MINI-GUIDE: COMMUNICATING

Child Protection in Outbreaks:

Communicating with children in infectious disease outbreaks

THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION

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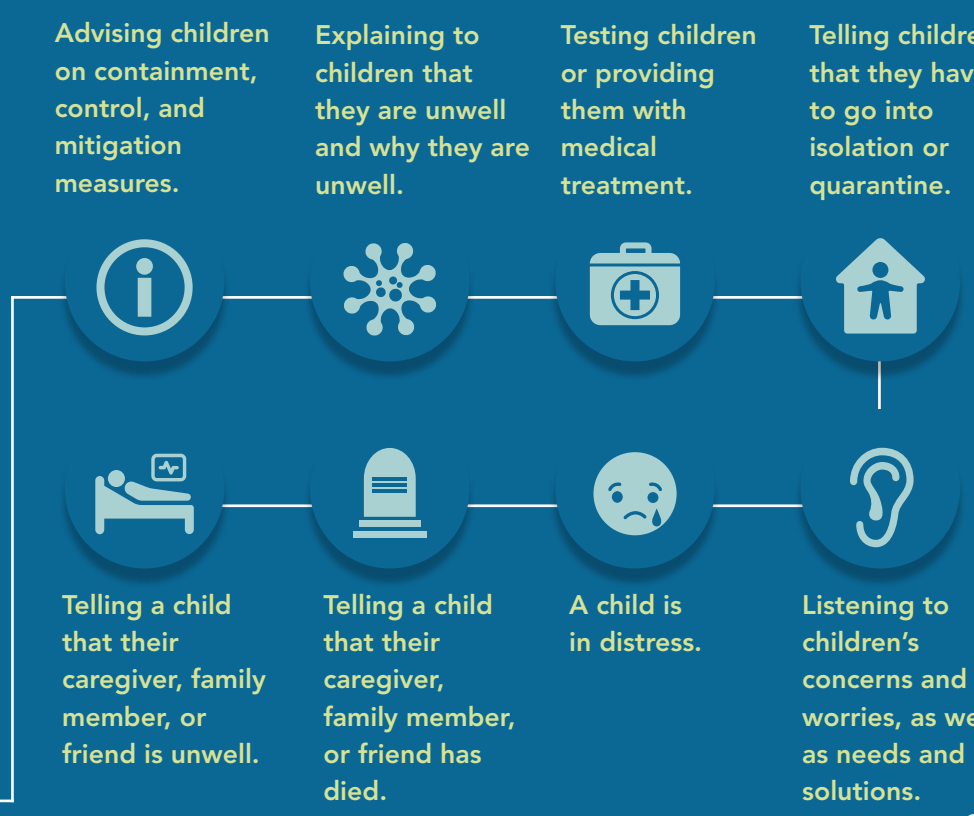
Who is this mini-guide for & how should it be used?

Talking with and listening to children are not done in the same way as with adults. Children have different communication needs based on their age, stage of development, and other individual characteristics. This Mini-Guide is primarily for child protection and health practitioners. It can also be used by the social service workforce, as well as by humanitarian personnel in any sector as and when they come into contact with children.

The Mini-Guide explains how to communicate with children on a one-to-one level. Personnel working in settings impacted on by infectious disease outbreaks may come into contact with children and will need to know how to talk and listen to them effectively. These skills may be required when:



Why is talking and listening to children during outbreaks important?

Positive communication and active listening during an outbreak can help children by:

- helping to develop their resilience;
- enabling their understanding of issues that concern them, including the subjects of their own health and well-being, and the health and well-being of others around them;
- limiting their levels of distress and building resilience;
- enabling faster recovery from difficult or traumatic experiences; and
- facilitating their access to the services and support they need in an outbreak.[1]

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A child is any person under the age of 18, as defined by the United Nations Convention on the Rights of the Child.

Remember that children are a diverse group, one that encompasses infants and toddlers, school-age children, and adolescents. Children have differing sexual orientations as well as gender identities and sex characteristics. They also differ in their abilities and disabilities, as well as in other aspects of diversity, such as social, cultural, religious and economic background.

These differences impact on the individual child's experience of outbreaks and associated harms. These differences influence the way in which children communicate and understand the world, and the way in which you should communicate with them.

What are the stages of communication?

1 PREPARE – BEFORE YOU MEET ANY CHILDREN

Review information about the disease outbreak and understand:

- What is known about transmission, control measures, symptoms, and treatment?
- What is still unknown?
- What are common misunderstandings or misinformation?
- What issues relating to the outbreak are commonly impacting on the lives of children in this location

(for example, school closures, separation from caregivers, vaccination roll-out, or fear of testing)?

• What service providers are available in your area that can address any medical issues or mental health and psychosocial support (MHPSS) needs or child protection concerns?

• What personal protective equipment (PPE) do children need? What PPE adapted for children is available in your location? *The PPE needed will differ depending on the outbreak. For respiratory diseases, it includes face masks, gloves, face shields, and hand sanitisers. For insect-borne diseases, it includes insect repellent.*

• Be clear on what you will say about the infectious disease, associated containment, control or mitigation measures, or risk of death, should you meet and talk with a child.

• Think about how you would adapt your communication for children of different ages, genders, disabilities, or backgrounds.

• Be aware of relevant socio-cultural norms. Adapt your communication style accordingly.

2 Observe – when you meet a child

As and when you meet a child, observe and take note of the following:

• Is the child comfortable?

• Is the child safe?

• Does the child need PPE?

• Should you maintain physical distance between yourself and the child to prevent viral transmission?

• Is the child showing signs or symptoms that indicate a need for immediate referral to health, MHPSS[2] or other services?

3 Communicate

• Ask the child how they would like to communicate – by using a translator or sign language interpreter, or with drawings, puppets, or dolls?

• Ask if the child wants a trusted and known adult with them?

• Listen more than you talk.

• Use active listening. This involves careful use of words, tone of voice, and body language to confirm that you are paying full attention to the child and listening to what they say.

• Be aware of the barriers that PPE, physical distancing and remote support may present to clear and effective communication. For example, a mask hides part of your face and can reduce the child's ability to understand your facial expressions.

• Use a gentle manner to reassure children that their fears and feelings are normal. Say: 'Lots of people are frightened, but the doctors are working very hard to help us all'; or, 'I want to give you advice to help you to stay safe.'

4 Refer – before ending the interaction[3]

Link the child and any caregivers with further services if needed. Refer children, with appropriate informed consent or assent by them and any relevant caregivers, when they:

• Show symptoms of infection and may need medical treatment.

• You believe they may have been harmed or may be at risk.

• Show signs of distress and need additional MHPSS services.

• Are unaccompanied. *This means they are separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.*

• Where the life of the child or someone else is at risk, you may need to refer without informed consent or assent, based on the principle of the best interests of the child.

• Stay with the child if they are alone or without a caregiver until an appropriate service provider is present and providing assistance.

• Explain what help they will have next, if any. End the conversation kindly and considerately. Wish the child well.

How should you talk and listen to children?

Different means of communicating will be required based on the individual characteristics of each child, their circumstances, and the context in which you are meeting the child. Outlined below are ten guiding principles for communicating with children. All are equally important, and all are applicable to all children no matter what their individual characteristics and situation are.

GUIDING PRINCIPLE	PUTTING IT INTO PRACTICE DURING OUTBREAKS	SAMPLE SCRIPTS
INFORMED CONSENT OR ASSENT	You should seek **informed consent or assent** from children and any caregivers before engaging in conversations with them. Do so by trying to confirm with them that they are happy to talk to you. You may need to talk to a child to explain something. But you should **not force children to speak**. Give them the space to speak if they wish.	*'Are you happy to keep talking to me?'* *'Do you still want to keep talking now?'* *'Do you want time to think about these things before we keep talking?'* *'I know of a number of other people and places we can go to that can help you by [giving you a place to sleep, a chance to play with and talk to other children, and something to eat, etc]. They will not charge you any money to help you. Would you like me to take you there?'* *'I may tell someone else what you have told me if I think there is another person or organisation that can help you with what you need. I will ask if you are okay with me talking to the other person first.'* *'Do you have any questions about the help that people can offer you or your family?'*

GUIDING PRINCIPLE	PUTTING IT INTO PRACTICE DURING OUTBREAKS	SAMPLE SCRIPTS
CONFIDENTIALITY AND BEST INTERESTS	Keep any thoughts and information shared with you **confidential**. Reassure the child that what you discuss will be kept between the two of you before confirming their informed assent/consent. Explain that you will not share their fears and concerns with others, except in situations when they shares something which is causing them or another person harm. Describe the situations in which you may have to talk to someone else. There are two main ones. First, explain the principle of the **best interests of the child** and say that, for the safety of the child or other children and adults, **you may have to refer them to other service providers**; secondly, explain that, in line with the mandatory reporting requirements of your organisation or the local authorities, you have to report certain concerns or incidents.	*What we discuss now I will keep between us, unless:* • *'You want me to talk to someone else about what we discuss.* *OR* • *'You tell me something that makes me think you or someone else might get hurt. In this case, I may have to tell others so we can get the right help and we can keep you and other people safe.'*
RESPECT	Treat the child with **respect**. **Consider the social, cultural and religious context.** For example, if you are speaking to children about the death of someone close to them, allow the children and their caregivers to have their own beliefs about what happens upon death. You do not have to agree – but do not deny them their beliefs. **Be polite** with the child, as you would with an adult. Ask the child if they have **any special communication needs** that you can prepare for. For example, perhaps they need interpretation, or would prefer to communicate through drawings or the use of dolls. If you are not able to ask the child directly, consult a caregiver or service provider who knows the child.	*'I am [name] and I work with [organisation] to do [role].'* *'It is normal that you feel this way. Many people feel like that too sometimes.'* *'I am listening'; 'I believe you.'* *'It is good to find comfort in your belief that there is an afterlife.'* *'What do you know or think is happening to you, or to your caregiver, family member, or friend?'* *'Please open your mouth wide so I can take a sample for testing.'* *'Would you like to draw a picture to help explain how you are feeling?' 'Can you show me where you feel funny, using this doll?'* *'Shall we try to find someone who can use sign language so they can interpret for us?'*

GUIDING PRINCIPLE	PUTTING IT INTO PRACTICE DURING OUTBREAKS	SAMPLE SCRIPTS
INCLUSION AND NON-DISCRIMINATION	Children vary by age, gender, and stage of development. They are also **diverse** in terms of their language, level of education, religion, sexual orientation, background, and personal circumstances. In addition, they may have different visible and invisible disabilities. Carefully **adapt** and choose your communication style based on the individual needs and preferences of each child. Do not make assumptions about individual capacities or limitations. Address the child directly, rather than any interpreter, caregiver, or support person who may be present. Provide children with access to materials such as paper and coloured crayons, pencils, or pens, in case they would prefer to use drawings to express their feelings and views, or dolls or stuffed toys, in case they wish to act out their feelings.	*'Are you comfortable to continue talking to me …* *OR* *'… would you like to speak to another colleague who is … [a man or woman, or another gender identity; someone who speaks the same language, or someone from the same community, or minority or marginal group, etc.]? You can choose. I won't be offended.'* *'… would you prefer to have paper and crayons so that you can make a drawing to express yourself?'* *'… is it okay to continue speaking with the help of this interpreter? Is there anybody else you would rather have interpreting?'*
REFERRAL	**Refer** to other service providers any child and caregiver who requires further support that you are not able to provide. A child and their caregiver may need to be referred to: • **medical services** if you suspect they have been infected and may require treatment or testing; • **child protection case management support or social services** if: - a child's caregiver is being held in quarantine or isolation or has died and the child needs to access alternative care; - The child has been exposed to, or has experienced, violence, abuse, exploitation or neglect; • **professional mental health and psychosocial support** if they are showing signs of distress, for example if they are unwell, or someone they love is unwell or dying.	*'As I said at the beginning of our meeting, if I feel that you, or someone you mention, needs help to keep them safe and healthy, I may need to share details of what you have told me or what I have seen with someone else who can help you.'* *'I think that, given the symptoms you have, we should take you to see a doctor.'* *'It is very normal that you feel so sad about being separated from your mother [or father, or sister, or brother, or aunt, or uncle]. Have you been able to talk to someone you know and who cares about you? How can I help you? Would you like to talk to me about this some more?'*

GUIDING PRINCIPLE	PUTTING IT INTO PRACTICE DURING OUTBREAKS	SAMPLE SCRIPTS
SAFETY	Ensure the safety of the child and **mitigate any risks**. Depending on the nature of the infectious disease outbreak, this may require that: (i) you and the child wear PPE such as face masks; (ii) that you stay a certain distance apart when talking; and (iii) you wash or sanitise your hands. You may need to sit with a screen or pane of glass between yourself and the child. Take care to ensure that applying social distancing measures does not cause issues in maintaining confidentiality and allow people to overhear the conversation.	*'Do you feel safe here?' 'Does this place feel okay for you?'* *'Is there another place where you would feel better to talk?'* *'It's important that we sit somewhere that people can't hear what we are talking about, but we can keep the curtains or door open so that people can see that we are both okay.'* *'Is there any adult you trust that you would like to join us while we talk?'* *'Let's sit here, so that we can have a private conversation but still be able to see others.'* *'You need to wear a mask to protect yourself from the disease.'* *'We need to sit a little apart in case you or I have the virus. Putting a little distance between us will help keep us safe.'* *'We need to make sure we do not touch, as the virus can spread through contact.'*
EMPATHETIC, COMFORTING AND SUPPORTIVE	Using empathetic communication with children will make them feel better able to share their thoughts and feelings with you. If children speak to you about their situation, it can help them to relieve their distress and you to identify if they have further support needs. This, in turn, can help you think about whom you can refer them to, if this is necessary. **Acknowledge** feelings – do not suppress or deny them. Allow children to cry, shout, be angry, or scared, as long as they are not hurting themselves or others. Emotions are natural and should be expressed. Use words, tone, and facial expressions to provide comfort and reassurance. Touch can be used, but has to be done very carefully: it must be done in culturally appropriate ways and with consideration for the	*'Would you like some water? Would you like to sit on the floor or a chair?'* *'I sometimes feel that way'; 'Everyone gets scared sometimes.'* *'The containment, or control, or mitigation measures have been going on for a long time, so it's difficult.'* *'That sounds like a difficult situation.'* *'It's no one's fault if they get the virus or disease'; 'It is no one's fault if they fall sick.'* *'It's not your fault that your mother, or father, or sister, or brother, or friend died.'* *'I understand what you are saying.'*

GUIDING PRINCIPLE	PUTTING IT INTO PRACTICE DURING OUTBREAKS	SAMPLE SCRIPTS
EMPATHETIC, COMFORTING AND SUPPORTIVE (CONTINUED)	safeguarding principles. Tell children and their caregivers that feelings of fear, sadness, guilt, loss, and the like are natural. Boys in particular may have been told they should not cry or express sadness. **Reflect** only the feelings a child is showing (verbally and through body language) at the present moment. Not all children will show the same emotions (such as fear, sadness or anger) in reaction to an event. They might express different emotions from one occasion to the next. For example, they might be fearful the first time they are tested or vaccinated, but not scared the next time; on the third time, they might be scared again. This requires being **non-judgemental** and **accepting** of what they tell you. **Reassure them** that they are not to blame for any harm caused by an infectious disease outbreak. Be mindful that any PPE you may be wearing could prevent them from seeing the signs of the comforting response you are trying to express.	*'It sounds like you are finding it hard that your friend died.'* *'Many people feel guilt when someone they love dies. But you are not to blame.'* *'I think you are saying to me that you feel scared of the disease? Many people do.'* *'Many people are wary of the new vaccine, but scientists have tested it. The protection the vaccine gives you from the virus really helps a lot.'*
TRANSPARENT, HONEST AND OPEN	First ask children what they know and how they understand the situation. Try to build on what they do know and use their words when these are helpful and accurate. Gently correct any misunderstandings they may have about the infectious disease and associated containment, control, and mitigation measures. Do not lie to children to protect their feelings about, for example, the sickness or death of a family member or friend. If they discover the truth later, this will create distrust.	*What have you heard about the virus?' 'What have people told you about the vaccine?' 'What do you think is going to happen when I do the test for the virus?'* *'This will hurt [about a vaccination or test]. But it will be over quickly, in the time it takes to clap your hands twice'; 'It will feel like a sharp pinch.'*

GUIDING PRINCIPLE	PUTTING IT INTO PRACTICE DURING OUTBREAKS	SAMPLE SCRIPTS
DO NOT MAKE PROMISES YOU CANNOT KEEP OR RAISE EXPECTATIONS	It may be tempting to try to reassure children quickly by claiming that a situation will be resolved, for example by saying things like 'We will find your family' (if they have been separated due to isolation measures), or 'We can get you medical support right now.' But if this help is not possible, it can worsen the situation later on. Although we might know generally what services another organisation provides, it could be that the organisation lacks new funding, or that the child you are speaking to does not meet their eligibility criteria. Being clear about what you can and cannot promise prevents more distress further down the line.	*'I can't promise you that you'll be able to stay with your [mother, or father, or sister, or brother] while they are in isolation or quarantine, but I will explain to the people that manage the facility that it would be best if it is possible.'* *'I will try to get you some masks, soap and hand sanitiser, but I cannot promise this is going to be possible.'* *'I will put you in touch with [name of person or organisation]. They might be able to help you further on, but I can't promise this.'*
KEEPING CHILDREN ACCURATELY INFORMED ABOUT THE VIRUS	Give children **honest and scientifically accurate information** about the outbreak appropriate to their age and understanding. You may need to explain how the disease is spread; what the symptoms are; how they are treated; and how spread can be mitigated. Tell them where they can get medical assistance and protective equipment. Explain what is making them sick and how long it will take before they get better. You may want to use the same language as state and public health actors and the World Health Organization (WHO) when talking about the disease and its containment. This avoids causing confusion, as it is best to convey scientifically based messages. Give children just the right amount of information they need for their current situation. Especially with smaller children, **do not overwhelm them** with long descriptions. **Allow children to ask questions** so that they can understand things clearly. Use **drawings, posters, or videos** to illustrate your explanations.	*'Viruses are very tiny living things. They are so small we can't see them with just our eyes. When they get inside your body, they can make you feel sick. We only know they are inside us once we show signs of illness. Viruses cause colds, chicken pox, measles, flu, and many other diseases.'* *'Do you have any questions about the virus or disease?'* *'Symptoms of the virus include [insert relevant symptoms].'* *'The virus is spread from one person to another [when they breathe the same air or when they touch each other, or by insects, etc.].'*

A note on communicating with infants and toddlers

Even when children are in their early years and not yet verbal, you can and should still talk to them. Respectfully explain: (i) the situation; (ii) what is happening; (iii) what you are doing if administering control measures, medicine or vaccines; and (iv) why this is happening.

At times you may have to do something that infants or toddlers do not want – such as giving them medicine, taking blood, or giving a vaccine – because it is in their best interests. If this is the case, do so confidently. Acknowledge their feelings. Tell them it is unavoidable and in their best interests, but reassure them that you will try to be as quick as possible and minimise pain in any way you can.

For example, when vaccinating, explain that you are using a smaller needle than you would for adults. Try to carry out any conversation or medical intervention with small children in the presence of caregivers or people they know. This gives them a sense of security and comfort.

Many of the tips and tools described in this guidance can be adapted for infants and toddlers – for example, by speaking to them in even simpler language, demonstrating interventions on puppets and dolls, and allowing them to draw in order to explain themselves.

What tone of voice should you use?

Aim to control your tone and use a calm, gentle, but audible, voice, at a moderate volume. Do not shout or raise your voice. If the setting is noisy, try to move to another location so that you do not have to raise your voice. If you are wearing a mask, ensure that you can be heard clearly and understood. You may have to slow down your pace, and articulate your words more precisely so that they are not hard to hear. Alternatively, speak a little more strongly (yet without shouting), so as to be heard properly while wearing a mask.

What words should you use?

Keep words short and simple. Avoid complicated technical language, and use language which is common in everyday conversation. Choosing the right words is important, but so too is allowing for pauses and silence.

Do not

- **Do not use nicknames and made-up words**
- **Do not confuse children by using long descriptions they cannot understand**
- **Do not use confusing expressions.** In English, for example, people may say 'sick as a dog', or 'under the weather'. This could be confusing for the child, who might take these statements literally.
- **Do not say 'calm down', 'don't overreact', or 'don't worry'**
- **Do not use only closed questions or assume you know the answer to a question.** For example, do not say, 'You're scared of the vaccine, aren't you?'

Do

- **Use the correct biological and medical terms** for illnesses, viruses, symptoms, and body parts. Then explain the complicated words in simple language, or indicate the body part if it is appropriate. You can say, 'She has a virus in the lungs – the part of your body that breathes in the air.'
- **Use short sentences and simple words**
- **Be specific** and say, 'She has a virus. The virus is something tiny that attacks the body and makes the body sick. This is giving them a high temperature and making tehm feel very tired.'
- **You can also use an image to help them understand a situation.** For example, describe medicine as 'an army of tiny soldiers or ninjas (called antibodies) that we put into your body to fight the virus that has managed to get inside you'.
- Let children express how they feel. Help them to normalise their feelings. For example, you can say, 'Many children feel the same way as you.' **Respond calmly,** as this can soothe a stressful situation.
- **Use mainly open-ended, clarifying questions,** such as, 'How do you feel?'

How does your body language influence communication?

Body language is the conscious and unconscious way we move or position our bodies in reflection of what we think and feel. It includes our hand movements, facial expressions, tone of voice, eye contact, and the way in which we sit or stand. Other people read our body language, and this contributes to their understanding of what we are saying or thinking. How body language is used to communicate, and how it is understood, varies a great deal from one context to the next and from one culture to another.

BELOW ARE TIPS THAT SHOULD BE ADAPTED FOR YOUR CONTEXT

1

Seek to understand the socio-cultural norms around communication, and adapt your style accordingly.

2

Always consider what your body language conveys to the child to whom you are speaking and listening. Remember that the protective equipment you are using may limit the child's ability to see your hand movements or facial expressions.

3

Use an open, relaxed posture and nod and smile to make it clear that you are actively listening. You might need to exaggerate positive movements and facial expressions so that these can be seen despite your mask, hospital gown, gloves, and so on.

4

Put yourself at the same level as the child. If safety precautions allow, sit together on the floor or a chair.

5

Sit at an angle, or side-by-side, so you can both see each other. Do not face in another direction, or look at and face another person who is present – such as a caregiver or interpreter. Do not lie down, stand over a child, cross your arms, face away, or hold a book in front of your face.

Remember, children react differently. For example, if a child is not crying after they have experienced the death of a parent, this does not necessarily mean they are not sad – their silence could indicate deep distress. Allow for ongoing discussion, and continue to listen to and engage with children even if they are quiet or silent.

6

It may be comforting for a child if, while talking, you **do an activity together,** such as playing, drawing, sewing, or cooking.

7

If you need to use a **notebook** or some form of checklist, explain why to the child and their caregiver.

8

Use culturally appropriate levels and styles of **eye contact.** This may vary depending on your gender identity and the gender identity (and age) of the child or adolescent to whom you are speaking. Consider socio-cultural norms relating to eye contact. Be conscious if you are wearing protective eyewear, as this could distort what people are able to see.

9

It is best to **show your face.** If you need to wear PPE, such as a mask, have a photograph of yourself with you to show the child, or offer to step away and show your face for a moment. Explain why you are wearing a mask.

10

Be observant. The child's body language is important. Watch how the child moves and reacts in order to tell if they are comfortable, distressed, or agitated, and so on.

How do you adapt communication for children with disabilities?[4]

Like adults, children may have different disabilities – including hearing, speech and visual impairments, mobility issues, learning difficulties, or chronic conditions. You may need to adapt how you communicate with children according to: (i) the type or severity of their disability; (ii) how long they have had the disability; and (iii) your own skill set.

- ***When engaging with children with visual impairments:*** **Describe what they cannot see**, and allow them to touch objects or things that help them understand the situation – for example a protective mask, or handwashing station. If they ask for support, guide them to their seats, or through the space you are in. Do not leave their side without first telling them.

- ***When engaging with children with hearing impairments:*** If possible, use sign language or sign language interpretation, if they use it themselves. They may also be able to **read lips**. There are transparent masks that can be used for this purpose. Position yourself face-to-face so they can see your hands and/or mouth clearly. If using an interpreter, avoid talking to the interpreter and instead keep your focus and communication directly with the child. If a child has partial hearing, speak clearly and loudly in short sentences. Alternatively, if they are able to read, use written methods to communicate (for example, write notes on paper, or take it in turns to type into a phone or tablet). Sanitise your hands thoroughly beforehand and at intervals throughout that process if you are sharing an electronic device or other writing materials.

- ***Children with speech impairments:*** Prioritise finding a **quiet location** in which to talk. **Concentrate** so that you can understand a stutter or slur in the child's speech. If you do not understand something the child says, ask them to **repeat themselves or write it down:** do not pretend to have understood if you did not. **Give children time** to finish their sentences. Do not be tempted to assume you understand what they are going to say, or finish their sentences for them. Reassure them that you are happy to take the time to talk to them and interested in what they have to say.

- ***When engaging with children with mobility impairments:*** Bring yourself to the **same eye level** if the child is in a wheelchair or other mobility device. If necessary, put on PPE – face mask and gloves – and disinfect your hands before offering to help them either (i) with their wheelchair or (ii) by providing physical support when walking.

- ***When talking to children with hyperkinetic disorder*** (for example, children with cerebral palsy): Try not to be distracted by their involuntary movements. Use expressive language, smile, and maintain eye contact.

- ***To connect with children with learning disabilities:*** Use simple language – avoid jargon or long words that might be hard to understand. Be prepared to propose and use different communication tools, such as drawing or storytelling. Use gestures to explain your words. Confirm that what you are saying is understood; confirm that you have understood what the child means by paraphrasing. Follow the child's lead.

Tools for communicating with children during testing and treatment

INVITE THE PRESENCE OF A CAREGIVER OR COMPANION: The presence of a known and trusted individual can help the child feel comfortable.

PREPARE THEM: Before you go to the doctor, nurse, vaccination clinic, quarantine or isolation unit, explain why you are going and why you have to give them a vaccine, take blood, or give them medicine. Tell children what it is like and what to expect when you get there. Describe the steps in any process, how long it will take, if it will hurt, and what the pain will feel like. *'It will feel like a bee sting. It will feel as if I have pinched you quickly and hard.'* Warn them before you touch them.

PROBLEM-SOLVE: Ask for, listen to, and act on their ideas for solutions. *'I know you don't like the medicine, but we have no choice, you need to take it to get better. What can we do to make it easier?'* They may suggest taking it with a spoon of sugar, or while telling a story or watching television. Agree together on what is possible.

BE PLAYFUL: Turn a challenge, such as taking medication, into a game: *'Oh look, it's a space rocket! Onboard are little astronauts who want to kill the aliens trying to attack your body. I can see the astronauts going inside your body and fighting the aliens who are making you sick.'*

USE MUSIC AND SONG: You can sing to the child, or can have them sing to you. You can use a device such as a phone to play the child's favourite music and distract her. However, tell them honestly what will happen to tehm while they are being distracted.

GIVE CHOICES: Within reason, allow the child to make choices. *'Would you like to have the vaccination in this arm or the other one?' Alternatively, if children are overwhelmed,* it may be helpful if you or their caregivers make the choices for them. *'Which is your writing hand? I will give you the vaccination in the other arm so that it doesn't hurt when you have to do your schoolwork.'*

SHOW THEM FIRST: Have an older child or adult give blood, take the vaccine or take the medicine in front of them to reduce their fear. Act with confidence so that they know they can trust you.

IF ONLY: Create a fantasy scenario that shows you: (i) recognise what the child dislikes about having the virus, being vaccinated, or taking treatment; and (ii) also wish the situation were different. *'It would be so much better if the medicine tasted like ice-cream instead of being yucky.' 'If only vaccines didn't hurt and instead felt like a loved one's kisses when the needle goes in.'*

REWARD: If it is possible and appropriate, you can offer a treat. Although offers like these are not always advisable, having something to look forward to when facing a vaccination, taking medication, or having to spend time alone in quarantine may help a child to get through the hard times.

FAVOURITE ITEMS: Allow and encourage children to keep favourite items – such as dolls, cuddly toys, blankets – with them for comfort.

How do we communicate with children or adolescents by telephone?

The containment, control, and mitigation measures associated with infectious disease outbreaks may mean that face-to-face contact with children is replaced with virtual contact by telephone or video conferencing. This is generally only suitable with older children. Discussions by telephone or video conferencing should happen only after you have put in place a system for direct, face-to-face support in case the child becomes distressed. This may involve a caregiver or trusted community member being asked to go to the child, or even you yourself going to see them face-to-face while adhering to relevant disease transmission mitigation measures.

HERE ARE SOME TIPS FOR VIRTUAL COMMUNICATION:

Use a quiet location, one where you have a good telephone or internet connection and enough privacy to talk about medical, mental health and case management issues.

- Ask the child to confirm that they can hear you clearly.

Whenever possible, find a way for the child to see you during the conversation. For example, use video-conferencing technology such as Skype, WhatsApp, or

How do we involve parents and caregivers?

An immediate caregiver is a person with whom the child lives and who provides daily care to the child.[5] Like their children, caregivers are also impacted by infectious disease outbreaks and the associated containment, control, and mitigation measures. These may impact on their health and livelihoods. Extra stresses may increase the chance that a caregiver poses a risk to a child. When communicating with a child whose parent or caregiver is present, take into account (i) the resilience and protection a caregiver can provide, and (ii) the possibility that the caregiver may pose a threat to the child's well-being.

1 **Try to confirm with children that they are happy to have their caregivers with them. Observe their body language – this may indicate the extent of their willingness if they cannot express it in words.[6]**

2 **Seek informed consent or assent. Parents and caregivers have to be engaged in the process of securing informed consent. Parents and caregivers may be experiencing sickness, distress or trauma that limits their ability to consent or assent. You also need to consider that adult parents and caregivers may also have disabilities. How adult caregivers**

FaceTime. In some circumstances, the child may be able to see you on the other side of a window (if in isolation or quarantine) while you speak on the phone.

Start by confirming that the child is able and comfortable to talk in their current setting.

> *'Are you comfortable where you are?'*
> *'Are you able to speak freely right now? You can just answer yes or no.'*
> *'I'm having trouble hearing you. Could you move somewhere quieter?'*

- If the child is not comfortable talking there and then, ask them to suggest another time and arrangement.

Explain the reason for your call.

> *'I'm calling to talk about [mention the subject, their health, their situation, medical treatment, test results, etc.]. Is it okay to speak about this now?'*

If the connection becomes unclear, say you could not hear them for part of the conversation.

> *'I couldn't quite hear your voice. Could you repeat what you said, please?'*

Use affirming sounds and phrases while they speak.

> *'Right…I see.'*

Repeat and confirm what you hear.

Allow for pauses when the child stays silent. Do not immediately fill any silence with your own voice and words.

> *'It's okay, take your time. I'm here and listening when you're ready to talk and share what you are thinking and feeling.'*

If children start to cry or become upset:

- Activate your prepared process for ensuring they have face-to-face assistance.
- Stay on the line with them and continue to speak reassuringly until they have someone with them to provide help and they are feeling better.

Before ending the call, confirm the next steps. Tell them when you will next speak to them. Are there any actions you will take or that they should take after the call?

with disabilities provides consent will depend on the nature of their disability and their capacity for informed consent. Seek support from a disability specialist if you are unsure how to proceed.

3 **You should inform parents or caregivers of options for further support and engage them in decision-making, including consent for referral, if needed.**

4 **Parent or caregivers may be able to facilitate communication. They can provide comfort and support to children, and help with translation or finding the words that the children would understand.**

5 **Even if caregivers are present, maintain communication directly with the child. Maintain eye contact with the child, not the caregiver. Endeavour to communicate with the child directly and not assume their communication level. This is important with all children, including small infants and those with disabilities.**

6 **Advise caregivers on how they can communicate, treat and support the child going forward.**

ENDNOTES

[1] Guidance throughout this tool is founded on the approach promoted by Psychological First Aid. Staff using this guidance do not have to be mental health professionals. It is, however, helpful to take part in a learning session, such as Psychological First Aid for Children, 1.5 hours, available at: https://kayaconnect.org/course/view.php?id=781. See also International Federation of Red Cross and Red Crescent Societies (2020), Psychological First Aid for children in the COVID-19 outbreak response, available at: https://pscentre.org/?resource=online-pfa-training-for-covid-19-additional-module-pfa-for-children&selected=single-resource. The content of this guidance is strongly influenced by the writings of Adele Faber, Elaine Mazlish, Joanna Faber and Julie King. It also reflects the Resources for Infant Educarers approach as promoted by Magda Gerber and Janet Lansbury.

[2] For information on the signs of distress demonstrated by children, IFRC Reference Centre for Psychosocial Support (2018), A Guide to Psychological First Aid for Red Cross and Red Crescent Societies (pages 53–55).

[3] International Rescue Committee and UNICEF (2012), Caring for child survivors of sexual abuse: Guidelines for health and psychosocial service providers in humanitarian settings (pages 118–119), available at: https://www.unicef.org/media/73591/file/IRC-CSS-Guide-2012.pdf.

[4] Much of the content of this section is drawn from Save the Children (2015), How to communicate with children with disabilities? Manual for schoolchildren, available at: https://resourcecentre.savethechildren.net/pdf/communication-with-cwds-for-schoolchildren_eng_0.pdf/

[5] An immediate caregiver can be the mother, father, another family member or even a non-relative. They play a significant role in strengthening children's capacity to cope with stressful situations, particularly in humanitarian situations. See the Alliance for Child Protection in Humanitarian Action (2019) Minimum standards for child protection in humanitarian action.

[6] Do not assume that the caregiver present is the perpetrator of any violence. Parents and caregivers may have a negative relationship with the child for reasons unrelated to child protection concerns. Children may want to avoid worrying their caregivers. They might not want to talk about violence in front of their caregivers out of concern that this would embarrass them or make them unhappy.

KEY REFERENCES AND RESOURCES

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