MOVING TOWARDS
Children as Partners in Child Protection in COVID-19 Guide
From Participation to Partnerships
SEPTEMBER 2020

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ACKNOWLEDGEMENT

The authors would like to thank children around the world who have courageously responded to the COVID-19 pandemic, working to protect themselves, their families, and their communities. We would also like to acknowledge the adults and elders who have worked alongside children, embodying creative child-adult partnerships through their actions. Thanks to the members of the Advisory Committee including representatives from the Global Protection Cluster, notably the Child Protection Area of Responsibility (CP AoR), Child Helpline International, UNICEF, IFRC, Childhood USA, End Violence, and Terre des Hommes, who took time to speak with us, share expertise, and provide reflections throughout the process.

The CP AoR, in prioritizing children’s participation, made this initiative possible through technical and financial resources and valuable feedback from their field support team. And finally, none of this would have been possible without Mark Canavera, Co-Director at the Care and Protection of Children (CPC) Learning Network, who offered timely and insightful guidance skillfully leading the project.

OVERVIEW

Background

At the outset of the COVID-19 pandemic, children and youth were facing unprecedented challenges caused by quarantine measures and school closure policies in nearly every country in the world. At the same time these challenges emerged, child-focused organizations found it harder than ever to communicate with children, needing to adapt their methods of hearing children’s voices and ensuring children’s participation to virtual and physically distanced realities. These adaptations are seemingly harder for adults and their organizations than for children, who are creative, innovative, and tech-savvy. Despite the COVID-19 challenges, children around the world have found meaningful ways to support and protect their peers, families, and communities. Children are on the frontlines of innovative responses and are working closely with their adult allies. The leadership demonstrated through these child-adult partnerships is the underlying inspiration for this guide.
Although the limitations of promoting children’s participation during COVID-19 are strong, child rights and child protection organizations that serve children should also have an obligation to engage with children. This engagement, which is likely to begin as consultation, will help organizations understand children’s realities and adapt their programs, services, and supports to their expressed needs. Clearly, with the new limitations that COVID-19 have created—including restrictions on group gatherings, adaptations or closures of school environments, and significant increases in the amount of time children spend in their households—should lead us to reflect seriously about the ethics of engaging with children in this time. How is it best for adult-led organizations to reach out to children? Who should do so, and how can they do so safely? This guide provides some guidance on those questions and links to additional resources.

But for all of the challenges, adults whose work is child-focused can and should promote children’s participation, even during COVID-19. Child participation is not only possible but is already happening; throughout this guide, you will read about numerous examples of child-led and child-centric initiatives that have emerged as the COVID-19 pandemic has spread around the world.

This guide has been designed so that you can begin with quick tips and tools to start engaging with children immediately—either with tools that this guide provides or with proposed adaptations to tools that you used before the arrival of COVID-19. We hope, however, that you will also consider going deeper and seek to foster more meaningful child participation and, ultimately, child leadership in your programs. The latter sections of this guide help those who have found quick tips and tools to be useful to engage in deeper reflection and action about how they can practically center children’s voices and leadership in their work. The image below provides an overview of how this guide is structured.
**Audience**

This guide is intended to assist humanitarian actors, including coordinators and coordination group members across sectors, as well as government ministries, and national and international organizations, to strengthen children’s meaningful participation in their work in response to the current COVID-19 pandemic and in preparedness planning for moving forward during this pandemic and others. As many development actors are currently finding themselves in crisis response due to the COVID-19 pandemic, this guide may also be of use to those actors. This guide has been designed with an intentional focus on promoting children’s participation, leadership, and partnership when organizations do not have the same access to children that they had prior, such as through work in schools and other community settings or in situations where working with children is a new practice.

**Modules**

The full guide consists of five separate modules, which can be accessed individually or as part of the complete document. Throughout the guide, readers will find spotlights of innovative programs designed or adapted for the COVID-19 context and suggestions for further reading.

► **Module 1: Adapting Participatory Tools during COVID-19** includes a decision tree to help guide decisions regarding meeting face-to-face or virtually and two tip sheets that cover how to adapt existing participatory tools for the COVID-19 context and how to ensure adaptations reflect age, gender, disability, and diversity. Module 1 is best for practitioners who want to adapt existing tools and activities for the COVID-19 context or would like preliminary guidance around setting up face-to-face or virtual meetings with children. This module includes a list of key questions to consider when adapting participatory tools.

► **Module 2: Rapid Engagement of Children in COVID-19** includes a number of quick tools that can be used to speak with children in settings where the pandemic prevents more in-depth engagement. This module also includes quick tools for setting up and maintaining a safe space during group activities. Module 2 is best for those who have a sense of child participation and are looking for quick activities to connect with children to learn from their experiences, as well as their needs. Activities in this module could be completed with children in five to 20 minutes.

► **Module 3: Ethics and Safeguarding during COVID-19** includes a tip sheet on ethics and safeguarding during COVID-19 as well as tools to safely involve children in assessing risks. This module also includes a consent checklist and sample consent forms. Module 3 should be considered an essential complement to Modules 1, 2, 4, and 5 to ensure safe participation in programming.

► **Module 4: Meaningful Child Participation in COVID-19** goes deeper. It includes a tip sheet on working with children throughout the humanitarian program life cycle phases, as well as multiple tools for meaningfully engaging children, with adaptations for various stages of the pandemic. Module 4 is best for practitioners who work with a consistent group of children and would like support fostering a shift from participation to working with children as partners. Activities in this module could be completed with children in 30 minutes to 1.5 hours.

► **Module 5: Moving from Children as Participants to Children as Partners** focuses on working with children as partners during COVID-19 and includes a tool for critical self and organizational reflection to assist in moving towards meaningful partnerships with children. Module 5 is best for staff on the ground and at leadership levels working to shift their operations to include child and youth voices. This module provides background information on the importance of fostering leadership in children and in-depth guidance for those organizations that would like to more profoundly centralize children’s leadership in their organizations.
Welcome to Module 1: Adapting Participatory Tools during COVID-19. In this Module you will find:

- Figure 1.1: Decision Tree for Meeting with Children during COVID-1
- Tip Sheet 1.2: Adapting Existing Participatory Tools for the COVID-19 Context
- Tip Sheet 1.3: Adapting Participatory Tools with Consideration for Age, Gender, Disability, and Diversity
Figure 1.1: Decision Tree for Meeting with Children during COVID-19

The figure below provides an overview of the options to help guide decisions regarding meeting face-to-face or virtually with children during COVID-19.¹

Take precautions to protect yourself and others from getting infected with COVID-19:
- Choose outdoor over indoor meeting locations
- Stay home if you are feeling unwell and encourage others to do the same
- Wear mask/cloth face covering in accordance with local recommendations and have these available for children and youth
- Maintain at least one metre of distance from others
- Clean/disinfect your hands/supplies frequently
- Set up hand washing or sanitizing stations for easy access
- Cover a sneeze or cough with a bent elbow or tissue
- Avoid touching eyes, nose, and mouth

Create strategies to reach out to children, acknowledging unequal access to technology:
- Explore options for sources of internet (e.g. modems) and consider covering costs
- Explore creative ways to reach marginalized children, such as through essential workers and community and peer networks
- Consider using community tools such as radio, community bulletin boards, and SMS messages
- Incorporate into other activities, such as existing community surveys and Child Helplines

Planning will need to be tailored for your setting. Considerations include:
- Follow local policy recommendations for reporting suspected or positive cases of COVID-19 to the local health department, while maintaining the confidentiality of the sick person
- Follow local policy recommendations about how to communicate with staff, children, and their families about possible exposure to the virus
- If needed, contact emergency services for those who need emergency care
- Create a plan for testing children and staff, if possible
- Encourage children, their household members, and close contacts to self-isolate and limit their use of shared spaces
- Encourage children and their household members to monitor their symptoms (e.g. fever, cough)
- Clean and disinfect areas where a person with suspected or confirmed COVID-19 has visited
- Adapt program activities to remote modalities

What do I do if a child or adult has been exposed to COVID-19 in our group meeting?

Planning will need to be tailored for your setting. Considerations include:
- Follow local policy recommendations for reporting suspected or positive cases of COVID-19 to the local health department, while maintaining the confidentiality of the sick person
- Follow local policy recommendations about how to communicate with staff, children, and their families about possible exposure to the virus
- If needed, contact emergency services for those who need emergency care
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- Encourage children, their household members, and close contacts to self-isolate and limit their use of shared spaces
- Encourage children and their household members to monitor their symptoms (e.g. fever, cough)
- Clean and disinfect areas where a person with suspected or confirmed COVID-19 has visited
- Adapt program activities to remote modalities

1 This decision tree draws on guidance from the WHO, the CDC, and information from the decision trees produced by the IRC on case management and by UNICEF on remote learning.
Tip Sheet 1.2: Adapting Existing Participatory Tools for the COVID-19 Context

Key Points for Consideration

There are a host of excellent participatory tools for engaging children for the humanitarian sector, drawing also from development contexts. It is important to be able to use these existing tools and adapt them for the current COVID-19 context. Although we must take extra precautions to ensure that we are engaging with children safely and in ways that are actionable, it is important to remind ourselves that we can seek out and centralize children’s voices. This tip sheet helps you to adapt tools you already know about or use; if you would like examples of tools, please refer to Module 2.
### KEY QUESTIONS TO CONSIDER AS YOU BEGIN TO ADAPT EXISTING PARTICIPATORY TOOLS

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<th>KEY QUESTIONS</th>
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| **Stage of COVID-19**               | • What are the current COVID-19 restrictions in your area?  
• What public health measures have been implemented?  
• What are the implications for coordinating gatherings of children?  
• See [Decision Tree for Meeting with Children during COVID-19](#).  |
| **Pre-existing risks and vulnerabilities** | • What pre-existing risks have been amplified (e.g. social exclusion, GBV and sexual violence, mental health and psychosocial distress etc.)?  
• Which groups of children are being marginalized and/or left out of the processes (e.g. children in rural areas, urban slums, children with disabilities etc.)?  
• How can you involve those left behind?  |
| **Access to technology**            | • Do children have access to mobile devices and data and/or computer and the internet? Consider gender, age, disability, and diversity.  
• If they have access to technology, what applications are children using to connect to one another (e.g. WhatsApp, TikTok, Facebook, etc.)?  
• Do the preferences for communications applications differ by gender, age, disability or diversity?  
• What access do children with diverse abilities have to internet-based applications or other communication mechanisms?  
• Are creative non-tech communication methods available to engage children meaningfully (e.g. community radio shows or community mural projects where children co-create a piece one artist at a time)?  
• Check [here](#) for useful resources on using social media in COVID-19.  |
| **Access through essential workers** | • If you are unable to meet with children directly, but can engage with them through essential workers (e.g. postal workers, food delivery personnel, health care workers, community health volunteers, peer facilitators), what simple message can you safely relay and how? Options:  
  • Include pamphlets, notes, or surveys in the baskets of essential workers who may visit children and families  
  • Include awareness posters designed by children on water or food delivery trucks  
  • Work with established peer facilitators to go door-to-door  |
| **Face-to-face meetings**           | • If you are able to meet with children, what is the allowed group size?  
• Is there an outdoor space where children can stay physically distanced?  
• Where is it safe to host your activities?  
• See [Decision Tree for Meeting with Children during COVID-19](#).  |
| **Strengths and opportunities**     | • What strengths exist in the community for partnering with children in child protection that your team can build on and learn from?  
• What are children already doing?  
• How are children already participating in community life?  |
Contextualizing Participatory Tools to COVID-19 Realities

1. After you have thought through the above questions, take an existing tool you have for engaging children that you think might work well for your situation.

2. Think through what still works and what needs to change. Consider that children of different ages, genders, and disabilities might need a variety of options to ensure their participation. Work with children to adapt activities wherever possible.

3. Complete a strengths and risk assessment prior to planning and leading the activity. See Tool 3.3: Involving Children in Assessing and Responding to Risks and Resources for more information.


5. Safety Materials: Be sure to bring adequate safety materials to any in-person session, including masks, hand sanitizer, or a handwashing station. Take time to sanitize materials before disseminating. If sharing refreshments, ensure they are all pre-packaged and masks and gloves are used. Space out snacks so children can pick up while maintaining physical distance.

6. Selecting a Safe Location:
   - **Face-to-face:** Make sure the number of children invited is consistent with current regulations on group size. Arrive early to sanitize and set up the space. Make sure you have a big enough space for children to be positioned with appropriate physical distancing, and provide masks. If possible, set up your activity outside or, as a second-best option, in a well-ventilated space. Set up the space so it feels fun, safe, and supportive. For example, you may want to make a welcome sign or hang up inviting images.
   - **Online Connection:** If members of your community
are in quarantine or lockdown, explore remote ways of engaging. This can be through online video conferencing, phone calls, SMS, or WhatsApp. Your existing tools can be adapted to work online. See examples in Modules 2 and 4.

7. Icebreakers/Energizers: Adapt your icebreakers so that children can maintain physical distance or build trust and comfort online. Explain the precautionary measures such as physical distancing and wearing masks as part of the first icebreaker or as a preliminary step. Explore ways of making masks and keeping at a physical distance fun! For example, order masks with creative images/smiley faces on them. Use creative tools like hula hoops, string, or pieces of nature (e.g. trees, pebbles, etc.) to support children to keep safely apart.

8. Activity: Can the original activity be adapted? For example, if planning community mapping activity, consider:

- Could each child create their own map and share back as a team?
- Could one person at a time be designated a drawer (rotating to allow all to have an opportunity with each child having their own marker) with others sharing ideas at a physical distance?
- If online, could each child draw their own picture or build a visual map via an online visual collaboration software such as Jamboard or Miro?

- Questions: Are your questions still relevant? Is the activity process and questions supportive of including children who are marginalized in the community? Review Tip Sheet 3.1: Child Safeguarding and Ethics during COVID-19. Reflect on what you’re asking, why you are asking, and how children’s responses will be used. Is it contributing to the young person’s life and the program? Is it causing harm? If it may cause distress or be harmful, do not ask the questions.

- Closing Activity: End in a physically distanced closing circle. Create a positive space for children to share their reflections and ideas for the future.
SPOTLIGHT: Artolution teams around the world have used art to help children create messages about their lives during COVID-19

Artolution staff and local artists collaborate to create art with children and young people who are affected by homelessness, displacement, violent conflict, or extreme poverty. UNHCR Uganda published a video of Artolution artists in Bidi Bidi Refugee Settlement raising awareness about COVID-19 through animation, sculpture, and paintings. The team in Bangladesh also completed a series of murals to focus on public health messaging in their communities related to COVID-19.

SPOTLIGHT: Youth lead COVID-19 response in Ugandan refugee camp

At the Refugee Innovation Centre in Rwamwanja Refugee Settlement in Uganda, young people are providing information on how families can protect themselves through a door-to-door campaign. Young people have also created a WhatsApp group to share up-to-date information. They are also sharing songs and videos on the WhatsApp group to spread the word on how to prevent the spread of COVID-19.

SPOTLIGHT: Youth Talk (Lugara Shabab) in South Sudan

In South Sudan, young people are using a radio show designed to engage young people in the peace process, to talk about COVID-19 from their own perspectives. Supported by Search for Common Ground and Eye Radio, young journalists are speaking to their peers about education and social protection related to the pandemic. Young people are even mounting loudspeakers on taxis to broadcast the show in areas that do not have access to radio.
Tip Sheet 1.3: Adapting Existing Participatory Tools with Consideration for Diversity, Age, Gender, and Disability

The COVID-19 global pandemic affects children differently, depending on their age, gender, ability, and other diversity characteristics. As organizations consider how to create opportunities for children to be engaged across programming and explore ways to meaningfully partner with children, it is important to consider adaptations that can be made to the process to support all children’s participation.

The following sections provide general recommendations for diversity, age, gender, and ability, as well as recommendations for practice and further reading.
DIVERSITY

Diversity recognizes the different values, attitudes, cultural and social perspectives, beliefs, ethnic backgrounds, nationalities, sexual orientations, gender identities, abilities, health, social and economic status, and additional unique traits that people possess. Evidence is mounting that the pandemic is disproportionately impacting people from minority ethnic groups. It is important to recognize, respect and value diversity through creative, inclusive, and non-discriminatory environments when working with children.

RECOMMENDATION FOR DIVERSITY IN PARTICIPATION DURING COVID-19:

• Ensure that a diverse group of children are invited to participate in all activities. Specifically assess which children may have fewer opportunities to be engaged, and create specific plans to reduce barriers to participation. For example, girls are less likely to have access to smartphones, and therefore less likely to participate in online education and communities. Providing phones and data plans to girls and gender diverse children can help to address this challenge.
• Work closely with community groups and marginalized child and youth-led groups, supporting initiatives they have designed to reach children in their areas. For example, support children and youth working for social and racial justice who may have additional restrictions due to COVID-19.
• Be intentional about the inclusion of Indigenous children’s views as envisaged for all Indigenous people in the United Nations Declaration on the Rights of Indigenous Peoples.
• Amplify marginalized voices by including them in conversations at every stage of the humanitarian program life cycle and spotlighting their ideas.
• Make people feel welcome, acknowledging the strength of differences in the room, and encouraging respectful interactions. Set a community agreement to set up a safe space. See Quick Tool: Community Agreement.

FURTHER READING:

■ UNHCR has a brief guide on Age, Gender and Diversity, useful at all phases of the humanitarian project life cycle.
■ Minority Rights Group International’s online report on COVID-19 and discrimination.
■ COVID-19 and Minority Rights: Overview and Promising Practices. OHCHR’s overview of the impact of COVID-19 on minority groups, promising practices in different nation states, and recommendations.

**AGE**

A child is considered to be someone below the age of eighteen years. From the sociology of childhood, the following considerations for age and what is considered age-appropriate are important to consider:

- Childhood differs cross-culturally with children taking on different roles at different ages depending on context, culture, and lived experiences.
- Children and young people’s unique perspectives, needs, interests, and contributions may change over time.
- Each child is unique and will face different experiences regardless of their age. Age categorizations can be used to assist in programming when exploring how to meaningfully engage with children, while recognizing all children are different. For example, common categorizations include: early years (0-6), middle years (7-11), early adolescence (12-14), and adolescence (15-18).

**RECOMMENDATIONS FOR ENGAGING CHILDREN OF DIFFERENT AGES:**

- Invite children of all ages to safely take leadership, as is appropriate for their age and ability. For example, younger children can take leadership roles in small groups to ensure safe play, and older children and adolescents can play a role in increasing community awareness of COVID-19, leading innovative projects, or supporting peer-to-peer activities online or safely in person.
- Ensure that the technology introduced and used is safe, age appropriate, and includes robust data protection safeguards.
- Engage with child and youth advisories prior to leading activities to garner their perspectives on what “age-appropriate” entails for different groups of children and young people in the community. Adapt activities based on their ideas.
- Engage children in discussions and decisions that affect and interest them. Drawing, role-play, and poetry can be adapted to support these discussions, depending on children’s age. For example, ask young children to draw a picture of their experiences during the pandemic, and ask older children and adolescents to prepare a poem, role-play, or short video.
- Consider shorter activities for younger children as they are learning, while allowing for older children’s activities to be slightly longer and more complex.
- If the child is younger (e.g. 6 years), they may need to travel with an adult.
- Collaborate with education programs, where relevant, to assess curriculum for children at different ages and align some of your programs with curriculum goals for different ages (that are applicable to social and emotional skills in relation to child protection).
- **Remember, that while age can help you plan, all children are different depending on the context, culture, social, and economic realities, experiences, and personal identities.**

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3 As defined by the United Nations Convention on the Rights of the Child.
4 See UNICEF’s child development overview for details.
FURTHER READINGS

■ UNICEF’s Child Development. This page provides an overview of Child Development stages and psychological research for categorizing ages of children.


GENDER

Gender refers to socially constructed roles, usually female and male, which are central to the way people see themselves and are seen by others. According to UNHCR, “Unlike sex, gender is not a biological determinant. Gender roles are learned, may change over time, and vary within and between cultures. Gender often defines the duties, responsibilities, constraints, opportunities and privileges of women, men, girls, and boys in any context.”

Gender norms and pre-existing gender inequalities can disproportionately affect women, girls, and lesbian, gay, bisexual, trans, intersex, and queer (LGBTIQ) people.

COVID-19 has presented specific challenges for girls and gender diverse children, including “home quarantine” orders that have led to a direct increase in violence and abuse, increase in caretaker duties for the sick and elderly, severe reduction in access to education, increased risks of trafficking and early marriage, among others. These challenges are not only short-term concerns, but threaten to have long-term impacts for many children.

RECOMMENDATIONS FOR GENDER CONSIDERATIONS RELATED TO CHILD PARTICIPATION DURING COVID-19:

• Recognize that COVID-19 affects children of different genders differently. Provide a safe space (for example, a physically distanced safe space and weekly check-ins via phone or SMS) for girls and LGBTIQ children to speak about the impacts of the virus, their key concerns, and their suggestions for collective action.

• Ensure respectful communication between children that acknowledges all experiences. Work to protect children from bullying and challenge use of stigmatizing language.

• Safely and meaningfully involve girls, boys, and LGBTIQ children in plans to assess and monitor risk related to gender-based violence in offline and online spaces. For example, the Canadian Women’s Foundation launched “signal for help” as a way for people to safely communicate violence at home while on a video call.

• Address the gender digital divide, which poses a new challenge regarding education and access to health and safety information, by providing girls and LGBTIQ children with free or low-cost mobile internet access, and supporting training needs.6
• Provide access to relevant information for girls, boys, and LGBTIQ on COVID-19, and the many health implications related to sexual and reproductive health, to enable them to make wise choices. Amplify voices of young leaders and peer networks to spread accurate and supportive information.

FURTHER READING

■ Plan International’s COVID-19 the Impact on Girls provides a brief overview of the major challenges for girls in the pandemic and recommendations for action.
■ UNICEF’s COVID-19 gender-based violence risks to adolescent girls and interventions to protect and empower them.
■ Gender-based violence, early and forced marriage, and sexual and reproductive health concerns and strategies are addressed in the Girls not Brides brief, COVID-19 and Child, Early and Forced Marriage- An Agenda for Action.
■ CARE’s Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings provides an overview of key issues and concerns for girls as a result of the pandemic.

DISABILITY

A social model of disability recognizes that what makes a person “disabled” is the social and institutional barriers that impede them, and not their individual abilities. This means that the world around children with different abilities needs to adapt to respond to their needs and offer them opportunities to fully participate.

Persons with disabilities generally have more health-care needs than others. While having a disability doesn’t necessarily put someone at higher risk of contracting COVID-19, many persons with disabilities have underlying health conditions that make the disease more dangerous for them and the pandemic can intensify existing inequalities.7

7 See the UN’s Policy Brief on a Disability-Inclusive response to COVID-19.
RISKS FACED BY CHILDREN WITH DISABILITIES DURING COVID-19:

- Children with disabilities are at increased risk in the COVID-19 pandemic due to close contact with personal assistants/caregivers and increased risk of infection and complications due to underlying health conditions and socioeconomic inequalities, including poor access to health care.  
- School closure impacts continuity of learning and leads to an absence of protective environments and reduced fulfillment of basic needs for children with disabilities (e.g. feeding programs, social support, personal assistance, access to assistive devices and rehabilitation).
- Lockdowns and restrictions have a disproportionate impact on children who rely on essential treatments and services, as well as support at home, such as personal assistance.
- Children with disabilities already face greater risks of exploitation, abuse, and violence than other children, as well as institutionalization and separation from their families. As COVID-19 adds to the stresses and pressures on families and communities, these risks are intensified.

RECOMMENDATIONS FOR COMMUNICATING WITH CHILDREN WITH DISABILITIES AND THEIR CAREGIVERS:

- Use accessible formats, plain language, and images/diagrams for print materials for children with intellectual disabilities and low literacy (these formats can benefit everyone!). Consider braille and phone calls for children who are visually impaired and emails/SMS/written documents for those with limited hearing. Ensure sign language interpreters have safety and health COVID-19 training and precautions (e.g. wearing transparent masks for facial expressions). Most importantly, ask the children what methods are best for them! For example, #CovidUnder19 survey was designed with Mencap the Voice of Learning Disability.
- Ensure that messages and activities are inclusive:
  - When representing communities, include images of girls and boys with disabilities among other individuals. This highlights human diversity and conveys a message that all members of the community, including persons with disabilities, are impacted by COVID-19.
  - Develop games that are accessible to all (e.g. hand washing games that include verbal, visual, movement, and sitting options for diverse needs).

See adaptations for disability in each Tool in the guide.

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FURTHER READINGS

- **Toward a Disability-Inclusive COVID-19 Response:** 10 recommendations from the International Disability Alliance for effective engagement with people with disabilities in the COVID-19 response.

- **Take us Seriously-Engaging Children with Disabilities in Decisions Affecting their Lives:** A resource with practical tips and processes to engage children with disabilities in decisions that affect their lives. This tool is not COVID-19 specific but can be used accordingly.

- **International Disability Alliance- COVID-19 and the Disability Movement:** A hub to share the most recent updates and resources related to how COVID-19 is affecting persons with disabilities.

- **COVID-19 Engaging with children and adults with disabilities:** Specific tips for engaging with children and adults with disabilities during COVID-19 from OCHA.

- **Brief Guidance Note:** A disability inclusive COVID-19 response from the Syria Protection cluster Turkey on risks, protections, and recommendations during the COVID-19 pandemic.
Rapid Tools for Engaging Children during COVID-19

During a crisis there are times when engaging children is more difficult, and there is a need for simple and effective ways to connect with children to learn from their experiences, as well as their needs. The following are a list of quick tools that can be used to consult with children on child protection and COVID-19 in five to 20 minutes when there is no opportunity for deeper engagement. While we recognize that longer and more sustained engagement is ideal, sometimes it is not feasible. These tools aim to support during those times. Remember that all engagements with children should be ethical and safe. Refer to Module 3: Ethics and Safeguarding during COVID-19 for suggestions on how to assess safety concerns.

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SMS Social Monitoring Surveys

Purpose: To seek out real time responses from children on their ideas about COVID-19 and child protection.

Method: SMS or Internet-based tool

Time: 1-2 minutes per child

Participants: Any child with access to SMS, Facebook, WhatsApp, Viber or other common social media platform

Age/Gender/Disability: This tool is recommended for children eight to 18 year olds of all genders and abilities. User-friendly questions can be adapted for age, can focus on particular gender issues, and can be accessible to children with disabilities. For example, phone calls can be used where literacy or vision impedes engagement in SMS.

Humanitarian Program Life Cycle Phase: Any

What are SMS Social Monitoring Polls? SMS polls and surveys can be set up by organizations to seek out real time responses from children on their ideas about COVID-19 and child protection. Results can then be shared back to the community. Check out UNICEF’s U-Report as a free example for how UNICEF has worked with U-Reporters to learn about issues important to children. Children from any country can participate in UNICEF’s U-Report.

Why is it useful? You can poll questions, including yes or no and multiple choice, get results in real-time, and share the information. Various issues can be polled including health, education, youth unemployment, disease outbreaks such as COVID-19, and more. Data received can be disaggregated by age, gender, and district.

How does it work? Registration is voluntary and free with SMS, Facebook, WhatsApp, or Viber. Individual messages are confidential but aggregated data is transparent. Once children sign up to U-Report or another SMS poll, they are able to respond.

Sample Uganda U-Report related to COVID-19: In Uganda, U-Report was used to poll parents on their thoughts and feelings about children returning to school after the pandemic. Sample questions included:

- Dear Parent/Guardian, is the learner in your home ready to go back to school? Reply A. Yes or B. No.
  - Great! What is the main reason? A. Isn’t learning at home B. Misses friends & teachers C. Misses co-curricular activities D. Doesn’t like being at home E. Other
- What is the main reason they do not want to go back to school? A. Anxiety about coronavirus B. Doesn’t like school C. Likes being at home D. Other, please tell us
- When schools reopen, will you send the learners in your home back to school? A. Yes B. Yes, only if I feel the school is safe C. No
SAMPLE SMS OR U-REPORT SURVEY: PROGRAM EVALUATION DURING COVID-19

- Hello! We at (name of organization) would love to have your input on (name of project). Please fill out the following 3 questions. (Insert instructions based on specific platform)

1. What did you like best about (insert name of program)?
   a. the friends you met
   b. the things you learned
   c. the opportunities you had

2. Is there anything that can be improved? (Please let us know.)

3. Is there a way you would like to be involved in the next phase of the project?
   a. Project planning and design
   b. Co-leading project activities
   c. Outreach to other young people


Please note: Full transparency with child participants and their care givers (where appropriate) will be important regarding what data is collected, how and why, how it is protected and retained, what processes are in place to honor their rights in their own data (right to access, have corrected and deleted). Security measures should be commensurate with the level of confidentiality of the data collected (i.e. if collection of personal or other confidential information is contemplated, encrypted channels of data transfer and communication should be employed whenever feasible and data security regarding access and retention may need to be enhanced).

Agree or Disagree: Where do you Stand?^{10}

Purpose: To explore children’s perspectives on COVID-19, their meaningful engagement, and child protection in the community.

Method: Face-to-face, virtual meeting, SMS or online tool

Time: 15 minutes

Participants: Children of any age, gender, and ability

^{10} Modified from Speaking Rights Equitas.
**Age/Gender/Disability:** This tool is recommended for children six to 18 years old of all genders and abilities. User-friendly questions or images can be adapted for age, can focus on particular gender issues, and can be accessible to children with disabilities.

**Humanitarian Program Life Cycle Phase:** Needs Assessment and Analysis, Strategic Response Planning, Implementation and Monitoring, Operational Review and Evaluation

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**FACE-TO-FACE:**

**Materials:** Two pieces of paper with the words AGREE on one and DISAGREE on the other, masking tape, scissors and personal protective gear, including masks, hand sanitizer/hand washing stations, as per local recommendations.

**Instructions:** Tape the AGREE and DISAGREE signs on opposite sides of a wall 6 metres apart. Invite each child to take three to five pieces of masking tape two inches long that you have placed on a table for them to pick up safely. Say three to five statements related to children’s meaningful participation and child protection during the COVID-19 pandemic. Invite each child to stick their piece of tape between AGREE to DISAGREE (if more close to agree stick the tape closer to the AGREE sign, if neutral place in the middle, if disagree closer to the DISAGREE sign). Ensure children are practicing local protocols for physical distancing, mask-wearing, and handwashing. Lead a discussion after each question inviting children, who feel comfortable to do so, to share why they placed their tape where they did. Remember, the discussion is often the most important part! You can modify this activity to have the signs on the floor using rocks or artefacts instead of tape.

**Example Statements:**

1. Children in my community are safe during the COVID-19 pandemic.
2. During the COVID-19 pandemic, children in our community have been able to share their ideas and be involved in decisions about how we can stay safe.
3. Children in my community know where to get help during the COVID-19 pandemic.
4. Children in my community have equal access to help regardless of age, gender, or disability.
5. The majority of children in my community have access to the internet to join online meetings.

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**VIRTUAL MEETING:**

This activity can be replicated using a shared online white board. The facilitator can write AGREE on the left side of the screen and DISAGREE on the right side. Invite participants to draw coloured dots or symbols between AGREE and DISAGREE.

**SMS:** You can set up a SMS poll with AGREE at 10 and DISAGREE at 0. Participants can share their perspectives via text answering three to five questions.
Head, Heart and Hands

**Purpose:** To understand how children are thinking and feeling and what they are keen to be engaged in.

**Method:** Community Poster Board, Community Art Installation, Radio Call-in Show

**Time:** 10-15 minutes for each child

**Participants:** Children of any age, gender, and ability

**Age/Gender/Disability:** This tool is recommended for children six to 18 years old of all genders and abilities. User-friendly questions or images can be adapted for age, can focus on particular gender issues, and can be accessible to children with disabilities.

**Humanitarian Program Life Cycle Phase:** Needs Assessment & Analysis, Strategic Planning, Implementation & Monitoring, Operational Peer-Review and Evaluation

**Instructions:**

The basic idea of this tool is to understand how children are thinking and feeling and what they are keen to be engaged in. By focusing on the Head (thoughts), Heart (feelings), and Hands (action), it is possible to get a better understanding of how children are doing.

You can start by having an overarching question or statement, and then build this out with sub questions related to the Head, Heart, and Hands. For example:

**COVID-19 has a big impact on children’s daily lives. Life doesn’t look quite the same as it used to.**

- **Head:** What are you thinking about right now? What is on the top of your mind?
- **Heart:** How are you feeling right now? Are you worried and/or hopeful, about what?
- **Hands:** What do you want to do to help the current situation? How do you want to support your family and community?

**COMMUNITY POSTER-BOARD:**

**Materials:** Large white paper, coloured markers, personal protective gear, including masks, hand sanitizer/hand washing stations, as per local recommendations.

- Using coloured markers on a large piece of white paper, write the overarching statement/question at the top. For example, “COVID-19 has a big impact on children’s daily lives. Life doesn’t quite look the same as it used to.”
- Draw a large head, and write the questions beside this. For example, “What are you thinking about right now? What is on the top of your mind?” Leave space for children to include their answers.
- Draw a large heart and hands and write the questions beside this. Again, leave space for children to include their answers.
• Now leave coloured markers, for children to write their responses on the poster. Be sure to include instructions for how children can sanitize their hands and the pens before using them and/or include instructions for children to bring their own pens. You can also leave voice recorders for children with limited vision and physical mobility, and/or anyone else who prefers recorders to share their ideas in different forms.

COMMUNITY ART INSTALLATION:

**Materials:** Paints and brushes (either owned by the children or distributed), rocks or other local material children can find, poster board and markers, hand sanitizer

• Using similar methods to those described above, send children a message through SMS or community posters, and invite children to paint or colour three rocks (or other materials easily found locally) with images that represent their reflections about how their Head, Heart, and Hands have been feeling recently.

• Create three signs that read, Head, Heart and Hands and place these somewhere that is easily accessible, near a community centre, park or other convenient location. Instruct children on where to leave these rocks, so that they are grouped under the signs Head, Heart, and Hands.

• Please note, this method will yield less direct results on children’s thoughts and ideas, but it is a useful strategy for expression and reflection.

RADIO CALL-IN SHOW:

**Materials:** Access to a radio program.

• Share the purpose of your work, and the overarching question to be discussed on the show.

• Invite children to call in to reflect on Head, Heart, and Hands, and be sure to record their responses.

• Invite children working with the radio to draw their ideas as well and put them in places in the community for other children who may not have access to a radio and/or are hearing-impaired.

Rose, Bud, Thorn

**Purpose:** To engage with children to identify strengths (rose), challenges (thorn), and potential areas of growth/new ideas (bud) for ongoing child protection programs (in relation to COVID-19) or during an evaluation for future programs.

**Method:** Drawing, speaking, imagery

**Time:** 10-15 minutes for each child

**Participants:** Children of any age, gender, and ability
**Age/Gender/Disability:** For younger children (e.g. four to six) or children with limited literacy, you can ask them to draw their ideas and explain them instead of writing. You may also want to adapt to speaking (including sign language), writing (including braille), drawing, or other modes of communication based on the abilities and interests of your group.

**Humanitarian Program Life Cycle Phase:** Implementation & Monitoring; Operational Peer-Review & Evaluation

**Instructions:**

This tool supports you to engage with children to identify strengths (rose), challenges (thorn), and potential areas of growth/new ideas (bud) for ongoing child protection programs (in relation to COVID-19) or during an evaluation for future programs.

**Questions**

- **Rose:** What are strengths in how the program has been adapted during COVID-19? What works well?

- **Thorn:** What are challenges in your program during COVID-19?

- **Bud:** What are ways we can improve the program during the COVID-19 pandemic? How can we do a better job including children? What role do you think you and other children can play?

**IN-PERSON:**

**Materials:** Coloured paper or paints, flipchart paper, scissors, glue, and personal protective gear, including masks, hand sanitizer/hand washing stations, as per local recommendations.

**Instructions:**

Cut out, draw, or paint large roses, thorns, and buds and stick on a large piece of flipchart paper. Provide each child with three different coloured sticky notes (e.g. pink for rose, green for thorn, yellow for bud) to answer the questions. Invite everyone to take two to three minutes to write or draw their ideas. Ask each child to take turns sticking them to the chart (ensuring that appropriate physical distancing protocol is practiced). Lead a five to ten minute discussion exploring strengths, challenges, and budding ideas.

**ONLINE:** Invite children to share their ideas on an online platform. You can have a shared drawing board on Miro or Zoom. Ask each child to write out their ideas and stick them on a rose, bud, and thorn that will be on the screen. Lead a five to ten minute discussion exploring strengths, challenges, and budding ideas.
**REMOTELY:**

**Materials:** Printed roses on A4 paper; markers or pens; envelope/package

Drop off packages to children’s homes. This is a good excuse to do a physical distance check-in on children and families too. Have a picture of a rose (with a rose, bud, and thorn) they can write their ideas on and include short instructions. Pick up the pictures from their homes one week later. Organize individual or group calls (where possible) with children about their ideas.

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**Quick Games/Songs to Learn about COVID-19 Health**

Invite children to lead songs on handwashing, child protection, and health with reflective discussions (e.g. Right To Play hand washing game).

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**Quick tools for setting up and maintaining safe physical or virtual spaces during group activities**

See Module 3: Ethics and Safeguarding during COVID-19 for detailed information about safeguarding during COVID-19, as well as sample consent forms.

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<td>To set up an opening circle in a virtual meeting space to foster and give rhythm to participation.</td>
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<td>To set the parameters of how children want to interact together.</td>
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<td>To discuss the concept of confidentiality, particularly if the group is online.</td>
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<td><strong>The Protection Shield: Closing Activity</strong></td>
<td>To explore children’s personal support structures and protect children from potential negativity after the activity.</td>
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Setting Up an Online Opening Circle

If you are facilitating online, create a virtual circle to recreate a physical space in a virtual meet-up and to foster and give rhythm to participation. Share a document with all participants on your shared screen that has an image of a circle with each participant’s name on it to see who each person is “sitting” next to. Facilitate opening circles or other circle based activities using the visual.

Creating a Community Agreement Online

A community agreement supports children to set the parameters of how they want to interact together. This can also be done online, to support children to define how they want to engage together. Here is an a sample online agreement:

- We all have something valuable to share.
- Give everyone a chance to share their voice, you can speak it, type it or sing it.
- Ask before you take a screenshot or record anything.
- If you want to share someone’s story that you heard, check in with them to see if it’s OK. See Quick Tool ‘Toothpaste Activity’ for more information on group confidentiality.
- If you know another child whose perspective is not being shared, ask them to join.
- Respect everyone’s time, we all have many commitments
- Relax and have fun.

The Toothpaste Activity: Confidentiality

When children are discussing issues in a group, particularly if this group is online, it can be difficult to keep what is said by group members confidential. The following idea, used with young researchers, can be adapted to your context in person or online.

1. Squeeze a large amount of toothpaste out of a tube of toothpaste and ask for a volunteer to put it back in. This can be done in person, shown on screen online, or used as a metaphor.
2. When they struggle to do this, discuss how it is the same for sharing information in a group – it is very hard to take it back! Encourage children to have a discussion about this.

3. Once the discussion has finished, stand in a circle if appropriate, and explain that in order to keep information ‘private’ or within the group, you would like to suggest a rule that group members can talk to others about the issues discussed during the activity but they cannot mention anyone’s name. Explain that in this way group members are acting as a ‘circle of trust’ for one another.

**The Protection Shield: Closing Activity**

If you have touched on sensitive subjects during an activity, this tool can be used to explore children’s personal support structures and protect children from potential negativity after the activity.

1. Draw or print a blank protection shield (i.e. without the text in the example) for each child beforehand. If you are doing this online, you can show the shield and ask each child to draw a similar shield with five areas.

2. Ask children to complete their blank protection shield by answering one question for each segment of the shield. Go through the five questions and point to the relevant section on the sample protection shield:
   - Most beautiful event:
   - Two people I love most:
   - I am best at:
   - If I had power:
   - My Life Motto

3. Invite children to share their protection shields with the group, if they feel comfortable.

4. Lead a discussion on the importance of the strengths we have in our lives, and how these can support us during challenging times.

**Sample protection shield**
Welcome to Module 3: Ethics and Safeguarding during COVID-19. In this Module you will find:

- Tip Sheet 3.1: Ethics and Child-Centred Safeguarding during COVID-19
- Tool 3.2: Sample Consent Forms for Child Participants and Caregivers or Legal Guardians
- Tool 3.3: Involving Children in Assessing and Responding to Risk and Resources

Tip Sheet 3.1: Ethics and Child-Centred Safeguarding during COVID-19

Key Points for Consideration

**Build relational safety:** Much of the focus on safety during a health pandemic is on the immediate goal of ensuring children’s physical safety (such as washing hands and physical distancing) to stop the spread of disease. For participatory work during the pandemic, building relational safety is particularly important; providing a warm, trusting, positive and stable relationship for children with a key adult who applies boundaries consistently, communicates sensitively to the child and expresses their care for and understanding of the child’s perspective. This is easier to do with face-to-face interactions with children so when communicating virtually it will be important to have regular ‘check-ins’ with children - perhaps at the beginning or end of a virtual session. While ensuring children’s physical safety during the pandemic, building relational safety for children helps unlock positive long-term outcomes such as children’s re-engagement in education or in decision-making that affects their lives; increasing their self-esteem and their long-term psychological safety.¹¹

**Ensure provision of mental health and psychosocial support:** Establish a point person that children can speak to if they are experiencing difficulties and need support. This might be a community elder or counsellor, or someone on your staff who is trained to support children’s mental health needs. Ensure referral pathways are up to date, including the existence of any child helplines and taking account of the changes to service provision during COVID-19. Review referral pathways with children to identify any additional sources of support that adult service providers may be unaware of. Work with referral sources to encourage them to follow up with children who are making calls or visiting them for support. Integrate regular opportunities for children to reflect on and enhance their psychosocial wellbeing during activities, including art and play-based methods to support space to reflect without words. See *The Protection Shield quick tool*.¹¹

**Engaging children in assessing strengths and risks and safety planning:** Although it is common practice for staff to undertake a risk assessment of a project before it begins, it is

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particularly useful to involve children in assessing strengths and risks during a pandemic where restrictions on movement of people mean that children may be more aware of the risks in their communities than project staff are. Involving children in assessing strengths and risks therefore:

- Helps identify risks and protective factors that project staff may not be aware of;
- Enables risk registers or safety plans to respond to the changing environment;
- Builds trust between adults and children through active listening and a collaborative planning process.

See Tool 3.3: Involving Children in Assessing and Responding to Risks and Resources for how to undertake a participatory strength and risk assessment with children.

Voluntary informed Assent/Consent Conversations during COVID-19: As each local context during COVID-19 may change rapidly both for children and project staff (e.g. governmental restrictions on physical distancing are suddenly relaxed), it is recommended that voluntary informed consent is addressed regularly (at each point of change). It is useful to think of consent as an ongoing conversation that you have with children (and their parents/carers). You can document consent by asking children and their parents/carers to sign consent forms and you can digitally record their verbal consent if physical distancing is required or children and/or their parents/carers have low levels of literacy. Signed consent forms or recordings of consent should be kept securely. It may be useful to use a ‘script’ or checklist to guide consent conversations to ensure you do not forget anything. Please obtain consent from participants before all activities begin, in person or online, and reconfirm again at the beginning of the activity.

Remote adaptations: Restrictions in meeting children face-to-face, due to the COVID-19 pandemic, mean that online interactions and participatory activities via devices such as smartphones and computers are likely to increase. This increases risks to children that are specific to the online environment such as the dissemination of false information, exposure to violent extremist messaging, or surveillance and censorship. Digital applications, platforms, and services need to be safe, secure, and should not result in inappropriate or unethical capture and/or use of data on children. Safeguarding considerations for online communication and interaction fall into three key areas:

Safe behaviour online

- Appropriate and accessible guidelines are developed for users of digital platforms and products. These explain: the purpose, content, and intended users of the platform/product; expectations regarding posting, speaking, commenting on the site or platform and consequences for misuse; and how to enable or use safety and privacy features. The sufficiency of these guidelines should be reassessed for the project.
- Ensure questions are not asked about children’s home lives or immediate surroundings. It is recommended to NOT ask questions that directly ask about violence against children during lockdown. See UNICEF-Innocenti IRC document.
- Build relational safety by having regular ‘safety’ check-ins with children at the beginning or end of virtual sessions where a key worker listens carefully and responds sensitively to the child.
- Make use of chat or comment box facilities when organising group activities with children, asking children to use the chat box to indicate any kind of safeguarding concern or question (i.e. if they are becoming upset or are triggered by the activity). Inform them how to message the host or whole group. An adult facilitator will need to monitor the chat box and respond directly to children raising concerns.
• All websites, phone lines, and platforms where children are commenting or sharing information, photos, and stories are regularly moderated by staff (i.e. staff check that content and behaviour online adheres to all guidelines) to maximise safety and privacy and minimise risks. All interactions are on official, auditable channels. Where concerns of harm or abuse are identified, reporting procedures are followed.
• Robust and clear procedures for reporting and responding to harm or abuse exist for each digital platform or product. These take into account local laws, cultural norms, and the availability of protection services.
• Ethical access to and use of children’s data
• Children using digital platforms must be given the opportunity to understand and agree to a specified use of their personal data. This consent should not be assumed based on their consent for other activities (e.g. for their photo to be used in media activities). Likewise, children’s use of a commercial platform does not imply they understand the risks associated with all new activities on the platform.
• Active consent must be captured in a way so that consent is not the default option.
• A written agreement is in place to appropriately control and authorise the release of information on children (data, images) to partner organisations, the Internet, the public domain or any third party. Consent conversations with children (see above) should include an assessment of the need/benefit of sharing information that is balanced against potential risks, before consent is given by children for use of their data.

Secure collection and management of children’s data

• All digital or electronic information is password protected.
• Data is only stored or hosted using cloud-based services that meet the highest industry security standards, including restricted, password protected access, and encryption.
• Authorised access is only given to staff that require the data in order to perform their duties.
• Children’s data is only transferred by secure and authorised means (e.g. VPN12, SSL13). Data is de-identified or anonymised and encrypted before transmission.

Chatbots and Safeguarding

Chatbots are computer programmes which simulate conversations often via popular instant messaging services and can provide advice and information to many users at once, while giving the illusion of a personal interaction. When not designed carefully, however, chatbots can cause distress rather than offer help/advice to children - especially if the chatbot is offering direct advice on sensitive topics such as sexuality, sexual and reproductive health, relationships, violence and abuse, addiction and substance use, or mental health. Key questions to consider when assessing the safety of chatbots include:

• Is it clear that the user is interacting with a chatbot and not a real person?
• Is the option to contact a real person, from an identified organization, offered at the start of the session?
• Can the chatbot detect and safely and appropriately respond to users in a high-risk situation as well as existing resources with real people can?

12 VPN: Virtual Private Network is a service that allows you to connect to the Internet via an encrypted tunnel to ensure your online privacy and protect your sensitive data.
13 SSL: Secure Sockets Layer is the standard technology for keeping an internet connection secure and safeguarding any sensitive data that is being sent between two systems.
• Does the chatbot provide immediate, appropriate guidance on the topic and/or offer the option of communicating with a real person, from an identified organization?

• How is the children’s data from chatbot interactions being handled?

See UNICEF’s Learning Brief ‘When chatbots answer their private questions’ for more guidance.

Responding to disclosures and allegations of child abuse during COVID-19

• If a case of abuse is reported or disclosed when physical distancing restrictions are in place and during participation activities, those cases must be referred to trained case workers, who will follow up on the processes below. Those engaged in child participation activities should follow established child protection and gender-based violence referral mechanisms and protocols (see example) to safely and carefully refer children who report an incident/problem. The most likely and preferred focal point for referrals would be a child protection case worker.14

• Seek the views of the child victim/survivor (where it is possible to establish safe, direct contact) on their situation that will inform a risk assessment for responding to the report of abuse. It may be useful to connect to child helplines to identify services that might support the child victim/survivor.

• Conducting remote interviews (e.g. via Skype): Outline the process, in advance, to interviewees. Make sure they can safely participate online (i.e. the child is not in the same room as a violent parent/carer) and have practiced using the software. If it is not safe to do so (e.g. a child is in the same room as a violent parent/carer), do NOT conduct the interview. Establish the identity of the interviewee and ensure you are communicating with the person you are intending to speak to. Provide information on local support services at the end of every interview.

• Ensure privacy and manage confidentiality: Interviewees should use a computer that is private or isolated, make use of headphones and limit the use of identifying information (i.e. agree to refer to Mr. Smith as Mr. X). Check there is no-one else in the room or nearby and record interviews if possible.

Please see further reading below for more detailed guidance on responding to disclosures and allegations of abuse during the pandemic.

FURTHER READING ON HANDLING DISCLOSURES


■ How to support survivors of gender based violence when a GBV actor is not available in your area: A step-by-step pocket guide for humanitarian practitioners with a section on supporting children and adolescents under 18 years.

14 These tips have been taken from Technical Note: Adaptation of Child Protection Case Management to the COVID-19 Pandemic - Version 2
CONSENT CHECKLIST: GAINING INFORMED CONSENT

The following consent checklist is taken from a pilot of RISE Learning Network Monitoring and Evaluation of Reintegration Toolkit and is for use by staff holding consent conversations with potential child participants and their parents/carers to explain how the activity will be run.

Please ensure, in your discussions with children and their parents/carers, that you discuss all the following points before consent forms are signed:

- We are running a workshop with [ADD NUMBER] children to discuss how we can provide a better service for children.
- The workshop will last [ADD NUMBER] hours although there will be breaks for lunch and snacks. The workshop will take place on [ADD DATE] at [ADD LOCATION].
- Please do not attend if you or you or a member of your household is ill or tests positive for COVID. We will maintain social distancing at the workshop and respect COVID health guidance. Except during snack time, we will all wear masks. One will be provided if you do not have one. You are asked to inform us if you or a member of your household has COVID within 10 days of the workshop.
- We hope that the workshop will help the children we work with and that it will be a fun and interesting day for those participating.
- We will be using creative ways in the workshop such as drawing and games. Children may be asked about their experiences, feelings, opinions, and dreams.
- Drawings children make during the workshop will be photographed and the things children say will be written down. However, children will choose a different name, instead of their real name, which will be used in any reports about this workshop – this is so that children cannot be identified in any way in reports.
- Information from workshops may be used in publications for people working with children to learn about how they can help children better. All information we gather will be kept in locked files that only [insert name] has access to. We will keep information we gather [add date or length of time data is retained] after which it will be destroyed.
- We will provide a summary of the findings from our workshop if you want to read about what happened.
- If children do not want to take part in the workshop or want to leave the workshop this will not be held against them in any way.
- Children will not be paid for taking part in the workshop. However, all meals and travel costs will be provided for children taking part (and for their adult ally should they need one).
- Children can speak to [ADD NAME OF CHILD PROTECTION COORDINATOR] if they have any questions, complaints or if they get upset during the workshop.
- Children taking part in the workshop and their parents/carers will be asked to sign a consent form (or give verbal consent) but this does not commit them in any legal or other way to continue to take part in the workshop. This form is not a contract of any kind.
- Do you have any questions?
FURTHER READING

- **Online Safety Technical Note** created by End Violence Against Children and partners to help governments, information, technology and communication companies, educators and parents protect children from online risks in lockdown.

- The **Safeguarding Resource and Support Hub**: An open-access platform that brings together relevant guidance, tools and research and signposting quality-assured safeguarding support for organisations in the aid sector to strengthen their safeguarding policy and practice against Sexual Exploitation, Abuse and Sexual Harassment (SEAH).

- **Safeguarding Investigations Considerations during COVID-19**: A short guidance looking at adaptations that may need to be made to investigations as a result of restrictions imposed by COVID-19 response.

- **Technical Note: Child Helplines and the protection of children during the COVID-19 pandemic**: Provides practical advice to child protection actors and service providers on how to support children and families through a child helpline service and explores how existing child helplines can contribute to efforts to support children and families during the COVID-19 pandemic through child protection systems.

- **Child Protection Area of Responsibility (CP AoR) Child Protection Resource Menu for COVID-19**: A file with examples of guidance documents on subjects ranging from risk mitigation and alternative care to educational resources and child safeguarding in quarantine facilities. Managed by the Child Protection AoR Helpdesk.

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**Tool 3.2: Example Consent Forms for Child Participants and Caregivers or Legal Guardians**

The following consent forms for child participants and parents or caregivers are taken from a pilot of [RISE Learning Network Monitoring and Evaluation of Reintegration Toolkit](#).
EXAMPLE CONSENT FORM FOR CHILD PARTICIPANTS IN A MONITORING AND EVALUATION WORKSHOP

My name is __________________________________________

Please tick as appropriate:

☐ I am willing to participate in a workshop of children organised by [ADD NAME OF ORGANISATION].

☐ I may be asked about my experiences, feelings, opinions, and dreams about my life and I am willing to answer these questions if I feel comfortable. I know that this workshop will last around [ADD] hours. All meals and travel costs will be provided for me during the discussion. I can take breaks at any point during the discussion.

☐ I know that my parents/carers are happy for me to take part in the workshop.

☐ I know that any personal information I share will be kept securely.

☐ I know that any drawings I make during the workshop will be photographed and that the things I say will be written down. I am happy for these to be used in reports. I understand that I will not be identified in any way in these reports (i.e. my real name and the place where I live will not be used).

☐ I would like the name______________________________ to be used for me in any reports about this workshop instead of my real name. This is so that no one will know that the ideas I shared were from me.

☐ If at any time during the session I no longer want my information to be used I can tell the people running the session and they will remove what I have shared.

☐ I know that my information may be used in publications for people working with children to learn about how they can help children better. I am happy for this information to be used in these kinds of publications. I understand it may not be possible to remove my information after it is put in a publication.

☐ I know that signing this form does not commit me in any legal or other way to continue to take part in the workshop. This form is not a contract of any kind.

☐ I know that there is no promise of any money or reward to be given to me.

If I have any questions I can contact [NAME] at [CONTACT INFORMATION]

Signature: Date:

Name: Place:
EXAMPLE CONSENT FORM FOR CAREGIVERS OR LEGAL GUARDIANS

☐ I give permission for _______________________________ (name of child) to take part in a workshop organised by [ADD NAME OF ORGANISATION].

☐ I have received an explanation about the aims of this workshop and what my child may be expected to do during the workshop and how the information will be used.

☐ I understand and agree to all the points presented to my child.

☐ I understand that my child will not receive any money directly as a result of taking part in the workshop. I understand that neither I nor my child will be identified in any way in any publications connected to the workshop.

☐ I also understand that if at any time I am not happy with my child taking part in the workshop, I may withdraw my child from it.

☐ I certify that I am the parent, caregiver or legal guardian of the child named above.

Name of Caregiver/legal guardian                        Signature of parent/legal guardian

Date:       Contact Information:

I believe the information given to be correct and the parent/guardian consent genuine to the best of my knowledge.

Signature of Representative of Partner Organisation
Today’s Date

The following is necessary if the consent form has to be read to the parent/legal guardian:

I certify that I have discussed all the points in the consent checklist and read this consent form in full to the parent/guardian whose signature appears above.

Signature of Representative of Partner Organisation
Today’s Date
Tool 3.3: Involving Children in Assessing and Responding to Risks and Resources

Purpose: Risks to children are changing so quickly during the pandemic. This risk and resource assessment tool supports a partnership approach to identifying risks, as well as strategies and resources available in the community to address the risks.

Time: 45 minutes.

Materials: Small blank cards, flip chart paper, pens, markers and personal protective gear, including masks, hand sanitizer/hand washing stations, as per local recommendations.

Humanitarian Project Cycle Phase: At any point during the project cycle.

Participants: This tool is best used with a group of children that already know each other and have a number of things in common, such as they go to the same school or attend the same club. It works particularly well with advisory groups of children.

Considerations for Age, Gender, and Disability: This tool works best with groups of children who are the same age (i.e. within five years of each other) and have similar abilities/disabilities so that adaptations work for all children in the group. Younger children or those with low literacy may prefer Method 1: in person respecting physical distancing or methods using radio/video conferencing. Older children may prefer Method 2: online survey, radio call in show or via phone/online. When the tool is being used for a project that covers sensitive issues such as sexuality it is best to work with same gender groups of children and for the assessment to be facilitated by someone of the same gender as the children.

METHOD 1: IN PERSON RESPECTING PHYSICAL DISTANCING

Steps:

1. Invite children to sit in a circle, allowing for safe physical distancing, distribute 2-3 blank cards and a pen to each child.

2. Explain the specific stage of the project you are focusing on. Ask children to write down all of the strengths and resources that support children when they are feeling worried or at risk in their community - one word per card.

3. Facilitators and/or project staff should also complete cards at the same time, highlighting some of the key risks for project activities that they see.

4. Collect all the cards and place them in a pile in the middle of the circle (in some cases, protective gloves might be required to handle these). Ask children to take turns picking up a card and/or reading a card out to the group.

5. Next, ask children and facilitators to write down their risks and worries in their community - one word per card.

6. Collect all the cards and place them in a pile in the middle of the circle (in some cases, protective gloves might be required to handle these). Ask children to take turns picking up a card and/or reading a card out to the group.

7. Ask the group if anyone had a similar worry. As themes emerge, ask children to organize the cards together based on the worry and discuss with the group if they want to adapt or refine the ideas that were presented.

8. Once the cards are organized, have a discussion about various strategies that could address each group of worries. Invite children and adults to re-look at the strengths and resource cards. Can any of them be used to support children to address risks and worries they have identified? Probe for any personal, family, community or organizational strengths that can be utilized to address the worry/risk. You can lead this discussion by asking ‘What do you do if...’ and then read out the worry/risk on the card.

9. The facilitator can write these on a flip chart paper for everyone to see, and as a starting place for developing response plans for the project.

### METHOD 2: ONLINE SURVEY, RADIO-CALL IN SHOW OR VIA PHONE/ONLINE

If it is not possible to bring a small group of children together safely, consider the following adaptations:

**Radio:** If you have access to a call-in radio show, it would be exciting to encourage broader participation from children in a given community. The radio host could encourage children to call in with strengths and resources that exist in the community to address challenges as well as specific worries or risks they see and ideas they have to address risks and support communities, summarizing key details in the discussion for the wider audience. Then collecting ideas for a certain amount of time, the focus can shift to resources and strategies to address some of the key concerns that arise. If there is a child-led radio show, promote it and/or help set one up in your community.

**Online Survey:** Develop a short survey that can be sent out to children. See examples of current COVID-19 surveys for ideas (e.g. U-Report, Children’s Parliament Scotland, #CovidUnder19). This might include 10 sample risks and asking children to organize risks based on their priority. This could also be open-ended questions and answers, asking each participant for 2-3 top strengths and resources in their community for keeping children safe, 2-3 risks and worries, and 2-3 suggestions for how to respond to these worries/risks. Make sure your survey has links to support services to call or access in the community.

**Phone Calls/Video-Conferencing:** This activity can be facilitated via individual or group calls, or through video-conferencing. The facilitator might lead the conversation, and would rely on oral summaries for phone calls, and visual summaries for video-conferencing. Assess whether this is safe to ask when a child is at their home. Avoid asking children about risks in their own lives and focus on greater risks in the community (if safe to do so).
Online via JamBoard, Miro or other visual collaboration software: Visual Collaboration software allows groups to collectively create a visual board with text, drawings, images, and sticky notes. Using this software in this activity, children can be asked to share their strengths/resources cards and their risk/worry cards via blue post-it notes, and then collectively group these into themes. Then, using yellow post-it notes, they can brainstorm strategies to address these worries/risks.

Sample worry cards for children involved in a public engagement/dissemination event (webinar/in-person meeting):

- You feel really nervous when you are asked to make a presentation and forget what you were going to say.
- After you speak there is silence, and no one responds or asks a follow-up question.
- You have a strong emotional response to something that is said by someone in the audience.
- Someone asks a question that you do not have the answer to.
- You start sharing a very personal story and then regret it. You wish you hadn’t shared so much with people you don’t know.
- You notice someone that you know personally who is attending the event - that you didn’t expect or want to attend. You don’t want them to know you have been involved in this project.
Welcome to Module 4: Meaningful Child Participation in COVID-19. In this Module you will find:

- Tip Sheet 4.1: Meaningful Child Participation in the Humanitarian Program Life Cycle
- Tool 4.2: Child Protection Community Mapping
- Tool 4.3: Vision Collages
- Tool 4.4: Object Stories
- Tool 4.5: River Journey: Most Significant Change

### LIST OF TOOLS

<table>
<thead>
<tr>
<th>#</th>
<th>TITLE</th>
<th>PURPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2</td>
<td><strong>Child Protection Community Mapping</strong></td>
<td>To understand children’s differing perceptions of community strengths and challenges; the places, space, people, and activities that are safe and unsafe.</td>
</tr>
<tr>
<td>4.3</td>
<td><strong>Vision Collages</strong></td>
<td>To explore children’s vision for positive change in their community and their initiative/project.</td>
</tr>
<tr>
<td>4.4</td>
<td><strong>Object Stories</strong></td>
<td>To explore children’s feelings of safety and wellness through play and nature objects.</td>
</tr>
<tr>
<td>4.5</td>
<td><strong>River Journey: Most Significant Change</strong></td>
<td>To explore the most significant changes that have taken place over the journey of the child protection program.</td>
</tr>
</tbody>
</table>

### Tip Sheet 4.1: Meaningful Child Participation in the Humanitarian Program Life Cycle

Children are actively engaged in protecting themselves every day, be that in their own homes, through children’s clubs, child-led projects or campaigns, or child-led organizations. In working with children as partners, it’s important to follow their lead, in terms of engaging with issues important to them, resourcing and supporting child-led change movements, and engaging them in lateral discussions. While organizations can work to promote children’s ability to protect themselves from abuse, exploitation, violence, and neglect, they should be careful that their messages also indicate that children are not responsible for any harms or potential harms that occur to them.

It is also essential practice to include children throughout the humanitarian program life cycle. Similar to Accountability to Affected People (AAP), the humanitarian community needs to be
committed to using mechanisms to ensure that children are meaningfully and continuously engaged in decisions that directly impact their lives, ensuring diverse participation of children across age, gender and different disabilities. UNHCR speaks to: participation and inclusion, communication and transparency, feedback and response, and organizational learning and adaptation. These four areas are pertinent to children’s meaningful participation in child protection.

There are both boundaries and constraints that exist within the current humanitarian program life cycle structure, as well as opportunities for new areas of growth and development.16

**Humanitarian Program Life Cycle**

|----------------------------|--------------------|-----------------------|----------------------------|--------------------------------------|

**Key Points for Consideration**

**Children as Partners in Needs Assessment and Resource Mobilization**

- Engage children in mapping the impact of COVID-19 in their communities; consider using telephone, SMS, or online assessments.17
- Co-design programmes and proposals with children and, where possible, include a budget for their own projects. Engage children in participatory budgeting processes (see YouCreate Art-kit for adaptable tools).
- For all online activities, assess safety concerns and confidentiality. See Tool 3.3: Involving Children in Assessing and Responding to Risks and Resources and Tip Sheet 3.1 on safeguarding for suggestions on how to assess safety concerns and confidentiality.
- Provide funds to support data, airtime, or internet costs for children where possible.

**Children as Partners in Strategic Planning**

- Involve children when designing and planning your new child protection program during COVID-19. Depending on the local context, this may be face-to-face or over the phone, SMS survey, or hand-delivered surveys to households. See Tip Sheet 1.2: Adapting Existing Participatory Tools for the COVID-19 Context.
- Implement activities such as community mapping and vision murals. Invite children to design and lead the process for how they want the planning and design to take place. See Community Mapping and Vision Collages tools below for more details.
- Invite children to use their art pieces to directly advocate their ideas.

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Children as Partners in Implementation

- Involve children in increasing awareness in their communities through art and play (e.g. theatre, skits, community football games), setting up radio programs for education, or setting up school-based responses to respond to cases of violence and abuse.
- If working on policy change, engage children in the COVID-19 response decision-making with government officials.
- Coordinate online dialogues and creative activities with children to identify solutions to challenges in communities.

Children as Partners in Monitoring, Evaluation, Peer Review, and Learning

- Engage children as researchers for designing and implementing online surveys and participatory activities (see #CovidUnder19 survey).
- Draw on children’s knowledge of online spaces to adapt monitoring, evaluation and learning (MEL) activities for the COVID-19 context (e.g. SMS surveys, online questionnaires, art-based submissions). Children often understand best how to use these online tools to connect with their peers.
- Map primary responders and key humanitarian actors to help children keep power-bearers accountable throughout the COVID-19 response and recovery.

Key questions to consider as you engage children in programming\(^\text{18}\)

- How has COVID-19 impacted the key stakeholders - children and their families - in your evaluation?
- How has their psychosocial wellbeing and safety changed?
- How have their roles changed? Will they have additional roles and responsibilities that could limit their role as partners in the program?
- How do your methods of engagement in each phase of the humanitarian program life cycle need to be adapted to ensure participants’ safety and meaningful participation?
- What is required to adapt your engagements (consider: resources, time, capacity)?
- What can you do to ensure that all stakeholders have a voice and role in the process?

Remember that all engagements with children should be ethical and safe. Proceed with care and refer to Module 3: Ethics and Safeguarding during COVID-19 for suggestions on how to assess and address safety concerns.

\(^{18}\) Adapted from Better Evaluation.
SPOTLIGHT: Scouts across Africa launch community level COVID-19 responses (and Oxfam blog)

Scout groups across Africa have been working in collaboration with NGOs, governments and the private sector to implement responses to COVID-19 in their communities. For example, in Cape Verde, Scouts collaborated with the Red Cross to deliver relief items to families in need. In Ashanti, Ghana, Scouts teamed up with a restaurant chain to provide hot meals and water. Working in collaboration with the National Scout Organizations, Scouts in the DRC have responded to the organization’s guidelines by supporting street children with temporary shelter and food. These are just a few examples of adult-child partnerships happening at the local and national level, that shine a light on the possibilities of collaboration.
QUICK TOOLS

Walking Through the Program with Children

1. Place words relating to the scope of participation on a wall or floor (children not involved, consultation, child-led, collaboration). You could also ask a young leader to draw an illustration to go with each of these headings. Give each child a rock or sticky note.

2. Introduce each of the images/words and discuss what this type of participation means, to ensure shared understanding.

3. Invite children to ‘walk through the program’ to consider the nature of children’s participation at each stage (not involved, consultative, collaborative, or child-led) and place a rock or sticky note where they “stand.”

4. Invite children to share their perspectives on why they are “standing” on certain spots.

5. Do they think this was the most useful form of involvement, or would they like to have been more or less involved? And why?

6. Repeat this process for each stage of the program cycle. Note, this could also be modified to focus on prior to the program, during the program, at the end, and going forward instead of the stages of the life cycle itself.

7. At the end, facilitate a discussion about key findings:
   - In which part(s) of the program are children most involved? In which part(s) are they least involved? Why?

8. Discuss and make notes about children who are invited and/or able to participate. Consider: gender, age group, abilities, backgrounds, lived experiences, and additional factors that are important for children in your communities and contexts.

9. What are children’s views about the importance or relevance of children’s active participation in every stage of the program cycle? Which type of involvement is most meaningful to children at different stages of the program cycle? Why?

10. What are children’s ideas to strengthen their participation in any (or all) stages of the program?

Remote Modifications: This activity can also be done over the phone, through text or via video-conferencing. Refer to Tip Sheet 1.2: Adapting Existing Participatory Tools for COVID-19 Context and modification examples in the tools below for ideas.

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19 Adapted from Landsdown and O’Kane, 2014, p.27-28.
FURTHER READINGS

- INRAC. (2017). Participatory learning and action (PLA). This brief describes the qualitative research method called Participatory Learning and Action (PLA). PLA has two complementary functions; it is (1) a method to facilitate in-depth, community-driven, reflective learning, planning, action, and monitoring and evaluation alongside communities; and (2) a philosophy that aims to reverse power relations between communities and outsiders.

- International Institute for Child Rights and Development. (2012). A Guide for involving young people in monitoring & evaluating child protection systems. IICRD. This guide may be useful for practitioners and organizations wishing to involve young people in M&E related to CP systems. It draws on the experiences of a network of partners in Brazil, Canada, Colombia, and Thailand through the Child-Centered Accountability and Protection Evaluation (CAPE) project.


- UNICEF advocacy toolkit for youth to conduct their own campaigns, guidelines on engaging adolescents and youth in the COVID-19 response

- UNICEF guidance note on adolescent participation in monitoring and evaluation. Provides an overview of meaningful participation in M&E with adolescents.

Contextualized Tools for COVID-19

Welcome to the Tools Section. Included here are tools that have been adapted for the COVID-19 context, including adaptations to include face-to-face with physical distancing, phone, online, radio, and other formats. Each tool references the various stages of the humanitarian program life cycle it can be adapted for. These tools support adults to engage children meaningfully and foster a shift from participation to working with children as partners in person and remotely.

The following table compares four online platforms that can be used for discussions with children and young people. We have also suggested many more platforms to try. It is important to assess what works best in your context and with the children you work with.20

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20 The table is adapted from resources produced for mentors at Refugee Support Network based in the UK.
<table>
<thead>
<tr>
<th></th>
<th>ZOOM</th>
<th>GOOGLE HANGOUTS</th>
<th>WHEREBY</th>
<th>BRAMBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>Excellent additional functions.</td>
<td>Syncs with Google Suite.</td>
<td>Accessible to young people with little technical knowledge and/or only a phone.</td>
<td>Specifically designed for online tutoring. Excellent additional functions. Very easy to use once you are on the platform.</td>
</tr>
<tr>
<td>Download needed</td>
<td>No download required on a computer but the app must be downloaded on a phone.</td>
<td>No download required but an app is available for download.</td>
<td>No download required but an app is available for download.</td>
<td>No download possible. Requires Chrome to run online.</td>
</tr>
<tr>
<td>Invitation to a meeting</td>
<td>Staff sends a link to the young person.</td>
<td>Staff sends a link or invite the child via Google Calendar.</td>
<td>Staff send a link to the child.</td>
<td>Accessed through the website.</td>
</tr>
<tr>
<td>Screen sharing</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, as well as whiteboard and shared notebook functions.</td>
</tr>
<tr>
<td>Notes</td>
<td>There is a 40-minute time restriction for meetings of more than two people in the free version. To prevent ‘zoombombing’ or uninvited people entering the call, make all meetings password protected.</td>
<td>Children do not have to have Gmail addresses or accounts to join a google hangout discussion.</td>
<td>All meetings are automatically recorded and stored in all parties’ Bramble accounts. They cannot be downloaded. They can be deleted permanently by any party.</td>
<td></td>
</tr>
<tr>
<td>Bandwidth Requirements</td>
<td>2.0 Mbps up and down for single screen. 2.0 Mbps up 4.0 Mbps down for dual screen. 2.0 Mbps up 6.0 down for triple screen.</td>
<td>256kbps/512kbps (up/down) for one to one calls. 900kbps/2Mbps for calls with more than 2 people</td>
<td>2.0 Mbps outbound and 2.5 Mbps inbound for one to one calls. 3.2 Mbps outbound and 3.2 Mbps inbound for calls with 4 or more people.</td>
<td>Bandwidth requirements not known.</td>
</tr>
</tbody>
</table>

Ensure you are aware of each platform’s security and access controls - particularly when sessions are recorded.
Tool 4.2: Child Protection Community Mapping

**Purpose:** To understand children’s differing perceptions of community strengths and challenges; the places, space, people, and activities that are safe and unsafe; facilitate dialogue among children about the community and how it currently supports and/or does not support children’s protection and wellbeing during COVID-19.

**Humanitarian Program Life Cycle Stages:** Initiation, Needs Assessment, Strategic Planning, Monitoring and Evaluation

**Time:** 1.5 hours

**Note:** We all have different perceptions and assumptions about our communities. Different groups of children will have varying perspectives based on their diverse lived experiences and power they have or discrimination they face in their communities. The mapping helps to share our different perspectives and should be introduced respectfully recognizing diverse life experiences.

**Materials required:** Flipchart paper and markers or local materials (e.g. branches, flowers, rocks, etc.), camera. Optional: audio recorder. Personal protective gear, including masks, hand sanitizer/washing stations, as per local recommendations.

**Participants:**

- **No. of facilitators:** 2, including one Facilitator and one Note-taker, or more (one pair of facilitators for each group of children)
- **No. of participants:** 8-10 children (depending on COVID-19 safety requirements)

**Considerations for:**

- **Age:** Age groups 6 to 10; 10 to 12; 12 to 14; 15 to 18 can be used
- **Gender:** All genders can participate; where there are gender specific issues to explore, gender based risks, or it is socially required, consider inviting children to break into gender groups.
- **Disability:** All children can participate. You can modify types of questions for diverse forms of learning and ways that ideas can be expressed (e.g. drawing, verbally, through music, etc.).

**Tips for Effectiveness:**

- Allow extra time. The actual mapping may only take approximately an hour, but more time will be needed to allow children and adults to present their maps. The presentations are crucial for you to understand the meaning behind the drawings.
- Use the activity as a learning opportunity. Suspend judgment, listen, learn, and discuss.
- Remember the maps are not representative of all children. They help you to understand how different children view their communities.
- Remember that while the maps themselves are useful, it is the discussion that takes place amongst the participating during the creation of the maps that will provide the most insight. You do not just want to know whether a particular place is considered safe or not during COVID-19 – you want to know why, who thinks this, whether it was always
considered to be safe/unsafe, etc. Maps can also help to show if COVID-19 is compounding risk and marginalization for certain communities and in what ways.

- Be sure to either record or take notes during the creation of the maps.

**METHOD 1: IN PERSON RESPECTING PHYSICAL DISTANCING**

(Please note: If you are familiar with this tool and are unable to do it in person, refer to Method 2)

**Steps:**

1. Ensure you have gained children and their guardians’ informed consent to participate in the activity, as well as to record the discussion, digitally and/or written, and use the data in their maps. Follow the guidelines of your organization for ensuring verbal or written informed and ongoing consent. See sample consent form in Module 3: Ethics and Safeguarding during COVID-19.

2. Invite participants to sit in a large circle at locally approved physical distance.

3. Open the activity with a short, contextually appropriate energizer, song or game.

4. After the game is complete, explain the plan for the day and the purpose of the mapping activity. It is important that participants understand why you are asking them to draw a picture or map of their community and what it will be used for.

5. Explain that:

   - Each group will draw a picture of their community, including the places they go, the people they see and the things they do. This does not have to be a perfect drawing, the activity is about seeing the community from each child’s eyes.
   - Participants have the right to leave the activity at any time. If anyone feels uncomfortable at any time, it is okay to leave. If the child wants support, tell them to let someone know.

6. Ask participants: What is the purpose of a community map?

   Listen for:

   To share our thoughts about our community including the places where we go and the people who live there. We can identify and describe our communities, places and people in them, and the strengths and risks in our communities.

7. Ask participants to think about where they live, what they do every day, and who they see.

8. Divide the participants into small groups of four or five. Separate groups by gender depending your context. Assign one facilitator to each group.

9. Give each group a piece of large flip chart paper and coloured pens/paints/crayons. Provide each child with their own paper if group work is not possible.

10. Ask groups to draw their community on the flipchart paper. Tell each group they have 30 minutes to complete the task. Invite young leaders to support their peers to remember
physical distancing during the activity. Invite participants to take turns drawing each using their own markers.

11. Check in with the group to ensure that they feel they have included all main landmarks that are important to them (e.g. rivers, roads, large meeting trees, etc.) and the places that hold importance to the community (e.g. schools, church/mosques, housing areas, water taps, restaurant/bars, markets, police/military quarters, NGOs, etc.) are drawn out.

12. After the maps have been drawn, ask participants to answer the following questions to further develop their community maps. Ask them to think about their lives now when they consider the questions. Write the questions on a flipchart for all participants to see.

• Where are the important places in your community? Why are these important to you?
• Where are the people that are important to you? Who are they? What do they do?
• Where do you go to play or meet friends (in person or online)? What do you do there?
• Where do you learn new things?
• Where are the opportunities to be involved in decision-making in your community?

13. Invite participants to relook at the questions. If you had answered these questions before COVID-19, how would your answers be the same or different? What has changed?

14. Next, ask the participants to draw stars (*) beside all the places that are currently most safe for children in their community. Give them a few minutes to complete the task. Ask them:

• What makes this place safe?
• Is it safe for all children?
• Who may it be safer for?
• Was it always safe?

15. After a few minutes ask participants to put an X beside all the places that are most risky and unsafe for children currently. Give them a few minutes to discuss and complete this. Ask them:

• What makes this place unsafe?
• Is it unsafe for all children?
• Who may it be less safe for? Why?
• Was it always unsafe?”

16. Remind participants that because everyone has a different view of what is safe and unsafe, some places may have a star (*) and an X. (For example, a school may be safe because it supports children to learn in a friendly environment, but it may also be unsafe if there is corporal punishment, bullying, and/or abuse, and/or people are not respecting healthy physical distancing practice where required.)

17. Discuss the following questions as a large group:

• What did you learn in this activity? Did anything surprise you?
• Who are the people who are strengths? What made them special?
• What are the challenges? Are these challenges different for different groups of young people (e.g. genders, sexual orientation, age, abilities, race, culture, and more)?
• What are things that could be improved to make sure children are safe during COVID-19?
• Are there areas where we could provide support in our programs? Who else in our community can help?
• What can you do (children and adults) to make things better for children during COVID-19?
• What type of program do we want to set up to make things better for children?

18. Throughout the activity, facilitators need to watch for:

• Is everyone participating in the activity and having their voice heard? Consider age, gender, ability. Are younger children given an opportunity to voice their opinion?
• Are there differences between individuals/groups? Genders?
• Do participants appear comfortable? Is their body language relaxed? Are they smiling? Communicating?
• Are participants practicing safe physical distancing and healthy practices (as per their local health authority guidelines)?

METHOD 2: WITH ACCESS TO SMARTPHONE OR COMPUTER WITH INTERNET

If it is not possible to bring a small group of children together safely while physically distancing, consider the following adaptations:

Online Video-Conferencing: This activity can be facilitated via group video-conferencing (e.g. Microsoft Teams, Zoom, Webex, GoToMeeting. Please choose a platform that your organization has tried and tested and is most comfortable with.) Many of these platforms also have recording capabilities for easy transcription later on (if consent is given). The facilitator can work with a co-facilitator who supports technology issues (e.g. children getting online, comments in the chat box, speakers and volume, and recording). Each child can be invited to draw their own map and share in small groups (if your platform has break out rooms (e.g. Zoom) or in one large group. Invite children to hold their maps up to the screen and to share any reflections (if they would like).

WhatsApp/PhoneCalls: If children do not have access to online video, consider WhatsApp or voice group calls and/or individual calls.

Online via Zoom, JamBoard, Miro or other visual collaboration software: Visual collaboration software allows groups to collectively create a visual board with text, drawings, images and sticky notes. Make sure you understand the opportunities and constraints of the software before you host the activity with children. Children can be asked to collectively draw a map and use sticky notes to add additional ideas and stories to create a collective map. You may want to have this software open while you are on a call, or follow up with people after the call to understand their maps in more depth.
Tool 4.3: Vision Collages

**Purpose:** To explore children’s vision for positive change in their community and their initiative/project

**Humanitarian Program Life Cycle Stages:** Needs Assessment, Strategic Planning, Resource Mobilization

**Time:** 1 hour

**Materials required:** Thick paper, glue, scissors, collage materials: e.g. magazines, newspapers, coloured paper, small leaves, flowers or other natural materials, markers, enough for each child. Personal protective gear, including masks, hand sanitizer/hand washing stations, as per local recommendations.

**Participants:**

- No. of facilitators: 2, including one Facilitator and one Note-taker, or more (one pair of facilitators for each group of children)

- No. of participants: 8-10 children (depending on COVID-19 safety requirements)

**Considerations for:**

- **Age:** 8 to 18 years. Adjust questions based on age groups.

- **Gender:** All genders.

- **Disability:** Include diverse ways to engage different abilities. For example, for those who are visually impaired or who have upper body mobility challenges, provide textual materials they can paint or draw with, or invite them to pair with a buddy (at a safe distance) to share their ideas. Children could also share via video, poem, or song, instead of drawing.

**METHOD 1: IN PERSON RESPECTING PHYSICAL DISTANCING**

**Steps:**

1. Ensure you have gained children and their guardians’ informed consent to participate in the activity, as well as to record the discussion, digitally and/or written, and use the data in their collage. Follow the guidelines of your organization for ensuring verbal or written informed and ongoing consent. See sample consent form in Module 3: Ethics and Safeguarding during COVID-19.

2. Invite participants to stand together in a circle, respecting physical distance.

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21 Adapted from Right to Play, 2015 and Currie, Lee, Wright, 2019.

3. Say to the children “Let’s explore your vision for your family, peers and/or community. What do you imagine for children’s protection and wellbeing in the future for your community? How do you want to contribute to this vision?”

4. Invite participants to close their eyes (if they feel comfortable doing so) and invite them to imagine they are just returning from a magic carpet ride. When you arrive, you are so excited by all you see and hear about. The strengths that were there before are still here, but you also see many improvements. You take time to wander through the community. What do you see? What do you hear? What are children doing? What does it feel like?

5. Invite participants to open their eyes.

6. Ask them to sit down, with appropriate physical distance, in groups of 2-4 and talk about what they see as the most important parts of the community they saw in their visions.

7. In their small groups, ask children to talk about how they can bring some part of their visions for children’s protection and wellbeing to reality, through a project or initiative. What do they want to do? How can they do it?

8. Ask children to find a quiet place to sit and hand out materials: magazines, coloured markers, paper, scissors, glue, and other natural materials.

9. Explain that children will have 15 minutes to create a collage of their vision for their project. Children can add text around their collage to explain what is going on if they wish.

10. Write the following on a flipchart page and post or ask the questions out loud:

   1. What do you want to work on to contribute to a better future for children in your community?
   2. What is the goal of your project?
   3. What do you need to make your project a reality?
   4. How can you get started?

11. Invite children to post their collages on the wall and explain their vision for their project in one minute.

12. Invite everyone to add any additional ideas and/or ask questions.

13. Ask the group to arrange the collages onto the wall or on the ground if outside in a way that makes sense to them, and connects their project vision, respecting physical distancing by having the person who has touched the paper originally from a group be responsible for moving the poster around. Reflect on how these images are connected together.

14. Once children are happy with the arrangement of their collages, lead a discussion using the questions below as a guide.

   1. What are the common elements in our visions?
   2. What are the differences?
   3. Is there anything like this already happening in the community? If so, could we build on it?
   4. If there is nothing like this happening, what do we need to do to organize it?
   5. What resources do we already have to make this happen (e.g. materials, location, people)?
6. What else do we need? When would it take place? What would be our steps to get there?

15. Invite children to begin to build out a basic action plan including activities, lead and support roles, resources needed, and timelines.

16. Close the activity with a fun closing circle, respecting physical distancing, to reflect on visions and next steps going forward.

**METHOD 2: WITH ACCESS TO SMARTPHONE, COMPUTER WITH INTERNET, PHONE WITHOUT DATA, OR REGULAR MAIL/DROP OFF POINT**

**Video-Conferencing:** This activity can be facilitated online, if children are informed in advance what materials they will need to utilize. Break-out rooms on applications such as Zoom can be used in place of small group work. Ensure you have enough facilitators to monitor and support break-out rooms.

**Smartphone via a secure social media platform:** Send children a text with the instructions to the activity. Ask them to prepare a collage on their own time and send a photo of it to a group chat e.g. WhatsApp. As a facilitator of the chat, ask children to post their thoughts and ideas about their collages. Ask probing questions and encourage children to formulate a clear vision for a project together. If using WhatsApp for communicating with children, ensure that you are following safety protocols. See safeguarding protocols in Module 3: Ethics and Safeguarding during COVID-19.

**Tool 4.4: Object Stories**

**Purpose:** To explore our safety and wellness through play and nature objects

**Humanitarian Program Life Cycle Stages:** Needs Assessment, & Analysis, Strategic Planning, Implementation & Monitoring, Evaluation

**Materials:** Play and nature objects, audio recorder, camera (for pictures of objects not people). Personal protective gear, including masks, hand sanitizer/hand washing stations, as per local recommendations.

**Participants:**

- Considerations for:
  - **Age:** Ages 4 to 18 (break into smaller age groups e.g. 4 to 6; 7 to 10)
  - **Gender:** All genders. Questions can be adapted for particular gender issues being explored and/or young people can divide into gender specific groups where desired.

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23 Adapted from *Wilderness Emerging Researchers’ Play Guide* (2019) and *ResiliencebyDesign* RRU qualitative research tools.

**Disability:** All children can actively engage. As in previous tools, you can use different creative forms that are accessible to diverse abilities (e.g. visual - braille, texture, song/poem instead of an object, audio - sign language, written text)

**Time:** 30 minutes

**METHOD 1: IN PERSON RESPECTING PHYSICAL DISTANCING**

**Steps:**

1. Invite participants to go on a walk in their surrounding area (if it is safe to do so) and find an object related to play/nature that supports their feeling of safety and wellbeing during the COVID-19 pandemic. (If this is not possible, ask children to bring something special from home.)

2. Invite participants to find a partner that they feel comfortable sharing their story with.

3. Ask each person to sit with their partner, at a safe physical distance, and share their story in three minutes without the other partner interrupting or asking questions.

4. After three minutes, create space for the partner to ask questions.

5. After the partners have discussed, invite the second partner to share their story in three minutes.

6. After both partners have completed the activity, invite all participants to come back together in a circle (sitting at physical distance).

7. Invite each participant to briefly share their object story with the whole group.

8. After participants have shared, lead a circle using the following questions as a guide:

   - How did it feel to find a play/nature object that connected with your safety and wellbeing? Was it easy? Difficult? Why?
   - What were some of the themes that came out from our individual and collective stories?
   - What are some ways we can support more opportunities for our safety and wellbeing in our programs?
   - What are actions we can take in our communities to support other children’s feelings of safety and wellbeing?
   - What can we build on to support safety and wellbeing in the project phases? How can the project phase you are focusing look to support children’s safety and wellbeing?

**Note:** If using for Monitoring or Evaluation, modify the above questions to reflect on things that have supported children to feel safe and well during the program. Explore changes from prior to during and at the end.
METHOD 2: WITH ACCESS TO SMARTPHONE, COMPUTER WITH INTERNET, PHONE WITHOUT DATA, OR REGULAR MAIL/DROP OFF POINT

**Video-Conferencing or Smartphone:** Ask the children (via email, text, call) to find an object in their home or surrounding area (if safe to do so) that connects with their wellbeing or safety before the group call. On the video conference invite participants to share their object by holding it up to the group. Invite anyone who is comfortable to describe their object verbally or via the chatbox.

**Online Forums:** This activity can also be adapted to invite children to share their objects and stories on a private secured online space and/or private blog posts. Children can be invited to post a picture of their object, with a text or verbal description. Consider exploring the themes of safety and wellbeing through other approaches too, such as digital stories, songs, poems, collages, and paintings.

**No internet and unable to meet in person:** Co-create activity packages with children and adults that can be mailed to/dropped off (safely) at children’s homes (with postage for them to send back or a convenient location to drop it off). This way they can safely complete the activity on their own.

**Tool 4.5: River Journey: Most Significant Change Story**

**Purpose:** To explore the most significant changes that have taken place over the journey of the child protection program

**Humanitarian Project Cycle Phase:** Monitoring and Implementation, Operational Review and Evaluation

**Time required:** If in small groups, 1.5 hours. If completed individually, each participant could expect to spend 20-30 minutes on their contribution.

**Arts-base:** Public Mural

**Materials:** Poster paper, flip chart paper (4-5 pasted together), or large wall; paints/crayons/other colours; Personal protective gear, including masks, hand sanitizer/hand washing stations, as per local recommendations.

**Participants:**

**Considerations for:**

**Age:** 8 to 18

**Gender:** Children of all genders can actively participate. Depending on your program or particular child protection issue you are exploring (e.g. Gender Based Violence), you may want to divide by gender.

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25 Adapted from *Currie, Lee and Wright, 2019*, YouCreate.
Disability: All children can actively engage. As in previous tools, you can use different creative forms that are accessible to diverse abilities (e.g. visual, audio, diverse forms of mobility)

METHOD 1: IN PERSON RESPECTING PHYSICAL DISTANCING

Steps:

1. Place a long piece of paper on the floor or wall, and write past, present, and future in intervals across the top. If you are able to meet in small groups, you can structure this activity so that you meet with 3-5 children at a time with safe physical distancing, asking each group to add to the work of the previous group. If you are unable to meet with children directly, you might select a wall or area they pass by on a regular basis in the community and hang the mural of the River Journey on the wall, with simple instructions. Call or text children to let them know when they can visit the River Journey, staggering visiting times, to add their piece. Come back to the mural to check progress and provide hints.

2. Ask children to envision a beautiful river, flowing from their past (before they started the program) to the present (recently completed phase in the program or the full program) and into their future (What do they hope will happen next?).

2. Ask children what their lives were like in the past, before their involvement in the program. What is it like now that they have finished the program phase/ full program? And what do they hope they might do in the future?

3. Ask children what some of the most important changes have been between each of these phases (past, present, future)? These changes can be personal, in the family, or in the community.

4. Ask for a volunteer to draw a river across the whole page, with two simple lines (You can also do this in advance). Then together (by taking turns at physical distance) populate the river with their individual stories (in writing and/or drawing). Ensure each child has their own separate colours to work with for hygiene safety. They may also include significant activities/events on the river that led to the changes.

5. Once complete, ask participants to draw, write or share any significant ‘stories’ that reflect the changes that they experienced as a result of the child protection program.
6. Lead a discussion using the following questions as a guide:

- What were the most significant changes that were revealed in your River Journey? Why are these significant?
- Were the changes experienced by all participants? Please explain.
- What have you learned that you will take forward into a) future activities you plan, and b) into your lives?
- Is there one story that stands out to you as a group?

**METHOD 2: WITH ACCESS TO SMARTPHONE OR COMPUTER WITH INTERNET**

If it is not possible to bring a small group of children together safely while physically distancing, consider the following adaptations:

**Online Video-Conferencing:** This activity can be facilitated via group video-conferencing. The facilitator can work with a co-facilitator who supports technology issues (e.g. children getting online, comments in the chat box, speakers and volume, and recording if consent given). Encourage each child to reflect on their experiences within the program, draw an individual River, and share with the group. Invite children to show their picture (if on camera) if they would like to explain their drawing and share some of their key stories. Close with discussion questions from the in-person instructions above.

**WhatsApp/Phone Calls:** If children do not have access to online video, consider WhatsApp or voice group calls and/or individual calls. You can chat through experiences and stories.

**Online via JamBoard, Miro or other visual collaboration software:** Visual collaboration software allows groups to collectively create a visual board with text, drawings, images, and sticky notes. Make sure you understand the opportunities and constraints of the software before you host the activity with children. Children can be asked to collectively draw a river journey. You may want to have this software open while you are on a call, or follow-up with people after the call to understand their river journey in more detail. You can invite children to share more details about stories on their river journey through writing songs, sharing photo-stories (without images of people), or through a poem or online skit. If sharing, ensure child-centred safeguarding practice is in place. See safeguarding protocols in Module 3: Ethics and Safeguarding during COVID-19.

**No internet and unable to meet in person:** Co-create activity packages with children and adults that can be mailed to/dropped off (safely) at children’s homes (with postage for them to send back or a convenient drop off location). This way they can safely complete the activity on their own and share back.
Welcome to Module 5: Moving from Children as Participants to Children as Partners.

In this Module you will find:

- Tip Sheet 5.1: Bamboo Approach: Working with Children as Partners
- Tool 5.2: Reflecting on our Identities and Experiences in Working with Children
- Tool 5.3: Power Sharing: Children and Adults
- Tip Sheet 5.4: Engaging Children as Partners in Child Protection during COVID-19

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**Tip Sheet 5.1: The Bamboo Approach, Working with Children as Partners**

The following section provides more details on both meaningful participation and working with children as partners.

**WHAT IS CHILDREN’S MEANINGFUL PARTICIPATION?**

The Convention on the Rights of the Child states that children, as individuals or groups, have the right to:

- Express their views freely in all matters that affect them
- Seek and receive appropriate information
- Have freedom of thought, conscience, and religion
- Form and join associations

Children’s participation in schools and in community spaces has been limited during COVID-19 with school and community space closures, and as such children have had fewer opportunities to be present in decision-making and join associations at schools and in community programs.

All children have the right to participation, which extends to all matters that affect them (e.g. planning, child protection, housing, transport). In the time of COVID-19, this right extends...
to children’s rights to express themselves and to make meaningful contributions about their participation in school, health decisions, quarantine policies and legislation affecting them, families, institutions, detention centres, and others.

The following is an adaptation of Lundy’s Children’s Participation model that highlights the different forms of child participation (consultative, collaborative, child-led) and the core elements of voice, space, audience, and influence for meaningful participation to take place.\textsuperscript{26} It is recognized that at different points in time each of the three types of participation have value. Children’s meaningful participation can contribute to their wellbeing, development, and thriving.

**Consultative Participation → Collaborative Participation → Child-Led Participation\textsuperscript{27}**

Children’s participation and child protection are mutually reinforcing and one does not supersede the other. Children’s participation can be seen as part of a protective response, increasing children’s self-esteem and reducing their isolation; and playing a part in countering the negative impact of adversity. Additionally, children are the experts in their own lives and have critical insights into the best prevention and response plans for children’s protection and wellbeing. Organizations’ inability to access children even for consultation at the outset of the COVID-19 pandemic represented a major setback not only for participation but for protection and empowerment efforts as well.

Child partnership goes a step beyond, acknowledging the central role required to obtain meaningful participation. Although many organizations may see partnership with children as an impossible dream during COVID-19, the actions that children have undertaken themselves


\textsuperscript{27} Diagram from *Landsdown (2018)*. P.8.
demonstrates that they are indeed making meaningful progress in contributing to their families, households, communities, and societies during this time.

It is important to reflect on engagement of children in decision-making and actions in initiatives. How do your methods need to be adapted or reconstructed to ensure all children’s safety and meaningful participation? What is required to adapt your engagements (e.g. moving things online consider: resources, time, capacity)? See Tip Sheet 1.2: Adapting Existing Participatory Tools for COVID-19 Context for practical guidance on adapting methods.

WHAT DOES IT MEAN TO MOVE FROM PARTICIPATION TO PARTNERSHIP? HOW CAN NGOS AND INGOS WORK IN PARTNERSHIP WITH CHILDREN?

During the current pandemic, it is more important than ever to engage children as partners in addressing child protection issues. Not only are children creative, innovative and tech-savvy, but they also understand challenges from a unique perspective and are keen to take initiative and work towards solutions. Children also lead change through participatory action research initiatives where they are able to identify issues and drive change with peers in their communities. They know their own reality better than any adult. We have seen in recent movements around the world, such as Black Lives Matter, Climate Change, and Mental Health, that children are taking the lead as activists - starting movements, organizing campaigns, founding organizations, and responding to crises. By acknowledging children’s agency, we can begin to see them as partners in co-creating change.

Why engage children in addressing COVID-19? And Why Now?

• Children are experts in their own lives. The views that we have on what children experience are largely based on assumption. To develop child protection prevention strategies and responses during the pandemic and beyond, we need to listen to children to understand their realities to more effectively respond; they are in the position to know best what needs to change. They are also expressing themselves, whether or not organizations have been able to “hear” their signals. Organizations should use this opportunity to tune their antennae to better capture the messages that children have been sending through a variety of means.

• Like no other generation before them, children today have the ability to mobilize themselves, their peers, and other generations to create meaningful change. Over the last few months, children have been taking leadership and creating change. For example, children have displayed their compassion for elders during the pandemic by organizing meal delivery services and other basic supports. Children organized information campaigns to inform their peers and communities about COVID-19 health and safety precautions, and children have led protests to demand equal treatment for those suffering the health and economic impacts of COVID-19.

Ways to engage children as partners in COVID-19:

• In collaboration with children, develop child protection activities that are grounded in their daily lives, such as activities that build off of their current routines. For example: peer networking through social media, SMS groups to check in on safety and wellbeing, or home school activities focused on COVID-19 safety.

• Support child-led initiatives and organizations with financial and in-kind resources and training - based on their expressed needs - who are working with broader networks of children and are connected to core issues and responses designed by them.
• Support child-led initiatives and organizations to maintain safety during COVID-19 through providing hygiene and communication technology.

• Partner with marginalized children and communities to listen and learn from them, and to provide resources/support where requested by them on key areas related to COVID-19.

• Help link child-led initiatives together to learn from and work with one another by introducing groups of young people to one another from across locale or international spaces.

• Work with children in the context of their families and communities. Support and engage children through the family unit, strengthening protective relationships and supporting families to engage children to take leadership. Provide in-person (where permitted), care packages, radio, or online family sessions that support mental health and parent/guardian relationships with children. Where possible lead training for parents/guardians on how to create space for their children to engage in decision-making in their communities.

• Recognize the inherent challenges that marginalized children have to their equal participation. Find ways to support their urgent needs such as food, shelter and housing, that can help alleviate barriers to participation.

• Recognize systemic barriers to equal participation for example for girls, children with disabilities or children with existing health issues such as HIV, and provide focused opportunities for collaboration and meaningful engagement. See Tip Sheet 1.3: Adapting Participatory Tools with Consideration for Age, Gender, Disability, and Diversity.

BAMBOO APPROACH: INTERGENERATIONAL PARTNERSHIPS

Bamboo forests are deeply interconnected and provide a powerful metaphor for how children and adults can work together as partners. From the rustling leaves, to the strong flexible trunks, the interconnected root systems, and the soil that nurtures the bamboo, there is guidance on how we can work together. The graphic on the next page highlights this interconnected structure and its connection to children and adult partnerships.

Starting at the base of every plant, we can look at the ingredients in the soil. In our case these are the ingredients required to nurture a strong child and adult partnership. Some of these ingredients include reflection, time, mutual respect, curiosity, an open mind, strong relationships, and adaptability. Some of these are easier to fulfill during a pandemic, such as adaptability and an open mind, whereas others we will need to be more creative, such as how we can ensure quality time spent building positive relationships with children.

The root structure of bamboo is interconnected, interwoven, and interdependent. It grows horizontally, spreading and strengthening before it sprouts up as trunks above the surface. It highlights for us the importance of nonhierarchical relationships and partnerships that draw on the strengths of all involved. Engage children to get insights into their lives, see the innovative ideas they have to respond to the challenges they know best, and explore how intergenerational partnerships can deepen the positive impact of the work.

The trunks of bamboo are strong, flexible and adaptable, bending with the wind. Their hollow centre allows for space for openness to fill with new ideas, creativity, and reflection between children and adults, symbolizing the formation of child and adult partnerships. Relationships exist across bamboo trunks symbolizing intersectoral and cross-organizational relationships to support positive outcomes for children. For example, adults receive training to build their capacity to work in partnership with children.
LEAVES: Children, adults and elders work as partners in child protection in COVID-19

• Collective decision-making
• Shared program planning, design, implementation, monitoring and evaluation
• Children lead initiatives/projects, with adult support

TRUNKS: Children, adults and elders form partnerships

• New ideas, creativity, and reflection between children and adults
• Strong relationships based on mutual trust, and desire for growth and learning
• Adults are trained and have the capacity to work in partnership with children meaningfully

ROOTS: Strategies for working with children as partners in COVID-19

• Reframe adult-centric thinking to see children as allies and partners, with expertise in their own lives and the capacity to positively support families and communities
• Adults work alongside children to support their innovative ideas

INGREDIENTS IN THE SOIL: Key elements required to grow strong intergenerational partnerships

• Reflection, Time, Mutual respect, Curiosity, Open mind, Strong relationships, Adaptability
The leaves represent the results of the bamboo’s successful growth. Here the leaves show outcomes of the intergenerational partnerships as together they address child protection challenges during COVID-19. For example, results of meaningful partnerships might include collective decision-making or shared program implementation.

During COVID-19, many of us have felt like isolated trees, facing challenges communicating with each other and specific barriers in communicating with children. By looking at the root structures that connect us, we can see that we are growing in a common soil and are connected in ways that might not be obvious at first.

**Tool 5.2: Reflecting on our Identities and Experiences in Working with Children**

**Purpose:** The individual reflective activity (Part 1: 10 minutes) and the organizational activity (Part 2: 20 minutes) are designed to help you better understand your personal and organizational approach to working with children during COVID-19.

**Key Points for Consideration**

Reflection is a valuable tool to analyse ourselves and the assumptions we hold.\(^{28}\) It supports us to critically assess our own personal values, lived experiences, privilege, power, experiences of discrimination, and beliefs held; how this impacts positively and negatively; and how we understand and engage with children and social issues. It also encourages us to critically reflect on how these understandings impact the relationships we form with children. For its many challenges, COVID-19 provides organizations with an opportunity to reflect upon the ways in which they engage with children and how they can improve these relationships for stronger child participation in their operations, including the possibility of planting longer-term seeds for partnerships with children. *We must embrace the uncertain space and ask ourselves, how can we weave meaningful relations in new ways?*

**PART 1: WHAT MAKES YOU WHO YOU ARE**

**Materials Required:** A4 paper, colouring tools (e.g. markers, pencil crayons, crayons); journal/notebook, pen/pencil. Personal protective gear, including masks, hand sanitizer/hand washing stations, as per local recommendations.

**Steps**

- Prepare your piece of A4 paper and colouring tools.
- Close your eyes and think back to yourself as a child as you journeyed from 5 years old to 18 years old:
  - What were your special and unique traits?
  - What was important in your life (e.g. people, places, activities, feelings)?
  - What were strengths and challenges you have faced in relation to your own identity (e.g. age, gender, ability, race, culture, sexuality and sexual orientation, socio-economic status)?
  - What were support systems that you could reach out to along the way?
  - What were your experiences with those supports and services?

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After a few minutes, open your eyes.

Take 5 to 10 minutes to draw a picture that represents your life line and what makes you who you are today. You can use images, words, or other creative forms of expression.

After ten minutes, reflect on your drawing. Take notes on some of your ideas and reflections. If you have a journal consider adding these to your journal. Use the following questions as a guide:

- How easy or difficult was it to reflect on your own experiences in childhood?
- What was the reflective process like for you? What did you learn about yourself?
- How does your own experience and identity impact the way you engage with children today? What about with children across different ages, genders, abilities, and in marginalized groups or those experiencing adversity?
- After you speak with a child about child protection issues, what are your initial reactions and thoughts? How do your own life experiences impact these thoughts?
- How does the current COVID-19 context impact your own experiences, wellbeing, and perspectives on children’s participation and partnership in child protection contexts? Is there an event in your childhood that presented similar challenges? What would you have liked to express to adults at that time?
- Recognizing these impacts, what actions can you take to reduce discrimination and to listen to and learn from children?

When working with children, it is important that we reflect on how our own knowledge, experience, and perspectives affect the way we communicate in both positive and negative ways. We can practice continuous reflective practice by stopping to check in on our perspectives and actions while preparing for and working with children regularly. Consider journaling on a regular (e.g. weekly) basis and when something surprises/unsettles you in your own thoughts or your interactions with children. Even if you simply jot down a few notes in the course of your day, reflect on what transpired and how any changes you might make in your behaviour might positively impact children. Invite your colleagues and the children you work with to have reflective conversations with you.

PART 2: YOUR ORGANIZATION

With members of your team, complete a SWOC (Strengths, Weakness, Opportunities, and Challenges) activity on partnering with children. Critically reflect together on the great things you are doing and areas for growth. This group activity requires openness, honesty, and trust between members.

**Materials Required:** A4 Paper and Pens; and/or a shared online document (e.g. google docs, SharePoint) with your colleagues. Personal protective gear, including masks, hand sanitizer/hand washing stations, as per local recommendations.

**Steps:**

- Invite your team to come together over an online video call or in person (depending on local COVID-19 health regulations) to reflect on children’s meaningful participation in your organization. Ensure everyone is familiar with the Bamboo Child-Adult Partner Approach for partnering with children and Lundy’s model of participation.
- Divide team members into groups of three or four through breakout groups. Assign each group a colour (e.g. blue group, green group).
- Invite groups to read through and tick the activities that involved children in their organizations:
CHILDREN’S PARTICIPATION IN YOUR ORGANIZATION

- A board, committee or group of children that advises the organisation on key decisions about the organisation (strategic plan, policies etc.)
- Develop clear organisational accountability dialogue with children for any strategies and policies that affect children in the community
- Children inputting into the design, implementation, and monitoring of community-based feedback, complaints, and reporting mechanisms
- Children acting as representatives (be careful to avoid tokenism) on the organisational board of trustees/governing board etc.
- Children working as co-facilitators/trainers with staff
- One-on-one/individual work that involves listening to children and giving them choices and decision-making power over their futures (for example, young people making decisions about their own care plan during the case management process)
- Creative activities using the arts (photography, art, poetry, music, theatre etc.) that enable children to express themselves
- Actions or activities that are designed and led by children (i.e. child or youth-led)
- Activities and services that are evaluated by children (e.g. children providing feedback on case management or health services received, on interactions with a Child Helpline, or remote and in-person group activities)
- Child involvement in policy discussions/reviews/consultations
- Children’s involvement in research activities - as research participants
- Children’s involvement in research activities – as researchers (i.e. undertake data collection and data analysis)
- An active strategy for ensuring children with diverse abilities (physical, social, and intellectual) are contributing to programs.
- All genders are invited and able to engage meaningfully and equally in decision-making
- A strategy/plan to engage marginalized children in decision-making exists
- Staff recruitment process – children interviewing new staff
- Advocacy activities – children speaking publicly (campaigning) for a change in policy or practice
- Awareness raising activities, such as children speaking in schools or in the media about issues that are important to them
- Peer support activities, such as children acting as peer mentors, peer educators or children supporting their peers through other activities
- Other ideas as mentioned by organization staff
• Next, invite groups to rotate through each of the four quadrants - Strengths, Weakness, Opportunities, and Challenges - in a station rotation each adding to what has previously been written using their group colour. Ask groups to reflect on the tick box activity and other areas of meaningful participation of children in their organization. If online, you can use tools such as breakout room discussions, shared google documents or Jamboard. If in agreement, ask groups to add a star (in their colour) to the items, instead of repeating what is already there.

• Once each group has added to each quadrant, invite groups to come back together. Invite volunteers from the groups to summarize each of the four quadrants.

• Lead a discussion using the following questions as a guide:
  ○ What are our core strengths? How can we build on these strengths to address our COVID-19 specific weaknesses and challenges?
  ○ What opportunities do we have to strengthen meaningful participation and support child-adult partnerships during COVID-19? COVID-19 is forcing us to review our ways of operating and in doing so there is an opportunity for changing our ways of operating for the better.
  ○ What resources and capacity do we need to support us (e.g. training and education, time, change of policies, child advisory, etc.)
    • How do we build/deepen relationships with children?
    • How do we create space for children of diverse backgrounds, age, gender, and ability to partner meaningfully?
    • What do children want to be involved in and when?
    • Who are these children and what are their strengths and needs?
    • How do we creatively open a space for children to move into and lead?

Example:

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
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</thead>
<tbody>
<tr>
<td><em>E.g. Children are designing the program structure</em></td>
<td><em>E.g. Children are only involved in program implementation and do not make decisions about their design.</em></td>
</tr>
<tr>
<td><em>E.g. Children are members of the governance committee and their ideas are listened to and acted on</em></td>
<td><em>E.g. Few resources are allocated to meaningful participation in COVID-19</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPPORTUNITIES</th>
<th>CHALLENGES</th>
</tr>
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<tbody>
<tr>
<td><em>E.g. Child-led organizations in the community leading COVID-19 educational awareness to partner with</em></td>
<td><em>E.g. Attitudes and behaviours of staff members on children’s role in child protection programs during COVID-19 are more restrictive</em></td>
</tr>
<tr>
<td></td>
<td><em>E.g Challenging to meet with children on governance committee during COVID-19</em></td>
</tr>
<tr>
<td></td>
<td><em>E.g. Marginalized children are at greater risk and are becoming harder to reach</em></td>
</tr>
</tbody>
</table>
Tool 5.3: Power Sharing: Children and Adults

**Purpose:** Explore the feeling of power dynamics through role play, moving from adult-led activities, to child participation in programming, to children as partners.

**Materials:** Two chairs (at a safe distance apart), flipchart and markers, clipboards (one for each group of two participants), pens (one per person), A4 paper, personal protective gear, including masks, hand sanitizer/hand washing stations, as per local recommendations.

**Participants:** 10 to 20 adults, ideally an even number for adults to work in pairs.

**Steps:**

1. Explain that this activity will explore power sharing between children and adults.

2. Invite participants to break into groups of two (at a safe distance apart).

3. Within the groups of two, ask participants to select who will play the role of “child” and who will play the “adult”. Explain that participants will switch roles during the activity.

4. Ask both groups to read the instructions for their role on the flipcharts, when prompted, ensuring safe distance from one another.

**Scenario 1: Adults as leaders in COVID-19 programming**

1. Write the following instructions on a flipchart, turned away from the full group, for the “adults” (you can do this in advance):
• You are leading a project for children and would like to tell the child your ideas and ask the child if they agree (e.g. we will host an art activity, we will bring colours and paper, do you agree?)
• You will stand over the child (a safe distance away) with your clipboard and pen.

2. Write the following instructions on a flipchart where only the “children” can see:
• Sit on the floor and wait for the adult to tell you their ideas.
• Only speak when prompted.

3. Invite the partners to begin their role play, tell them they have two minutes.

4. After the two minutes, invite participants to debrief with their partner.
• How did that feel for each person? What did they notice? How is this similar or different to children’s participation that they see? Discuss for five minutes.

**Scenario 2: Child participation in COVID-19 programming**

1. Flipchart Instructions for “adults”:
   • Sit on a chair with your clipboard and pen.
   • The “adult” is keen to engage the child in building a strong program for children, and would like to gather ideas in advance of the next meeting.
   • Lead a conversation about what the child wants to see happen at the next meeting.

2. Flipchart Instructions for “children”:
   • Sit on the floor with a pen.
   • Be ready to share your ideas, but wait to be asked when to contribute.

3. Invite the partners to begin their role play, tell them they have two minutes.

4. After the role play, invite participants to debrief with their partner.
• How did that feel for each person? What did they notice? How was it for the child? How was it for the adult? How is this similar or different to children’s participation that they see? Discuss for five minutes.

**Scenario 3: Children as Partners in COVID-19 programming**

1. Now ask the partners to switch roles, the “children” will now act as the “adults” and the “adults” will act as the “children”.

2. Flipchart Instructions for “adults”:
   • Sit on a chair (at a safe distance) facing one another. The clipboard is placed in the middle of the two people, for example on a small table or hung on the wall. Each partner has a pen.
   • Children and the adults are equal partners in developing a program to address challenges around COVID-19.
   • Add your ideas when prompted by the “child.” Encourage brainstorming and planning as equals.
   • Enact any ideas you have about true partnerships between children and adults.

3. Flipchart Instructions for “children”:
   • Sit on a chair across from the adult, with a pen.
• Start the conversation by sharing your ideas for what is needed in the community to support youth during COVID-19.
• Brainstorm and plan as equals.
• Enact any ideas you have about true partnerships between children and adults.

4. Invite the partners to begin their role play, tell them they have three to four minutes.

5. After the role play, invite participants to debrief with their partner.
• How did that feel for each person? What did they notice? How was it for the child? How was it for the adult? What did they notice by switching roles? How is this similar or different to children’s participation that they see? Discuss for five minutes.

Large Group Debrief

Now coming together as a larger group, debrief the following questions:
• How did the “adult’s” body language and tone of voice change across the different scenarios?
• How did the “child’s” opportunities to ask questions and contribute ideas change across the different scenarios?
• How did it feel for the “adult” to begin to share power with the “child”? How did it feel for the “child” to move from a powerless position to one of shared power?
• How did it feel to switch roles? What did you feel, learn or observe?
• Where were the difficult points? Did you feel uneasy or uncomfortable at any point? If so, when? Why might this be?
• What lessons can we take into our own work with children?

Tip Sheet 5.4: Engaging Children as Partners in Child Protection during COVID-19

KEY POINTS FOR CONSIDERATION:

Recognize and respect children as partners in COVID-19:
• Respect and strengthen children’s capacity to partner in COVID-19 recovery and response. Children are currently leading many initiatives to support their communities. Building partnerships with these children to strengthen their efforts is crucial in the pandemic.
  • Engage and support child-led groups or organizations, such as children’s clubs, with attention to those supporting marginalized children.29
  • Highlight children’s positive contributions to the pandemic in media and communications that help to shift negative stereotypes.30
• Strengthen existing relationships within your network. Map out your current relationships with children and youth:

• Who they are (disaggregated by gender, age, etc.)?
• Where are they?
• How did you engage prior to the pandemic?
• How do you engage now?

• Map access to children in your network, including the most vulnerable, and develop strategies for reaching out and engaging children safely. Consider how you can reach children safely through existing contacts and mechanisms (e.g. phone calls and community phone trees, text, WhatsApp groups, Facebook messenger, radio, TV messaging). Take advantage of phases of approved relaxed physical distancing to connect with children, build relationships, and communicate online or via the phone when more restricted.

• Connect to children through available channels during the pandemic, including:

- postal workers
- family members
- community members
- essential workers
- food delivery personnel
- health workers
- faith-based workers
- community/social service workers

• Identify ways to engage in dialogue, actively listen to, and support children experiencing adversity, with attention to those who are facing challenging experiences or whose existing adversities are heightened due to the pandemic. Engage these children to understand their concerns, needs, and fears, as well as opportunities and strengths that can be leveraged for their benefit. For example, invite children, either in person, via picture SMS, or through remote mail, to participate in an arts-based activity (e.g. painting, clay moulding) to express their feelings about the pandemic. Recognize that art and play-based approaches can act to reduce barriers to participation and create a safe space to begin to share feelings and experiences.

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• Clearly articulate what you and your organization are able and not able to provide to children and their families to manage expectations and ensure children understand the full context their contributions/work will be a part of. Coordinate with other Child Protection Actors and sectors as is appropriate to meet children’s needs.

• Keep the conversation going supporting accountability, feedback and follow-up with children. Ensure children are aware of the accountability mechanisms, feedback loops, and follow-up they can expect related to their engagement in any initiative. If possible, engage children in designing the feedback and reporting mechanisms. As in any strong partnership, relationships need to be nurtured.

• With effective protection, children can work in spaces with governments or NGOs, making them vital partners. For many communities, trust in government or formal officials is low, so motivating people around adapting health and safety measures is more effective through trusted sources such as community and peer networks.

### GUIDING PRINCIPLES FOR MEANINGFUL AND SAFE CHILD PARTICIPATION DURING COVID-19[^33]

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<thead>
<tr>
<th>PRINCIPLES</th>
<th>DURING COVID-19</th>
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| **Transparent and Informative:** Information about the project/process is useful and accessible. Children understand what is being asked of them, what will happen to the information they share, who will have access to it, and importantly why they are being asked to contribute. | **Work with children to share clear information about COVID-19 and what they can do to protect themselves and their community, particularly marginalized children or those facing adversity.**  
**Provide access to important information about COVID-19 and how it impacts the activities children are part of (e.g. changes to school or activity format, delays or cancelations).** |
| **Voluntary** for all participants, it is free of any coercion or without any force. Children are supported to participate, and understand how to opt out at any point. | **Ensure children have access to important information about online participation, including the opportunities, risks, and limitations, so they can make informed decisions. Seek out advice from children on online safety to inform their peers.**  
**Ensure children understand ongoing consent. See [Module 3: Ethics and Safeguarding During COVID-19](https://resourcecentre.savethechildren.net/node/17555/).**  
**Regularly check in with children about their desire to engage as the restrictions around COVID-19 change.** |
| **Respectful:** Everyone involved is respected and valued for what they contribute. | **Acknowledge that children and their families may be experiencing higher levels of responsibility and stress. For example, ensure children understand time commitments related to their involvement in activities. Keep surveys and messages shorter if it can alleviate stress and longer when connection is needed. Ensure referral mechanisms are in place for any children that express needs for support during dialogue.**  
**Work with children to understand the amount of time they have to contribute and adjust activities accordingly.**  
**Ensure anyone involved in facilitating with children has training on how to communicate with children as partners and how to respond to disclosures or suspicions of violence and abuse.**  
**Work in partnership with children to develop information about safe and respectful communication online.**  
**Adapt codes of conduct, in collaboration with children (see below).** |
| **Relevant** to the context, and to the specific populations you are working with. Factors such as gender, age, disability, diversity and language need to be considered. | **Ensure children have reliable and relevant information about the pandemic as well as opportunities to determine the role they want to play in the response (e.g. raising awareness, advocacy etc.).**  
**Let child-led movements inform your understanding on the relevance of materials and additional supports they may want/need.** |
| **Child-Friendly:** It is not only the project activities that should be age-appropriate and engaging, but as much as possible, planning processes and monitoring and evaluation processes should be designed to engage children. | **Provide accessible and user-friendly information about the pandemic that is able to reach the most marginalized children wherever possible. This information can be developed in partnership with children/led by children. See [Tip Sheet 1.3: Adapting Participatory Tools with Consideration for Diversity, Age, Gender, and Disability](https://resourcecentre.savethechildren.net/node/17555/pdf/9_basic_requirements_for_child_participation_Covid-19_v1.0.pdf).** |

### GUIDING PRINCIPLES FOR MEANINGFUL AND SAFE CHILD PARTICIPATION DURING COVID-19

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<thead>
<tr>
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<th>DURING COVID-19</th>
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<tr>
<td><strong>Inclusive:</strong> All children feel valued and</td>
<td>• Adapt programming to ensure inclusivity and support children whose communities are particularly impacted by the pandemic. Do not simply invite children into current programming, change the program in partnership with children so that it meets their needs, rights, and passions.</td>
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<td>respected, and work is done to ensure current</td>
<td>• Learn from and engage children in problem-solving and how to reach the most marginalized children in their communities, including socio-economics, gender, disability, diversity etc.</td>
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<td>patterns of discrimination are addressed.</td>
<td>• Provide meaningful ways for children with varying abilities to share their expertise and contribute.</td>
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<tr>
<td>• Supported by Training: Children and adults</td>
<td>• Provide training that includes (a) health and safety precautions related to COVID-19; (b) how to develop and share child-friendly information on COVID-19; (c) new strategies for engaging children, (online or remote) and the risks and opportunities associated with these; (d) promote meaningful participation/partnering with children, drawing on this guide. Link with existing trainings where applicable (e.g. Risk Communication Community Engagement (RCCE) training with children and adolescents).</td>
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<td>are supported with training opportunities that</td>
<td>• Work in partnership with children to co-facilitate training for adults on how to best support their initiatives and needs during COVID-19.</td>
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<td>strengthen their knowledge and capacity to work</td>
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<td>• Safe and Sensitive to Risk: Minimize risks to</td>
<td>• Build relational safety by regularly checking-in with children and providing warm, trusting, and stable relationships with key workers.</td>
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<td>children, identify risks in advance, create a</td>
<td>• Adapt or cancel activities that put children at risk to exposure. See Decision Tree and Tool 3.3: Involving Children in Assessing and Responding to Risks and Resources.</td>
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<tr>
<td>plan, and inform children.</td>
<td>• Keep up-to-date on the support services (e.g. child helplines) available/open at different stages of the pandemic and inform children of the best ways to access them.</td>
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<td>• Accountable: Children are part of the process,</td>
<td>• Ask children to map out and share additional supports that adults may be unaware of.</td>
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<tr>
<td>and understand what their contributions have</td>
<td></td>
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<tr>
<td>influenced and what they have not.</td>
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<tr>
<td>• Facilitative, dynamic and engaging!:</td>
<td>• Build in accountability plans at the start of COVID-19 programming, ensuring that it is accountable to children.</td>
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<tr>
<td>Activities should facilitate collaborative and</td>
<td>• Provide feedback to children on how their contributions have changed policy/practice.</td>
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<td>team processes, rather than prescribing what</td>
<td>• Ask children for feedback on adults’ roles.</td>
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<td>should be done.</td>
<td>• Ask children for their reflections on lessons learned for COVID-19 related activities. Develop a user-friendly report.</td>
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<tr>
<td>• Co-create processes with children and adults</td>
<td>• Co-create processes with children and adults that are engaging and dynamic, that children will enjoy. See Module 2: Rapid Engagement of Children in COVID-19 and Module 4: Meaningful Child Participation in COVID-19 for a sample of engaging strategies.</td>
</tr>
<tr>
<td>that are engaging and dynamic, that children</td>
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<td>will enjoy.</td>
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SPOTLIGHT: Youth Standing up Against Racism in COVID-19

Youth around the world share their messages of support, through photos, stories, comics or poems against stigma and discrimination related to COVID-19 with the hashtag #voicesofyouth. Voices of youth is UNICEF’s digital community for youth, by youth. Youth can create an account, and share their thoughts on current issues through various creative mediums.

SPOTLIGHT: Children’s voices about COVID-19 in the Gambia

Youth are providing educational awareness for other young people and adults on COVID-19 via video messages.

FURTHER READING

- Save the Children’s Applying 9 Basic requirements of Meaningful and Ethical Child Participation during COVID-19 provides helpful guidance on safe, ethical, and meaningful child participation during Covid-19.
- Compact for Young People in Humanitarian Action’s COVID 19: Working with and for young people explains the impacts of COVID-19 on children and explains actions practitioners and children can take focused on: services, participation, capacity, resources, and data.
DEFINITIONS

Children’s Participation: Child participation is defined as “ongoing processes, which include information-sharing and dialogue between children and adults based on mutual respect, and in which children can learn how their views and those of adults are taken into account and shape the outcome of such processes”. Children must have space, voice, audience, and influence for meaningful participation.\(^\text{35}\)\(^\text{36}\)\(^\text{37}\)

Children’s Agency: The ability for a child to make choices and decisions that affect their lives. As children develop their sense of agency, they are able to take control of their own lives. Children’s agency is relational with children’s spheres of influence (e.g. peers, family, community, society) and operates in a wider social ecological framework.

COVID-19: COVID-19 is a disease caused by a new strain of coronavirus. ‘CO’ stands for corona, ‘VI’ for virus, and ‘D’ for disease. Formerly, this disease was referred to as ‘2019 novel coronavirus’ or ‘2019-nCoV’.\(^\text{38}\) COVID-19 is a new virus, which is a Severe Acute Respiratory Syndrome (SARS) virus and is referred to as SARS-CoV-2 by public health officials.

Child protection: Child protection is the prevention of and response to abuse, neglect, exploitation and violence against children in accordance with the UN Convention on the Rights of the Child and in reference to the Child Protection Minimum Standards in Humanitarian Action (CPMS).

Child-Centred Safeguarding: Child-centred safeguarding involves:\(^\text{39}\)

- Working collaboratively with children to prevent harm and to protect them from abuse based on consent, respect, and shared responsibility;
- Involving children in exploring and understanding the assessment of risks and safety planning;
- Enabling children to play an increasing role in their own safeguarding while ensuring that they are not blamed or made to feel responsible for harms that occur or may occur to them; and
- Placing children at the centre of decision-making on safeguarding concerns.

Relational Safety: The provision of a warm, trusting, positive, and stable relationship for children by a key adult who applies boundaries consistently, communicates sensitively to the child, and expresses their care for and understanding of the child’s perspective.\(^\text{40}\)

Children and Young People: According to the UNCRC, a child is defined as someone aged 0-18. The term “young people” recognizes that older children often desire to be referred to as young people instead of children. In this guide, the term ‘children’ is used to refer to children and young people for simplification. In your communication, it is recommended to use the terminology that most resonates with the children and young people themselves.

\(^{35}\) UN Committee on the Rights of the Child, 2009, p. 5.
\(^{36}\) Lundy, 2007.
\(^{39}\) Adapted from a definition of ‘feminist safeguarding’ developed by FRIDA - Young Feminist Fund.