

# Confidentiality guidance note: Advice for health actors addressing child protection concerns during infectious disease outbreaks

Strengthening collaboration between child protection and health actors during infectious disease outbreaks

June 2023

## Introduction

During infectious disease outbreaks, the regular functions of child protection work and health facilities may be disrupted. However, health workers may encounter children who are difficult for child protection actors to access because of outbreak restrictions.

This could be because the children are...

- seeking treatment for infection;
- with adults seeking treatment for infection;
- placed in isolation or quarantine;<sup>1</sup>
- with adults who have been placed in isolation or quarantine;
- participating in health promotion sessions about measures to contain, control, and mitigate the disease; and/or
- receiving additional vaccinations.

Children may be exposed to higher rates of abuse and violence during an outbreak, potentially impacting their mental health and well-being.<sup>2</sup> Outbreak response, including public health and social measures imposed by authorities, may mean that you encounter children who are:

- i. difficult for child protection actors to contact or reach directly, and,
- ii. less likely to be in contact with others who can address child protection needs (e.g., teachers, extended families, and community members).

As a health worker, you must collaborate with child protection actors to appropriately and confidentially refer any child protection concerns that have been disclosed and/or detected. If possible, recruit someone with child protection expertise to work on your team.

The following explains what confidentiality means, why it is important, how it can be maintained, and best practices for sharing information confidentially when it is in the child's best interests.

### Key guiding principles in all cases:

- > Any onward referral of child protection cases should happen with **informed consent or assent** from the child and relevant caregivers. (See guidance in [Annex 1: Procedures for seeking informed consent or assent](#) and [Annex 2: Confidentiality sample scripts](#)).
- > [Maintaining confidentiality](#) needs to be balanced against the **best interests of the child**. See the section "[How can you as a health actor ensure the child's best interests and maintain confidentiality?](#)" for further details on how to do this.

<sup>1</sup> Every effort should be made to keep children and their caregivers and/or other family members together. If complete isolation or quarantine is unavoidable, contact and communication between a child and their caregivers or other family members must be facilitated.

<sup>2</sup> For more information, please see The Alliance for Child Protection in Humanitarian Action. (2022). *Mini-Guide #2: Child protection in Outbreaks: Advocating for the centrality of children and their protection in infectious disease outbreaks*. [https://alliancecpa.org/en/miniguide\\_2](https://alliancecpa.org/en/miniguide_2)

## Box 1: Key terms

**Health actors** are any individuals or organizations that provide and/or support health services. They may be paid, voluntary, temporary and/or permanent. They include those who provide medical assistance and those who perform support functions (i.e., administration, accounting, security, and logistics). They include community-level associations, government agencies, non-governmental organizations (NGOs), interagency or coordination groups, and relevant United Nations (UN) agencies.

A **health worker** is an individual who provides health care treatment and advice based on formal training and experience.

**Child protection** is the prevention of and response to harm to children. This includes abuse, neglect, and exploitation of children; violence against children; and mental health and psychosocial concerns.

A **child protection concern** is a suspicion or report of a child protection incident that has yet to be proven by evidence.<sup>3</sup>

Confidentiality **is a set of conditions under which information revealed by a person in a relationship of trust will not be disclosed to others without that person's permission.**

**Identifying information** is any detail about a person or case that can help someone determine a person's identity.

This may include names; ages; physical descriptions; addresses of workplaces, residences, or schools; dates of visits, case details; and names of relatives, etc.

A **child** is any person under the age of 18. Children may be of diverse ages, genders, sexual orientations, and backgrounds. They may live with disabilities. **Adolescents** are people between the ages of 10 and 19.

**Informed consent** is the voluntary agreement of a person – an adult and/or, in some cases, an adolescent – who has the legal and developmental capacity to make a decision, understands what they are being asked to agree to, and exercises free choice.

**Informed assent** occurs when an individual, adult, or child expresses a willingness to share certain information or participate in services.

A **trusted adult** is someone 18 years of age or older who is known to the child but is not the child's parent or legal caregiver. It is an adult in whom the child has chosen to confide or who accompanies the child for assistance. This may be a teacher, nurse, community worker, sports coach, etc. If no caregiver or trusted adult is present, the service provider (health worker, case worker, child protection worker, etc.) may need to provide consent for the child if it is in the child's best interest and supports actions that ensure the child's health and well-being.

## Why do you need to maintain the confidentiality of child protection cases?

*Harm to children is a highly sensitive subject and, in some cases, taboo. Children and their families can be stigmatized if they are identified as victims or survivors. In addition, children may be retraumatized if it becomes known that they experienced abuse. Therefore, all service providers must make every effort to maintain privacy and keep information confidential.*

**Although usual workflows may be disrupted during an outbreak, policies and standards related to confidentiality must be maintained.** Confidentiality breaches can negatively impact children, their families, the community, and/or others involved in a child protection incident.

Why is confidentiality important?

- Confidentiality is in the best interest of the child at the center of the case because it prevents the intentional or unintentional misuse of information

about them. An information leak can lead to further exploitation, stigmatization, and/or abuse.

- Witnesses, friends, and family members may be harassed by the accused perpetrator or face threats of retaliation.
- A wrongly or falsely accused perpetrator may become the target of hate or slander.

Examples of possible negative effects of inappropriate disclosure of information include:

- A girl spoke with a child protection focal point from an NGO. She explained that public health and social measures during an ongoing outbreak had resulted in the closure of her school. Her father was unable to work due to movement restrictions. To address economic insecurity, her parents identified a husband for her to marry. Based on her

<sup>3</sup> Bond. (2019, August). UK NGO safeguarding definitions and reporting mechanisms: Definition of key words. <https://www.bond.org.uk/resources-support/safeguarding/safeguarding-definitions-and-reporting-mechanisms-for-uk-ngos/>

- experience, an interagency group worked together to sensitize several communities about (i) the need to return to schools when closures end and (ii) the adverse effects of child marriage. They began the sensitization campaign at the girl's old school. Unfortunately, the girl's friends begin to suspect that the campaign is due to what happened to her and start to bully her.
- An email is sent about a child whose caregiver has been placed in isolation due to an infection. The child has been tested for the disease and is not infected. The child's name and the name of the village are provided. Child protection staff have located the next of kin and will return the child to her village. The email is forwarded to logistics staff, who arrange a vehicle for the child and a case worker. The driver who receives the email is from the child's community and knows the child's family. The driver mentions the child's situation to his own family. Details about the child's situation then spreads from one household to another. Because of the fear of the disease, the child and her family are stigmatized throughout the community, at work, and at school.
- A child is taken to a health facility to help treat injuries sustained from abuse. The NGO's vehicle is a large pick-up truck with the NGO's logo. The vehicle must pass through a checkpoint to control the spread of an ongoing outbreak. The NGO staff members (i) give the names of everyone in the vehicle at the checkpoint and (ii) explain why they are traveling. An NGO staff member shares details about the child's abuse while the vehicle is inspected. Someone working at the checkpoint is from the same community and reveals what happened to the child to other community members. The child's safety and well-being are now at risk because the abuser may seek retaliation.

Maintaining confidentiality shows respect for the child's right to privacy and that of their family.

## How do you ensure the best interests of the child and maintain confidentiality?

The best interests principle states that "in all actions concerning children ... the best interests of the child shall be a primary consideration."<sup>4</sup>

As a health actor, you should **not** carry out a formal best interests assessment for a child. Only mandated agencies and organizations can do so. However, all service providers must consider the positive and negative consequences of their actions. The least harmful course of action is always preferable.

When a child's physical and emotional safety must be protected, and urgent assistance must be provided, the best interests principle may lead a health or child protection worker to make a decision against the child's wishes. When there is a risk of harm to the child or another person, actors must prioritize the best interest principle. This may take precedence over the child's wishes or the principle of confidentiality. This is also true when there is an ongoing risk of violence or the child expresses suicidal thoughts. For example, a child may wish to keep an incident of sexual violence secret, but (i) the need to seek urgent medical attention would require a referral to health service providers, (ii) the child should be placed in alternative care to prevent further abuse, and/or (iii) another child may still be living with the abuser and at risk.

- > Decide on what is in the child's best interest in consultation with the child and their caregivers (as appropriate).
- > Implement stringent safeguards and controls to ensure the decision to breach confidentiality protects the child's survival and overall well-being. In addition, it must provide more benefit than harm, per the principle of best interests.
- > Clearly explain to children and their caregivers the limits to confidentiality relating to the best interests principle when they first start to disclose or discuss any harm they have experienced.



Source: Esther Ruth Mbabazi / Save the Children  
Children engage in catchup club activities at a primary school in Kyangwali Refugee Settlement, Uganda.

<sup>4</sup> United Nations Convention on the Rights of the Child, November 20, 1989, <https://www.ohchr.org/sites/default/files/crc.pdf>

## Box 2: Limits to confidentiality<sup>5</sup>

There are limits to confidentiality. Occasionally, you may need to share information about harm to children without informed consent or assent. The objective of sharing information without their informed consent or assent is to ensure the ongoing health and safety of the child and/or others. Mandatory reporting also creates a legal obligation to disclose information and breaches of confidentiality.

In the following situations, you may share information with others without the child's and/or caregiver's informed consent or assent:

- If your location has mandatory reporting laws and policies, you may be required to notify authorities or security forces.
- If the child's physical and/or emotional safety needs to be protected, you may need to notify other service providers. This applies if the child is:
  - At risk of hurting or killing themselves – self-harming or attempting suicide.
  - At risk of being hurt or killed by someone else.
  - At risk of hurting or killing another person.
- To provide immediate assistance when a child has been harmed or injured and needs medical attention.
- When another child is at risk, for example, another child may live in the same household as the alleged abuser.
- To seek informed consent from a caregiver to access necessary services for the child. The child may not want you to inform their caregiver, but in some instances, you may need to advise them of specific details to secure informed consent. This should only be done if you have determined that informing the caregiver will not put the child or other children at risk. If there is a risk, another trusted adult may be consulted.

## What are mandatory reporting requirements?

Laws and national policies may require all agencies and/or professionals to report any actual or suspected harm to children to authorities and/or security forces.

In the humanitarian sector, *Protection from Sexual Exploitation and Abuse* (PSEA) policies often include reporting requirements for incidents of sexual exploitation and abuse allegedly committed by staff or partners.

- > Review local, national, international, and organizational mandatory reporting laws and/or policies to learn about your obligations regarding
  - > mandatory reporting. Child protection staff at your location can help you with this.
  - > When a child or adult begins to disclose an incident of harm, health actors should do the following:
    - i. Inform the child and/or their caregivers of existing reporting requirements.
    - ii. Seek informed consent or assent from the child and/or their caregivers to continue the conversation, indicating that certain details may need to be shared with others due to reporting requirements.

## How do you secure informed consent or assent from a child?

Parents and caregivers are generally responsible for providing consent for their child to receive services until the child is 18 years old.

- > In some cases, older adolescents can also legally provide informed consent instead of, or in addition to, their parents or caregivers.
- > For children who are too young to give informed consent but old enough to understand and agree to participate in services, you should ask for the child's informed assent.

This confirmation process is referred to as "seeking informed consent or assent."

- > For guidance on communicating effectively with children during an infectious disease outbreak, including how to seek informed consent or assent in child-friendly and inclusive ways, see [Mini-Guide #4: Child Protection in Outbreaks: Communicating with children in infectious disease outbreaks](#).
- > Use child-friendly and inclusive communication methods to confirm that the child agrees to:

<sup>5</sup> Adapted from United Nations Children's Fund, & International Rescue Committee. (2012). *Caring for child survivors of sexual abuse: Guidelines for health and psychosocial service providers in humanitarian settings*. <https://resourcecentre.savethechildren.net/document/caring-child-survivors-sexual-abuse-guidelines-health-and-psychosocial-service-providers/>

- i. continuing to talk about an incident or child protection concern;
  - ii. having information about them recorded and potentially shared with other service providers – naming the service providers with whom the information will be shared if it is known; and
  - iii. being referred to and receiving additional services.
- > Record informed consent or assent in writing and have it signed by a witness.
- If individuals are unable to write, a thumbprint is sufficient.
  - If consent forms include an individual's name, a case code should be noted on both the consent form and the medical file. The consent form should then be stored separately. This keeps the entire case file confidential.

Sometimes a child needs assistance during an outbreak, and the usual caregiver is not present to give informed

consent. For example, a child's parent or caregiver may have been taken into isolation, under treatment, or unconscious.

In some cases, involving the parent or caregiver in the informed consent process is not in the child's best interests. For example, because of fear of the disease, death from the disease, or measures to contain the virus, the parent or caregiver's mental health may deteriorate so that they neglect or become violent with their child.

- > Under these circumstances, you need to find out if another trusted adult in the child's life can provide consent. If there is no other trusted adult to provide consent, the health worker must (i) determine the child's decisions alone and/or (ii) continue the discussion with a mandated child protection case worker who can conduct a best interest determination process.

See [Annex 1: Procedures for seeking informed consent or assent](#) and [Annex 2: Confidentiality sample scripts on seeking consent in the absence of a caregiver](#).

## How do you secure informed consent or assent from a child with disabilities?

The United Nations Convention on the Rights of the Child (UNCRC) and the Convention on the Rights of Persons with Disabilities (CRPD) state that children with disabilities have the right to be involved in decisions that affect them. Appropriate accommodations should be taken to support children with disabilities in exercising this right.

Disabilities can vary widely and may include physical, sensory, and intellectual impairments and chronic conditions. Children's disabilities may impact their cognitive capacity and decision-making skills in different ways. In addition, depending on their disability, children may not be able to physically access reporting mechanisms; they may have difficulty understanding and/or communicating; and they may be highly dependent on a caregiver who is their abuser. These factors affect how you should handle the confidentiality of child protection cases involving children with disabilities.

- > **Seek informed consent or assent from children with disabilities according to their individual capacities and circumstances.** For all children with disabilities, this means that you should complete all of the following:
- a. Acknowledge that (a) children with disabilities have the fundamental right to give their informed consent or assent and (b) may be able to do so with necessary and appropriate support.
  - b. Assess the child's ability to understand the situation and give informed assent or consent.
  - c. Ask the child if they need support to make an informed decision. For example, they may

need assistance in (a) understanding the situation, (b) accessing information, or (c) communicating.

- d. Offer the requested support.
- e. Using age-appropriate and inclusive communication techniques and/or formats, provide information to the child about their situation and options for treatment or next steps.
- f. Check with the child to ensure they understand the information you have provided and the decisions you ask them to make.
- g. Consult with accompanying parents, caregivers, or trusted adults if communication is challenging. Adults who know the child may be able to advise you on how best to communicate with the child.
- h. Remind others who support communication with the child of the need to respect confidentiality and adhere to these confidentiality guidelines. This might include a sign language interpreter or a known caregiver.
- i. If an adult known to the child is assisting in the communication, you must determine if there is a possibility that the adult is involved in the abuse, exploitation, violence, or neglect. If it is possible that this adult was or is involved in harming the child, you must identify another person to assist with communication.



- j. Reassess the child’s ability to understand the situation and provide informed assent or consent based on discussions with the child and any parents, caregivers, or trusted adults.
- k. Based on the above assessment and in accordance with context-specific child consent legislation, it may be necessary to seek informed consent from a parent, caregiver, or other trusted adult.<sup>6</sup>

## What skills and knowledge do health actors need to maintain confidentiality?

During outbreaks, it may be necessary to rapidly establish new health facilities such as isolation units and treatment centers. Despite the urgency, all personnel working in these facilities must adhere to confidentiality and referral protocols.

- > Include obligations to maintain data protection protocols and ensure confidentiality in staff employment contracts and codes of conduct, even if they are recruited quickly for outbreak response.
- > Provide mandatory training. Even a brief session on responding to child protection concerns and ensuring confidentiality will help maintain children’s rights and protections during an outbreak. Training should cover the following topics:
  - child safeguarding;
  - recognizing child protection concerns;
  - existing referral pathways and how to use them;
- > the critical importance of confidentiality and the right to privacy; and
- child-friendly, inclusive communication skills, including Psychological First Aid when possible.
- > Create empathy among staff through skill building. For example, staff needs to understand that children and their families prefer to keep the details of their experiences private.
- > Share guidelines and procedures for collecting, storing, using, and destroying confidential information with all staff in your organization.
- > Prepare brief job aids and posters summarizing tips for maintaining confidentiality for all staff and volunteers.
- > Conduct refresher training for existing personnel.



Source: Ruvin De Silva / Save the Children  
Ranjan Weththasinghe meets children at a Child-Friendly Space in Colombo, Sri Lanka, run by Save the Children.

<sup>6</sup> For further details on working with people with disabilities, see:

- Watters, L., & Orsander, M. (2021). *Disability-inclusive child safeguarding guidelines* (pp. 86–90). Able Child Africa and Save the Children. <https://ablechildafrica.org/news/6759/>
- Gender-Based Violence Information Management System Steering Committee. (2017). *Interagency gender-based violence case management guidelines: Providing care and case management services to gender-based violence survivors in humanitarian settings* (pp. 143–145). <https://gbvresponders.org/response/gbv-case-management/>
- Women’s Refugee Commission. (2015). *Tool 9: Guidance for GBV service providers: Informed consent process with adult survivors with disabilities*. <https://www.womensrefugeecommission.org/wp-content/uploads/2020/04/GBV-disability-Tool-9-Guidance-for-GBV-service-providers-Informed-consent-process-with-adult-survivors-with-disabilities.pdf>

## How can you store information confidentially?

- > Record only information that can help meet the child's needs.
- > Develop clear guidelines and procedures for collecting, storing, using, and destroying confidential information.
- > Agree with other service providers on how you will maintain confidentiality and manage the sharing of confidential information to provide necessary services to children at risk or where child protection concerns have arisen.
- > Establish information management guidelines in interagency "standard operating procedures" (SOP) or adapt existing SOPs to the outbreak setting.
- > Adhere to these agreed interagency guidelines.
- > Keep all notes and records of discussions separate from individual participants' names or other identifying details.
- > Remove pages with personal information from notebooks, such as names and addresses.
- > Substitute names and identifying information with case codes. You may have a case coding system for your medical files; you can use this instead of names and identifying information. Contact your nearest child protection focal point if you do not have a medical case coding system. They may be able to (i) guide you in developing a coding system or (ii) provide you with codes used in their child protection information management system (e.g., Child Protection Information Management System, CPIMS+).
- > In the few cases where it is necessary to record identifying information, it should be stored in a lockable file cabinet, drawer, or room, and the keys should be kept with the person responsible for the information.
- > Allow only authorized personnel access to rooms containing paper or electronic files. Ensure restricted access.
- > Consult with colleagues in information management (IM), security, and information technology (IT) to discuss secure options for a secure server at your location.
- > Password protect all electronic information about individuals who have experienced abuse, exploitation, or violence, and change all passwords regularly.
- > Destroy computer printouts, written notes, extra photocopies, reports, and other records that are not needed.
- > If facilities have been quickly set up for an outbreak and lockable space, cabinets, or rooms are not available, the following is recommended:
  - Staff with access to and responsibility for files should keep them in the room where they work at all times.
  - Files should be stored in sealed envelopes.
  - Envelopes should be put in storage boxes with lids until lockable cabinets are available.
  - If a health facility is open 24 hours a day, a staff member should be designated for each shift to be responsible for file storage.
  - If the health facility is only open a few hours a day and the space cannot be locked, staff should move the documents securely to the nearest office with secure, lockable cabinets. This may be another office run by your organization or the office of a partner agency. This must be done under a pre-agreed and approved procedure and may only occur if the files are kept in a sealed envelope when in transit.

## When can you share information?

You must never share information about a case that could jeopardize the confidentiality or well-being of the survivor.

Children and their caregivers are the ones who can determine who may receive information, when, and how. Therefore, they should be able to highlight information they do not want a particular person to know. For example, children may not want their caregivers or other family members to know personal details about them that they would prefer to communicate face-to-face.

Disclosures of information (that could identify a survivor, an individual involved in a case, or an alleged perpetrator)

should be made solely on a "need-to-know" basis. It should only be shared with other personnel or agencies doing something to directly support the survivor or taking action at the survivor's request (for example, not every child protection actor needs to know the details of every child protection incident).

- > Adhere to best practices for information sharing, including when asked to share information by outbreak investigation teams and treatment facilities. For example, details about a child protection incident or suspicion need not be shared with health workers conducting contact tracing.

## How can you share information confidentially?

Adapt the interagency information-sharing protocols established in SOPs to the specific challenges faced during major disease outbreaks.

- > Follow the procedures outlined in the adapted information-sharing protocols (ISPs) at all times, including during an outbreak.
- > Train all staff on ISPs during the preparedness phase. Training should cover policy and best practices for safe and ethical information sharing, referrals, and data protection.
- > Maintain confidentiality when transmitting information (verbally, by mail, electronically, etc.).
  - **Electronic information-sharing – for example, via email, a shared database, or a link to data stored online.** This is the preferred method for data transfer during outbreaks when public health and social measures, such as lockdowns, must be observed to reduce the likelihood of disease transmission. It must be done with great care. All data exchanged via email must be transmitted in an encrypted or password-protected format. Any database or online data storage system must be protected from hacking. Seek advice from IM, security, and IT colleagues who can guide you on which telecommunications service providers are most secure at your site.
  - **Electronic information exchange in person.** When using memory sticks, the data should be encrypted or password protected. Memory sticks should be passed by hand between the individuals responsible for the information, and the file should be deleted immediately after the transfer. This requires providing personal protective equipment (PPE), gloves and masks, and hand sanitizer or handwashing facilities.
  - **Paper files:** If public health and social measures permit, files may be transferred by hand between those responsible for the information. At the time of the transfer itself, the files should be in a sealed box or envelope. Additional measures can enhance security, such as signing a confidentiality agreement when the files are transferred. PPE (including gloves and masks) and hand sanitizer or handwashing facilities should be provided to facilitate physical contact, in line with government guidelines. Files must be stored in a lockable cabinet and/or secure room as soon as possible after the completion of the transfer.
- When **verbally sharing information**, ensure it is done one-on-one (not in a group) in a private space where you cannot be overheard. The private space should allow you to maintain your privacy while maintaining the recommended social distance and other precautions related to disease transmission control, such as ventilation.
- **Online conference calls and videoconferencing** are possible when the preferred options are unavailable due to public health and social measures. First, make sure the platform you are using is secure. Find out the latest information to prevent your call from being hacked. Make sure the person you are talking to can hear the information you are sharing on their own before you share details about a case. Use a headset so that only you can hear the conversation. Information should only be shared with a designated recipient for clearly defined reasons. These might include a line manager or a medical, protective, mental health, or legal professional who will take action to help the child.
- > **Limit the number of people informed about the case to an absolute minimum.** The fewer people involved, the easier it is to ensure confidentiality for the child.



Source: Esther Ruth Mbabazi / Save the Children  
Children engage in catchup club activities at a primary school in Kyangwali Refugee Settlement, Uganda.



## How do you maintain confidentiality when in direct contact with children and their families in the community?

### As a health actor, you should always...

- > **Immediately refer** any child who needs help to service providers who can provide medical and psychosocial assistance and ensure their safety. The referral must be made to protect the confidentiality and safety of the child and any parent, caregiver, family member, or trusted adult with whom they are involved.
- > **Conduct discussions in private settings.** This means that conversations with children and their families, or when sharing information with other service providers, must occur where no one can overhear.
  - Ideally, you should always be visible when talking to a child so that people know you are not harming the child in any way. However, if it is impossible to be visible without being overheard, **invite another qualified medical professional to join the meeting.** This reduces the risk of abuse and the possibility of false accusations.
- > Do not discuss confidential information in front of those not directly helping the child and their family. It is also inappropriate to speak about it in front of your organization's drivers, administrative staff, extended family members, etc. Only the people involved in the case should know about the child's situation. Moreover, these colleagues may not be trained in confidentiality.
- > Try not to draw unnecessary attention to yourself or the participants in a discussion. Be aware of whether people know that your organization works with a specific category of children, such as those associated with armed forces or groups or survivors of sexual violence. Try to reduce the possibility that it will be assumed that the children you are seen with belong to this group. For example, if it is safe, avoid (i) wearing a T-shirt with your organization's logo when conducting a home visit and (ii) arriving at community meetings in a vehicle with your organization's logo.
- > Request that child protection teams identify, inform, and/or train security services, community leaders, community health workers, checkpoint staff, security staff on patrol, and those working at camp entry points. In addition, they should receive brief practical training on (i) what confidentiality means, (ii) why confidentiality is important, and (iii) how to maintain confidentiality. All of these actors need to know that when children are seen accessing services, this is sensitive information that should not be shared with others. To assist in this process, health workers can provide the following information to child protection staff:
  - frequent routes to health facilities; and,
  - where health worker site visits take place.



Source: Daphnee Cook / Save the Children  
Sairut (11) plays with a Save the Children child protection facilitator in a Child-Friendly Space.

# Annex 1: Procedures for seeking informed consent or assent

- > Informed assent is sought from children who are too young by nature or by law to give consent but old enough to understand and agree to participate in services.
- > Informed consent is generally only sought from individuals over the age of 15.
- > When obtaining a child’s informed consent or assent, inform them in a child-friendly manner about (i) the services available, (ii) the potential risks and benefits, (iii) the personal information to be collected and how it will be used, and (iv) confidentiality and its limits.

## Procedures for seeking informed consent or assent<sup>7</sup>

Age	Child's ability to make decisions	Role of child	Role of caregiver	If no caregiver is present or not in the child's best interest	How should they give consent
0 – 5	They should have things explained to them.	N/A	Informed consent	Seek informed consent from another trusted adult or caseworker.	Adult’s written consent.
6 – 11	They have the right to give their opinion and be heard. They may be able to participate to some degree in decision-making. However, care should be taken not to burden them with decisions they cannot understand.	Informed assent	Informed consent	Seek informed consent from another trusted adult or caseworker.	Child’s oral assent and adult’s written consent.
12 – 14	They are thought to be mature enough to have significant input into decisions.	Informed assent	Informed consent	Seek informed consent from another trusted adult or caseworker. A sufficient level of maturity (of the child) may be appropriately considered.	Child’s written assent and adult’s written consent.
15– 17	They are mature enough to make their own decisions.	Informed consent	Obtain informed consent with the child’s permission.	The child’s informed consent and a sufficient level of maturity are given due weight.	The child’s written consent can be documented by the case worker.

**For children with disabilities:** Recognize that children with disabilities have the capacity to provide informed consent/assent in the same way as other children their age. Assess the child’s ability to understand the situation and provide informed assent/consent. Employ an approach to securing informed consent/assent that is respectful of their rights to be involved in any decisions that affect them.

<sup>7</sup> Adapted from United Nations Children’s Fund, & International Rescue Committee. (2012). *Caring for child survivors of sexual abuse: Guidelines for health and psychosocial service providers in humanitarian settings*. <https://resourcecentre.savethechildren.net/document/caring-child-survivors-sexual-abuse-guidelines-health-and-psychosocial-service-providers/>

## Annex 2: Confidentiality sample scripts

Below are sample scripts related to confidentiality, informed consent or assent, and best interests.

### Confidentiality

*"I will keep what we discuss now between us unless...*

- *you tell me something that I legally have to tell the authorities. For example...*

*OR*

- *you want me to talk to someone else about what we have discussed.*

*OR*

- *you tell me something that makes me think you or someone else is hurt or might be hurt. In this case, I need to act to keep you and/or someone else safe.*

*OR*

- *I think you need immediate medical help because I see or believe you have been injured."*

### Best interests

*"If I am worried about your safety, I may need to talk to someone about what you told me; that would just be someone who can help you."*

*"If we need to get you more help to check your injuries or talk to someone who can help keep you safe, we will talk together about that other person and decide what to tell them about what happened to you."*

*"My job is to try to make sure that you do not get hurt again, so we may have to get help from other people to keep you safe and healthy. Does that sound okay with you?"*

*"Sometimes, I may be unable to keep all the information you give me to myself. In the following cases, I need to share the information you have given me:*

1. *If I find out you are in serious danger, I must tell [insert appropriate agency here]. OR*
2. *If you tell me you plan to seriously hurt yourself, I must tell your parents or another trusted adult. OR*
3. *If you tell me you plan to seriously hurt someone else, I must report it.*

*I could not keep these problems just between you and me.*

*[Explain the mandatory reporting requirements as they apply in your local setting].*

*[Add any other exceptions to confidentiality, including cases of UN or NGO workers perpetrating sexual abuse and exploitation]."*

### Informed consent/assent

- *"Are you happy to keep talking to me?"*
- *"Do you still want to keep talking now?"*
- *"Do you want time to think about what I have explained before we keep talking?"*
- *"We can bring you to meet [insert name of a case worker, mental health worker]. They will help you by talking to you in ways that can make you feel better. Would you like to do this?"*

*This guidance note was written by Hannah Thompson, with support from Nidhi Kapur, at the request of the READY initiative. It was made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of READY and do not necessarily reflect the views of USAID or the United States Government. Led by Save the Children, the READY initiative is implemented in partnership with the Johns Hopkins Center for Humanitarian Health, the Johns Hopkins Center for Communication Programs, UK-Med, and the Humanitarian Leadership Academy. READY is augmenting the global capacity of non-governmental organizations to respond to large-scale infectious disease outbreaks. For more information, visit our website at <http://www.ready-initiative.org>.*