

Tip Sheet For Health Actors

How Do You Maintain Family Unity if a Child is Admitted to a Healthcare Facility?

Isolation, quarantine and treatment measures applied to children and/or their caregivers can result in family separation.

Quarantine and isolation measures restrict people's movement in order to slow transmission of an infectious disease.

Quarantine	the separation of persons who are not ill but who may have been exposed to an infectious disease.
Isolation	the separation of ill or infected people from others to prevent the spread of infection or contamination.
Facility-based Treatment	when a person is admitted to a medical facility for essential treatment linked to the IDO.

Quarantine and isolation may be home-based or facility-based.

Separation from caregiver/s places children at increased risk, including risk of violence, sexual or other exploitation, abuse, and neglect. There is a risk of prolonged or permanent family separation if a child is moved from one facility to another without proper documentation or communication.

Risks are exacerbated when the child is young or has special needs.

Key Actions to Prevent Family Separation



Consider home-based isolation and quarantine first for children and caregivers.



Consider the best interests of the child and the presence of vulnerable persons in the household. Allow for child's participation.



If a child cannot quarantine or isolate at home, always explore the possibility of alternative family-based care rather than facility-based options.



When facility-based isolation, quarantine or treatment are required, aim at keeping the child and caregiver together, following infection prevention and control measures, especially for breastfeeding women and infants.

Preparatory Measures for Maintaining Family Unity in Health Facilities

- Assign a focal point for child protection issues within the health facility
- Develop and disseminate Standard Operating Procedures (SOPs) for care and protection of children including:
 - Child-safeguarding measures
 - Referral pathways including for child protection case management and family tracing and reunification if an unaccompanied or separated child is admitted
 - Registration and confidential data collection systems for when children or caregivers are admitted, including contact details
 - All health personnel complete training on:
 - The content of the SOPs and their obligations, including reporting any breaches
 - Provision of appropriate care to any child admitted or accompanying their caregiver



Key Actions When a Child is Admitted to a Facility

If a child must be admitted, all efforts should be made to allow a caregiver to accompany the child.

If a child is admitted alone:

- Unless it is a medical emergency, contact child protection actors before separating a child from their family.
- Document the child's and family's details. Transfer details with the child anytime s/he is moved to a new location
- Ensure the child's family receives regular and frequent updates on the child's condition and location.
- Facilitate regular, frequent and free of cost contact between the child and family - establish procedures, including calls, visits (when possible), electronic media or mail.
- Reunification should take place as swiftly as possible.
- If a child is transferred to a facility alone, make appropriate temporary accommodation available to caregivers.
- If the child admitted in the facility is separated or unaccompanied, immediately refer the child to the child protection focal point.



Key Actions When a Primary Caregiver is Admitted to a Facility




- If an ill caregiver being admitted for treatment is accompanied by a child, immediately notify and assign child protection staff to the case.
- In consultation with the caregiver and the child, if necessary, make care arrangements to transfer the child to the care of a responsible trusted adult. Document all handover details (including contact details).

- If an adult is admitted to a facility alone, inquire about the presence of children at home.
- If a child has been left at home without a primary caregiver, immediately notify child protection staff to make necessary care arrangements, and report back to you.
- Inform children whose caregivers are undergoing treatment about where their caregivers are and, if appropriate, their status.
- If a child is placed in alternative care, facilitate regular and frequent contact with the caregiver.
- Establish procedures, including calls, visits when possible, electronic media, or mail, free of charge.

Always:

Recall and use the **Look, Listen, Link** approach when you come into contact with children in distress. If you have not received psychosocial first aid training, research online courses.



 <p>Look</p>	<ul style="list-style-type: none"> • Check for safety. • Look for children with obvious unmet basic needs. • Look for children and parents or caregivers who have serious distress
 <p>Listen</p>	<ul style="list-style-type: none"> • Approach children and parents or caregivers who may need your support and ask about their needs and concerns. • Listen to the child and parents or caregivers and help them feel calm by: staying close to the child and parent or care-giver in line with what is feasible in the context of IDOs, listening if they want to talk about what happened, not pressuring anyone to talk if they don't want to.
 <p>Link</p>	<ul style="list-style-type: none"> • Help children and families identify their needs. • Provide information. • Link to services to meet identified needs.

Always:

Familiarize yourself with all SOPs and referral pathways. If you have not received training on this, seek necessary information from your supervisor.



Always:

Provide access to mental health and psychosocial support services, education, and other stimulating and nurturing support for children and their caregiver consistent with their age and abilities.

