

Recognising and Referring Child Protection Concerns

Rapid guide for all humanitarian workers

Helping you confidently meet your responsibility to recognise and safely refer child protection concerns



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Why is this guide important?

In your work, you may become aware of children experiencing or at risk of one or more forms of harm, including abuse, neglect, exploitation, violence, and mental health or psychological distress.

All humanitarian workers play a crucial role in ensuring children experiencing or at risk of harm have access to available appropriate support.

All humanitarian workers need to act immediately when a child is experiencing or at risk of harm.

Recognising and safely referring children experiencing or at risk of harm (child protection concerns) is an important role of all humanitarian workers across all sectors.¹

This guide helps frontline workers in all clusters/ sectors meet their responsibility to help children by providing clear, easy-to-follow steps on how to respond when becoming aware of a child protection concern. **Recognising and responding to child protection concerns immediately is essential to limit further harm.**



Protection is central to humanitarian work.



All humanitarian workers are helpers of children.



Humanitarian workers are accountable to children and their families and are in a unique position to respond to and prevent further harm to children.

How will this guide help you?

The guide serves as a **practical** resource to assist all humanitarian actors in safe recognition and referral of children experiencing or at risk of harm (child protection concerns). It includes information on:

- What child protection concerns are, including the various forms to be aware of
- Ways you may **become aware** of a child experiencing or at risk of harm
- A **decision tree** to guide your response in contexts where there:
 - Are Child Protection actors—including established Child Protection Focal Points and referral pathways, and
 - Are not Child Protection actors or established child protection referral pathways
- Your responsibility to refer children who might be experiencing or at risk of harm
- **Do's and Don'ts** to guide a **SAFE** response
- Key considerations for communicating with children
- Quick steps for using a Psychological First Aid Approach—'Prepare-Look-Listen-Link'—for responding to child protection concerns

The guide is based on global standards and guidance³ to understand and safely refer child protection concerns you become aware of without doing further harm. You can adapt this guide to your local context with the support of a Child Protection actor.

What is a child protection referral?

You make a child protection referral by recognising a child protection concern about a child or family, and safely linking them to appropriate support. This might be by:



- **Referring the child directly to the Child Protection Focal Point**
- OR**
- **Connecting the child to appropriate services and/or an adult trusted by the child, in an area where there is no Child Protection Focal Point**

How to recognise child protection concerns in need of referral

Possible child protection concerns include⁴:

- **Children who are experiencing or at risk of:**

- » **Physical abuse or violence** - The use of physical force to cause injuries or suffering to a child - e.g., hitting, shaking, burning
- » **Emotional abuse** - Humiliating or degrading treatment of a child - e.g., belittling, criticising, humiliating, isolation, intimidation, etc
- » **Sexual violence, assault, or abuse** - Any form of threatened, attempted, or actual sexual activity by an adult or person of power that involves a child, including all forms of sexual violence - e.g., rape, sexual comments, sexual exploitation, indecent touching, and exposure including showing children pornographic material, distributing intimate images, etc
- » **Neglect** - Intentional or unintentional failure to protect a child from harm or provide for their safety and development when there is the ability to do so - e.g., not providing sufficient food or water, failing to adequately supervise a child, not providing adequate care or services to a child with disabilities, not providing needed medication
- » **Exploitation** - Use of a child for someone else's advantage, gratification, or profit - e.g., a child being forced to work for too long or too hard (forced/harmful/hazardous labour) for their age, trafficking, slavery



- **Separated children with vulnerable caregivers** - A child separated from their parents or primary caregiver who is staying

with an informal caregiver who, due to their own problems, may not be able to provide adequate care and protection - e.g., poor health, old age, psychological distress, poverty

- **Unaccompanied children** - A child who is separated from both parents and other relatives
- **Child-headed households** - A child (or children) has the primary responsibilities for running the household and caring for those in it
- **Children who are married or engaged to be married**
- **Children who are pregnant or child parents**
- **Children associated with armed forces or armed groups** - All children, including girls, who are, or have been, recruited or used by any armed force or group in any capacity
- **Children showing signs of psychological distress** - Can show in children in a variety of ways, including significant changes in behaviour such as violent behaviours, deterioration in self-care, withdrawal or intense fears or anxiety, and harmful coping mechanisms, such as self-harm or alcohol and substance abuse
- **Children with disabilities who are not accessing the support the child and family require**

If you are concerned that a child is at risk of or experiencing one of these forms of harm, take action by making a safe referral.

Becoming aware of a child protection concern

There are different ways you might become aware of a child at risk of harm, or who might have protection concerns. You may:



SEE a child with a protection concern.

IN PRACTICE

- » A food distribution worker observes a child registering as a head of household
- » A health worker notices that a child attending a health facility is pregnant
- » A Camp Coordinator observes a child engaged in heavy work during school hours



BE TOLD ABOUT a child protection concern by an adult or child who has seen or been told about it.

IN PRACTICE

- » A community worker tells you about a child being beaten in their village
- » A child tells you their younger sister has been harmed by their caregiver
- » During a needs assessment, a community leader tells you about a child who is at risk of harm



HEAR DIRECTLY from a child who tells you about a child protection concern they are affected by.

IN PRACTICE

- » A child tells you they are scared to go home, that they are not safe at home
- » A child tells you they are getting married
- » During a group discussion, a child shares a protection issue they are experiencing
- » A child tells you they are hungry because they are forced to give their food away to another household member



OBSERVE SIGNS in a child, including changes in a child or their behaviour that are worrying. If in your role you work closely with children over time, observing a big change in a child or their **behaviour** may be a sign that they are at risk. Physical marks as well as behaviour that is **not suited to their age and stage of development** could be a sign of a child protection concern.

IN PRACTICE

- » A health worker observes weight loss in a child that becomes more severe over time
- » A teacher observes bruising on a child that recurs over time
- » A teacher notices a child who was previously engaged and alert has been failing to stay awake in class for some time

In many cases **you will become aware** of a child protection concern **without direct contact** with the child

The role of non-Child Protection specialists in responding to a child protection concern

As a humanitarian worker, you have a responsibility to:



1. UNDERSTAND YOUR ROLE

- Be aware of and recognise child protection concerns in your location
- Be approachable to children and adults seeking help and have a basic understanding of the Psychological First Aid (PFA) approach
- Be aware of the basic components of a safe referral
- Be aware of the referral pathway available in your location
- Safely refer child protection concerns you become aware of to a Child Protection actor for formal identification and assessment
- Where there is no Child Protection actor available in your area, safely link the child/caregiver to appropriate available services or a known and trusted adult



2. BE PREPARED

Talk to a Child Protection actor who knows the context where you work. Ask for the child protection referral pathway for your area.

↳ This may be a referral pathway for child protection, a joint protection referral pathway including child protection, gender-based violence (GBV), and mental health and psychosocial support services (MHPSS), or a multi-sector referral pathway for all basic needs including protection

Where there is no established child protection referral pathway and no local Child Protection actors, **contact a National Child Protection Focal Point and ask for available child-focused services in your area that may have district or national level coverage.**

↳ This may include services that are remotely accessible, such as national hotlines

If there is no established child protection referral pathway and no accessible child-focused services in the area, **seek advice on alternative non-specialised services available.**

↳ This may include non-Child Protection services that are provided by local groups, including faith-based and women's groups, and services provided by humanitarian partners, such as protection, protection against sexual exploitation and abuse (PSEA), GBV, MHPSS, etc

SECTION 2



3. RESPOND

If you become aware of a child protection concern, you must respond. This is essential to ensure a child experiencing or at risk of harm receives available support so as to limit risks of further or future harm. Your response will depend on the referral pathway in place.

YES



If there is a child protection referral pathway in your area:

- **Without delay**, safely refer any child protection concern to the Child Protection Focal Point. The Child Protection Focal Point will complete the official identification, gain any required consent/assent for assessment, and guide you in any further action required by you - e.g., documentation
- If you are already in contact with the child and/or their caregiver, utilise the Psychological First Aid approach

NO



If there is no child protection referral pathway in your area:

- **Without delay**, contact the National Child Protection Focal Point for advice on other appropriate local services
- Utilise the Psychological First Aid approach, including linking the child to a trusted adult where possible, and to any appropriate available services



It is not always 100% clear what is happening to a child, but it is not your role to investigate.



The important thing to remember is: If there might be a protection concern for a child, always link them to the Child Protection Focal Point, a known and trusted adult, or an appropriate service.



If you are unsure about how to respond to a child protection concern, contact a Child Protection actor for support and guidance.



Safe Recognition and Referral Decision Tree



PREPARE

Request the Local Child Protection Referral Pathway
Know Local and National Child Protection Focal Point Contact



IS A CHILD PROTECTION REFERRAL PATHWAY AVAILABLE?

YES

- ✓ Follow the referral pathway
- ✓ Facilitate safe referral to a Child Protection Actor *(The CP actor will then formally identify and assess, including gaining any required consent/assent.)*

NO

- ✓ Contact the national Child Protection Focal Point for advice on appropriate local services
- ✓ Use the Psychological First Aid approach
- ✓ Link child to appropriate services where available, and/or link child to an adult they trust if possible

The child protection focal point in your **area** is:

Name: _____

Phone number: _____

E-mail: _____

The child protection focal point at **national level** is:

Name: _____

Phone number: _____

E-mail: _____

Safe referral = Putting the child's health and safety first

DO NO HARM	CONFIDENTIALITY	BE APPROACHABLE	ACTIVE LISTENING	LINK
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* If you become aware of a child with other urgent needs (such as medical), refer the child/family according to the services available in your area. Inform the child/family of available services and how to access them.

* For general concerns, not related to an individual child — e.g., rumours of traffickers or child recruitment in an area, environment dangers, etc. — speak with a Child Protection Coordinator.



Communicating with a child (or adult) about a protection concern

All humanitarian workers have a responsibility to keep children safe. This includes responding to children and caregivers with child protection concerns in a way that helps them feel safe and calm and does no harm. In many cases you may be able to recognise and refer a child protection concern without having direct contact with a child or caregiver. In this case the Child Protection agency or organisation will make initial contact and formal identification and assessment and gain any required consent/assent.

When deciding if you need to make contact:

- Always consider your own and the child's safety
- When a child is facing immediate risk of harm, you may need to approach a child
- If a child approaches you, you will always need to respond to them directly
- There may be good reasons to not approach a child. For example:
 - » Where it may put you and/or the child at risk, and/or
 - » Where you can make a rapid referral without having direct contact with the child

Communicating with a child with a protection concern and/or someone seeking help for a child

Maintain the following approach:

- ✓ **Safety:** Confirm you are in a quiet and private place to talk. Make sure it is a place where others can see you, but not hear you
- ✓ **Non-judgemental:** Stay calm and reassure them without passing judgement
- ✓ **Attentive:** Listen respectfully and carefully to what they are saying
- ✓ **Trustworthy:** Do not make promises you cannot keep such as saying "everything will be OK" when it is not within your control to assure a child's well-being
- ✓ **Comforting:** Be calm and use comforting statements appropriate to the cultural context:
 - "I believe you"* – builds trust
 - "I am glad you told me"* – builds a relationship with the child
 - "Thank you for sharing with me"* – expresses empathy
 - "You are brave for talking with someone about this"* – reassuring and empowering
- ✓ **Do not investigate:** Ask only questions necessary to gain a basic understanding – who the child is and why they need help. Do not ask for details or sensitive information



SECTION 3

Take action in the child's best interest:

- ✓ Tell them in an appropriate way what you will do next, give simple and accurate information that the child understands. If the child has a protection concern, explain that you will refer or link them to someone that can help. Do listen to and consider the child's views and wishes

SAMPLE SCRIPTS**Child protection referral**

"I can see we need help. There are people in another organisation that help children and families stay safe. They may be able to help. I will contact them to ask for help, I will only share your/their name, location and what you have told me with the person I contact. I will not share it with anyone else. Is there anything you want to ask me first?"

Local service referral

"I can see we need help. There is an organisation that may be able to help. I will contact them and ask for help. I will only share your/their name, location and what you have told me with the person I contact. I will not share it with anyone else. Is there anything you want to ask me first?"

Uphold confidentiality:

Keep information about the child and their family **private, do not share it with anyone else** except for the **referral focal point.**

Linking to a known and trusted adult

"I can see we need help. Is there someone who you know and trust who I can connect you with? Is there anything you want to ask me before I contact them?"

Modify according to individual and contextual characteristics.

Making a SAFE referral for non-Child Protection actors



DO NO HARM

Do refer to a Child Protection Focal Point or other trusted service or known and trusted adult.

Do only ask questions that are essential to refer or link the child.

Do maintain confidentiality by keeping information you have about a child and their family safe and private.

Do ensure you are in a location where others can see you if you are in contact with a child.

Don't remove a child from the location unless they are at immediate risk of harm.

Don't investigate or assess a child protection concern.

Don't share information about the child with anyone else aside from: (1) the child protection referral point, or (2) an appropriate available service provider where there is no child protection referral pathway or actor.

Don't ever be alone with a child.

PROVIDE COMFORT

Do allow the child to lead the conversation and ensure active listening free of judgement and discrimination.

Do ensure physical comfort and that basic needs are met. E.g. offer water and somewhere to sit.

Do use comforting statements and speak in a way they can understand.

Do use simple language to explain how you will refer or link them for help and what will happen next.

Don't lead the conversation or ask probing questions about what happened by who or why.

Don't make promises that you cannot keep - e.g., saying 'I will keep you safe' or 'everything will be OK'

Don't use big or complex words.

Don't force the child to keep talking if they do not want to.

SECTION 3



BE APPROACHABLE TO CHILDREN AND ADULTS SEEKING HELP

Do be aware of child protection concerns.

Do respond to children and adults who approach you.

Do be calm, attentive, kind, and respectful.

Don't ignore child protection concerns you become aware of.

Don't use judgemental language.

Don't display shock, disbelief, anger, or any other reactions that may cause distress.

PRIORITISE THE CHILD'S BEST INTERESTS IN ALL ACTIONS

This means putting the child's health and safety first

Do phone the CP Focal Point while you are still with the child and wait for them to arrive before leaving. Where there is no CP referral pathway **DO** safely accompany them to an appropriate service provider and/or a known and trusted adult where available.

Do connect the child with a caregiver or an adult the child trusts if you are already in contact with the child and they agree.

Do confirm with the CP Focal Point and/or service provider that they have responded.

Do remember that all children, including children with disabilities have the right to be involved in decisions that affect them. Listen to the child.

Don't leave a child who is at risk before they feel safe or have been linked with appropriate help.

Don't force a child to have their caregiver or another adult present when they talk with you. Be guided by the child and their wishes.



Putting it all together: Recognising and referring in practice

Utilising the Prepare, Look, Listen, and Link approach of Psychological First Aid (PFA)



PREPARE

- Request local child protection referral pathway
- Know Local and National Child Protection Focal Point contact



LOOK: PAY ATTENTION TO A SITUATION

- Be aware of and recognise possible child protection concerns
- When you become aware of a child protection concern:
 - » Review the situation and determine if there are risks for you or the child if they approach you or you approach them
- If approaching a child:
 - » Check that it is possible to maintain confidentiality in any discussion
 - » Observe any signs of distress or discomfort if talking in the presence of any caregivers or family members



LISTEN: FOCUS ON THE PERSON

- If a child or adult shares a child protection concern with you or if you see a child at risk of significant harm:
 - » Introduce yourself (if needed)
 - » Listen to their needs or concerns
 - » If you are in contact with the child, ensure the immediate safety and comfort of the child; provide practical care and support to address any immediate needs based on the observed state of the child. This may include a chair for comfort, a warm item of clothing, a drink of water, or something to eat
 - » If they want to talk, listen to them without asking probing questions or making judgements
 - » Do not write anything down, interview, or assess
 - » Accept their feelings without judgement
 - » Reassure and calm them



LINK: TAKE ACTION TO HELP

- Where a child protection referral pathway exists, refer the child to a Child Protection Focal Point
- Where a child protection referral pathway is not in place:
 - » Contact the National Child Protection Focal Point for information on available services
 - » Connect a child with a known and trusted adult where possible, and/or
 - » Link them with available appropriate services
- If you are in direct contact with a child at risk of harm, stay with them until they have been linked with appropriate help
 - » Phone the Child Protection Focal Point while you are still with the child and wait for them to arrive before leaving
 - » Where there is no child protection referral pathway, accompany them to an appropriate service provider or trusted adult where available
- Maintain confidentiality. Keep information about the child and their family private. Do not share it with anyone else except for the referral point or an identified service provider

SECTION 4

WHAT HAPPENS AFTER REFERRING A CHILD PROTECTION CONCERN?

Your referral to a Child Protection actor will activate a response. Depending on the nature of the concern, this may involve a Child Protection specialist meeting the child/caregiver(s) to:

- Make the formal identification
- Gain consent/assent to complete an assessment to make a professional evaluation of the child's situation by looking at (i) the risks the child faces, and (ii) the supports they have
- Consider immediate safety and basic needs including food, shelter, medical care, care arrangements, etc
- Based on assessment, decide on the response required, including child and family level support and referral to other services; and
- Ensure the best interests of the child will be the primary consideration in all actions

A NOTE ON INFORMED CONSENT/ASSENT:

If you are already in direct contact with the child or caregivers, explain — in a way they understand (see sample scripts) — what referral action you are taking. If you are not in direct contact with the child or caregiver, leave it for the CP agency or organisation you will be referring them to, to make formal contact after you refer the child protection concern to them.

A child protection colleague will seek informed consent/assent (agreement) as required when they make contact with the child and/or their caregiver(s).

Informed consent/assent of a child is not required to make a referral if:

- A child is experiencing harm or at risk of significant harm, **or**
- A child is at risk of harming themselves or others, **or**
- A child is too young or lacks the ability or maturity for assent/consent

Informed consent of a caregiver is not required to make a referral if:

- A child is experiencing harm or at risk of significant harm, **or**
- The caregiver is involved in the risk of harm

A NOTE ON 'A KNOWN AND TRUSTED ADULT':

Linking a child with or contacting a child's caregiver will not always be in the best interests of a child at risk of or experiencing harm. This may be the case where a child is not in contact with their caregiver and/or where a caregiver is involved in the risk of harm. In such cases it may be possible to identify an adult known and trusted by the child. This may be a relative, teacher or community worker, etc.

Where there is a child protection referral pathway in place, after you connect a child with the CP Focal Point, they will assess if there is an appropriate trusted adult to engage.

Where there is no child protection referral pathway, you will need to determine whether to connect a child with their caregiver, another adult trusted by the child, or to accompany them to an appropriate service yourself. Seek advice from your supervisor or a CP actor in a different location if unsure.



Child protection SAFE recognition and referral key points to remember



End notes

¹ <https://corehumanitarianstandard.org/the-standard>

² Linked global standards and guidance: The Alliance for Child Protection in Humanitarian Action [Minimum standards for child protection in humanitarian action](#) (2019); [Inter Agency Guidelines for Case Management and Child Protection](#) (2013); [Interagency Child Protection Case Management Standard Operating Procedures](#) (2019); [The Alliance Unaccompanied and Separated Children Information Sheet](#) (2022); Global Protection Cluster, IASC, [How to support survivors of gender-based violence when a GBV actor is not available in your area: a step-by-step pocket guide for humanitarian practitioners](#) (2015); Inter-agency Network for Education in Emergencies, [Guidance Note Supporting Integrated Child Protection and Education Programming in Humanitarian Action](#) (2022); World Food Programme, [How to Mainstream Child Protection into Programme and Operations: Step by Step Guidance](#) (2021); Global Education Cluster and Child Protection Area of Responsibility CP-EiE [Collaboration in Coordination Framework](#) (2020); [Toolkit for Community Child Protection Volunteers](#) (2022); [Save the Children Psychological First Aid Training Manual for Child Practitioners](#) (2013); WHO [Psychological first aid, Guide for field workers](#) (2011); Child Fund, [Strengthening Community- Based Child Protection Referral Pathways: A resource manual](#) (2015); UNICEF, [COVID-19: Integration of Child Protection in Return to School Template for Child Protection Referral Pathway between Schools and Child Protection Authorities and Other Services](#) (2021); The Alliance [Interagency toolkit: preventing and responding to child labour in humanitarian action](#) (2021); The Alliance [Child Protection in Outbreaks: Collaborating with the health sector in infectious disease outbreaks](#) (2022); The Alliance [Child Protection in Outbreaks: Communicating with children in infectious disease outbreaks](#) (2022).

³ Full definitions are available in the [Minimum Standards for Child Protection in Humanitarian Action](#).



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