

Mental Health and Psychosocial Support for Children and Caregivers in the Context of COVID-19

Facilitator Guide

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Through its technical working groups and task forces, the Alliance develops interagency operational standards and provides technical guidance to support the work of child protection in humanitarian settings.

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COURSE OVERVIEW

Course aim: To prepare frontline psychosocial support officers to safely deliver mental health and psychosocial support (MHPSS) services in the context of the COVID-19 crisis.

Note: this facilitator guide can also be applied to other infectious disease outbreaks (IDOs).

Course objectives: By the end of the course, participants will be able to:

- Recognize specific COVID-19 stressors for children, adolescents, and caregivers
- Describe signs of distress among children, caregivers, and families in the context of COVID-19
- Demonstrate how to use basic psychosocial skills in the context of COVID-19 to help children and caregivers feel supported
- Identify signs of serious distress in the context of COVID-19, and know how to respond and make appropriate referrals for further support

Target audience: The learning module is intended for frontline child protection workers such as psychosocial support officers directly supporting children, caregivers, and families during the COVID-19 crisis.

Related competencies: 3.4 Preventing and responding to psychosocial distress and promoting mental health (refer to the Alliance's [CPHA Competency Framework](#))

Prerequisites: Participants should have a full understanding of the basic principles and operational guidelines related to mental health and psychosocial support to be able to make use of the learning within this module. For basic information, refer to the following Alliance publications:

- [Minimum Standards for Child Protection in Humanitarian Action](#)
- [Updated E-Course on the 2019 Minimum Standards for Child Protection in Humanitarian Action \(CPMS\)](#)

Equipment, materials, and preparation required:

- Flipcharts
- Assorted colored markers (enough for 4 groups to use simultaneously)
- Post-it notes
- Notebooks
- Computer and projector

Supporting information:

- Recommended reading for the facilitator(s) is listed at the start of each session.
- Recommended group sizes:
 - 12-24 participants for face-to-face delivery,
 - 12-20 for remotely facilitated delivery.
- Contextualizing the course:
 - Some onboarding activities may need to be adjusted for appropriateness to the target audience.

Agendas:

Face to face:

Day 1		Day 2	
Time	Session	Time	Session
9:00 – 9:45	Welcome and Introductions	9:00 – 9:30	Welcome and Recap
9:45 – 11:20	Understanding Mental Health and Psychosocial Distress in the Context of COVID-19	9:30 – 11:00	Helping Parents and Caregivers to Support Children’s Well-Being, Part 2
11:20 – 11:30	Break	11:00 – 11:20	Break
11:45 – 13:15	Basic Psychosocial Skills, Part 1	11:20 – 12:00	Supporting the Well-Being of Parents and Other Caregivers
13:30 – 14:30	Lunch	12:00 – 12:45	Lunch
14:30 – 15:10	Basic Psychosocial Skills, Part 2	12:45 – 15:00	Supporting Children and Caregivers with Serious Distress
15:10 – 15:30	Break	15:00 – 15:15	Break
15:45 – 16:50	Helping Parents and Caregivers to Support Children’s Well-Being, Part 1	15:15 – 16:25	Strengthening the Psychosocial Well-Being of Children and Caregivers During COVID-19
16:50 – 17:00	Wrap-Up	16:25 – 17:00	Evaluation and Close

Best practice for remotely facilitated training recommends a short break of 5 minutes once every 45 to 60 minutes, with regular longer breaks. These breaks are not listed in the session plans, so in preparing for a remotely facilitated course, it is important to schedule these breaks and include them in the overall session timings.

Remote:

	Session Content
Session 1	180 minutes Welcome and Introductions Understanding Mental Health and Psychosocial Distress in the Context of COVID-19
Session 2	180 minutes Basic Psychosocial Skills
Session 3	150 minutes Helping Parents and Caregivers to Support Children’s Well-Being
Session 4	180 minutes Supporting Children and Caregivers with Serious Distress Strengthening the Psychosocial Well-Being of Children and Caregivers During COVID-19 Evaluation and Close

Face-to-face version: If delivering the training in person, ensure that you are following the relevant COVID-19 regulations and precautions. These may include:

- Limits on the number of people present
- Requirements regarding the size of the training room
- Provision of handwashing facilities or hand sanitizer and personal protective equipment, such as face masks
- Arrangement of the room to allow participants to be appropriately distanced
- Increased air flow via open windows and doors
- Limited sharing of equipment and resources (e.g., allocating a marker and Post-it notes to each participant for the duration of the course)

Remotely facilitated version: Platform-specific instructions have been avoided in the development of this course. Once you have identified which online platforms you will use, we recommend reviewing all exercise instructions to ensure that they are clear and specific, to enable the participants to engage quickly and easily with the interactive elements of the course.

To deliver the exercises in this course, you will need the following technical platforms and tools:

- Video calling platform with breakout-room and chat functionality (e.g., Zoom, Microsoft Teams, Google Meet)
- Interactive online whiteboard with Post-it and drawing functionalities (e.g., Miro, MURAL, Google Jamboard)
- An online shared folder where participants can access key course resources (e.g., Dropbox, Google Drive, Microsoft OneDrive)

The specific preparation required ahead of each session is detailed in the session plans below, including a sample layout for online whiteboards.





It is essential that the facilitator and technical producer prepare the course together, to ensure that their respective roles and responsibilities are clear and accepted.

For more details on the roles and responsibilities, see the [“Role of the Producer”](#) handout.



Welcome and Introductions

SESSION PLAN:

Session Length 	45 minutes face-to-face 60 minutes remote (to include introduction to the technology)
Aim and Learning Outcomes 	<p>Session Aim: To introduce participants to the course, each other, and to the facilitation team.</p> <p>By the end of the session, the participants will be able to:</p> <ul style="list-style-type: none">• Recall the structure and objectives of the course• Introduce the facilitators and their fellow participants• Use key features of the remote learning platform(s) (applicable to remotely facilitated sessions)
Key Learning Points 	Not applicable for this session.
Related Materials & Supporting Information 	<p>The learning-environment behaviors you may want to elicit from the participants include:</p> <ul style="list-style-type: none">• Respect• Punctuality• Willingness to listen• Openness to new ideas and perspectives• Eagerness to learn• Readiness to share experiences

Preparation Required



Preparation required for face-to-face sessions:
Not applicable to this session.

Preparation required for remote sessions:

- The Welcome and Introductions section includes 15 minutes in which to introduce participants to the key features of your chosen video calling platform and other online tools to be used during the course. The technical producer should design this section of the course once the platforms have been confirmed.
- You will need an online whiteboard for the learning-environment section. No preparation or access for participants is required.




Time	Facilitator Notes	Producer Notes	Screen / Resource
5 min.	<p>Welcome</p> <p>Introduce yourself and welcome the participants to the course.</p> <p>Show the slides and outline the course objectives and structure</p>	<p>Welcome</p> <p>Start the call 15 minutes early and display an onboarding activity on the screen. Welcome participants by name as they join the call.</p> <p>To the facilitator: Introduce the producer and explain that they are available to answer any technology questions.</p>	PowerPoint (PPT) slides 2 and 3
10 min.	<p>Icebreaker</p> <p>Divide the participants into pairs, and inform each pair that they have 5 minutes to tell each other about one person that they have kept in touch with for a long time despite being far away. What was difficult about staying in touch? How did they make it work?</p>	<p>Icebreaker</p> <p>Divide the participants into pairs, and inform each pair that they have 5 minutes to tell each other about one person that they have kept in touch with for a long time despite being far away. What was difficult about staying in</p>	



		touch? How did they make it work?	
15 min.	<p>Introductions</p> <p>Invite any co-facilitators and each participant to briefly introduce themselves to the group, giving their name, role, and organization.</p>	<p>Technical introduction</p> <p><i>NB: This section needs to be developed by the technical producer based on the platforms and tools you will use in the course. The aim is to familiarize the participants with the key features to enable them to quickly and easily engage with activities later in the course.</i></p>	
10 min.	<p>The learning environment</p> <p>In plenary, ask: “How do we want to work together? What behaviors do we commit to, in order to make the most of our time together?”</p> <p>Make a note of the commitments on a flipchart, then display this list on the wall of the training room.</p>	<p>The learning environment</p> <p>Use the built-in whiteboard function or another online whiteboard. The producer should take notes as the discussion goes on.</p>	PPT Slide 4
5 min.	<p>Wrap-Up</p> <p>Wrap up this session, checking if the participants have any questions.</p>	<p>Wrap-up</p> <p>For remote, use this time for a 5-minute screen break.</p>	



Understanding Mental Health and Psychosocial Distress in the Context of COVID-19

SESSION PLAN:

Session Length 	95 minutes
Aim and Learning Outcomes 	<p>By the end of the session, the participants will be able to:</p> <ul style="list-style-type: none">• Recognize the specific COVID-19 stressors for children, adolescents, and caregivers• Describe the signs of distress among children, caregivers, and families in the context of COVID-19• Identify specific examples of psychosocial needs from their own communities during COVID-19
Key Learning Points 	<ul style="list-style-type: none">• Emergencies are always stressful, but COVID-19 may present specific stressors that affect the population.• There are common responses of people affected, both directly and indirectly, by specific stressors presented by COVID-19. These may include: fear of losing loved ones or of being infected, fear of falling ill or dying, fear of losing livelihoods, feeling of powerless to protect loved ones, anxiety caused by the disruption of regular activities and support structures (due to public health restrictions), and fear of being separated from loved ones and caregivers due to the quarantine.• Children, adolescents, and their caregivers present unique MHPSS needs during the COVID-19 pandemic. Examples of unique MHPSS stressors for children are: isolation from friends and other loved ones (e.g., grandparents), disruptions in education, and concerns about the virus and its various impacts on their families. Examples of unique MHPSS stressors for

	<p>adolescents are: missing out on events due to COVID-19; increased existing vulnerabilities and inequalities, particularly for girls (e.g., higher risk of early marriage, pregnancy, and sexual reproductive health risks, as well as unequal access to information); inundation by distressing information in the media, along with exposure to high levels of stress and anxiety in the adults around them; and substantial changes in their daily routines and social infrastructure, which would ordinarily foster resilience to challenging events. Caregivers may also be under increased stress due to worries about the virus, lack of access to their relatives and social supports, the need to care for sick or older family members, the management of childcare and remote education for children out of school, increased pressure of balancing work and home schooling, illness or death of loved ones, and financial difficulties.</p>
<p>Preparation Required</p> 	<p>Face to face:</p> <ul style="list-style-type: none"> • Print case study – 1 copy per 4 participants. • Prepare PPT presentation. • Print psychosocial needs cards. <p>Remote:</p> <ul style="list-style-type: none"> • Save the case study in a shared folder and add the link to the session plan. • Transfer the psychosocial needs cards to a virtual whiteboard, with each item on a separate sticky note. Then duplicate the whiteboard for each group.
<p>Related Materials & Supporting Information</p> 	<ul style="list-style-type: none"> • <u>Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak (Inter-Agency Standing Committee (IASC))</u> • <u>COVID-19 Operational Guidance for Implementation and Adaptation of MHPSS Activities for Children, Adolescents, and Families (United Nations Children’s Fund (UNICEF))</u> <p>Find the case study and psychosocial stressor cards on the following pages.</p>

COVID-19 Case Study – “Basar”

When the government announced measures to prevent the spread of COVID-19, controls were put in place to prevent the movement of people. This led to outbreaks of violence, as many people had to move freely between communities to earn a living. When a roadblock was erected near a dam close to 22-year-old Basar’s home, it caused considerable tension between the police and the local people who wanted to cross the dam to get to the capital, where they would sell their agricultural products. As tempers flared, the police used tear gas to stop people from forcing their way through the barricade.

Basar, who is a father of three explained: “I was in my store, which is not far from the dam, and suddenly the police started throwing tear gas. I decided to close the store and go home, away from the trouble. As I was leaving the area, a police officer threw the gas at me, there was not even a meter between the officer and me, I fell and passed out, injuring my back when I fell.”

A friend carried Basar away from the trouble, and he was then taken to the hospital for treatment of his injuries. “I have difficulty urinating and moving. They did an X-ray and advised surgery, which cost me 6.5 million in the local currency [about 700 euros]. This is not counting the medicines I bought.” After the operation, Basar returned home. He needed further surgery, but had no money to pay for it. “I had to sell my plot to pay for the second surgery, which also cost me more than 6 million, not to mention the medical prescription fees. Despite this second operation, my health is still not improving.” Unable to walk or move much, Basar can no longer work, so his wife has to support the family of seven through petty trading or with from assistance from friends. “I feel powerless that I cannot do anything. The doctors have advised me to avoid physical activity, so I am at the mercy of the good will of people. I fear we do not have a future without employment”.

Basar’s wife is worried about her members of her extended family, as they live on the other side of the dam. But her more immediate concerns surround her husband and their three daughters. As both the family breadwinner and caregiver, she is worried about falling ill herself. “Who will take care of them if I am sick? I am the only one able to work and cook for them.” And she must comfort her husband and daughters, who are all having nightmares. The children have also started behaving aggressively, with the elder daughters always arguing and the youngest starting to wet the bed again.

Basar’s children have not been able to go to school since his accident, as there is no money to pay for their school fees. “All of them were studying normally when I was well. We have a public school, but it’s very far from the village. We must cross the river, and the bridge is in a bad condition, so we can’t let the children go – it’s too risky. That’s why we preferred to pay school fees at a private school nearby, where there are no risks. All of them are now at home feeling bored and not able to continue their education or interact with their peers.” Basar concluded, “COVID-19 has become a lifelong story for me. The consequences of this virus are indescribable for the population in this region. People have suffered a lot, and continue to suffer because the disease is not yet over,” said Basar.

Psychosocial Stressor Cards

Print and cut them out separately, without the categories “children,” “adolescents,” and “caregivers.”

CHILDREN	ADOLESCENTS	CAREGIVERS
Isolation from friends and supportive family members	Lack of contact with supportive peers	Threat to livelihoods
Loss of school structure	Loss of autonomy, independence	Loss of the sense of belonging to a community
Loss of familiar routines	Missed events and celebrations of key life milestones	Lack of contact with support networks
Lack of understanding and information about what’s going on	Suspension of ongoing learning opportunities <i>(*this also applies to children)</i>	Difficulty in balancing work and care for children out of school
Concerns about the virus and its impacts on the family, causing worry and sadness	Loss of access to sexual and reproductive health services	Loss of support of second person who normally helps with childcare
Loss of opportunity to play with other children	Inundation with distressing information on social media, leading to anxiety and stress	Feeling of powerless to protect the family
Loss of safe or secure feeling in familiar surroundings	Reduction of opportunities to exercise	Need to care for older family members

Time	Facilitator Notes	Producer Notes	Screen / Resource
5 min.	<p>Introduction</p> <p>Welcome the participants and introduce the session aim and objectives.</p>		PPT slide 4
15 min.	<p>Group work</p> <p>Divide the participants into groups of 4, distribute printed copies of the case study to the groups, and ask them to identify the COVID-related stressors experienced by the children and parents/caregivers during COVID-19 crisis, and common responses to distress.</p> <p>The identified stressors and common responses can be noted down on flipcharts or on Post-it notes.</p>	<p>Prepare breakout rooms, for 4 people each.</p> <p>Paste the following instructions into the chat : In your group, read the case study and identify the COVID-related stressors experienced by children and caregivers, as well as the common responses to the stressors demonstrated by the parents and children.</p> <p>Share a link to the case study, and to a virtual whiteboard to capture notes.</p> <p>Launch the breakout rooms.</p>	PPT slide 5,6, 7
15 min.	<p>Discussion in plenary</p> <p>Ask each group to respond to the following questions:</p> <p>Could you share examples of the COVID-related stressors that you identified in the case study?</p> <p>Could you share examples of how the children and parents in the case study responded to the identified stressors?</p>	<p>Close the breakout rooms.</p> <p>Paste the questions into the chat window.</p>	PPT slide 8

10 min.

Plenary presentation

Following the group work, present and reinforce any points that were not raised, specifically, the following:

Stressors specific to the COVID-19 outbreaks affecting the population

Emergencies are always stressful, but stressors particular to the COVID-19 outbreak have affected the population as a whole. These include:

- Risk of being infected and of infecting others, especially if the transmission mode of COVID-19 is not 100% clear
- Common symptoms of other health problems (e.g., a fever) that can be mistaken for signs of COVID-19
- Concerns felt by caregivers about their children missing school or about their being alone at home (due to school closures) without appropriate care and support. (School closures may have a different effect on women, who provide most of the informal care in families, with the result of limiting their work and economic opportunities.)
- Risk of deterioration in the physical and mental health of vulnerable individuals (e.g., older adults and people with disabilities) when caregivers are placed in quarantine, and no arrangements for alternative care are in place, or when alternative care is unavailable due to the general social isolation caused by public disease-mitigation

strategies

- Isolation from support networks – for instance, when movement restrictions prevent contact with family or friends who could have provided practical assistance

Note: Some stressors are more prominent in specific settings (e.g., conflict) and for some populations (e.g., refugees, minorities, people living with disabilities)

Common responses of people

In any epidemic, it is common for children and parents/caregivers to feel stressed and worried. Common responses of people affected (both directly and indirectly) might include:

- Fear of falling ill and dying
- Avoiding the use of health facilities due to the fear of becoming infected while in care
- Fear of losing one's livelihood due to the inability to work during isolation or to dismissal from one's job
- Fear of being socially excluded or quarantined due to any association with the disease (e.g., stigmatization of persons who are from, or perceived to be from, affected households or communities)
- Feeling of being powerless to protect loved ones, and fear of losing loved ones to the virus
- Fear of being separated from loved ones and caregivers due to the quarantine regime
- Refusal to care for unaccompanied or separated

	<p>children, people with disabilities, or the elderly due to fear of infection, because their parents or caregivers have been quarantined</p> <ul style="list-style-type: none"> • Feelings of helplessness, boredom, and loneliness, as well as depression, due to isolation or social-distancing measures • Fear of reliving the experience of a previous epidemic • Fear of losing one’s livelihood due to the inability to work during isolation or to dismissal from one’s job <p>Source: Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak (IASC)</p>		
<p>20 min.</p>	<p>Think, pair, share</p> <p>Say: “Think on your own about examples of specific stressors that children and caregivers in your community have experienced during the COVID-19 pandemic.”</p> <p>(An example of a stressor for children could be isolation from friends and family. An example of a stressor for caregivers could be the increased stress from balancing work and home schooling.)</p> <p>Divide the participants into pairs, and have the pairs discuss their examples.</p> <p>Ask the participants to share in plenary the examples that they have come up with.</p> <p>Wrap up the discussion, checking if the participants have any questions. Then link the outcomes of the plenary discussion to the next</p>	<p>Prepare breakout rooms for 2 people each.</p> <p>Launch the breakout rooms and allow the pairs 5 minutes for their discussions.</p> <p>Close the breakout rooms.</p>	<p>PPT slide 9</p>

	<p>activity, in which the participants will have a chance to think more about the unique needs of different groups.</p>		
	<p>Group work</p> <p>Divide the participants into groups of 4 people. Distribute to each group a set of cards, each with a psychosocial stressor indicated on it, and ask the groups to sort the cards into three categories (children, adolescents, and parents/caregivers), based on which target group the stressors mostly apply to. Some may overlap. For instance, many children and adolescents also become caregivers during IDOs, so the stressor “Needing to care for older family members” could apply to all categories. But for the purpose of the activity, the groups have to differentiate them as much as possible.</p>	<p>Prepare breakout rooms for 4 people each.</p> <p>Share a link to the virtual whiteboard(s) and assign groups to boards.</p> <p>Launch breakout rooms.</p>	
	<p>Presentation in plenary</p> <p>Use the slide to check the groups’ responses, and clarify anything that was not correct or clear.</p> <p>Unique stressors for children:</p> <ul style="list-style-type: none"> • Physical distancing, isolation from friends and loved ones (e.g., grandparents) • Loss of school structure, disruptions in education, missed lessons, or need to adjust to education at home • Concerns about the virus and its various impacts on their families, leading to feelings of worry, anger, frustration, sadness, uncertainty and loss 	<p>Close breakout rooms.</p>	<p>PPT slide 10</p>

- Death of family members, family friends, or even of caregivers
- Risk of deepened mental health challenges due to compounded vulnerabilities, especially for children with preexisting mental health conditions; children with disabilities or who are living with parents with disabilities; child heads of households; and children living in the midst of conflict, natural disasters, and other humanitarian emergencies

Unique stressors for adolescents:

- Missed events due to COVID-19, school closures, loss of autonomy and of direct interaction with their peer groups (This may increase feelings of anxiety, frustration, anger, grief, loss, or isolation; depression; difficulty concentrating on home schooling; self-harm; and serious thoughts of taking one's own life.)
- Loss of livelihoods for themselves or their caregivers, and possible exposure to GBV and exploitation
- Existing vulnerabilities and inequalities are increased, particularly for girls
- Uncertainty about going to a health facility due to a fear of exposure to the COVID-19 virus, thus significantly affecting health-seeking behaviors (The reduction in access to life-saving health and nutrition services, as well

PPT slide 11

as interruptions in existing care and treatment services, will severely impact adolescents.)

- With media and social conversations dominated by the outbreak, inundation by distressing information and exposure to high levels of stress and anxiety in the adults around the adolescents
- Fear of exposure to false information, especially on social media or among their peers (This may cause them to worry about vaccinations, for example, or about their friends who hold certain beliefs about the virus. This could also cause interfamilial conflict, and conflict between friends who have different viewpoints.)
- Substantial changes to their daily routine and social infrastructure, which would ordinarily foster resilience to challenging events
- Compounded vulnerabilities caused by living in the midst of conflict, natural disasters, and other humanitarian emergencies; living alone, without parental care; and by living with disabilities or living with parents with disabilities

Unique stressors for families and caregivers:

- Increased levels of stress due to: worries about the virus; lack of access to relatives and social supports; need to care for sick or older family members; obligation to manage childcare and remote




PPT slide 12


	<p>education for children out of school; increased pressure from balancing work and home schooling; illness or death of loved ones; and financial difficulties</p> <ul style="list-style-type: none"> • Layering of multiple stressors, which can lead to increased tension within families, and may also result in verbal and physical aggression between family members • Additional worries about coping and survival for families living in locations where physical distancing is impossible, such as camps and crowded urban areas • Risk of getting sick when caring for infected family members <p>Source: COVID-19 Operational Guidance for Implementation and Adaptation of MHPSS Activities for Children, Adolescents, and Families (UNICEF).</p>		
<p>5 min.</p>	<p>Wrap-up</p> <p>Wrap up this session, checking if the participants have any questions, summarizing the key learning points, and reminding the participants of the topic of the next session: “Basic Psychosocial Skills.”</p>		



Basic Psychosocial Skills, Part 1

SESSION PLAN:

Session Length 	55 minutes
Aim and Learning Outcomes 	<p>By the end of the session, the participants will be able to:</p> <ul style="list-style-type: none">• Identify emotional, behavioral, and physical signs of distress• Describe basic elements of supportive communication• Demonstrate appropriate communication skills when working with children• Describe basic psychosocial skills• Demonstrate how to apply basic psychosocial skills to the COVID-19 response, to help others feel supported
Key Learning Points 	<ul style="list-style-type: none">• Stress is a natural reaction, and one that everyone experiences. Stress manifests itself through emotional, behavioral, and physical signs. The right amount of stress is healthy, and can be a motivating factor. When it starts to interfere in our lives, however, it becomes a problem.• Supportive communication can reduce a tense situation and help children and caregivers feel comfortable and supported.• Active listening is a technique to help you listen well and to communicate supportively. It involves 3 steps: listen attentively; repeat what you have heard as the conversation progresses; and, at the end, summarize what you have understood. Your method for listening actively may have to be adapted when dealing

	<p>with young children (e.g., the body language, language used).</p> <ul style="list-style-type: none"> • Practical support to children, adolescents, and their caregivers can be offered in different ways: by providing clear and accurate information, and by linking people in distress or who need food, water, shelter, and medical or social services to available service providers. • The STOP-THINK-GO method aims to develop problem-solving skills, and can be used to help others to manage their own problems.
<p>Preparation Required</p> 	<p>Face to face:</p> <ul style="list-style-type: none"> • Print Asma and Fatima’s case study. • Prepare PPT slide presentation. • Print signs-of-distress cards – one copy per 4 participants. <p>Remote:</p> <ul style="list-style-type: none"> • Transfer the signs-of-distress cards to a virtual whiteboard, with each sign on a separate sticky note. Then duplicate the whiteboard for each group. • Save a copy of Asma and Fatima’s case study in a shared folder and add the link to the session plan. <p>Recommended preparatory reading for facilitators:</p> <ul style="list-style-type: none"> • Basic Psychosocial Skills: A Guide for COVID-19 Responders (IASC)
<p>Related Materials & Supporting Information</p>	<p>Find the case study; list of the emotional, behavioral, and physical signs of distress; list of do’s and don’ts; the Stop-Think-Go exercise; and the signs-of-distress cards on the following pages.</p>

COVID-19 Case Study – “Asma and Fatima”

Asma is the mother of 3 children. Her oldest child, Fatima, is 8 years old and recently developed COVID-19 symptoms. She then tested positive for COVID-19, and Asma was instructed to follow government regulations and isolate Fatima within her own household. Asma tells you, the child protection (CP) worker or PSS officer, that she misses the time she used to spend with Fatima, and that she is now scared that her daughter may become sicker and infect her younger siblings.

You know Fatima from the CFS office where you work, and you have visited her at home. You cannot enter the room in which she is staying because she is isolating. Instead, you call her on the phone. You stand at her bedroom window so you can see each other as you talk, but you do not enter the house, so as to protect yourself from COVID-19 infection. Fatima is upset because she is frightened that she will die, and she feels very lonely being in isolation. She is angry that you will not come into her room to see her, and accuses you of not really caring about her. “Nobody cares about me, and they’ve left me here all alone,” she says.

Emotional, Behavioral, and Physical Signs of Distress

Emotional Signs	Behavioral Signs	Physical Signs
Feeling sad, angry, scared, anxious, etc.	Lack of motivation, avoiding activities, becoming violent, clinging to parents or other caregivers, withdrawing, frequent mood changes, etc.	Headaches, muscle pain, back pain, difficulty sleeping, regressive behaviors (such as bedwetting), etc.

Do's and Don'ts

Do's	Don'ts
<ul style="list-style-type: none"> - Keep an open, relaxed posture - Use culturally appropriate eye contact to help the person to feel relaxed and understood - Introduce yourself, your role, and the purpose of the meeting - Maintain a calm and soft tone of voice, with moderate volume - Smile, be warming and reassuring - Maintain a physical distance to reduce infection and explain why (e.g., in large room, through a screen) - Think about using methods of communication that are appropriate for the age and capacities of the child – for example, child-appropriate language, or use of drawings. - Consider what would happen if a child becomes upset, and you are not there in person to support them. (Some practical suggestions include arranging to call the child back if they need to take a break; asking the child if anyone is around them who could provide reassurance; and following up with a caregiver by phone, if appropriate.) 	<ul style="list-style-type: none"> - Don't cross your arms - Don't look away, down at the floor, or at your phone - Don't assume that the person knows who you are or what your role is - Don't shout or speak very quickly - Don't assume that the person is comfortable speaking to you - Don't stigmatize, frighten, or endanger a child - Don't put yourself or others at risk of COVID-19 infection by ignoring physical distancing rules

Sources: Basic Psychosocial Skills: A Guide for COVID-19 Responders (IASC); and [Communication Skills during the COVID-19 Pandemic: How to Communicate with Children \(Future Learn\)](#).

Stop-Think-Go Exercise

Stop	Actions
Think	Actions
Go	Actions

Signs-of-Distress Cards

FEELING SAD	HEADACHES	AGGRESSIVE BEHAVIOR	FEELING SCARED	LACK OF APPETITE	HOPELESSNESS
LACK OF MOTIVATION	MUSCLE PAIN	FEELING ANGRY	BACK PAIN	WITHDRAWAL	PROLONGED AGITATION
AVOID ACTIVITIES	BACK PAIN	BECOMING VIOLENT	DIFFICULTY SLEEPING	POOR SELF-CARE	ISOLATION
LESS INTERESTED IN SCHOOLWORK	DIFFICULTY CONCENTRATING	CONFLICT WITH PARENTS AND PEERS	COMPETING FOR MORE ATTENTION FROM PARENTS AND TEACHERS	RESISTING AUTHORITY	BECOMING DISRUPTIVE
ENGAGING IN RISKY BEHAVIOR	LOSING INTEREST IN DAILY ACTIVITIES	FEELING GUILTY	AVOIDING FAMILY AND FRIENDS	FATIGUE	CRYING SPELLS
RAPID HEART RATE	DISORIENTED/ CONFUSED	FEELING OVERWHELMED	SLEEPING TOO MUCH	DIFFICULTY THINKING AND REMEMBERING	MOOD SWINGS
REGRESSIVE BEHAVIORS (SUCH AS BEDWETTING)	FEELING ANXIOUS	FREQUENT MOOD CHANGES	CLINGING TO CAREGIVERS	UPSET STOMACH	HAVING NIGHTMARES

Time	Facilitator Notes	Producer Notes	Screen/ Resources
5 min.	<p>Introduction</p> <p>Welcome the participants and introduce the session aim and objectives.</p> <p>Say: “Given the stressors highlighted in the previous session, it is important for children and their caregivers to be supported. For a person to feel supported by you, they first need to trust you and feel comfortable with you. Even when someone appears aggressive or confused, you can communicate more effectively (and potentially reduce the tension) by approaching them in a kind and respectful way.”</p>		PPT slide 13
20 min.	<p>Plenary</p> <p>Introduce the session by asking whether the following statement is true or false: <i>Stress is bad for us.</i></p> <p>It’s false! Stress is a natural reaction, and one that everyone experiences. The right amount of stress is healthy, and can be a motivating factor. It’s when it starts to interfere in our lives that it becomes a problem.</p> <p>Group work:</p> <ul style="list-style-type: none"> • Divide the participants into small groups. • Distribute to each group a set of card, each one with an emotional, behavioral, 	<p>Use the reactions in your video calling platform to calculate the votes for “true” or “false.”</p> <p>Prepare breakout rooms for 4 people each. Provide each group with a link to the preprepared virtual whiteboard, which shows the signs-of-distress cards. Launch the breakout rooms.</p>	

	<p>or physical sign written on it. Ask the groups to sort the cards into three categories (see supporting information).</p> <ul style="list-style-type: none"> • In plenary, talk with the participants about their answers, and explain the emotional, behavioral, and physical signs of distress. <p>End this activity, checking if the participants have any questions. Say that, in the next activity, we will look at how we should communicate with a person manifesting signs of distress.</p>	<p>Close the breakout rooms</p>	
<p>20 min.</p>	<p>Case-study role-playing:</p> <p>Organize the participants into pairs. Read Asma and Fatima’s case study out loud and distribute printed copies of the case study to the pairs of participants.</p> <p>Tell the pairs to role-play the conversation between Asma and the CP worker/PSS officer. Decide who will take which role. Based on the information in the case study, consider how to speak to Asma and behave toward her in such a way as to facilitate supportive communication.</p>	<p>Prepare breakout rooms, each for 2 people.</p> <p>Share a link to a copy of the case study in a shared folder</p> <p>Copy the role-playing instructions into the chat window.</p>	

	<p>The pairs must reflect on (1) what went well, and (2) what was challenging or should have been done differently by the CP worker/PSS officer.</p> <p>Say: “Now we will do the same exercise, but we will focus on supportive communication with children.”</p> <p>This time, the conversation will be between Fatima and the CP worker/PSS officer. Decide who will take which role. Based on the information in the case study, consider how your manner of speaking and your behavior should be adapted to facilitate supportive communication with the child, Fatima.</p> <p>In pairs, reflect on (1) what went well, and (2) what was challenging or should have been done differently by the CP worker/PSS officer.</p>		
	<p>Break for lunch</p>		



Basic Psychosocial Skills, Part 2

SESSION PLAN:100 minutes

Time	Facilitator Notes	Producer Notes	Screen/ Resource
15 min	<p>Presentation in plenary</p> <p>Listening is the most essential part of supportive communication. Rather than immediately offering advice, allow people to speak in their own time; and listen carefully, so that you can truly understand their situation and needs, help them feel calm, and offer appropriate help that is useful to them. Be aware of both your words and your body language.</p> <ul style="list-style-type: none"> • Words: Use supportive phrases to show empathy (“I understand what you are saying”) and acknowledge any losses or difficult feelings that the person shares (“I am so sorry to hear that,” “That sounds like a tough situation”). • Body language: This includes your facial expressions, eye contact, gestures, and the way you sit or stand in relation to the other person. • Behavior: Be sure to speak and behave in ways that are appropriate and respectful, according to the person’s culture, age, gender, and religion. Do not pressure the person to speak if they do not want to. <p>Active listening is a technique to help you listen well and communicate supportively, whether face to face or remotely, such as during a telephone call. It involves 3 steps:</p> <ol style="list-style-type: none"> 1. Listen attentively. <ul style="list-style-type: none"> • Try to understand the person’s point of view and feelings. • Let them talk; remain quiet until they have finished. • Block out distractions – are the 		PPT slide 14

surroundings noisy? Can you go somewhere quieter? Can you calm your mind and focus on the person and what they are saying?

- Be warm, open, and relaxed in the way you present yourself.

2. Repeat what you have heard.

- Repeat messages and key words the person has said (e.g., “You say looking after your children while working can be overwhelming”).
- Ask for clarification if there is something you didn’t understand (e.g., “I didn’t quite understand what you said just then. Could you please explain again?”).
- Consider using questions that start with “why,” as they can get at important information. However, in some contexts they may seem to show judgment or blame, and could make people defensive. They can also be too complex for young children. “Why” questions may be useful for probing responses, for instance, “Why do you think this happened?”

3. At the end of the conversation, summarize what you have understood.

- Identify and reflect the key points you heard the person say, so that they know that you have heard them and to be sure you have understood them correctly – for instance, “From what you have just said, I understand that you are mainly worried about [summarize main concerns they have expressed]. Is that correct?”
- Describe what you have heard, rather than interpreting how they feel about the situation. For example, don’t say: “You must be feeling horrible/devastated.” Don’t judge them or their situation.

Ask the participants if any of them would like to

highlight specific considerations for active listening with children. Listen to the participants' ideas, then present and discuss the following considerations/good practices:

Specific considerations for active listening with children:

Help the child feel safe by doing the following:

- Make eye contact (if culturally appropriate)
- Get down to the child's level, so they feel less intimidated
- Smile and look patient
- Be comforting and supportive
- Be reassuring
- Ask open questions (e.g., "How did you find that?"), rather than closed questions that can be answered with only one word (e.g., "Are you enjoying that?")
- Allow the child time to think about what they want to say
- Do not finish sentences for them
- Respect the child's thoughts and beliefs
- Pay attention to nonverbal communication
- Adapt to the child's attention span, which will depend on their age and stage of development

20 min

Supportive communication in everyday interactions

Group work

- Divide the participants into small groups and ask them to think about a time when they felt supported by someone whom they had just met. Ask the participants to reflect on the two following questions: How did the person speak to you? How was their body language and what did you notice about it?
- In plenary, ask each group to present key outcomes of their discussion. Then

Prepare breakout rooms for 3 people each. Paste the questions into the chat window.

Launch the breakout rooms for the group discussions and allow the participants 7 minutes for this activity.

PPT slide 15

	<p>elaborate on the “do’s and don’ts” of interacting with children and families, with the goal of engaging in supportive communication with them.</p> <p>Based on the suggested list of “do’s” and “don’ts,” add key points that were not raised by the participants (see supporting information).</p>	<p>Close the breakout rooms.</p>	
<p>15 min</p>	<p>Offering practical support</p> <p>Introduce this activity by highlighting the fact that practical support to children, adolescents, and their caregivers can be offered in different ways.</p> <p>“Taking sides” activity:</p> <p>Explain to the participants that you will read out loud examples of supportive and unsupportive behavior. The participants will have to move to one side of the room if they think that a particular behavior is supportive, and to the other side if they think it is not.</p> <p>Read the examples (they can also be shared on slides during the presentation):</p> <ul style="list-style-type: none"> • Misinformation and rumors are common during the COVID-19 pandemic. To provide clear and accurate information, you should use clear, simple, concise, and age- and developmentally appropriate language that will be easily understood. Answer: SUPPORTIVE. (In addition, if there are written materials, you should translate them into the relevant language and use visual aids). • You should forward all information you receive on COVID-19 to your networks, no matter what it is. Answer: UNSUPPORTIVE. (You should check the source of information before sharing, and only provide information that has originated from, or been confirmed as 	<p>If participants can have video on, ask them to stand up if they think a particular behavior is supportive, and to sit down if they think it is not. If videos are not possible, use the participants’ reactions in the video calling platform (e.g., smiley faces for supportive, sad faces for unsupportive).</p>	<p>PPT slide 16</p>

factual by, reputable sources such as the World Health Organization [WHO].)

- Avoid talking only to adults on the child's behalf. Instead, talk to the child directly and develop a rapport with the child. Answer: SUPPORTIVE.
- If you do not know the answer to a question, you should make your best guess based on the information you have. Answer: UNSUPPORTIVE. (If you do not know the answer, be honest about it, rather than trying to guess.)
- Make a list of all the organizations operating in your area and how to access them, and link people who are in distress or who need food, water, shelter, and/or medical or social services to available service providers. Answer: SUPPORTIVE.
- Your neighbor lives alone and takes regular medication for his heart condition. You don't want to go into his house, so you offer to go to the pharmacy for him when you are next in town, and leave his medication at his door. Answer: SUPPORTIVE.
- Your responsibilities end once you have made a referral to a service provider that can offer more specialized support. Answer: UNSUPPORTIVE. (Even when referring a child, you remain responsible for follow-ups to ensure that the needs of the child are being met. In addition, when a child or the family is new to the service, it is recommended that you accompany the child to the service provider to ensure adequate follow-up. During the pandemic, you might not be able to physically accompany the child or family to the service provider, but you can reassure them by taking time to explain what they can expect when they get there, and by calling before the appointment to reassure them that you are there for them and to encourage them to keep the appointment.)

	<ul style="list-style-type: none"> • Keep to regular routines and schedules with children. Answer: SUPPORTIVE. • You should not explain curfews and movement restrictions to children under the age of 7, as they would not understand. Answer: UNSUPPORTIVE. (Even young children are aware of distress in the adults around them, and will be anxious as to why normal routines and ways of life have stopped. Explaining to them in a way they can understand can reduce their anxiety.) • You should focus on young children who are not in school, and leave elderly people to take care of themselves, as they are adults. Answer: UNSUPPORTIVE. (Elderly people often have smaller social networks, and are therefore more easily socially isolated. It is important to keep in regular contact with them, even by telephone, so they do not feel alone. They are also at greater physical risk from COVID-19 and so may need extra care.) • Remind parents of their responsibilities to keep their families safe during COVID-19 and to keep their children up to date with their schoolwork. Answer: UNSUPPORTIVE. (In stressful situations, parents/caregivers are often so focused on taking care of their children that they do not take the time to care for themselves. This is also important, not only for their own well-being, but also for maintaining strong relationships within the family.) 		
<p>5 min</p>	<p>STOP-THINK-GO method</p> <p>This can be used to help people feel more in control of their situation, and to help them manage their own problems.</p> <p>STOP:</p> <ul style="list-style-type: none"> • Advise the person to pause and consider what problems are the most urgent. Help them to use the circles of 		

control to choose a problem, issue, or circumstance that they can do something about. This means choosing something that they have direct control over, such as problems involving their own thoughts and behavior. Although we don't have the power to control all of the thoughts that come into our minds, we do have the power to choose whether or not we allow them to stay. Thoughts can come and go.

THINK:

- Encourage the person to think of ways to manage that problem.
- The following questions may help:
 - What have you done in the past to overcome problems like this?
 - What have you already tried doing?
 - Is there someone who can help you manage this problem (e.g., friends, loved ones, or organizations)?
 - Do other people you know have similar problems? How have they managed?

GO:

- Help the person to choose a way to manage the problem and try it out.
- If it doesn't work, encourage the person to try another solution.

Group Work:

- Apply the Stop–Think–Go method to Asma and Fatima's case study. Divide the participants into small groups and ask them to identify the actions they should take – in their roles as CP workers or PSS officers – under Stop-Think-Go method. Ask half of the groups to imagine they are supporting Asma and the other groups to imagine they are supporting Fatima. Each group should come up with a problem that the person needs help to address using the STOP-

THINK-GO method.

For the groups supporting Asma, possible problems that Asma could identify include:

- Scenario 1: Being worried about the transmission of COVID-19 from Fatima to the other siblings
- Scenario 2: Being worried about how to safely support Fatima while she is isolating

For the groups supporting Fatima, two possible problems for her would likely be boredom and loneliness.

In plenary, ask each group to present key outcomes of their discussions.

Present possible endings for the case study:

For the groups using the STOP-THINK-GO method with Asma:

- **STOP:** The CP worker/PSS officer helps Asma to identify her two most urgent problems. The CP worker/PSS officer then repeats Asma’s problems to check if she has understood them correctly.

Scenario 1: “So, you are worried about Fatima’s situation getting worse and about your younger children contracting COVID-19.” To help Asma choose one problem to focus on, the CP worker/PSS officer asks, “Is there anything you can do about this?” Asma decides that she will focus on minimizing the risks of transmission of COVID-19 from Fatima to her younger siblings.

Scenario 2: “So, you are concerned about how to look after Fatima and spend time with her without getting COVID-19 from her, and you are worried about spreading COVID-19 to the rest of the family.”

- **THINK:** The CP worker/PSS officer asks Asma to think of all the possible

solutions to the problem she has chosen. The CP worker/PSS officer then tells Asma that she can suggest any solutions, even if they seem unrealistic.

Scenario 1: She asks Asma to think of all the ways to minimize the risk of transmitting COVID-19. Asma comes up with the following: ensure that all members of her household stay at home and don't leave the house for 10 days; regularly disinfect surfaces; provide good ventilation in the rooms; ensure that younger siblings do not spend time together with Fatima in the same room; and use separate plates and cutlery.

Scenario 2: She asks Asma to think of all the ways to support Fatima without contracting COVID-19. Asma comes up with the following: sit outside and talk, while remaining 6 feet apart; set regular mealtimes, so Fatima would be reassured by the routine; wear a mask while leaving Fatima's meals in her room; explain the symptoms of COVID-19 in such a way that Fatima could understand, as well as the things that Fatima can do to help prevent anyone else from contracting the disease; remain calm and reassuring in front of Fatima, even when she is worried and anxious; and make time to every day to listen to Fatima's concerns.

- **GO:** The CP worker/PSS officer asks Asma to choose from her list of solutions the most feasible and realistic ones to try out. In addition, the CP worker/PSS officer will also offer direct support to Fatima and her siblings to mitigate any child-protection risks.

For the groups using STOP-THINK-GO method with Fatima:




- **STOP:** The CP worker/PSS officer helps



<p>Fatima to identify her two most urgent problems. The CP worker/PSS officer then repeats Asma’s problems to check if she has understood them correctly. “You are feeling lonely and bored, and you are worried about falling behind in school.” Fatima is too tired to focus on her schoolwork, so she decides she can do something about being lonely and bored.</p> <ul style="list-style-type: none"> ● THINK: The CP worker/PSS officer asks Fatima to think of all the ideas she can on how to avoid feeling so lonely and bored. Fatima makes lots of suggestions. She says that she could: listen to music, make up dramas in her imagination to act out when she is better, ask her siblings to tell her stories about their day or sing to her through her bedroom door, get her friends to send her cards or drawings, and ask her mother to let her speak to her friends on the phone. ● GO: The CP worker/PSS officer asks Fatima to choose one solution from the list to try out. She reassures her that if it doesn’t work, she can try another one afterwards. Fatima decides she will ask her siblings to make her drawings to decorate her room, and sing songs to her outside her door. 		
<p>Wrap-up: Wrap up this session, checking if the participants have any questions, and summarizing the key learning points.</p>		



Helping Parents and Other Caregivers to Support Children's Well-Being, Part 1 and 2

SESSION PLAN:

Session Length 	120 minutes (first session, live) 30 minutes (second session, live)
Aim and Learning Outcomes 	By the end of the two sessions, participants will be able to: <ul style="list-style-type: none">• Identify ways to help children cope with stress during the COVID-19 pandemic• Discuss how to support children and adolescents in improving their own psychosocial well-being• Explain ways in which parents/caregivers could support the well-being of their children• Discuss how parents/caregivers can talk to their children about grief
Key Learning Points 	<ul style="list-style-type: none">• The economic impact of the pandemic – including the reductions in family income due to death, illness, quarantine, or job loss – have an impact on parents' and children's well-being.• A school closing due to COVID-19 can be stressful for the whole family. Parents and other caregivers will have additional responsibilities and tasks due to the virus. By following the practical tips provided below, they can support their children's well-being and learning, and take care of their own well-being.• Children of different ages experience loss and grief in different ways. It is important to talk to them about loss and grief, and help them cope with the death of a loved one during the pandemic.

	<ul style="list-style-type: none"> • Children may respond to stress in different ways. Parents and other caregivers should respond to their children’s reactions in a supportive way, listen to their concerns, and give them extra love and attention.
<p>Preparation Required</p> 	<p>Face to face:</p> <ul style="list-style-type: none"> • Prepare a PPT presentation. • Print the three scenarios and write their titles on flipcharts. • Print copies of COVIBOOK: Supporting and Reassuring Children around the World (Save the Children). • Draw up a list of home-based activities. <p>Remote:</p> <ul style="list-style-type: none"> • Save the scenarios to a shared folder and add the link to the session plan. Write the titles on three separate sections of a virtual whiteboard.
<p>Related Materials & Supporting Information</p> 	<p>Recommended preparatory reading for facilitators:</p> <ul style="list-style-type: none"> • Helping Children Cope with Stress during the 2019-nCoV Outbreak (WHO) • Mental Health and PSS Considerations during the COVID-19 Outbreak: Messages for Carers (WHO) • Communicating with Children about Death and Helping Children Cope with Grief (Child Protection Area of Responsibility and MHPSS Collaborative) <p>Resources for parents and caregivers:</p> <ul style="list-style-type: none"> • Coronavirus (COVID-19) Parenting Tips (UNICEF) • Video sessions of movement-based activities for children and caregivers at home (TeamUp)

- Mini gamebook of movement-based activities for children and caregivers at home (TeamUp)
- COVIBOOK: Supporting and Reassuring Children around the World (Save the Children)

Scenarios

Scenario 1

Schools in this country have been temporarily closed. This means that children do not have access to a proper education, which is crucial for their development, learning, and stimulation. Khon Chenda is a 26-year-old mother of 2 sons. One of her sons is 4 years old and the other is a newborn baby. The 4-year-old's preschool was forced to close because of the COVID-19 pandemic.

Scenario 2

Due to the long distance and cost of getting their children to school each day, many parents in Alama's village are reluctant to send their young children to school. Alama, who is now 12 years old, did not have the chance to go to school when she was little. "When I was younger, I was sick all the time and the school is about 6 kilometers from our village," she explained. Before COVID-19, Alama was attending an accelerated program for out-of-school girls affected by the complex crisis and violent conflict in her country. However, like many other children, Alama has had her education interrupted by COVID-19. Now back at home, she is once again helping her mother with the household chores and looking after her younger siblings.

Scenario 3

Online and remote delivery of education can be challenging for families with limited means of communication (e.g., mobile phones, TV, internet connections), especially given the costs associated with supporting student

access to online groups. Sandra, 16 years old, was attending face-to-face classes and life skills sessions. They have now been replaced by remote alternatives, but access, connections, and devices are not easily accessible for the family.

How Children of Different Ages React to Death

	0-3 years	4-6 years	7-12 years	Adolescence
Level of Understanding	Do not understand that death is final.	Do not understand that death is final, and may ask when the loved one is coming back. They might think that something they had done caused the death (e.g., being naughty).	Begin to understand that death is forever and can happen to anyone. They are increasingly curious – wanting to understand what happened, what happens to the body, etc.	Understand that death is irreversible and that it will happen to everyone, including themselves. They are interested in why things happen, and are sensitive to any inconsistencies in information given to them.
Behavior	Typically, they cry, become angry or withdrawn. They tend to be clingy with other caregivers and demanding.	May behave like a younger child, refusing to be separated from caregivers and engaging in other regressive behaviors. However, some children may continue as if nothing had happened.	Show concern for others. Physical aches and pains are very common. Anger is also common, and may be directed at the person who died.	Reactions vary greatly, including apparent indifference, anger, extreme sadness, poor concentration, and a loss of interest in daily activities. They can feel responsible and guilty. Some will want to take on an adult role in the family after the death of a parent.

Time	Facilitator Notes	Producer Notes	Screen/ Resource
5 min.	<p>Introduction</p> <p>Welcome the participants and introduce the session aim and objectives.</p> <p>Discuss: Divide the participants into small groups and ask them to identify 3 ways of supporting children in their communities, to help them cope with stress during the COVID-19 pandemic. Ask the participants to reflect on supportive actions that could be implemented by parents/caregivers, professionals working with children, and community members. Ask each group to share the supportive actions they have identified.</p> <p>Present: Helping children cope with stress during the 2019-COVID-19 outbreak. Remember the acronym “CHILD,” which stands for “Care, Help, Information, Learning, and Dedication.”</p> <ul style="list-style-type: none"> • Ensure that children remain close to their families, especially their parents, if considered safe. Avoid separating children from their parents/caregivers as much as possible. If a child needs to be separated from his or her primary caregiver, ensure that appropriate alternative CARE is provided, and that a social worker or equivalent will regularly follow up with the child. Furthermore, ensure that during periods of separation regular contact with the parents and other caregivers is maintained, through such means as twice-daily scheduled telephone or video calls or other age-appropriate forms of communication (e.g., social media). • HELP children find positive ways to express their feelings, such as fear 	<p>Prepare breakout rooms for around 4 participants each.</p> <p>Copy the task instructions into the chat window.</p> <p>Launch the breakout rooms. Allow 15 minutes for this discussion.</p> <p>Close the breakout rooms.</p>	PPT slide 17

and sadness. Every child has his or her own way of expressing emotions. Children will observe adults' behaviors and emotions when learning how to manage their own emotions during difficult times. Sometimes engaging in a creative activity, such as playing or drawing, can facilitate this process. Children feel relieved if they can express and communicate their feelings in a safe and supportive environment.

- Provide facts about what has happened, explain what is currently going on, and give children clear **INFORMATION** about how to reduce their risk of being infected by the disease. Do so in words that they can understand, depending on their age and stage of development. This includes information about what could happen if the child or a family member contracts COVID-19. For instance, tell them that if they start to feel unwell, they might have to go to the hospital or isolate themselves for some time. Prepare them ahead of time, so they will understand. If your child has questions or concerns, addressing these together may ease their anxiety. Discuss with them where they should ask for help. Particularly with adolescents, you can discuss what support there might be from CP workers, school, online support, etc.
- Keep to regular routines and schedules as much as possible; or help create new ones in the new environment, including routines for school/learning, as well as time for safe play and relaxation. Provide engaging age-appropriate activities for children, including activities to boost their **LEARNING**. Whenever possible, encourage children to

	<p>continue playing and socializing with others, even if only within the family (when advised to restrict social contacts).</p> <ul style="list-style-type: none"> Children may respond to stress in different ways, such as being more clingy, anxious, withdrawn, angry or agitated; or engaging in regressive behaviors such as bedwetting. Children need adults' love and DEDICATION during difficult times. Caregivers should give them extra time and attention. They should respond to their child's reactions in a supportive way, listen to their concerns, speak kindly, and reassure them. If possible, create opportunities for the child to play and relax. <p>Sources:</p> <ul style="list-style-type: none"> Helping Children Cope with Stress during the 2019-nCoV Outbreak (WHO) Mental Health and PSS Considerations during the COVID-19 Outbreak: Messages for Carers (WHO) Coronavirus (COVID-19) Parenting Tips (UNICEF) 		
<p>50 min.</p>	<p>Carousel group work</p> <ul style="list-style-type: none"> Divide the participants into three groups. Present 3 scenarios and write each scenario on one flipchart, with each flipchart placed in its own corner of the room. Ask each group to provide suggestions and advice for parents and other caregivers on how they should support their children's well-being. 	<p>Prepare 3 breakout rooms. Explain that you will send a message to let the groups know when it is time to move on to the next scenario.</p> <p>Launch the breakout rooms.</p> <p>Allow 10 minutes for this activity. Then broadcast a message to the groups letting them know that they must move to the next scenario. Repeat.</p>	

- Each group starts with one scenario in one corner of the room, writing their ideas on the flipchart there. (10 minutes)
- The groups then move to their second scenarios, in other corners of the room, where they will contribute to the previous group's discussion by adding to the flipchart suggestions and ideas that had not been raised.
- The groups then move to their third scenarios, in other corners of the room, where they will again contribute to the previous group's discussion by adding to the flipchart suggestions and ideas that had not been raised.

In plenary, ask one or two volunteers for each scenario to present the contributions made by their groups in terms of suggestions and ideas regarding that scenario, and invite them to offer some reflections.

Present: Following the group work, present any points that were not raised by the participants, using information from [Tips for Parents and Caregivers during COVID-19](#)

Wrap-up

Wrap up this session, checking if the participants have any questions, and say that in the next activity we will look at how caregivers can adapt their supportive actions based on the age of their children.

Note: the facilitator can decide whether to end the training for the day or continue with the next section.

Close the breakout rooms.

Share the link to the resource in the chat window.

Helping Parents and Other Caregivers to Support Children’s Well-Being, Part 2 (30 minutes)

Time	Facilitator Notes	Producer Notes	Screen/Resource
45 min.	<p>Introduction and recap</p> <p>Distribute the handout, COVIBOOK: Supporting and Reassuring Children around the World (Save the Children), which is available in multiple languages that can be used with children.</p> <p>Group work</p> <p>Divide the participants in four groups. Assign each group an age bracket (0-3, 4-6, 7-12, adolescents) and ask them to suggest 2 home-based activities that they would consider suitable for that age group. Ask each group to reflect on the objectives of the proposed activities, the skills each activity will help the children to develop, and the pros and cons of each activity. (20 minutes)</p> <p>Each group will have to present in plenary their selected activities in a creative and visual manner, for instance, by using drawings or role-playing. (15 minutes)</p> <p>Present available resources that provide more examples of home-based activities caregivers could organize for children of different age groups: 0-3, 4-6, 7-12, and adolescents. (10 minutes)</p> <p>Resources:</p> <ul style="list-style-type: none"> • Video sessions of movement-based activities for children and caregivers at home (TeamUp) • Mini gamebook of movement-based activities for children and caregivers at home (TeamUp) 	<p>Share the link to the handout in the chat.</p> <p>Prepare 4 breakout rooms, and assign an age bracket to each group.</p> <p>Copy the task instructions into the chat.</p> <p>Launch the breakout rooms. Allow 20 minutes for this activity.</p> <p>Close the breakout rooms.</p>	
40 min.	<p>Present: One way in which children might need support during COVID-19 is in managing</p>		PPT slide 18

grief. What is grief? How might children react to it? How do children of different ages experience loss and grief?

Grief is the name of the painful emotions we feel when someone we love or feel connected to dies. The feeling can differ widely, but it occurs in all of us because of the love we feel for others. We can also grieve for other losses: being separated from friends and family, from our pets, or our home; losing access to a familiar place, like a school, workplace, or place of worship. And we can grieve for intangible losses: such as the loss of our sense of security; or of our hopes for, and trust in, the future.

Individual reflection

Have the participants reflect individually about the following questions:

1. What is the best way for caregivers to tell their children that someone they love has died?
2. What can caregivers do to help children cope with their grief and feel better?

Group work

Divide participants into pairs and ask them to discuss the above topics. Each pair will have to present in plenary the outcomes of their discussion.

Present: Following the group work, present any points that were not raised by participants (see the supporting information).

Source: Communicating with Children about Death and Helping Children Cope with Grief (Child Protection Area of Responsibility and MHPSS Collaborative)

Source: [Communicating with children about death and helping children cope with grief](#)

Copy the questions into the chat.





Prepare and launch breakout rooms for 2 people each.


	<p>It can be stressful to deal with grief – whether navigating our own grief, or helping our children navigate theirs. Now we will look at the importance of caring for ourselves in stressful situations.</p>		
<p>5 min.</p>	<p>Wrap-up</p> <p>Wrap up this session, checking if the participants have any questions, summarizing the key learning points, and sharing with the participants key resources for parents and other caregivers.</p>		



Supporting the Well-Being of Parents and Other Caregivers

SESSION PLAN

Session Length 	40 minutes
Aim and Learning Outcomes 	By the end of the session, the participants will be able to: <ul style="list-style-type: none">• Discuss the importance of self-care and ways to practice it
Key Learning Points 	<ul style="list-style-type: none">• All parents/caregivers experience difficult moments and joyful moments – even in “normal” times. Stressful situations like the COVID-19 pandemic, and the measures that governments are taking to respond, can make caring for a family and raising children extra hard. It is normal to feel stressed and overwhelmed in this situation, and it is important that caregivers care for themselves, so they can effectively care for others.
Preparation Required 	Face to face: <ul style="list-style-type: none">• Print copies of the tip sheet to share with participants as a resource. Remote: <ul style="list-style-type: none">• Save the scenarios to a shared folder and add the link to the session plan. Write the titles on three separate sections of a virtual whiteboard.

<p>Related Materials & Supporting Information</p> 	<p>Not applicable to this session.</p>
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Time	Facilitator Notes	Producer Notes	Screen/Resource
<p>5 min.</p>	<p>Introduction</p> <p>Welcome the participants and introduce the session aim and objectives.</p>		<p>PPT slide 19</p>
<p>10 min.</p>	<p>Importance of self-care for caregivers</p> <p>Ask the group what they think are the main things worrying parents and other caregivers in the context of COVID-19. Listen to their concerns, and acknowledge what they share. Ask if other group members recognize and share these concerns.</p> <p>During the conversation, address the common concerns related to COVID-19 by sharing the following messages:</p> <ul style="list-style-type: none"> • It is normal to feel worried or stressed in this situation. You are not alone. Anxiety is a normal reaction to a very abnormal situation. • It is normal to worry about the health of yourself and your children. At the same time, don't forget that most children get only 		

	<p>mild versions of the illness; and in most countries, nearly all adults under 60 years of age have recovered.</p> <ul style="list-style-type: none"> • We know that many parents/caregivers are worried about how they will cope if family members are unable to keep their jobs or work on their land. • We know that many parents/caregivers are also worried about how they would cope if the government imposes a quarantine and everyone has to stay at home, or if a family member falls ill with COVID-19. <p>Wrap up this introduction by explaining that there are no easy solutions or quick fixes to this situation. But the idea of this session is to share some strategies to help us all to manage the stress, to see what we can do or control to respond to the situation, and to think about how we can support each other.</p>		
<p>10 min.</p>	<p>Group work</p> <p>Start by emphasizing the point that, in stressful situations, parents and other caregivers are often so focused on taking care of their children that they do not take the time to care for themselves.</p> <p>Ask the group:</p>		

1. Do you recognize this problem? Is this already happening to you?
2. In this situation, why is it important for parents to take care of themselves, manage their stress, and get support from others?

Try to ensure that the following points are covered in the conversation:

- When parents are stressed and anxious, they are less able to provide the care and love their children need in order to thrive in this situation.
- When parents are stressed and anxious, domestic violence is more likely – and often the use of violent, harsh discipline increases too. They both have a negative impact – on the well-being of women and on the wellbeing and development of children.
- Fathers and other male caregivers need to share the responsibility for household tasks, including caring for children and the sick. Women cannot be expected to shoulder all the additional care responsibilities brought about by the restrictions related to COVID-19.
- Children pick up on adults' behavior, and will notice when you are stressed or anxious.

- Highlight the fact that there are many ways to cope with and respond to stress. Some ways are positive and helpful, while others are unhealthy or harmful.

Ask the group what ways they know of to cope with stress. Share any additional ideas as follows: In each case, ask if a particular way of managing stress is positive or negative. As you read the additional ideas out loud, make sure you mix up the positive and negative ideas, to make it more interesting. Below is a list of positive ways of coping with stress, followed by negative ways.

- **POSITIVE:** Know that it is okay to take time for yourself. Allow yourself time to be alone or to take care of yourself. Also allow your partner to take time for themselves.
- **POSITIVE:** Ask for support from family members. If your usual support system is not in place, try to find out who else can help.
- **POSITIVE:** Maintain good hygiene and mealtime routines, and try to get plenty of sleep. These practices will help you stay healthy.
- **POSITIVE:** Engage in activities that give you joy – this can be

	<p>exercising, singing, dancing, praying, or making jokes.</p> <ul style="list-style-type: none">• POSITIVE: Talk with a friend or your neighbor (over the phone, over the fence). Explain how you are feeling, ask how they are doing.• POSITIVE: Control the things you can control – washing hands, keeping the house clean, playing and talking with your children.• POSITIVE: Make sure you get your news and information from reliable sources, and avoid spending too much time on social media.• POSITIVE: Help others, while still taking safety measures.• POSITIVE: Use simple techniques to help reduce or manage stress, such as meditation, breathing exercises, or stretches• NEGATIVE: Drinking a lot of alcohol.• NEGATIVE: Smoking a lot.• NEGATIVE: Arguing and fighting with others.• NEGATIVE: Using verbal, physical, or sexual violence. (Note: When giving feedback, mention that, not only is this a negative way of coping, it is actually very serious and abusive. If this is happening, it is a serious concern and help is needed.)		
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- **NEGATIVE:** Spending a lot of the time tracking news about COVID-19, in particular on social media.
- **NEGATIVE:** Bottling up, not talking about your emotions.

Highlight the fact that we can engage in the positive activities on a daily basis, whenever we feel worried or stressed. Note that we all need a break sometimes. Remind the participants that parents should always make time for themselves, to do something fun or relaxing that they like to do. They deserve it!

Activity

Tell the group that there are short exercises they can suggest to parents/caregivers to help them release tension and relax. You can practice the following ones as an example, while maintaining the required distance between participants.

1) **BREATHING EXERCISE**

Give the following instructions:

- Place one hand on your stomach and the other on your chest.
- Breathe in deeply and slowly through your nose. Let the air drop into your belly, and fill all of your

stomach with air. Feel your belly expand.

- Hold your breath for a few seconds.
- Breathe out deeply and slowly through your mouth, emptying the lungs and stomach completely.
- Hold your breath for a few seconds.

2) TAKE A PAUSE

Step 1. Sit down

- The participants sit down with at least 2 meters or 6 feet between them.
- They can close their eyes, if they want to.

Step 2. Think, feel, body

- Ask yourself: "What am I thinking now?" Notice your thoughts. Notice if they are positive or negative.
- Notice how you feel; do you feel happy or not?
- Notice how your body feels.
- Notice any tension or pain.

Step 3. Focus on your breath




- Listen to your breath as it goes in and out.
- You may think to yourself, "It's okay. Whatever it is, I am okay."
- Just listen to your breath for a while.



	<p>Step 4. Reflect</p> <ul style="list-style-type: none"> • Think to yourself, “How do I feel now?” • When you are ready, open your eyes <p>Ask the participants if any of the relaxation activities were helpful for them. When and where can they practice these exercises?</p> <p>You may propose the set up of a community or online platform for parents to support one another and share information.</p>		
<p>5 min.</p>	<p>Wrap-up</p> <p>Wrap up this session, checking if the participants have any questions.</p>		



Supporting Children and Caregivers in Serious Distress

SESSION PLAN

<p>Session Length</p> 	<p>135 minutes</p>
<p>Aim and Learning Outcomes</p> 	<p>By the end of the session, the participants will be able to:</p> <ul style="list-style-type: none">• Identify signs of serious distress in different age groups• List specific examples of how to support children and caregivers with distress, and know when to refer for more specialized support• Recall ways to provide remote support to children and caregivers in distress• Discuss availability of services and how to map and update services during COVID-19
<p>Key Learning Points</p> 	<ul style="list-style-type: none">• Some people may have longer-lasting and more intense reactions to stressors. When this happens, they might be seriously distressed. Feeling serious distress can stop people from being able to function. In a situation like this, it is likely that you will need to refer the person on to specialized support.• Children and families who need extra help in coping emotionally, socially or practically with the situation need to be referred to appropriate services.• It is very important to review and update interagency service mapping, including for mental health care, social services, food delivery, health care, government support packages, and other services in the context of COVID-19.

<p>Preparation Required</p> 	<p>Face to face:</p> <ul style="list-style-type: none"> • Prepare PPT presentation. • Prepare flipcharts. • Print scenario cards for the referral exercise. <p>Remote:</p> <ul style="list-style-type: none"> • Prepare virtual whiteboards with scenario information. • Save the adaptation of the services table in a shared document for each group (1 per 4 participants), and add the links to the session plan
<p>Related Materials & Supporting Information</p> 	<ul style="list-style-type: none"> • IASC Guidance on Operational Considerations for Multisectoral Mental Health and Psychosocial Support Programmes during the COVID-19 Pandemic • Technical Note: Adaptation of Child Protection Case Management to the COVID-19 Pandemic, Version 3 (Alliance) • COVID 19: Protecting Children from Violence, Abuse and Neglect in the Home (Alliance) • Coping with COVID-19: packages for adolescents and parents/caregivers (Plan International) <p>See the scenario cards and further resources below.</p>

Scenario Cards for the Referral Exercise

Example 1 – Due to COVID-19, we do not have direct access to local communities, so we have asked community members in general to identify and receive referrals of children with distress. These community members are not CP specialists, but are good people willing to help. Answer: NO.

Example 2 – Service providers have been trained to recognize the signs of distress in children and caregivers. Interagency mapping and referral pathways were updated with the addition of current services during COVID-19, and were disseminated during the training/orientation to support identification and referrals. Answer: YES.

Example 3 – Workers at child helplines need to have easy access to the contact details of other referral services, as well as up-to-date information regarding COVID-19 response, including any guidelines from the relevant agencies on the rules concerning social distancing, curfews, etc. Answer: YES

Example 4 – A CP worker or PSS officer identifies a child with distress and provides the child with the name and contact information of a psychologist who can help. And this is where the CP worker’s or PSS officer’s responsibility ends. Answer: NO.

The Common Reactions of Children to Distress, by Age Group

Age Group	Common Reactions to Distress
0-3 years	<ul style="list-style-type: none"> • Clings more to caregivers • Regressive/younger behavior • Changes in their sleep and eating patterns • Cries more or is more irritable • Fear of things that did not frighten them before • Hyperactivity and poor concentration • Changes in their play activities • Less or no interest in playing, or only playing for short periods; repetitive play; aggressive or violent play • Increased oppositional and demanding behavior • Increased sensitivity to others and how others react to them
4-6 years	<ul style="list-style-type: none"> • Clings to parents or other adults. • Regresses to younger behavior, such as thumb-sucking. • Stops talking • Becomes inactive or hyperactive • Stops playing, or starts playing repetitive games • Feels anxious and worries that bad things are going to happen • Experiences sleep disturbances, including nightmares • Changes in eating patterns • Becomes easily confused • Unable to concentrate • At times takes on adult roles • Feels irritable
7-12 years	<ul style="list-style-type: none"> • Changes in the level of physical activity • Feelings of confusion • Withdrawal from social contact • Talking about an event in a repetitive manner • Reluctance to go to school • Feelings of fear • Negative impact on memory, concentration, and attention. • Disturbances in sleep and appetite • Aggression, irritability, or restlessness • Physical symptoms related to emotional stress • Increased concern about other affected people • Self blame and guilt feelings

Adolescents	<ul style="list-style-type: none"> • Intense grief • Self-consciousness, guilt, or shame because they were unable to help those who were hurt; excessive concern for other affected persons • Self-absorption, self-pity, and changes in their relationships with other people • Risk taking; self-destructive behavior; avoidant behavior; aggressiveness; major shifts in their view of the world, accompanied by a sense of hopelessness about the present and the future
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Source: [Psychological First Aid Training Manual for Child Practitioners \(Save the Children\)](#)

Do's and Don'ts for Helping Children and Caregivers in Distress

Do's	Don'ts
<ul style="list-style-type: none"> – Listen more than you speak to identify their concerns. – Ask gently probing questions. – Use open questions: when, where, what, who. – Acknowledge their feelings and understanding of events. – Normalize their emotions and reactions. – Recognize their internal resources and capacity to cope. – Provide information about COVID-19. Be honest about what you don't know. Explain that this is a new virus that we are all still learning about. – Be patient and calm. – Allow the processing and ventilation of emotions. Listen for individuals' options and help them make choices. – Ensure confidentiality, unless the issues mentioned will affect the safety of the individual or of others. – Ensure that the do-no-harm principle is upheld. 	<ul style="list-style-type: none"> – Pressure others to speak when they do not want to speak. – Be judgmental. – Use technical terminology. – Talk about yourself or your own personal issues or troubles. – Give false promises or false assurances. – Share someone else's story or experiences. – Exploit their trust and any confidential information they have shared with you.

Time	Facilitator Notes	Producer Notes	Screen/ Resources
5 min.	<p>Introduction</p> <p>Welcome the participants and introduce the session aim and objectives.</p>		PPT slide 20
40 min.	<p>Supporting children and parents/caregivers in distress</p> <p>Step 1: In plenary, ask the participants to list signs of serious distress.</p> <p>Step 2: Add signs of serious distress that the participants have missed. Signs that someone is experiencing serious distress include the following:</p> <ul style="list-style-type: none"> • So upset that they cannot take care of themselves or others • Feeling disoriented or “unreal” • Crying all the time • Being very withdrawn – not responding to others or speaking at all • Being angry all the time or for no apparent reason • Shouting all the time or for no reason • Threatening to hurt others • Talking about wanting to hurt or kill themselves or others • Hysterical and showing signs of panic • Withdrawn and fearful about the future, constantly anxious and nervous • Behaving like younger children (adolescents) • Engaging in self-destructive or rebellious behavior, such as drug taking, stealing, or hypersexual activity (adolescents) <p>Step 3: Ask the participants if there are any signs of distress specific to each of the following age groups: 0-3 years, 4-6 years,</p>	Copy the questions into the chat window.	

7-12 years, and adolescents. See the supporting information.

Present: If the strategies explored in earlier sessions (breathing, active listening, offering practical support, etc.) do not appear to reduce the person's distress, or if the person shows signs of distress for an extended period of time, they might need more specialized support. Some people may have longer-lasting and more intense reactions. Serious distress can impede people's ability to function. Some children and caregivers are likely to need special attention during disease outbreaks such as COVID-19. In a situation like this, it is likely that you will need to refer the person to specialized support.

Say: How do you respond when you encounter someone in serious distress?

Mention any actions and examples from the below that were not covered during plenary on things to do when you encounter a child or caregiver in serious distress.

- **Safety first**

Make sure that you, the child or caregiver, and others are safe from harm. If you feel unsafe, leave and get help. If you think the child or caregiver may hurt themselves, get help and support (ask a colleague, call emergency services, etc.), and make sure you do not leave them alone. Take preventative measures against COVID-19 infection (e.g., physical distancing). Do NOT put yourself at risk.

- **Let them know who you are**

- If the child/caregiver is a stranger, introduce yourself clearly and respectfully. Tell them your name and your role, and that you are there to help. Ask them for their name, so that

you can address them.

- If the child/caregiver is someone you have been supporting, but who has become worse, remind them of who you are and the relationship you have with them.

- **Keep calm**

Do not shout at the child/caregiver or physically restrain them.

- **Listen**

Use your communication skills, as described in the previous session. Do not pressure the person to talk. Be patient and reassure them that you are there to help and to listen.

- **Offer comfort and practical information**

If possible, offer the child/caregiver a quiet place to talk, possibly outside, a soft drink, or a blanket. These gestures of comfort will help them feel safe. Ask them what they need. Don't assume that you know.

- **Help people regain control**

- If the person is anxious, help them to breathe slowly.
- If the person is out of touch with their surroundings, tell them where they are, the day of the week, and who you are. Ask them to notice things in the immediate environment (e.g., "Name one thing you see or hear.").
- Help them to use their own good coping strategies and to reach out to supportive people in their lives.

- **Provide children with age-appropriate clear information**

Give accurate information to help the child understand the situation and what help is available. Make sure that you use words they can understand (not complicated words). Keep the message simple and repeat it or write it down, if needed. Ask them if they understand or have any questions.

	<ul style="list-style-type: none"> • <u>Stay with the child/caregiver, while respecting social distancing guidance</u> Try not to leave the child/caregiver alone. If you can't stay with them, find a safe person (a colleague, a friend) to be with them until you find help or the child/caregiver feels calmer. • <u>Refer to specialized support</u> Do not go beyond the limits of what you know. Let others with more specialized skills, such as doctors, nurses, counsellors, and mental health professionals, take over. Link the child/caregiver directly with support, or make sure they have the contact information and clear instructions they need to get further help. <p>REMEMBER, when working with children:</p> <ul style="list-style-type: none"> - Their needs might be different from the needs of their parents/caregivers. - Their greatest distress might be due to their separation from their parents/caregivers. - Sit or squat next to the child, so you are at the same level. - Use open-ended questions that will encourage them to share. - The child may look for physical comfort and reassurance (e.g., a hug), but remember to respect physical distancing to protect against COVID-19. - If the child appears intimidated talking to a stranger, you could try talking “through” a toy or through activities like drawing or play. 		
<p>30 min.</p>	<p>Role-playing</p> <p>As shown earlier, in the case study concerning Asma and Fatima, we might not always be able to provide face-to-face support to those in distress. We will now practice supporting a distressed child</p>	<p>Have the “child” turn their camera off, and have everyone but the role-players mute their microphones.</p>	

remotely, by telephone. Ask for volunteers for role-playing, then assign one of them the role of the distressed child, and the other the role of the CP worker. If possible, have the “child” go to another room and phone in on the loudspeaker, so all the participants can hear the conversation. If this is not possible, have the “child” sit back-to-back with the CP worker so they cannot see each other.

Using the techniques covered in this training, the CP worker should aim to support the child and reduce their level of distress.

Say: “Well done! And to the participants who acted in the role-play, thank you.”

Then discuss what worked and what should be done differently the next time, asking the role-players first, then the rest of the group. Review the “do’s and don’ts” for providing support to those in distress (see supporting information).

Conclusion

When providing support to a distressed child or caregiver remotely, it is even more important to speak slowly, clearly, and calmly, and to communicate with empathy and warmth by modulating the voice in a way that shows genuine concern. Listen attentively, with your entire being, and demonstrate that you are listening by using affirmative words and sounds. Acknowledge the caller’s feelings and understanding of events, and allow for the caller’s ventilation of frustration. If talking to a very worried caller, it is important to create a sense of calm and safety by using a calm tone of voice. During the call, use open questions (what, where, who and when – be mindful not to ask why), ask one question at a time, and avoid

	<p>interpreting what the caller is saying. Be aware that it is normal to react with anger, frustration, or confusion when in distress. (5 minutes)</p> <p>Source: Remote Psychological First Aid during the COVID-19 Outbreak: Interim Guidance – March 2020 (Psychosocial Centre, International Federation of Red Cross and Red Crescent Societies)</p>		
<p>55 min.</p>	<p>Referring to specialized support</p> <p>Say: “In order to refer children and caregivers for more specialized support, we must first understand what services are still operating and are accessible during the COVID-19 pandemic. Mapping actors and organizations involved in providing MHPSS services and support to children and caregivers represents an important first step in making safe referrals.”</p> <p>Group work</p> <p>Divide the participants into groups of around 4. Tell each group to draw a diagram on a flipchart showing the available services in their community/ (including specialized services) in the context of COVID-19. Each group should then discuss the following:</p> <ol style="list-style-type: none"> 1. Availability, processes, roles, and the allocation of responsibility for updating the service mapping 2. Challenges in accessing the services during COVID-19 3. Best practices engaged in by the service providers <p>One volunteer will report in plenary for each group; then the other group members will be asked to complete the volunteer’s report</p>	<p>Prepare breakout rooms for around 4 people each.</p> <p>Share links to a virtual whiteboard for the group work.</p> <p>Copy the task instructions into the chat window. Launch the breakout rooms and allow 20 minutes for this activity.</p> <p>Close the breakout rooms. Support screen</p>	<p>PPT slide 21</p>

with any additional information they can provide.

Group activity

Ask for volunteers. Give each of them a card with a specific scenario that they must read out loud. For each scenario, ask all the participants to indicate whether they thought the referral was appropriate or not by standing up (for YES) or sitting down (for NO). Then ask the participants to share their thoughts.

Present: In plenary, present the additional actions and considerations listed below (5 minutes):

- Update multisector service mapping, including updates on adapted MHPSS services and other services that may be more in demand during COVID-19 (e.g., health care; alternative care; community-based support services, cash assistance; WASH; nutrition; services concerning gender-based violence; legal services; and non-food items).
- Informed assent/consent must be given by the child/family before you may refer the child to specialized services – unless the child is at a serious risk of harm, neglect, or of harming others.
- Have current information and contact details for the range of available services, and on the staff members providing those services.
- CP case workers have the overall responsibility for the case, including follow-ups on referrals through contacts with the child and service provider to get progress updates and ensure that the child’s needs are met.
- Update existing referral pathways at the local and national levels (where relevant) in collaboration with community focal points and local

sharing of virtual whiteboards, if required.




Share the scenarios with the volunteers via direct messaging in the chat window. If the participants can use cameras, they should also indicate their opinions by standing or sitting. If not, assign and use reactions available in your video calling platform.



	<p>organizations/agencies. Include notes on services that might be closed, reduced, or changed due to the pandemic.</p> <ul style="list-style-type: none"> • Ensure that community groups and focal points have accurate information about the related risks that COVID-19 can pose for girls and boys. Include basic facts such as symptoms and modes of transmission, so they can identify and safely refer children and combat myths that stigmatize children diagnosed with COVID-19. 		
<p>5 min.</p>	<p>Wrap-up</p> <p>Wrap up this session, checking if the participants have any questions.</p>		



Strengthening Psychosocial Well-Being of Children and Caregivers During COVID-19

SESSION PLAN:

Session Length 	70 minutes
Aim & Learning Outcomes 	<p>By the end of the session, the participants will be able to:</p> <ul style="list-style-type: none">• Identify how services might need to be adapted to remote delivery in the context of COVID-19• Discuss how children, adolescents, and caregivers can be engaged as active participants in the response to the pandemic
Key Learning Points 	<ul style="list-style-type: none">• MHPSS programming and services may need to be adapted during COVID-19 to ensure safety. This would apply to both face-to-face and remote service delivery.• While the COVID-19 response should seek to address the specific needs of children, adolescents, and caregivers, they should not only be seen as affected populations, but also as highly effective partners in the response to COVID-19. For instance, engaging children and young people as active agents of change in their communities will be important for maintaining and building psychosocial well-being. And well-being is strengthened when children and adolescents feel connected to their communities, when they are contributing to something greater than themselves. Having them work alongside adults will help bridge intergenerational divides and promote solidarity among age groups. A sense of solidarity and of working towards a common goal will provide a sense of hope, which is essential to well-being.

<p>Preparation Required</p> 	<p>Face to face:</p> <ul style="list-style-type: none"> • Prepare a PPT presentation. • Prepare flipcharts. <p>Remote:</p> <ul style="list-style-type: none"> • Save the adaptation-of-services table in a shared document for each group (1 per 4 participants) and add the links to the session plan.
<p>Related Materials & Supporting Information</p> 	<ul style="list-style-type: none"> • Coping with COVID-19: packages for adolescents and parents/caregivers (Plan International)

Time	Facilitator Notes	Producer Notes	Screen/Resource
5 min.	<p>Introduction</p> <p>Welcome the participants and introduce the session aim and objectives.</p>		PPT slide 22
40 min.	<p>Adaptation of delivery of services during COVID-19</p> <p>Say: “In order to support children and caregivers in distress in the context of COVID-19, existing MHPSS activities and services may need to be adapted in order to comply with public health regulations and prevent transmission. Some services may need to be delivered remotely, but face-to-face provision could still be necessary and feasible (depending on country guidance and local conditions). In addition, new supports and services might be required.”</p> <p>Group work</p> <p>Ask the participants what they will need to adapt, and how they will adapt, in order to</p>		

continue doing their work safely.

The participants should work in small groups to complete the table (see the supporting information).

The four main areas of CP work that could be addressed are:

- 1) Group activities to promote children's well-being (e.g., safe spaces, life skills sessions)
- 2) Family strengthening activities (e.g., parenting sessions)
- 3) Case management by case workers (e.g., identification, registration, and assessment)
- 4) Community-level child protection (e.g., community awareness sessions)

Ask each group to present key adaptations and suggested points to consider when CP workers are providing MHPSS interventions.

Wrap-up

During the pandemic, children and caregivers with MHPSS needs should be able to receive support, even if it is delivered in new ways; and those in serious distress should be able to access specialized services. Ensure that all activities and services are child-friendly; adapted to beneficiaries with intellectual, hearing, and visual impairments; and relevant to the context and culture. All the activities need to be developmentally appropriate (e.g., toys, games) to help children understand and develop coping mechanisms and strategies, and to encourage engagement.

After the group work, add information and examples that were not covered in the presentation. They should be taken from

	<p>Table 2: Adaptation of Specific MHPSS Interventions in Different COVID-19 Scenarios, on page 20 of a guidance from the IASC Reference Group on Mental Health and Psychosocial Support; and from Action Points on the Protection of Children and Infectious Disease Outbreaks (Alliance).</p>		
<p>20 min.</p>	<p>Children, adolescents, and caregivers as active participants</p> <p>Say: “For children, adolescents, and caregivers, being active agents of change and feeling that they are active members of the community are both important for maintaining and building their psychosocial well-being.</p> <p>“While the COVID-19 response will need to address the specific needs of children, adolescents, and caregivers, they should not only be seen as affected populations, but also as highly effective partners in the COVID-19 response. For this to be successful with children and adolescents, stakeholders must be encouraged to value them, approach them as equals, respect their views, and leverage their added value to the response. Having the children and adolescents work alongside adults will help bridge intergenerational divides and promote solidarity among age groups.”</p> <p>Group work</p> <p>Divide the participants into three groups. Assign each group a different target population (children, adolescents, or parents/caregivers), and ask each group to consider the strengths of its target population, and how the target population could contribute as effective partners in the fight against COVID-19. Tell the groups to list as many ways as possible that the target population could contribute.</p>	<p>Divide the participants into three groups and prepare a breakout room for each group. Assign each group a target population. Paste the task instructions into the chat window. Provide a virtual whiteboard link to capture ideas.</p>	<p>PPT slide 23</p>

Examples might include the following:

- Children could get involved in increasing awareness in their communities through arts and games, whenever possible under social distancing (e.g., theatre, skits, community football games, and educational radio programs).
- Adolescents could meaningfully engage as educators and change agents among their peers and in their communities.
- Parents might have great ideas on how to manage their children's lessons at home while also holding down a job. They could create a group (e.g., on WhatsApp) for sharing tips and ideas within their community and network of friends.

Plenary: Ask each group to share its ideas. Invite other groups to add any additional ideas in response.

Here are two practical tips for engaging children and adolescents in the response and adaptations to COVID-19:

- The first step should always be to engage with them as equals. For instance, engage directly with adolescents to understand what their needs are and how they can take action. Let them inform their contributions.
- For an effective COVID-19 response, we must ensure that the engaged members of every age group are well informed about COVID-19 and its prevention measures. This must be done with age-appropriate language, to ensure that the information is well understood and can be acted upon.

Launch the breakout rooms.

Close the breakout rooms.

The following are examples of engaging young people to take action in their communities:

- Support their efforts to lead awareness-raising interventions among their peers and community networks.
- Support their efforts to assist their peers and younger children in learning about COVID-19.
- Engage them in the safe provision of support to isolated elders, impoverished families, and other vulnerable members of the community.
- Create opportunities for them to identify solutions to community problems related to COVID-19 through online competitions and challenges.
- Create online opportunities for them to share their experiences and concerns, and showcase examples of adolescents and youth taking positive actions in the response to COVID-19.

Summarize

While many things are out of our control during the COVID-19 pandemic, finding small ways to participate and actively looking after ourselves and supporting others can increase our sense of well-being. Families and communities may be experiencing increased stress, but there are also opportunities now to strengthen family dynamics and community bonds, as we look out for one another.






Working with each age group as valid participants, and listening to their viewpoints, also encourages up-take, adherence to health-seeking behaviors, and better COVID-19 management practices; and it supports sustainability and

	<p>understanding.</p> <p>References:</p> <ul style="list-style-type: none"> • Practical Tips on Engaging Adolescents and Youth in the COVID-19 Response (UNICEF) • COVID-19 Operational Guidance for Implementation and Adaptation of MHPSS Activities for Children, Adolescents, and Families (UNICEF) 		
<p>5 min.</p>	<p>Wrap-up Wrap up this session, checking if the participants have any questions.</p>		



Evaluation and Close

SESSION PLAN:

Session Length 	30 minutes
Aim & Learning Outcomes 	<p>Session aim: To collect participant feedback, recap key learning points, and close the course.</p> <p>By the end of the session, the participants will be able to:</p> <ul style="list-style-type: none">• Identify their key learnings from the course• Evaluate the course and provide feedback to the facilitators
Key Learning Points 	Not applicable to this session, as they will be identified by the participants on an individual basis.
Preparation Required 	<p>Face to face:</p> <ul style="list-style-type: none">• Print a copy of the course evaluation form for each participant. <p>Remote:</p> <ul style="list-style-type: none">• Prepare a link to the online course evaluation form.
Related Materials & Supporting Information 	Not applicable to this session.

Time	Facilitator Notes	Producer Notes	Screen/ Resource
10 min.	<p>Course recap</p> <p>Congratulate the participants on reaching the final session of the course, and briefly outline what will happen in this session.</p> <p>Explain that the session will start with a recap of what they have learned during the course.</p> <p>Ask the participants to form two lines, with each participant facing a partner. Tell them that you will mention a topic from the course, and that they must identify one thing that they have learned about that topic. Then everyone should take one step to the left (the people at the end of the line will have to move to the other end), and be ready for the next topic.</p> <p>Read out loud each topic in turn, and give the participants 1 minute, allowing time for them to swap places between each topic. The topics are:</p> <ul style="list-style-type: none"> • Understanding Mental Health and Psychosocial Distress in the context of COVID-19 • Basic Psychosocial Skills • Supporting Children and Caregivers with Serious Distress • Strengthening Psychosocial Well-being of Children and Caregiver During COVID-19 	<p>Assign the participants to breakout rooms, with 3 people in each room.</p> <p>Explain that you will send them a topic every minute, using the broadcast message function. The participants should discuss each topic, as a way of recapping what they have learned during the course.</p> <p>Offer the option of reassigning the participants to different groups after every 2 or 3 topics or when they are halfway through the list.</p>	PPT slide 24
10 min.	<p>Evaluation forms</p> <p>Hand out the evaluation forms or provide a link to the form, and ask the participants to spend a few minutes providing feedback on the course.</p> <p>Remind them that these forms are really useful, as they help ensure the course’s effectiveness and ongoing improvement.</p>	Share the link to the online evaluation form.	