

TECHNICAL NOTE:

CHILD HELPLINES AND THE PROTECTION OF CHILDREN DURING THE COVID-19 PANDEMIC¹

INTRODUCTION

Stressors from the COVID-19 pandemic on children and families, compounded by security, health and financial factors, have increased the risks of intimate partner violence and violence against children.² Containment measures can further aggravate situations of children who are already exposed to abusive, neglectful and unsupportive environments. Children's sources of support outside of the family, including child protective services and school, are likely to be out of reach for some, if not all, of the time. Lockdown has shut some children in whilst simultaneously shutting child protective services out, and has compromised access to social, educational and health provisions. Other children, such as those in street situations³ or on the move, may be even more deprived and isolated from assistance, as may those living in residential care institutions or in detention.

As a response to the COVID-19 crisis, child protection actors and service providers – including government departments, (I)NGOs and UN agencies – are exploring how they can continue to provide support to children, families and communities remotely through the use of technology. This includes **child helplines**, which, over the last decade, have become increasingly important in responding to concerns raised by children and young people on a range of issues affecting their lives.

It is important to distinguish between **hotlines**, which are primarily used for reporting purposes and sign-posting (although they may also provide some limited advice and information) and **child helplines** which generally provide more active support, including active listening / counselling services and referral of self-reported concerns from children and adults, such as cases of violence, abuse and neglect.

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² For more information of impact of COVID-19 on children, see The Alliance for Child Protection in Humanitarian Action, End Violence Against Children, UNICEF, WHO (May 2020) [COVID-19: Protecting Children from Violence, Abuse and Neglect in the Home, Version 1](#).

³ For more information on children in street situations, see UN Committee on the Rights of the Child (2017) [General Comment No. 21 on Children in Street Situations](#).

This note has been developed with two main objectives in mind:

1. To provide practical advice to child protection actors and service providers – including government departments, (I)NGOs, civil society organisations (CSO), community-based organisations (CBO), UN agencies and child protection coordination groups – on how to support children and families through a child helpline service, including collaboration with existing, national child helplines.
2. To explore how existing child helplines⁴ can contribute to, and participate in, efforts to support children and families during the COVID-19 pandemic through child protection mechanisms and systems. This includes expanding their services.⁵

For both of these objectives, the aim is to maximise resources by avoiding duplication of efforts and building upon any child helpline providers that already exist, including through increased cooperation between child helpline services and other actors.

This document is divided into two sections:

1. **Organisational and Coordination Considerations** for those agencies who are working with and adapting existing child helplines, those who are establishing child helpline services, and common practices for both.
2. **Operational Guidance** for those who are actually working on a child helpline and for those who are providing support on the phone to families with whom they are already working.

In this note, the term child helpline is used to refer primarily to a telephone service, although other forms of communication such as text, on-line chat and e-mail may also form part of a child helpline response. Emphasis is placed on telephone support as it is the most immediate, and often most challenging, assistance to provide.

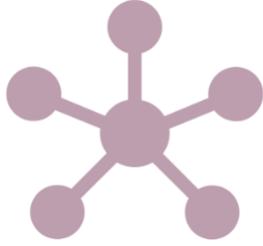
In order to keep this note as succinct as possible, a wider discussion of issues has been omitted. The focus is on *what needs to be done differently in a pandemic*. Details of more general resources are included in the footnotes.

This note is for guidance only, describing *what to do*. For further technical support, practices and resources, please contact Child Helpline International (info@childhelplineinternational.org) or visit <https://www.childhelplineinternational.org/>.

This technical note builds on the [Technical Note: Protection of Children during the Coronavirus Pandemic](#) as an annex. For all of the annexes, please visit <https://alliancecpha.org/en/series-of-child-protection-materials/protection-children-during-covid-19-pandemic>.

⁴ For an overview of existing national child helplines, see [The Child Helpline Network](#).

⁵ Child Helpline International (CHI) is a network of helplines with 173 members from 142 countries. As well as providing advocacy, research and supporting the development of child helplines, CHI also sets quality standards.



SECTION 1: ORGANISATIONAL & COORDINATION CONSIDERATIONS

The golden rule of providing a child helpline is that the service must be answered! There is no point in offering a child helpline service by telephone if children and families cannot make a call and access help when needed. Realistic decisions need to be made regarding what is feasible. For example, a service that can be reliably reached for part of the day is preferable to one that claims to be 24 hours, but which is often uncontactable. Recognising this as a core principle of offering child helpline services should underpin and guide all decisions made.

A child helpline service must also be clear about what they can realistically achieve to protect a child. Many contacts will be anonymous and many children will be reluctant to engage with other agencies. When liaising with other agencies to ask for support, it is important that their criteria for intervention are met. Promising something to a child that you cannot deliver can have serious consequences for the child's confidence in adults to protect them.

1. To adapt existing child helplines, consider:

Existing child helplines have a distinct advantage: they are already established with structures and processes in place to support children and families remotely. The challenge for child helplines is to adapt, strengthen and coordinate their responses so that they can meet the demands of working within the context of a pandemic, and potentially with a wider range of actors than before. Existing child helplines need to consider:

- 1. What sort of support and guidance is necessary to ensure the child helpline can continue to operate safely?** If possible, the child helpline should set up a COVID-19 response group to include Directors, Managers and key team members in order to provide leadership and guidance. This group should:
 - Identify and mitigate risks to child helpline staff from COVID-19 based on national guidelines issued by relevant agencies. This includes providing accurate and up to date information to staff and volunteers.
 - Promote changes in the workplace so that public health measures are in place, including social distancing.
 - Train all personnel so that they are knowledgeable about the impact of COVID-19 on children and families
 - Follow the guidelines as outlined below in [3. Common Actions for Adapting Existing Helpline Services and Setting Up New Helplines](#).

2. How do service delivery models need to be adapted and strengthened? Since some child helplines use delivery models other than telephone service, including face-to-face work, it will be important to identify if, and how, service delivery models need to be modified and adapted. While some services may continue as normal while movement is allowed (albeit with some changes to working practices such as social distancing), in other cases this may not be possible. Even when movement is allowed, it is prudent to plan for lockdown so that services can be transitioned quickly. Actions to consider include:

- Coordinate with child protection and sexual and gender-based violence (S/GBV) actors, including child protection coordination and GBV groups/Area of Responsibility (AoR) in humanitarian settings and other partners, to identify common strategies to adapt child helpline services to existing containment measures and to increase human capacities for providing appropriate services.
- Where and if possible, transition to remote working for child helpline staff.⁶ This includes reviewing and adapting workplace policies and regulations to reflect remote working.
- Provide guidelines and training where necessary for staff to help them adapt services, use new technology and understand risk mitigation (such as PPE or hygiene facilities) for any continued in-person services which cannot be transferred to remote service, assuming travel is allowed.

3. How do capacities of child helpline staff need to be increased?

- Undertake a quick assessment among staff, volunteers and partners around key areas of need and capacity. This may include contacting existing partners, such as local government, NGOs and CBOs, to find out what challenges and positive solutions they have developed in the context of COVID-19.
- Review existing data and, in conjunction with partners, assess specific issues and emotions that children may face during this time, as well as specific child protection risks and vulnerabilities in the area/country (i.e. children without family care; children who are refugees, internally displaced, migrants or stateless; children in street situations; children with disabilities and/or mental health challenges; child mothers, child survivors of violence etc.). This includes linkages with child protection and SGBV coordination groups/sub-clusters in humanitarian settings and existing S/GBV helplines.⁷
- Make training available to child helpline staff to help them adapt to remote working, use new technology and understand risk mitigation for continued in-person services.
- Assess if there is a need and potential to recruit additional staff with specific expertise (such as mental health, GBV, positive parenting, etc.) or experience in working in humanitarian contexts.

⁶ See UNICEF and the Global Social Service Workforce Alliance (2020) [Technical Note: Care and Protection of the Social Service Workforce during the COVID-19 Response](#).

⁷ See specific recommendations by the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support (2020) [Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak](#).

2. To establish a new child helpline service, consider:

1. Is a new child helpline service needed?

An obvious, but important question. Is there an existing child helpline or GBV helpline that can be partnered with, and through better coordination and assistance be able to extend their services, in order to refer and funnel cases for additional support? Are other actors considering setting up a child helpline service which could be shared or run jointly in order to maximise use of resources? Is technology, including phones available and accessible? Where there is low use of mobile phones, another outreach service may be more appropriate, such as radio, postal service, or, if movement is allowed, roving child helpline caravans/mobile child protection (CP) services or community worker outreach.⁸

During a pandemic, or at least while lockdown is ongoing or there are restrictions on movement, is not the time to establish a new fully functioning child helpline. This takes months to complete and requires careful planning and exploration of many issues, including demand and access, appropriate technology, referral mapping, confidentiality, storage and retention of data gathered, staffing, capacity building, resource mobilisation, monitoring and evaluation. These considerations are in addition to necessary coordination with government and ICT providers. Instead, given the constraints, the focus should be on how an existing service can provide or expand their telephone or online support to suit current needs. In effect, this means putting in place interim arrangements that in the future could be the foundation for the development of a permanent child helpline after restrictions ease, provided that this is the best means to reach children and another national child helpline does not already exist.

If there is no other service and support is needed, then a child helpline is an essential way for children and families to access assistance. However, if the idea is to provide support to those who are already known to a service, such as in the instance of case management, directly establishing support via the case worker/social worker by providing contact numbers may be a more appropriate and pragmatic way of offering assistance.⁹

2. What staffing capacity is available and/or can be easily developed?

What staffing will be needed relates to the purpose of the child helpline and will reflect *how* the child helpline service will operate. It is unlikely that there will be much time to prepare and develop capacities of new helpline staff during a lockdown situation. It may be difficult to recruit and undertake extensive counselling/telephone support training. For this reason (unless there is an established child helpline which can provide assistance or other qualified and experienced staff can be readily recruited), staffing the child helpline service will likely necessitate using existing human resources. If the aim of the child helpline service is not to conduct extensive support (i.e. to provide information and reporting like a hotline), then it may be possible to use administrative or other staff; where it is anticipated that more in-depth support such as listening and counselling is provided, more experienced and qualified staff, such as (para) social workers, case workers, or mental health and psychosocial support (MHPSS) staff, will need to respond to calls. Secondment or redeployment of existing staff may be a temporary solution to bridge the gap in availability of fully trained and experienced child helpline staff.

⁸ For more ideas and information on child sensitive reporting mechanisms, see Sekulovic, R. and Delaney, S. (2016) *Speak Out - Be Protected! Creating child-sensitive reporting mechanisms of alleged cases of violence against children*; Plan International

⁹ 'For further information see the Alliance for Child Protection in Humanitarian Settings [COVID-19 Child Protection Case Management Guidance](#) (forthcoming).

This will require careful thinking and planning in terms of existing staff availability to work on the child helpline, while also balancing any other duties that they may still be required to undertake. Additional support should consider achieving gender balance amongst helpline workers and expanding accessibility in local languages.

For all staff, even those who are experienced, it is essential to run an orientation course (this could be done remotely or on-line, if necessary), to talk through procedures for operating the child helpline service and to explore guidance on ways to work on a child helpline, including when and how to make referrals (see Section 2). This orientation should include awareness of the potential risks posed to children from use of technology, **such as on-line child sexual abuse and exploitation.**¹⁰

3. How is the child helpline going to operate?

Each setting will have to decide how to operate given the context. It will also be necessary to explore with ICT/ telecom providers regarding capabilities of equipment, connectivity, possibility to provide a toll-free number, etc. These negotiations and choices regarding how the child helpline will operate take time to make and need careful thought. This is why it is generally not recommended to try to establish a new, fully functioning child helpline during a crisis and, instead, to think of an interim arrangement that will meet the immediate needs and could be developed further in the future.¹¹

Decisions about the immediate operation of the child helpline service during a crisis should take into account the following key considerations:

- Where will staff work from? Is it feasible for them to travel to and work safely in an office? If not, will they be able to work remotely on the helpline?
- If staff are to work remotely, will they be able to find somewhere safe and confidential to work where they can have private conversations with callers?
- What sort of equipment will be needed? For example, telephony equipment, data collection software, or SMS capabilities? What number will be used – an existing number from the organisation or new numbers?
- How will calls be managed so that they can be shared between staff? Or will staff be expected to be 'on call' at all times? This might be possible to achieve through features such as automatic call forwarding/diverting of calls to nominated phones.
- What will happen if children and families call when the lines are busy? Is it possible to secure a recorded message to be played, perhaps asking to call again or contact in another way? Can callers be asked to leave a message so that they can be contacted when staff are free?
- Depending on demand, child helpline counsellors may become fatigued; consider how to both give counsellors a break, while still providing support. If the team is large enough, or if staff also have other duties, have a small team follow a rotation so that not everyone is working on the child helpline at all times. This may place additional burden on equipment if it cannot be shared. If it is shared, consider cleanliness standards and transportation.

¹⁰ To access an online resource on Child Online Protection, see Child Helpline International [Tools for Child Helplines](#).

¹¹ For additional information, visit [Child Helpline International](#).

- Ideally there should always be **at least** two staff working on the child helpline service at any time, even if they are working remotely. This means that if one worker is busy on a lengthy or complex call, the other can continue to answer calls and assist if necessary. It is important that the child helpline has more than one line so that more than one call can be handled at any one time.
- If possible, have a separate number (or numbers) for the helpline services so that office and other mobile numbers can be kept free for regular activities, coordination and making referrals. If there is not enough time to set up new landlines, mobile phones can provide a quick alternative solution.
- There should always be one supervisor available for the staff to be able to consult with and to seek support while they are 'on shift'. This person needs to be someone with experience in managing child protection cases. Their role is critical for both ensuring a quality response for children and supporting staff on the child helpline.¹²
- If possible, the supervisor should check in with the workers before they start their shift on the child helpline service, and to provide a de-brief at the end of the shift. Where staff are expected to be on call for extended periods, the supervisor should check in with them regularly (ideally at least once per day). Shift lengths will need to reflect demand and other activities that staff working on the child helpline are expected to undertake.
- Simple guidelines/standard operating procedures (SOP) should be developed and provided to staff working on the child helpline service as a resource to refer to while on calls. This should include:
 - Standard procedures to be followed, such as when/how to work with other child helpline staff (especially the supervisor), hours of operation, record keeping, etc.
 - Guidance for how to use equipment, such as how to forward calls or retrieve messages.
 - Current messages about COVID-19 and advice issued by the responsible government and other agencies.
 - Directory of other services providers/supports and assistance that may be available, including other specialised helplines (both for callers to refer themselves or for the child helpline to refer on their behalf).
 - Updated referral pathways, for when callers consent to referrals, and any situations and procedures for when callers do not consent to referrals but it is a life-threatening situation (e.g. attempted suicide, cases of child abuse or criminal activity) and when confidentiality may need to be broken.
 - Clear information on referral procedures to other services – statutory or non-statutory – outlining the services that these agencies are committed to provide. Procedures for follow-up calls if applicable for callers in distress.
 - Procedures for personal data confidentiality and protection.
 - Tips and techniques for providing online listening and counselling services and dealing with testing calls (see Section 2).

¹² See UNICEF and the Global Social Service Workforce Alliance (2020) [Technical Note: Care and Protection of the Social Service Workforce during the COVID-19 Response](#).

- How to deal with security alerts, such as bomb threats. Helplines are often used as avenues for reporting security threats. All threats should be taken seriously, even if they seem unlikely. Typical procedures include recording, verbatim, all information about the threat (date, time, location, etc.), informing the supervisor that a threat has been received, and passing on information to the relevant security agency.
- Depending on the staff's knowledge and experience, include reminders of the possible impact of the pandemic on the lives of children and families, such as the mental health and psychosocial wellbeing of children and the different ways in which children respond to stress.

4. What are the requirements for recording and monitoring the child helpline service?

Especially if staff are working remotely, normal recording processes (such as CPIMS+) may be difficult to use. Even when staff are not working remotely, it may still be appropriate to introduce simplified recording processes which collate basic information (e.g. time, age, problem), in a confidential manner but not sensitive personal information that could identify the caller, particularly if there are calls received that are one-off calls, such as asking for information or general advice.

3. Common actions for adapting existing child helpline services ¹³ and setting up new child helplines include:

Promoting collaboration and coordination between agencies

- Join official COVID-19 response teams/task forces in the country and existing child protection coordination groups/AoR (if they exist), or advocate for the establishment of such coordination mechanisms.
- Where existing and possible, join or make sure there are linkages with other associated coordination mechanisms, such as MHPSS and S/GBV groups and structures, social welfare and/or networks of essential basic services.
- Support joint assessments of the impact of containment measures on the provision of child protection services and revise/adapt inter-agency/multi-sectoral reporting, referrals and protocols and common approaches as necessary. This includes jointly monitoring national directives and responses to the pandemic and their impact on children to ensure that trends collected by child helplines, and services provided by child helplines, can inform child protection responses, including humanitarian response plans (HRP) and needs assessments.
- Ensure that strategies developed to address child protection concerns include practical responses to deal with actual or imminent harm, negative coping strategies (e.g. substance abuse, early and forced marriage, etc.), mental health and other needs identified through joint assessments. The strategy should also build on positive community-based protection initiatives, coping strategies and promote close collaboration with health, education and social welfare services.

¹³ In addition, advocate with the government for the designation of helplines as essential service providers and for the provision of adequate funding, human resources, technology, PPE, and training. For further information, see The Alliance for Child Protection in Humanitarian Action (2020) [Advocacy Messages for Child Protection Actors: Prioritizing Child Protection in COVID-19 Response Plans](#).

- Develop or adapt existing Memorandums of Understanding (MOUs) or SOPs between child protection actors and government in the context of COVID-19 response. This should include common approaches and ways of working and, where possible, sharing resources and identifying gaps which other organisations can fill if a partner cannot operate.
- Ensure that all changes to services, including restrictions imposed as a result of containment and revised operating hours, are shared with partners in a timely way, including in humanitarian service mapping.
- Make sure helplines provide accurate and up to date information to callers.
- Coordinate the dissemination of information on available child protection services and reporting mechanisms across social, education, health, law enforcement and other relevant sectors in humanitarian settings (e.g. food security, WASH, etc.).
- Coordinate with relevant ministries and child protection actors to identify and fund training needs. These will evolve as operating procedures, COVID-19 mitigation strategies and children and families' needs change over time.

Strengthening and maintaining referral pathways and case management

- Together with government and partners in the COVID-19 response and child protection coordination groups, review existing reporting, referral and case management protocols and mechanisms. Update, where required, and maintain under review. If necessary, establish or enhance emergency referral pathways to ensure that children and families with COVID-19 related concerns can access needed services promptly.
- Contribute to joint mapping exercises by child protection partners on availability of services for referral in the COVID-19 context. Liaise with GBV and MHPSS partners to ensure cross-referrals where feasible. This includes mapping any plans being made for anticipated changes, such as lifting of lockdown.
- Liaise with other issue-based helplines (i.e. parenting support, S/GBV, MHPSS, Accountability to Affected Population (AAP)/ Protection against sexual exploitation and abuse (PSEA) channels, etc.) for consistent messaging and strengthening, or for developing cross referrals.
- Coordinate with mobile operators and other ICT industry companies to strengthen helplines' capacities to deliver services during COVID-19 (e.g. through ensuring continuity of service or increased coverage of services or adaptations necessary to facilitate remote working).

Supporting helpline personnel

- Promote workplace hygiene, provide Personal Prevention Equipment (PPE) and apply the principles of social/physical distancing in the workplace.
- Facilitate access to trainings to increase personnel capacities, including virtual trainings and webinars
- Support staff to integrate trainings into daily practice.
- Review or draw up a contingency plan that is consistent with guidelines offered by authorities to enhance organisational resilience and support employees and their families. Review and revise at least once weekly.

- Ensure a system exists for providing counselling support to COVID-19 affected staff (particularly for those in isolation or quarantine) and their family members.
- Promote increased frequency of supportive supervision sessions for those working on the phones.

Raising awareness of child helpline services, including with children and families, and promoting access

Children and families need to be made aware of the child helplines' purpose, access numbers, available support and hours of operation. Any awareness-raising effort is likely to impact on the number of calls and contacts received; it is critical that the child helpline has the capacity to respond to a potential surge of calls *before* promoting it.

Ways that awareness can be raised and access promoted:

- Advise social workers, case managers, and others working with families to ensure that information about the child helpline is passed on when they have conversations with children and families.
- Coordinate with government authorities and partners to promote child helpline information within existing public media messages, and place information in public spaces (pharmacies, health centres, police stations, markets, bus and railway stations) and with specific services for children and families, such as on learning platforms (if schools are using online learning) or (child-friendly) messaging through other supports (e.g. child helpline numbers in information about social protection programmes or on educational TV programmes).
- Where safe and possible, consult with children and families on how and where they are accessing information and communicating with others, including online. Analyse the data to identify those who are not accessing child helplines. Using this information, conduct remote, age-, ability- and gender-appropriate and sensitive awareness raising through, for example, targeted messaging.
- Consider launching an appeal with donor organisations to secure additional funding in support of the expanded child helpline services.
- Include mobile operators, ICTs and social media platforms in efforts to both promote awareness of helplines and to increase accessibility. This could include maintaining support by ensuring toll-free access to child helplines from all operators; providing support to children in the most disadvantaged settings to report abuse and neglect and seek assistance through waiving connection charges; and to promote these resources to children.

ADVOCACY POINTS FOR KEY PARTNERS

Governments should:

- Advocate for and designate social service and child protection workers as essential service providers and provide adequate funding for salaries, supportive technology, PPE and training.
- Strengthen and ensure the continued functioning of child helplines, and other child-friendly reporting mechanisms, to enable child-friendly responses, including reporting and referrals and response.
- Prioritise child protection services, including MHPSS, case management and child helplines as essential services so these highly critical services remain operable.
- Review, update and operationalise SOPs for case management and referral pathways to take into consideration the COVID-19 context.
- Expand financial support and resources for national child helplines to increase their ability to respond to the COVID-19 crisis and ensure the continuity of their services.
- Raise awareness of child helpline services in COVID-19 responses and communications.
- Include existing child helplines in COVID-19 and child protection coordination groups (and protection clusters in humanitarian settings).
- Ensure regular information sharing with existing child helplines on COVID-19 and child protection related national directives and responses, and impact on children and their families.
- Advocate with mobile operators and other ICT industry companies to strengthen child helplines' capacities to deliver services during COVID-19.
- Mobile operators, ICTs and social media platforms should:
- Provide and maintain support for child helpline services to ensure continuity of services by ensuring free access to child helplines from all operators.
- Collaborate with child helplines to establish remote working conditions for child helpline staff.
- Support children in the most disadvantaged settings to report abuse and seek help. This can be done through short-codes or free-of-cost calls, waiving connection charges and promoting these resources to children.

Strengthen national child helplines to receive reports and provide services to children in distress by supporting use of innovation (such as cloud-based solutions) to allow business continuity of helplines from remote locations.



SECTION 2: OPERATIONALISING SUPPORT – PROVIDING SUPPORT VIA A (CHILD) HELPLINE¹⁴

This section of the guidance includes **practical tips and techniques** for how to work safely and appropriately with children and families, or any other person from the community who may be calling on their behalf, during the pandemic. This section may also be useful for those who are now providing support remotely to children and families that they were already working with, but with whom they can no longer meet face-to-face.

Providing support by phone

Before taking or making any calls:

- If you are working remotely, and are not in the office or child helpline call centre, make sure you are somewhere quiet where you will not be disturbed so that you can concentrate on the call and have a private, confidential conversation.
- Make sure you have a strong and stable phone or internet connection to ensure a steady flow of the calls. (If the signal is weak or fluctuating, you will need to explain this early on in case the call connection is lost.)
- Make sure that you have easy access to contact numbers and details for other referral services and up to date information regarding COVID-19 response, including any guidelines from relevant agencies, regarding rules around social distancing, curfews, etc.
- Double check that you know how and when to contact your supervisor or other colleagues (as agreed) for support and assistance, where needed.
- Ensure that you are aware of all standard procedures, such as how to deal with security threats, case management, making referrals, etc., and if/when confidentiality can be broken.
- If you are working remotely, make sure that any records that you make are kept secure and cannot be accessed, even accidentally, by anyone else.

When taking calls:

Providing support on the phone is very different to speaking to someone face-to-face. Although the normal ‘cues’ which help us communicate, such as body language, are not available, in a strange way a telephone call can also feel much more intense and intimate. This is often because callers phone at times of distress – immediately and without time to prepare themselves. Emotions can feel very ‘raw’.

At the start of calls:

¹⁴ For further guidance see Child Helpline International [Counselling Practice Guide](#).

- When answering, be clear about who you are so that the caller can feel confident they have the correct number, and to invite them to speak. You could say something like *'Hello, this is X from Y. How can I help you?'*
- Some callers have a lot to say because they have worked themselves up to make the call. Let them speak and try not to interrupt with too many questions. You can always track back later and clarify points, or probe further. Other callers may find it difficult to speak and may need encouragement – for example *'I'm pleased you felt able to call. I would like to be able to help.'*
- As soon as possible, check that it is safe for the caller to be speaking to you. You could say something like *'Is it safe for you to call now?'* or *'Are you somewhere you can speak in private?'*
- In addition to calls from children and families, you may also receive calls from others who are calling on their behalf or who are worried about a situation regarding a child. If the call is not about a child/family, then try to provide information or signpost them to a more relevant organisation.
- You will want to build rapport with the caller, so while keeping confidentiality and the need for information in mind, do not launch straight into asking questions about permissions for referrals, or consent to speak to others or start probing for lots of information such as date of birth, address etc. These details can be checked later on in a call once you have established a relationship. Ask too soon and the caller may get frightened and hang up!

Dealing with test calls

Those working on existing helplines will be familiar with 'test calls'. This is when a child or adult contacts a helpline about something seemingly straightforward, or even trivial. This is often to try out the service, so it is important to respond appropriately and not to imply that time is being wasted or the call should not have been made.

Children may also make prank calls, especially if they are bored and unable to go out and socialise with friends. Prank calls from children should be seen as a test for the service, and responded to with respect. Turning the focus back on the child by asking questions like 'How do you feel about that?' or 'How do you think I can help you?' will often quickly end such calls. Prank calls can also be used as a way of raising awareness, for example by asking questions such as 'Do you know why we set up the helpline?' and then providing accurate information.

Unfortunately, adults also may make prank calls. Sometimes these are because of boredom or mental health problems, and can be aggressive or even sexually offensive in nature. It is pointless getting angry or engaging with such callers. They just take up time and emotional energy so it is a good idea to close them down as soon as possible by saying something such as 'This is a child helpline for children and families who are experiencing problems. I am going to end the call now so that I can keep the line free for someone who needs to speak to us.' Then end the call.

Throughout the call:

- Use all your active listening skills, and do not be afraid of silences, as callers may need time to answer questions or process their thoughts. Remember that the caller cannot see you (unless using video calling), so saying things such as *'I am still here when you want to talk'* or *'I will just sit quietly while you think about that question'* can help maintain the connection and also encourage the caller to continue talking.
- Often callers might want and ask for specific information (e.g. how to access a service). Even if this seems like all they want, it is always wise to confirm that it is all they need and remind them that they can call again at another time. It is not uncommon for callers to 'try out' a service or for the presenting problem not to be what they really want to discuss. You could say something such as *'Is that all you need right now?.....remember you can always call again if you want to talk about anything else....'*
- Keep in mind that not all children (or adults!) have names for their emotions. People can also have contradicting feelings. All of this can lead to feelings of confusion, sadness and anger. Empathic listening without being judgemental, and without jumping to conclusions or making assumptions, can help callers to process their feelings and structure their thoughts.
- Make sure to assess safety on every call - where is the caller now, what is happening for them and/or the person they are calling about? Who is around that can be a protective influence?

At the end of the call:

- Before ending the call, especially if safety is a concern, you must get agreement to make a referral (with permission) and/or develop a safety plan and/or confirmed follow-up. This might be a specific arrangement, or, if not a severe case, simply to reassure the caller to contact when necessary.
- If it is a life-threatening situation – e.g. in case of abuse or suicide – you should discuss, with your supervisor, the necessity for making a referral without permission as per agency protocol.
- After the call has ended, make sure to complete records (as required by your agency) and make any referrals/follow-up calls.
- If you have been distressed or overwhelmed by the call, seek support from your supervisor and / or colleagues (as per agency procedures), before taking another counselling call.