

Child Helpline International **Counselling Practice Guide**

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TABLE OF CONTENTS

Introduction	7
Preface	8
Development of the Practice & Training Guide	8
• Purpose of the Guide	8
• Format of the Guide	9
• Scope of the Guide	10
What is a Child Helpline?	11
Promoting Children's Rights – Meeting Children's Needs	11
Child Safe Organisations	12

SECTION 1 – OPERATIONAL CONSIDERATIONS & PROCEDURES

Introduction	13
Nature of Service Provided	13
• Child Centred Practice	
Confidentiality	14
• Maintaining Confidentiality	
• Limits of Confidentiality	
• Personal Confidentiality versus Agency Confidentiality	
Child Protection Policies & Procedures	16
Work Setting – The Counselling Room	16
• Resources for Individual Counsellors	
Opening/Operating Hours	18
Staffing Levels	19
• Rota Patterns	
• Shift Lengths	
• Switch Boarding	
• Breaks	
Selection of Potential Counsellors - including youth counsellors	21
• Volunteer versus Paid Counsellors	
• Professional Qualification or Lay Counsellors	
• Minimum Ages – Use of Youth Counsellors	
• Other Skills & Qualities Needed	
• Recruitment Process	
• References & Checks	
Briefing/Debriefing & Handovers	24
Supervision and Support of Counsellors	25
• Purpose of Supervision	

<ul style="list-style-type: none"> • 'Live' Supervision • Individual & Group Supervision • Appraisals 	
Ongoing Training / Skill Development	27
Record Keeping & Data Collection	28
Working with Long Term Callers	28
<ul style="list-style-type: none"> • Case Management 	
Standing Protocols	29
<ul style="list-style-type: none"> • Bomb Threats / Terror Alerts • Adult Callers • Silent / Non Responsive Calls • Testing Calls • Fantasy Callers • Sexually Demanding / Masturbatory Calls • General Protocols 	
Working with Other Organisations	34
<ul style="list-style-type: none"> • Referrals 	
Ethical Behaviour	35
Disciplinary Action	35

SECTION 2 – INITIAL TRAINING

Introduction	36
Part A – Key Training Considerations, Core Competencies & Training Programme	36
<ul style="list-style-type: none"> • Key Training Considerations • Selection of Trainers • Selection of Participants • Training versus Therapy • Room Layout & Materials • Course Numbers, Format and Duration <ul style="list-style-type: none"> ▪ Format & Duration of Course ▪ Number of Participants • Practice / Observation Sessions • Assessment • Probationary Periods • Training Methodology • Role-play & Skills Practice <ul style="list-style-type: none"> ▪ Feedback ▪ Feedback Model ▪ Group Feedback 	

<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Other Training Techniques & Tools • Warm Ups & Energisers • Core Competences • Counselling Skills – Bedrock of Effective Service <ul style="list-style-type: none"> • Being a Good Listener • Using Appropriate Responses • Effective Use of Silence • Pacing • Non verbal Prompts • Understanding Empathy • Creating Good Endings • Stages of Counselling – Counselling Model • Structure & Contents of Training Programme <ul style="list-style-type: none"> • Overall Structure & Contents • Format of Individual Sessions 	
Part B – Specific Training Materials & Information	58
<ul style="list-style-type: none"> • Self Harm & Suicide • Emergencies & Conflict • Trafficking & Exploitation • Post Traumatic Stress Disorder (PTSD) 	
Resources	66
APPENDICES:	68
Appendix A: Confidentiality Form	69
Appendix B: Child Protection Policies & Procedures	70
Appendix C: Application Form	74
Appendix D: Questions & areas for exploration in recruitment	76
Appendix E: Recruitment group exercise	77
Appendix F: Reference Request Letter	78
Appendix G: Annual Counsellor Appraisal Form	79
Appendix H: Case recording & data collection forms	81
Appendix I: Case Management Policy	86
Appendix J: Case Management Plan template	87
Appendix K: Referral Letter	89
Appendix L: Code of Conduct	90
Appendix M: Glossary of Helpline Terms	91

Child Helpline International (CHI) was officially launched in September 2003. The main objectives of CHI are to build, develop and maintain a network of child helplines throughout the world. Currently, CHI has members in over 97 countries, and in every continent. More information on CHI, and the network members, can be found at www.childhelplineinternational.org

Introduction

Welcome to the Child Helpline International (CHI) Counselling Practice Guide. This guide is intended as a resource for the CHI membership, and has been written specifically to assist organisations already operating, or planning to open, a child helpline. Several of the ideas reflected in the material are the culmination of many years of experience, making it difficult to attribute all materials. We have tried to recognise sources, but if you feel that you have not been properly credited for material used, please let us know and we will rectify this in subsequent editions.

This document is, in essence, a distillation of good practices. It has been produced by CHI in response to the needs as requested by member helplines through the PSP checklist and at regional and international consultations. The information contained herein, reflecting the counselling practice standards of various child helplines, was compiled between throughout 2008. The guide was developed through discussions conducted with representatives of the Advocacy and PSP Taskforces and feedback from many members of the CHI network. Information from child helplines as contained in CHI's library also provided a wealth of information and examples.

Inevitably the work of child helplines has been shaped to some extent by *all* those with whom child helplines work. Some materials have been provided by organisations that are not child helplines. Such material has been adapted where necessary to fit the particular operational contexts of child helplines.

This practice manual does not contain an exhaustive description of how to handle all types of contacts. It also does not address the differences in working with an individual via telephone versus, for example, a chat session. Still, our hope is that it will provide starter child helplines with a good basis for how to handle calls. We also hope that established child helplines will review existing practices and perhaps use this guide as a source of ideas. As always, we hope this guide will inspire and motivate the CHI membership into continuing to improve their services for the benefit of children around the world.

- The Child Helpline International Secretariat

Preface

Throughout this guide, the term 'child' is used in accordance with the United Nations Conventions on the Rights of the Child (UNCRC): someone under the age of 18 years old, irrespective of the age of majority within the domestic legislation. However, for ease of reading styles we have used 'child', 'children', 'young people' and 'young person' interchangeably. Where it is necessary to make a distinction between these groupings this is noted.

There is much debate regarding the meaning of the word 'counselling'. Sometimes it is used to describe the process of listening only, other times it means giving advice. There can also be disagreement with using the word 'counsellor' to describe someone working on a helpline. This is especially true in the case of volunteers with limited training or where there are professional rules and regulations defining who can legally call themselves a 'counsellor'. Despite this, because of the wide range of understanding, we have chosen to use the words 'counselling' as an umbrella term to describe the process of helping a child via a child helpline and 'counsellor' to denote the person working at the child helpline (either paid or voluntary).

Appendix M contains a helpful Glossary of Helpline Terms.

Development of the Practice and Training Guide

This guide is the result of feedback from the CHI network via the PSP Checklist and regional and international consultations. With this information in hand, the CHI Secretariat realised that members needed more support regarding operational issues. The expected benefit of this guide is to provide a basis for the establishment of consistent standards relating to the quality of service that children receive.

In developing the guide, CHI did not start from the presumption that there is one 'right' way to organise and run a helpline service. There are many differences in the ways child helplines work, and we have tried to reflect these differences. The guide therefore does not propose one way as the right way, but instead aims to highlight specific areas of important consideration and make suggestions. Explicit reference is made to those non-negotiable areas: that is those systems that should be in place to ensure that safe services are offered to children (for example, checking the references of a prospective helpline employee or volunteer).

Purpose of the Guide

CHI hopes that individual child helplines will use this guide as the basis of their work. This does not mean that this is a cookie-cutter guide. Instead, child helplines should amend and supplement the materials to suit both the local context, and the particular aims of the

organisation. For new helplines, we hope this guide will be used to learn from the collective experience of the network. For well established helplines, this guide may be useful for periodic review of the service, and in the development of on-going training for helpline workers.

This guide is a 'living' document – it is intended to be adapted and used to fit the local situation, and to be revised as knowledge about the best way to help children by helplines increases.

Format of the Guide

To make the guide as useful as possible to a wide range of organisations at various stages of development, there are two main parts:

SECTION 1 - Operational Considerations and Procedures

This section explores some of the issues that should be considered when setting up / operating a child helpline service, and some of the procedures necessary to ensure quality service. This also includes suggested resources for counsellors.

SECTION 2 - Training for Counsellors

This section focuses on how to ensure that those working at child helplines have the necessary skills and knowledge to be able to respond to children appropriately. In addition to suggested training programme content and modules, it also considers some of the more practical issues of how to organise initial training for counsellors (e.g. timings, length of training, and assessment of trainees).

To provide an effective service, a focus of training should be *Knowledge and Skill Development* – not just knowing what to do, but how to do it. The training provides a space to practice (i.e. experiential learning) by exploring how to handle typical calls on a variety of issues (such as abuse, bullying, running away and family problems).

The training suggested is 'initial' training: the first training that counsellors receive before starting work at the child helpline. As well as guidelines for how to conduct and what to include in initial training, there are some specific sessions for working with especially challenging situations such as conflicts.

While targeted at initial training, some child helplines may wish to use the material for a number of reasons, such as: refresher / ongoing training of existing counsellors to reinforce skills; prevent burnout; and deal with the need to update knowledge and skills for managing the constantly changing challenges with which children have to cope. The constant development of counsellors is critical. Still, child helplines wishing to use the training for

refresher courses will need to carefully consider whether it is applicable: in some cases, it may be assessed as being too basic to meet the needs of existing, experienced child helpline workers. Additionally experienced counsellors who are confident in their basic counselling skills may appreciate more knowledge based / information training to enable them to feel more prepared with particular types of calls. In such cases it can be useful to consult with counsellors over the scope and training they would find most helpful.

Included in the appendices are useful resources referred to throughout the guide.

Scope of the Guide

This guide also covers what might be understood as ‘remote counselling’: where the child and counsellor are not in the same place. This is primarily by telephone, although also includes consideration of the general principles that also cover counselling by e-mail, SMS, radio and internet chat services.

While all forms of counselling are challenging, counselling remotely can be especially difficult for a number of reasons. When counselling someone who is not physically present the senses used, primarily hearing, become heightened. It can be especially hard for a counsellor to listen to a distressed person and *feel* that nothing can be done to help them (that is not to say that nothing can be done, but that is what it might feel like to the counsellor) or be worried that the child may put the phone down, or end the chat, if the ‘wrong thing’ is said. Counsellors need a high level of skills and support to be able to work effectively and safely.

Some child helplines also provide other services such as outreach and other support programmes. Training for this type of work is outside the scope of this guide, though some information, including the training programme and modules in Section 2, may be of use in connection with other activities. The basic counselling skills can be used in a variety of settings.

Many child helplines provide services to other groups as well as children (typically women and children) or focus on a specific theme (such as trafficking). Helplines working with adults or around specific issues may need to have information on other types of training, as this guide focuses on children. Since the basis of this manual is founded on good practice when running a child helpline, much of what is suggested in this guide is equally applicable to all types of helplines.

What is a Child Helpline?

CHI defines a child helpline as:

‘a telecommunication service for or on behalf of a child which provides direct services intervention, such as counselling, a referral, active listening etc. The type of services offered to children by helplines reflects the diversity of child helplines themselves and, often, the infrastructure of the country. The services run the gamut from listening to a caller who is unsure whether to report abuse, to providing direct assistance in removing a child from a dangerous situation. In both scenarios (and so many others that fall in between), children need to know that they are not alone, that someone outside of their immediate surroundings cares about them’

Contact with child helplines may be sought and given by telephone, but also by other technologies, such as: text messaging, internet chat services / instant messaging and email, letters and, in some cases, face to face meetings.

Promoting Children’s Rights – Meeting Children’s Needs

Child-targeted services should be delivered in ways that promote and uphold children’s rights. Frequently, especially for international funding agencies, decisions about supporting an organisation are framed around children’s rights.

The international rights of children are, of course, enshrined in the United Nations Convention on the Rights of the Child (1989). By their nature, child helplines are in an ideal position to promote children’s rights, in particular:

- Article 12 - Importance of child’s opinion
- Article 13 - Freedom of expression
- Article 17 - Access to appropriate information
- Article 19 - Protection from abuse and neglect
- Article 34 - Protection from sexual exploitation
- Article 35 - Protection from sale, trafficking and abduction

Article 3, the ‘Best Interests’ of the child gives an overriding right for a child to have their needs promoted. This should be done in a holistic manner, given due consideration to unique circumstances of each individual child.

Promoting children's rights means working with children in a **child centred** way, where children are **empowered** to make decisions and where their active **participation** is sought. A fuller discussion on child centred practice is included in Section 1.

Child Safe Organisations

CHI believes that all child helplines, including organisations that operate solely a child helpline as well as those that run a child helpline in addition to providing other services, should be 'child safe'. They should have screening procedures (for example by carrying out police checks and seeking references) to ensure that individuals who may threaten the safety of children are not recruited. All organisations need clear child protection policies and procedures, detailing the mechanisms that will be used for responding to concerns.

Additionally, there should be guidelines relating to expected behaviour (such as codes of conduct). Child protection awareness training should be provided to *all* workers as part their orientation, with more in-depth training for positions with a child protection component. Training should also include instructions on how to report suspected abuse. Local legislation that guides the management of child abuse also should be integrated. Some countries have strict mandatory reporting laws that impact on the helpline call management of an abused child.

More information on creating child safe organisations, and the implications for child helplines, can be found in Section 1.

SECTION 1

OPERATIONAL CONSIDERATIONS AND PROCEDURES

Introduction

This section explores some of the issues that should be considered when setting up/operating a child helpline. It also highlights other procedures necessary to ensure a quality service. This includes suggested resources for counsellors.

There are many ways of running a child helpline service. Some organisations provide a child helpline service to complement existing programmes, either run by the organisation itself or by other organisations. In effect, the child helpline assists children in accessing other services. Where there is difficulty in accessing technology, other organisations use activities (such as outreach) to help children contact a child helpline.

Decisions about how to organise the service depend on the nature of the service to be provided. Conversely, the way the child helpline is organised also influences the service provided. For this reason, there are a number of operational issues that need careful thought.

This section has been developed on the basis of good practice from the CHI network. The various practices suggest that there are many valid approaches. This section presents a consensus opinion. Where there are differing views, we have explored the relative benefits and disadvantages of each approach.

Throughout this section, we have also concentrated primarily on telephone contact with children and young people. However, most of the suggestions relate equally to other forms of 'remote counselling' (such as email or SMS) and can be easily adapted to suit.

Nature of Service Provided

The nature of the service provided varies dramatically between child helplines. Some offer a 'listening service'. Others act as a referral point, while still others give advice. Frequently, child helplines provide a combination of all of these services. Some child helplines provide more direct interventions, such as outreach and face to face work.

The nature of the service provided should be dependent upon an assessment of local needs, including services and programmes run by other organisations and the available resources. An important consideration is the views of children themselves. Wherever possible children should be consulted regarding both the initial and ongoing development of the helpline. A fuller discussion of child participation, particularly as it applies to child

helplines can be found in the CHI practice handbook *A Guide to Child Participation Practice in Child Helplines*.

Limited resources are a challenge for most child helplines. A child helpline's existing resources largely determines the operations of a child helpline. For this reason, child helplines should take advantage of existing systems and not duplicate the work of other organisations. In an environment with a scarcity of other services, it may be necessary for a child helpline to provide more comprehensive assistance to ensure that children receive the help they require. This may mean that additional resources must be secured.

Child Centred Practice

A key feature of any child helpline that promotes children's rights is that it adopts a child centred approach to its practice. Child centred practice involves, among other things:

- Listening to and respecting what children have to say
- Talking with, and providing information where necessary, to children in a way which is appropriate for the child's development, understanding and capacities
- Focusing on the child's needs and rights
- Trying to see the world from the child's perspective
- Acknowledging and believing that the child is the primary client
- Seeing the child as an individual person as well as a member of a class or group
- Working with the child in a way which encourages their participation, builds on their strengths and own resources, and empowers them to make decisions

Confidentiality

Linked to the nature of the services offered by a child helpline is the level of confidentiality provided to callers. There are two important issues to consider: when counsellors *must not* break confidentiality and circumstances when counsellors *must* break confidentiality.

Levels of confidentiality expected from the individual contacting the child helpline must be established (and be clear from the outset) so that all counsellors are aware of the policy. Trust is extremely important in all helping relationships, including those of child helplines, and it is necessary to ensure that promises and guarantees are not made to callers that cannot, or will not, be maintained.

To ensure that counsellors are fully aware of the policy relating to confidentiality, and how it relates to their work, they should be asked to sign a confidentiality form which spells out the policy. The policy should be explained to counsellors. Issues of confidentiality should also be covered in-depth during initial training.

Appendix B contains a sample Confidentiality Form, which can be adapted as necessary.

Maintaining Confidentiality

Children have a right to expect that the information they give is respected and kept private. This means that details about children should not be shared outside the child helpline with anyone, except in agreed-upon circumstances – either because it has been decided that confidentiality cannot be maintained (see ‘Limits of Confidentiality’ below) or because the child has given specific, express permission for their story to be told (and to who).

The breaking of confidentiality by counsellors often occurs inadvertently. This may happen because the counsellor is not aware of the need for confidentiality or the information ‘slips out’. This can also happen when, during the course of the call, the counsellor realises that they already personally know the child or their family. Confidentiality can also be broken when counsellors seek help on coping with their feelings regarding their work on the child helpline. This is one reason why appropriate supervision is critical.

Limits of Confidentiality

Some child helplines offer complete confidentiality: whatever is said stays within the helpline organisation. In practice, few child helplines are able to do this. This is because many child helplines believe that breaking confidentiality is necessary in certain circumstances (such as in life threatening situations) to uphold a child’s right to protection.

Other child helplines break confidentiality even without the permission of the child whenever they suspect abuse and exploitation (even if not life threatening). This may be an organisational policy decision or driven by national legislation (a legal requirement to report abuse or professional codes of ethics demand reporting).

Personal Confidentiality versus Agency Confidentiality

Even if the child helpline guarantees confidentiality and will not make a referral to another agency without the child’s permission, confidentiality rests with the child helpline and not the individual counsellor. Statements like *‘I won’t tell anyone’* or *‘we can keep it private between us’* should be avoided as they give the false expectation that nobody else will know about the call.

The supervision of counsellors to ensure that they are supported and calls are appropriately handled is absolutely necessary. This can be done by sharing calls with fellow counsellors and supervisors, either by listening in at the same time where possible, and / or in a discussion following calls. It is also important to share details of calls in case the child contacts again when the counsellor is not there. While a proper recording system or tracking system of a call is important, inevitably a counsellor will have a sense of a call that extends

past what they may be able to accurately record. In the case of long term and/or repeat callers continuity of care should be taken into account, further information can be found on page 33.

The confidentiality policy should identify who has the authority to make decisions about breaking confidentiality against the child's wishes.

Child Protection Policies & Procedures

Child protection is intrinsically linked to creating a child safe organisation and confidentiality. Child helplines need a child protection policy and accompanying procedures detailing how child protection concerns will be handled. The policy should include definitions of child abuse, reporting mechanisms and decision making processes. The policies and procedures should cover:

- 1 The proactive measures the organisation will take to prevent child abuse (for example in recruitment); and
- 2 The reactive steps the organisation will take when abuse is reported. This includes outlining what steps the organisation will take when allegations are made against staff and volunteers. It is advisable that the child helpline adopts a complaints policy.

Child protection policies and procedures do not need to be long or complicated. They do need to be clear, and workers need to be aware of them.

Appendix C includes a sample Child Protection Policy and Procedures. This can be used as a basis for organisations to develop their own policies and procedures, but it must be adapted to suit the particular circumstances and context.

Work Setting – The Counselling Space

Counsellors need a place to do their job. In an ideal world (with unlimited resources), a helpline should be able to design their 'perfect' counselling room. In the real world, helplines usually have to make compromises.

Things to take into consideration when organising the work setting include:

- The counselling room should be somewhere private (for reasons of confidentiality) and relatively quiet, so that counsellors are able to work uninterrupted
- Counsellors need to be as comfortable as possible. Having adjustable heating and / or air conditioning, ventilation and lighting is helpful

- A separate, private area should be available for use as a break / debriefing room to keep background noise and disruption to a minimum. The room can also double as a supervision/meeting room
- Within the counselling rooms, individual booths can be installed or partitions put up to provide further privacy. Care should be taken with these to ensure that counsellors do not become isolated. While privacy is necessary, counsellors usually find it surprisingly easy to concentrate when they are actually talking with a child, even when there is some background noises
- Necessary equipment needs to be provided – it is impossible to provide a telephone-based helpline service if there are no phones, or to provide online counselling if counsellors do not have access to a computer and the internet!
- Space for the resources and information that counsellors may need to access while on shift – for example bookshelves or filing cabinets
- A secure storage facility is necessary for the storage of records. A lockable filing cabinet is fine for this purpose
- Sufficient materials – such as necessary forms, pens, paper etc should be available
- Notice boards with specific information, such as what callers need to watch out for and general messages for counsellors can be useful
- Mail trays / 'pigeon holes' for each counsellor are needed so that specific messages can be passed on (for example supervision dates). Internal communication tool for child helpline staff.
- A wall clock helps counsellors to keep track of time
- Electronic database to record contacts

A number of child helplines provide refreshments for counsellors, others do not. This is often associated with available resources. Some child helplines have been very enterprising and creative. At least one has been able to persuade a sandwich shop to donate all their left-over sandwiches (which would normally be thrown away at closing time) to the child helpline so that the evening shift counsellors can have something to eat!

In addition to the general working area, the child helpline team will need access to other space and resources on an occasional basis, such as when running training courses or recruiting new counsellors. If space is not available, this will need to be arranged separately each time.

Resources for Individual Counsellors

There may be a lot of materials that counsellors need to refer to from time to time. However, it can be overwhelming to have everything in front of each counsellor, not to mention difficult to organise and keep up to date. It may be more helpful to have a central file where counsellors can find specific information. Having key information at hand in a folder, on the desk or pinned on the walls usually functions best.

Information in folders may include summaries of important policies (such as confidentiality), frequently used telephone numbers (such as child protection services, police and other organisations), and reminders of approaches used or ways to handle specific calls. The information needed depends on the particular situation of each child helpline. Some child helplines have developed a check list for counsellors to refer to for guidance on issues such as referral.

Counsellors normally appreciate having a safe place where they can keep information relating to their work at the child helpline, such as copies of appraisals or training notes. This should *not* include private notes about children who call. ALL notes relating to calls should be kept within the child helpline's record management system.

Opening/Operating Hours

A 24 hour service open 7 days a week is the best option for children. Still, to be able to function effectively, a child helpline needs adequate resources. Running a 24 hour service, even if using volunteers, is difficult to achieve on a consistent and ongoing basis. It is unfair to children, and may reinforce feelings of isolation and rejection, if a service is supposed to be 24 hours, but in practice the phone is left to ring or texts or SMS chats go unanswered. Child helplines need to carefully plan how they are going to be able to achieve this on a regular basis. This might mean forming a plan to gradually increasing opening hours until it is possible to remain open 24 hours daily.

By collaborating with other organisations, or different offices of the same organisation, to form a network helpline, it may be possible to provide greater coverage as each organisation can take responsibility for staffing predetermined days or hours. This relieves the burden of having to cover the entire opening hours of the service and enables each participating organisation to concentrate their efforts on specific shifts. For example, one child helpline has a main office in the capital of the country, and smaller offices in other regions. The 24 hour service runs out of the main office, but at peak call times the satellite offices are open. A sophisticated telephone system transfers calls to the satellite offices, staffed by volunteer counsellors. This means that demand can be met, and also has the advantage of enabling callers to speak to someone from their region.

Outside of the child helpline's working hours, it is helpful to have an answering machine. The recording should state the child helpline's operating hours and should also direct callers to other available sources. It is also a good idea if children hear a message when the lines are busy, thanking them for their call and asking them to either hang on or redial later.

When child helplines find it difficult to remain open for extended or regular periods of time, the use of other forms of communication (such as letter writing and email) can be very useful as these can 'wait' (but not too long!) until there is someone on shift.

Staffing Levels

The number of counsellors working at any one time depends on the perceived demand of the child helpline from the public. This needs to be reviewed periodically. As the child helpline becomes established and more widely known, demand *may* increase. Where possible, it may be necessary to increase the number of counsellors available accordingly.

Another issue to be taken into consideration is the peak time for contacts at the child helpline. If there are high levels of school attendance, there might be relatively few calls during school hours, but a higher volume of calls after school hours. In such cases, it is best to have fewer counsellors on shift in the morning and early afternoon, and more later in the day/ early evening.

At a minimum, there should always be two people on shift at any one time. There are three reasons for this. Firstly, the counsellor taking the call may need assistance in referring the child to other services, while maintaining contact with the child. Secondly, as counselling on the phone can be stressful, having a colleague present during a difficult call can offer much needed support. Thirdly, having two counsellors present means that standards are maintained and that there is a safe working environment.

Although it can seem difficult to provide two counsellors at all times, both counsellors do not have to answer calls. One person can answer incoming calls while the other carries out routine work (such as administration activities) and remains available if necessary.

A shift supervisor should always be present when there are many counsellors, volunteers or paid staff, on duty at the same time. In such cases, the role of the supervisor is generally not to answer calls but to be available to assist and support counsellors taking calls.

Rotas & Shifts

Rota Patterns

Child helplines should organise a 'rota' (that is a schedule) to make sure that the helpline is appropriately staffed. This can be either 'fixed', where counsellors work predetermined regular shifts (for example every Monday evening). It can also be 'floating', where counsellors put their name down to work available shifts which suit their preference.

A fixed rota tends to be easier to manage, and works well particularly for paid staff where regularity is important. It also fosters the development of close relationships between counselling colleagues. Still, there are a few problems with fixed rotas. They can feel restrictive and, especially where close relationships develop, they can be difficult for newcomers to join, as 'cliques' may already be formed.

While floating rotas are more flexible and provide an opportunity for counsellors to meet a variety of colleagues, it is sometimes more difficult to provide support and supervision to counsellors precisely because counsellors are less well known. Additionally, counsellors may not develop a feeling of being part of the group.

One way to address this dilemma is to develop a hybrid system which adopts from both rota systems. A hybrid system of rotas is a mixed rota where some counsellors cover regular shifts, while others 'fill in the gaps'.

Regardless of the shift system used, the persistent challenge is making sure that shifts are filled. It is almost always necessary for someone to be responsible for the rota and to find replacements when counsellors cancel (such as if they are sick) or are on leave.

Shift Lengths

The length of time that a counsellor spends on shift depends on the demands on the service, (and on the local context). Where volunteers have to travel long distances to reach the office they may prefer to work fewer, longer shifts. This can have implications for who can become counsellors, as volunteers may not be able to give long periods of time.

The length of a shift also depends on how busy counsellors are. Working at a child helpline where the phone rings permanently can be especially draining. In this case, a shift of 3 or 4 hours may be the most that counsellors can manage without the quality of their counselling being seriously affected. If 3 or 4 hour work shifts are not possible, sufficient breaks should be allowed (lunch breaks, time to stretch, take a short walk, etc.)

Another factor which effects shift length is demand. Where longer shifts are used, it may be appropriate to have extra counsellors coming on duty for shorter periods of time to help provide additional cover when demand is high.

Switch Boarding

Some child helplines use a switchboard system. In this system, calls are answered by one person who then allocates the call to an available counsellor. This is a useful system where the child helpline is very busy, as calls can be screened and prioritised. Another benefit is that quick queries can be dealt with at the switchboard rather than tying up a counsellor.

Sometimes, however, children find the transfer of calls from switchboard to counsellor difficult to tolerate in situations of intense stress or need. The risk is that they will hang up. It should be remembered that switch boarding can be very demanding for the person answering the incoming lines when there are many testing calls.

Breaks

Child helplines have different ways of providing breaks for counselling staff. Some give fixed time breaks (for example allowing a 15 minute break every three hours on shift) while others allow counsellors to take breaks as necessary or when they feel like it. For those working longer shifts, it is especially important to make sure that counsellors take breaks so that they remain alert and able to take calls. Breaks help counsellors maintain their concentration and are useful in relieving stress.

Selection of Potential Counsellors – including youth counsellors

Voluntary versus Paid Counsellors

Counsellors at child helplines can be paid or voluntary. There are advantages and disadvantages to both.

If counsellors are *paid*, the child helpline can be more demanding in terms of work patterns. Another benefit to using paid counsellors is that it is possible to recruit (or at least try to!) staff with existing expertise and knowledge. This may be particularly important where there are few resources that children can be referred to, as the helpline may have to end up doing 'most of the work'. Obviously, paying counsellors pushes up the cost of running the service.

Where the counsellors are *volunteers*, it can be challenging to cover all shifts, particularly early mornings or late nights. Additionally, volunteers may cancel at short notice due to other commitments, or may not enter into (or observe) a long term agreement to volunteer at the child helpline. Nothing is more frustrating than spending time training a volunteer counsellor, and having them leave soon after for a paid job! Volunteers may also have limited time they can offer to the child helpline (they may be students, for example). While it may seem that volunteers are less reliable than paid workers, they do make a valuable contribution to an organisation. They bring energy and commitment to the work. After all, they are choosing to spend their free time in this way.

Wherever volunteers are used, it is likely that paid staff will be needed, perhaps in supervisory and management roles, to provide consistency across the helpline. Child helplines which primarily use volunteer counsellors may also employ paid counsellors to work those hard-to-cover shifts. This can create tension and ill feeling however between paid and non-paid counsellors, and can sometimes be demotivating for volunteers.

Professionally Qualified or Lay Counsellors

Another distinction that often exists at child helplines is between *professionally qualified counsellors* (who may have a specialist knowledge required, for example legal or psychological) and *lay people*, which are those without a relevant professional training. While counsellors who have a relevant professional background tend to need less support (that is not to say they do not need any support and supervision) sometimes they are not able to adapt to the working style of the helpline. They may, for example, be too directive with children.

Some child helplines use a combination of both types of counsellors. This can allow a child helpline to offer specialist support at predetermined times (for example, legal advice one day per week; family counselling on certain hours).

The decision whether to recruit professionally qualified only and / or lay people is for each child helpline to decide. Choosing to recruit only professionally qualified *volunteer* counsellors can have a dramatic impact on the number of people who are willing to volunteer. It may be less difficult to find suitably qualified people if posts are paid.

Regardless of the counsellor's backgrounds, or if they are paid or voluntary, all counsellors should attend introductory / initial training. Mandatory participation ensures a consistent approach in the way that calls are handled and the manner in which responses are given to children.

Minimum Ages – Use of Youth Counsellors

Another decision that a child helpline has to make is the minimum age for counsellors. Youth counsellors under the age of 18 can be effective. However, they need more supervision to ensure that they are safe and their own rights are promoted and protected. The focus around youth counsellors has traditionally been on physical safety, but the emotional needs of young people must also be taken into account. There may also be local legal restrictions relating to the employment of young people or their involvement in voluntary activities.

Other Skills & Qualities Needed

After deciding on whether to use paid or unpaid, qualified or lay people and whether there is a minimum age requirement, child helplines need to consider the qualities and skills that they want potential counsellors to possess.

Recruitment Process

Knowing what type of person is wanted *and when* they are wanted assists child helplines in identifying how to attract potential, suitable candidates. Formal advertising may be needed to find candidates or word of mouth may be sufficient. For paid positions, it is customary to recruit only for vacant posts. For volunteer positions, it is often beneficial to recruit on a regular basis (monthly, bi-monthly, annually, bi-annually). One reason for this is because of the higher turnover of volunteers on a child helpline, which requires constant recruiting and training. If sufficient volunteers are recruited and trained it may be possible to increase opening hours at relatively little extra cost to the helpline.

All applicants should be asked to fill in an application form, showing how they meet the selection criteria (i.e. the skills and qualities required). This is important to make sure that all applications are fairly considered. Providing information about the child helpline and the role can be a useful way to ensure that only interested and suitable people apply. Those that do not tend to 'self select' and not submit a form. Obviously, the amount of information provided and the format it is provided in depends on available resources.

Appendix D contains a sample Application Form that can be adapted to suit.

Once application forms have been screened, in person interviews are needed. This gives the opportunity for the child helpline to explore the applicant's experiences in depth. It also helps the child helpline in understanding the applicant's personal motivation for applying. Some child helplines like to include a practice exercise as part of the interview process. This can be an individual or group exercise. Setting a group exercise has the advantage of giving the interviewers the chance to observe how the applicant works with others.

Appendix E contains suggested questions and areas that should be explored during the interview.

Appendix F provides an example of a simple group exercise, suitable for use in recruiting potential counsellors.

Assuming applicants are accepted, and are still interested in the position, they can then be allocated a place on a training course. Running initial training for counsellors is covered in Section 2.

References & Checks

In order to protect children and create a child safe organisation, it is essential to conduct background checks on applicants. This is a critical aspect of the recruitment process, and cannot be stated enough. All applicants *without exception* should be screened. References should be sought from former employers (at least two, preferably three) or others who know the applicant (though not family members). Checks should also be made with the police and, where they exist, offender registries.

In conducting background checks, information should be sought on the applicant's suitability (or otherwise) to work with children at a child helpline. Nevertheless, having a police record does not necessarily mean that the person cannot be recruited. It is important to understand the nature of the record and the offence. In many places, people can have a record for reasons that should not hinder their ability to work with children. In societies where there is high level of student activism it is not uncommon to find that people have criminal records for public order offences, only to find that they were arrested while taking part in a human rights demonstration.

Any offences against children or sexual offences including violence or stalking against adults should always mean automatic rejection.

Wherever possible, references should be in writing and should be retained on file. If it is not possible to obtain a written reference, a record of the conversation should be made and filed.

Appendix G contains an example of a letter requesting a reference.

Briefing/Debriefing & Handovers

Before the start of shifts, it is important for counsellors coming on duty to be updated with any information they may need to be aware of. This might include information on callers who are expected to call again or notices about forthcoming events, such as training. A typical format for a briefing and handover consists of a short meeting of those coming on shift with someone from the previous shift (i.e. about to leave). If supervisors are used on shift, they can liaise with the previous shift and relate the information to those about to start.

At the end of the shift there should also be time for counsellors to debrief and make sure that any information necessary is handed over to the next shift. Debriefing enables counsellors to make sure that they have resolved any issues relating to their work, and includes giving them the opportunity to discuss their feelings.

One way to make sure that briefing and debriefing takes place is by asking counsellors to arrive shortly before their shift starts (say 15 minutes) and to stay after their shift for a short meeting. Another way to address this is to have a brief overlap period integrated into the rota.

Supervision and Support of Counsellors

Purpose of Supervision

It is important that counsellors receive regular supervision and support, regardless of their training, qualifications or role within the organisation. This is necessary to ensure that counsellors are properly supported in their work, so that they do not become emotionally overwhelmed, disillusioned or burnt out. It is also necessary to maintain standards of service and consistency of care.

In providing supervision and support, a child helpline should practice what it advocates. It is absolutely important to model the values and ethos of the child helpline itself: respect for the individual. Supervision and support should be an opportunity to think about how situations are managed, what went well and what could have been done differently. Although supervision should always be in the spirit of positive reinforcement, it is nevertheless important to make sure that issues of concern are addressed. Any issues of concern should be addressed in individual meetings with supervisor and counsellor, these are often called one-on-ones. These meetings are then linked to annual appraisal meetings. See page 31 for further information about appraisals.

‘Live Supervision’

The debriefing at the end of a shift provides an opportunity for counsellors to receive support. However this is not enough. Ideally, counsellors should not work alone. There should also be adequate supervision of counsellors while they work. Where there are more than two counsellors working on shift at any one time, it is useful to have a nominated shift leader or supervisor working alongside the counsellors. The role of the supervisor / shift leader is not to take calls, but to support counsellors.

This can be done in a number of ways, including, having the facility to listen in on calls (or for part of the call) as they are taking place (if possible by using a second listening only headset) or reading web chat, together with the opportunity to talk about the contact with the caller after it has ended

It is important that counsellors do not feel singled out or ‘watched’ but understand that this is something that is provided for all counsellors. After all, the presence of the supervisor is meant to be supportive. To facilitate this, it is helpful if counsellors experience live supervision during their training. Live supervision has the additional benefit of being able to

assist counsellors with problems and difficulties as they arise. *More information about this can be found in Section 2.*

Individual & Group Supervision

A complement to live supervision is regular group or individual supervision. This type of supervision provides a space to discuss more thematic issues and areas for skills development. This should be a meeting, separate to a shift hand-over and briefing / debriefing. Ideally, it should be facilitated by the same person on a regular basis. Supervision should take place approximately every six weeks. Having a regular supervisor helps with consistency.

An important element of group supervision is that only relatively general issues should be discussed. It is never appropriate in group supervision to discuss issues which apply to only one counsellor. This is especially true if it is a sensitive or personal matter. Not only is it unfair for the individual concerned, it can make others present feel uncomfortable or awkward.

An alternative to group supervision (or to supplement it when there are specific issues) is individual supervision. This type of supervision gives counsellors the opportunity to discuss issues of particular relevance. One drawback with individual supervision is that it can be very time consuming and labour intensive for management. Consequently, it can be difficult for managers to maintain when there are large numbers of counsellors.

Regardless of the types of supervisory meeting used by a child helpline, notes / minutes should always be written and copies given to those present for their reference.

Appraisals

All counsellors should have the opportunity to have a regular (at least annual) appraisal and review. This is time for them to explore their work at the child helpline, and identify areas for improvement and development. Appraisals also provide a formal mechanism for consulting with counsellors on the way that the child helpline is managed, and how they are supported by the child helpline as a whole and by supervisors on an individual basis.

For volunteer counsellors, appraisals are an opportunity to explore ideas about on-going commitment to the organisation.

In the case of new counsellors, a probationary period should be set. It is good practice for the child helpline to adopt a formal assessment for counsellors reaching the end of a probationary period.

Appendix H contains a sample Annual Counsellor Appraisal Form.

Ongoing Training / Skill Development

It is essential – not just important - that counsellors continue to develop their skills and knowledge while working at the child helpline. One way is, of course, through the continuous acquisition of experience at the child helpline. For this reason, some child helplines require a minimum number of hours that counsellors must work per year in order to remain active on the child helpline.

The situation and status of children is constantly changing. New technologies and circumstances offer different opportunities to children, but they also raise new needs. Training should be continuous to ensure that counsellors remain aware of changes, and know how to work with them. Although practical experience is invaluable, formal refresher training and ongoing skill development programmes provide the space and time to learn new concepts. They also provide an opportunity to reflect on past experience; essential for the improvement of services. The training needs of counsellors can be identified by tracking the content of calls through the normal data collection / record keeping processes.

One approach to ensure counsellors participate in ongoing training is to require attendance at a specific number of ongoing training hours, otherwise retraining will be needed before continuing work on the helpline. Ongoing training can either be in a block (such as on one day) or by shorter sessions throughout the year to build up the required hours.

While ongoing training can be appreciated by counsellors and is essential, making the arrangements for the same can pose an additional burden to the child helpline. Some child helplines can only provide a limited ongoing training programme. Others have the resources to organise a training programme with many choices and opportunities. Inviting outside speakers or finding opportunities for counsellors to attend relevant courses can help reduce the workload of the child helpline.

Attendance records should always be kept especially where there is a mandatory requirement to attend training in order to remain active as a counsellor.

Record Keeping and Data Collection

While record keeping and data collection can sometimes seem like a chore (or an ancillary or secondary function to working at a child helpline), it forms the foundation of a child helpline's work. Good records ensure that continuity can be provided to long term callers. They can also be used for fundraising purposes as they can be used to illustrate the demand on the service and the nature of calls received. Records also provide excellent material for advocacy, as an analysis of reasons why children call the child helpline can provide real and

meaningful information to key decision and policy-makers. Of course, records can identify ongoing training needs for counsellors, counsellors should remain abreast of how to work with any emerging trends.

It is important when designing data collection systems to think about the sort of information that will be useful. Why will certain questions be asked? Why will others not be asked? How will the information be compiled and what will be done with the information once it is collated? Recording information for what seems like the sake of it or 'just in case' can be a disincentive to filling in forms.

Child helplines should also determine what type of data needs to be collected. There are two principle types of data that should be collected: Firstly, information relating to a specific caller. This can enable the caller to be identified in the future by the child helpline, and improve or build upon the support offered; and secondly, general details regarding the nature of the call(s) received.

Appendix I contains various case recording and data collection forms that may be useful. These can be adapted as necessary.

Working with Long Term Callers

Case Management

While many callers have one-off contact with the child helpline (that is, they never call again), or a number of contacts over a short period of time, other callers may have regular contact over a prolonged period of time. Child helplines need to develop policies which identify the way they work with long term callers.

In essence a case management system should be introduced to ensure that the child helpline's policy works with the child in promoting their best interests and meeting their needs. This should include meeting on an organisational level to establish a plan for the individual contact (to include any focus of support) and a regular review of any plans developed.

Sometimes, depending upon the needs of the caller, it may be appropriate for the case management plan to include not only the focus of support offered, but also identify when the caller should ring, and if they should talk with a specified counsellor.

Wherever possible case management plans should be developed with the child / young person themselves. Where this is not possible, perhaps because the pattern of calling is too chaotic or the child or young person will not engage in such discussions, then the case

management plan *must* be explained to them at the first available opportunity (i.e. the next time they call).

To develop good practice in working with long term callers, child helplines could;

- Include client goal setting and review
- Refer to case files
- Refer to other agencies accessed by the client to develop joint pace/crises management plans.

Appendix J contains a sample Case Management Policy, which may be of use to child helplines when developing their own policies.

Appendix K includes a sample Case Management Plan template.

Standing Protocols

A child helpline should develop protocols as to how certain types of calls and situations should be handled (for example bomb / terror threats, adult callers, fantasy callers and testing calls). Additionally there may be instructions on how to help individual callers manage their contact with the service. This may be necessary where contact is chaotic or destructive (and should form part of the caller's case management plan). In all these situations, clear directions should be given to counsellors so that they know what to do. These directions are sometimes referred to as 'standing orders' or 'standing protocols'.

Although there might be debate about the appropriateness of either the protocols or the specific instructions regarding individual callers, it is extremely important that they be implemented consistently. Otherwise, the danger is that the caller may become confused and the counsellors split, with divisions in the counselling team about the best way to help the caller. Such splitting can move beyond professional differences and become very destructive to the moral and functioning of a counselling team.

Section 2 contains more detailed advice as to the skills counsellors need to handle these types of calls. Below we list the most common calls which tend to require standing protocols. Child helplines need to decide how to manage such calls, but suggestions are provided.

Bomb Threats / Warning & Terror Alerts

Although rare, owing to their confidential nature, child helplines can receive bomb threats and terror warnings. ALL such reports must be passed to the police or security services, immediately.

Counsellors should make a note of the time and duration of the call. Attempts to establish the target and time of the threat should also be made. Counsellors should record any information, and pass it on to the relevant agency (police; security services; etc). This includes information that may seem inconsequential, such as any code words given. If possible, everything said should be recorded verbatim.

Example Bomb Threat Procedure

When a bomb threat is made:

- Note the exact time a call is taken
- Obtain as much information as possible;
 - I. Is the caller an adult?
 - II. Take note of the callers knowledge of the building
 - III. Ask where exactly the bomb is placed
 - IV. Ask when the bomb will explode
- Note the exact duration of the call
- Calmly notify the supervisor and follow their direction

Adult Callers

Depending on the nature of the service provided, some helplines do not encourage contact with adult callers. This is done partly to prevent the blocking of the service for young people who might want to contact the child helpline. Where this is the case, adults should be spoken to respectfully, but the call should be kept brief. Appropriate information on other resources or services can be provided to the adult.

Parents and caring adults may phone a child helpline to seek advice and support for a child they are concerned about. When this happens, the adult should be advised to encourage the child to contact the child helpline directly. It is important to ensure that confidentiality is maintained when an adult is phoning about a child who may have been in contact with the child helpline (unless the child gives permission for information to be shared).

All child helplines working to protect children must not maintain confidentiality for adults who admit to or are thinking about abusing a child. Such information must be immediately passed on to the appropriate law enforcement/child protection services agency.

Silent / Non responsive Calls

Children and young people who contact helplines can sometimes find it very difficult to speak. These callers should not be rejected, but at the same time it is generally necessary to end the call at some point so that telephone lines are not tied up. Sometimes the caller is the first to hang up. The best approach is to encourage the caller to speak. If no response is

given after a few minutes, the counsellor should gently tell the caller that there will be someone available to talk to them whenever they feel able to in the future. The counsellor should then advise that the call will be terminated.

If crying or sobbing can be heard on the phone, even if the caller is not speaking, the phone call should never be ended (except in exceptional circumstances where it might be part of a case management plan for an identified caller).

Testing Calls

Anyone who works on a child helpline is likely to experience testing calls, either from individual children or groups of children. Most children at one time or another participate in what they consider to be harmless 'pranks'. Child helplines should take these calls seriously. Sometimes these calls can hide very real problems from children who want help and support.

The child, however, may not be sure if she can trust the counsellors and the child helpline. Making such calls is a way of 'testing' the helpline. All testing calls should be handled positively so that a child who needs to speak to a counsellor but is not ready too is does not feel rejected. If the child is not rejected, they might someday be able to discuss an important issue.

Typical patterns of testing calls include saying something rude or silly or engaging in offensive behaviour. This includes yelling and screaming into the phone, making sexual remarks or laughing hysterically, and then hanging up. Some testing callers report a plausible story, usually of a serious nature. Further into the call, the facts do not seem to fit, they change, or the caller's manner seems incongruent with the details. It is easy for counsellors to become upset and angry with these types of callers. By allowing themselves to react, counsellors may unwittingly encourage these individuals' behaviour.

Early recognition with a consistent and measured response is key to managing this type of call. Eliminating testing calls is unrealistic. The skilful use of certain strategies, however, can reduce the negative impact they can have on counsellor morale, as well as the amount of time which they consume.

Frequently, testing callers do not give counsellors a chance to respond and hang up. If a testing caller does stay on the line, or calls back repeatedly, a clear message should be given that the service is for them to use, not abuse. They should be welcomed to call back when they are able to use the service appropriately before terminating the call. With callers who present a false or partially true story, the most helpful response is to explore the apparent contradictions and give callers an opportunity to help clarify things.

Fantasy Callers (also known as 'Story Tellers')

The behaviour of testing callers is generally to be expected in childhood. More serious are fantasy callers, who in some cases consciously misrepresent themselves, their situation or their reason for calling the service. It can be hard to understand what they get from calling without any knowledge of their history and personality. Usually the stories are dramatic and the degree of trauma tends to escalate throughout the call. Often fantasy callers are adults who present themselves as being young people. In some cases they may have had contact with the child helpline when they were a child.

If unchecked, fantasy callers will call back repeatedly for months or even years. Eventually counsellors become frustrated that the caller is not making any progress. Counsellors may also become suspicious as, over time, callers forget what they have said and contradict themselves. Fantasy callers may present either the same or different stories to one, a few, or many counsellors.

Characteristics of fantasy calls include; a preoccupation with information about the counsellor, a desire for the counsellor's approval, trying to engage the counsellor by hinting that they have something really awful to talk about, and almost always asking if they can speak with the same counsellor again (and when). Sometimes fantasy callers can be extremely convincing and share a lot of knowledge that supports their story. They can also have an uncommon attention to detail, although at other times they can have a total lack of detail.

Another feature of the fantasy caller is that they have a greater interest in telling (and re-telling) their story rather than in taking action to change their situation. Occasionally they may agree to a referral to another agency (for example child protection services) in order to keep the counsellor 'involved'. They may even provide false identifying data so that a report can be made.

Fantasy callers can be disruptive to the working of a child helpline. Their calls can take up a lot of time and can have a negative effect on counsellors. There is no doubt that the fantasy caller needs help. The reality is they may not want, or be able, to accept it.

As with all long term callers, fantasy callers need careful management. This includes a plan detailing how the child helpline can help the caller manage their contact with the service. In some cases, this might mean restricting their calls. In exceptional cases, it may mean banning them from using the child helpline.

Child helplines who have several known fantasy callers sometimes establish an "alert" list (normally a few details pinned to the notice board with instructions of how to handle the call)

so that other counsellors or supervisors can recognise the caller. Strict reinforcement of any instructions normally has the effect of reducing the impact on the service.

It is important that counsellors do not confuse fantasy callers with callers who exaggerate or embellish their stories in order to ensure they are taken seriously. This is especially important where there are reports of abuse or situations of danger.

Sexually Demanding/Masturbatory Calls

Many legitimate calls pertain to sexual issues. However, callers in the category of sexually demanding/masturbatory make calls solely for their own sexual gratification. Both males and females can call in order to be excited by talking to a counsellor about a particular fantasy, usually while they masturbate.

Typically adults making such calls to child helplines try to sound like a young person. Often sexually demanding callers want the counsellor to do most of the talking and present themselves as being shy or embarrassed. They often ask questions like 'Is it OK if I talk about anything?'. Another common feature of such calls is that they begin with what sounds like a 'problem' which then suddenly veers into descriptions of sexual behaviour.

These callers have a destructive influence on telephone counsellors. After several experiences with this type of call, most counsellors quickly sense when they have a masturbatory call on the line. However, suspecting and confronting are two different issues. An understandable reluctance to confront the caller for fear of being wrong often contributes to feelings of helplessness and victimisation. At the opposite end of the scale, after receiving a number of sexually demanding calls, counsellors may jump to the conclusion that all calls where sex is mentioned are sexually demanding, and they may reject young people with real worries and questions.

In all cases of sexually demanding / masturbatory calls, there is no point trying to engage the caller in a more productive conversation. They are not interested. The best approach is to tell the caller the call will be ended, but that they may phone back again when they are willing to talk about what is happening in their lives. For adults calling child-only helplines, the call can be terminated without asking the caller to phone back. It is important (to try) not to express shock or disgust, or bang the phone down in anger. This type of reaction can reinforce the caller's behaviour and 'encourage' similar calls in the future.

In some cases counsellors will benefit from debriefing sessions with supervisors.

General Protocols

In addition to developing protocols relating to types of calls or individual callers, child helplines need to develop protocols relating to the general operation of the helpline. In many

cases, these will cover what could be considered 'health and safety' issues. This can include issues about working alone, fire safety and accident procedures. Where the child helpline is part of a larger organisation the protocols of the organisation might apply.

Although rare, threats to helpline staff do happen. As with bomb threats and terror warnings, all potential security alerts and threats to staff working at the helpline must be taken seriously, however trivial they might seem. Management need to undertake a risk assessment, possibly involving police, and take appropriate action to remove or reduce the risk to counsellors and other staff. In extreme circumstances, this might involve suspending the service.

Working with Other Organisations

In order to promote the rights of children and meet their needs, child helplines need to work with other organisations. This includes (where they exist) child protection services, the police and other agencies. This must be done in line with the confidentiality policy developed by the child helpline.

Referrals

Referrals may come from other organisations, seeking support for a child or other assistance, but are more commonly initiated by a child helpline requesting help for, or on behalf of, a child. Depending on the nature of the referral, it may be necessary to make an immediate telephone call (even late at night). At other times, a referral can 'wait' until the next day. Regardless of how a referral is made, referrals to other organisations should always be followed up in writing. A record should be kept so that the referral can be followed up at a later date to make sure that adequate action was taken.

Counsellors should be careful not to make promises or give guarantees about what another organisation can or cannot do. This is necessary to ensure that helplines do not break any trust they have established with the caller. If a child helpline says that another agency will do something (or will not do something) and then the agency does (or does not) do it, it can give a message to the child that what the child helpline says cannot be trusted.

When a referral is made, the caller should be encouraged to call again, especially if the referral does not produce a solution.

Appendix L contains an example of a referral letter.

Ethical Behaviour

Although ethical behaviour is mentioned towards the end of this section, it is certainly not the least important issue! The behaviour of counsellors underpins the service offered by the

child helpline. Being clear and transparent about the ethical behaviour expected from counsellors ensures that there are no misunderstandings. Some child helplines achieve this by requiring counsellors to agree to a code of conduct.

Appendix M includes a sample Code of Conduct.

Disciplinary Action

All people make mistakes, and in the counselling environment this always creates an opportunity to learn and develop skills. However, where counsellors have breached protocols, either wilfully or negligently, consideration should always be given for the need for disciplinary action. This might include suspension of the counsellor while an investigation takes place and / or termination of employment (paid or voluntary). Processes should be clear, and the counsellor concerned should be given an opportunity to put forward their side of the story. It is important to ensure that policies and processes are in accordance with legal requirements, which may also apply to volunteers and unpaid workers.

SECTION 2

INITIAL TRAINING

Introduction

This section explores some of the issues that should be considered when designing and running initial training for counsellors at child helplines. It is impossible to have one 'ideal' type of training, because there are many ways of running a child helpline. Consequently, training programmes should be designed depending upon the child helpline's services and operating policies (see Section 1 of this manual). Although training needs to suit local conditions, a number of factors must be taken into account in developing the training needed by the child helpline.

This Section is sub-divided into two parts:

Part A – Key Training Considerations, Core Competencies & Training Programme

Part A explores some of the key considerations needed to develop initial training for counsellors. It also addresses the core competencies needed by all counsellors. This includes a discussion of the appropriate content and methodology, as well as ways of running a training course.

Part B – Training Exercises

Part B contains some useful training exercises exploring some especially challenging situations that counsellors might confront, such as suicide and working with children in emergency and conflict situations.

Even if professionally qualified counsellors are experienced and pass all screening procedures, *all* prospective counsellors should attend an initial training course. This ensures that all child helpline personnel understand the child helpline's ethos, as well as how it operates. Additionally, an individual qualified to work with children does not mean that he or she can work with children in the way deemed appropriate by the child helpline. Some professionals (and lay people too!) may approach their work in a more child directive manner which would undermine the work carried out by a child helpline that has a child centred practice base.

PART A

KEY TRAINING CONSIDERATIONS, CORE COMPETENCIES & TRAINING PROGRAMME

Key Training Considerations

1. Selection of Trainers

Trainers set the tone for any course. For this reason, the careful selection of trainers is critical to the success of the initial training course.

At least two trainers should run each course. This helps to divide up the administrative and training functions. It is also useful if one of the participants becomes distressed. In this situation, there is a trainer who can provide appropriate and adequate support while the rest of the group continues with the session.

Owing to the particular nature and difficulties associated with telephone-based counselling, the trainers should ideally have experience working at a helpline, preferably for children. This may not always be possible. Where it is not possible then the trainers should bring a mix of therapeutic / counselling work and child protection, together with knowledge of children's rights and particular difficulties faced by children.

It is not enough to be knowledgeable. The trainers must be able:

- to communicate simply
- to bring ideas to life
- to facilitate group dynamics

In counsellor training, it is common for participants to share life experiences and explore their own feelings as a process of learning. Thus, it is important that trainers can be supportive of participants, while at the same create a stimulating environment.

As well as being able to work with participants on the course, it is important for the trainers to be able to work well together. If the trainers have not worked together previously, it is a good idea for them to negotiate how they will work together on the course. For example, some trainers may not like it when their training partner interrupts while they are presenting. Other trainers may find it useful if their training partner contributes and challenges them. Some trainers like a scripted and well-planned session. Others are more comfortable to 'go with the flow', having just a rough outline with basic points to be covered.

2. Selection of Participants

The selection of participants (counsellors) has been discussed in detail in Section 1. Some child helplines select only people with knowledge or skills in working with children. Others have strict criteria about age limits. While all these choices can be valid, they do have implications for the training programme. If participants on the course already have substantial experience, it may be possible to more quickly cover material.

3. Training versus Therapy

As stated above, it is not uncommon for participants to share their own experiences.

Therefore it is not unusual for people to get upset, especially if they have never worked in a similar atmosphere where painful issues are explored. This is very normal. Where participants do become upset, there should be space within the session for them to be supported by the group. One of the trainers should also be available to take the participant to a separate area for a debriefing.

Another situation is one where the participant becomes upset or overwhelmed at everything. Related to this is the situation where every discussion turns into a conversation about a particular participant's own experience. Trainers should be alert to such dynamics as they can quickly result in a loss of focus for the group. This can also lead to a shift from learning for participant counsellors to one where the trainers are supporting a particular person.

It is important to remember that the purpose of the course is training. It is not a group therapy session. Where trainers do become aware that the focus is shifting away from a training to an individual counselling session, they should discuss with the person whether it is appropriate for them to continue.

4. Room Layout & Materials

A comfortable training atmosphere is conducive to a positive learning environment. The training area needs to be somewhere private with few disturbances. This is not always possible. Many child helplines have little choice but to make do with what is available. Ideally, a room with adjustable ventilation, heating and lighting should be used. Available equipment will affect how the material for the course can be presented. A laptop and projector, or alternatively, an overhead projector, can be helpful for displaying information. If these are unavailable, a chalk or dry erase board or paper must be used. Flipchart paper, or a board where ideas can be collected from the group for all to see is essential. Trainers will also need materials for running the sessions, such as copies of handouts.

There should be sufficient space for participants to sit together with room to move around to work in smaller groups. The best seating arrangement for working together in a large group is a ring of seats, without desks. This layout tends to help create an atmosphere where people share and discuss rather than a more formal teaching style.

An area for refreshments or food may also be needed, depending on how the course is structured and the length of sessions. Participants will also need access to toilets.

5. Course Numbers, Format & Duration

- **Number of Participants**

It is tempting to try and train as many people as possible to maximise resources. Child helplines should be wary of this approach. The training must provide opportunities to explore issues if people are to learn how to be effective counsellors. This is very difficult to achieve with a large group of participants. Similarly, too few participants can lead to limited discussions.

Another implication for large training groups is what comes after training. During the period following training, there is normally a probationary period. At this time, new counsellors are given extra support. Ensuring enough support for lots of new counsellors is difficult.

A group of approximately fifteen is about the right size for a training course to give opportunities for meaningful participation. The course should be 'closed' meaning that once the course has started no other participants can join. This helps in creating a safe learning environment. If a participant cannot attend every session, a determination on whether he or she should join another course in the future must be made. Whether the participant will be asked to attend another session depends on how much material will be missed.

- **Format & Duration of the Course**

As with shift patterns, the way the course is organised depends on the circumstances of each child helpline. Some child helplines, particularly if they use volunteers, may decide to run the training course over a number of weeks (say one afternoon or evening per week). For other child helplines, where participants on the course have to travel long distances, it might be preferable to arrange the course over a number of longer sessions (for example whole days).

While it is possible to organise training in a block, this is not really suitable for participants who have little or no counselling experience. This is because the period of reflection between sessions is important in processing the learning from the course.

In practice, many child helplines vary the format of the course, depending on the particular participants, while keeping the contents broadly the same.

Again the experience and skills of prospective counsellors will influence the time necessary for training. For those with little practical experience, even if they have a lot of knowledge, around 35

Homework / Work Between Sessions

Asking participants to undertake work between sessions is one way to maximise participation. Ways of doing this can vary widely from asking participants to keep a journal of their thoughts and reflections to share at the next session, to more formal work such as reading handouts or practical exercises.

If practical exercises are used, then it is important to make sure that these connect to the learning on the course. For example, there is little point in asking participants to observe very young children playing if this information is not going to be used in the following session or if it is unlikely that the helpline will receive any calls from young children.

hours is a suitable length. Less than this means that there may be insufficient time to practice skills.

6. Practice / Observation Sessions

It can be difficult to imagine what answering call at a child helpline is like. Many trainings include sessions that include a sense of reality or 'being in the field'. To give participants firsthand experience, some child helplines include time in the counselling room (outside of formal sessions). This can be done in a variety of ways, such as observing a trained counsellor (near the beginning of the course), to working a shift on the telephone as a counsellor under the supervision of an experienced counsellor (normally towards the end of the course).

When practice / observation sessions do form part of the course, participants should be given the opportunity to share their thoughts and experiences at a post-session within the course itself.

7. Assessment

Acceptance as a child helpline counsellor is not automatic upon completing the training. Courses should contain an element of assessment. It is difficult to assess whether someone is suitable to work at a child helpline if they have not had previous experience. In accepting someone for a training course, what is really being assessed is the *potential* to train. To some extent, child helplines can 'take a risk' in offering a place on a training course. This is true even if they are not sure that the participant is entirely suitable. However, a child helpline should never take a chance in putting someone on the phone with a child unless it is confident in the counsellor's ability.

Assessment normally takes place at the end of the course, although sometimes there is also mid-way assessment. This can be an opportunity to give formal feedback to the participants on their performance. It can also be used to give directions for areas of improvement needed for the remainder of the course.

The procedure of assessment can be simple and does not need to be complicated. A good way to carry out an assessment is by having a list of criteria (similar to the list contained in the annual appraisal form – see appendix) which the trainers use to assess the participants' learning during the course. Where the course contains a practice or observation session, feedback from the counsellor working with the participant should be sought to feed into the assessment process.

Even where the course contains assessment, trainers still need to be continuously aware of the skill sets of each individual participant in the course. If it becomes obvious that one

participant is struggling and finding it difficult to cope, then it may be fairer to talk to the person about their participation on the course rather than let someone carry on.

There may be several scenarios for participants at the end of the course. Perhaps they will be accepted without reservation. Maybe they will be accepted, but with a further assessment needed to evaluate if they can demonstrate competence in specific areas of concern. Another scenario may be that some participants will not be accepted as child helpline counsellor at the end of the course. If participants are not accepted, then clear reasons should be given to the person in a sensitive and caring way.

8. Probationary Periods

Following training, some child helplines require a probationary period for new counsellors. During this period, new counsellors should receive extra supervision and support. This can be provided in many ways, such as through the assignation of an experienced counsellor as a ‘mentor’ or through additional supervision. In some places, new counsellors are not permitted to speak to a child on the phone without having a supervisor ‘listen in’ for a period of time.

The child helpline team should work together in a collaborative way. Even though counsellors should be individually supported in the development of their skills, the use of probationary periods is a recognition that experience is important and learning is ongoing. The probationary period also serves to help the child helpline monitor the quality of the counselling being provided by new counsellors.

Probationary periods can take many forms. They can be for a set period of time being allocated (for example 3 months) or a certain number of hours needing to be worked. In other places, it may depend on a review of the counsellor’s work (similar to that carried out as an annual appraisal, as outlined in the appendices).

If probationary periods are not used, the child helpline will need to be even more rigorous and thorough in their training and assessment *during* the course. This will ensure that new counsellors are adequately prepared and selected.

9. Training Methodology

Counsellors need key information and knowledge to competently respond to callers. More than that, however, they need to *skills* to be able to work with callers. In the real world, children are often disempowered: adults make all the decisions in their lives. In practice, there might be very little that anyone can do about a child’s situation (nobody can bring back a dead mother or father). What can *always* be done for a child who contacts a child helpline is for the counsellor to try and understand their experience, and be alongside so the child

knows they are not alone. This may not seem like much, but to a child, it can make a tremendous difference.

Being able to support children in the manner described above takes practice. A course that is full of information and lectures so that counsellors become very knowledgeable about a subject is of little value if the counsellor does not know *how* to communicate with a child. For this reason, initial training must assist prospective counsellors in developing their skills of talking with and listening to children and young people. These essential skills are the foundation of a good child helpline.

The best way for counsellors to develop their skills is to practice. The most effective way to do this is by role play. In any initial training course, the majority of time should be spent practicing skills.

10. Role - play & Skills Practice

People tend to either love or hate role play. Particularly at the beginning of a course, where the participants are unfamiliar with one another, the idea of role play can seem intimidating. Thus, it is important to set the proper framework. To make the idea of role play seem less intimidating, it may help to describe it as 'skills practice'.

One of the advantages of role play is that it can give participants a unique perspective – that of both caller and counsellor.

Role-play – Sexual Abuse

On an initial training course, it is not a good idea to ask participants to role-play someone who has been sexually abused. This is for safety reasons, as we can never know the full experiences of prospective counsellors.

Given that sexual abuse needs to be considered, ways of making sure the skills needed are explored in the course is either for the trainers to carry out a role play in front of the group, with the participants acting as observers or to ask existing counsellors if they would be prepared to volunteer to role play a caller phoning about sexual abuse.

This is not to say that people who have been sexually abused cannot counsel callers phoning about sexual abuse. However in initial training this might be the first time that the issue has been raised publically and talked about. **Nobody should be forced into making a disclosure about their own abuse.**

We recommend that role plays are carried out in triads (three persons in each group). One person acts as the caller, one as the counsellor and the third as the observer. As the name suggests, the observer's role is only to listen and watch. Role play organised in this way means that all the participants can practice their skills simultaneously, with a number of role plays happening at the same time.

As an alternative one group can role play in front of the rest of the participants. The disadvantages if this approach is that it can be very intimidating for those taking part in the role play. It also means that there is less time for everyone to practice their counselling skills.

There should be time for feedback in the large group at the end of the role play. This is important time to reflect and learn together from practice.

When using role play there are several factors that need to be taken into account:

- Resist the temptation to give long scripts – a rough outline of the situation and feelings is all that is needed. Too much information will lead the person role playing ‘caller’ to continually refer to the notes. The *content* of the role play is not so important – it is the *process* of the call that is key
- Role-plays should be kept fairly short at the beginning of the course when participants’ skills may be less well developed. Five minutes may not seem like a long time, but when someone is struggling to know what to say it can last forever! As skills develop, longer role-plays can be introduced
- Remember, role plays do not all need to start when the call begins. If the skill being practiced is an aspect that would occur later in the call then the role play can start from that point
- Role play is not an opportunity to demonstrate acting ability! While someone who is believable in their role does certainly make the situation more realistic, participants should understand that the purpose of role play is to practice counselling skills
- When role playing ‘callers,’ participants need to remember to be kind and not be overly ‘difficult’ as a caller (unless that is what the role play is about!)
- Participants should be encouraged to keep going! They should not give up and stop role-playing because it is too difficult, and they do not know what to say. There will be times when, as ‘real’ counsellors, they will not know what to say. At other times, they will say the ‘wrong’ thing. Part of the skill of being a competent counsellor is not just knowing what to do when the call is going well, but also knowing how to improve things when a call is not going well. It is important that participants understand that this is an important part of their learning
- Although they do not seem to be doing so much work, the observer’s role is critical as they have a unique perspective
- Role play should be an active environment to *practice* skills. It is not the place to laugh at the lack of someone’s skill (though it is not uncommon for there to be laughter at the end of a role play, as a way of releasing tension). Trainers need to make sure that participants are supported and watch out for anyone who might be upset
- Having one of the trainers act as timekeeper helps keep people on track, and stops the participants having to worry about time, leaving them free to concentrate on the skills practice
- Sufficient feedback time is essential to ensure that learning is maximised

- At the end of the skills practice session, everyone should be given the opportunity to de-role. Some people like to do this by reminding others in their group who they really are
- Participants should take turns playing caller, counsellor and observer. Trainers should ensure that nobody on the course avoids any of the roles

11. Feedback

Feedback is a critical aspect of extracting learning from role play. Still, it needs to be done in a way that is constructive and helpful. Simply saying 'I did not like it' or 'it was good' does not help anyone develop their practice.

Conversely, it can be difficult for people to receive feedback. What should be emphasised to participants is that role play is 'shared' learning. It is not about one person doing it right, but what the group learns. Often, it can be more helpful when a role play does not go well as there is more to talk about!

To a certain extent, giving and receiving feedback can be heavily influenced by culture. There are some places in the world where it is more difficult for people to give (and get!) constructive criticism. Having a framework, or model, for feedback can be useful to ensure that it remains focused and all voices are heard. For this reason, it is important for a framework for feedback to be safely established beforehand. Thus, even where people find it difficult to be direct with others, it is possible for participants to be open and honest.

It is important to explain the process for feedback to participants. Where a feedback model is used then it can be helpful to display this so that it can be referred to while feedback is taking place.

Feedback Model

There are several different feedback models. Below is a simple one that helps focus discussion:

After the roleplay call has ended, and before general discussion, the role play teams should give feedback to each other (i.e. in their triad) in the following order, using the feedback model

First person to give feedback –	Person role-playing counsellor
Second person to give feedback –	Person role-playing caller
Third person to give feedback –	Person observing

FEEDBACK MODEL

1. **One thing I liked.....** e.g. I really liked the way that you did not sound shocked when she said.....
2. **One thing I did not like (or did not like so much).....** e.g. I did not like when you asked so directly if she felt.....
3. **One thing I would have done differently.....** e.g. One thing I would have done differently would be to spend more time talking about school.....

Sometimes what people did not like and what they would do differently are linked. At other times they can be unrelated.

During the feedback according to the model provided above, no questions can be asked. Participants should listen to each other. After all three members of the role play team have given their feedback, there should be time for a broader discussion to clarify issues and to discuss how the call went more generally.

Group Feedback

Once the role play is finished and feedback has taken place, it can be useful to share experiences within the larger group so that learning is widely shared. If this takes place, participants should be reminded of confidentiality. No personal information shared by members of the role playing teams should be shared during the group feedback session unless an individual decides to share their own story.

12. Other Training Techniques & Tools

While a lot of the course should be spent in skills practice, various training tools and techniques can be used to present more knowledge and information. Wherever possible, these should be as participatory as possible. Some examples of other training techniques include:

- **Small group work and small group discussion** – it is helpful to choose a particular theme or topic to give focus, or to have a specific exercise
- **Working in pairs** – again choosing a specific theme or an exercise helps give focus
- **Individual work**
- **Worksheets, quizzes and questionnaires** - used either individually, in pairs or in small groups. Ideally, there should be group discussion afterwards to share thoughts, maximise learning and provide a more interactive learning process
- **Large group / plenary discussions & group exercises** – trainers need to be particularly alert to ensure that all participants actively take part as some people find it intimidating to talk in a large group

- **Formal presentations** (either by participants or trainers) – while these are valuable, especially where concrete or specific information or knowledge is necessary, they should be kept to a minimum as they do not encourage interactive learning
- **Case studies** – these can be used either as part of role plays or as a basis for discussion or an exercise. Case studies should be kept relatively brief, with just the main important details, otherwise too much time is spent in reading / re-reading the information. Ideally case studies should be made up from typical scenarios, being a composite of the stories of a number of callers. Where ‘real’ stories are used it is important to ensure that all identifying information is removed to safe guard the child’s privacy
- **Video and audio** – followed by discussion
- **Ideas storming** (sometimes called ‘brain storming’) – to collect initial ideas from the group which should then be followed by discussion to explore issues in greater depth

Using a variety of tools and techniques helps maintain interest and energy levels. Still, trainers should be wary about using exercises or methods that are overly complicated. The use of a particularly exercise should *never* take precedence over the learning that is wanted. Similarly, even though an activity might be interesting and fun, it should not be included in a training course unless it helps meets the learning objectives of the session. This is expanded in the following pages.

13. Warm Ups & Energisers

Warm up exercisers and energisers are frequently used in training courses. They serve a number of functions, including: allowing participants to get know each other; building trust amongst participants; providing a space for collaboration or ‘team work’ and maintaining energy levels.

Examples of warm up exercises are widely available. Most trainers have their own ‘favourites’. While they can be useful, trainers need to carefully consider their use. Some participants may feel that they are childish, or may feel embarrassed. Cultural norms may make some exercises inappropriate, for example where touching between sexes is not allowed.

Another problem with warm ups and energisers is that if their use is not carefully monitored they can seriously eat into the time on the course. A session can easily be taken up by energisers rather than actual learning!

Core Competencies

The competencies that child helpline counsellors need to acquire by the end of the course to some extent depend on the way that the child helpline operates. Still, there are some core competencies that all counsellors must have. These include:

1. Competence in communicating with children, young people and adults who call the child helpline
2. Understand the policies, procedures and practices for the helpline, and comply with them
3. Be able to identify and assess risk relating to a child or young person who contacts the child helpline
4. Have sufficient understanding of their own attitudes, values, emotional responses and how these might impact on their work
5. Understand the impact of diversity and inequality in the lives of the children
6. Know the range of issues faced by children and young people. These will differ depending on the location of the child helpline. They may also change over time
7. Understand how the child helpline relates to external agencies / frameworks / organizations, especially in terms of making appropriate referrals
8. Know when it is appropriate to work independently or as part of a team and when to use support systems appropriately
9. Give and receive feedback about all aspects of their work with the service
10. Keep accurate records reflecting work done to facilitate data collection

Counselling Skills – The Bedrock of An Effective Service

While knowledge is important, the foundation of a child helpline depends on counsellors being able to provide effective service. This means that counsellors need skills in counselling, and to be effective communicators with children and young people.

Being a Good Listener

An essential skill when working with children and young people (or adults!) is to be a good listener. A good listener:

- Gives **space** and **time** for people to say how they feel
- Is not afraid of '**silences**' to give time to think and reflect
- Does not show their 'judgment'

Listeners are human! Of course they have opinions....but the important thing is that their opinion does not become a barrier to listening

- Acknowledges that thoughts, opinions and feelings are valid. Does not try to convince the other person that how they feel is not really what they are feeling
- Respects others, and empathises with them
- Listens 'actively'. Watches out for things that are said and not said and **RESPONDS** to these
- Asks for clarification or an explanation when they do not understand something –

'I don't quite understand what you mean, could you help me by saying some more about this?'

- Does not 'give' emotions, thoughts and feelings, but offers space to explore them
For example, not, 'You MUST have been very angry' but instead 'I expect that made you feel very angry', or 'How did you feel when that happened?'
- When making suggestions, gives ideas and not INSTRUCTIONS
For example, not, 'You SHOULD / MUST.....', but instead 'Have you thought about?', 'I wonder if.....', 'Perhaps a good idea.....'
- Is not frightened of feelings, including anger
- Is clear about what they can offer, and does not make 'empty promises' or false reassurances to pacify the other person, and make themselves feel better
- Knows when and how to get support for themselves
- Does not think that they have the 'answers' or 'solutions' to everything

Using Appropriate Responses

Communication is a two way thing. As well as being able to listen effectively, counsellors also need to be able to respond appropriately. Sometimes this means not being afraid to be silent. At other times it means knowing a helpful thing to say.

Appropriate responses include:

OPEN/HELPFUL STATEMENTS

These encourage the caller to say more about why they rang and their situation:

Perhaps you could tell me more about that

Sometimes it takes a long time to tell the whole story

It might be helpful if you could tell me what happened last time

OPEN/HELPFUL QUESTIONS

These questions encourage the caller to say more because they need more of an answer than Yes or No. Using "Who", "What", "Where", "When", "How" to start a question can often be useful.

When does it tend to happen?

What happens when you try to tell your mom about it?

What sorts of things do you and your sister do when you're worried?

How are you feeling about it?

REFLECTING COMMENTS

These comments use the words of the caller and the feelings heard. It can sound repetitive but this helps the caller to explore their feelings and problem and shows that the counsellor is listening.

Caller: Every time my dad comes home he hits my mom and shouts at me. He might hit me.

Counsellor: It sounds as though you are frightened he might hit you.

SUMMARISING

Summarising is an effective technique for reflecting back to the caller what has been said. This demonstrates to the caller that they have been heard. It can be especially useful when the caller has said a lot or there is a long and complicated story. Summarising can be used to clarify that the counsellor has understood what the caller has said.

So you are saying that sometimes that when your dad comes home he hits your mom, and you are frightened that he might hit you. And that this has been happening for sometime but it gets worse when your dad is drinking. Have I understood that correctly?

Responses that are best avoided, or the use of which should be limited, include:

CLOSED QUESTIONS

This type of question only gives the possibility of one word, or very limited, answers. They also keep to the counsellors agenda, rather than creating space for the caller to talk about their problems and feelings. Closed questions can be useful to clarify things, but their use should be kept to a minimum.

Are you OK?

Does he touch you?

WHY? QUESTIONS

Why? questions are hard for all of us to answer. They can often seem as though the caller is being asked to justify something. As such, they can convey judgment. Frequently, these questions do not enable the caller to say more because they get stuck thinking of an answer. Often callers will reply, 'I don't know'. If the caller truly doesn't have an answer, this can hinder the progress of the call.

Why does he drink?

Why does your sister get into such a temper?

BANDAGING STATEMENTS

Bandaging statements are designed to make the caller feel better, and although they might be helpful in the short term, often they have the opposite effect, especially in the longer term. While reassurance is sometimes useful to the caller, bandaging statements avoid the often very painful feelings the caller may be experiencing. They can send a message of complete disregard to the caller. Often bandaging statements are made when the counsellor is not

sure how to respond. Sometimes they are used because the counsellor feels they are not helping or cannot deal with their own reactions to the story they are being told. Bandaging statements include:

It'll be all right in the end

You'll get over it

Don't worry

Effective Use of Silence

Not saying something can be just as effective as saying something. Silence serves many purposes. It can be difficult for callers to talk, or perhaps the caller has said a lot or something very significant. After he or she finishes talking they may not know what to say next. Sometimes when a counsellor asks a question, the caller will need time to think about the answer. It may have been the first time that they have ever been given the chance to talk about things.

Silence can be useful, but it is important for callers to know that they are being listened to. More than a minute with nobody talking can seem very long. Indeed, it can be difficult for the caller to start talking again. Where there are lots of silences, or where the silences are very long it can be helpful for the counsellor to say something about the silence to show that they are still there.

I am still here....

I am just going to stay quiet for a while so that we both have time to think about what we have talked about

I am not going to say anything so that you can think about what you want to say to me next

Pacing

The speed of the conversation is important, and should generally be set by the caller. Too many questions from the counsellor too quickly can create a barrier to the caller speaking. It can also make the caller feel as if they are not being given the chance to say what they want.

Alternatively, where a caller is anxious or confused and is talking rapidly or erratically, a calm and measured response from the counsellor can slow the conversation to create space to talk more rationally.

A 15-year-old girl phoned and was initially very quiet and upset (crying). Eventually she disclosed the sexual and physical abuse she had been enduring for a long time. The girl had suicidal inclinations, and seemed to be in a very desperate space.

The phone counsellor was very supportive and calm, and let the girl discuss these issues at her own pace. The girl did not want to stay at home and gave her full name and contact details to the phone counsellor. Youthline contacted Child Youth and Family services, and a time and place was arranged where social workers could meet the girl and ensure her safety.

(Youthline New Zealand)

Non verbal prompts

In face to face communication we make sense of what we are hearing by contextualising this with what we see and feel. We can get clues that people are listening to us from how they behave, for example, by nodding or making eye contact. If someone is telling us they are pleased, they may also smile. On the phone, however, these visual clues are missing. Still there are things, apart from asking questions or making statements, that show the caller that they are being listened to. A simple 'mmm', 'yes' or 'ok' can all be said to help keep conversation flowing.

Understanding Empathy

Good communication involves listening to and talking about how someone else is feeling. There are a number of different ways in which we relate to or respond to feelings: through IDENTIFICATION, with SYMPATHY or with EMPATHY.

- **IDENTIFICATION**

Identification is when counsellors have experienced similar feelings to the caller. This can be either because they have had a similar problem, have been in a similar situation or are perhaps of the same culture, religion, class, gender, sexual orientation, age or disability. When this happens, it can be tempting for counsellors to build their responses based upon their own experiences.

Sometimes the counsellor is not aware of this process happening – this is particularly true when they give an immediate response. Whether the counsellor knows this what they are doing or not, and even if they do not explicitly say it, in effect the message they are giving is "I understand this because it happened to me too - I know how it feels". In reality, the counsellor only knows how it felt for him or herself, they do not know how it feels for someone else.

Excessive identification can lead the caller to stop talking about her own experiences and concentrate instead on the counsellor's feelings. Identification responses tend to begin with "I" and are about the counsellor and not the caller.

Counsellors need to make sure that identification does not exceed reasonable boundaries. What is a reasonable boundary is a question of judgment, which is of course highly

subjective. For these reason counsellors talking about themselves is strongly discouraged and should be avoided.

- SYMPATHY

Sympathy is about our own thoughts and feelings. Responses are based on judgments we make about the situation. We tend to feel sympathetic when we feel someone is a victim, either of another person's action or of fate, and we feel sorry for them.

We tend to feel unsympathetic, or qualify our sympathy, if we feel that a pained person has in some way brought pain on themselves, either through their own actions, or because they are over-sensitive (in our view).

Sympathy responses are what we think, not what the other person thinks. In short, they are about our emotional response. Counsellors need to be aware of sympathy. These responses can inadvertently trap children in the victim role with no ability or skill to change their lives. Sympathetic responses can be very disempowering, and are best avoided.

That's terrible

Poor you

I feel sorry for you

Well if you did that what did you expect would happen!

- EMPATHY

Empathy comes from listening to and respecting that the other person is different. It is not about thinking how we would feel in the caller's situation. It is about how the *other person* feels. Using empathy shows the caller that they are being listened to, and communicates to them that the counsellor is trying to understand.

In any helping relationship, empathy is a useful tool as it allows the affected person to look at how they are feeling. It also stops the counsellor from telling the affected person how they should be feeling.

Creating 'Good Endings'

It can be difficult for the caller to end the call, especially after a long phone call or after much has been shared. It can sometimes seem as though the caller almost needs 'permission' to say goodbye. Being able to say goodbye in a good way helps set the foundation for a call in the future, and also generally leaves the caller with a positive impression of the helpline and their experience as a caller.

Unfortunately there are many times when a 'good ending' is not possible – the line is cut off, the child hangs up or the call is interrupted. At other times the counsellor should make sure

that the call ends in a positive way, with the caller feeling respected and valued, even if the caller's situation has not been resolved.

I am really pleased that you decided to call.....

Thank you for talking to me.....

You know you can always phone us if you want to talk

It would be nice if you phoned back to let us know how you are getting on (although care needed to avoid putting the child on the spot and making them promise to phone back, when they might not want to do so)

The Stages of Counselling – A Counselling Model

Using a counselling model gives a framework to the call, within which counsellors use their skills. It charts the typical stages of a call. There are lots of different counselling models. One simple one is shown here:

Simple Counselling Model

1. Rapport Building

This is the beginning of the call, the time when the counsellor works to establish a relationship with the caller so that it is possible for the caller to talk

2. Exploring Feelings

This phase of the call explores the caller's situation and how he or she is feeling about it. Skipping this stage of the call and jumping straight to considering options may leave callers feeling as though they have not been listened to. In practice, when a child faces immediate danger this might be necessary.

3. Considering Options

This stage of the call is when the counsellor and caller together consider the options for solving the situation, or making it more bearable. In some cases this may be very limited.

4. Developing a Plan

This is the stage of the call when the preferred course (or courses) of action are further developed, and actions identified. This might involve the child practicing what they might want to say to significant people such as parents or teachers.

5. Ending

A good ending helps leave the caller with a positive experience of their call, and lays the foundation for further calls should these be necessary – even if such calls are at some point in the future and about unrelated issues.

The stages of the call are not strictly linear, and there may be looping between the different phases, but it is important that every stage is addressed wherever possible.

A 12-year-old boy is a victim of physical abuse at school. He does not have friends, and nobody wants to be his friend. He was beaten up twice, and telling the teacher did not help. She simply told him to sort out his own problems.

During the call, the counsellor asks him to share his feelings. The counsellor encouraged the boy to talk to other trusted adults who can help him, and they discussed a “safety plan” – what to do to minimise risk of abuse. At the end of the call, the counsellor gave him the phone numbers of service providers who can help him if the abuse escalates.

(Children’s Helpline Latvia)

Structure & Contents of Training Programme

Overall Structure & Contents

The overall content and structure of the programme must be tailored to the unique circumstances of each helpline. Time constraints, logistical factors, resources available and the existing skills and experience required by the participants will all influence the training required. In addition, the nature of the service provided (if ‘just’ listening or more interventionist), the local conditions and the particular kinds of problems that children face will also determine the contents of the training.

Given the wide variety, it is difficult to be definitive about a training programme, and come up with an ‘ideal’ programme that will meet the needs of all child helplines. Some key areas that should be addressed in any programme include:

- **Policies and procedures of the child helpline, and the underlying philosophy** – *can be explored through discussion as situations arise in skills practice, rather than just reading*
- **Data collection and record keeping** – *some child helplines choose to cover this as a separate compulsory training module for those successful participants who are accepted after the initial training course*

- **Counselling skills** – *to be addressed through presentation of key concepts and then practiced in skills development (role play)*
- **Children’s rights** – *some helplines choose to include a separate session on children’s rights, while others choose to integrate rights across each session. For example, when considering abuse the trainers can advise participants that children have a right to be protected from abuse*
- **Child development** (including sexual development) – *this is important so that counsellors can consider how development and age might change the way that they work with individual callers.*
- **Legal context** - *this includes what must be done (such as when reporting suspected abuse to authorities is mandatory) and what might be illegal, even though an individual counsellor or helpline might want to suggest it as an effort to help the child (such as abortion)*
- **Working with other organisations** (*making referrals*)
- **General thematic issues**
 - *Abuse and violence*
 - *Separation & loss*
 - *Family relationships*
 - *Peer relationships & School Issues*
- **Specific areas of concern for children in the area / region** – *for example HIV/AIDs, conflict and emergencies, child labour*

Each area does not need to be a specific individual session but can be covered within other sessions.

Child helplines need to develop their own training programme to meet their needs. A good place to start is by contacting other child helplines who may have already developed materials which they can share. Child Helpline International can assist with linking up helplines (www.childhelplineinternational.org).

As a guide, the example below is the programme for a training course developed by a child helpline working in a location where under age sex/ pregnancy and bullying at school were of particular concern for children and young people. The course was designed to run one evening per week for three hours over a 10 week period. Volunteer counsellors were being trained had been specifically recruited to cover evening shifts.

Session 1	Getting Started : getting to know each other and how the helpline works
Session 2	Beginning The Call : Reflection and Active Listening

<i>Observation Shift - 1 ½ hours in the counselling room</i>	
Session 3	Feelings, Sympathy, Empathy and Identification
Session 4	Pregnancy and Facts of Life
Session 5	Sexuality and Bullying
<i>Midway Assessment & Tutorial</i>	
Session 6	Introduction to Abuse Issues
Session 7	Life Threatening Situations, Working with Supervisors
Session 8	Referrals, Working with Other Agencies
<i>Practical Shift – 3 hours in counselling room, taking calls under direction and guidance of experienced counsellor</i>	
Session 9	Sexual Abuse and Family Dynamics
<i>Practical Shift – 3 hours in counselling room, taking calls under direction and guidance of experienced counsellor</i>	
Session 10	Endings
<i>Final Assessment</i>	
Post training compulsory courses for successful participants:	
Session 11	Data collection, record keeping and administration issues (eg rota)
Session 12	Practice issues – for example case management

Format of Individual Sessions

Each session of the training course should ideally follow a similar format. This helps reduce any sense of uncertainty and concerns about what will happen for the participants.

- ❖ Welcome / Welcome Back (!)

In the first session of the course, it is important to create a positive and welcoming atmosphere. This includes introductions, roles and responsibilities (such as who the trainers are), ground rules for how the group will work together, confidentiality issues and timekeeping. Participants may also appreciate practical information such as breaks and toilets. Safety notices should also be given out, such as fire escape locations.

❖ Reflections on last session

Giving participants the chance to bring back any issues arising from the previous session reinforces learning. This also gives participants to clarify anything. This is also the opportunity to discuss homework if necessary.

❖ Plan for this session

Participants need to know what the session will cover. This does not need to be elaborate or in depth. An overview is enough. Sharing the objectives of the session helps participants take responsibility for their own learning and also serves as a useful reminder to trainers of what needs to be covered!

❖ Information giving / exercises

Before moving on to practice skills, it is likely that some knowledge will be needed by participants. This can be either on a counselling skill or about a thematic issue and the way of delivering this will depend upon the topic to be covered. This could include an exercise, group discussion or a presentation.

❖ Skills practice

This is an important component of the session, giving participants the opportunity to put learning into action and further develop their skills. This can be done using role-play in a variety of ways, depending upon the stage of the course and can concentrate on a particular counselling skill, a specific issue or a combination of both. For example:

1. *Practice developing rapport with caller*
2. *Practice in talking with a caller phoning about being separated from their family*
3. *Practice exploring feelings with a caller phoning about their separation from their family*

❖ General wrap up

A review of the session and any questions or comments participants might have.

❖ Instructions for coming week

If there is any homework required in the following week, or any other activities that need to take place (should as observation sessions) this should be explained to participants before leaving the course.

❖ Closing exercise

Just as beginning the session correctly is important, so is ending the session. One way of doing this is to go round in a circle with each participant saying how they feel at the end of the session.

PART B

SPECIFIC TRAINING MATERIALS & INFORMATION

This section contains some specific information and training notes on situations that some helplines may find particularly challenging:

- Self Harm & Suicide
- Emergencies & Conflict
- Trafficking & Exploitation
- Post Traumatic Stress Disorder (PTSD)

Self Harm & Suicide

Overview

Suicidal and callers who self harm can be especially difficult for counsellors to deal with, leaving them feeling useless, frustrated and / or overly responsible.

There are many myths and popular misconceptions about suicide and self harm, and while helpline counsellors do not need to be experts on the subject, it is important that they have an appreciation of the issues, and feel comfortable discussing the subjects.

• **Suicide**

A common, but wrong, belief is that people who talk about suicide do not do it. This is incorrect. However, some people talk about suicide when they do not really want to die, but instead are trying to communicate how desperate they feel. For some, whose lives are out of control, suicide is sometimes seen as a way to get back the power they have lost. Some callers may think about suicide, and see it as one way of solving their situation, but not be tempted to take action.

It is extremely important therefore, that suicide is explored with any caller who either talks about killing themselves, or expresses a desire for 'everything to end' or who appears to see little hope in the future. Suicide is still a taboo subject in many places, and so 'killing oneself' may not be spoken about directly, but instead referred to more obliquely. Counsellors are often wary about talking about suicide with callers for fear that it will make the caller do it.

However, as with any other issue, if suicide is part of the call then the counsellor must be prepared to discuss this – otherwise they are not accepting the caller.

In working with a caller who is, or appears to be, suicidal, a careful assessment of both the intent of the caller and their ability to carry out a plan is important to ensure that their safety and wellbeing is promoted. This may include breaking confidentiality to ensure that they are protected. In some countries there are strict legal rules defining what assistance can be given to people who are suicidal. For example it may be a crime not to call for assistance when someone is suicidal.

Main Issues

❖ Level of Risk

As has been mentioned, a careful assessment of risk is necessary. This includes a consideration of:

- Intent – does the caller want to die, or is it that they do not want their life to be as it is? Can they see an end to their problems in the future? What would have to change for them to feel differently?
- Plan – does the caller have a specific plan? Knowing how they might attempt to kill themselves indicates that the caller has given more thought to the issue, and tends to suggest that the risk is higher.
- Time – when? Why then? Obviously the nearer the date, the greater the risk.

❖ Counsellors need to be careful about implying a sense of judgement – even if they strongly believe, say for religious reasons, that what the caller is thinking about doing is wrong. This can have the effect of making the caller feel rejected and less likely to want to explore other options. It can also reinforce a caller's sense of hopelessness, or shame, and contribute towards suicidal feelings.

❖ Similarly counsellors should be careful about making the caller feel guilty – for example saying that it would 'upset their parents'. While this can seem like a good strategy, it may leave the caller feeling guilty and ashamed and more isolated.

❖ Alternative plans – whenever a caller expresses suicidal thoughts and feelings, and even if the risk is not immediate and requiring life saving action, it is important to develop a strategy with the caller for further support and alternative plans. This might be as simple as arranging for the caller to phone back at a specified date and time, to making a referral for specialist help (where available).

People who talk about or attempt suicide are sometimes thought of as being 'attention seeking'. This is rarely true, and even when it is the case, ignoring a caller's claims to be

suicidal is very dangerous. The risk is death! Conversely telephone counsellors can often feel highly responsible for callers who are suicidal. It is important to remember that, ultimately, a person's decision to kill themselves is their own choice and does not necessarily signify a 'failure' on the part of the counsellor. While this is easy to say, in practice it can be very difficult for counsellors to cope emotionally when a caller does commit suicide.

- **Self Harm**

Self harm is often thought of as a coping mechanism. People who self harm often report a feeling of 'release' from intense and painful feelings, coupled with a sense of calmness that follows, although this is often quickly replaced with feelings of shame or disappointment. However, although it may be 'useful' as a way of coping, it is an unhelpful strategy as it may result in serious injury or even death.

There are numerous ways that people self harm – some of the most common being cutting, scratching, and burning. Other young people may engage in less deliberate but risky behaviours such as fast driving or using drugs and alcohol as ways of coping.

In discussing self harm, it is useful to try to understand the underlying motivations and reasons for the self harm (although this may be difficult). This includes exploring how and when the self harm occurs, including any triggers. It should be noted that some people who self harm find it unhelpful to talk about the self harming behaviours, as they feel that this 'attracts' them to self harming. In all cases it is appropriate to talk about possible alternative behaviours. This might include considering specialist support where available or phoning the helpline at trigger times.

Training Ideas

Depending on the time available, there are a range of activities and options for exploring the issues of suicide and self harm.

This includes some, or all, of the following:

- Discussion of difference between self harm and suicide – and its possible meanings for callers
- Small group / large group exercise to list all the self harming actions and methods of suicide that participants can think of, supplemented by ideas from trainers if necessary
- Role play using a number of scenarios, some self harm, some suicidal thoughts only and some where the caller is definite about wanting to kill themselves. This should be followed by a discussion about the kind of help and support the helpline can provide (including referrals to other agencies)

Any training involving the issues of suicide and self harm should also include a discussion about the feelings it illicit for counsellors, emphasising the need for support.

Emergencies & Conflict

Overview

Unfortunately, children and young people can find themselves caught up in all kinds of emergencies and disaster situations – ranging from slow onset disasters, such as droughts and famine, to more rapid onset such as floods and earthquakes.

Children can also become involved in conflicts, including civil disputes, when they may be either be effected by what is happening around them (for example witnessing death or suffering serious injury) and / or caught up in it (for example if they are kidnapped or forced to take part in armed conflict as a 'child soldier').

In some cases children can become caught up in both a situations – where a natural disaster occurs in a conflict area.

In both cases, children can be exposed to difficult and stressful situations, such as:

- Death of parents or other family members
- Separation from parents, family, and even the community
- Displacement
- Witness to traumatic events
- Physical injury
- Violence
- Poverty
- Disruption of school and other social activities
- Tension and violence in family and community life
- Abuse and exploitation

Reactions vary between children, depending on the nature of the emergency or conflict, and the child's circumstances but typically include:

Typical Physical Reactions: such as dizziness, nausea, sleep difficulties, loss of appetite, cold sweating and raised heart rate

Typical Emotional Reactions: such as fear & distress, distrust, sadness, guilt, feeling powerless and loss of all sensations (numb)

Typical Mental Reactions: such as confusion, disorientation, flashbacks and nightmares

Typical Behavioural Reactions: such as moodiness, withdrawal (not wanting to socialise with others), excessively attached to parents or carers or family members, being overly responsible for others, and over sensitive / easily irritated - hostile or easily upset

When working with children involved in emergencies and conflicts there are a number of key principles that should be remembered:

- ❖ Proceed at the child's pace, and let the conversation be steered by the child - be careful of asking questions about what has happened, or the child's experiences if the child is reluctant to talk about this as it can 're - traumatise' the child – as far as possible, and unless the child wants to – try and focus the call on the present and the future
- ❖ As children caught up in emergencies and conflicts frequently feel unsafe and out of control, try to identify small ways that the child can exercise some control over their situation as this may help them to feel less powerless
- ❖ Explore issues of safety – how can the child increase their own safety? Is a referral possible to another agency? What else can the helpline do to support the child?
- ❖ Life does not stop for children – they may be calling about other issues, and not the conflict or emergency. Counsellors should make sure that they do not jump to the conclusion that this is why the child is calling
- ❖ In stressful situations, such as when counselling children in difficult circumstances, all senses become heightened. However, as telephone counsellors are only working with sound and speech, this can make the process of counselling even more stressful. Counsellors may need extra support
- ❖ Counsellors may themselves be affected by the situation – and hence may not be able to effectively operate. In some cases, more intervention and supervision of counsellors may be necessary in order to give counsellors the sense of a safe operating environment
- ❖ In severe cases it may be necessary for the helpline to close or relocate – perhaps especially where there are concerns about the physical safety for counsellors
- ❖ Where there are high numbers of displaced and refugee children, it may be appropriate to think about providing counselling in other languages, where possible

Training Ideas

Helplines should develop training which explores the specific emergency and disasters that they are likely to have to support children through. For example in an earthquake zone region, helplines should explore natural disasters, whereas in areas where there are long standing tensions helplines might want to focus specifically on supporting children in conflict.

Depending upon the time available, and the circumstances of the helpline catchment area, training could include all / or some of the following:

- Discussion of differences between different types of emergencies and conflicts – and how these may affect children who call the helpline
- Role play using a number of scenarios, to explore particular strategies to be used when working with children involved in conflicts and emergencies – for example concentrating on present and future
- Consideration about the kind of help and support the helpline can provide, together with identification of other agencies who may be referred to

Any training around conflict and emergencies should always include careful consideration of the feelings for counsellors, especially where the counsellors may also be affected. This includes highlighting extra support needs that may be necessary.

Trafficking & Exploitation

Overview

Children may be exploited for a number of reasons including child labour/child domestic labour, to be involved in criminal activities or commercial sexual exploitation (such as child prostitution and child pornography). Exploitation and trafficking do not always go together, although they are often closely associated. Not all exploited children are trafficked, although all trafficked children are exploited.

Trafficking occurs when a child is taken from the place where they live or are from, to another place for the purposes of exploitation. This can be within a country, for example from poorer rural to urban areas, or across international borders. Usually children and their families are tricked or coerced into allowing the child to go – for example with promises of jobs or better education prospects, or threats of violence. In rare cases, a family may allow the child to leave in exchange for payment (or some other favour, including perceived safety) or the child may be abducted.

Criminal networks are often involved in trafficking. They can be extremely dangerous, and physical force, and other mistreatment is not uncommon. The traffickers usually confiscate

identity papers, threaten children with reporting them to the police or other authorities, make threats against the child's family or claim that the child owes a huge debt that must be repaid in order to keep children compliant. If an opportunity to leave or escape presents itself, children may feel too frightened to do so, or may fear the reaction if they return home. In some cases children may believe that the situation of exploitation, however bleak, is still better than at home. This is especially true in cases of poverty and where there is pressure on the child to contribute financially, or not be a burden on their family.

Children and young people can be trafficked for many reasons. They may be made to do illegal or dangerous work, to beg or to be involved in drug smuggling or for organ donation. Younger children and babies may be trafficked so that they can be illegally adopted. Another reason why children and young people are commonly trafficked is for sexual purposes (including child prostitution and pornography). Even when children and young people have been trafficked for other exploitative labour they might still end up being sexually exploited because they have little protection and nobody to turn to for help in their poor working environment

Children and young people who are trafficked will suffer physical and sometimes sexual abuse, often of an extreme kind. This can leave them with physical health problems which can result in disability, disease and even death. Mental health and emotional problems are also common. Children may find it difficult to trust others, or have nightmares and live in fear. Sometimes children may use drugs and alcohol as a way of coping or may even think about suicide.

Finding assistance for trafficked children can be particularly complicated where the traffickers are dangerous, and / or the child is kept hidden or watched, or where the child needs help with repatriation back to their home country. Where there are issues of culture and language, this can make it especially difficult for counsellors to work with children on the phone.

In essence exploitation occurs when a child is taken advantage of for the benefit of someone else, usually an adult. It is important to appreciate that even if a child appears to give consent for their exploitation that this is irrelevant as they are often not making an informed choice. Nevertheless, while not condoning the exploitation and agreeing with it, it is important to empathise with the child's understanding and view of their situation to work effectively with them.

Training Ideas

Depending upon the time available, and the circumstances of the helpline training could include all/or some of the following:

- Discussion of trafficking and exploitation – what it means
- Small group work to consider different manifestations of exploitation and reasons for trafficking
- Small group / pairs work to consider push and pull factors that trap children in situations of exploitation and trafficking
- Role plays of various trafficking and exploitation scenarios (depending upon the location of the helpline) to identify useful strategies and challenges when working with trafficked and exploited children
- Exploration of the needs of trafficked and exploited children – including how best the helpline can assist them, and what other agencies may need to be involved

Post Traumatic Stress Disorder (PTSD) & Acute Stress

Post Traumatic Stress Disorder (PTSD) is a specific mental health problem that people, including children, who have experienced a traumatic event *may* suffer from. Symptoms can include problems with sleeping, nightmares, intrusive thoughts, depression and avoidance of memories of the event.

While PTSD is a serious condition that needs specialist help, it is important to appreciate that not everyone who has experienced a traumatic event will be affected. Numerous studies, including those conducted by the World Health Organisation, tend to show that only a relatively small percentage of an affected population will develop the disorder. This percentage varies widely and seems to depend upon the nature of the traumatic event. It appears that when whole communities and populations are involved (such as in a natural disaster) the figures are lower than for individuals or small groups who are victims (such as in abuse or accidents). However, the key thing to remember is that most people directly affected by a traumatic event will experience acute stress, but find themselves able to cope.

It is critical to appreciate that children's reactions to a traumatic event (such as shock, numbness, crying, clinginess, aggression) are *normal*. It is only when those reactions continue and persist over many months that it may be indicative of their being something more seriously wrong.

While counsellors should always be alert to the need to refer callers to more specialist support services, it can be helpful to reassure people, both children and their families, that what they are feeling and thinking is normal. Moreover some callers may feel disempowered if it is suggested that something is 'wrong' with them and that they need psychological help.

RESOURCES

Given the unique nature of the services offered by a child helpline, the best sources of information are the CHI Secretariat, and the network members, together with other helpline organisations.

Contact www.childhelplineinternational.org for more information.

CHI Publications:

Several CHI publications may also be of use. In particular:

- Guide to Participation (2007)
- Building your child helpline - a guide to starting or scaling up a child helpline (2007)
- Guide to Fundraising (2008)
- Guide to Good Governance (2008)
- CHI training manual for child helplines - a user-friendly guide for counsellors of your child helpline (2005)
Contains a number of useful resources, especially for those helplines who provide other services, including outreach

Other Publications & Training Materials:

There are lots of publications and training materials that have been developed – some covering supporting children generally and some with a focus on a specific thematic area. Helplines will need to adapt these materials to suit the unique operating situations for helplines, but nevertheless they may be suitable starting points.

Sanders P (2007) *Using Counselling Skills on the Telephone & in Computer-Mediated Communication*; PCCS Books
While not specifically written for child helplines, this is one of the few books that considers how to counsel by telephone

Tolfree D (1996) *Restoring Playfulness – Different Approaches to Assisting Children who are Psychologically Affected by War or Displacement*; Save the Children, Sweden
Although written a number of years ago, and focused on face to face work, this publication gives a very readable overview of the main experiences of children caught up in war

ECPAT Europe Law Enforcement Group / ECPAT International (2006) *Combating the Trafficking in Children for Sexual Purposes – A Training Guide*; ECPAT International, Bangkok
A specialist training manual for police and social workers, this guide contains a lot of information about the trafficking in children, and exercises that could be adapted for a training course

ILO-IPEC (2002) *Specialized Training Manual on Psychosocial Counseling for Trafficked Youth*; ILO-IPEC, Geneva
Concentrates specifically on counselling skills for working with young people, this guide has a number of interesting exercises that could be adapted for helplines or amended to cover other thematic areas

Keeping Children Safe Coalition (2006) *Keeping Children Safe – A ToolKit for Child Protection*; available from www.keepingchildrensafe.org.uk

and

Save the Children UK, UNICEF Thailand & ECPAT International (2006) *Child Safe Organisations – Training ToolKit*; Save the Children, UK

Both of these publications contain numerous resources for creating child safe organisations – including examples of child protection policies and procedures and report and referral mechanisms

Finally UNICEF has a vast array of publications, including training materials, which might be useful with adaption. A particular advantage of UNICEF materials is that they are often country specific. See www.unicef.org

APPENDICES

- Appendix A: Confidentiality Form
- Appendix B: Child Protection Policies & Procedures
- Appendix C: Application Form
- Appendix D: Questions & areas for exploration in recruitment
- Appendix E: Recruitment group exercise
- Appendix F: Reference Request Letter
- Appendix G: Annual Counsellor Appraisal Form
- Appendix H: Case recording & data collection forms
- Appendix I: Case Management Policy
- Appendix J: Case Management Plan template
- Appendix K: Referral Letter
- Appendix L: Code of Conduct
- Appendix M: Glossary of Helpline Terms

Please note

The appendices listed here are in the order they appear in the counselling practice and training guide. For this reason, they may not be in 'logical' order. The appendices are generally intended as examples, and helplines are strongly encouraged to adapt them for the particular circumstances and context of their own helpline.

APPENDIX A

Sample Confidentiality Form – *note this form will need to be adapted to reflect the Confidentiality Policy of the Helpline. This is especially important where there may be legal requirements regarding confidentiality, and the report of abuse*

[Name of Helpline]	
General Confidentiality Statement: All information, including details of callers, staff and volunteers is strictly confidential and may not be disclosed to anyone outside of the helpline without the express permission of the person concerned.	
Exceptions: While confidentiality is considered imperative, consideration must be given to situations where children, being particularly vulnerable, are at risk of significant harm or experiencing current harm. This may occur in: <ul style="list-style-type: none">• situations of abuse• threats/attempts to suicide• threats to commit violent acts• commission of or threats to commit illegal acts <p>In such cases, it may be necessary to break confidentiality, in order to ensure that the child's right to protection is upheld and to ensure their safety and wellbeing. The decision to break confidentiality, in order to meet the helpline's 'Duty of Care' must be made by [insert counselling supervisor / manager / director / other – as helpline policy].</p>	
If a child discusses a situation where Duty of Care may apply, the limits of confidentiality must be discussed. Any explanation of the limits of confidentiality should be in consideration of the child's circumstances, with consideration given to: <ul style="list-style-type: none">• the age of the child• capacity of child e.g. presence of disabilities - intellectual/physical• nature of harm/threat• capacity to follow through with threat e.g. has access to medication or weapon• immediacy of risk• environment• level of isolation• protective capacity of accessible adults / contact with other agencies	
Furthermore, confidentiality rests with the helpline and not with individual counsellors. Counsellors must not make promises to children to keep information private.	
<i>I have read and understand this Confidentiality Policy, and agree to abide by its conditions.</i>	
<i>Name & Signature of Counsellor</i>	<i>Date</i>

Example of Child Protection Policies & Procedures

Please note, policies and procedures should be developed by helplines to reflect the nature of the work carried out by the organisation, and the context within which it operates.

POLICY

[Helpline] believes that every child has a right to happy childhood, which is free from abuse and exploitation. We are fully committed to protect children from all forms of exploitation, violence, abuse and neglect, both from outside the organisation, and which may result from contact within the helpline.

For this purpose of the Child Protection Policy, our understanding of child abuse and exploitation includes, but is not limited to:

Physical Abuse: Causing physical harm to a child. This may involve hitting, shaking, throwing, burning or scalding, drowning, suffocating

Emotional Abuse: The persistent emotional ill-treatment of a child such as to cause severe and persistent effects on the child's emotional state. This may involve conveying to children that they are worthless and unloved, or inadequate; developmentally inappropriate expectations being imposed; persistent fear. Some level of emotional abuse is involved in all types of ill-treatment of a child, although it may occur in isolation

Neglect: The persistent failure to meet the child's basic physical and/ or psychological needs, likely to result in the serious impairment of the child's physical or cognitive development.

Sexual Abuse: Involving forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g., rape) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic materials or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Closely associated with abuse and exploitation is discrimination: that is being biased or prejudiced in favour of, or against, a child or group of children.

Children can be potentially subject to exploitation and abuse in families, communities, institutions, organisations, private places and public places by various circumstances and by a variety of people, including those associated with the Helpline. In order to address this, a Child Protection Policy has been developed.

OBJECTIVES:

This Policy is developed to ensure the highest standards of professional and personal practice to do no harm to the children who come in contact with the people associated with the Helpline, both inside and outside the work environment.

This Policy deals with the protection of children as defined by the UN Convention on the Rights of the Child (people under 18 years of age).

Specifically the Child Protection Policy aims to protect children by prohibiting:

- hitting, physically assaulting or physically abusing children
- any relationships with children which are exploitative, abusive or put children at risk of abuse
- employing children in contravention of ILO Convention 138 and 182
- putting children in harmful or potentially harmful situations

The foundation of the Child Protection Policy is a commitment to upholding the Rights of the Child, child participation and empowerment.

IMPLEMENTATION STRATEGIES:

Awareness Raising

For effective implementation the Policy, it needs to be understood accurately by all those working at the Helpline. All people associated with the Helpline will be made aware of the Child Protection Policy through training, induction and briefing.

Prevention

Children's rights to protection will be safeguarded at all times through appropriate management practices, which includes, but is not limited to, policies and procedures for recruitment of staff, risk assessments and management plans together with the development of other policies, such as confidentiality policies, to ensure that children are protected.

Reporting

Clear steps and guidelines on reporting the incidences violating policies and procedures, and where there are child protection concerns, exist to ensure that appropriate remedial action is taken.

Responding

The Helpline takes seriously any concerns raised and will support children, staff or adults who raise concerns or who are the subject of concerns. This includes acting appropriately and effectively in instigating or cooperating with any subsequent investigation. All responses will be guided by the principle of 'best interests of the child'. It is expected that all those associated with the Helpline will report any concerns.

Disciplinary Action

Non-compliance with the Child Protection Policy shall be taken seriously. This will involve a thorough investigation and referral of cases to the police and/or social services if national or international child rights laws have been violated.

Monitoring

Procedures developed to implement the policy will be subject to regular review and evaluation as to their effectiveness, and amended as necessary.

PROCEDURES

There are a number of policies that relate to the protection of children, and from these spring specific working practices. Below is a summary of the main procedures which relate directly to child protection.

Any exceptions to the procedures highlighted below, or where there is any ambiguity or omission this should be discussed with [? Management].

Recruitment, Employment & Volunteering

- i) All job interviews will specifically contain a question relating to the candidates previous history and suitability of working with children
- ii) All appointments shall be subject to three satisfactory references from previous employers / educational institutions. Recommendations from personal friends or members of family are not acceptable
- iii) All staff and volunteers will be required to provide police clearance certificate, and to undergo a police check for criminal convictions (including the checking of any sex offender register)
- iv) All staff and volunteers must sign the Code of Conduct and Confidentiality Statement before commencing work

Education & Training

- i) Child Protection Training, including awareness raising and reporting systems, will be provided as part of initial helpline training
- ii) All staff and volunteers will be provided with and have access to all written procedures and policies which relate to child protection
- iii) The Helpline will share its procedures and policies with other organisations and individuals it works with, or anyone who requests a copy

Professional Code of Conduct

- i) All staff and volunteers will be required to comply with the conditions laid down in the Code of Conduct
- ii) Helpline counsellors are not allowed to work alone, (i.e. unsupervised), with an individual child unless specific permission is given to do this
- iii) When visiting shelters or other services, staff and volunteers should not agree to be left unaccompanied with children
- iv) Appropriate adult supervision – in accordance with the child's age and developmental stage – shall be provided at all times in any face to face contact or visits to the helpline by children
- v) Any breach of the Code of Conduct, or any behaviours which are in conflict with the provisions of the Child Protection Policy will be the cause for investigation and possible suspension / dismissal.
- vi) The Helpline will cooperate fully with any investigation by the responsible authority (such as the police) in connection with any allegation of abuse or criminal offence in relation to a child made against a member of staff

Reporting Mechanisms (for Concerns and Cases) and Referrals

- i) All concerns shall be reported to supervisors in the first instance, or management.
- ii) All those working at the Helpline have a responsibility to notify of any concerns that they may have about the safety and well being of any child or the worrying behaviour of any adult, irrespective of how they know the person concerned
- iii) No retaliation or punitive action will be taken, or be permitted to be taken, against anyone who, in good faith, raises a child protection concern.
- iv) Where judged necessary, in accordance Confidentiality Policy, referrals will be made to the most relevant investigating and protection agency. A directory of agencies available to receive referrals shall be maintained current for use. Permission will be sought from the source of the information before passing on their contact details (unless they themselves are the perpetrator), unless it is a life threatening situation, and not to pass on such details would be detrimental to the well being of a child
- v) Written records related to child protection referrals and concerns will be kept
- vi) If action is taken against a member of staff or volunteer then a note of this will be made on their confidential personnel file, and will be disclosed if a reference is sought.

Reporting & Referral Procedures

- i) All child protection concerns shall be reported to the supervisor or manager
- ii) In the absence of the person who has authority to make decisions, if a child is in a life threatening situation, counsellors have the authority to make any decisions necessary in order to protect the child from the immediate danger. Any decision made and actions taken should be reported to a supervisor as soon as possible.

APPLICATION for HELPLINE COUNSELLOR

Thank you for your interest in becoming a helpline counsellor. To help us assess your application, please complete this form.

The form should be returned to XXXXXXXXXXXXXXX

FULL NAME:	
Any name previously known by:	
ADDRESS:	
TELEPHONE:	

EMAIL:	
DATE OF BIRTH:	PLACE OF BIRTH:

IF EMPLOYED PLEASE STATE CURRENT POSITION:

QUALIFICATIONS: (Tertiary/highest level attained) Date of Completion:
Name of Award:

WHY ARE YOU INTERESTED IN BECOMING A HELPLINE COUNSELLOR?

WHAT SKILLS, QUALITIES OR EXPERIENCE DO YOU HAVE THAT WOULD BE OF RELEVANCE?

--

WHAT DIFFICULTIES & ISSUES DO YOU THINK CHILDREN & YOUNG PEOPLE PARTICULARLY FACE?

--

A security check is completed for all staff & volunteers employees. Please disclose relevant information

Have you ever had a criminal conviction in ANY country? YES / NO

If please give details on separate sheet

Are there any considerations which may exclude your application?

REFEREES: Please give the names and contact telephone numbers of two referees who can comment on your suitability for this position. They should not be family members

1. Name:		Address & Telephone :	
2. Name:		Address & Telephone :	

DECLARATION: Applicant must read carefully and sign

I authorise The Helpline to obtain information from any person concerning my suitability for work and release such person from liability from any claims which may arise from the provision of such information. I further declare that the statements made by me in this application are true, complete and correct. I understand that a false or misleading answer to any question in this application will be regarded as misconduct and will be grounds for my dismissal.

SIGNE D:	DATE:
---------------------	--------------

To help with recruitment, how did you hear about this position? _____

**Initial Interview:
Questions & Areas to be Explored**

To include:

1. What interests applicant in becoming a helpline counsellor?
2. Why now? Current situation and recent changes
3. What issues (does the applicant think) children and young people face today?
4. Own experiences of childhood. How does the applicant think these will help / hinder in their work with children on the helpline?
5. What skills does the applicant think they have which makes them suitable for work as a telephone counsellor?
6. If a volunteer position, how does the applicant feel that this will fit in with other commitments? Have they spoken to their family about their application?
7. References and checks will be made, but is there any reason why they would not be considered suitable for working with children and young people?

Note: Interviewers should confirm that applicant is aware of commitment necessary, and outline recruitment and training process. Assuming applicant is still interested in applying, interviewers should explain what happens next (i.e. how decision on application will be made and when)

Sample Group Exercise for Recruitment

This exercise should take no more than 30 minutes, although it may end naturally earlier.

Applicants should sit together in a circle, with an experienced counsellor / supervisor acting as a facilitator. Another experienced counsellor / supervisor should act as observer.

The applicants should be given a statement or an issue to discuss, for example:

- Children today have too many rights
- Sexual abuse

The topic should be chosen taking into account the context in which the helpline works. Try and pick something controversial!

The applicants should be asked to discuss the topic given as a group. The facilitator should introduce the exercise, but should not participate except to prompt discussion.

After the exercise is ended, the observer and facilitator should briefly discuss each applicant, considering:

- To what extent they participated in discussion
- Style of interaction with others – for example, did they listen or talk over others? Did they become angry if not agreed with?
- If the applicant said anything of concern / express any worrying attitudes that may need further exploration in interview

Feedback should be given to the interviewers to help with their decision making.

Sample Request for Reference Letter

Dear XXXXXXXX

XXXXXX has applied for a position as (insert role – e.g. volunteer counsellor) with (insert name of helpline), and has given your name as a reference.

(Enter short description of work and objectives of helpline).

We would be grateful if you could comment on your opinions of the suitability of XXXX as a telephone counsellor. Since the work with the helpline involves access to children and young people, please can you comment on any concerns regarding the suitability of XXXXX to work with people under 18 years old.

If there is anything that is unclear, or if you would like to speak to someone in confidence regarding the applicant or this request for a reference please contact (insert name and contact details).

Thank you for your assistance.

Yours etc

Note this is a very simple letter and the minimum – some helplines might like to send out selection criteria for the role of helpline counsellor and / or a form with more specific detailed questions for review .

Counsellor Appraisal (Review) Form

Counsellor:			
Supervisor:		Appraisal with (if not supervisor):	Date of Appraisal
<i>Note before discussion, both counsellor and supervisor should assess counsellor's performance in each area, with 0 being unsatisfactory and 5 being highly satisfactory</i>			
Area	Counsellor score	Supervisor score	Comments
Data Gathering & Record Keeping			
Rapport Building/ Relationships with Callers			
Exploring Feelings and Meanings			
Challenging			
Clarifying and Focussing			
Information Giving			
Goal Formation and Action Planning			
Closure / Endings			
Crisis Intervention			
Working with supervisor in making referrals			
Understanding & application of policies/procedures			
What does the counsellor like most/find most rewarding about working at the child helpline?			

What does the counsellor like least/find least rewarding:	
Comments from counsellor on support and supervision:	
Areas of particular interest:	
Areas for further development/learning needs:	
Any other comments:	
Comments from Supervisor (if not carrying out appraisal) or management:	
Signature of Counsellor:	Signature of Appraiser:

CALL LOG SHEET

This appendix contains two forms:

1. Call Log Sheet – a summary of total calls received
2. Case Recording Sheet – for substantive contact with callers

CASE RECORDING SHEET

DATE:	TIME	CASE NUMBER:	
COUNSELLOR:		SUPERVISOR:	
CALLER'S NAME: <i>In some countries, the word surname or family name is used instead of last name – this should be clarified with caller</i>		GENDER:	
		Male/Female/Unknown (<i>note: counsellors can note if guessed gender</i>)	
		AGE / DATE OF BIRTH:	
LANGUAGES SPOKEN:		ETHNICITY:	NATIONALITY:
<i>This information helps with monitoring accessibility to children. In addition helplines receive calls regarding children from migrant populations. This information may or may not be easily obtained, but if available should be recorded.</i>			
CONTACT DETAILS OF CALLER:		IF THIRD PARTY CALL, DETAILS OF CHILD (NAME, AGE, ADDRESS ETC):	
Telephone numbers: 			
Address: 			
Location of child concerned now:			
WHO IS CHILD STAYING WITH:		FAMILY COMPOSITION:	
<input type="checkbox"/> Family (family members): <input type="checkbox"/> Extended Family (who): <input type="checkbox"/> Living alone <input type="checkbox"/> Living with friends (who): <input type="checkbox"/> Street: <input type="checkbox"/> Shelter (name): <input type="checkbox"/> Other (state): <input type="checkbox"/> Unknown		EDUCATION: <input type="checkbox"/> Non-school going (not eligible to go to school) <input type="checkbox"/> Non-school going (drop out/excluded) <input type="checkbox"/> Attends non-formal classes <input type="checkbox"/> Attends formal school college (name of school): <input type="checkbox"/> Finished school (name of school): <input type="checkbox"/> Never attended school	
Circumstances / Life situation of child-concerned [please tick/remark]: <input type="checkbox"/> Street Child <input type="checkbox"/> Child Labourer <input type="checkbox"/> In conflict with the law	<input type="checkbox"/> Mental health issues <input type="checkbox"/> HIV/AIDS (Infected/affected) <input type="checkbox"/> Affected by conflicts or disasters <input type="checkbox"/> Abuse (physical/sexual/emotional) <input type="checkbox"/> Runaway, Abandoned, Missing	<input type="checkbox"/> Differently-abled (physical/hearing/visual/learning disability) <input type="checkbox"/> Drug/Alcohol use <input type="checkbox"/> Family difficulties (separation, migration, death, poverty) <input type="checkbox"/> Other	
REASON FOR CONTACT [TICK]: (<i>Note this is the full list of CHI codes – helplines might want to adjust accordingly</i>)			
Abuse and Violence <input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional	Commercial Exploitation <input type="checkbox"/> Bonded child labour <input type="checkbox"/> Domestic child labour <input type="checkbox"/> Commercial Sexual Exploitation	Psycho-social, mental health <input type="checkbox"/> Boredom <input type="checkbox"/> Body/physical appearance	

- Neglect
 - Witness to violence
 - Bullying
 - Children in armed conflict
 - Unspecified and other
- Homelessness/Runaway's/Basic needs**
- Seeking shelter
 - Missing children
 - Children calling for food
 - Repatriation
 - Employment opportunities
 - Death of child on street
 - Abandoned
 - Orphaned
 - Resources and financial aid
- School Related**
- Teacher problems
 - Other adult related problems
 - Academic problems
 - Performance anxiety
 - Homework
 - School drop-outs
- Legal Matters**
- Advice and information
 - In need of legal representation
 - Child witness
 - Birth registration
 - Law in conflict with children's rights
 - Children in conflict with law
 - Child marriage
- Information requested**
- About the helpline
 - About children's issues / children's rights
 - Thank you for assistance
 - Unspecified and other
- Child Trafficking
 - Other child labour
 - Kidnapping
 - Children used for begging
 - Children used for criminal activity
- Child Substance Use and Abuse**
- Information on substances / misuse
 - Addiction
 - Unspecified and Other
- Sexuality / Facts of Life**
- Information
 - Pregnancy
 - Sexual identity
 - STI's/STD's
 - Contraception
 - Masturbation
 - Sexual fantasy
 - Other
- HIV/AIDS**
- Bereavement
 - Parents (or family) with HIV/AIDS
 - Children living with HIV/AIDS
 - Orphaned due to HIV/AIDS
 - Information about HIV/AIDS
- Physical Health**
- Access to health care
 - Concerns about illnesses
 - Hospitalisation
 - Unspecified and other
- Loneliness
 - Lack of confidence
 - Eating disorders
 - Fear and anxiety
 - Depression
 - Identity and purpose of life
 - Phobias and obsessions
 - Self harm
 - Suicide
 - Unspecified and Other
- Peer Relationships**
- Problems with friends
 - Partner relationships
 - Other
- Family Relationships**
- Divorced/separated parents/parents in conflict
 - Child custody and access
 - Maintenance and child support
 - Parent/child relationships
 - Sibling relationship
 - New family /Blended family
 - Bereavement
 - Adoption issues
 - Parents with addiction and /or mental health
- Discrimination**
- Racism related
 - Immigration related
 - Employment related
 - Access to education
 - Mental and physical health
 - Other

SUMMARY OF CALL (where possible record children's actual words verbatim):

COUNSELLOR'S IMPRESSION OF CALL:

ACTION TAKEN / PLAN AGREED:

FOLLOW UP:

Case Management Policy - Example

Policy Statement:

Case management provides a structure which enables counsellors to offer counselling in a planned and purposeful way to each client.

Procedure:

What is Case Management?

Case management is a planned response to regular clients.

A regular client is one with whom the helpline works on an ongoing basis. The client may engage in a “chat” or may be engaged on deeper issues. Case management of regular clients may include work with individual counsellors to more complex co-ordinated management where several counsellors may be involved.

A regular client is

- A client phones who frequently (for example, four - six times a week)
- A client who has phoned weekly over a 6 week period

In addition to established regular clients, a case management approach can also be used in advanced where,

- A client’s presentation on the first or second call is complex and the counsellor has a high expectation of renewed contact over an extended period
- Where the client expresses a wish to engage in ongoing work

Process:

The counsellor shall discuss with the client the case management approach, and seek the views of the client.

A meeting should be held involving the counsellors who have spoken to the client, and a [supervisor / manager]. At that meeting a written care plan should be developed for the client, identifying how best the helpline can work with the client.

The client should be informed of the outcome of the case management meeting.

Case plans should be reviewed at 3 monthly intervals (at minimum).

Case Management Plan Template

CLIENT:		CASED ID Number	
CLIENT CONTACT DETAILS:		AGE (d.o.b.):	
Distinguishing Features of calls (i.e. common phrases, names, words used, stories given):			
Name of Regular Counsellor (if one):			
FREQUENCY OF CALLS:		CALLED SINCE:	
OTHER AGENCIES INVOLVED:			
NAME	POSITION	AGENCY (full name, contacts)	PERMISSION TO CONTACT
CLIENT PRESENTATION/SUMMARY OF STORY:			
HISTORY OF CONTACT WITH HELPLINE/NATURE & PATTERN OF CALLS :			

CHANGES/ DEVELOPMENTS SINCE LAST CASE PLAN:	
CLIENT'S GOALS (if known):	
HELPLINE'S GOALS IN WORKING WITH THIS CLIENT:	
HOW CAN WE BEST SUPPORT/WORK WITH THIS CLIENT (i.e. 'THE PLAN'):	
RISK FACTORS / CONTINGENCY IF PLAN FAILS:	
REVIEW DATE:	
People developing this plan:	Plan agreed by
Date of Plan	

APPENDIX K

Referral Letter

TO: (Name of Organisation Referral Made to)

Dear

RE: Enter child's name, address and date of birth

This is to confirm our referral to you regarding the above young, made (by phone / in person) on (date and time) by (enter name of referrer).

This young person contacted the helpline on (enter date). (Enter brief summary of the situation of young person, and concerns).

As discussed we would appreciate your assistance in helping this young person by (enter action agreed by / requested of organisation).

We would be grateful if you would confirm receipt of this letter, and let us know what, if any action, you have taken.

If you have any questions regarding our referral, or need any more information from us, please contact (enter name and contact details).

Many thanks for your assistance.

Yours etc

Sample Code of Conduct

[Name of Helpline] recognises that as a child's organisation it has a moral and legal responsibility to ensure that children are safe when they are in the organisation's care – both directly or indirectly.

We are committed to defining and upholding the highest standards of behaviour at all times, both inside and outside the work environment. This applies equally to the children and adults we work with, other organisations and colleagues.

Furthermore, we recognise that many of those who contact the Helpline are from vulnerable or marginalised groups, live or have lived in difficult circumstances, and/or are at risk, and that everyone working at the helpline is in a position of responsibility, trust, confidence and authority.

To this end, the statement below applies to all those working with the Helpline, whether in a paid or unpaid capacity, and irrespective of the position held within the organisation.

I, the undersigned, hereby agree:

- To abstain from all forms of illegal conduct, regardless of the jurisdiction of the offence;
- To comply with all policies and procedures at the Helpline, in particular those relating to child protection and confidentiality;
- To abstain from purchasing any sexual services, regardless of the legality of the exchange with any person below the age of 18 years;
- Not to develop relationships outside of the Helpline with any child or adult who calls the helpline. Where it becomes apparent that there is an pre-existing relationship with a helpline caller, this should be immediately brought to the attention of [supervisor / manager];
- To disclose any conflicts of interests, whether these arise from other relationships or business interests;
- To perform and behave in a professional, courteous and respectful manner with children and adult callers, colleagues, other work associates, and the general public at all times.

I understand that non-compliance with the above shall be taken seriously. This will involve a thorough investigation and referral of cases to the police and/or social services if laws have been violated.

Signed:

Date:

APPENDIX M

Glossary of Helpline Terms

Note this material has been reproduced from the Child Helpline International 'Glossary of Helpline Terms' (Fifth edition, March 2009). It is included here for the sake of completeness, and to make this guide as useful as possible.

POCKETBOOK OF HELPLINE TERMS (Manual de Bolsillo de Definiciones)

Coverage (Cobertura): The geographical range where service is available. For example, (local, regional and national)

Local (Local): The number is accessible only in one area of the country.

Multi-local: The number is accessible in several cities within country.

Regional (Regional): The number is accessible to a child in two or more regions, but not the entire country, where there is access to telecommunications.

National (Nacional): The number is accessible to every child in the country where there is access to telecommunications.

Budget (Presupuesto): A detailed breakdown of the helpline's total costs that can be used to estimate how much money will be needed to run the helpline the following year. Includes breaking up the cost for each type of activity.

Child (Niñ@): All human beings under the age of 18, unless the relevant national laws recognise an earlier age of majority. Article 1, Convention on the Rights of the Child.

Child Helpline (Linea de Asistencia para niños, niñas y adolescentes): Telecommunication services (includes the web) for/on behalf of children providing direct services intervention including, but not limited to: counselling, referral and active listening.

Child Protection (Protección del Niñ@): The legally-mandated obligation of the state to enact and enforce laws which protect children from violence, exploitation, abuse and neglect.

Child Participation (Participación del Niñ@): Involves encouraging and enabling children to make their views known on issues that affect them, and structuring services around their suggestions.

Confidentiality (Confidencialidad): A system which ensures that the user's privacy and identifying information will be maintained.

Contacts (Contacto): Child-initiated communication or adult-initiated communication on behalf of a child in which there is engagement, and where the helpline knows or has the ability to find out, for example, the child's age and/or gender and/or reason for contact. This refers to all forms of communication including telephone, email and post/mail. The contact can include childline-initiated, but does not include group school assemblies and other large assemblies or silent/test calls.

Continuum of Contacts (Seguimiento de los Contactos): Time range in which calls are received and recorded for the helpline's record-keeping purposes.

Telephone-based (Teléfono): A helpline where children and/or adults may obtain service via the telephone.

- **SMS/Text (Mensajes de Texto):** A helpline service where children and/or adults may send their questions to the helpline via SMS/text messaging, and receive a response in the same manner.
- **Fax:** A helpline service that allows children to send questions to the helpline via fax.

Web-based (A Través del Internet): A helpline service that provides a web space where children and/or adults can obtain information and assistance about the helpline and other relevant services.

- **E-mail (correo electrónico):** A helpline service that allows children to send questions to the helpline via email.
- **Web-post/Bulletin Board (Publicado en Una Página Web):** A helpline service that allows children and/or adults to post their questions and concerns on the website, and where a helpline representative answers the posters' question on site, which allows all visitors to read.
- **Chat:** A helpline website service where children can talk to other children and/or helpline counsellors in real time about their concerns.
- **Library (Biblioteca):** A web-based space where children can obtain information on child-related issues and concerns.

In-person (En persona): All contacts where there is face-to-face communication.

Outreach-Based Contact (Prestación de Asistencia en Base a la Difusión): A counselling method based on going to a child's location and providing counselling.

- **Walk-In/In-Person Contact (Visitas Sin Cita Previa/ Prestación en Persona):** A child helpline service where clients can meet with a helpline representative at the child helpline.

Postal (Buzones de Correo): A helpline service where children and/or adults can ask questions and/or raise concerns via post/mail.

Other (Otro): Any other means the helpline may use to reach out to children.

Total: The total number of contacts with children and/or adults.

Convention on the Rights of the Child (CRC) (Convención Sobre los Derechos del Niño):

The CRC is an international treaty that recognises the human rights of children, defined as persons up to the age of 18 years. In 41 substantive articles, it establishes in international law that individual countries which have signed the document must ensure that all children – without discrimination in any form – benefit from special protection measures and assistance; have access to services such as education and health care; can develop their personalities, abilities and talents to the fullest potential; grow up in an environment of happiness, love and understanding; and are informed about and participate in, achieving their rights in an accessible and active manner.

Costs per Helpline (Gastos de Mantenimiento de la Línea): The total amount of money needed to run the helpline. (*See budget*).

Fundraising (Recaudación de Fondos): The amount of money/resources spent and/or used by the helpline to raise money (mailings; publication materials; gala events; etc.)

Outreach (Mercadeo): The amount of money/resources spent and/or used by the helpline to raise awareness about the helpline in the targeted community, for donors or amongst the general public.

Advocacy (Promoción): The amount of money/resources spent and/or used by the helpline for advocacy purposes (*see definition of advocacy*).

Helpline (Línea de Asistencia): The amount of money/resources spent and/or used by the helpline to operate the helpline itself.

Administration (Administración): The amount of money/resources spent and/or used by the helpline to cover the administrative costs of the helpline (accountants; postage; day to day costs)

Intervention (Intervención): The amount of money/resources spent and/or used by the helpline to provide services to the child concerned.

Referral (Referir): The amount of money/resources spent and/or used by the helpline to refer the contact to the appropriate services.

Other (Otro): Any other budget item not included in the list above.

Establishment Year (Año de Fundación): The year the helpline opened and began serving the public.

Funding Information (Fuente de Ingreso): The source(s) from which the helpline obtains donations to continue its services.

Individuals (Individuos): To receive a grant for the continuity of helpline services from private individuals.

Self (La línea misma): Monies raised by a helpline itself.

Government (Gubernamental): To receive a grant for the continuity of helpline services from local, national or regional government/or government-supported agencies and/or office.

Corporate (Empresarial): A donation of money or in-kind services from a corporation or business.

Donor Organisations (Organizaciones Donantes): Usually private organisations. To receive a grant for the continuity of helpline services from institutions that make grants for scientific, educational, cultural, religious, or other charitable purposes.

Bilateral Organisations (Organizaciones Bilaterales): To receive a grant for the continuity of helpline services from national development cooperation organisations. Can also be government to government.

Multilateral Organisations (Organizaciones Multilaterales): To receive a grant for the continuity of helpline services from development banks which operate as lending agencies (e.g., African Development Bank; Asian Development Bank; Inter-American Development Bank; International Monetary Fund). Can also be government to government.

Helpline Number (Número Telefónico de la Línea de Asistencia): The telephone number which children can call to seek assistance.

Hours of Operation (Horario): The hours that a helpline is open to the public.

How Helplines Work With Children (Formas de Coordinación de las Líneas con I@s Niñ@s)

Active Listening (Escucha Activa): Structured form of listening and responding that focuses the attention on caller.

Contact (Contactos): *The number of times in which a caller engages in a structured form of listening and responding, which leads to the caller making wise choices and decisions by the assistance of the helpline, which itself employs active listening.*

Face-to-Face Interventions (Intervenciones Cara a Cara): Contact where the helpline physically meets the caller or child concerned.

Phone-Based Interventions (Intervenciones Telefónicas): Contact between a caller and helpline that occurs strictly via the phone with no face to face contact. The contact may include counselling/active listening; sharing of information and referral to community resources. Any face to face contact that occurs as a result of the phone contact or in follow up to the phone contact should be counted separately as a face to face contact.

Referral (Referimiento): Providing information to a caller in need about another source of help and/or providing information and/or also contacting the other source to assist the caller in need.

Marginalised child (Niñ@ Marginalizad@): A child that is excluded from a group or society based on a societal classification beyond his or her control.

Although CHI cannot dictate the type of client (user) a helpline should focus on, one of CHI's key objectives is to advocate for working with the marginalised child. Recommended groups to reach out to are: street children, child labourers, child soldiers, abused children (physically,

sexually, emotionally), suicidal children, children from minority ethnic communities, trafficked children, children in conflict with the law, children in institutions, missing children, orphan children, children in detention centres, children in family crisis, child headed families, differently abled (disabled) children, emotionally disturbed children and other children in crisis and a special focus on reaching out to boys.

Outreach (Difusión/Alcance): Active face to face engagement with a client group who might not otherwise utilise the service.

A cost effective awareness exercise that is an important aspect of a child helpline, especially in economically developing countries. It is a medium through which the helpline reaches out to children who need help but do not or cannot call in to the helpline due to lack of established telephonic infrastructure or non-familiarity with phones. Outreach ensures accessibility of the helpline to even the most marginalised group of children. It could be in the form of street corner meetings, individual meetings with children, open houses with children or children festivals and fairs. Target outreach areas could be public places like railway stations, bus stops, pavements and slums in order to reach out to more and more children. Outreach often takes on an education component (i.e., the dissemination of ideas), but it is increasingly common for organisations to conceive of their outreach strategy as a two-way street in which outreach is framed as engagement rather than solely dissemination or education. Outreach strategies are linked to the organisation's mission, and define targets, goals and milestones. (wikipedia)

Profile of the Contact (Perfil del Contacto): A description of the individual contacting the helpline.

Child

School Children (Niñ@s colegiales): Children who attend school.

Street Children/Runaways (Niñ@s de la Calle/Niñ@s que se fugan de casa)

Children living on the streets because of parental absence; abandonment; neglect or lack of resources; children who voluntarily left home regardless of whether or not they lived in an abusive environment.

Child Labourer/Worker (Trabajador Infantil): A child who works for low pay; can easily fall victim to physical, emotional or sexual abuse and usually does not attend school.

Child Unknown: The status of the child is unknown.

Adult

Caregivers (El adulto encargado del bienestar del niñ@): The adult responsible for the well-being of a child, such as a guardian, foster parent or institutional authority.

Concerned Adults (Adulto Interesado): An adult, usually but not necessarily, unrelated to the child concerned, who has observed/witnessed suspicious or abusive behaviour directed at a child (i.e., neighbour, passerby; teacher; etc). This includes relatives of the child.

Parents (Padres): The legally-recognised parents of the child.

Adult Unknown: The relationship of the adult with the child is unknown.

Staff Structure (Composición de Personal)

Full time (Jornada Completa): Team members, staff or employees that are considered full-time workers according to the labour regulations of the country.

Part-time (Media Jornada): Team members, staff or employees that are considered part-time workers according to the labour regulations of the country.

Volunteers (Voluntarios)

Paid (Remunerados): Volunteers who are paid a small amount of money for work performed at the helpline.

Unpaid (No Remunerados): Volunteers who are not paid any amount but may be reimbursed for expenses such as travel, etc.

Targeted at (Enfocado hacia): The child helpline's method of reaching its target group

Urban (Urbano): The main users of the child helpline are from urban areas.

Rural (Rural): The main users of the child helpline are from rural areas.

Target-Group Based (Grupo Particular): The main users of the child helpline are from a particular group (faith-based; ethnic minorities; disabled; refugee camps tent-dwelling nomads or any other such specific category).

Language-Based (Basado en Idioma): The child helpline's primary services are in a particular language.

General (General): The child helpline's services are targeted at the general public, and usually in the official language of the country where the child helpline is located.

Telephone Contacts per Helpline (Llamadas Telefónicas)

Attempted (Intento): The number of times the helpline's phone number has been dialled, including calls that did not manage to get through to the helpline.

Answered (Respondidas): All calls answered by the helpline, *excluding* calls answered by a telephone answering machine. This includes calls where the helpline provides the child with assistance or active listening; for example, silent, abusive, test and other calls.

Responded To (Atendidas): Level of engagement sufficient to gather information about the child. All answered calls where the helpline is able to provide assistance and/or categorise calls according to the CHI proforma

Total Number of Calls Received Since Inception (Número Total de Llamadas Recibidas Desde Lanzamiento de Servicio): The number of calls the helpline has received since the year it started operating.

Toll-free (Libre de Costo): No charge to the caller.

For the Child, but not for the helpline (Helpline Pays)/ Para el Niño, pero no para la línea (Paga la Línea): The caller does not pay, and the helpline pays costs for call (i.e., registration; access fee; etc)

For the Child, and for the helpline (Telecom Pays)/ Para el/la Niñ@ y para la línea (Paga Telecomunicaciones): Neither the caller nor the helpline pays. Instead, a telecom, the government or some type of sponsorship agrees to pay for the cost of the call.

Not toll-free (Child Pays)/ No es Libre de Costo (Paga el/la Niñ@): The caller pays for the call.

Who was the concerned child staying with at the time of contact: The living situation of the concerned child when contact was made to the helpline.

Family (Familia nuclear): The child's family (either mother and/or father)

Relatives: A child who lives with an adult relative, other than his parent (aunts; uncles; grandparents; adult siblings; cousins; etc.)

Child-Headed Household (Casa a cargo del niñ@): A child who lives in a household headed by him or herself or by another child.

Living Alone (Viviendo solo/a): A child who lives alone (i.e., empty house; squatter; etc).

Living with friends (Viviendo con amigos): A child who lives with family neighbourhood friends.

Street (Calle): A child who lives on the street.

Shelter (Refugio):

Other (Otros):

Unknown:

Who Responds to Contact (Quien Responde a los Contactos): All contacts answered and responded to by trained helpline workers.

Children (Under 18) (Niñ@s menores de 18 años): Contacts answered by trained helpline workers under the age of 18.

Young Persons (19 – 25) (Jóvenes entre 19 a 25 años de edad): Contacts answered by trained helpline workers between the ages of 19 – 25.

Adults (Adultos): All contacts answered by trained helpline workers who are over the age of 25.

CHI RECOMMENDED INTERVENTION TERMS

(Definiciones de Intervención Sugeridos por CHI)

Abuse and Violence

Abuse

All forms of harm directed toward a child by an adult or another child with more power and/or authority. While there are many forms of abuse, including negligence and commercial exploitation, there are three main types: physical, emotional and sexual. *Child abuse may take place in many settings: home, school, institutional, etc.*

Bullying

A form of abuse, bullying usually involves a child being repeatedly picked on, ridiculed and intimidated by another child, other children or adults. Bullying may involve physical and psychological violence.

Emotional Abuse

One of the three main forms of abuse (physical, emotional, and sexual), emotional abuse is the pervasive lack of display of love and affection toward a child by an adult entrusted with his care and development, or by another child in a position of authority. This includes constant belittlement, blaming, criticizing, as well as intentionally failing to display emotion to a child, such as not smiling at a child or simply not acknowledging a child's existence by not looking at him or exclusively engaging a child in a closed and confining emotional relationship.

Neglect

The failure of a parental figure, whether intentional or not, to provide a child with the basic needs required for the child's development. Basic needs include food, shelter, clothing, love, affection and appropriate discipline. See "*Basic Needs.*"

Physical Abuse

One of the three main forms of abuse (physical, emotional, and sexual), physical abuse is the exertion of physical force against a child with the intention of hurting or injuring the victim. Physical abuse can occur within the home, in public institutions (schools, police custody) and in public.

Sexual Abuse

One of the three main forms of abuse (physical, emotional, and sexual), there are several forms of sexual abuse. This includes sexual penetration, which consists of sexual intercourse with a child; the intentional exposure of a child to sexual activity, such as showing and/or taking sexually explicit or implicit pictures of the child telling jokes or stories of a sexual nature; tickling in erogenous zones and demanding to be tickled in return. Pressure is usually exerted by an adult or another child in a position of authority (fuller definition of last sentence). *This includes rape and incest. Commercial Sexual Exploitation is also Sexual Abuse for CHI purposes; see Exploitation section, “Commercial Sexual Exploitation.”*

Violence

The intentional use of power to control a child through obvious and not so obvious ways, including any action or word intended to hurt another person, whether through intimidation, verbal acts or bodily threats. *Many helplines use violence interchangeably with all forms of abuse.*

Witness to Violence

A child who sees or has seen acts of aggression or hostility committed either in public or at home.

Domestic Violence

The physical, emotional and/or verbal abuse of a partner.

Commercial Exploitation

Bonded Child Labour

Parents forced to take a loan to feed their family or to meet their basic needs. When the loan is made, their child is forced to work as a way to repay the debt. *See “Worst Forms of Child Labour.”*

Child Prostitution/Child Sexual Exploitation

Child prostitution consists of a child performing a sexual act in exchange for something of value (money, shelter, objects, etc). Child prostitutes are often the victims of trafficking, impoverished situations or undocumented immigration. This includes pornography.

Child Trafficking

The recruitment and/or transport of a child by adults with the intent of exploiting the child through various means (prostitution, begging, child labour, etc.).

Children In Armed Conflict

Children who engage in local or national wars, conflicts, battles, etc., regardless of the capacity in which the child acts (soldier, messenger, cook, etc.)

Children Used for Begging

Children used by adults or other children to ask for money from passersby.

Children Used for Criminal Activity

Children used for the purpose of committing criminal acts under the custody of an adult(s) and/or other children.

Domestic Child Labour

Describes the labour situations in which children, usually girls, are hired or used to perform domestic duties in a household that is generally not headed by family members. Children usually work long hours for low or no pay.

Kidnapping

The illegal apprehension and movement of a child from one place to another against the child and parents' will.

Other Child Labour

Children younger than their country's legal working-age requirement who work in exchange for money to fulfil or to contribute to their family's basic needs. This does not include domestic chores in the home or children working in compliance with national legal working requirements.

Homelessness/Runaways/Basic Needs**Abandoned Child**

A child that has been untended and uncared for by his guardian or parents.

Children Calling for Food

Children who call the helpline asking for food.

Death of Child on Street

The death or likely death of another child, whether a sibling, friend or street acquaintance. *A child may call to share his concern, sadness and/or confusion about the death of another child.*

Employment Opportunities

The availability of jobs that provide payment in exchange for services. *Children or adults may call the helpline looking for information on how or where to find a job. Children may also not be aware of the illegality of some employment.*

Homelessness

The state of being without a home; includes a child who is kicked out of the house. *CHI recognises that the definition varies from country to country and depends on each country's level of wealth.*

Missing Children

Children whose whereabouts are unknown to their family, guardians and/or community.

Orphaned

A child whose parent(s) or caretakers have died. Orphaned children may call the helpline on their own behalf or on behalf of other children seeking information on adoption; institutional care; or alternative care.

Repatriation

The return of child to his or her home or legal guardian.

Resources and Financial Aid

Money or objects or that assist an individual in fulfilling his or her basic needs. *Children may call the helpline seeking information on how and where to get assistance.*

Runaways

A child who voluntarily leaves his or her home regardless of whether or not he or she lived in an abusive environment.

Seeking Shelter

The lack of having a permanent home that requires an individual to look for temporary or permanent accommodation.

HIV/AIDS Infected/Affected Children**Bereavement**

The emotional devastation people feel when a loved one dies.

Parents (or family) with HIV/AIDS

Any family member who has been diagnosed with HIV/AIDS.

Children Living with HIV/AIDS

Children who have been diagnosed as infected with the AIDS/HIV virus, whether through sexual intercourse, blood transfusion or birth.

Children Orphaned due to HIV/AIDS

Children whose parent(s) or caretakers have died as a result of the AIDS virus.

Information about AIDS

Resources about HIV/AIDS, including how it is spread and how it can be treated.

Peer Relationships**Partner Relationships**

Concerns that arise between heterosexual or homosexual couples.

Problems with friends

Disagreements or confrontations with friends. *Children may call feeling upset over the real or imagined possibility of loss of a friendship.*

School Related**Academic Problems**

Difficulties children may have with school performance.

Homework

Schoolwork given to children to complete at home.

Other Adult-Related Problems

Difficulties a child may have with adults who are in a position of authority and influence.

Performance Anxiety

The fear that children may have of not being able to perform well in school, either academically or socially.

School Dropouts

Leaving school intentionally without completing the required courseload.

Teacher Problems

A child's failure to get along with a teacher, whether real or imagined, which may have a negative effect on the child's performance.

Legal Matters

Advice and Information

Legal advice in response to given circumstances.

Birth Registration

Legal document that certifies birth.

Child Marriage

The traditional custom of marrying off children, usually young girls, with or without their consent.

Child Witness

A child who testifies in a legal proceeding, whether under oath or not.

Children in Need of Legal Representation

Children involved with the legal system and who may be in need of legal advice, representation or guidance.

Children in Conflict with Law

Actions or decisions that a child may have taken, or that another person or child with more authority made for the child, that may have legal consequences.

Law in Conflict with Children's Rights

Laws, however well-meaning they may be, that may have a negative effect on a child's life. For example, laws that strictly observe the custody of natural parents without taking into consideration the best interests of the child.

Child Substance Use and Abuse

Addiction

The body's inability to function without using drugs. Overcoming an addiction often requires treatment.

Information on Substances and Misuse

When a child calls the helpline asking for resources which describe the effects of drugs, how to stop using drugs, and where to seek help.

Differently-Abled Children

Children with a physical, motor or intellectual impairment.

Sexuality **Contraception**

Methods used to prevent pregnancy. Includes emergency contraception.

Information about Sexuality/Facts of life

The availability of resources dealing with information on all aspects of sexuality, such as information on sexual orientation, sexual intercourse, contraceptives, pregnancy and sexually transmitted diseases.

Masturbation

The act of stimulating one's sexual organs for pleasure.

Pregnancy

The physical state of a baby growing inside a woman's body. *Children may call requesting information on pregnancy prevention; wanting information on pre-natal care; or seeking options for an unwanted pregnancy.*

Sexual Fantasy

Any daydreams or conscious desires of a sexual nature that a child may have.

Sexual Identity

The sex/gender or group a child identifies with and/or the sex(es) to which he is attracted. *Children may call feeling confused about their identity.*

Sexually Transmitted Infections/Sexually Transmitted Diseases – STI's/STD's

Infections that are spread through sexual contact.

Family Relationships

Adoption

A legal act consisting of one or two adults taking a non-biological child as their own, and agreeing to raise the child as their biological child, with all of the rights, responsibilities and requirements therein. Includes situations in which children live with non-biological families in culturally accepted arrangements (i.e., kaffala, guardianships, etc.).

Adoption Issues

Problems or concerns that may arise during and after the adoption of a child, including the trafficking and exploitation of children. Includes situations in which children live with non-biological families in culturally accepted arrangements (i.e., kaffala, guardianships, etc.).

Bereavement

The emotions experienced by an individual when a person they love dies.

Child Custody and Access

A legal decision that determines the living arrangement(s) of a child, usually after the parents decide to separate or divorce. There is no one model; instead, custody should be determined according to the best interests of the child. Custody is always granted to an adult, and may include arrangements between divorced, separated or unmarried parents, as well as by relatives or family friends.

Divorced Parents/Separated parents/Parents in Conflict

A situation in which a child's parents are not a couple, either as a result of the legal dissolution of their marriage, through their voluntary decision not to live together as such, or parents who constantly display animosity towards one another.

Maintenance and Child Support

A parents or guardians responsibility to ensure that a child's basic needs are met.

Parent/Child Relationships

The dynamic between a parent and child.

Parents with Addiction and/or Mental Health Issues

Parents who regularly take drugs and are unwilling or unable to stop, and parents who have mental health issues.

Sibling Relationship

The inter-personal relationship amongst brothers and/or sisters.

New family/Blended Family

The relationship between members of two families who come together as one, such as when a child's parent(s) remarries or moves in with a new partner who may also have his or her own children from a previous relationship.

Psycho-social Mental Health

Body/Physical Appearance

The feelings and opinions a child has about the appearance of his or her body.

Boredom

The feeling that there is nothing interesting to do.

Depression

A child's persistent or temporary state of feeling sad, anxious and/or withdrawn that may be biological or may be in reaction to a life event.

Eating Disorders

A psychological disorder that manifests itself in unhealthy eating habits, such as anorexia nervosa (not eating enough to sustain healthy weight) or bulimia (self-induced vomiting). Most common in adolescent girls, though adults or boys may be afflicted.

Fear and Anxiety

Fear is the state of being afraid of something. Anxiety is the state of feeling an often-irrational amount of fear.

Identity and Purpose of Life

The way a child defines himself. For example, sexually and/or racially, and the way this may influence the treatment others give the child in response to the child's self-identification, as well as the goals, hopes, ideas and ambitions a child has now and in the future.

Lack of Confidence

The failure of a child to believe in his or her capabilities and talents. A lack of confidence may lead to make poor decisions, withdraw socially, underperform in school, etc.

Loneliness

The state of a child feeling alone in the world and without support.

Phobias and Obsessions

A persistent, abnormal, and irrational fear of a specific thing or situation, despite the awareness and reassurance that it is not dangerous.

Self Harm

The act some children have of physically harming themselves. Usually cutting and burning.

Suicide

The intentional act of killing oneself because life does not seem to have a purpose. Includes the act of dealing with a parent's suicide.

Physical Health

Access to Health Care

The state of being able to obtain needed assistance for physical well-being.

Concerns about Illness

Questions or issues relating to a child's physical, psychological, emotional unwellness.

Hospitalisation

The state of being admitted to a hospital to be treated or cared for as a result of a sudden, temporary or longstanding medical condition or trauma.

Information Requested

About the Helpline

Requested Information about helpline services, operations, etc.

About Children's Issues/About Children's Rights

Callers who want to discuss or ask about issues affecting children.

Thank you for Assistance

Callers who contact the helpline to express their gratitude for help provided.

Discrimination

Access to Education

The failure of a public institution to provide access to its known services due to a user's race, gender, ethnicity, religious, language, sexual orientation or disability.

Employment related

The unfair and/or illegal treatment of an individual at the workplace. *Children or adults may call to seek advice on how to enforce their rights or the rights of their parents.*

Immigration related

The unfair and/or illegal treatment of an individual based on his immigration status or country of origin. Discrimination may prevent a child from obtaining an education; health care or any other rights that are meant for all individuals. *Children or adults may call to seek advice on how to enforce their rights.*

Racism related

The unfair and/or illegal treatment of a child based on his ethnic origin. Discrimination may prevent a child from obtaining an education; health care or any other rights that are meant for all individuals. *Children or adults may call to seek advice on how to enforce their rights.*

Mental and Physical Health

The unfair and/or illegal treatment of a child because of their mental and/or physical illness.

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