Which risks are missing • How will we mitigate these risks
Psychological First Aid	• How to identify signs of distress • How to provide Psycho-social First Aid (PFA)
Staff well-being	• Vicarious Trauma • Discussion of strategies to support staff well-being
Data collection plan	• Data collection teams and roles and responsibilities • Details in relation to where, when, and who will be collecting data • Discuss potential operational challenges (other than the risk assessment) • How to store and share data with the consultation lead

An essential part of the training is practicing the tools through simulation. Make sure you create a safe environment for staff to practice, make mistakes and learn together. This is a great opportunity for team building!

After having introduced each of the tools (discussing their objective, reading through them collectively, discussing them, clarifying details where needed, etc.), split the data collection team into smaller group and practice the tools one by one, with some staff facilitating and others pretending to be children (switch regularly so everyone is facilitator at some point). Each of the groups should also organise the practical side of the activities, for example preparing flip charts. When practicing the tools, ensure staff who play children behave and engage differently, using some of the scenarios below to prepare the team even better. Ensure facilitators practice asking probing questions to encourage children to share more information.

After all the tools have been practiced, ensure you discuss in plenary what went well, what did not and how this could be improved. Also use this opportunity to check whether the activities, questions, words used, etc., are appropriate for the different groups of children you will be working with, so that the tools can be improved before consulting children.

Data collection teams often learn a lot from having to run and participate in the activities themselves and it helps them prepare for the activities from a practical perspective as well. It also helps address quality issues with the tools. However, do remind data collection teams that every group of children is different and that what works for one group may not for another: they may still need to adapt during sessions with children!

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Is the team ready?

As a team, explore some of these scenarios to determine your overall readiness (for example what steps would you take if this scenario would happen). If any of the scenarios pose insurmountable challenges, consider the skills/tools/procedures needed and take time to build the team's competencies. As a team, explore and define other scenarios you think could arise and how you will manage them. If there is time, create 'role plays' to act out the scenarios and the responses.

- **Scenario 1:** Imagine someone in the group begins to get emotionally upset during the consultation.
- **Scenario 2:** You (as a facilitator) find that some of the information being shared during the consultations is difficult to hear and you start to feel strong emotions.
- **Scenario 3:** You and/or the child participants start to feel unsafe or unwelcome where you are doing the consultation.
- **Scenario 4:** Someone other than your team or the child participants arrives and wants to disrupt or participate in the consultation.
- **Scenario 5:** You become concerned that a participant or someone they know is in danger and needs help. For example: the child tells you they are being abused.
- **Scenario 6:** After the consultation, you hear talk (or gossip) in the community about personal information only people in the consultation heard and shared.
- **Scenario 7:** You notice that one child participant is not really engaging and that they are not sharing their ideas or views.
- **Scenario 8:** Some children laugh or make fun of the contributions other children are making.
- **Scenario 9:** you have planned a workshop for 12 children ages 12-16. When the workshop starts, there are 25 children and some are as young as 5 years, or, the workshop starts and only three children have arrived.

REMEMBER!

When planning for data collection, ensure to discuss with ACCM colleagues what opportunities may exist to collect ACCM materials as part of data collection. It is important to note that any collection of ACCM materials is always secondary to the children's levels of comfort to take part in the children's consultations. If there is a need to take pictures, it is recommended these are taken before or after the session (at most during the ice breaker), to avoid disruption and to ensure children feel comfortable to speak freely during the sessions. In addition, take pictures in such a way that it protects the identity of children. Lastly, if pictures will be taken, ensure that this information is shared with children and adults/caregivers in advance and that consent/assent is obtained.

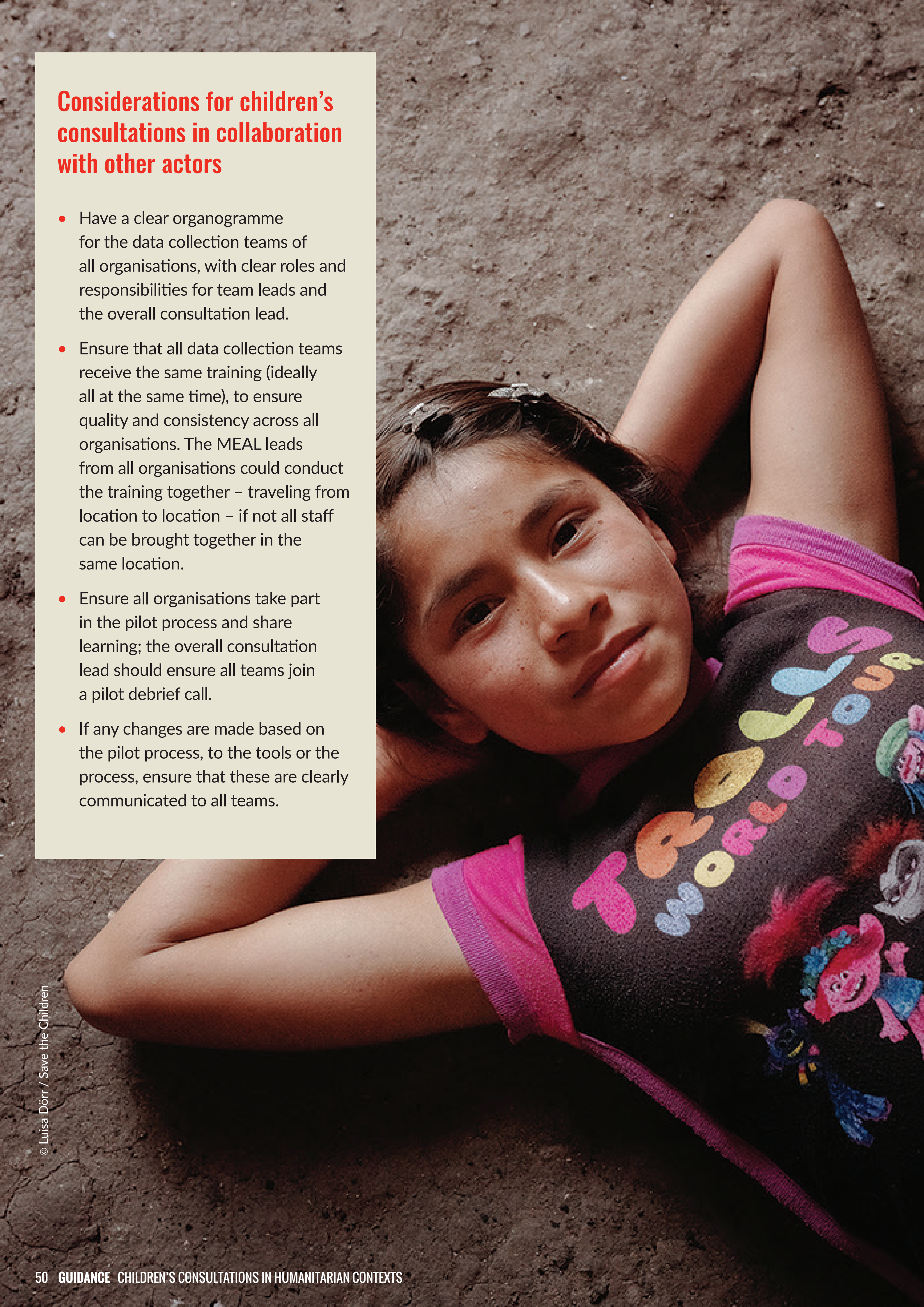
9.4 Piloting data collection tools

The piloting of your data collection tools is an important step to ensure the approaches and tools work for the groups of children we will be consulting. The approach outlined below balances research principles with the Nine Basic Requirements for Meaningful and Ethical Child Participation.

- Plan for a round of consultations to take place first, with a few days between this first round and the remaining consultation sessions so you can make changes to the approaches and tools based on the results of the pilot and consultation with Technical Advisors if required (and any updates to translations). This first round of consultations will serve as your "pilot".
- Ensure that this first round includes one session with each sub-population targeted by the consultation (for example, one session with girls aged 8-11, one with girls aged 12-14, one with girls aged 15-17, one with boys aged 8-11, one with boys aged 12-14 and one with boys aged 15-17). This will allow us to get insights into the appropriateness of the approaches and tools for each of the sub-populations.
- For this first round of consultations, use a "learning together" approach. Explain to children that:
    - We want to use these first sessions to learn with them what works and what does not work about the approaches and tools we developed.
    - We may stop and start during the session, adapt as we go, and that we will gather feedback from them throughout and at the end of the session (spend more time on this than usual, for example by using the H-assessment tool).
    - Things may not be perfect and that we want to improve.
    - It is still a consultation like the other ones we will be doing with other groups of children.
- During the "pilot", ensure that all the facilitators have an opportunity to facilitate the discussions with children, and for all the note takers to practice note taking, so they too can learn from this experience and feel better prepared. In addition to the reflections with children during and after the sessions, also reflect separately with the facilitators and note takers on what went well and what was challenging.
- Based on the first round and children's input, discuss with the data collection teams whether any of the tools require tweaking and if so, what changes we should make.
- Together with the data collection teams, review the notes taken by the data collection teams and identify quality issues. This is a critical moment to improve the level of detail in these notes.
- In principle, use the data from this first round of data collection unless there are major and fundamental changes to the tools and the questions we ask or other significant quality issues that may affect the analysis negatively.

Considerations for children’s consultations in collaboration with other actors

- Have a clear organogramme for the data collection teams of all organisations, with clear roles and responsibilities for team leads and the overall consultation lead.
- Ensure that all data collection teams receive the same training (ideally all at the same time), to ensure quality and consistency across all organisations. The MEAL leads from all organisations could conduct the training together – traveling from location to location – if not all staff can be brought together in the same location.
- Ensure all organisations take part in the pilot process and share learning; the overall consultation lead should ensure all teams join a pilot debrief call.
- If any changes are made based on the pilot process, to the tools or the process, ensure that these are clearly communicated to all teams.



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10

MANAGING DATA COLLECTION

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10.1 Data collection schedule

When putting together the data collection schedule, please consider the following:

- Take enough time for each group of children you will be consulting with and do not squeeze too many sessions in one day. It is often most feasible to consult with one group of children in the morning and one in the afternoon (if the consultations are in the same location).
- Ensure the data collection team has enough time between sessions to stick around the location a bit longer, in case children want to share anything with the facilitators without the wider group hearing it. We should always offer children the opportunity to come speak with our staff after the consultation, to discourage the disclosure of sensitive information in group settings.
- Take into account other responsibilities children might have (for example, school, work, play, at home) and try not to interfere with these commitments.
- Consultations should have generous time allocated to icebreakers, energizers, breaks, snacks/meals (where possible).
- On average, the team should schedule a break/energizer every 45-75 minutes, but this will depend on the participants (for example the age group) and the tools (for example some of the tools are very interactive and fun and a break may not be needed). Some 'breaks' might only be a few minutes in length to get everyone moving and energized. Also be aware that children will sometimes want to stay focused on the discussion and an energizer is not desired. It is important for facilitators to "read the room" and decide what is most appropriate.
- Teams should also be ready and flexible enough to change the agenda and schedule if participants behaviour indicates a change is needed. For example, if you have scheduled four hours with a group but the participants have lost energy, the team will need to accommodate the shift in energy.
- When planning a session, consider how much time participants might already spend in school, play spaces, etc. to define the length of the consultation (in other words: what might be too long or too short).
- Many consultations will take place either during a morning or afternoon (for example, 2-4 hours in length), but full day sessions can be appropriate in some circumstances.
- The topic of the consultation will also help determine the length of the consultation (for example, heavier or complicated topics might require more energy from the participants, therefore shorter sessions might be appropriate).
- Locations and logistics may also define the length of the sessions. For example, if children need to travel to the location, one longer session might be best; if children are close to the meeting location, multiple sessions over multiple days might be possible.
- Leave enough time available within the day for the data collection team to work on the notes from each of the groups of children they consulted with that day. This will ensure the data collection team can capture the discussion and remember details, whilst it is still fresh. It also offers the consultation lead the opportunity to review data quality.
- It is critical that parents and/or caregivers provide consent for their children's participation. This may take extra time, for example, if our data collection teams need to do community outreach first once they get to the data collection site. Consider this in the data collection schedule as well.
- In the data collection schedule, build in enough time for the team to travel to the different locations. If this is not properly accounted for, it may lead to rushed consultations, rushed engagement with parents and caregivers, and affect data quality.
- Ensure snacks and beverages are provided as part of the consultation (as is appropriate in your context).
- When selecting locations (or venues), make sure they are child-friendly, safe and accessible (including for children with a physical impairment). Child Friendly Spaces or schools can be good venues for the children's consultations, but consider timing too: organising consultations during school hours may mean there is a lot of disruption and a lack of privacy (not to mention it may mean children miss out on school).

10.2 Briefings and/or debriefings

Similar to other data collection processes, it is very important to do briefings and debriefings with data collection teams on a regular basis. At a minimum, each small team of facilitators and note takers should debrief after every sessions (even if only for ten minutes). In addition, all data collection teams should take part in one big briefing or debriefing session per day, overseen by the consultation lead. This may be challenging when the data collection takes place in multiple locations at the same, but the overall lead should ensure there are enough opportunities for teams to feed back on how the day went. During the briefings and/or debriefings, cover:

- What went well, what was challenging (both practical things and the consultations themselves)?
- Problem solving as required and actions for the next session or next day*
- Review of data collected:
  - Are we capturing the right level of detail?
  - Are we avoiding summarizing?
  - Are we writing down children's own words?
  - Are we documenting any other relevant information that children share with us?
- Were any safeguarding, safe programming and (child) protection concerns identified (without disclosing details)? Were there any children who needed PFA support? How has this been handled and have the right referrals been made?*
- Security issues and other factors that may limit access to consultation locations.
- Schedule for today/the next day.*

* *These are topics to be discussed after a session with a group of children has been completed.*

10.3 Data storage and quality checks

During training, you will have agreed with data collection teams how to capture notes and when data will be shared with the children's consultation lead.

- During the consultations, staff can take notes using pen and paper or their laptops, depending on staff's preferences. However, the final notes need to be captured in the note taking templates that have been developed, to ensure the data is organised in the same way across all consultations.
- Flipchart papers should never be relied upon as the primary means of documenting a session. Note takers can use the information from flip charts to complement their notes.
- Ensure data collection teams upload drafts of the notes as frequently as the data collection schedule allows, so that the children's consultation lead can check data quality on a daily basis.
- It can be helpful to create a Sharepoint folder for the data, with folders by geographical location, in which the notes can be saved. That way, the consultation lead can leave comments if and when they notice something is not clear from the notes, to continuously improve quality of the data.
- Make sure that the names of the files reflect the location, target group and the tool that was used. For example: "Province x – boys – 8-11 – body mapping".
- Agree on a date by which all notes need to be finalised and regularly check with staff whether they are on track to meet this deadline.
- You may want to create space in each of the note taking templates for the notes in the language spoken during the consultations, as well as the translation in another language to support analysis if appropriate.

10.4 Data Protection Tips

Bad management of data could put children, their families, our staff and our activities at risk. In addition, the Save the Children Association follows the EU General Data Protection Regulation (GDPR) as a standard, applying stricter national requirements where these are relevant based on the law of that country. Failing to meet these standards can result in significant financial penalties. Make sure to:

- Not leave paper records or recordings of data collected unattended.
- Store any paper records in a locked drawer or cupboard.
- Agree on how long hard copy data will be kept. Once this time is up, ensure the data is destroyed (for example, shredding notes).
- Password protect any folders that contain soft copies of data or recordings.
- Before sending data to other people, ensure that you take adequate steps to limit who can access that data. For example, you may need to encrypt the data or send a password-protected folder and then send the password itself separately. Speak to your IT teams for support if needed.
- Restrict the number of people who have access to the data. Think about who actually needs to see all of the data. If you want to share data for collaborative analysis, ensure that you remove identifying details before sharing.
- Never use the participants' real names in notes or the final reports.
- Consider whether a child could be identified from their story and other details (such as age, family composition, location etc.) even if they have been given a pseudonym. In some situations, it may be necessary to alter what is shared publicly to disguise identifying details.
- Report any data breaches in Datix Cloud.

REMEMBER!

There is no need to collect any personal data from children and store those in the notes. Instead, data collection teams can use a coding system, assigning a number to each individual child in a group so that we can track what individual children said. This is useful during analysis.

Voice recordings constitute personal data. Recording the discussion sessions with children would require that the informed consent and assent processes explicitly seek consent/assent for the recordings to take place, as well as significant additional data protection measures and discussions with the Ethics & Evidence Generation team. In addition, children may feel less comfortable to share their opinions if these are recorded. We therefore strongly advise against recording the sessions.

10.5 Confidentiality considerations

- Explain to interested adults (for example, caregivers, teachers etc.) before the activity what we will be doing to maintain privacy and confidentiality and that we will not be able to tell them what individual children say. We should also share the limits of confidentiality: if we think a child is in danger or needs further support, we will tell an appropriate person.
- Consider the location of data collection. Is it a private space? Will the discussion be overheard by other people? And will we use the space at a time that provides privacy (for example, certain parts of a school during school hours may not provide a private space).
- Ask participants to agree to standards of behaviour (in other words: that what is discussed in this group will be kept a secret and participants will not tell other people about the stories they hear).
- Observe confidentiality in conversations with others during and after the consultation. Think about who could overhear you. Ensure that you do not share sensitive information with people who do not need to know about it.

- Ensure that staff involved in the consultations are all aware of and abide by the principles of confidentiality.

10.6 Limits to confidentiality

Confidentiality is an important value, but it does not over-ride the duty to protect the welfare of children participating in the children's consultation. During the sessions, participants may take the opportunity to speak about abuse they are suffering or have suffered. Others may talk about suicide, or about doing violence to others. Where a facilitator has concerns that the participant themselves, or another person, is at risk of serious harm, they must first of all discuss the situation with the participant. They should speak with the child to plan the safest and most effective ways to take action (keeping in mind the established reporting and referral protocol). Even if the child does not wish to tell anyone else, the facilitator/enumerator still needs to take action (following the reporting and referral protocol). It is important that the informed assent process explains that if we worry about children's safety, we will have to tell others about it so they can get the support the need.

Considerations for children's consultations in collaboration with other actors

- If each organisation is responsible for particular geographical locations, it may be most helpful for each organisation to develop their own data collection plan based on their experience working in these areas, but it is critical the data collection plan and timelines are checked by the overall consultation lead and align to the overall children's consultation timeline.
- Ensure briefs and debriefs are with everyone, not siloed by organisation. If organisations brief and debrief in siloes, learning is not shared across organisations and organisations may take different steps to address challenges that contradict one another and may affect data quality (for example, if a question is difficult to understand and each organisation makes small changes to the tools independently of each other, you will end up with different data collection tools).
- Ensure all staff – no matter from which organisation – are familiar with the data protection and confidentiality considerations. Ensure there is an agreement between organisations on how to handle data protection breaches.
- Identify an accessible way of data sharing in advance of data collection process. Ideally use Sharepoint and avoid Google docs. Ask for advice from IT if necessary.
- Ensure all data collection leads from each organisation compare the quality of notes between each other so that quality is consistent.

10.7 Top tips for consulting with children

The following are top tips for when consulting with children, organised according to the relevant Nine Basic Requirements. This provides practical examples of what applying these requirements in practice during the participatory data collection activities with children can look like.

1. Transparent and Informative

- Share information with children, whether this is part of the informed assent process or in general when children have questions about Save the Children's work.
- Be honest about the limits of confidentiality. If children share information during the consultation that raises concerns about their safety or the safety of other children, then we do need to refer this to other staff members in Save the Children who are best placed to support them.
- Emphasise that children's decision to participate will not affect whether they or their families will receive support or be excluded from it.

2. Respectful

- Establish ground rules with children at the start of the session so that they can speak and feel respected.
- Affirm participants and their contributions.
- Do not judge, but step in if children show disrespect for one another.
- Let children do most of the talking.

3. Relevant

- Ask follow-up questions to encourage children to explain their views but avoid leading questions (this may influence participants' opinions). Without probing, the level of detail we capture may be too little to support analysis.
- It is recommended to talk about "children" or a group of children based on a particular characteristic, rather than asking the individual child how they personally feel; for example, "how do you think children feel about x, y, z?", "do you think this might be the same or different for boys or girls?", or "do you think the experience of children with disabilities may be different?".

4. Child-friendly

- Find a child-friendly meeting place for the activity where there can be some privacy.
- Take time to get to know the children in your group and call them by name during the sessions.
- Use simple and appropriate language. Avoid acronyms and jargon!
- Get down to the same level as the children. Don't loom over them.
- Start with icebreakers, songs or games to build rapport.
- Avoid overly long sessions and vary activities with energisers.

5. Inclusive

- Be sensitive to your target group (age, gender, etc.). Fun can be perceived in various ways by different groups.
- Try to encourage quieter and less active children to take part. Do not let one or two children dominate the discussion.

6. Supported by training

- If one activity does not go as you hoped, don't be afraid to move on to the next or try another activity to get similar information.
- Fun activities work best if the facilitator is playful, open, engaged and has a good connection with the group.
- Pay attention to body language and other forms of communication. Be aware that "I don't know" can mean many things.
- Make eye-contact and use open, encouraging body language.

10.8 Top tips for note taking

- Use pre-made note taking templates for each of the tools to make note taking easier.
- Decide in advance if you find it easier to take notes on your laptop or using pen and paper, and plan accordingly.
- Capture a detailed record of what is being said; without good notes, we cannot do good analysis.
- The note taker should attribute a number or letter to each participant, which can be used in the note taking to track statements of participants (whilst keeping anonymous who said what) showing diverse and unique views. For example, this can help capture differences in experience between children with disabilities.
- Do not summarise what you hear, as this means the note taker is already making decisions about what data to include or exclude.
- Use the exact words and terminology used by children and avoid 'translating' it into sector/adult jargon. This will help you capture quotes from children accurately.
- If children are writing down ideas on flipcharts, note takers should still take down detailed notes of the discussion. The notes on flipcharts can be merged with the notes from the note taker.
- If and when possible, take notes about body language and how children respond to a question.
- If a comment, image/drawing, role play, etc. is not fully understood by the note taker, they should consult the child(ren) and ensure the information is being accurately documented. Avoid interpretation as much as possible.
- When possible, the note taker might verbally share an overview of their notes with children at the end of the consultation and ask for clarifications and validation. Participatory 'recap' sessions with the participants can also be a helpful way to ensure key take aways from the session have been captured and understood (in other words, invite children to summarize and review key parts of the discussion).
- After each session, review the notes together as a data collection team and add details.

11

DATA ANALYSIS AND INTERPRETATION

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As mentioned above, it is helpful to already have a tentative analysis plan based on the key questions to inform the first stage of analysis. As you go through the data, you will add and change codes as needed, and divide codes (for example, "barriers to learning" is eventually split into "no education materials", "no teachers in school", "school is closed" or "school is too far"). Consider the following for the analysis process:

- Before starting analysis, ensure the notes are final, have been cleaned and are translated if necessary. You can still ask the data collection team for clarification during the analysis stage, but ideally this has been completed before analysis starts.
- Keep track of your codes in a separate document (see also above on analysis plan), that all staff coding and analysing data can access.
- Make sure it is clear in the data from which group the statement came, so you can do analysis disaggregated by location, gender, age group, etc. as planned for.
- It is recommended to code data by tool first, so that it is clear to which question the data is linked (this given critical context and background). Note taking templates organised by tool should ease this process.
- You may have coding structures for each of the tools (especially when they cover different key questions), but it is advised to use coding that is consistent across all the data to ease analysis (see above coding framework).
- Avoid having analysis and findings organised by tools if a tool served to answer more than one key consultation question. It will be better to organise the data according to the key questions the children's consultation to ensure stronger analysis.
- When analysing the data, use children's words as much as possible and avoid making it overly technical.

Once you have preliminary analysis (or findings) ready:

- Organise a session with the data collection teams to share preliminary analysis. This can be an opportunity to ask clarifying questions to the team and for them to share if the analysis resonates or if we misinterpreted any data.
- Ask Technical Advisors to review the analysis and add potential explanations as well as draw linkages between findings as and where relevant. This forms the basis for the development of recommendations for Save the Children internally and other humanitarian actors.

REMEMBER!

When doing qualitative analysis, we will give an indication of how prevalent a trend is. However, we do not use percentages to do so. Instead, we use the words: all, most, many, some, a few and none. For example:

- Most girls (across all age groups) described feeling unsafe at the latrines because there is no light at night.
- Many boys aged 15-17 shared they dropped out of school so they can work and support their family.
- Some girls aged 8-11 mentioned they have trouble falling asleep; they described lying awake at night worrying about whether they will be able to eat the next day.
- A few boys (12-14 years old) said that they had been approached by members of local gangs to join them.
- None of the children mentioned their parents had lost income in the past two months.

- Triangulate findings from the children's consultation with other sources of evidence and seek to understand differences between them. Technical Advisors play a critical role in this process, providing relevant primary or secondary data, and helping explain such differences. Triangulating findings from the children's consultation can help provide nuance (for example, children's perceptions may be different from facts, but this does not make them less valid) and will help decision-makers better understand the findings and how to act on them, in combination with other evidence. Where differences between findings from the children's consultation and other evidence is likely caused due to methodological issues (for example linked to sampling), this should also be noted and taken into consideration.
- In addition to the session with the data collection teams mentioned above, you should organise a day-

long validation workshop with relevant staff to review the analysis and turn insights into action. This has been described in the **Section 12.**

- Last but not least, explore opportunities to validate the findings and analysis together with children. This can be the same children who were consulted with, or children who fall in the same sub-population in the geographical areas covered by the children's consultation. This could also be an excellent opportunity for children to plan actions they can take in their communities.

Learning from children's consultations in Romania and Poland

Save the Children and IMPACT/REACH commissioned research to better understand the needs and perspectives of Ukrainian refugee children in Romania and Poland, who left Ukraine upon the outbreak of the war to seek refuge. The goal of this research was to help ensure that children's opinions shape the humanitarian response, instead of leaving it to adults to make these decisions alone.

Between December 2022 and January 2023, REACH spoke to 114 Ukrainian girls and boys (age group 8-17) who reside in Suceava, Galati, and Bucharest in Romania. Based on the findings from the consultations, REACH and Save the Children prepared two briefs (two three-page documents, one for 10-12 year olds and one for 13-17 year olds) to share with children and their parents and caregivers to close the loop. To make sure these briefs would be child-friendly and appealing, Save the Children and REACH presented them to children who participated in the consultations to validate the findings, and gather their feedback on the briefs' format and content.

Three feedback sessions took place, each with different age groups. Prior to the sessions, Save the Children and REACH developed information sheets and consent forms. The briefs (in Ukrainian) were shared with the participants in advance so they could review the briefs beforehand. The sessions always started with an introduction – including assent process and an energizer – and ended with a feedback session.

For the session with younger children (10-12 years old), the facilitators presented the briefs to the children, then they facilitate a Yes-Maybe-No activity to get the feedback of the children on the findings, design, and ideas for dissemination. As for the sessions with older children and caregivers, the facilitators went over the briefs, and then facilitated a discussion with participants. The discussion focused on the following questions:

1. **What do you think about what this brief says about the situation of children and adolescents from Ukraine in Romania?**
2. **What do you think about the way how the information is presented in the brief?**
3. **How can this information be used to improve the situation of children and teenagers from Ukraine?**

The findings in the briefs largely resonated with children. Based on validation of the findings and the feedback about the lay out and content, Save the Children and IMPACT/REACH made changes, including:

1. **Changing the colours of the brief**
2. **Adding stories and more visuals to the brief for 10-12 year olds**
3. **Emphasizing the challenges that children face while accessing health services**

> ***"The colours are pro-Russian. Either add yellow (to represent the Romanian flag) or take away red (it is aggressive)"***
>
> Participant in the feedback session

Overall, participants said they enjoyed the session and that they felt they were the experts. Children aged 10-12 did not like the session at the beginning, but changed their perspectives after the facilitators explained that this was an opportunity to get their advice as experts. According to a facilitator, one girl said that this was the most interesting experience she had recently participated in. The briefs can be accessed here for inspiration.

12

INSIGHTS TO ACTION

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For our children's consultation to constitute child participation and be meaningful and ethical, it is essential that we turn what we heard from children into action. Our ability to close the loop with children depends on us being able to communicate what we have done, could do in the future and cannot do at the moment, based on what children told us. "Insights to Action" processes help ensure children's participation informs decision making and that children see the result of their participation. Although an output of a children's consultation is usually a report (for both children, and for adults) as described in the next chapter, this is not the intended end result. Instead, we want to ensure the children's consultation changes and improves how we are doing things, and/or informs the design of new approaches.

Turning insights into action isn't easy! Based on experiences from various responses, the following considerations may help ensure success. First and foremost, it is critical that key stakeholders are involved in the children's consultation process from the very start (either initial discussions or the development of the ToR), which will help create more buy-in to engage with the insights later on. In addition, due to time pressure, often there is only time for key stakeholders to read the analysis and add recommendations to a draft version of the report. However, without time to reflect and discuss the key findings with other stakeholders, we run the risk of staying in our comfort zone and adding recommendations that are more obvious based on our current programming. Ensuring the timeline for the children's consultation creates space for this is key!

If we are unable to invest, plan and commit to the Insights to Action process, the team needs to reflect on why we are facilitating consultations with children in the first place. Failure to follow through could, at best, result in tokenistic participation of children and, at worse, lead to mistrust, harm and child protection issues.

The key steps outlined below describe a process in which key stakeholders engage more meaningfully with the findings (or insights), stepping into the shoes of the children we spoke with and out of our (programmatic) comfort zone. This process combines the validation step described above with turning insights to action.

Key steps for Insights to Action Processes

The following steps help you run a workshop to validate the findings from the children's consultation and to subsequently turn those insights into action. Make sure that findings (written or other formats) have been shared with all participants as a mandatory pre-read in advance of the workshop.

1. Assemble groups of key decision makers and stakeholders (including MEAL, PDQ, Operations, New Business Development, Safeguarding and ACCM) from Save the Children, as well as from other organisations or local/national actors that were involved as relevant.
2. Use the first part of the workshop to share findings so that all stakeholders are familiar with them. When presenting findings, ensure there is nuance (using most, many, some, few to indicate how prevalent findings were) and that findings are organised my "sub-population" as relevant.
3. Spend time exploring and elaborating on findings through empathy mapping (see box below) and triangulation with workshop participants' technical expertise.
4. Split the stakeholders into smaller groups and each group a "sub-population" of children (this can also be multiple). Based on the empathy mapping and triangulation, refine findings for each group of children.
5. In the same groups, rank the insights from highest priority to lowest from the perspective of the children.
6. Once ranking is complete, have each group share their ranked priorities with others to identify where there are common priorities between groups – either by age, gender, or both – and finalise a shortlist. These are your "insights".

At this point in the session, it may be a good time to take a break and then use the afternoon to turn the insights into actions.

7. Now, group your insights into thematic areas. Assign each group a thematic area and the accompanying insights. Ensure that there is a technical expert for that specific thematic area in the groups, and representatives from other non-technical teams. For each insight, brainstorm recommendations for a) programmatic/project adaptation that can be done in the near term and b) new activities or projects that can be considered for future funding that respond directly to the insights and write them down on a flipchart. Try to be as creative as possible and feel free to use different brainstorming techniques to push thinking outside of the box.
8. Once all groups have stopped generating new ideas, hang flipcharts around the wall in a gallery and have all participants walk through the gallery to review the work of other groups.
9. expand on existing ideas, add new ones, and indicate which ones they feel are most innovative, likely to result in impact, and/or most closely respond to the insight.
10. For the final phase of the workshop, hold a discussion with all participants about how we can make sure that these recommendations are actioned (for example, keeping a log of all the ideas for adaptation or new design by insight, reviewing the insights and actions regularly during programme/response/strategy review meetings to identify which actions could be implemented, drawing on thematic insights and actions when developing new proposals, etc.) and what roles they can take to support. If working with local and national actors, discuss what they would need to take forward actions that resonate with them. Be sure to document all insights, associated recommendations and actions, who is responsible, and plans to ensure their implementation.

Empathy Mapping

Empathy mapping is a great way to get team members to put themselves in the shoes of children in order to build connection and build on insights or contribute new ones that combine children's perspectives and their own experience.

Materials needed: flipcharts, markers and/or post its
Time: 30 minutes

Instructions:

1. Break out into at least four groups of 2-8 people. Assign each group a sub-population of the children that were involved in the children's consultation. For example, girls 8-11 years old, boys 8-11 years old, girls 12-14 years old, etc. Tell participants that for this activity, they will be imagining that they are a member of the sub-population that they were assigned.
2. On a flipchart, draw a four quadrant map. Label the sections with "say", "do", "think" and "feel".
3. Ask groups to start with the "say" quadrant and ask them to complete it from the perspective of the assigned sub-population – in other words, what do girls aged 8-11 say about [the theme of the consultation] – writing down their answers directly into the quadrant or on post it notes. When they have run out of new ideas, they can move to adding their ideas to the next quadrant – what do girls aged 8-11 do/think/feel about [the theme of your consultation]. Repeat the process until all the quadrants are complete.
4. Take a step back and look at the map as a whole. Try to draw some insights or conclusions from what you have just written down, shared and talked about. These questions may serve as a good prompt for a discussion on insights: What seems new or surprising? Are there contradictions or disconnects within or between quadrants? Do the insights in the various quadrants support, build-on, or contradict the insights gathered from the children's consultation?
5. Each group presents their empathy maps in plenary and discuss as a group which findings from your consultation need to be elaborated on, refined, or flagged as a higher/lower priority.

13

PRESENTING FINDINGS

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The way we present our findings can greatly impact the response to the findings and actions taken. Therefore, it is crucial to present them in a way that accurately represents the children's voices, prompts effective action, and is creative. It will often be most appropriate to plan for multiple final products, for example a final report for adults, as well as shorter briefs that are child-friendly, for wider dissemination. Consider the following when determining how to present findings:

- **Identify the Audience:** Understand who the adult audience is and what decisions the findings need to inform. This will help tailor the presentation of the findings to the needs of the audience.
- **Multiple Formats:** In addition to a comprehensive adult-focused report, consider creating a 3-2-1 format brief for senior decision-makers. This makes the findings easily accessible and digestible for those making key decisions.
- **Stay True to Children's Voices:** It is crucial to tell the children's stories in such a way that we stay as close to what they told us as possible. This could involve the choice of words, using direct quotes, and presenting narratives that encapsulate their experiences.
- **Child-Friendly Communication:** Consider how to communicate the findings in a compelling and accessible way for the different groups of children (or "sub-populations), considering age, gender, disability, literacy rates, and language spoken.[8]
- **Involve children:** when possible, work with children to define the format and products that will be most useful to them. Take into consideration how they might want to use the products, for example to raise awareness among peers, to advocate for change with duty bearers, etc.
- **Structure and Design:** All of the above will determine how the final products will be structured and designed. A generic table of contents for an adult-facing report can be found in Annex 6.
- **Include Recommendations:** In addition to the findings, it is important to include the ideas, solutions, and recommendations that children have. This should also include recommendations from our Technical Advisors and ACCM team. This allows us to influence the wider humanitarian response.
- **Narrative Approach:** Consider presenting findings through a narrative or story that encapsulates children's experiences. This makes the findings more relatable and engaging for the audience.
- **Consolidated Analysis:** Present a consolidated analysis of the children's consultation exercise. This analysis should highlight the key findings from the consultations and provide a clear picture of the children's experiences, needs, challenges, fears, and hopes for the future.
- **Visibility to Specific Concerns:** The aim of presenting the findings should be to bring more visibility to the specific concerns of children. These concerns should inform a more child-centred humanitarian response.
- **Timely Sharing of Preliminary Findings:** Share the preliminary findings as soon as possible to inform the ongoing humanitarian response plan (both internal to Save the Children as well as the wider response plan coordinated by the UN). This allows for immediate action to be taken based on the children's insights and recommendations.

REMEMBER!

Your reporting and use of data should 'go beyond the quotations' and provide accurate and thorough analysis of children's view, experiences and recommendations. Avoid the temptation to use children's quotations to bring credit and emphasis to adult defined objectives and priorities (priorities that may or may not connect directly to the focus of the consultations).

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[8] See this guidance on how to develop child-friendly documents.

Dissemination Plan

In the section above on the ToR, we highlighted the importance of working with ACCM colleagues to develop a dissemination strategy for the final products, so they are shared within and outside Save the Children with the right stakeholders to influence the wider humanitarian response. Think through the key audiences we want to share these findings with and influence, what our key messages will be for these audiences and what we hope to achieve through our ACCM strategy.

Examples of how we have presented findings to children in the past

Sharing findings with children in a child-friendly format is sometimes an after-thought but should really be at the forefront of our minds when we plan how we will present the findings. It is critical to closing the loop with the children who took part in the consultations and other children in the communities that we work in. Age-appropriate child-friendly briefs will help you present findings in an accessible manner so children are informed of what came out of the consultations and what we intend to do next.

Below, you will find examples of different ways in which findings were presented in writing in child-friendly ways. Of course, age-appropriate child friendly briefs are not the only way to close the loop (see section below on Closing the Loop), but they can support these efforts.

- The "Childhood Interrupted – Children's Voices from the Rohingya Refugee Crisis" did not only have a more "traditional" section with findings for humanitarian agencies, it also presented findings through a story told from the perspective of children. This report in turn inspired a children's book, which was given to, and read by children in the Rohingya camps in Bangladesh.
- Similarly, findings from consultations with children in Ukraine in 2019 were presented in a summary for adolescents and in a colouring sheet for younger children, as well as in a report for other agencies – all can be accessed here.
- REACH, with technical support from Save the Children International, consulted with Ukrainian children in Romania and Poland at the end of 2022 and start of 2023. Whilst research papers were still being finalised, the team prepared briefs for adolescents and younger children in Poland and Romania that highlighted what came out of the consultations and shared those with participants.

When developing the age-appropriate child-friendly briefs for children in Romania and Poland, children who had taken part in the consultations reviewed the briefs and gave us feedback. Their input helped improve the design. Similarly, you could involve local child and youth organisations to develop the materials and work with them on a dissemination plan.

14

CLOSING THE LOOP

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Closing the loop with children and adults that took part in the children's consultation is a critical step to ensure participation is accountable: children should be able to see the result of their participation (see section above on the Nine Basic Requirements for Meaningful and Ethical Child Participation). Even though this step comes at the end of the process, planning for this from the start is essential to doing it well: without it, closing the loop becomes an afterthought and often does not happen at all.

The sections below helps you think through the process of closing the loop. Consider working with groups of children – either in spaces we support or through child and youth groups we have connections with – to co-design a process to close the loop.

Considerations for children's consultations in collaboration with other actors

When conducting children's consultations in collaboration with other organisations, it is critical that there is a joint approach to closing the loop and a division of roles and responsibilities (to avoid duplication). This will ensure there is consistency and coordination across organisations in terms of who the loop is closed with, the information that is shared with children and communities, how it is shared and when.

14.1 Who should we close the loop with?

You already started thinking through your audience in the section "presenting findings", but it is important to establish in advance which groups you will need to close the loop with to support meaningful and ethical participation. This will include:

- The different groups of children who participated in the consultations (considering characteristics such as age, gender, disability, etc.);
- Children in the communities that were covered by the consultation;
- Adults in the communities that were covered by the consultation (which could be further broken down, based on the consultation methodology, for example host community or refugees, etc.), including key community figures such as community leaders.

Once you have established with which different groups you need to close the loop, you can start planning what information to share, when and how.

REMEMBER!

When presenting findings to adults, be aware of any sensitivities, perceived blame or specific information/examples the children may have shared (for example: references to local landmarks, people, or other details unique to a community). If needed, ensure findings cannot be attributed to a specific group of children, community or consultation (for example: if children share details about a local NGO, their food program and that they think they have unfair distribution practices – there could be risks to the children if specific details are shared in a very small community).

14.2 When will you close the loop?

When exactly closing the loop is most appropriate, will depend on the timeline of the consultation and the context. At a minimum there will need to be clear findings that can be shared back with participants. If the finalisation of the analysis and the report will take a while, you can also consider sharing the preliminary findings that you have confidence in, to avoid delays. Do not wait too long with getting back to the participants: taking months to close the loop does not build trust and findings will become outdated.

In addition, the timing would depend on whether there is a participatory element to the action planning or not. If it is not possible to action plan with children, then you would need to close the loop once you have internally identified what actions you will take. If the action planning will be collaborative, then closing the loop will consist of two steps: sharing the findings and action planning with children, and then at a later stage sharing what actions were taken by Save the Children. Ideally, we close the loop with children who participated before the report is published externally.

14.3 What information should you share when closing the loop?

Depending on the audience, you will need to communicate findings with varying levels of detail. These are the types of information you want to include at a minimum:

- General information about the consultation – when did it happen, where, who took part, what questions did we ask and what was the objective.
- What the key findings were from the consultations, including children's recommendations.
- What actions we will be taking based on the key findings and when they will be taken.
- What actions we cannot take based on the key findings and why.
- What other organisations or actors we are asking to act on the findings.

REMEMBER!

If there has not yet been a process of joint action planning with children before closing the loop, then use this opportunity to gather children's feedback on suggested actions. This is also an excellent opportunity for children to identify what actions they would like to take forward themselves and what support they might need that Save the Children could provide to facilitate child-led action in humanitarian responses.

14.4 How will you close the loop?

The "how" really depends on the different groups you need to close the loop with: the "how" may differ between them, depending on the age, gender, literacy levels, geographical locations, preferences for communication with Save the Children, and whether children are currently taking part in project activities or not. You could consider discussing with children during the consultation how they would like this to happen and using that to inform your approach. Examples of how to close the loop include, but are certainly not limited to:

- In group sessions with children;
- Via existing child clubs, schools we work in, or through Child and/or Girl Friendly Spaces;
- Through child-friendly briefs (digital or hard copy; see **Section 13**);
- Through drama/play that children themselves organise;
- Through radio shows;
- In community meetings or events.

Save the Children staff can engage with children directly to close the loop, but you can also explore how frontline workers – teachers, facilitators, community mobilisers, etc. – can support these efforts. As mentioned above, other local and national actors, including in particular child and youth groups can lead, develop and/or take part in these processes as well.

15

LEARNING FROM THE CHILDREN'S CONSULTATION PROCESS

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Once the entire children's consultation process has been completed, make sure to reflect involved on the experience with key stakeholders and teams and capture learning for future children's consultations (or similar data collection exercises). For each of the steps of the process (for example, ToR development, methodology design, tool development, data collection, analysis, validation, developing final products, closing the loop, etc.) reflect on what went well and what could have been improved. Document lessons learned and take actions if there are any, and share them with others around the movement using the Global Learning Log. You can also use the Nine Basic Requirements for Meaningful and Ethical Child Participation to review the process.

> *We have to devise means of making known the facts in such a way as to touch the imagination of the world.*
>
> Eglantyne Jebb

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