Child friendly spaces: a systematic review of the current evidence base on outcomes and impact

Alastair Ager, Janna Metzler, Marisa Vojta & Kevin Savage

Child friendly spaces are widely used in emergencies as a mechanism for protecting children from risk, as a means of promoting children's psychosocial wellbeing, and as a foundation for strengthening capacities within communities for child protection. A systematic review of published and 'grey' literature identified 10 studies that met specified inclusion criteria. Each study was reviewed with respect to the potential protective, promotive, and mobilising impacts of the intervention. All 10 studies documented reports of positive outcomes of child friendly spaces, particularly with respect to psychosocial wellbeing. However, major weaknesses in design constrain the ability to robustly confirm change over time (only three studies reported pre intervention baselines) or attribute any such change to this intervention (only two studies utilised a comparison with communities without child friendly spaces). Analysis suggests that: greater commitment to documentation and measurement of outcomes and impacts is required; more standardised and rigorous measurement of processes, outputs, outcomes and impacts is necessary; evaluation designs need to more robustly address assessment of outcomes without intervention; there is a need to sustain engagement of children within the context of evaluations; and long term follow-up is critical to establishing evidence driven interventions.

Keywords: child friendly spaces, child protection, emergencies, evaluation, humanitarian, outcome, psychosocial

Introduction

International standards, currently being developed, define a child friendly space (CFS) programme as one that 'supports the resilience and well-being of children and young people who have experienced disasters through community organised, structured activities conducted in a safe, child friendly, and stimulating environment' (Child Protection Working Group (CPWG), 2012). Programmes are typically hosted in a tent, or other temporary structure, and operate as part of a short to medium term response (UNICEF, 2009). CFSs often provide the opportunity for communities to mobilise towards enhanced child protection and support capacities long past the onset of disasters.

Since its use in the 1999 Kosovo crisis, CFS programing to support the protection and psychosocial wellbeing of children affected by situations of humanitarian crisis is widespread (UNICEF, 2009). There is growing interest and adoption of CFSs as a prime intervention strategy, as evidenced by its reference in a number of agency and inter-agency documents guiding humanitarian response (Kostelny & Wessells, 2008; Madfis, Martyris, & Triplehorn, 2010; Save the Children, 2008, 2009; Save the Children Sweden, 2010; UNICEF, 2009; World Vision International, 2006).

In 2012 alone, Relief Web listed well over 100 programmes across the world utilising

CFSs in emergency contexts (ReliefWeb, 2013). These included: programmes for Syrian refugees in Lebanon, Jordan and Iraq; responses to the refugee and Internally Displaced Persons (IDP) situations in South Sudan; and interventions for the Democratic Republic of the Congo refugees in Rwanda and Uganda. In addition to these conflict related crises, CFSs were also utilised in the wake of a number of natural disasters, including: floods in Assam, India; tropical storm Kai-Tak, Hong Kong and Philippines; and typhoons Washi and Bopha in the Philippines. Agencies involved included: ACTED; INTERSOS; Lutheran World Federation; Mercy Corps; Plan; Save the Children; SOS Children's Villages; UNFPA; UNICEF; and War Child. World Vision alone established CFSs in emergency responses in the Philippines, India, Lebanon, Uganda, DRC, Niger and South Sudan over the course of 2012.

There are a number of factors that have contributed to the frequent adoption of a CFS model in humanitarian emergencies. These include: potential for rapid deployment; relatively low costs; and scalability and adaptability of activities to diverse contexts (UNICEF, 2009). The inherent flexibility of a CFS model, although originally intended for children aged 7 to 13, potentially accommodates children of all ages (Global Protection Cluster et al., 2011; UNICEF, 2009).

Guidance on CFSs generally suggests such interventions being of value with respect to three major objectives. First, CFSs are seen to serve as a protective mechanism, protecting children from abuse, exploitation or violence. Second, CFSs are considered as a means to provide psychosocial support to children, strengthening their emotional wellbeing, social wellbeing, and/or skills and knowledge (Ager et al., 2011a). Third,

CFSs are seen as a key vehicle for mobilising communities around the protection and wellbeing of children, and strengthening community protection mechanisms (Global Protection Cluster et al., 2011).

The evidence base for the outcomes and impact of CFSs is generally considered to be limited. As efforts are made to develop standards and international guidelines to support CFS work in emergencies, it is important to develop and consolidate evidence regarding the protective, promotive and mobilising effects CFSs have on children and youth. World Vision International, a global agency with a major commitment to child protection in emergencies, and Columbia University, an institution with a strong tradition of applied field research in humanitarian contexts, have initiated a series of structured evaluations of CFS interventions as part of a wider CPWG agenda regarding CFS and related community based child protection support. To ensure that these studies are fully informed by existing knowledge of CFS outcomes and impacts, a systematic review of the current literature was completed.

Methodology

From April to July of 2012, the authors undertook a systematic review of literature describing CFSs, or equivalent interventions, within humanitarian contexts. Inclusion criteria for the review were: 1) the publication referenced CFSs or equivalent interventions within an emergency context; 2) the publication provided data relevant to outcomes and impacts of CFSs (either baseline information and/or some assessment of outcomes); and 3) the publication was published within the last 15 years in the English language. To supplement this review of published sources, we solicited *'grey literature'* (unpublished agency reports

Table 1. Search terminology used in review by core theme

Key search term	Child Friendly Spaces (CFSs)	Evaluation	Humanitarian
Synonyms	Safe spaces	Outcome	Emergencies
	Child centred* spaces	Impact	Disasters
	Emergency spaces for children		Conflict
	Safe play areas		War
	Child protection centres		Refugee
	Psychosocial spaces		Displaced
	Psychosocial intervention(s)		

* Both British and American spelling variations were used.

and other documents) and reviewed them within the same inclusion criteria.

Table 1 summarises the search terminology used to identify CFS studies, and Figure 1 details the selection process of papers through different stages of review, using these criteria. We identified relevant literature by searching structured bibliographic sources, including Medline, PubMed, PsychINFO and Scopus, using the search terms related to 'Child Friendly Spaces', 'Evaluation' and 'Humanitarian' (see Table 1 for synonyms of search terms used). These searches identified a total of 7,225 items, with 5,220 duplicates, that represented a literature of 2,005 articles.

Abstracts of all 2,005 articles were reviewed for relevance by the first author, which identified 53 papers as potentially fulfilling inclusion criteria. Full versions of these
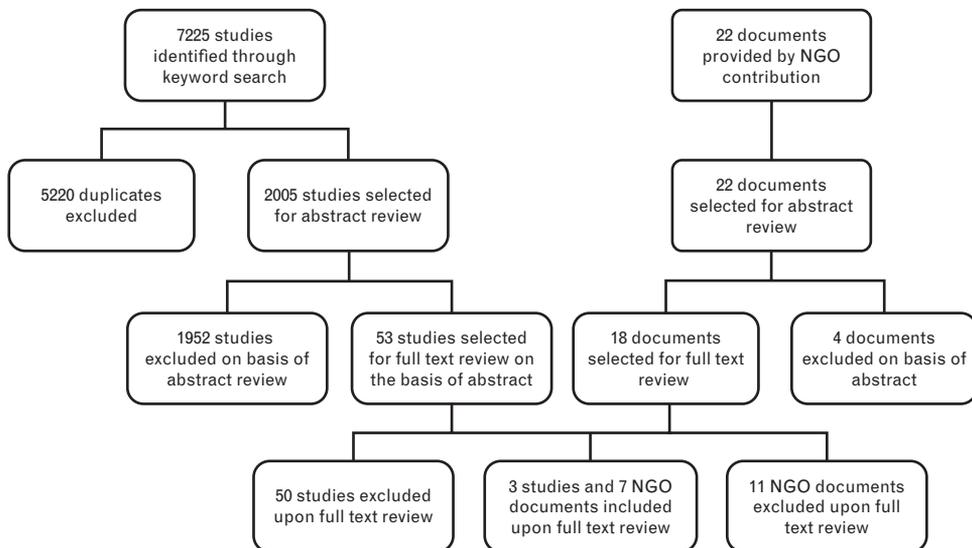

Figure 1: Overview of selection of papers during review process. NGO (nongovernmental organisation).

papers were obtained, detailed review of which led to three of these studies being confirmed as meeting inclusion criteria.

To identify relevant *'grey'* or unpublished literature, over 60 NGOs active in the use of CFS in emergency contexts were contacted by email through relevant humanitarian networks (including the Global CPWG, the Mental Health and Psychosocial Support (MHPSS) Network, and the Child Protection in Emergencies (CPiE) learning network. These networks specialise in the coordination of humanitarian practice in the sectors of child protection, mental health and psychosocial support. Based on current and previous work in emergency settings worldwide, agencies were invited to provide documents that reported on (a) CFS or equivalent interventions (b) within humanitarian contexts that (c) included data relevant to the working of CFS (either baseline information, or some assessment of outcomes). Twenty-two documents were provided by this means. Documents were reviewed with respect to the same inclusion criteria as used for published papers. This resulted in the selection of a further seven documents. The body of literature that provides the basis for this review thus comprises a total of ten documents, three identified through formal bibliographic search and seven identified through agency consultation.

Findings

Characteristics of interventions studied

Of the ten papers reviewed (see Table 2), six addressed CFSs established in conflict affected areas, while four examined CFS interventions taking place in areas affected by natural disasters. Seven of the ten papers addressed work with IDP communities; three in Asia (Arus, 2008; Sabina, 2012; TANGO International, 2009), two in

Africa (Kostelny & Wessells, 2008; Dessemie, 2010), and one each in the Middle East (Save the Children, 2011) and Oceana and the Caribbean (Madfis et al., 2010). Of the remaining papers, one addressed a CFS intervention in a Serbian refugee setting (Ispanovic-Radojkovic, 2003); another targeted conflict affected communities in the occupied Palestinian territories (oPt) (Loughry et al., 2006); while the last addressed South Sudanese returnees moving through the Kosti Way Station of North Sudan (Gladwell, 2011).

The majority of papers described CFS interventions for both children and adolescents, covering ages from four up to the late teens (Gladwell, 2011; Loughry et al., 2006; Madfis et al., 2010; Save the Children, 2011). For most interventions, children and youth were separated into different activity shifts according to age and developmental abilities. Three studies addressed interventions with a narrower age span: Ispanovic-Radojkovic (2003) evaluated youth clubs for adolescents between the ages of 15 and 18, while Demessie (2010) and Kostelny & Wessells (2008) evaluated CFSs for pre school aged children under six. Three papers did not indicate the age range of targeted participants (Arus, 2008; Sabina, 2012; TANGO International, 2009).

Evaluation design adopted

Only three papers reported both baseline and follow-up data related to CFS (Ispanovic-Radojkovic, 2003; Loughry, 2006; Madfis et al., 2010). Of these three, only one paper provided information related to a comparison group of children at both baseline and follow-up times (Loughry et al., 2006). One paper reported no baseline data, but assessed impact by comparing across groups who had received, or not received, the intervention

Table 2 Summary of studies identified

Study	Location	Intervention	Evaluation method	Major findings
Arus et al. (2008)	4 sub-districts of Bantul District post tsunami Indonesia	CFS intervention 3-4 days per week lasting for 1.5 hours based on international guidelines	FGD with beneficiaries and key informant interviews with programme staff, community facilitators, etc.	PSS: Self-reported improvements in critical and analytical thinking, increased knowledge and skills, sense of happiness, loss of traumas, pride, creativity, self-confidence, and improved peer relations. CCPC: No clear data related to effectiveness of trainings and workshops for community leaders, communities, local government members, etc.
Demessie (2010)	Tawilla, Alfasher and Alsalam IDP camps in North Darfur, Sudan	CFS intervention based on international guidelines	Unstructured, open-ended question FGD with animators, supervisors, community- based child protection committees, and PTA leaders.	PC: General lack of adequate supervision for younger children (age 2–6). PSS: Inappropriately age-targeted activities observed. Parent and animator responsibility ill defined. CCPC: Community-based systems of protection, PTAs, and awareness raising in the community less emphasised in CFS.
Gladwell (2011)	Kosti Way Station, North Sudan	CFS intervention based on international guidelines	Mixed methods evaluation lasting 10 days. Analysis of training records and CFS monthly reports. KII and FGD with 31 children (aged 8–20 years), 7 mothers and 10 educators.	PSS: Anecdotal evidence suggests improvements in psychosocial wellbeing. CCPC: Limitations clearly stated, calling for improvement in parent and community participation in CFS

Table 2 (Continued)

Study	Location	Intervention	Evaluation method	Major findings
Ispanovic-Radojkovic (2003)	Boarding high schools in Belgrade, Serbia	Youth Club programme involving 90-minute group meetings 1–2 times per week after school for 6 months	Semi-structured questionnaire administered to 1,106 students between the ages of 15 and 18 pre and post intervention (follow-up period: academic school year)	PSS: Anecdotal reports of increased self-respect and improvements in peer relations. Significant decrease in psychological problems observed, particularly withdrawal and anxiety-depression in male refugees and withdrawal and social problems in female refugees.
Kostelny & Wessells (2008)	Unyama and Paicho IDP camps in Gulu, Uganda	CFS intervention lasting 4.5 hours per day for 5 days a week	Eight FGDs held with 92 elderly caregivers, community members, single mothers, widows, and camp leaders, CCS staff, Child Activity Leaders and Child Well Being Committee members. Semi-structured questionnaire administered to 294 households. Analysis of comparison groups performed.	PC: Decreased incidence of rape and sexual exploitation and heightened sense of safety in children relative to comparison group. PSS: Significant improvements in psychosocial wellbeing relative to comparison group.

Loughry et al. (2006)	Communities from West Bank and Gaza, oPt	Child-focused intervention involving daily after school activities and week long holiday camps at local recreational centres	Structured questionnaire administered to 400 parents and children between the ages of 6 and 17 receiving the intervention and 100 parents and children not receiving the intervention pre and post (1-year) intervention	PSS: Lower CBCL total problem scores, externalising problem scores and internalising problem scores following intervention when compared with children in comparison group.
Madfis et al. (2010)	IDP children living in post hurricane Noel Haiti and post tsunami Solomon Islands	Emergency safe spaces intervention based on international CFS guidelines	Parent questionnaire and observation rubric completed for 10 children in Haiti and 10 children in the Solomon Islands pre and post (6 week) intervention	PC: Increased knowledge of existing threats noted. PSS: Positive changes in psychosocial functioning observed.
Sabina (2012)	Flood affected areas of Tala, Debhata, and SatkhiraSadar in Southern Bangladesh	CFS intervention based on international guidelines	FGDs with parents and animators. Interviews with supervisors, leaders, business community, and teachers. Desk review conducted.	PSS: Parental anecdotal support for improvements in mood and general changes following intervention. Anecdotal support for improved relationships between children and animators.

Table 2 *(Continued)*

Study	Location	Intervention	Evaluation method	Major findings
Save the Children (2011)	IDP and host populations in Amran and Haradh, Yemen	CFS intervention based on international guidelines	16 KII, 12 FGDs with children aged 6 to 18, and 2 participatory feedback sessions over the course of one week	PC: Children reported CFS as a secure and safe area. PSS: Informal reports of benefit, but some activities viewed as culturally inappropriate for girls. CCPC: Committee members continuing to engage on CP after closure of CFS
Tango International (2009)	Yangon and Ayeyarwady IDP populations in Myanmar post Cyclone Nargis	CFS intervention based on international guidelines	Quantitative data collected by enumerators (unknown structure). FGDs with parents and children.	PSS: Anecdotal support for improved psychosocial outcomes in children. CCPC: Ayeyarwady Division were much more likely to contribute to CFS than their counterparts in Yangon Division

CBCL = Child Behaviour Checklist. CCPC = Community Child Protection Capacities (Objective 3). CCS = Child Centred Space. FGD = Focus Group Discussion. IDP = Internally Displaced Persons. KII = Key Informant Interviews. PC = Protection of Children (Objective 1). PSS = Psychosocial Support (Objective 2). PTA = Parent and Teacher Association. SDQ = Strengths and Difficulties Questionnaire.

(Kostelny & Wessells, 2008). The remaining six papers documented only post intervention outcome data, or data collected towards the close of services for those receiving the interventions described (Arus, 2008; Dessemie, 2010; Gladwell, 2011; Sabina, 2012; Save the Children, 2011; TANGO International, 2009).

Structured or semi-structured questionnaires were developed for use among children, youth, and parents in four studies, three of which were adapted from established tools used in other settings (Kostelny & Wessells, 2008; Loughry et al., 2006; Madfis et al., 2010). Unstructured, focus group discussions were conducted in seven studies, with various stakeholders including children and youth, parents, animators, CFS programme staff, community based child protection committees, PTA leaders, community members and/or leaders, and educators (Arus, 2008; Kostelny & Wessells, 2008; Sabina, 2012; Save the Children, 2011; TANGO International, 2009). Key informant interviews with programme staff, child protection actors in other agencies, parents, teachers, Child Protection Committee (CPC) members, and children were conducted in four of the nine papers reviewed (Arus, 2008; Gladwell, 2011; Sabina, 2012; Save the Children, 2011). Additional evaluation methods used include the collection and analysis of training records (Gladwell, 2011), monthly field reports (Gladwell, 2011; Sabina, 2012), and participatory feedback sessions (Save the Children, 2011).

Findings regarding outcome and impact
Outcomes and impact of CFS programming are discussed in relation to the three objectives described in the introduction: protection from risk; promotion of psychosocial wellbeing; and strengthening of community child protection capacities.

The building and strengthening of a protective environment for children vulnerable to abuse, exploitation and/or violence is paramount to effective CFS programing. Improvements in protection outcomes, such as increased sense of safety, and decrease in sexual exploitation and rape, were documented in five studies (Gladwell, 2011; Kostelny & Wessells, 2008; Madfis et al., 2010; Sabina, 2012; Save the Children, 2011). Other studies noted the decrease in physical injuries from the start of a CFS intervention (Dessemie, 2010; Gladwell, 2011; Kostelny & Wessells, 2008).

All ten studies reported positive psychosocial outcomes for children and/or the wider community. Eight studies indicated increases in social and emotional wellbeing of children, although in only four studies was this documented by differences between baseline and follow-up (rather than through retrospective judgments). In only one of these did the design allow such change to be reliably attributable to CFS. There was generally little documentation regarding sex differences in social and emotional wellbeing of children. However, one study reported girls having more difficulty accessing CFS services, due to culturally inappropriate activities, and the layout of the CFS compound acting as a deterrent to engagement (Sabina, 2012).

The influence of CFS on facilitating community capacity for the protection and support of children was seldom reported on in detail. Increased knowledge and awareness of child protection concerns and available services was noted in three studies (Gladwell, 2011; Madfis, 2010; Sabina, 2012). There is evidence to support community engagement and/or involvement in CFS activities, such as cleaning, cooking and

paying levies (TANGO International, 2009). The enhancement of mechanisms to receive and respond to reports of abuse, neglect, exploitation or violence against children, such as child protection committees, referral systems, and PTAs, were considered in three studies (Arus, 2008; Gladwell, 2011; Save the Children, 2011), with a lack of robust documentation of impact generally reported.

Discussion
Greater commitment to documenting outcomes and impacts is required
Given the widespread use of CFS as an intervention strategy to address children's needs in humanitarian emergencies, the review indicates a remarkably small evidence base. That only ten studies could be identified suggests a failure, either to commit to conducting evaluations indicating impacts in the lives of children and their families, or failure to disseminate such evaluations to the broader humanitarian community, or both. Over 60 nongovernmental organisations were contacted by way of three inter-agency working groups in this search for unpublished or agency specific documents related to CFS outcomes and impacts. Only 22 documents were returned, half of which were submitted by a single agency.

This lack of evaluation may result from limitations related to staff capacity and other realities of the field (Madfis et al., 2010). Lack of expertise in monitoring and evaluation (M&E) methods, including indicator development in the midst of a humanitarian crisis, may often result in the low prioritisation of baseline data collection, a key foundation for most robust evaluation designs. Training and additional M&E support needs to be made available to programme staff in order to encourage robust M&E designs in the future (Ager et al., 2011a).

More standardised and rigorous measurement of processes, outputs, outcomes and impacts is required
Studies reviewed suggested that significant development is required in both the standardisation and rigor of measurement. Regarding the specification of CFS itself, it is clear that the composition of, and emphasis on, specific activities may differ dramatically organisation to organisation, leading to confusion over programme goals and objectives among programme staf and community members (Gladwell, 2011; UNICEF, 2009). Without an agreed set of activities and *'shared vision'* of what constitutes a CFS, it is difficult to define and measure a set of *'standardised'* outputs. Output indicators, such as the number of children attending the programme, are a mainstay of psychosocial interventions (Arus et al., 2008; Gladwell, 2011; Sabina, 2012; Save the Children, 2011). They are relatively easy to measure, often including some measure of quality of care, and yet appear far from standardised among practitioners (Ager et al., 2011a; Dessemie, 2010; Madfis et al., 2010).

While an improvement in documentation and measurement of processes and outputs is important, arguably the most critical requirement is an appropriate focus on relevant outcomes and impacts. The collection of output data alone cannot reasonably validate programme impact or effectiveness. Focus group discussions and self-reports can contribute to the documentation of CFS outcomes, providing useful insight into local perceptions and encouraging participation throughout the evaluation (Kostelny & Wessells, 2008). However, self-reports are limited in their ability to relay accurate information on wellbeing, as they rely on the individual's ability to remit sensitive information, usually related to feelings or attitudes (Duncan & Arntson, 2004).

Mixed method approaches are thus required for a more robust measurement of CFS outcomes and impacts, and are well represented amongst the stronger papers reviewed (Kostelny & Wessells, 2008; Loughry et al., 2006; Madfis et al., 2010). As part of a Child Centred Spaces (CCS) initiative in Northern Uganda, Kostelny & Wessells (2008), for example, utilised locally derived indicators of child wellbeing identified through focus group discussions with caregivers and programme staff. This consensus driven approach allowed for a culturally relevant interpretation and adaptation of an established 'western' tool; the Strengths and Difficulties Questionnaire (Kostelny & Wessells, 2008). This participatory feedback loop also helped to inform the analysis of CFS impact on the social and emotional wellbeing of children. Loughry et al. (2006) used qualitative interviews to complement and elaborate their analysis of child wellbeing based on the Child Behaviour Checklist.

Evaluation designs need to more robustly address assessment of outcomes without intervention
It is not only that measures need to be more rigorous, but also that the evaluation designs within which they are deployed need to be strengthened. In particular, attributing positive outcomes requires evaluation approaches that allow some estimation of likely outcomes without a CFS intervention. This is particularly important given the acknowledgement of child and community resilience in contexts of humanitarian emergencies (Reed et al., 2008). With studies documenting the recovery of children following humanitarian emergencies, through individual and community efforts and without programmatic support, (Ager et al., 2011b; Ager et al., 2010) it is important for CFS (or any intervention) to

demonstrate '*added value*'. To demonstrate positive change is insufficient, if there is evidence of such positive change being secured without focused programmatic interventions.

There is a range of methods available to address this (Ager et al., 2011a). Comparison groups provide an opportunity to view the improvement of children's wellbeing pre and post intervention, relatively independent of outside factors. Examining the counter factual [] provides baseline information related to positive outcomes not attributable to the intervention, while still collecting valuable information relative to programme impact. Outcome mapping[1] provides an alternative approach to assessing programme performance based on changes in factors, such as '*behaviours, relationships, actions or activities of the people, groups, and organisations with whom a development programme works directly*' (Overseas Development Institute (ODI), 2012). Measuring these '*factors*' provides a solid basis to measure programme change, and ultimate effects, on beneficiaries – particularly when other agencies are working in similar programme areas, among the same population.

There is a need to sustain engagement of children within the context of evaluations
Such robust evaluation designs should not be seen as a basis to exclude the active participation of children in the development of measures, and the implementation of evaluation studies. Rather prioritising participation strengthens the robustness of an evaluation. Acknowledging children, youth and community members as active partners throughout the design, monitoring and evaluation process is essential, and should be made explicit early on in the process.

Increasingly, participatory methods (primarily focus group discussions) are being used as a core evaluation technique in emergency settings (Dessemie, 2010; Sabina, 2012; Save the Children, 2011; TANGO International, 2009). Focus group discussions potentially provide an excellent way to raise awareness among the community, encourage participants to voice their opinions and provide feedback related to the programme. The participation of caregivers, community members and children themselves in focus groups provides an opportunity to engage, and build, lasting relationships critical to long term sustainability of systems of education and protection. However, focus groups may neither constitute a representative sample of programme beneficiaries, nor an effective means of capturing emotions or internal processes. Other participatory methods, such as interactive games and role-play, have been applied in South Sudan to explore children's attitudes, attendance rates and major problems in the Kosti Way Station (Gladwell, 2011). Demassie (2010) used dancing, picture drawing and storytelling (among several other techniques) to encourage a participatory evaluation process with children. However promising these innovative approaches may be, methods used for analysis of data gained through such activities are typically not reported in sufficient detail to allow replication.

Madfis et al. (2010) acknowledges children as more than '*passive recipients of services*' suggesting that programmes should make a better effort to engage children, emphasise their role and their '*capacity to protect themselves*' (p. 857). Genuine participation goes beyond a token engagement and actively works with children and youth, as well as the community, in designing effective monitoring and evaluation strategies that are both relevant and respectful.

Long term follow-up is critical to establishing evidence driven interventions
There is emerging recognition that CFSs have the potential to lay the groundwork for post disaster, formal educational systems, as well as link in and support indigenous systems of protection. Unfortunately, there is little documentation regarding the long lasting effects of CFS programming following the close of services. Of the ten studies reviewed, only three provide pre and post intervention data, none of which document effects beyond one year after the programme's close. Establishing evidence driven interventions requires long term follow-up directed towards impacts on the wellbeing of children and youth, as well as at understanding these community based systems of protection and support.

Longitudinal studies would explore the nature and casual pathway of CFSs as the intervention bridges to more sustainable outlets. These studies may be costly and rigorous in nature, but create the potential to assess lasting change. Complications arise from interpreting causal links between objectives, and their subsequent impacts, in the midst of other humanitarian programming that may affect the wellbeing of children and youth (Madfis et al., 2010; Loughry et al., 2006). With proper planning and robust design, active learning can commence, even in the midst of an humanitarian crisis.

Limitations
This review is an appraisal of evidence related to outcomes and impacts of CFSs in humanitarian settings, through a structured document review process. One major constraint concerns the comprehensiveness of the search process and inclusion criteria used. While the systematic structure of this review is likely to identify most, if not all, of the published corpus of literature,

restricting the search to English language articles within the last 15 years may influence the resulting number of studies identified. Furthermore, two-thirds of the documents gaining entry to the review were collected through inter-agency submissions. Inclusion criteria for the submission of unpublished documents were quite specific, and in line with the criteria for published review. However, only a little over one-fourth of the total inter-agency submissions were deemed appropriate for inclusion.

Conclusions and Recommendations

The evidence base for the outcomes and impact of CFSs is clearly limited. Out of the small number of studies identified, few presented well-designed and implemented evaluations of CFSs in emergency settings. No doubt logistical constraints and staff capacity influence prioritisation and imple-mentation of rigorous monitoring and evaluation techniques in the field. However, as the international community continues to support CFS work in emergencies, it is important to consolidate evidence as well as support evidence-based interventions regarding the protective and restorative effects CFSs have on children and youth. The development of inter-agency guidance on minimum standards for CFS (CPWG, 2012) is to be welcomed, but such guidance needs to be informed by evidence of impact of interventions conforming to such standards.

Acknowledgements

References

Ager, A., Ager, W., Stavrou, V. & Boothby, N. (2011a). *Inter-Agency Guide to the Evaluation of Psychosocial programing in Emergencies*. New York: UNICEF.

Ager, A., Akesson, B., Stark, L., Flouri, E., Okot, B., McCollister, F. & Boothby, N. (2011b). The impact of the school-based Psychosocial Structured Activities (PSSA) program on conflict-affected children in Northern Uganda. *Journal of Child Psychology and Psychiatry, 52*(11), 1124-1133.

Ager, A., Stark, L., Olsen, J., Wessells, M. & Boothby, N. (2010). Sealing the Past, Facing the Future: An evaluation of a program to Support the Reintergration of Girls and Young Women Formerly Associated with Armed Groups and Forces in Sierra Leone. *Girlhood Studies, 3*(1), 70-93.

Arus, Y., Pakpahan, D., Marpinjun, S. & Bramuntyo, D. (2008). *Final Evaluation Report of Yogyakarta Earthquake Response and Recovery program of Plan Indonesia*. Circle Indonesia: Yogyakarta programme Unit.

Child Protection Working Group (CPWG). (2012). *Minimum Standards for Child Protection in Humanitarian Response*. Geneva: CPWG.

Dessemie, T. (2010). North Darfur program Child Friendly Spaces: Assessment Report. Stockholm: Save the Children Sweden.

Duncan, J., & Arntson, L. (2004). Children In Crisis: Good Practices In Evaluating Psychosocial programing: The International

Psychosocial Evaluation Committee and Save the Children Federation, Inc. Westport: SCF.

Gladwell, C. (2011). Kosti Child Friendly Space: Evaluation Report: War Child Holland, Sudan.

Global Protection Cluster, G. E. C., INEE, & IASC (2011). Guidelines for child friendly spaces in emergencies.

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A Research Note. *Journal of Child Psychology and Psychiatry, 38*, 581-586.

Ispanovic-Radojkovic, V. (2003). Youth clubs: Psychosocial intervention with young refugees. *Intervention, 1*(3), 38-44.

Kostelny, K. & Wessells, M. (2008). The protection and psychosocial well-being of young children following armed conflict: outcome research on Child-Centered Spaces in Northern Uganda. *Journal of Developmental Processes, 3*(2), 13-25.

Loughry, M., Ager, A., Flouri, E., Khamis, V., Afana, A. H. & Qouta, S. (2006). The impact of structured activities among Palestinian children in a time of conflict. *Journal of Child Psychology and Psychiatry, 47*(12), 1211-1218.

Madfis, J., Martyris, D. & Triplehorn, C. (2010). Emergency Safe Spaces in Haiti and the Solomon Islands. *Disasters, 34*(3), 845-864.

Overseas Development Institute (ODI) (2012). Outcome Mapping Retrieved 11 June 2012, from http://www.odi.org.uk/rapid/tools/tool kits/Communication/Outcome.mapping.html

ReliefWeb. (2013). Updates. Retrieved 27 February 2013 from www.reliefweb.int

Sabina, N. (2012). Report of Emergency Response Evalutation and Lessons Learned of Response in Satkhira Flood 2011. Dhaka, Bangladesh: Sunderban Sub cluster on Child Protection in Emergencies: Dhaka, Bangladesh.

Save the Children (2008). Child Friendly Spaces in Emergencies: A Handbook for Save the Children Staff. Retrieved from http://toolkit. ineesite.org/toolkit/INEEcms/uploads/1064/ Child_Friendly_Spaces_in_Emergencies_EN. PDF

Save the Children (2009). Child Friendly Spaces Facilitator Training Manual. Retrieved from http://resourcecentre.savethechildren.se/con tent/library/documents/child-friendly-spaces-facilitator-training-manual

Save the Children (2011). Community Based Child Protection Emergency Project: Internal Evaluation Report. London: Save the Children.

Save the Children Sweden (2010). Child Friendly Spaces Handbook for Animators (Volunteers). North Darfur program. Stockholm: Save the Children Sweden.

TANGO International (2009). Cyclone Nargis Emergency Response (CNER) programme: End of program (EOP) Evaluation Report: World Vision.

UNICEF (2009). A practical guide for developing child friendly spaces. New York: UNICEF.

World Vision International (2006). *Children in Emergencies Manual Chapter 10: Child Friendly Spaces in Emergency Situations*. Geneva: WVI.

---

[1] Outcome Mapping is a tool developed by the International Development Research Centre, Canada.

Alastair Ager is Professor of Clinical Population & Family Health with the Program on Forced Migration & Health at the Mailman School of Public Health, Columbia University.

Janna Metzler is a graduate of the Program on Forced Migration & Health working as a research coordinator for the Evaluating Child Friendly Spaces in Emergencies program.

Marisa Vojta is Programme Officer for Child Rights and Well-Being with World Vision International in Geneva.

Kevin Savage is Research Co-ordinator, Humanitarian and Emergency Affairs, World Vision International, also based in Geneva. email: aa2468@columbia.edu

New manual available: *Creating a safe school environment*

How can teachers develop a relationship with traumatised parents? How do you recognise psychological problems occurring in a school child? What are the most constructive methods for working with children affected by collective violence? In this recently published manual, the War Trauma Foundation (WTF) shares its experiences of psychosocial programmes for schools in conflict areas.

Since 2004, the WTF has collaborated in providing psychosocial aid programmes to schools, with local organisations. WTF has been instrumental in training local aid providers, teachers and helpers in the Northern Caucasus, the Palestinian territories and Kosovo, aiming to enable them to recognise psycho-social problems and counsel children in a professional manner.

The manual provides information on how to set up a psychosocial school programme, what problems may be encountered, and which people may be involved in the process: local authorities, trainers, teachers, parents, children, as well as how to approach this variety of situations. The manual describes the working methods used, as well as the role of the local partner organisations, their approach to programmes and collaboration with the WTF. Furthermore, it provides a theoretical substantiation of the WTF approach. The manual also contains a number of methods for organisation and capacity development.

Additionally, a large number of methodical tips are included; for example, how children get through to his or her parents when they are pre-occupied with the conflict situation around them. The manual also contains inspiring examples of works, such as school children who wrote a letter to their own feelings during school time. It is a way to say goodbye to bad experiences and to let go. Discussing what certain sounds from nature symbolise – such as the sound of birds, rain, wind etc. – is another good way to induce children to speak about their feelings.

The manual will also be translated in Russian.

You can either order or download the manual at: www.wartrauma.nl