



# Best Practices for Working with Unaccompanied Migrant Children in Humanitarian Contexts

A Guide for Staff and Volunteers in the United States

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# Introduction

This “best practices” guide was developed to help prepare staff and volunteers working with unaccompanied migrant children in humanitarian contexts in order to:

- Increase the safety and well-being of children in temporary care sites.
- Increase knowledge, skills and confidence of staff and volunteers for engaging and communicating with children in a way that supports their dignity, resilience and well-being, and minimizes harm.
- Promote the well-being of staff and volunteers working with children by preparing them for their assignments, clarifying their role and increasing strategies they use to take care of themselves while doing this important work.

The guide brings together best practices and standards in child protection, life skills education, mental health and psychosocial support, youth participation, gender, conflict sensitivity and peacebuilding, and children’s rights, amongst others. It applies globally recognized guidance and knowledge generated through UNICEF’s decades of experience working with children in humanitarian contexts.

Serving unaccompanied children can be a very rewarding experience. However, it is important to take time to reflect on how your actions impact your own well-being as well as those you are trying to help. By preparing yourself for this experience, you’ll be in a better position to reap the positive rewards and to better help those around you.

## Section I. Understanding unaccompanied migrant children



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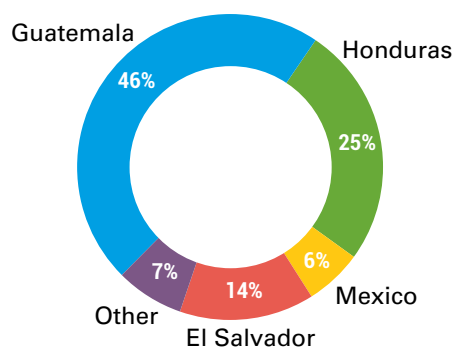
In this section, we will describe unaccompanied migrant children newly arrived to the United States in order to help you understand their situation: Where they are from, language considerations, and their experiences in countries of origin and along their migration journey. We will also cover important considerations for understanding children in humanitarian contexts, with particular attention to the experiences and needs of adolescents, who make up a significant portion of unaccompanied migrant children. In this work, it is very important that you keep an open mind. Each person, including you, comes with a unique history, subcultural identity, strengths and weaknesses, and personal experiences.

### The children in ORR care

The majority of children in care of the United States Office of Refugee Resettlement (ORR) are adolescents (84% are between 13 and 17 years of age), and most are male (68%).<sup>1</sup> They primarily come from northern Central America and Mexico, but children are increasingly arriving from a more diverse group of countries, including Haiti, Venezuela, Cuba, Brazil, Ecuador, and countries beyond the Americas.

While the countries of Central America often get lumped together, there are important cultural differences between these countries – and even within groups from any one country. For instance, Guatemalan children make up the largest number of unaccompanied children, and there is a relatively high representation of indigenous children within that group. While Spanish is the official language and the predominant language in Guatemala, over 24 indigenous languages are still spoken. At least half of the Guatemalan population already in the U.S. are indigenous people who speak Spanish as a second language or not at all.<sup>2</sup>

**Countries of origin of children in ORR care**



Source: Office of Refugee Resettlement, 'Facts & Data' FY2020

### Why they left

Each year, thousands of children leave their homes and communities to set off on a perilous journey to the United States. The difficult decision to leave is shaped by an interplay of many factors in a child's life, including the threat or experience of violence, extreme poverty, a lack of educational and economic opportunities, discrimination, corruption and criminal impunity. These conditions pose many risks to the physical and mental health of children even before they begin their journeys.

The vast majority of the children in ORR's care are migrating with an aim to reunify with a parent or other close relative already living within the United States. In the first 8 months of the federal fiscal year 2021, 93% of the children who left ORR care were reunified with a parent, legal guardian or an immediate relative.<sup>3</sup> This is in line with historical trends.

## Experiences along the journey to the United States

Not only have many of the children experienced tremendous challenges in their communities of origin; they are extraordinarily vulnerable along their journey north. Children may travel by bus, by train or by foot along routes often controlled by criminal networks in order to reach the U.S. Migrating children may be exposed to high temperatures in the desert, experience disorientation and risk potential separation from their group. They may witness the death or injury of others by dehydration, fatigue, other accidents, or by criminal actors. Those that ride atop the north-bound train, known as “La Bestia,” may fall off, causing serious injury or even death. Some experience harassment, bribery requests or violence by authorities. Some experience kidnapping and extortion by organized crime groups. Many find themselves in detention facilities not designed for children.

Children are also at risk of exploitation, abuse or human trafficking. Girls are at increased risk of sexual violence by men in the group they are traveling with, guides who accompany them (often referred to colloquially as “coyotes”), or by criminal groups on the way, potentially resulting in significant physical, psychological and psychosocial harm, unwanted pregnancies and/or sexually transmitted diseases.

Even in the best of circumstances, unaccompanied children may have been separated from parents many years before or experienced a lack of consistency in caregivers. Migration involves separation from families and friendships, resulting in loss and grief. These losses, compounded with the difficult conditions in countries of origin and along the migratory route, can lead to profound psychosocial impacts. It is important to recognize that the psychosocial responses that often emerge are normal emotional responses to abnormal situations.



## Common Experiences of Unaccompanied Children

- Lack of consistent caregivers; disruption in attachment.
- Loss and grief (deaths, caregivers left behind, breakdown of family and community, etc.)
- Difficulty trusting caregivers.
- Uncertainty about the future.
- Fear of deportation; Feelings of responsibility if parents have gone into debt to finance their journey so they can help their family back home.
- Challenges with language, communication and cultural differences.
- Pre-existing psychosocial and mental health problems can be exacerbated.
- Demonstrated independence and tremendous resilience; Each young person has unique strengths that got him or her through so far. His or her religious faith may be strong.
- Connection and commitment to parents and family may be enduring, despite years of separation.

## Children's needs

One of the foundations of psychosocial well-being for children is access to basic needs (food, shelter, livelihood, healthcare, education) together with a sense of security that comes from living in a safe and supportive environment – best provided by family life. Children also need new experiences to enrich their development. Unfortunately, this well-being is often disrupted in humanitarian crises, causing severe impact to children's psychological and social development.

**Three key elements in promoting a child's well-being are particularly important to remember:**



**Sense of safety** - The extent to which a child is secure and free from fear and harm (both physical and psychological) in their relationships and their physical environment.

*You can help the children and adolescents in care feel a sense of safety by creating a warm, welcoming and safe environment.*



**Stability** - The degree of predictability and consistency in their social, emotional and physical environments.

*Being a consistent, caring presence will help the child gain a sense of trust. You can also help children's sense of stability by helping to establish and maintain a regular routine.*



**Nurturing** - Connection to care. The extent to which caregivers are available and able to meet the needs of children sensitively and consistently.

*Actively listen and respond to each child's unique needs. Create space for play, art and free expression.*



## Understanding adolescents in humanitarian situations

While all children face risks to their health and well-being in humanitarian situations, it is important to consider the unique needs and experiences of adolescents. While their experiences are extremely diverse, they may share certain **challenges** and **opportunities** during times of crisis.

Adolescence is a critical period of development. It is a time of physical, cognitive, behavioral and psychosocial change. In humanitarian crises, adolescents may be forced to navigate the complexities of this phase of development on their own – jeopardizing healthy development into adulthood, and holding them back from reaching their potential. Adolescent girls and boys in humanitarian contexts face different experiences, risks and opportunities based on their gender and gender norms in the context from where they came. Adolescents who do not conform to traditional gender roles and norms are often stigmatized and at higher risk of abuse.

**Adolescents in humanitarian situations may take on adult roles before they are ready.** These roles might include heading households, supporting their families financially and having children. This can limit adolescents' access to programs and services, including schooling and health care, and put them in situations that they are unprepared for developmentally. This may also cause tensions between adolescents and adults. Adults may be concerned about the ways in which adolescents are challenging traditional roles or see them as troublemakers. Adolescents may also become isolated during humanitarian situations as their family and work responsibilities increase and they spend less time in school or other places where they can interact with friends. Girls in particular may be kept indoors by family members concerned for their safety and/or damage to their honor.

**In humanitarian situations, adolescents' sexual and reproductive health is vulnerable, and they are often at greater risk of sexual- and gender-based violence.** Inadequate access to contraception and limited knowledge about safe sex mean that adolescents are often vulnerable to sexually transmitted diseases (including HIV and AIDS) and early pregnancies. In humanitarian contexts, adolescents, especially girls, may be threatened by rape or sexual exploitation at the hands of criminal groups, authorities, community members and even humanitarian workers.

**While humanitarian crises can be extremely challenging, they can also present adolescents with opportunities to develop new skills, learn about other cultures and people and contribute positively to the situation.** Adolescents may be exposed to different traditions and ways of doing things, acquire new languages, and learn constructive ways to contribute to their families. During times of crisis, adolescents often contribute great energy, enthusiasm and creativity to improving their own lives as well as their communities. They can contribute to humanitarian response efforts in a range of ways – from participating in emergency assessments to caring for separated children and forming clubs to protect and support other youth. They can take active roles as peacemakers or mediators in their communities, and can help to disrupt cycles of violence, conflict and discrimination that pass from one generation to the next. As they take on new roles and responsibilities, adolescents can change the way that adults see them – and help to transform attitudes toward young people.

# Section II. Your helping role



## Section II. Your helping role

Regardless of whether your job is to serve food, supervise children in a recreational area, or help with case management, you have a critical role in helping migrant children to feel safe, stable and nurtured. Through a caring, respectful approach, you can also be an important force for promoting their resilience. While there is no single way to support migrant children, the following overall good practice principles have been adapted from global guidance. Later sections of this guide go into greater detail.

### Good practice principles



#### 1. Treat all children with dignity and respect.

In chaotic and overwhelming situations, staff may act solely on what they think needs to be done, without paying enough attention to how their actions may be experienced by the children they are trying to help. It is important to provide services in a way that treats children with dignity, including respect for the child's autonomy and privacy. Everyone – including children with specific needs, those with disruptive behavior, or minority groups – has a right to be treated with respect and without discrimination.

It is critical to respect children's privacy. The children you are working with could have gone through unimaginable experiences. They may be fleeing persecution. Disclosing their identity or location may make them feel exposed and uncomfortable and put their safety at risk. **It is never okay to take photographs of children, even for your own personal use.**

Similarly, responsible use of social media is essential. Never post photos or identifying information of migrant children, even with their consent. Photos can be taken out of context, re-posted and used to create an artificial narrative about the refugee crisis or the individual being photographed. Lives may even be put at risk.



#### 2. Do not work in isolation. Coordinate and collaborate with others.

No one person can do this work alone. You are a part of a team and broader efforts. The various teams on site will be most effective if they are coordinating. If it is not clear to you, find out what other teams on site are doing so you can coordinate well, work efficiently and support each other. As much as possible, try to harmonize your role with other services at the site. Encourage everyone working with children to organize activities in times and locations that encourage education programs and use of other essential services rather than conflicting with them.

Stay in regular contact with staff or volunteers of other services or activities. When needed, facilitate constructive dialogue between children and staff to discuss how their support can be made more accessible or helpful to the children.



#### 3. Just as you are working to support the wellness of the children and adolescents, your own wellness needs to be a critical priority.

Staff working with migrant children in humanitarian contexts may be repeatedly exposed to tales of personal tragedy. The work may be physically demanding, workloads may be

heavy and hours may be long. There may be a lack of privacy and personal space. We may experience moral and ethical anguish over the limits on how much we can help or the choices we have to make with limited staff or resources.

These stressors may have adverse consequences, such as anxiety and depressive feelings, psychosomatic complaints, overinvolvement with the children, callousness, apathy, self-destructive behavior (such as alcohol or other substance misuse) and interpersonal conflicts.

Spend some time reviewing the information at the end of this section on self-care practices and take it seriously. No one is served if you don't take care of yourself first.



#### 4. Do no harm.

The most important thing to remember as you work with children in humanitarian contexts is to Do No Harm. That means making sure that they aren't unintentionally harmed by your work together.

#### DO NO HARM

Examples of how well-intended helpers can inadvertently harm children:

- ✘ Asking intrusive questions, probing sensitive issues, or encouraging children to talk about difficult experiences when you are not serving in the role of a mental health professional or outside of a stable, clinical context can be harmful.
- ✘ Pushing children to participate in activities they are uncomfortable with, or to take on roles they don't feel ready for, may upset or embarrass them and even risk driving them away.
- ✘ Not ensuring privacy if you are providing basic emotional support to a child in distress can leave children feeling emotionally exposed or even put them in danger if the wrong person overhears what they are sharing.
- ✘ Encouraging children or adolescents to speak up publicly about controversial issues in places where there is limited tolerance for free expression could endanger them.

In any interaction with children, first consider the potential risks involved and make sure you don't expose them to harm.

## Guidelines for conduct

As temporary caregivers of children, we have a duty of care – a serious responsibility to ensure their safety. At the most basic level, there are some strict rules about how each of us behaves. It is absolutely critical that you engage in respectful, responsible and professional conduct at all times – even when you are off duty. Your attitude and behavior have a significant impact on the children and other staff with whom you work.

At the back of this guide is a sample Code of Conduct, which is based on best practice and recommended for use on sites involved in care of children. It can be used as is or adapted for any given context. A Code of Conduct should be reviewed and signed by every new staff member or volunteer prior to their assignment. It should be clear who the staff or volunteer should contact with any questions.

As the most basic examples, by taking on any role working directly with or making decisions that affect the lives of children in humanitarian contexts, you are committing to:

- Adhering to local laws and acting in accordance with them.
- Not taking part in any form of discrimination, harassment, or abuse (physical, sexual, psychological or verbal), intimidation or exploitation, or infringing upon the rights of others in any other way.
- Respecting appropriate professional boundaries, even if you are a volunteer.
- Not undertaking tasks that are outside of your role and training, without the explicit permission of your supervisor.
- Keeping confidential any personal information and data about children that you receive through your work, as well as information about their siblings and families or other details.
- Not having contact with children/family members outside of the bounds of the immediate professional role.
- Not using your position for personal gain of any kind, nor for the gain of your family or friends.
- Not posting or publishing photographs and other information about children or their families on social media.
- Not working under the influence of intoxicating substances such as alcohol or any other substance that impairs your ability to do your job; not bringing such substances to any facility or providing them to anyone, particularly children.
- Administering resources entrusted to you in a transparent, fair and prudent manner, and in compliance with established controls that ensure optimum use of material and human resources.
- Not behaving in a way that creates unnecessary risk to your health, safety and security, or to that of others with whom you work.
- Reporting all concerns regarding actual or potential child abuse, neglect and mistreatment, including sexual exploitation or abuse or any other violation of the Code of Conduct, according to the established reporting and response system.

**Sexual exploitation and abuse<sup>4</sup> are completely unacceptable; it is considered serious misconduct and grounds for disciplinary measures, including summary dismissal and legal action.** You are duty-bound to create and maintain an environment that prevents sexual exploitation and abuse.

Overall, it is expected that you will model responsible and respectful behavior to create an environment in which good conduct can flourish. This also means recognizing and reporting misconduct appropriately and actively addressing breaches of the code. Any violation of the Code of Conduct can have serious implications on the lives of children and may result in disciplinary action, up to and including dismissal and possible referral to law enforcement or other relevant agencies.

What is most important is that you take up your work with empathy, patience, and perspective, understanding that the children with whom we work need respectful, compassionate care. We each can contribute to maintaining a calm, child-friendly environment that supports children's well-being.

## Taking care of yourself

Directly serving children in need can be very fulfilling and can help your personal and professional development. However, it can also be an emotionally draining experience. You may sometimes feel out of your comfort zone. You may feel emotions more fully or less fully than you normally do. You may empathize with the pain of the people you're trying to help. Nobody involved in a helping role is untouched by it. Inspiration, fulfilment, sadness, grief and anger are all normal responses.

It's important to help others, and it is equally as important to take care of yourself. If you push yourself too hard, you may face burn-out, become ill, physically or emotionally exhausted, or struggle with your mental health. For helpers, taking time to care for yourself can sometimes feel selfish or self-centered. However, it is one of the most responsible ways you can carry out this work. Your duty of care applies to yourself as much as to the children you serve.

If you notice that your usual coping skills don't seem to be helping, please reach out for help. Some red flags for when to reach out for professional resources include:

- Headaches, muscle tension, exhaustion
- Changes in eating or sleeping habits
- Lack of concentration
- Tendency to isolate yourself
- Difficulty relaxing
- Anger and other mood swings
- Alcohol or drug abuse
- Relationship problems
- Feelings of shame, failure, guilt or helplessness
- Heart palpitations, chest pains, grinding or clenching teeth

In addition, if you notice some of these red flags in a co-worker, support them and refer them to resources where they can get help, either within your organization or in the community (see Section 5 for national resources within the U.S.).

## IDEAS FOR TAKING CARE OF YOURSELF WHEN HELPING:

- ✓ Pay attention to your fatigue. You may be reluctant to leave until the work is finished, and you may try to override your own fatigue through grit and determination. Don't overexert or overcommit yourself.
- ✓ Practice self-awareness and self-reflection. Learn to recognize and heed the warning signs of physical and emotional fatigue.
- ✓ Take care of your own body's need for food, sleep, rest and recovery time.
- ✓ Avoid excessive junk food, caffeine or alcohol.
- ✓ Try a five-minute mind-calming exercise every day. Taking a short break, away from the stress, can help you maintain your physical and emotional energy. This could be listening to your favorite music, writing your thoughts down or focusing on your breathing.
- ✓ Understand that you are not the only one who can help in this situation. You're part of a team of caregivers. You can and should ask for help when needed. Talk about how you are feeling with your co-workers during appropriate times.
- ✓ Try to avoid over-identifying with children's pain, grief or struggles (even if it is something you have experienced) – it can hamper your effective helping skills. If a specific situation is too close to your experience in a way that does not allow for you to separate from it, reach out for support, and speak to your supervisor.
- ✓ Look for the positive impact you have on those you're serving and use words of appreciation and nurturance towards yourself when thinking about your contribution.
- ✓ Set realistic goals for your work time commitment.
- ✓ Stay in touch with family, friends and other supportive people in your life who are not involved.
- ✓ Laugh! As hard as this may be, joking and laughing will help to alleviate tension in your body.

**Taking care of yourself is anything but selfish. In fact, it's a very responsible thing to do, because it means you can remain effective in helping others.**

## Don't give up!

Working with children can be challenging. Sometimes it may feel like you aren't making any progress or that children aren't really benefiting from (or enjoying) your work together. But don't give up! It can take time for children to feel comfortable and to trust you, especially in difficult circumstances.

Be patient. Keep reaching out to children, encouraging them to participate in activities and letting them know you are there for them. Remember that even a child that is withdrawn or seems to be having a difficult time may be benefiting from your work in ways that you can't see. Keep showing up and keep showing them that you care.

Recognize when you need support and ask for it. Work among direct care staff and managers to help each other, to share information about what is or isn't working and to resolve any problems. Recognize that the work you are doing is challenging and that asking for support doesn't mean that you have failed. Try to learn from your experiences, keep a sense of humor when things don't go as planned and don't be too hard on yourself. Most of all - try to enjoy your time with the children! Take time to connect with them, to laugh, have fun and be creative. And - don't forget how much you can learn from children as you work together.





## Section III. Working with migrant children in humanitarian situations



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Through decades of work in humanitarian situations around the world, a number of best practices have been tried and tested and found to be the most critical to successful interventions with children in humanitarian contexts. These approaches are meant to guide how those working directly with children can positively engage, and they should guide managers and others making decisions that affect the lives of children.

### Key approaches to working with migrant children in humanitarian situations



#### 1. Provide structure and support

Children in crisis situations cope better when they have structure and support. Consistency, structured activities, and routine can be comforting for children who are coping with difficult experiences and adjusting to many changes around them. Schedule activities at consistent, well-announced times and make sure children know when there are changes to the program, such as a new time or place to meet.

Children need ongoing support. Give them space to solve problems on their own, but be ready to support them, provide suggestions or an extra set of hands when they need help. Help them to manage their expectations when they try something ambitious and encourage them to use disappointment and failure as a chance to practice coping skills and patience.





## 2. Reach out to all children and protect children with specific needs

It is important to welcome all children with support. Never exclude or discriminate against children on the basis of their identity, experience or background. Try to create an environment where everyone is able to join in on equal footing. Take steps to include children from all walks of life and adapt activities so that everyone has the chance to participate equally and feel part of the group.

In times of crisis, the most vulnerable children are often the hardest to reach. Take steps to identify children who are most in need of support and work proactively to reach out to them and include them in activities and services, including those of different ages, ethnicities, languages, sexual orientations, religions and those with disabilities. Enlist the support of their friends or other trusted adults in bringing vulnerable children on board. Make sure they feel welcome, valued and safe.

Identify children who are at higher risk of vulnerability than others and offer them referrals to any specialized services available onsite. Those who may be particularly vulnerable include children with disabilities, victims of torture or trafficking, survivors of gender-based violence (GBV) and sexual and gender minorities. Unless you have professional training and it is within your present role, your engagement should focus on facilitating linkages to specialized services, rather than delving into sensitive issues you are not professionally equipped to respond to yourself.



## 3. Provide information about services, supports and obligations

A major source of stress for migrant children is a lack of information. In a constantly changing situation, ensuring up-to-date, reliable information about what they can expect in the facility where they are staying or throughout their process can greatly reduce distress. Whenever possible, explain what will be happening to children before it happens so that they can ask questions and be informed.

It is critical that you only share information that you know to be true and never make promises about what will happen unless you are certain that it will occur. False expectations and broken promises erode trust and create distress for children. Always be honest if you do not know the answer to a question, and then make an effort to find a person or referral source where the child can get the correct answer they seek. Make sure you speak to your supervisor to understand what type of information and guidance is appropriate for you to share. Similarly, whenever possible, help children find information themselves and connect with others (link with their social support).

Children have the right to information about matters that concern them. They should be given space to talk openly, ask questions and access accurate information on issues that may be considered sensitive (or even inappropriate) in some settings. For adolescents, this could include information about sexual and reproductive health (including access to contraception), gender roles, and religious, political or social issues.



## 4. Listen to children

Make sure that you take time to listen to children – to learn about their lives, to explore the ideas they may share, and to give them space to express themselves. Children know better than anyone else about their needs, interests and challenges. Work with them to design activities and services that they find interesting and helpful. Encourage children to express themselves in different ways, through drawing, writing, role-playing, dancing, music and

humor, so that you can learn what the world looks like through their eyes. Let them talk about issues that matter to them (even when they raise uncomfortable topics), but also pay attention to what they say through nonverbal communication – with their faces, silences, energy and behavior. Bear in mind that children may be preoccupied with issues or concerns in their lives and may not always be able to focus on activities.

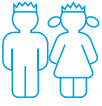
All those involved in helping and supporting migrant children should know how to assist children in acute distress and alleviate their stress wherever possible. Respond to children in distress in a humane and supportive way. Section 4 of this guide provides some basic guidelines.



## 5. Make space for expression and creativity

All children need opportunities to express themselves and to explore their creativity, particularly during times of crisis. Create space for children to experiment with new ways of communicating their thoughts and feelings, and to use their imagination through different arts and activities. Connect them with cultural traditions from their communities and expose them to new ones. Give them opportunities to make things and allow them to be playful and experimental as they express themselves. Children need space to wonder and to explore new ideas so that they can learn and engage positively with the world. This can be particularly helpful for children who are coping with difficult experiences and need a break from thinking about them. Give them time to feel relaxed and free and to enjoy their imagination and creativity.





## 6. Let children – especially adolescents - take the lead

Children – especially adolescents – can and do take a lead in their lives. They make decisions that shape their paths and take active roles in their families and communities. Don't underestimate them! As you work with children, give them opportunities to take the lead and encourage them to try new roles and responsibilities. Some children may be ready for bigger responsibilities than others. If children don't want to take on more difficult tasks, don't force them to. Instead, find simpler, smaller-scale ways for them to take the lead when they feel ready.

Giving children – particularly adolescents – the lead means stepping back when they step in. Stand by, offer suggestions and provide support if needed but be prepared for adolescents to surprise you with their ability to do things for themselves.



## 7. Challenge and encourage children – and celebrate their successes

Children – particularly adolescent age children – need new challenges to stretch their minds and keep them interested. Present them with different challenges throughout their activities, and support them in experimenting with solutions. Give them space to brainstorm, debate solutions and try out different strategies to achieve goals. When things don't go as they hoped, remind them to think about what they learned rather than to focus on feeling that they have failed.

Encourage children as much as possible. Notice when they learn something new or do something well and make sure that they recognize their achievements. Celebrate their successes. Acknowledge their efforts, even when they don't do something perfectly, and praise them for their courage and persistence in facing challenges.



## 8. Improvise and adapt

You will need to continuously improvise and adapt as you work with children. It is important to listen to and observe children closely as you work together. Take time to understand what children want and need from your time together and be ready to do things differently. Change or modify activities if they seem bored, confused or frustrated, and listen to their suggestions for how things could be done differently. Adapting can also mean doing more of what is working. Pay attention when children enjoy certain kinds of activities or want more time to work on things that interest them. Improvise and be flexible!



## 9. Build connections

Feeling connected to friends, family, community and the world around them is essential for children's well-being. Give children space to get to know each other. Let them become friends and feel part of a team. Encourage them to use their skills in communication and teamwork to build better relationships with peers and staff on site. Check in with them to see how these relationships are developing. In a context where they have limited contact with their communities and families, where possible, help children to connect with siblings or anyone they have a longstanding relationship that may be on site.



## 10. Build on the positive

Focus on the children's strengths and recognize the variety of positive social, community and environmental influences that are a part of their lived experience. A child need not be defined by an event or a series of events. Children may have more skills and strengths than they realize. Support them to reflect on their abilities and strengths and to explore ways that they can solve problems and support those around them. Encourage children to focus on the people around them who can support them, the resources they can use and opportunities for learning.

Try to create a positive atmosphere for children you engage with. Show children that it is possible to have positive experiences, even in difficult situations, and that you can still have fun and laugh together.

## Discussing sensitive topics

It is important to allow children to openly explore topics that interest and concern them, while at the same time protecting them from risk. However, staff may sometimes feel uncomfortable with the issues that children raise or may consider them inappropriate. This is particularly relevant for adolescent age children. You can manage challenging discussions with children and provide them with accurate information about topics that matter to them.

### 1. Be prepared to discuss sensitive issues

Be prepared to support constructive, open discussions when children raise sensitive topics.

- Recognize and help children manage their discomfort;
- Share accurate information;
- Connect children to useful information;
- Ask for support if you need it in order to effectively respond to particular issues (bear in mind that staff themselves may have been affected by some of these issues, such as sexual violence, and may find them difficult to discuss); and
- Take steps if children disclose that they have been affected by violence, exploitation or abuse.

### 2. Respond to children without judgment. Respond in an open-minded way to issues that children raise and don't judge them based on their religious, cultural or political beliefs. This will allow children to be open and honest about their experiences.

- Identify subjects that feel taboo or difficult to discuss and agree with your team on an appropriate way to respond if children raise those issues;
- Use role-play to practice navigating discussions on uncomfortable issues with children;
- Avoid lecturing, preaching, withholding information or expressing discriminatory views during discussions with children and adolescents.

### 3. Protect children.

It is important to provide children with opportunities to express themselves, but staff also need to be aware of potential risks to children in doing so. For example, it may not be safe for adolescents of different genders, identities, or ages to raise certain topics in groups together. Revealing intimate personal or painful experiences when it is not in a safe or appropriate context could leave the adolescents feeling upset or distressed. (Refer to Do No Harm in section 2 for more information).

#### Potentially sensitive topics that could come up with children, particularly adolescents

- Romantic relationships, dating and marriage
- Gender roles, relations or identities
- Sexuality, homosexuality, bisexuality and other sexual identities
- Sexual and reproductive health, pregnancy, safe sexual activity, contraception, HIV/AIDS, and other sexually transmitted diseases
- Masturbation and pornography
- Personal experiences of violence, rape, sexual violence and violence associated with migration
- Political and social issues associated with migration or other topics

## Section IV. Mental health and psychosocial considerations



## Section IV. Mental health and psychosocial considerations

This section covers some basic information on potential mental health considerations for unaccompanied migrant children, guidance on identifying children in distress and providing basic psychosocial support, and ensuring the child gets additional support from the appropriate specialist in your site. Consider also taking a training in Psychological First Aid (PFA), a globally recommended set of simple rules and techniques that can be used by anyone (nonprofessionals and professionals) to respond to people in distress.

### Mental health considerations

In addition to physical health and safety, the well-being of children encompasses their mental health and psychosocial well-being – their emotions, thoughts and relationships. A positive state of well-being motivates development of life skills that enable children to understand their environment, to engage with it and to make healthy choices with hope for the future.

While children react to challenging circumstances in different ways, nearly all are likely to demonstrate some initial changes in their behavior, emotions, thoughts, social relations and interactions during a crisis. Common responses can include grief, pain, depression, hopelessness, fear, anxiety, worry and guilt. Some adolescents may have trouble concentrating and may feel a sense of detachment, while others may engage in risky behaviors. **This is normal.**

It is important to avoid the assumption that all children are traumatized. Trauma is a clinical condition that may affect some but not all children in humanitarian situations (and is a label that risks stigmatizing them). How a critical incident, event or experience of migration affects an individual depends on many factors. Different people respond differently to the same experience.

At the same time, children should be observed carefully and referred to specialized support if they show persistent signs of distress or worrying behavior.

### Loss and grief

Given the losses that many of the children have experienced, they may be grieving for a variety of reasons and in different ways. Grief is a subjective process that occurs after someone experiences loss. It entails physical, emotional and social responses. The experience of grieving is natural and universal.

Just from the process of migrating, unaccompanied migrant children have experienced the loss of family ties, home, friends and many other things important to them. The impact of losing everything familiar and comforting – such as their culture, language, traditions and community – should not be underestimated. They may have experienced the death of a loved one – at home or along the journey. They may not have had the chance to practice funeral rites or be close to the support of family and friends, complicating their bereavement process.

Grief affects the way people feel, think and behave. Children of different ages experience grief differently. There may be feelings of sadness, denial or guilt. It is important to understand that you cannot take away sadness from someone who is grieving. You can only be there patiently to support people to grieve in their own way.



Despite the range of difficult experiences, it is important to remember that the impact of migration on a child is very individual. A particular person’s response to their unique set of experiences depends on a variety of factors: general health, previous exposure to violence, personality, psychosocial resilience and many others. Emotional suffering is often directly related to current stresses, worries and uncertainty about the future.

While some children may have trouble functioning and require specialized mental health services, most children have the ability to cope and overcome difficult experiences – especially when given support.

## Identifying children in distress

All those involved in helping and supporting children should know how to assist people in acute distress in a humane and supportive way.<sup>5</sup> **Distress refers to grief, pain, depression, fear, anxiety, worry or guilt that children may feel, which are common in humanitarian situations.**

Unless you are a mental health professional, it is not your job to diagnose anyone – certainly not to make any assumptions about someone’s mental health and what it means.<sup>6</sup>

Common signs of distress amongst children and adolescents	
Physical	Behavioral
<ul style="list-style-type: none"> <li>• Fatigue/exhaustion and disturbed sleep</li> <li>• Excessive alertness, on the look-out for danger, easily startled</li> <li>• Constant aches and pains including stomach aches, headaches or dizziness</li> <li>• Rapid heart rate, especially when afraid</li> <li>• Change in appetite or eating habits</li> </ul>	<ul style="list-style-type: none"> <li>• Acting withdrawn, numb, not reacting to games or fun activities</li> <li>• Social isolation, loss of interest in normal activities</li> <li>• Always looking sad, never smiling, crying a lot, overly clingy or independent</li> <li>• Persistent aggressive behavior with peers or staff, either physically or verbally</li> <li>• Rejection of rules or disruptive behavior such as non-stop questions or arguments</li> <li>• Defiance of staff/authority figures</li> <li>• For adolescents: Risk-taking behaviors such as alcohol or substance misuse (linked to self-destructive feelings or feeling invincible)</li> </ul>
Emotional (feelings)	Cognitive (thoughts)
<ul style="list-style-type: none"> <li>• Fear, numbness, detachment, depression, sadness</li> <li>• Intense grief</li> <li>• Guilt or regret, overwhelm, hopelessness</li> <li>• Anger and irritability, anxiety and panic</li> <li>• Erratic mood changes</li> </ul>	<ul style="list-style-type: none"> <li>• Intrusive thoughts or memories of distressing events, nightmares</li> <li>• Difficulty in concentrating, easily confused or disoriented, poor memory</li> <li>• Shift in view of world, philosophy, religious beliefs, loss of faith</li> <li>• Preoccupation with violence, death and killing (including suicide)</li> </ul>

However, being aware of some common reactions may help you understand a person's experience and find patience in challenging moments. Distress can be expressed in many ways, and may vary across cultures.

Some children may struggle to cope with their distress and experience great difficulty in their day-to-day lives. If you encounter a child who you believe is in severe distress, take the appropriate steps to refer them to specialized services.

**You should immediately request help from your site's designated mental health focal point and your supervisor if the child:**

- Presents any risk of or expresses any intention to harm self or others;
- Identifies suicidal ideation and starts talking about not wanting to live;
- Appears to be experiencing any delusions or hallucinations – in rare cases, children may lose touch with reality and be unable to distinguish what is real and unreal;
- Is obviously distressed and cannot calm down with your support; or
- If the person requests it.



## Communicating with children in distress

When talking to children, remember that they are particularly vulnerable both physically and emotionally. Your caring attention is one of the most important ingredients to providing them with the basic psychosocial support that they need. Some of the tips covered in this section may seem intuitive, but putting them into practice during the rush and strain of work requires active awareness and intention. Even when your focus is on connecting a child in severe distress with specialized services, it is still important to use supportive communication skills and provide information to help facilitate his or her linkage to additional support.

Your approach can make an enormous difference to a child:

- ✓ Be careful not to pressure a child to talk about things they may not want to share. Learn to tolerate silence. Accept a refusal to talk to you.
- ✓ Treat children with the same amount of respect as an adult. Be honest and realistic in your assurances. Do not make promises.
- ✓ Be sensitive. Use a caring tone of voice and simple language.
- ✓ Give your full attention.
- ✓ Provide opportunities for children and adolescents to express themselves but don't pressure them to relive their experiences or to talk about (or draw pictures of) negative events in their lives if they don't want to.
- ✓ Listen supportively and reassure them that their reactions to their circumstances are normal. It is okay to feel afraid, confused, angry or guilty.
- ✓ Be patient with expressions of frustration or anger. Understand it's not really aimed at you.
- ✓ Be inclusive. Keep your communication free of stereotypes.
- ✓ Observe and notice persistent signs of distress or worrying behavior that may require specialized support.

## Active listening

Active listening is an effective tool when someone indicates they want your support. You may find it's useful not only with the children you serve, but also when supporting a co-worker. Intentionally using active listening also provides a helpful framework to remind you that it is not your responsibility to "fix" other people's problems or find solutions for them. It is up to the person you are helping, including children, to make their own choices. But, as an active listener, you can mirror the other person's experience and be a caring presence, free of judgment.

Active listening is not debriefing or probing about difficult past experiences. Active listening is also more than just passively hearing what someone is saying when they talk. Instead of thinking about what to say when the speaker is done, an active listener focuses attention on the speaker with presence and concern. It is listening to understand, rather than listening to respond. This is a technique that includes careful, empathetic listening and observation of non-verbal cues; thoughtfully responding with feedback in the form of accurate paraphrasing; open-ended questions; and validating the person's experience and feelings. It gives people an opportunity to express their emotions and feel supported.



1. **Be attentive:** Pay attention to non-verbal communication. Sit at the child’s level and use attentive and open body posture. Make eye contact as appropriate, depending upon cultural expectations. Don’t look around the room or appear distracted while the person is talking to you. Put down your phone or other technology. Use empathy. Your face and words should be in tune with the person’s mood. Remember the importance of just being a calm presence with someone. Allow silence so the person has space to feel and reflect.
2. **Ask open-ended questions** such as “How do you feel?” instead of “Are you ok?” or “Are you sad?” Explore topics that are relevant to the person’s perspective and experience. Asking open-ended questions is also a useful technique to start conversations, draw someone into a conversation or simply show interest.
3. **Request clarification:** “What did you mean when you said...?” to clarify areas that are unclear or test your understanding.
4. **Paraphrase:** “If I understand, you are saying that...” Try to capture the essence of the facts and feelings expressed and communicate your understanding back to the person. Mirror what was said. Describe rather than interpret. It shows interest in what the other person has to say.
5. **Reflect feelings:** Communicate back to the child your understanding of the feelings they have expressed. For example, “What I hear you say is that you feel\_\_\_\_\_.” “Is it true that when this happened, you felt \_\_\_?”
6. **Validate feelings:** Validate what the child is thinking, feeling, and experiencing. This can help children accept their emotions and feel safe to express themselves. For example, you could say, “It’s understandable that you’re feeling \_\_\_\_\_ right now, I would feel the same if it were me.”
7. **Summarize:** Summarizing can also serve the same purpose as ‘reflecting’ – you can check that you have clearly understood what the person expressed. Identify and reflect important key points the person has raised. Allow the child to correct you and ask for verification at the end of the summary.

## Practice good communication with children

Let's look at some real examples of things a staff person might say when speaking with a child. For each example, indicate if the verbal response is one that you would or would not say. Note in the line below why. Answers can be found on the next page.

1. "I might not understand what you're going through, but I'm here for you to talk to me if you need to."

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2. "That doesn't sound so bad... you should hear what Maria went through."

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3. "It sounds like that it may have been a very difficult (frustrating/frightening/ stressful) situation?"

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4. "You should be thankful that you and your family got out alive."

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5. "Just don't think about it and you will forget it!"

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6. "Is there anything I could do for you right now?"

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7. "You really should not feel that way."

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## ANSWERS

1. "I might not understand what you're going through, but I'm here for you to talk to me if you need to."

**DO validate their experience without pressure to talk.**

2. "That doesn't sound so bad... you should hear what Maria went through..."

**DON'T minimize and DON'T talk too much... listen to understand, not to respond; DON'T compare children's experiences and keep other people's experiences confidential.**

3. "It sounds like that it may have been a very difficult (frustrating/frightening/ stressful) situation?"

**DO reflect the person's feelings.**

4. "You should be thankful that you and your family got out alive."

**DON'T be critical or judgmental of their feelings. Instead, show acceptance for the person's feelings and experiences; everyone reacts differently.**

5. "Just don't think about it and you will forget it!"

**DON'T give advice (especially bad advice!)**

6. "Is there anything I could do for you right now?"

**DO offer support and assistance.**

7. "You really should not feel that way..."

**DON'T minimize or talk down to them.**

## Dealing with disclosures of harm

Your role as a non-specialist is to listen to and comfort the child, share information on the services in place to support them and link them to the health or mental health focal points on site.

**1. Be prepared.** If you are not already aware, make sure to find out:

- which people on site are designated to respond to health or mental health concerns, including gender-based violence (GBV).
- the process for reporting a disclosure of harm or other incident and helping a child access specialist support.

A specialized practitioner – with experience working with children who have experienced abuse, maltreatment, GBV or other serious experiences – is best positioned to help.

**2. Respond appropriately to safety concerns**

If a child discloses abuse, neglect, sexual abuse or exploitation, you are obligated to report this under the rules at your facility as well as any state laws. As mentioned earlier, if you become aware of a child who expresses any intention to harm self or others, you should act immediately and request help from the designated mental health focal point and your supervisor. See next sub-section on *Connecting children with support*.

When speaking with the child who reports abuse, neglect, exploitation or violence, respond in a calm, caring and supportive manner – the child is never to blame in these situations and should be reassured that they have done nothing wrong. Respect confidentiality and treat protection concerns with sensitivity.

**3. Gender-based Violence**

Some of the children in ORR care have survived gender-based violence (GBV). It is not your role to proactively identify GBV survivors – only to be available and respond appropriately in case someone discloses this information to you and to offer support. In such circumstances, all of the basic practices in helping and communicating with children are still relevant. As you would with all children, it's important to practice respect, to ensure safety, to not be judgmental, and to provide equal and fair treatment to anyone in need of support. This section reviews some additional information that may be helpful for using a survivor-centered approach.

Some considerations:

- If a boy is raped it does not mean he is gay or bisexual. Gender-based violence is based on power.
- Sexual gender minorities are often at increased risk of harm and violence due to their sexual orientation and/or gender identity. Actively listen and seek to support all survivors. Use gender-affirming language, including the person's preferred gender pronouns, to help them feel accepted and heard.
- Anyone can commit an act of gender-based violence, including an intimate partner, family member, caregiver, in-law, stranger, parent or someone who is exchanging money or goods for a sexual act. Anyone can be a survivor of gender-based violence – this includes, but isn't limited to, people who engage in sex work.



Examples of what to say should a child disclose he or she is a GBV survivor:

- “I’m sorry this happened to you.”
- “What happened was not your fault.”
- “How can I support you?”
- “I will try to support you as much as I can, but I am not a counselor. I can share information that I have on support available to you.”

#### Tip

Normally, it is best to avoid questions, especially those that begin with “WHY,” as such questions can feel like they are placing blame on the survivor. Instead, just listen or, if needed, ask questions such as “Can I tell you about services that are available to support you?” or “How would you like me to support you?”

Remember! **Direct care staff are not counselors.** Counseling should only be carried out by trained and experienced staff who can ensure children receive appropriate support and follow-up and who work within agreed-upon standards. Mental health treatment should only be provided by mental health clinicians working in their designated role.

## Connecting children with support

An important part of your work with children is making sure they have the support needed to develop safely and in a healthy manner. This means connecting them to services they can benefit from, providing them with useful information, and taking steps when their health, well-being or safety is at risk.

### 1. Provide relevant psychoeducation and use appropriate language

Overwhelming feelings may naturally arise from the stressors migrant children face, especially in humanitarian contexts. It can be helpful for children to understand these feelings. Psychoeducation refers to the process of providing education and basic information about mental health, with the aim of addressing the stigma related to mental health concerns and helping them to be open to help if needed.

Reassure children of the normality of many of their reactions. Provide brief and practical information that is age appropriate. Use everyday language and avoid use of clinical terms outside of clinical settings. Remember, only give information that you know to be true.

### 2. Take action when children need special support

An important part of your role is to identify when children may need special support, and to respond appropriately.

- Identify children who may be particularly vulnerable and require support.
- Make sure you are familiar with the specialized services onsite (medical, mental health, etc.) and relevant procedures for linking children to them.
- Understand and follow the site’s procedures for reporting concerns about children who are at risk of harm, at risk of harming others or at risk of harming themselves. This includes

clearly identifying the right staff person who can intervene immediately and ensuring that the intervention happens.

- Connect children with services and support discretely, to avoid unnecessary upset or embarrassment and to respect confidentiality.
- Follow up with children who are referred to services to ensure that they feel happy with the support provided, that their needs are addressed and to see if they require referral to any further support.
- If you are unsure of which roles support different components of a child's case or their daily activity, speak with your supervisor. For example, case managers and clinicians have very different roles and responsibilities, but they do work together. If in doubt, ask someone who knows!

**Remember – Do not inadvertently harm someone receiving support by encouraging them to talk about difficult experiences if you are not trained to do so and it is not in your role.**

### 3. Monitor and adapt

Services and supports available for children are likely to change over time. Work with other staff to keep track of changes in services, activities and staff, so that you can link children with new support staff and departments effectively. Take children's feedback into account regarding their experience with particular services (and staff). Be willing to adapt the timing or location of activities to avoid conflicts with services that children find particularly helpful or enjoyable.

#### Referrals

Children who may need referrals for special services and support include children who:

- Report or show signs of violence, abuse, exploitation or neglect.
- Need medical treatment for physical ailments or illnesses.
- Require individual psychosocial support, counseling or mental health services.
- Are missing out on basic services such as meals, health care or educational activities.

## Section V. Additional resources



## Section V. Additional Resources

The best practices outlined in this guide are intended to help you feel more prepared to work with unaccompanied migrant children in humanitarian contexts and to take care of yourself in the process. Below you'll find a list of supplemental resources by category that you can call upon for various needs that may arise in this work.

### Crisis Helplines (U.S.)

#### **National Suicide Prevention Lifeline**

Call 1-800-273-TALK (8255); En español 1-888-628-9454

Use [Lifeline Chat](#) on the web

The Lifeline is a free, confidential crisis service that is available to everyone 24 hours a day, seven days a week. The Lifeline connects people to the nearest crisis center in the Lifeline national network. These centers provide crisis counseling and mental health referrals.

#### **Crisis Text Line**

Text "HELLO" to 741741

The Crisis Text hotline is available 24 hours a day, seven days a week throughout the U.S. The Crisis Text Line serves anyone, in any type of crisis, connecting them with a crisis counselor who can provide support and information.

#### **Disaster Distress Helpline**

Call or text 1-800-985-5990

The disaster distress helpline provides immediate crisis counseling for people who are experiencing emotional distress related to any natural or human-caused disaster. The helpline is free, multilingual, confidential, and available 24 hours a day, seven days a week.

#### **SAMHSA Treatment Referral Helpline**

1-877-SAMHSA7 (1-877-726-4727)

Get general information on mental health and locate treatment services in your area. Speak to a live person, Monday through Friday from 8 a.m. to 8 p.m. EST.

### Adolescents

#### **ARC Foundation Module: Child and Adolescent Development**

Action for the Rights of Children, 2001. Provides guidance and tools for supporting children and adolescents in humanitarian situations.

### Child Participation

#### **Every Child's Right to be Heard**

UNICEF and Save the Children, 2011. A resource guide that includes guidelines for upholding children's right to participation in conflict and humanitarian settings (Chapter 7, p.139).

#### **Putting Children at the Centre: A practical guide to children's participation**

Save the Children, 2010. Offers guidance on how to support children's meaningful involvement in governance, planning, implementation, monitoring and evaluation across humanitarian and other programs.

## Child Protection

### **Minimum Standards for Child Protection in Humanitarian Action**

Child Protection Working Group (CPWG), 2019 Edition. Provides minimum standards for child protection work in humanitarian settings.

### **A Practical Guide for Developing Child Friendly Spaces**

UNICEF, 2009. Guidance on establishing and operating child friendly spaces in humanitarian situations.

### **Interagency Guidelines for Case Management and Child Protection**

Child Protection Working Group (CPWG), 2014. Step by step guidance on conducting case management in humanitarian situations.

## Child Rights

### **Convention on the Rights of the Child United Nations, 1989**

The international human rights treaty that sets out the civil, political, economic, social, health and cultural rights of children. UNICEF is specifically named in the Convention on the Rights of the Child (CRC) as a source of expert assistance and advice, and the fundamental mission of UNICEF is to promote the rights of every child as defined in the CRC.

### **ARC Foundation Module 2: Child Rights-Based Approaches**

Actions for the Rights of Children, 2009. Explains how to use child-rights based approaches in humanitarian situations.

### **ARC Critical Issue Module 3: Children with Disabilities**

Actions for the Rights of Children, 2009. Provides practical guidance and tools for supporting children with disabilities in humanitarian situations.

## Children with Disabilities

### **Children with Disabilities: Ending discrimination and promoting participation, development and inclusion**

UNICEF, 2007. Provides recommendations for upholding the rights of children with disabilities in programs in humanitarian settings.

### **Listening Together: Examples of child participation in action**

Lumos, 2013. Examines some of the methods and challenges involved in supporting the meaningful participation of children and adolescents with intellectual disabilities in development programs.

## Education & Activities

### **School in a Box: UNICEF Education Kit Handbook**

UNICEF, 2013. Guidance and supplies for supporting children and adolescents to continue their education in humanitarian situations.

### **UNICEF's Adolescent Kit for Expression & Innovation**

UNICEF, 2017. The Adolescent Kit for Expression and Innovation is a package of guidance, tools,

activities, and supplies to support adolescents ages 10-18, especially those who are affected by humanitarian crises. The Kit aims to bring about positive change in adolescents' lives through arts and innovation. The activities offer adolescents the chance to express themselves, experiment, solve real problems, and explore new ideas. In the process, adolescent girls and boys develop key competencies and new skills that help them to cope with stressful circumstances, build healthy relationships, and engage positively with their communities.

## Gender

### **Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery**

Inter-Agency Standing Committee, 2015. Guidelines to assist humanitarian actors in humanitarian emergencies to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of gender-based violence (GBV) across sectors.

### **Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on prevention of and response to sexual violence**

Inter-Agency Standing Committee Taskforce on Gender in Humanitarian Assistance, 2005. Guidelines for establishing and coordinating a set of minimum multi-sectoral interventions to prevent and respond to sexual violence in emergencies.

## Humanitarian Response

### **The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response**

Sphere Project, 2011. Minimum standards, principles and best practice across humanitarian response sectors.

## Life Skills

### **Life Skills – Skills for Life: A handbook**

International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support, 2014. Provides detailed guidance on life skills programming in the field.

### **Learning to Live Together: Building Skills, Values and Attitudes for the Twenty-first Century**

United Nations Educational, Scientific and Cultural Organization, 2004. A global study of approaches to support young people's development of skills and need to develop respect for human rights and accept the responsibilities of citizenship, resolve conflicts peacefully in their personal relationships, and protect themselves and their health, presenting case studies, lessons learned and recommendations.

## Mental Health & Psychosocial Support (MHPSS)

### **Mental Health & Psychosocial Support (MHPSS) for Families at the US-Mexico Border: A Field Guide**

UNICEF, 2020. This "best practices" guide was developed as part of UNICEF's initiative to build the capacity of organizational leaders, field staff and volunteers who support the mental health and psychosocial needs of refugee and migrant children and their families at the border of the United States and Mexico. It describes key principles, appropriate interventions and resources to guide those who are designing and organizing services and/or providing direct assistance to these families. Available in both English and Spanish.

### **Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings**

Inter-Agency Standing Committee, 2007. Guidelines to enable humanitarian actors to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people's mental health and psychosocial well-being in emergencies.

### **Psychosocial Interventions: A handbook**

International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support, 2014. Guidance on how to plan, monitor and implement psychosocial interventions.

### **Psychological First Aid: A guide for fieldworkers**

World Health Organization, 2011. Guide to conducting Psychological First Aid in the field.

### **Psychological First Aid Training Manual for Child Practitioners**

Save the Children, 2013. A training manual for providing Psychological First Aid to children in crisis situations.

### **Working with Children and their Environment: Manual of psychosocial skills**

Terre des Hommes, 2012. Training manual for running psychosocial activities with children in humanitarian situations.

## Sexual & Reproductive Health

### **Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings: A companion to the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings**

UNFPA and Save the Children, 2009. Addresses the reproductive health needs of adolescents in humanitarian settings, and serves as a companion to the Inter-agency Field Manual on Reproductive Health in Humanitarian Settings.

### **Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings**

International Rescue Committee, 2012. Produced by UNICEF and the International Rescue Committee, these guidelines provide a practical approach to helping child survivors, and their families, recover and heal from the impacts of sexual abuse.

## Sports & Recreation

### **UNICEF Recreation Kit: UNICEF Education Kit Handbook**

UNICEF, 2013. Guidance and supplies for engaging children and adolescents in structured games, sports and recreation activities in humanitarian situations.

### **Moving Together: Promoting psychosocial well-being through sport and physical activity**

International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial Support, 2014. Guidance on combining sport and physical activities with psychosocial support.

# Appendix A: Code of Conduct

## 1.0 ENGAGING IN RESPECTFUL AND RESPONSIBLE CONDUCT

- 1.1 I acknowledge that my attitude and behavior have a significant impact on the children, families, caregivers, and personnel with whom I am working.
- 1.2 I am aware of and shall adhere to local laws and shall act in accordance with them.
- 1.3 In my interactions with all children, co-workers and persons, I will use empathetic and non-violent approaches in behavior, language and gestures. In the case of children, these will be child-friendly, including through use of simple rather than technical language so children can understand, and will take into consideration their needs, interests and safety.
- 1.4 I will respect the basic rights of all people without discrimination based on gender, age, ability, health, language, ethnicity, race, color, religion, class, sexual orientation or any other aspects of identity, status or personal characteristic.
- 1.5 I will act fairly, honestly and tactfully, and will treat all children, family members, co-workers and others with sensitivity, tolerance, dignity and respect.
- 1.6 I will not take part in any form of discrimination, harassment, or abuse (physical, sexual, psychological or verbal), intimidation or exploitation, or in any other way infringe upon the rights of others.
- 1.7 I will model such behavior to create an environment in which good conduct can flourish.
- 1.8 I will support putting this Code of Conduct into practice, including by recognizing and reporting misconduct appropriately and by actively addressing breaches of the code. If I am a manager, I acknowledge an extra duty in this regard.

## 2.0 PROFESSIONAL CONDUCT IN RELATION TO CHILDREN

- 2.1 I understand that I have a duty of care to ensure that children are treated with dignity; I will endeavor to promote children's well-being and contribute to each child's development toward his or her full potential.
- 2.2 I will contribute to the creation of a nurturing and caring atmosphere for children and will safeguard children from all forms of discrimination, violence, abuse, mistreatment and neglect.
- 2.3 I will treat children with respect, fairness and understanding; For consideration of their best interests, I will seek their input when making decisions about them.
- 2.4 I will treat all children equitably, which includes promoting gender equality.
- 2.5 While building trust and cooperation in my working relationships with children, I will respect appropriate professional boundaries and the limitations of my role to enhance their safety and security and to reduce the potential for harm. I will not have contact with children or their family members outside of the boundaries of my professional role.



- 2.6 I understand that children may have had distressing experiences and may still be experiencing their consequences. I understand that children may exhibit signs of distress in different ways and that such reactions are normal. I will avoid asking children questions about their experiences, unless appropriately trained, since this can result in lasting damage when not professionally handled. If I am uncomfortable or unsure about a working relationship with a child, or how to handle any situation I will not hesitate to seek advice from my supervisor.
- 2.7 I will not undertake tasks that are outside of my role, without the explicit permission of my supervisor. For example, if a child seeks legal information or advice, I will not provide such information or advice, unless I am a member of a team tasked to do so. Similarly, I will not offer medical advice unless I am a recognized, practicing health professional working in this capacity.
- 2.8 To avoid creating expectations that may not be fulfilled and to avoid disappointment and possible harm to children and families, I will make no promises or assurances to children or their families that I am not certain can and will be delivered.
- 2.9 I understand that sexual exploitation and abuse is unacceptable. I understand that:
- a. Sexual exploitation and abuse is serious misconduct and grounds for disciplinary measures, including summary dismissal.
  - b. Sexual activity with children (persons under the age of 18) is prohibited, regardless of the local age of consent. I understand that mistaken belief in the age of the child is not a defense.
  - c. Exchange of money, employment, goods or services for sex, including any humiliating, degrading, or exploitive behavior is prohibited.
  - d. Sexual relationships between staff and beneficiaries of assistance, including family members of children or individuals who have received assistance even after they turn 18 years of age, are strongly discouraged since they are based on unequal power dynamics.
  - e. I am obliged to create and maintain an environment that prevents sexual exploitation and abuse. If I am a manager, I have an additional responsibility to do so.
- 2.10 I will keep confidential any personal information and data about children that I receive through my work, as well as information about their siblings and families or other details. This principle of confidentiality extends to former participants and applies indefinitely. Confidential means “ensuring that information is accessible only to those authorized to have access.”

### **3.0 OTHER ASPECTS OF PROFESSIONAL CONDUCT**

- 3.1 I will not use my position for personal gain of any kind, nor for the gain of my family or friends. All decisions will be to the benefit of the organization and for the children and families served.
- 3.2 I shall not post or publish photographs and other information about children or their families on social media.
- 3.3 I shall not ask for or invite any personal payment, service or favor from others in return for assistance, support, goods or services of any kind.

- 3.4 I shall not accept bribes or significant gifts (except small tokens of appreciation) from government representatives, children, families, service providers, donors, suppliers or others. I will report any offered gifts to my supervisor.
- 3.5 I will not work under the influence of intoxicating substances such as alcohol or any other substances that significantly impair my ability to do my job and will not bring such substances to any facility or provide them to anyone, particularly children.
- 3.6 I will administer resources entrusted to me in a transparent, fair and prudent manner, and in compliance with established controls that ensure optimum use of material and human resources.
- 3.7 I shall not behave in a way that creates unnecessary risk to my health, safety and security, or to that of others with whom I work.
- 3.8 I will use all computers and other information technology responsibly and refrain from inappropriate usage, especially that relating to the creation, viewing, downloading or distribution of any inappropriate or offensive material, including, but not restricted to, abusive images of children, pornography or child pornography.
- 3.9 I will report all concerns regarding actual or potential child abuse, neglect, mistreatment, including sexual exploitation or abuse or any other violation of this Code of Conduct according to the posted reporting and response system.

#### **4.0 CONSEQUENCES OF BREACHING THE CODE OF CONDUCT**

- 4.1 I realize that any violation of this Code of Conduct can have serious implications on the lives of children.
- 4.2 Consequences for breach of this Code of Conduct may include disciplinary action, up to and including dismissal, and possible referral to law enforcement or other relevant agencies.
- 4.3 Should I become aware of any breaches of the Code of Conduct, I understand that I am duty bound to report these to my manager or other person designated to receive such reports.
- 4.4 I will report any violations of this Code of Conduct irrespective of position, status or personal relationship, and in accordance with national and local legislation.
- 4.5 I understand that when reporting an actual or potential breach of the Code of Conduct I will do so in good faith and shall be protected from retaliation as a result of carrying out my duty to report, even if the allegation later proves to be false. However, if I knowingly make a false or malicious allegation then I also understand that I may be subject to disciplinary action.
- 4.6 I understand that failure to report misconduct may be grounds for disciplinary action. Accordingly, if I have any concerns about possible misconduct or behavior that may violate this Code of Conduct, I commit to raise the concerns at the earliest possible time either verbally or in writing to \_\_\_\_\_. If it is \_\_\_\_\_ who is the subject of the report, I shall make the report to his or her supervisor or other designated official.

**SIGNATURE AND COMMITMENT**

I have carefully read and clearly understood the foregoing Code of Conduct and I understand that I am always expected to uphold the standards of behavior described in it, including when off duty. I have had an opportunity to ask any questions about the Code of Conduct.

By signing this Code of Conduct, I commit myself to maintaining the required level of conduct as a condition of my service.

I affirm that I have revealed information about any and all previous reports, including but not limited to criminal charges or allegations against me pertaining to child abuse or neglect, including sexual exploitation and abuse. I have revealed information about such allegations, even if they did not result in formal disciplinary action or criminal investigation or charges.

I have received and hereby sign a copy of this document; a copy of which will be filed in my personnel file.

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Name (printed)

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Signature

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Date

## Appendix B: Glossary

This glossary provides definitions of terms commonly used when working with children and adolescents in humanitarian situations.

**Children with disabilities:** Those who have impairments which are physical (e.g. wheelchair users), mental (e.g. clinical depression), intellectual/learning, or sensory (e.g. deaf, blind).

**Cognitive processes:** Mental processes such as thought, imagination, perception, memory, decision-making, reasoning and problem solving.

**Coping:** The process of adapting to a new life situation – managing difficult circumstances, making an effort to solve problems or seeking to minimize, reduce or tolerate stress or conflict.

**Demographics:** Information about the characteristics of a population or community, such as age, gender and ethnicity.

**Do No Harm:** A basic principle for successful programming; cautions against the unintentional harm that may be caused to those who are supposed to benefit from any intervention.

**Gender:** Refers to the social roles and identities of girls and boys; gender roles vary in different cultures, change over time and shape routine aspects of daily living.

**Inclusion:** The fair and equitable participation of all adolescents in all spheres of their life, school, community, programs and services, regardless of their age, gender, ethnicity, family, culture, geographical location, language, religion, ability or financial situation.

**Participation:** In the Adolescent Kit, participation refers to adolescents' informed and willing involvement in matters that concern them, both directly and indirectly. This involves giving adolescents opportunities to express their views, influence decision making and achieve change. Children's right to participation is encoded in the Convention on the Rights of the Child.

**Psychosocial:** Refers to the close connection between a person's mind, thoughts, emotions, feelings and behaviors, and their social world, e.g. relationships with family, friends and community networks, cultural traditions, economic status and life tasks such as work and school.

**Psychosocial support:** Refers to actions that address both the psychological and social needs of adolescents and promote their well-being; includes support provided by family, friends, neighbors, teachers and the wider community, and may also extend to care and support offered by specialized psychological and social services.

**Psychosocial well-being:** A positive state of being where someone thrives as a result of their psychological and social needs being met; One of the foundations of psychosocial well-being is access to basic needs (food, shelter, livelihood, healthcare, education services) together with a sense of security that comes from living in a safe and supportive environment.

**Referral pathways:** The individuals or institutions available to respond to the needs of adolescents when special support or services are needed.

**Resilience:** In the Adolescent Kit, resilience refers to adolescents' ability to react or adapt positively to a difficult and challenging experiences and to 'bounce back' and recover.

**Vulnerability:** A range of factors that may decrease an adolescent's ability to cope with challenges or difficulties, e.g. poverty, mental or physical health disabilities, lack of a social network, lack of family support, age and gender. Particularly vulnerable adolescents may include: unaccompanied and separated adolescents, adolescents in institutions, adolescents with disabilities or special needs, marginalized adolescents, unregistered adolescents in humanitarian settings, adolescents who are pregnant or mothers, and girls and boys in adolescent-headed households.

## ENDNOTES

<sup>1</sup> United States Office of Refugee Resettlement (ORR), 'Facts and Data', [www.acf.hhs.gov/orr/about/ucs/facts-and-data#Release%20to%20Sponsors](http://www.acf.hhs.gov/orr/about/ucs/facts-and-data#Release%20to%20Sponsors). Data for Fiscal Year 2020.

<sup>2</sup> Cultural Orientation Resource Exchange (CORE), 'Central American Minors Backgrounder,' International Rescue Committee, New York, October 2015, <https://coresourceexchange.org/wp-content/uploads/2019/09/CAM-Backgrounder-FINAL-Hi-Res.pdf>.

<sup>3</sup> United States Department of Health and Human Services, 'Latest UC Data – FY 2021', data through 31 May 2021, [www.hhs.gov/programs/social-services/unaccompanied-children/latest-uc-data-fy2021/index.html](http://www.hhs.gov/programs/social-services/unaccompanied-children/latest-uc-data-fy2021/index.html).

<sup>4</sup> **Sexual Exploitation** is any actual or attempted abuse of a person in a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another. **Sexual Abuse** is the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

<sup>5</sup> Consider also taking a training in Psychological First Aid (PFA), a globally recommended training, which consists of a set of simple rules and techniques that can be used by anyone (non-professionals and professionals) to respond to people in distress.

<sup>6</sup> For instance, do not describe the children you are working with as 'traumatized'; 'Post Traumatic Stress Disorder' is a psychiatric disorder and should only be diagnosed by a mental health specialist.

## Photo credits

Cover - © UNICEF/UN0278785/Bindra - Jennifer, 10 (center), is held by her older brother and sister at the St. Augustine hotel for refugees and asylum seekers in Tapachula, Mexico, on January 30, 2019. The siblings have come with their eldest sister, aged 20, from San Pedro Sula, Honduras. Their mother was killed by the gangs two years before and their father stayed in Honduras.

Page 5 - © UNICEF/UNI176266/Ojeda - On 10 December 2014 outside of La Casa del Migrante, a catholic shelter that supports migrants near the Lechería Train Station, in the municipality of Tultitlan, State of Mexico, Maria [NAME CHANGED], 16 (on right), from Honduras travels north with her younger siblings, expecting to cross the border to the United States to reunite with her family.

Page 10 - © UNICEF/UNI268525 - In October 2016, (wearing a blue t-shirt) UNICEF Child Protection Officer, Geslet Bordes works with youth volunteers from the Haitian Ministry of Youth, Sport and Civil Action in Jeremie, Grand'Anse department, Haiti.

Page 16 - © UNICEF/UN0278761/Bindra - (Left) UNICEF child protection officer Brena Zavaleta plays with children at the UNICEF-supported child friendly space at the Mexico-Guatemala border in Ciudad Hidalgo, Mexico, on January 29, 2019.

Page 17 - © UNICEF/UN0326503/Moreno Gonzalez - 10 July 2019 in Cucuta, 12-year-old Klenddysmar Romero Carpio, migrated 3 months ago with her family (Mother, father and one little brother) from Venezuela. She wants to be an actress and one day visit Paris. Above all, she just wants to continue be able to go to school again.

Page 18 - © UNICEF/UN0284776/Bindra - Teenagers primarily from Central America read the letters of support they received from a Mexican teenagers at a shelter for unaccompanied migrant adolescents in Tijuana, Mexico on February 21, 2019.

Page 20 - © UNICEF/UN0278777/Bindra - Migrant children awaiting their humanitarian visas draw at the UNICEF-supported child friendly space at the Mexico-Guatemala border in Ciudad Hidalgo, Mexico, on January 31, 2019.

Page 23 - © UNICEF/UN0284773/Bindra - Maylin, 15, from Honduras looks at herself in the mirror at a shelter for unaccompanied migrant adolescents in Tijuana, Mexico on February 21, 2019.

Page 26 - © UNICEF/UN0458524/Mussapp - Social worker using the Child Protection Information Management System Primero™ to support unaccompanied and separated migrant children at Casa Nuestras Raíces, in Guatemala City on April 22, 2021.

Page 35 - © UNICEF/UNI308587/Urdueta - Los Planes de Gualaca, Chiriqui Province, Panama February 10, 2020. UNICEF officer sharing books with Haitian and Angolese migrant girls at UNICEF's Child Friendly Space.



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