

# Me first - Top Tips

## How do I know that you want to listen to me?

### Physio

Children and young people don't know there is an opportunity for them to be more involved if they haven't been presented with an opportunity before and parents and professionals often struggle to know how to go about this. It can help to provide time to discuss the difficulties, to normalise their experience to feel comfortable with it and to show CYPs and families opportunities to share responsibility in a helpful way when they are ready.

### Nurse Consultant

I may move seats to sit next to the child or young person, so we can talk directly to one another helping them to participate more in a conversation.

### Action on hearing loss

To make it easy to lipread, don't cover your mouth with your hands or clothing.

### Action on hearing loss

Find a suitable place to talk, with good lighting (natural light is best, though don't stand in front of a window - light should be on you, not behind you) and away from noise and distractions.

### Action on hearing loss

If someone doesn't understand what you've said, don't keep repeating it. Try saying it in a different way instead.

### Action on hearing loss

Don't shout. It can be uncomfortable for hearing aid users and it looks aggressive.

### Action on hearing loss

If you're talking to a group that includes deaf and hearing people, don't just focus on the hearing people, similarly, don't just focus on the deaf people - this might make them feel uncomfortable.

### Action on hearing loss

Use natural facial expressions and gestures.

## **Action on hearing loss**

Speak clearly but not too slowly, and don't exaggerate your lip movements – this can make it harder to lipread.

## **Action on hearing loss**

Make sure you have face-to-face contact with the person you are talking to. Get the young person's attention before you start speaking, maybe by waving or tapping them on the arm. Remember they have a hearing impairment and might be easily spooked, don't creep up on them.

## **Action on hearing loss**

If you are using communication support, always remember to talk directly to the person you are communicating with, not the interpreter.

## **Action on hearing loss**

Just because someone is wearing hearing aids it doesn't mean they can hear you perfectly. Ask if they need to lipread, or if there is anything you can do to assist.

## **Grace, GP**

Some children with learning difficulties or communication impairments may need more time to think about what you've said and to reply. I always make sure I give them time and allow silences rather than jumping in straight away.

## **Abi, radiographer**

I never assume a child or young person with learning difficulties can't understand me. We never know what a child can or cannot understand. I always speak to them directly and try to explain things to them.

## **Heather, Doctor**

Often the outcomes of treatment and a child's progression are unknown or ambiguous. This can be really difficult for parents and children who often compare progress to children without physical impairments or learning difficulties. As a healthcare professional you often feel like you should have all the answers, it can feel uncomfortable to say you don't know, but I try to be honest and say 'we don't know how far we can get, but let's focus on the next small step' so that they have something to focus on. We review the small steps regularly. This shows change and progress, which can reassure parents and children.

## **Victoria, Physiotherapist**

For older children the 'goal-plan-do-check' is really useful. So, you make a goal together, make the plan together as to how they'll do that, then you carry it out, and then you go back over what you did to talk about how that fitted with what they wanted to achieve and change anything that needs to be changed. We use photographs to show the plans. For example, for a young person to learn to tie their shoelaces, we took photos of every step of the sequence. In the 'check' step,

we could then move the photos around to try a sequence that might work better for the young person.

## **Dawn, Physiotherapist**

It's difficult when parents of children with profound impairments have unrealistic expectations of what physio can achieve. Parents sometimes say "why are you fiddling around with that when I want them to learn to walk?" It's important to set small steps with parents and children so that they understand the small steps along the way to achieving longer-term goals. If they don't have that, they think 'what's the point in coming here?' We need to agree the stepping-stones along the way.

## **Tom, Doctor**

When a young child has been in hospital for a long time or has moved wards, I do a drawing with them to find out where they've been. We draw a suitcase and draw pictures of what is in their suitcase. This is to show their healthcare journey, where they've been, what's happened, what they liked and didn't like. It helps them to feel in control of their healthcare journey and to tell us what has already happened.

## **Maria, Play therapist**

All day long, doctors and nurses will walk straight into a cubicle or room and this isn't a usual experience outside of a hospital. I always make sure that I knock and ask 'is it OK if I come in?' It's a simple thing, but it shows respect to the child and their family. I also make sure there is time allocated in the day that is just time for the child, where there will be no procedures or other things happening, so that they have their own time to be a family.

## **Siobhan, Family therapist**

We need to remember that people don't receive information in the same way when they are stressed or anxious. People literally don't hear it. It is important to spend time playing or calming the child down – even if it's just a quick chat it can really help.

## **Maria, Play specialist**

It's important to build up a playful relationship with younger children. This takes a bit of extra time, but otherwise younger children often just see healthcare professionals as coming to do something horrible. If the nurse only comes into the cubicle to give medicine, the child will think that's all she's coming to do and they get upset and distressed because they know she's coming into to do something else. So the nurse then thinks they're just distressing the child and stays away unless they have to go in so they don't upset them. It becomes a vicious cycle, which just reinforces the child's worries. It's important that healthcare professionals find time to spend with children that doesn't involve a procedure.

## **Paul, Anaesthetist**

It's important to understand the beliefs of parents and younger children about what's going to happen with their treatment. This is often the first time they have experienced a treatment or procedure and they may worry what it will be like or worry it will be worse than it is. For example, some young children have said to me that they think they are going to not wake up from 'going to sleep' when they are having an anaesthetic as their pet was 'put to sleep'. We need to understand

what younger children think so that we can attend to this to reassure them. I sometimes say “You are going to have a nice deep sleep and you can tell us all about your dreams when you wake up later today”.

### **National Children’s Bureau**

‘Hear’ the child through watching them. Children express very clearly their likes and dislikes, fears or any uncertainty through their body language. Take some time to watch the child in different situations.

### **National Children’s Bureau**

Young children may have their own words to describe things and using these words can help aid the child’s understanding as well as engaging them in the conversation. So I use the words the child uses to show them I am listening and to help engage the child. For example if they use ‘boo boo’ to mean injury I might say ‘Do you have a boo boo?’

### **National Children’s Bureau**

I repeat back what the child has said to check I have understood them ‘John you said your tummy hurt whilst you were playing in the park is that right?’

### **National Children’s Bureau**

Young children love pretending they are on the phone at nursery or primary school. I sometimes use this and ask the child to pretend that they are talking to me on the phone. This can help young children feel in control of the conversation as they can put the phone down at any point.

### **National Children’s Bureau**

Role play has been found to be useful in situations where children need to develop confidence to communicate. I sometimes use a toy or puppet to explore a child’s feelings by asking questions such as: ‘How would the teddy feel if he was coming in to hospital?’ or ‘How would you help teddy feel less afraid about sleeping in hospital?’

### **National Children’s Bureau**

Young children often find it easier to talk to or confide in objects, toys, puppets or dolls. I sometimes create a talking chair or talking rug to use when I am talking with a young child. I ask the child things like “what do you think the puppet is feeling?” or “The puppet looks a bit worried. What sort of things could we do to help the puppet feel better?”

### **National Children’s Bureau**

I use stories to prompt and trigger conversation, this can be particularly useful when having difficult conversations. I often use a story book about feelings, like being scared or what different procedures are like. These are easy to make yourself with photos and simple sentences. A photo book of having a CT scan shows the steps and I pause throughout the story, asking “how do you think that child might be feeling?” or “what questions do you think they might have?”. This helps to discover what the child is thinking and feeling as they will often project their own worries onto the child in the story and find it easier to talk about their worries in the third person.

## **National Children's Bureau**

I encourage young children I see regularly to start a scrap book and ask them to take pictures and draw how they feel at certain times. I ask the child to bring their scrapbook to all the appointments. This is a good way of getting their views over time as the child may not remember things on the spot in an appointment.

## **National Children's Bureau**

When children are unable to verbalise emotions, I use symbols, such as faces with emotions to explore how children feel. I ask the child to choose a face to show how they are feeling. I ask them why they chose that face and move on to questions such as why do you feel happy? Or why do you feel sad?

## **Philippa, Family therapist**

When I go to see a child and their family as a family psychotherapist, they know they're in hospital for their physical health, so I need to explain why I've come to see them. I say to the child 'the doctors and nurses are so good at looking after these bits in your body and I'm a doctor of feelings, so I'm really interested in looking after your feelings'

## **Siobhan, Family therapist**

We need to remember that people don't receive information in the same way when they are stressed or anxious. People literally don't hear it. It is important to spend time playing or calming the child down – even if it's just a quick chat it can really help.

## **Maria, Play specialist**

It's important to build up a playful relationship with younger children. This takes a bit of extra time, but otherwise younger children often just see healthcare professionals as coming to do something horrible. If the nurse only comes into the cubicle to give medicine, the child will think that's all she's coming to do and they get upset and distressed because they know she's coming into to do something else. So the nurse then thinks they're just distressing the child and stays away unless they have to go in so they don't upset them. It becomes a vicious cycle, which just reinforces the child's worries. It's important that healthcare professionals find time to spend with children that doesn't involve a procedure.

## **Matt, Consultant**

I always get my own patient from waiting room so I can see whether they are coming willingly or being 'dragged' by parent/carer.

## **Emma, Nurse**

As a Healthcare Professional, I try not to become desensitised to a situation. Healthcare professionals become used to things and sometimes can't understand why a child won't comply. I try to remember that it is normal for each child to react differently to any given situation. I try and put myself 'in their shoes'.

## **Eleanor, Speech and Language Therapist**

I always try to physically get down to the younger child's level when talking to them. I either sit on the floor or at the table with the child. They may feel intimidated with an adult looking down on them.

## **Jackie, Teacher**

It is really important to give the younger child plenty of time to reply to your questions and in your conversation.

## **Tom, Doctor**

I use symbols of different feelings and pictures of symptoms and parts of the body. I then ask simple questions to encourage the child or young person to point to the part of the body and the related feeling or symptom. This helps children and young people to communicate what they are feeling and where in their body they are feeling it.

## **Kelechi, Clinical Nurse Specialist**

I had a young person who did not want to talk to anyone or leave his room, but just by introducing myself in a different way we went for his first trip off the ward in weeks. I said "I am a nurse like all the rest of the nurses on the ward but I have a special interest in young people. And today I don't want to talk about your health but I want to speak with you about you. I purposefully didn't read your notes because I am not interested in your condition, I am interested in you."

## **Always explore my wellbeing, safety and relationships**

### **Always explore my wellbeing**

### **Achieve (Health Coaching Model)**

### **Engage (Health Coaching Model)**

### **Goals (Health Coaching Model)**

### **Options (Health Coaching Model)**

### **Reality (Health Coaching Model)**

### **Way forward (Health Coaching Model)**

### **Why Am I Here?**

### **Action on hearing loss**

To make it easy to lipread, don't cover your mouth with your hands or clothing.

### **Action on hearing loss**

Find a suitable place to talk, with good lighting (natural light is best, though don't stand in front of a window - light should be on you, not behind you) and away from noise and distractions.

### **Action on hearing loss**

If someone doesn't understand what you've said, don't keep repeating it. Try saying it in a different way instead.

### **Action on hearing loss**

Don't shout. It can be uncomfortable for hearing aid users and it looks aggressive.

### **Action on hearing loss**

Use natural facial expressions and gestures.

### **Action on hearing loss**

Speak clearly but not too slowly, and don't exaggerate your lip movements – this can make it harder to lipread.

### **Action on hearing loss**

Make sure you have face-to-face contact with the person you are talking to. Get the young person's attention before you start speaking, maybe by waving or tapping them on the arm. Remember they have a hearing impairment and might be easily spooked, don't creep up on them.

### **Grace, GP**

Some children with learning difficulties or communication impairments may need more time to think about what you've said and to reply. I always make sure I give them time and allow silences rather than jumping in straight away.

### **Abi, radiographer**

I never assume a child or young person with learning difficulties can't understand me. We never know what a child can or cannot understand. I always speak to them directly and try to explain things to them.

### **Grace, GP**

Young people with learning difficulties are often supported by their parents to appointments more than other young people their age. I always try to have some time alone with them, to give them the opportunity to ask questions they may not want to in front of their parents. We use questions cards to prompt them to choose the things they want to talk about. These include personal or 'embarrassing' topics. This shows them that it's ok to ask and that other young people have also

asked these questions.

## **Heather, Doctor**

Often the outcomes of treatment and a child's progression are unknown or ambiguous. This can be really difficult for parents and children who often compare progress to children without physical impairments or learning difficulties. As a healthcare professional you often feel like you should have all the answers, it can feel uncomfortable to say you don't know, but I try to be honest and say 'we don't know how far we can get, but let's focus on the next small step' so that they have something to focus on. We review the small steps regularly. This shows change and progress, which can reassure parents and children.

## **Victoria, Physiotherapist**

For older children the 'goal-plan-do-check' is really useful. So, you make a goal together, make the plan together as to how they'll do that, then you carry it out, and then you go back over what you did to talk about how that fitted with what they wanted to achieve and change anything that needs to be changed. We use photographs to show the plans. For example, for a young person to learn to tie their shoelaces, we took photos of every step of the sequence. In the 'check' step, we could then move the photos around to try a sequence that might work better for the young person.

## **Dawn, Physiotherapist**

It's difficult when parents of children with profound impairments have unrealistic expectations of what physio can achieve. Parents sometimes say "why are you fiddling around with that when I want them to learn to walk?" It's important to set small steps with parents and children so that they understand the small steps along the way to achieving longer-term goals. If they don't have that, they think 'what's the point in coming here?' We need to agree the stepping-stones along the way.

## **Abdul, Dentist**

Information is really important to help the young person understand what is happening, why and the consequences, so they're not just going along but have no idea what's happening. For children with learning disabilities we try to use pictures and symbols to communicate what we will be doing.

## **Tom, Doctor**

When a young child has been in hospital for a long time or has moved wards, I do a drawing with them to find out where they've been. We draw a suitcase and draw pictures of what is in their suitcase. This is to show their healthcare journey, where they've been, what's happened, what they liked and didn't like. It helps them to feel in control of their healthcare journey and to tell us what has already happened.

## **Tom, Doctor**

Children often worry if they don't know what to expect. I try to demonstrate with teddies and dolls. So, for example, we give the teddies and dolls cannulas and lines first. I will help the child to put the line into the teddy and talk to them about why teddy needs the line and how it will help. This helps them to learn and understand what will happen and make them feel less worried or anxious.



## **Hassan, Phlebotomist**

It's important to be honest and consistent. Don't tell the child it won't hurt if it will, as they will stop trusting you. Be honest and say 'it will hurt a little bit, like a little scratch, but it will feel better very quickly.'

## **Philippa, Family therapist**

Being clear, honest and consistent is very important for younger children. It's not about them being difficult or troubling. We don't know what their previous experiences were – many will have had bad experiences in the past and they may not trust healthcare professionals. Which is why it is important to try to find out what their previous experiences are and to be honest about what will happen, what will and won't hurt.

## **Siobhan, Family therapist**

We need to remember that people don't receive information in the same way when they are stressed or anxious. People literally don't hear it. It is important to spend time playing or calming the child down – even if it's just a quick chat it can really help.

## **Maria, Play specialist**

It's important to build up a playful relationship with younger children. This takes a bit of extra time, but otherwise younger children often just see healthcare professionals as coming to do something horrible. If the nurse only comes into the cubicle to give medicine, the child will think that's all she's coming to do and they get upset and distressed because they know she's coming into to do something else. So the nurse then thinks they're just distressing the child and stays away unless they have to go in so they don't upset them. It becomes a vicious cycle, which just reinforces the child's worries. It's important that healthcare professionals find time to spend with children that doesn't involve a procedure.

## **Paul, Anaesthetist**

It's important to understand the beliefs of parents and younger children about what's going to happen with their treatment. This is often the first time they have experienced a treatment or procedure and they may worry what it will be like or worry it will be worse than it is. For example, some young children have said to me that they think they are going to not wake up from 'going to sleep' when they are having an anaesthetic as their pet was 'put to sleep'. We need to understand what younger children think so that we can attend to this to reassure them. I sometimes say "You are going to have a nice deep sleep and you can tell us all about your dreams when you wake up later today".

## **National Children's Bureau**

Young children may have their own words to describe things and using these words can help aid the child's understanding as well as engaging them in the conversation. So I use the words the child uses to show them I am listening and to help engage the child. For example if they use 'boo boo' to mean injury I might say 'Do you have a boo boo?'

## **National Children's Bureau**

I repeat back what the child has said to check I have understood them 'John you said your tummy hurt whilst you were playing in the park is that right?'

### **National Children's Bureau**

I like being honest and letting the child know I don't know the answers to the questions I'm asking and I just want to know what they think and feel and learn from them so I can help them. I might say "There are no right or wrong answers, I just really want to learn how you're feeling"

### **National Children's Bureau**

I like to show children and young people any visual test results like X-rays or a graph of blood results as images aid their understanding.

### **National Children's Bureau**

Young children love pretending they are on the phone at nursery or primary school. I sometimes use this and ask the child to pretend that they are talking to me on the phone. This can help young children feel in control of the conversation as they can put the phone down at any point.

### **National Children's Bureau**

Role play has been found to be useful in situations where children need to develop confidence to communicate. I sometimes use a toy or puppet to explore a child's feelings by asking questions such as: 'How would the teddy feel if he was coming in to hospital?' or 'How would you help teddy feel less afraid about sleeping in hospital?'

### **National Children's Bureau**

Young children often find it easier to talk to or confide in objects, toys, puppets or dolls. I sometimes create a talking chair or talking rug to use when I am talking with a young child. I ask the child things like "what do you think the puppet is feeling?" or "The puppet looks a bit worried. What sort of things could we do to help the puppet feel better?"

### **National Children's Bureau**

I use stories to prompt and trigger conversation, this can be particularly useful when having difficult conversations. I often use a story book about feelings, like being scared or what different procedures are like. These are easy to make yourself with photos and simple sentences. A photo book of having a CT scan shows the steps and I pause throughout the story, asking "how do you think that child might be feeling?" or "what questions do you think they might have?". This helps to discover what the child is thinking and feeling as they will often project their own worries onto the child in the story and find it easier to talk about their worries in the third person.

### **National Children's Bureau**

I encourage young children I see regularly to start a scrap book and ask them to take pictures and draw how they feel at certain times. I ask the child to bring their scrapbook to all the appointments. This is a good way of getting their views over time as the child may not remember things on the spot in an appointment.

## **Philippa, Family therapist**

When I go to see a child and their family as a family psychotherapist, they know they're in hospital for their physical health, so I need to explain why I've come to see them. I say to the child 'the doctors and nurses are so good at looking after these bits in your body and I'm a doctor of feelings, so I'm really interested in looking after your feelings'

## **Siobhan, Family therapist**

We need to remember that people don't receive information in the same way when they are stressed or anxious. People literally don't hear it. It is important to spend time playing or calming the child down – even if it's just a quick chat it can really help.

## **Maria, Play specialist**

It's important to build up a playful relationship with younger children. This takes a bit of extra time, but otherwise younger children often just see healthcare professionals as coming to do something horrible. If the nurse only comes into the cubicle to give medicine, the child will think that's all she's coming to do and they get upset and distressed because they know she's coming into to do something else. So the nurse then thinks they're just distressing the child and stays away unless they have to go in so they don't upset them. It becomes a vicious cycle, which just reinforces the child's worries. It's important that healthcare professionals find time to spend with children that doesn't involve a procedure.

## **Matt, Consultant**

I always get my own patient from waiting room so I can see whether they are coming willingly or being 'dragged' by parent/carer.

## **Emma, Nurse**

As a Healthcare Professional, I try not to become desensitised to a situation. Healthcare professionals become used to things and sometimes can't understand why a child won't comply. I try to remember that it is normal for each child to react differently to any given situation. I try and put myself 'in their shoes'.

## **Jackie, Teacher**

With younger children of about 4-6 years old, I always start an interaction using a story. It really captures their attention and engages them with me.

## **Tom, Doctor**

I use symbols of different feelings and pictures of symptoms and parts of the body. I then ask simple questions to encourage the child or young person to point to the part of the body and the related feeling or symptom. This helps children and young people to communicate what they are feeling and where in their body they are feeling it.

## **Rob, Social Worker**

Another strategy for some young people who are intimidated by direct eye contact from a professional is to ask them to draw a family tree (on a whiteboard or flipchart). Many young people like this and it will often get them talking about their family and then themselves.

## **Rob, Social Worker**

I find that some young people can get intimidated with direct eye contact from a professional. Where possible, I will sit next to them e.g.; at a computer screen to look at their medical record or appointments and start the conversation around that.

## **What are my choices?**

### **Young person**

Having more than one option means you have the choice and level of control - 1 option can feel a punishment or make you feel incredibly powerless, no can then feel only way you can have choice

### **Me first team**

A CYP saying no could be a reaction to not being offered choice. If they are not given options - saying no may be the only way they feel their voice is being heard.

### **Me first team**

Often young people say they resist because no is the only choice they have. One CYP said "saying no is the only way i feel like a person"

### **Physiotherapist**

Children and young people need some control. Giving them choices around what needs to be achieved. "Do you want to play tennis, go for a walk or get out and sit in a chair" will get a child or young person deep breathing and improve lung volumes.

### **Clinical Nurse Specialist**

Give simple choices that are realistic, which will help you to get to the intended goal. "Would you like a wash now or after lunch?"

### **Action on hearing loss**

To make it easy to lipread, don't cover your mouth with your hands or clothing.

### **Action on hearing loss**

Find a suitable place to talk, with good lighting (natural light is best, though don't stand in front of a window - light should be on you, not behind you) and away from noise and distractions.

### **Action on hearing loss**

If someone doesn't understand what you've said, don't keep repeating it. Try saying it in a different way instead.

### **Action on hearing loss**

Don't shout. It can be uncomfortable for hearing aid users and it looks aggressive.

### **Action on hearing loss**

Use natural facial expressions and gestures.

### **Action on hearing loss**

Speak clearly but not too slowly, and don't exaggerate your lip movements – this can make it harder to lipread.

### **Action on hearing loss**

Make sure you have face-to-face contact with the person you are talking to. Get the young person's attention before you start speaking, maybe by waving or tapping them on the arm. Remember they have a hearing impairment and might be easily spooked, don't creep up on them.

### **Grace, GP**

Some children with learning difficulties or communication impairments may need more time to think about what you've said and to reply. I always make sure I give them time and allow silences rather than jumping in straight away.

### **Abi, radiographer**

I never assume a child or young person with learning difficulties can't understand me. We never know what a child can or cannot understand. I always speak to them directly and try to explain things to them.

### **Antonio, Occupational therapist**

We use wikis to enable young people to direct their care. Young people have their own wiki pages. They might put things on there like short videos to show how they like their splints to be put on. It's a way of enabling young people with communication impairments or learning difficulties to tell others how they like to be supported or what their health preferences and needs are.

### **Heather, Doctor**

Often the outcomes of treatment and a child's progression are unknown or ambiguous. This can be really difficult for parents and children who often compare progress to children without physical impairments or learning difficulties. As a healthcare professional you often feel like you should have all the answers, it can feel uncomfortable to say you don't know, but I try to be honest and say 'we don't know how far we can get, but let's focus on the next small step' so that they have something to focus on. We review the small steps regularly. This shows change and progress,

which can reassure parents and children.

### **Victoria, Physiotherapist**

I have a choosing book of pictures of the different types of activities we can do in physio. The child gets to pick one out and hand it to me to help them to choose what they want to do. It helps them to make choices and feel more in control.

### **Victoria, Physiotherapist**

For older children the 'goal-plan-do-check' is really useful. So, you make a goal together, make the plan together as to how they'll do that, then you carry it out, and then you go back over what you did to talk about how that fitted with what they wanted to achieve and change anything that needs to be changed. We use photographs to show the plans. For example, for a young person to learn to tie their shoelaces, we took photos of every step of the sequence. In the 'check' step, we could then move the photos around to try a sequence that might work better for the young person.

### **Victoria, Physiotherapist**

Sometimes a child will come in and they'll spot something that you've bought into the room. I always try to then use this in the session as it's an important way of following their choice. So, if they walk towards the sandpit, I'll try to adapt the exercises to include the sandpit. Sometimes this may be the only way some children can express choice, so it's important we recognise and follow that.

### **Dawn, Physiotherapist**

It's difficult when parents of children with profound impairments have unrealistic expectations of what physio can achieve. Parents sometimes say "why are you fiddling around with that when I want them to learn to walk?" It's important to set small steps with parents and children so that they understand the small steps along the way to achieving longer-term goals. If they don't have that, they think 'what's the point in coming here?' We need to agree the stepping-stones along the way.

### **Abdul, Dentist**

Information is really important to help the young person understand what is happening, why and the consequences, so they're not just going along but have no idea what's happening. For children with learning disabilities we try to use pictures and symbols to communicate what we will be doing.

### **Dawn, Physiotherapist**

Parents and children often have different expectations of treatment. You need to develop shared outcomes and goals with parents and children so that they both feel involved. Motivation for children is really important. Parents may have more of the *what* choices about treatment outcomes, but it's vital to offer children choices about *how* they achieve those outcomes and what treatment options they prefer.

### **Victoria, Physiotherapist**

When children with learning difficulties or communication impairments find it difficult to answer open ended questions, offering small, concrete choices is a way to help them feel in control. I always try to give the children a choice over the activities we do in their treatment. So I ask them 'do you want to play this game or that game?'

## **Tom, Doctor**

Children often worry if they don't know what to expect. I try to demonstrate with teddies and dolls. So, for example, we give the teddies and dolls cannulas and lines first. I will help the child to put the line into the teddy and talk to them about why teddy needs the line and how it will help. This helps them to learn and understand what will happen and make them feel less worried or anxious.

## **Hassan, Phlebotomist**

It's important to be honest and consistent. Don't tell the child it won't hurt if it will, as they will stop trusting you. Be honest and say 'it will hurt a little bit, like a little scratch, but it will feel better very quickly.'

## **Siobhan, Family therapist**

We need to remember that people don't receive information in the same way when they are stressed or anxious. People literally don't hear it. It is important to spend time playing or calming the child down – even if it's just a quick chat it can really help.

## **Maria, Play specialist**

It's important to build up a playful relationship with younger children. This takes a bit of extra time, but otherwise younger children often just see healthcare professionals as coming to do something horrible. If the nurse only comes into the cubicle to give medicine, the child will think that's all she's coming to do and they get upset and distressed because they know she's coming into to do something else. So the nurse then thinks they're just distressing the child and stays away unless they have to go in so they don't upset them. It becomes a vicious cycle, which just reinforces the child's worries. It's important that healthcare professionals find time to spend with children that doesn't involve a procedure.

## **Paul, Anaesthetist**

It's important to understand the beliefs of parents and younger children about what's going to happen with their treatment. This is often the first time they have experienced a treatment or procedure and they may worry what it will be like or worry it will be worse than it is. For example, some young children have said to me that they think they are going to not wake up from 'going to sleep' when they are having an anaesthetic as their pet was 'put to sleep'. We need to understand what younger children think so that we can attend to this to reassure them. I sometimes say "You are going to have a nice deep sleep and you can tell us all about your dreams when you wake up later today".

## **National Children's Bureau**

Young children may have their own words to describe things and using these words can help aid the child's understanding as well as engaging them in the conversation. So I use the words the

child uses to show them I am listening and to help engage the child. For example if they use 'boo boo' to mean injury I might say 'Do you have a boo boo?'

### **National Children's Bureau**

I always offer a choice. Young children may find it hard to cope with too much choice so offer choice but limit the options for example, 'would you like to sit here or over there?', 'Which arm would you like me to put the blood pressure cuff on?'

### **National Children's Bureau**

I like to show children and young people any visual test results like X-rays or a graph of blood results as images aid their understanding.

### **National Children's Bureau**

Young children love pretending they are on the phone at nursery or primary school. I sometimes use this and ask the child to pretend that they are talking to me on the phone. This can help young children feel in control of the conversation as they can put the phone down at any point.

### **National Children's Bureau**

Young children often find it easier to talk to or confide in objects, toys, puppets or dolls. I sometimes create a talking chair or talking rug to use when I am talking with a young child. I ask the child things like "what do you think the puppet is feeling?" or "The puppet looks a bit worried. What sort of things could we do to help the puppet feel better?"

### **National Children's Bureau**

I use stories to prompt and trigger conversation, this can be particularly useful when having difficult conversations. I often use a story book about feelings, like being scared or what different procedures are like. These are easy to make yourself with photos and simple sentences. A photo book of having a CT scan shows the steps and I pause throughout the story, asking "how do you think that child might be feeling?" or "what questions do you think they might have?". This helps to discover what the child is thinking and feeling as they will often project their own worries onto the child in the story and find it easier to talk about their worries in the third person.

### **Hassan, Phlebotomist**

There are always choices. If a child is having a blood test, even with very young children, we can give them warning and talk to them about how it can be done. It's important to be honest about the things they don't have a choice about. So, I often say "We want to see that you're getting better, so we have to check your blood, but you can be the boss and choose who is in the room with you, where you sit, which arm and what we do afterwards'. Even with very young children they can still have a choice.

### **Siobhan, Family therapist**

We need to remember that people don't receive information in the same way when they are stressed or anxious. People literally don't hear it. It is important to spend time playing or calming the child down – even if it's just a quick chat it can really help.



## **Maria, Play specialist**

It's important to build up a playful relationship with younger children. This takes a bit of extra time, but otherwise younger children often just see healthcare professionals as coming to do something horrible. If the nurse only comes into the cubicle to give medicine, the child will think that's all she's coming to do and they get upset and distressed because they know she's coming into to do something else. So the nurse then thinks they're just distressing the child and stays away unless they have to go in so they don't upset them. It becomes a vicious cycle, which just reinforces the child's worries. It's important that healthcare professionals find time to spend with children that doesn't involve a procedure.

## **Jane, School Nurse**

Ideas of activities to help when looking at what is important to the child and things they may want to happen in the future: 1) Draw a wishing line – ask children to draw their wishes about what they want to happen, what is important to them and their hopes 2) Ask a child to draw what they would do with a magic wand

## **Matt, Consultant**

I always get my own patient from waiting room so I can see whether they are coming willingly or being 'dragged' by parent/carer.

## **Emma, Nurse**

As a Healthcare Professional, I try not to become desensitised to a situation. Healthcare professionals become used to things and sometimes can't understand why a child won't comply. I try to remember that it is normal for each child to react differently to any given situation. I try and put myself 'in their shoes'.

## **Jackie, Teacher**

An iPad works very well for distraction. The younger child can get involved in interactive activities like drawing themselves. I often use an app called PicCollage.

## **John, Nurse**

I will ask the child or young person if they want to be seen with or without their parent. And check with the child if they would be happy for parent to be present when the doctor comes to see them.

## **How do you know what is important to me?**

### **Charge Nurse**

Use the things you have learnt about the child or young person in the conversations you have to your benefit. It can help you to open other conversations if you can talk about their favorite band or football team.

### **Emergency Department Nurse**

Ask the child or young person directly what they like or want. Spend some time chatting with them, it will help you to build a rapport with them.

## **Psychologist**

I always talk directly to the child or young person, and I use 'circular questions'. I will ask the child or young person "What do you think about what mum or dad said?" I also maintain eye contact with the people in the conversation at all times, helping everyone to feel part of the conversation.

## **Physiotherapist**

Children and young people need some control. Giving them choices around what needs to be achieved. "Do you want to play tennis, go for a walk or get out and sit in a chair" will get a child or young person deep breathing and improve lung volumes.

## **Royal National Institute of Blind People**

Create a communication passport - a small booklet written from the child's point of view. For example, it might say: "I can see you if you stand on my right. I need objects to be presented to me from the right. I often need help to hold things, and like to be introduced to new experiences very gradually. If I like something I smile and rock backwards and forwards. To tell you I don't like something I make a noise and push away with my arms."

## **Action on hearing loss**

To make it easy to lipread, don't cover your mouth with your hands or clothing.

## **Action on hearing loss**

Find a suitable place to talk, with good lighting (natural light is best, though don't stand in front of a window - light should be on you, not behind you) and away from noise and distractions.

## **Action on hearing loss**

If someone doesn't understand what you've said, don't keep repeating it. Try saying it in a different way instead.

## **Action on hearing loss**

Don't shout. It can be uncomfortable for hearing aid users and it looks aggressive.

## **Action on hearing loss**

Use natural facial expressions and gestures.

## **Action on hearing loss**

Speak clearly but not too slowly, and don't exaggerate your lip movements – this can make it harder to lipread.

## **Action on hearing loss**

Make sure you have face-to-face contact with the person you are talking to. Get the young person's attention before you start speaking, maybe by waving or tapping them on the arm. Remember they have a hearing impairment and might be easily spooked, don't creep up on them.

## **Zainab, Participation worker**

When creating patient information leaflets add in full stops with abbreviations so instead of CIA you would use C.I.A. so a screen reader for a visually impaired child or young person reads it correctly.

## **Grace, GP**

Some children with learning difficulties or communication impairments may need more time to think about what you've said and to reply. I always make sure I give them time and allow silences rather than jumping in straight away.

## **Abi, radiographer**

I never assume a child or young person with learning difficulties can't understand me. We never know what a child can or cannot understand. I always speak to them directly and try to explain things to them.

## **Grace, GP**

Young people with learning difficulties are often supported by their parents to appointments more than other young people their age. I always try to have some time alone with them, to give them the opportunity to ask questions they may not want to in front of their parents. We use questions cards to prompt them to choose the things they want to talk about. These include personal or 'embarrassing' topics. This shows them that it's ok to ask and that other young people have also asked these questions.

## **Antonio, Occupational therapist**

We use wikis to enable young people to direct their care. Young people have their own wiki pages. They might put things on there like short videos to show how they like their splints to be put on. It's a way of enabling young people with communication impairments or learning difficulties to tell others how they like to be supported or what their health preferences and needs are.

## **Heather, Doctor**

Often the outcomes of treatment and a child's progression are unknown or ambiguous. This can be really difficult for parents and children who often compare progress to children without physical impairments or learning difficulties. As a healthcare professional you often feel like you should have all the answers, it can feel uncomfortable to say you don't know, but I try to be honest and say 'we don't know how far we can get, but let's focus on the next small step' so that they have something to focus on. We review the small steps regularly. This shows change and progress, which can reassure parents and children.

## **Harriet, Dietitian**

Sometimes children start to become quite resistant to treatment, especially when they go through the phase of wanting to 'be like the other children'. I try to find out what is important to them, like playing with their friends, and then try to plan the treatment so that they understand how it will help them to achieve their goal. This can help them to feel more in control rather than just being something that is done to them.

## **Victoria, Physiotherapist**

For older children the 'goal-plan-do-check' is really useful. So, you make a goal together, make the plan together as to how they'll do that, then you carry it out, and then you go back over what you did to talk about how that fitted with what they wanted to achieve and change anything that needs to be changed. We use photographs to show the plans. For example, for a young person to learn to tie their shoelaces, we took photos of every step of the sequence. In the 'check' step, we could then move the photos around to try a sequence that might work better for the young person.

## **Victoria, Physiotherapist**

Sometimes a child will come in and they'll spot something that you've bought into the room. I always try to then use this in the session as it's an important way of following their choice. So, if they walk towards the sandpit, I'll try to adapt the exercises to include the sandpit. Sometimes this may be the only way some children can express choice, so it's important we recognise and follow that.

## **Dawn, Physiotherapist**

It's difficult when parents of children with profound impairments have unrealistic expectations of what physio can achieve. Parents sometimes say "why are you fiddling around with that when I want them to learn to walk?" It's important to set small steps with parents and children so that they understand the small steps along the way to achieving longer-term goals. If they don't have that, they think 'what's the point in coming here?' We need to agree the stepping-stones along the way.

## **Antonio, Occupational therapist**

When a child doesn't use speech to communicate, it helps to start by observing their body language to see what they like and don't like. I note this down to learn about their likes and dislikes over time. I then use this as a basis to start offering them choice over the games or activities they like.

## **Tom, Doctor**

When a young child has been in hospital for a long time or has moved wards, I do a drawing with them to find out where they've been. We draw a suitcase and draw pictures of what is in their suitcase. This is to show their healthcare journey, where they've been, what's happened, what they liked and didn't like. It helps them to feel in control of their healthcare journey and to tell us what has already happened.

## **Meghan, Nurse**

When young children have had a line in for a long time, in their mind it becomes a part of their body. Often they have had it for as long as they can remember and they know it is important to keep them getting better. When this needs to be removed, we need to think about how this will affect them. I sometimes do drawings with children or use play figures to make up stories and talk about how they feel about having it removed.

### **Philippa, Family therapist**

Being clear, honest and consistent is very important for younger children. It's not about them being difficult or troubling. We don't know what their previous experiences were – many will have had bad experiences in the past and they may not trust healthcare professionals. Which is why it is important to try to find out what their previous experiences are and to be honest about what will happen, what will and won't hurt.

### **Siobhan, Family therapist**

We need to remember that people don't receive information in the same way when they are stressed or anxious. People literally don't hear it. It is important to spend time playing or calming the child down – even if it's just a quick chat it can really help.

### **Maria, Play specialist**

It's important to build up a playful relationship with younger children. This takes a bit of extra time, but otherwise younger children often just see healthcare professionals as coming to do something horrible. If the nurse only comes into the cubicle to give medicine, the child will think that's all she's coming to do and they get upset and distressed because they know she's coming into to do something else. So the nurse then thinks they're just distressing the child and stays away unless they have to go in so they don't upset them. It becomes a vicious cycle, which just reinforces the child's worries. It's important that healthcare professionals find time to spend with children that doesn't involve a procedure.

### **Paul, Anaesthetist**

It's important to understand the beliefs of parents and younger children about what's going to happen with their treatment. This is often the first time they have experienced a treatment or procedure and they may worry what it will be like or worry it will be worse than it is. For example, some young children have said to me that they think they are going to not wake up from 'going to sleep' when they are having an anaesthetic as their pet was 'put to sleep'. We need to understand what younger children think so that we can attend to this to reassure them. I sometimes say "You are going to have a nice deep sleep and you can tell us all about your dreams when you wake up later today".

### **National Children's Bureau**

'Hear' the child through watching them. Children express very clearly their likes and dislikes, fears or any uncertainty through their body language. Take some time to watch the child in different situations.

### **National Children's Bureau**

Young children may have their own words to describe things and using these words can help aid the child's understanding as well as engaging them in the conversation. So I use the words the child uses to show them I am listening and to help engage the child. For example if they use 'boo boo' to mean injury I might say 'Do you have a boo boo?'

### **National Children's Bureau**

I like being honest and letting the child know I don't know the answers to the questions I'm asking and I just want to know what they think and feel and learn from them so I can help them. I might say "There are no right or wrong answers, I just really want to learn how you're feeling"

### **National Children's Bureau**

Young children love pretending they are on the phone at nursery or primary school. I sometimes use this and ask the child to pretend that they are talking to me on the phone. This can help young children feel in control of the conversation as they can put the phone down at any point.

### **National Children's Bureau**

Role play has been found to be useful in situations where children need to develop confidence to communicate. I sometimes use a toy or puppet to explore a child's feelings by asking questions such as: 'How would the teddy feel if he was coming in to hospital?' or 'How would you help teddy feel less afraid about sleeping in hospital?'

### **National Children's Bureau**

Young children often find it easier to talk to or confide in objects, toys, puppets or dolls. I sometimes create a talking chair or talking rug to use when I am talking with a young child. I ask the child things like "what do you think the puppet is feeling?" or "The puppet looks a bit worried. What sort of things could we do to help the puppet feel better?"

### **National Children's Bureau**

I use stories to prompt and trigger conversation, this can be particularly useful when having difficult conversations. I often use a story book about feelings, like being scared or what different procedures are like. These are easy to make yourself with photos and simple sentences. A photo book of having a CT scan shows the steps and I pause throughout the story, asking "how do you think that child might be feeling?" or "what questions do you think they might have?". This helps to discover what the child is thinking and feeling as they will often project their own worries onto the child in the story and find it easier to talk about their worries in the third person.

### **National Children's Bureau**

To engage a child, I ask them questions only they know the answer to like, 'what is your favourite game?' or 'what's your favourite TV programme?'

### **National Children's Bureau**

When children are unable to verbalise emotions, I use symbols, such as faces with emotions to explore how children feel. I ask the child to choose a face to show how they are feeling. I ask

them why they chose that face and move on to questions such as why do you feel happy? Or why do you feel sad?

### **Antonio, Occupational therapist**

One child said 'I'm more than my kidneys'. It's really important to talk to them about their life, school, feelings, friends and likes so they know they are more than their health condition and we are interested in them as a whole person.

### **Siobhan, Family therapist**

We need to remember that people don't receive information in the same way when they are stressed or anxious. People literally don't hear it. It is important to spend time playing or calming the child down – even if it's just a quick chat it can really help.

### **Maria, Play specialist**

It's important to build up a playful relationship with younger children. This takes a bit of extra time, but otherwise younger children often just see healthcare professionals as coming to do something horrible. If the nurse only comes into the cubicle to give medicine, the child will think that's all she's coming to do and they get upset and distressed because they know she's coming in to do something else. So the nurse then thinks they're just distressing the child and stays away unless they have to go in so they don't upset them. It becomes a vicious cycle, which just reinforces the child's worries. It's important that healthcare professionals find time to spend with children that doesn't involve a procedure.

### **Jane, School Nurse**

Ideas of activities to help when looking at what is important to the child and things they may want to happen in the future: 1) Draw a wishing line – ask children to draw their wishes about what they want to happen, what is important to them and their hopes 2) Ask a child to draw what they would do with a magic wand

### **Emma, Nurse**

As a Healthcare Professional, I try not to become desensitised to a situation. Healthcare professionals become used to things and sometimes can't understand why a child won't comply. I try to remember that it is normal for each child to react differently to any given situation. I try and put myself 'in their shoes'.

### **Jackie, Teacher**

It is really important to give the younger child plenty of time to reply to your questions and in your conversation.

### **Jackie, Teacher**

An iPad works very well for distraction. The younger child can get involved in interactive activities like drawing themselves. I often use an app called PicCollage.

### **Tom, Doctor**

I use symbols of different feelings and pictures of symptoms and parts of the body. I then ask simple questions to encourage the child or young person to point to the part of the body and the related feeling or symptom. This helps children and young people to communicate what they are feeling and where in their body they are feeling it.

## **What decision have we made?**

### **Action on hearing loss**

To make it easy to lipread, don't cover your mouth with your hands or clothing.

### **Action on hearing loss**

Find a suitable place to talk, with good lighting (natural light is best, though don't stand in front of a window - light should be on you, not behind you) and away from noise and distractions.

### **Action on hearing loss**

If someone doesn't understand what you've said, don't keep repeating it. Try saying it in a different way instead.

### **Action on hearing loss**

Don't shout. It can be uncomfortable for hearing aid users and it looks aggressive.

### **Action on hearing loss**

Use natural facial expressions and gestures.

### **Action on hearing loss**

Speak clearly but not too slowly, and don't exaggerate your lip movements – this can make it harder to lipread.

### **Action on hearing loss**

Make sure you have face-to-face contact with the person you are talking to. Get the young person's attention before you start speaking, maybe by waving or tapping them on the arm. Remember they have a hearing impairment and might be easily spooked, don't creep up on them.

### **Grace, GP**

Some children with learning difficulties or communication impairments may need more time to think about what you've said and to reply. I always make sure I give them time and allow silences rather than jumping in straight away.

### **Abi, radiographer**

I never assume a child or young person with learning difficulties can't understand me. We never



know what a child can or cannot understand. I always speak to them directly and try to explain things to them.

## **Heather, Doctor**

Often the outcomes of treatment and a child's progression are unknown or ambiguous. This can be really difficult for parents and children who often compare progress to children without physical impairments or learning difficulties. As a healthcare professional you often feel like you should have all the answers, it can feel uncomfortable to say you don't know, but I try to be honest and say 'we don't know how far we can get, but let's focus on the next small step' so that they have something to focus on. We review the small steps regularly. This shows change and progress, which can reassure parents and children.

## **Victoria, Physiotherapist**

For older children the 'goal-plan-do-check' is really useful. So, you make a goal together, make the plan together as to how they'll do that, then you carry it out, and then you go back over what you did to talk about how that fitted with what they wanted to achieve and change anything that needs to be changed. We use photographs to show the plans. For example, for a young person to learn to tie their shoelaces, we took photos of every step of the sequence. In the 'check' step, we could then move the photos around to try a sequence that might work better for the young person.

## **Dawn, Physiotherapist**

It's difficult when parents of children with profound impairments have unrealistic expectations of what physio can achieve. Parents sometimes say "why are you fiddling around with that when I want them to learn to walk?" It's important to set small steps with parents and children so that they understand the small steps along the way to achieving longer-term goals. If they don't have that, they think 'what's the point in coming here?' We need to agree the stepping-stones along the way.

## **Abdul, Dentist**

Information is really important to help the young person understand what is happening, why and the consequences, so they're not just going along but have no idea what's happening. For children with learning disabilities we try to use pictures and symbols to communicate what we will be doing.

## **Dawn, Physiotherapist**

Parents and children often have different expectations of treatment. You need to develop shared outcomes and goals with parents and children so that they both feel involved. Motivation for children is really important. Parents may have more of the *what* choices about treatment outcomes, but it's vital to offer children choices about *how* they achieve those outcomes and what treatment options they prefer.

## **Siobhan, Family therapist**

We need to remember that people don't receive information in the same way when they are stressed or anxious. People literally don't hear it. It is important to spend time playing or calming the child down – even if it's just a quick chat it can really help.

## **Maria, Play specialist**

It's important to build up a playful relationship with younger children. This takes a bit of extra time, but otherwise younger children often just see healthcare professionals as coming to do something horrible. If the nurse only comes into the cubicle to give medicine, the child will think that's all she's coming to do and they get upset and distressed because they know she's coming into to do something else. So the nurse then thinks they're just distressing the child and stays away unless they have to go in so they don't upset them. It becomes a vicious cycle, which just reinforces the child's worries. It's important that healthcare professionals find time to spend with children that doesn't involve a procedure.

## **Paul, Anaesthetist**

It's important to understand the beliefs of parents and younger children about what's going to happen with their treatment. This is often the first time they have experienced a treatment or procedure and they may worry what it will be like or worry it will be worse than it is. For example, some young children have said to me that they think they are going to not wake up from 'going to sleep' when they are having an anaesthetic as their pet was 'put to sleep'. We need to understand what younger children think so that we can attend to this to reassure them. I sometimes say "You are going to have a nice deep sleep and you can tell us all about your dreams when you wake up later today".

## **National Children's Bureau**

Young children may have their own words to describe things and using these words can help aid the child's understanding as well as engaging them in the conversation. So I use the words the child uses to show them I am listening and to help engage the child. For example if they use 'boo boo' to mean injury I might say 'Do you have a boo boo?'

## **National Children's Bureau**

I like to show children and young people any visual test results like X-rays or a graph of blood results as images aid their understanding.

## **National Children's Bureau**

Young children love pretending they are on the phone at nursery or primary school. I sometimes use this and ask the child to pretend that they are talking to me on the phone. This can help young children feel in control of the conversation as they can put the phone down at any point.

## **National Children's Bureau**

Young children often find it easier to talk to or confide in objects, toys, puppets or dolls. I sometimes create a talking chair or talking rug to use when I am talking with a young child. I ask the child things like "what do you think the puppet is feeling?" or "The puppet looks a bit worried. What sort of things could we do to help the puppet feel better?"

## **Siobhan, Family therapist**

We need to remember that people don't receive information in the same way when they are

stressed or anxious. People literally don't hear it. It is important to spend time playing or calming the child down – even if it's just a quick chat it can really help.

## **Maria, Play specialist**

It's important to build up a playful relationship with younger children. This takes a bit of extra time, but otherwise younger children often just see healthcare professionals as coming to do something horrible. If the nurse only comes into the cubicle to give medicine, the child will think that's all she's coming to do and they get upset and distressed because they know she's coming into to do something else. So the nurse then thinks they're just distressing the child and stays away unless they have to go in so they don't upset them. It becomes a vicious cycle, which just reinforces the child's worries. It's important that healthcare professionals find time to spend with children that doesn't involve a procedure.

## **Harriet, Dietitian**

I check a child's understanding by asking them to explain to a toy or puppet who doesn't understand or who has got something wrong.

## **Emma, Nurse**

As a Healthcare Professional, I try not to become desensitised to a situation. Healthcare professionals become used to things and sometimes can't understand why a child won't comply. I try to remember that it is normal for each child to react differently to any given situation. I try and put myself 'in their shoes'.

## **What will happen next?**

### **Physio**

Being honest and open is key -communicating to those involved about what to expect, what's a normal time frame, why there's a change in plan and what this means.

## **Royal National Institute of Blind People**

Many children associate objects with ideas before they start to talk. In hospital, objects can be used to help children understand the plan for the day, and to anticipate what is going to happen next. Using objects in this way is called 'Objects of Reference'. If the child has limited understanding or doesn't use speech at all, you could use objects to talk about events, activities and choices. For example, you can use a cup to show that a drink is coming, or a nappy to show that it's time for a nappy change. If you put together a small tray of objects like this, your child can use it to ask for a drink, tell you that they're hungry or tired, or want to do a favourite activity.

## **Action on hearing loss**

To make it easy to lipread, don't cover your mouth with your hands or clothing.

## **Action on hearing loss**

Find a suitable place to talk, with good lighting (natural light is best, though don't stand in front of a

window - light should be on you, not behind you) and away from noise and distractions.

### **Action on hearing loss**

If someone doesn't understand what you've said, don't keep repeating it. Try saying it in a different way instead.

### **Action on hearing loss**

Don't shout. It can be uncomfortable for hearing aid users and it looks aggressive.

### **Action on hearing loss**

Use natural facial expressions and gestures.

### **Action on hearing loss**

Speak clearly but not too slowly, and don't exaggerate your lip movements – this can make it harder to lipread.

### **Action on hearing loss**

Make sure you have face-to-face contact with the person you are talking to. Get the young person's attention before you start speaking, maybe by waving or tapping them on the arm. Remember they have a hearing impairment and might be easily spooked, don't creep up on them.

### **Grace, GP**

Some children with learning difficulties or communication impairments may need more time to think about what you've said and to reply. I always make sure I give them time and allow silences rather than jumping in straight away.

### **Abi, radiographer**

I never assume a child or young person with learning difficulties can't understand me. We never know what a child can or cannot understand. I always speak to them directly and try to explain things to them.

### **Heather, Doctor**

Often the outcomes of treatment and a child's progression are unknown or ambiguous. This can be really difficult for parents and children who often compare progress to children without physical impairments or learning difficulties. As a healthcare professional you often feel like you should have all the answers, it can feel uncomfortable to say you don't know, but I try to be honest and say 'we don't know how far we can get, but let's focus on the next small step' so that they have something to focus on. We review the small steps regularly. This shows change and progress, which can reassure parents and children.

### **Zainab, Participation worker**

A young person with learning difficulties got a letter about 'X-Ray surveillance' and panicked as

she didn't understand what it meant. So, we worked with the X-Ray department to develop a leaflet with pictures to explain what an X-Ray is and what happens when you go for one. This can be really helpful for all sorts of different procedures.

### **Antonio, Occupational therapist**

We use visual timetables for children and young people with autism. They have photos or symbols of what is going to happen each step of the way. The photos have Velcro on the back and each one is stuck on a strip in sequence. As each step happens, they can remove the photo to show it has been done and so they can focus on what is going to happen next. Or the child can take each picture off and give it to you to ask you to do the next step, so they are initiating a communication with you. It helps them to feel in control and focus on what is happening.

### **Victoria, Physiotherapist**

For older children the 'goal-plan-do-check' is really useful. So, you make a goal together, make the plan together as to how they'll do that, then you carry it out, and then you go back over what you did to talk about how that fitted with what they wanted to achieve and change anything that needs to be changed. We use photographs to show the plans. For example, for a young person to learn to tie their shoelaces, we took photos of every step of the sequence. In the 'check' step, we could then move the photos around to try a sequence that might work better for the young person.

### **Dawn, Physiotherapist**

It's difficult when parents of children with profound impairments have unrealistic expectations of what physio can achieve. Parents sometimes say "why are you fiddling around with that when I want them to learn to walk?" It's important to set small steps with parents and children so that they understand the small steps along the way to achieving longer-term goals. If they don't have that, they think 'what's the point in coming here?' We need to agree the stepping-stones along the way.

### **Abdul, Dentist**

Information is really important to help the young person understand what is happening, why and the consequences, so they're not just going along but have no idea what's happening. For children with learning disabilities we try to use pictures and symbols to communicate what we will be doing.

### **Siobhan, Family therapist**

We need to remember that people don't receive information in the same way when they are stressed or anxious. People literally don't hear it. It is important to spend time playing or calming the child down – even if it's just a quick chat it can really help.

### **Maria, Play specialist**

It's important to build up a playful relationship with younger children. This takes a bit of extra time, but otherwise younger children often just see healthcare professionals as coming to do something horrible. If the nurse only comes into the cubicle to give medicine, the child will think that's all she's coming to do and they get upset and distressed because they know she's coming into to do something else. So the nurse then thinks they're just distressing the child and stays away unless

they have to go in so they don't upset them. It becomes a vicious cycle, which just reinforces the child's worries. It's important that healthcare professionals find time to spend with children that doesn't involve a procedure.

## **Paul, Anaesthetist**

It's important to understand the beliefs of parents and younger children about what's going to happen with their treatment. This is often the first time they have experienced a treatment or procedure and they may worry what it will be like or worry it will be worse than it is. For example, some young children have said to me that they think they are going to not wake up from 'going to sleep' when they are having an anaesthetic as their pet was 'put to sleep'. We need to understand what younger children think so that we can attend to this to reassure them. I sometimes say "You are going to have a nice deep sleep and you can tell us all about your dreams when you wake up later today".

## **National Children's Bureau**

Young children may have their own words to describe things and using these words can help aid the child's understanding as well as engaging them in the conversation. So I use the words the child uses to show them I am listening and to help engage the child. For example if they use 'boo boo' to mean injury I might say 'Do you have a boo boo?'

## **National Children's Bureau**

Young children love pretending they are on the phone at nursery or primary school. I sometimes use this and ask the child to pretend that they are talking to me on the phone. This can help young children feel in control of the conversation as they can put the phone down at any point.

## **National Children's Bureau**

Young children often find it easier to talk to or confide in objects, toys, puppets or dolls. I sometimes create a talking chair or talking rug to use when I am talking with a young child. I ask the child things like "what do you think the puppet is feeling?" or "The puppet looks a bit worried. What sort of things could we do to help the puppet feel better?"

## **National Children's Bureau**

I use stories to prompt and trigger conversation, this can be particularly useful when having difficult conversations. I often use a story book about feelings, like being scared or what different procedures are like. These are easy to make yourself with photos and simple sentences. A photo book of having a CT scan shows the steps and I pause throughout the story, asking "how do you think that child might be feeling?" or "what questions do you think they might have?". This helps to discover what the child is thinking and feeling as they will often project their own worries onto the child in the story and find it easier to talk about their worries in the third person.

## **Siobhan, Family therapist**

We need to remember that people don't receive information in the same way when they are stressed or anxious. People literally don't hear it. It is important to spend time playing or calming the child down – even if it's just a quick chat it can really help.

## **Maria, Play specialist**

It's important to build up a playful relationship with younger children. This takes a bit of extra time, but otherwise younger children often just see healthcare professionals as coming to do something horrible. If the nurse only comes into the cubicle to give medicine, the child will think that's all she's coming to do and they get upset and distressed because they know she's coming into to do something else. So the nurse then thinks they're just distressing the child and stays away unless they have to go in so they don't upset them. It becomes a vicious cycle, which just reinforces the child's worries. It's important that healthcare professionals find time to spend with children that doesn't involve a procedure.

## **Paul, Anaesthetist**

It's important to understand the beliefs of parents and younger children about what's going to happen with their treatment. This is often the first time they have experienced a treatment or procedure and they may worry what it will be like or worry it will be worse than it is. For example, some young children have said to me that they think they are going to not wake up from 'going to sleep' when they are having an anaesthetic as their pet was 'put to sleep'. We need to understand what younger children think so that we can attend to this to reassure them. I sometimes say "You are going to have a nice deep sleep and you can tell us all about your dreams when you wake up later today".

## **Harriet, Dietitian**

I check a child's understanding by asking them to explain to a toy or puppet who doesn't understand or who has got something wrong.

## **Jane, School Nurse**

Ideas of activities to help when looking at what is important to the child and things they may want to happen in the future: 1) Draw a wishing line – ask children to draw their wishes about what they want to happen, what is important to them and their hopes 2) Ask a child to draw what they would do with a magic wand

## **Ray, Psychologist**

I prefer to say instead of 'did that make sense' try 'is there anything that would help you to understand this better?' as it seems like less of a test.

## **Eleanor, Speech and Language Therapist**

I feel that it is important to never say 'do you understand?' This can make a young child feel they should understand and they might say yes even though they do not understand. An alternative phrase we use is 'is there anything else that would be helpful for you to know?'

## **Emma, Nurse**

As a Healthcare Professional, I try not to become desensitised to a situation. Healthcare professionals become used to things and sometimes can't understand why a child won't comply. I try to remember that it is normal for each child to react differently to any given situation. I try and

put myself 'in their shoes'.

## **Children or young people with learning disabilities**

### **CYP**

It can be both intimidating and embarrassing when you (someone with a visual/hearing/learning impairment) are being spoken to in a large group, especially if you are struggling to understand. So it is most helpful for me if you try to speak to me in a large group and where possible try to speak with me 1:1 or in a group of no more than three; this also assists in minimising distractions and other confusing elements.

### **Grace, GP**

Some children with learning difficulties or communication impairments may need more time to think about what you've said and to reply. I always make sure I give them time and allow silences rather than jumping in straight away.

### **Abi, radiographer**

I never assume a child or young person with learning difficulties can't understand me. We never know what a child can or cannot understand. I always speak to them directly and try to explain things to them.

### **Grace, GP**

Young people with learning difficulties are often supported by their parents to appointments more than other young people their age. I always try to have some time alone with them, to give them the opportunity to ask questions they may not want to in front of their parents. We use questions cards to prompt them to choose the things they want to talk about. These include personal or 'embarrassing' topics. This shows them that it's ok to ask and that other young people have also asked these questions.

### **Antonio, Occupational therapist**

We use wikis to enable young people to direct their care. Young people have their own wiki pages. They might put things on there like short videos to show how they like their splints to be put on. It's a way of enabling young people with communication impairments or learning difficulties to tell others how they like to be supported or what their health preferences and needs are.

### **Heather, Doctor**

Often the outcomes of treatment and a child's progression are unknown or ambiguous. This can be really difficult for parents and children who often compare progress to children without physical impairments or learning difficulties. As a healthcare professional you often feel like you should have all the answers, it can feel uncomfortable to say you don't know, but I try to be honest and say 'we don't know how far we can get, but let's focus on the next small step' so that they have something to focus on. We review the small steps regularly. This shows change and progress, which can reassure parents and children.



## **Zainab, Participation worker**

A young person with learning difficulties got a letter about 'X-Ray surveillance' and panicked as she didn't understand what it meant. So, we worked with the X-Ray department to develop a leaflet with pictures to explain what an X-Ray is and what happens when you go for one. This can be really helpful for all sorts of different procedures.

## **Victoria, Physiotherapist**

I have a choosing book of pictures of the different types of activities we can do in physio. The child gets to pick one out and hand it to me to help them to choose what they want to do. It helps them to make choices and feel more in control.

## **Dawn, Physiotherapist**

I developed a visual schedule for a young person to use at home who wanted become more independent with her personal care. I created symbols of each step of going to the bathroom in the morning. So for example, going into the bathroom and the first step is to turn the water on, then get undressed, then get into the shower, when your hair is wet put the shampoo on etc. It gives the young person the prompts they need to do this for themselves and takes away the need for someone to be with them to remind them of each step. You're handing over independence through the symbols.

## **Antonio, Occupational therapist**

We use visual timetables for children and young people with autism. They have photos or symbols of what is going to happen each step of the way. The photos have Velcro on the back and each one is stuck on a strip in sequence. As each step happens, they can remove the photo to show it has been done and so they can focus on what is going to happen next. Or the child can take each picture off and give it to you to ask you to do the next step, so they are initiating a communication with you. It helps them to feel in control and focus on what is happening.

## **Abdul, Dentist**

Photo sequences are really useful to help children and young people with learning difficulties to understand the steps involved in procedures or to help them learn self-care techniques.

## **Victoria, Physiotherapist**

For older children the 'goal-plan-do-check' is really useful. So, you make a goal together, make the plan together as to how they'll do that, then you carry it out, and then you go back over what you did to talk about how that fitted with what they wanted to achieve and change anything that needs to be changed. We use photographs to show the plans. For example, for a young person to learn to tie their shoelaces, we took photos of every step of the sequence. In the 'check' step, we could then move the photos around to try a sequence that might work better for the young person.

## **Victoria, Physiotherapist**

Sometimes a child will come in and they'll spot something that you've bought into the room. I

always try to then use this in the session as it's an important way of following their choice. So, if they walk towards the sandpit, I'll try to adapt the exercises to include the sandpit. Sometimes this may be the only way some children can express choice, so it's important we recognise and follow that.

### **Dawn, Physiotherapist**

It's difficult when parents of children with profound impairments have unrealistic expectations of what physio can achieve. Parents sometimes say "why are you fiddling around with that when I want them to learn to walk?" It's important to set small steps with parents and children so that they understand the small steps along the way to achieving longer-term goals. If they don't have that, they think 'what's the point in coming here?' We need to agree the stepping-stones along the way.

### **Abdul, Dentist**

Information is really important to help the young person understand what is happening, why and the consequences, so they're not just going along but have no idea what's happening. For children with learning disabilities we try to use pictures and symbols to communicate what we will be doing.

### **Dawn, Physiotherapist**

Parents and children often have different expectations of treatment. You need to develop shared outcomes and goals with parents and children so that they both feel involved. Motivation for children is really important. Parents may have more of the *what* choices about treatment outcomes, but it's vital to offer children choices about *how* they achieve those outcomes and what treatment options they prefer.

### **Antonio, Occupational therapist**

When a child doesn't use speech to communicate, it helps to start by observing their body language to see what they like and don't like. I note this down to learn about their likes and dislikes over time. I then use this as a basis to start offering them choice over the games or activities they like.

### **Victoria, Physiotherapist**

When children with learning difficulties or communication impairments find it difficult to answer open ended questions, offering small, concrete choices is a way to help them feel in control. I always try to give the children a choice over the activities we do in their treatment. So I ask them 'do you want to play this game or that game?'

### **National Children's Bureau**

When children are unable to verbalise emotions, I use symbols, such as faces with emotions to explore how children feel. I ask the child to choose a face to show how they are feeling. I ask them why they chose that face and move on to questions such as why do you feel happy? Or why do you feel sad?

### **Tom, Doctor**

I use symbols of different feelings and pictures of symptoms and parts of the body. I then ask simple questions to encourage the child or young person to point to the part of the body and the related feeling or symptom. This helps children and young people to communicate what they are feeling and where in their body they are feeling it.

## **Children or young people with visual impairments**

### **CYP**

I can get worked up and stressed when there is too much background noise or lots of movement - I then have to leave the room and calm down. This can be the case for people with hearing impairments or visual impairments or mental health illness. I would therefore advise to where possible try to minimise this by speaking with me in a quiet, still and well lit room.

### **CYP**

It can be both intimidating and embarrassing when you (someone with a visual/hearing/learning impairment) are being spoken to in a large group, especially if you are struggling to understand. So it is most helpful for me if you try to speak to me in a large group and where possible try to speak with me 1:1 or in a group of no more than three; this also assists in minimising distractions and other confusing elements.

## **Royal National Institute of Blind People**

Use of activity markers - Objects are often used to signify the start of activities. For example, X an occupational therapy session; a X, physio session. In time, activity markers can be used for some children to inform them of the timetable. They can be attached in sequence to a vertical board or placed in horizontally arranged segmented trays.

## **Royal National Institute of Blind People**

Use of location markers - objects are employed to mark specific locations. For example, a spoon is provided at the entrance to the kitchen, and a toy at the entrance of the play room.

## **Royal National Institute of Blind People**

Many children with a vision impairment and complex needs have significant difficulties processing and interpreting auditory and visual information. Spoken words and manual signs are fleeting and usually bear no direct resemblance to the items they refer to. Some children with a vision impairment and complex needs frequently move in and out of alertness, and this may be especially true of those who also have poorly-controlled epilepsy. In addition, many children with a vision impairment and complex needs have difficulty focusing their attention. It is not surprising, then, that they often fail to attend to something as brief as a spoken word or manual sign. Their difficulties continue even if they do attend. This is because they also process information slowly. By the time they have interpreted and understood what they have heard or seen, events may well have moved on, leaving them confused. Some children with vision impairment and complex needs find it is easier to understand when they handle an object. If a child learns to attach a special meaning to an object, that object is regarded as an "object of reference". An object of reference can enable the child to obtain information from several senses: touch, vision (if they have some

useful sight), smell, taste, and sound (e.g. if they bang it against a surface). This is more reliable for them than relying only on hearing the spoken word, even if that is accompanied by a manual sign. For example Afzal, who had no functional vision, often became distressed in school when it was time to go home: she did not understand where she was being taken. Because Afzal always held on to her seatbelt in the car, it was decided to present her with a piece of seatbelt webbing immediately before going to the car. It was hoped that this would help her to understand she was going in the car. Each time the webbing was presented, the person giving it to her also said "Afzal; car." After a few days, Afzal relaxed as soon as she was given the webbing. She had attached the special meaning of "car" to the webbing and thus it had become a true object of reference for her; it supported her understanding.

## **Royal National Institute of Blind People**

Create a communication passport - a small booklet written from the child's point of view. For example, it might say: "I can see you if you stand on my right. I need objects to be presented to me from the right. I often need help to hold things, and like to be introduced to new experiences very gradually. If I like something I smile and rock backwards and forwards. To tell you I don't like something I make a noise and push away with my arms."

## **Royal National Institute of Blind People**

Many children associate objects with ideas before they start to talk. In hospital, objects can be used to help children understand the plan for the day, and to anticipate what is going to happen next. Using objects in this way is called 'Objects of Reference'. If the child has limited understanding or doesn't use speech at all, you could use objects to talk about events, activities and choices. For example, you can use a cup to show that a drink is coming, or a nappy to show that it's time for a nappy change. If you put together a small tray of objects like this, your child can use it to ask for a drink, tell you that they're hungry or tired, or want to do a favourite activity.

## **Royal National Institute of Blind People**

Establishing communication with a child early on is very important. Using touch is a great way to do this. You could play simple, repetitive games like "Round and round the garden" and "This little piggy went to market".

## **Zainab, Participation worker**

When creating patient information leaflets add in full stops with abbreviations so instead of CIA you would use C.I.A. so a screen reader for a visually impaired child or young person reads it correctly.

## **Children and young people's rights**

### **Me first team**

A CYP saying no could be a reaction to not being offered choice. If they are not given options - saying no may be the only way they feel their voice is being heard.

### **Me first team**

Often young people say they resist because no is the only choice they have. One CYP said "saying no is the only way i feel like a person"

## **Children's nursing lecturer**

The UN convention on the Rights of the child article 12 relates to CYP's right to express views in all matters affecting the child. This is not possible if information about their condition is withheld.

## **Parent**

I think information sharing needs to be appropriate to that young person, their, needs, level of understanding & communication. Also factor in issues such a mental health, anxiety etc.

## **Me first Project Lead**

We need to really think about whose best interests we're thinking about when we withhold information - is it really in the best interests of the child? Or are we protecting ourselves from difficult conversations? It's complex but I always try to start from the point that information should be shared. That means we then have to think through and justify why it shouldn't be.

## **Me first Project Lead**

Prof Alderson is great to read on CYP rights and consent to treatment and talks about 4 levels: 1. At the bare minimum CYP should be informed 2. CYP should be able to express an informed view 3. have that view taken into account 4. be the main decider

## **Me first Project Lead**

We often think about what is potentially difficult or the risks of sharing information with a child or young person - but I think it's sometimes more helpful to think of the risks of not sharing information e.g. CYP may feel scared as they don't know what's happening to them.

## **Speech & language therapist**

Withholding information from a child or young person happens too frequently and the chance for independent discussion is taken away if parents, family members are always the interpreter.

## **How to deal with issues around confidentiality**

### **Anna, Consultant Nurse**

It is easy to forget sometimes to negotiate properly what we are going to feedback to the parent, in that situation I then ask the young person to feedback what we discussed together at a level they are happy with.

### **Matthew, Social Worker**

If the child is alone and I want to check-in about confidentiality I might say "Is it okay to say this in front of your mum and dad later?"

## **Anna, Emergency Department Nurse**

A lot of adolescents disclose things to do with events at home or gangs or stuff that they don't want their family or parents to be made aware of. I will explain to them that I will listen to them and help them out. I will listen to them but I will inform them that if there is any danger to them, I might have to share it with other professionals who will help them.

## **Anna, Consultant Nurse**

I remind the child or young person about confidentiality and what we can feedback at the start of an appointment. I ask the young person about what they understand by confidentiality. Because they have usually heard it so many times and know what it is so when they hear me describe it to them they just switch off. Whereas, if I ask them to describe it to me then I get a clear idea if they understand the same as me.

## **How to engage a child or young person**

### **Young person**

Having more than one option means you have the choice and level of control - 1 option can feel a punishment or make you feel incredibly powerless, no can then feel only way you can have choice

### **Physio**

Talking is only part of the conversation. Time and space to listen and process is crucial but can be very challenging with complex subjects and emotional situations!

### **Healthcare professional**

Open questions to ask CYP opinion/thoughts can help involve them more in choices and decisions

### **Charge Nurse**

Use the things you have learnt about the child or young person in the conversations you have to your benefit. It can help you to open other conversations if you can talk about their favorite band or football team.

### **Clinical Nurse Specialist**

Build a rapport with the young person, it doesn't need to be weeks and weeks of talking, just show the child or young person you have time for them.

### **Emergency Department Nurse**

Ask the child or young person directly what they like or want. Spend some time chatting with them, it will help you to build a rapport with them.

### **Nurse Consultant**

I may move seats to sit next to the child or young person, so we can talk directly to one another helping them to participate more in a conversation.

## **Social Worker**

Use 'circular questioning' to help you engage children and young people in conversations, questions such as "Tommy how do you feel about that?"

## **Psychologist**

I always talk directly to the child or young person, and I use 'circular questions'. I will ask the child or young person "What do you think about what mum or dad said?" I also maintain eye contact with the people in the conversation at all times, helping everyone to feel part of the conversation.

## **Physiotherapist**

Children and young people need some control. Giving them choices around what needs to be achieved. "Do you want to play tennis, go for a walk or get out and sit in a chair" will get a child or young person deep breathing and improve lung volumes.

## **Clinical Nurse Specialist**

Give simple choices that are realistic, which will help you to get to the intended goal. "Would you like a wash now or after lunch?"

## **Harriet, Dietitian**

Sometimes children start to become quite resistant to treatment, especially when they go through the phase of wanting to 'be like the other children'. I try to find out what is important to them, like playing with their friends, and then try to plan the treatment so that they understand how it will help them to achieve their goal. This can help them to feel more in control rather than just being something that is done to them.

## **Victoria, Physiotherapist**

I have a choosing book of pictures of the different types of activities we can do in physio. The child gets to pick one out and hand it to me to help them to choose what they want to do. It helps them to make choices and feel more in control.

## **Victoria, Physiotherapist**

It's important to make functional activities fun to help motivate the child to engage in treatment. Ask the child or young person or their family what they enjoy playing with or offer them a choice of games or activities and incorporate this into a functional activity. For example practicing standing up could involve reaching up to catch bubbles, throw a ball or take a turn in a game. Making the activity meaningful and fun for them to take part in can help them to achieve more.

## **Philippa, Family therapist**

Being clear, honest and consistent is very important for younger children. It's not about them

being difficult or troubling. We don't know what their previous experiences were – many will have had bad experiences in the past and they may not trust healthcare professionals. Which is why it is important to try to find out what their previous experiences are and to be honest about what will happen, what will and won't hurt.

## **Maria, Play specialist**

It's important to build up a playful relationship with younger children. This takes a bit of extra time, but otherwise younger children often just see healthcare professionals as coming to do something horrible. If the nurse only comes into the cubicle to give medicine, the child will think that's all she's coming to do and they get upset and distressed because they know she's coming into to do something else. So the nurse then thinks they're just distressing the child and stays away unless they have to go in so they don't upset them. It becomes a vicious cycle, which just reinforces the child's worries. It's important that healthcare professionals find time to spend with children that doesn't involve a procedure.

## **National Children's Bureau**

'Hear' the child through watching them. Children express very clearly their likes and dislikes, fears or any uncertainty through their body language. Take some time to watch the child in different situations.

## **National Children's Bureau**

I repeat back what the child has said to check I have understood them 'John you said your tummy hurt whilst you were playing in the park is that right?'

## **National Children's Bureau**

I like being honest and letting the child know I don't know the answers to the questions I'm asking and I just want to know what they think and feel and learn from them so I can help them. I might say "There are no right or wrong answers, I just really want to learn how you're feeling"

## **National Children's Bureau**

I always offer a choice. Young children may find it hard to cope with too much choice so offer choice but limit the options for example, 'would you like to sit here or over there?', 'Which arm would you like me to put the blood pressure cuff on?'

## **National Children's Bureau**

I like to show children and young people any visual test results like X-rays or a graph of blood results as images aid their understanding.

## **National Children's Bureau**

To engage a child, I ask them questions only they know the answer to like, 'what is your favourite game?' or 'what's your favourite TV programme?'

## **Antonio, Occupational therapist**



One child said 'I'm more than my kidneys'. It's really important to talk to them about their life, school, feelings, friends and likes so they know they are more than their health condition and we are interested in them as a whole person.

### **Siobhan, Family therapist**

We need to remember that people don't receive information in the same way when they are stressed or anxious. People literally don't hear it. It is important to spend time playing or calming the child down – even if it's just a quick chat it can really help.

### **Jane, School Nurse**

Ideas of activities to help when looking at what is important to the child and things they may want to happen in the future: 1) Draw a wishing line – ask children to draw their wishes about what they want to happen, what is important to them and their hopes 2) Ask a child to draw what they would do with a magic wand

### **Eleanor, Speech and Language Therapist**

I always try to physically get down to the younger child's level when talking to them. I either sit on the floor or at the table with the child. They may feel intimidated with an adult looking down on them.

### **Jackie, Teacher**

An iPad works very well for distraction. The younger child can get involved in interactive activities like drawing themselves. I often use an app called PicCollage.

### **Jackie, Teacher**

With younger children of about 4-6 years old, I always start an interaction using a story. It really captures their attention and engages them with me.

### **Tom, Doctor**

I use symbols of different feelings and pictures of symptoms and parts of the body. I then ask simple questions to encourage the child or young person to point to the part of the body and the related feeling or symptom. This helps children and young people to communicate what they are feeling and where in their body they are feeling it.

### **Rob, Social Worker**

Another strategy for some young people who are intimidated by direct eye contact from a professional is to ask them to draw a family tree (on a whiteboard or flipchart). Many young people like this and it will often get them talking about their family and then themselves.

### **Rob, Social Worker**

I find that some young people can get intimidated with direct eye contact from a professional. Where possible, I will sit next to them e.g.; at a computer screen to look at their medical record or

appointments and start the conversation around that.

### **Kelechi, Clinical Nurse Specialist**

I had a young person who did not want to talk to anyone or leave his room, but just by introducing myself in a different way we went for his first trip off the ward in weeks. I said "I am a nurse like all the rest of the nurses on the ward but I have a special interest in young people. And today I don't want to talk about your health but I want to speak with you about you. I purposefully didn't read your notes because I am not interested in your condition, I am interested in you."

### **Matthew, Social Worker**

For a quiet child or young person I sometimes bring in a spare chair and use a circular questioning technique and pose hypothetical questions like "I wonder what your Grandma would think about that if she were here (pointing to the empty chair)".

### **Anna, Consultant Nurse**

I always ask a child or young person about something without assuming that they have or don't have any knowledge about it. I ask them what their preferences are and encourage them to use their own voice and explain them to me.

### **John, Nurse**

If a child or young person or family don't want to talk to me, it helps when I find someone else they do relate to.

### **Sanjeev, Consultant**

Children and young people with long-term conditions often know a lot but need to use you as a sounding board to have things explained directly for them.

### **Faraday, Physiotherapist**

I find simple diagrams or drawings, like for explaining how the lungs work to a child or young person with asthma, can be very helpful. Or I use 'normal' things like blowing up and deflating balloons to illustrate how lungs work.

### **Anna, Emergency Department Nurse**

I discuss things on their level or that are relevant to their interests, like Liverpool FC because they are wearing that on their pyjamas. I relate it to them, talk about what they might have in their hand, if they are carrying a book, or what they are listening to or what they are playing on their iPad and keep trying to help them feel relaxed around me.

### **Matthew, Social Worker**

I am sneaky, if I can find out anything about what a child likes then I do and I put that into conversation and I frame it in a way that suggests I don't really know much about it. For example if a colleague tells me the young person likes 1Direction, I might say "Harry Styles is in 1Direction. He's the one with blonde hair." Then the young person tells me how I have got it wrong, "no

Harry's got brown hair" and will hopefully open up to me.

### **Akil, Registrar**

I don't do anything else at the same time, talking to the child or young person and listening to them should be the priority.

### **Janet, Play Specialist**

I encourage children and young people to write down thoughts and feelings in a book or diary as this can help a child or young person articulate their feelings and they can just give you permission to read it.

### **Anna, Consultant Nurse**

One useful tool is a wellness score. I often say to children and young people: "let's start with your wellness score, and it is your score" and then follow up with "why did you choose that score, what does it mean to you?" It really helps start a conversation.

### **James, Registrar**

Some children and young people lack confidence or communication skills and may not know how to ask questions. I find that it can help to provide a list of possible questions for the child or young person that they might like to ask.

### **GP**

My advice is if you don't have to touch a child or young person then don't. You can learn a lot from just talking.

### **Matthew, Social Worker**

By using free narrative I can often get the child or young person to just chat to me. I say things like "tell me how this is" or "tell me what's going on" and then when I want to probe a bit more I say "I wonder how that would have felt."

### **Lindsay-Kay, Adolescent Clinical Nurse Specialist**

I make sure that I follow through on everything that I said I would do because this builds a trusting relationship

## **How to see a child or young person alone**

### **Parent**

I think information sharing needs to be appropriate to that young person, their, needs, level of understanding & communication. Also factor in issues such a mental health, anxiety etc.

### **Me first Project Lead**

We need to really think about whose best interests we're thinking about when we withhold information - is it really in the best interests of the child? Or are we protecting ourselves from difficult conversations? It's complex but I always try to start from the point that information should be shared. That means we then have to think through and justify why it shouldn't be.

## **Physio**

It's crucial that the information shared is appropriate for their age and level of understanding and that this can be done in a gradual and supportive way. It's important that professionals and parents work together to achieve this.

## **Me first Project Lead**

Prof Alderson is great to read on CYP rights and consent to treatment and talks about 4 levels: 1. At the bare minimum CYP should be informed 2. CYP should be able to express an informed view 3. have that view taken into account 4. be the main decider

## **Me first Project Lead**

We often think about what is potentially difficult or the risks of sharing information with a child or young person - but I think it's sometimes more helpful to think of the risks of not sharing information e.g. CYP may feel scared as they don't know what's happening to them.

## **Me first Project Lead**

It's not if but how we share information. So important to do it in a way that meets the individual's wishes and needs.

## **Physio**

Informing CYPs and involving them in choices and decisions about their health can help them have interest and take control. It also helps make sure that correct information is shared.

## **Physio**

Talking is only part of the conversation. Time and space to listen and process is crucial but can be very challenging with complex subjects and emotional situations!

## **Social worker**

I think it is important to establish the pattern of always wanting to see the child or young person alone.

## **Kate, Me first Project Lead**

Children and young people often say things like "Do adults/healthcare professionals just think we magically learn to make choices and decisions when we're 18? We need to learn to gradually how to do this"

## **Clinical Nurse Specialist**

When it comes to difficult conversations, prepare a list of question prompts 'here are some questions other young people have asked', give them to the child or young person while they wait and ask them to choose the ones they would like to talk about together.

## **Charge Nurse**

If you want to see a child alone without their parents, an idea of something you could say is: "we need to have a chat so why don't you go get a coffee; we can call you if we need you to come back".

## **Clinical Nurse Specialist:**

At the start of the meeting explain that there will be a time where you and the child or young person will meet alone to help develop life skills needed in adulthood.

## **Nurse Consultant**

You need to have an upfront approach to seeing children and young people 1:1. Ask "can we have a talk together and mum would you like to go and get a cup of tea?"

## **Grace, GP**

Young people with learning difficulties are often supported by their parents to appointments more than other young people their age. I always try to have some time alone with them, to give them the opportunity to ask questions they may not want to in front of their parents. We use questions cards to prompt them to choose the things they want to talk about. These include personal or 'embarrassing' topics. This shows them that it's ok to ask and that other young people have also asked these questions.

## **Rob, Social Worker**

Another strategy for some young people who are intimidated by direct eye contact from a professional is to ask them to draw a family tree (on a whiteboard or flipchart). Many young people like this and it will often get them talking about their family and then themselves.

## **Anna, Consultant Nurse**

It is easy to forget sometimes to negotiate properly what we are going to feedback to the parent, in that situation I then ask the young person to feedback what we discussed together at a level they are happy with.

## **Anna, Consultant Nurse**

I remind the child or young person about confidentiality and what we can feedback at the start of an appointment. I ask the young person about what they understand by confidentiality. Because they have usually heard it so many times and know what it is so when they hear me describe it to them they just switch off. Whereas, if I ask them to describe it to me then I get a clear idea if they understand the same as me.

## **Anna, Consultant Nurse**

I explain the structure of the appointment at the start so that everyone knows that I will see the child or young person alone. They will also have received a letter explaining how it runs, how long it is, who they will see.

### **Anna, Emergency Department Nurse**

I find it works well to take the child or young person to a separate room as that is easier than getting the parent to leave.

### **John, Nurse**

I will ask the child or young person if they want to be seen with or without their parent. And check with the child if they would be happy for parent to be present when the doctor comes to see them.

### **Lindsay-Kay, Adolescent Clinical Nurse Specialist**

If possible I prepare young people and their families for the child or young person to be seen alone. We do this in a letter before an appointment, a notice on the wall in the waiting area, and when I first introduce myself to the family.

### **Elizabeth, Clinical Psychologist**

I am explicit regarding seeing a child or young person 1:1 using words such as “letting Lucy have space to talk alone”. When we meet back up with the parent I then encourage the child or young person to talk loosely a little bit about what was covered, if they don’t want to talk, I will tell the parents so that they feel that they are still aware of what is happening with their child.

### **Emma, Physiotherapist**

I try to be firm but polite when I want to see children or young people alone, I say “I think this might be a good moment to go get a cup of tea whilst we do some work...I’ll call you when we are finished”

### **Matthew, Social Worker**

If I need to see a child or young person alone I will be direct and say “Please will you leave us” or “I think I need a conversation with Lucas now”. You need to own it and name it. I say something like “I’m going to talk and then at some point we (me and the young person) are going to have a chat alone and then we’ll feed back to you (the parent) about what’s happening” so the parent doesn’t really have an opportunity to object. It’s about showing the parent that the child is alright with me and that they don’t really need to be here.

### **Lindsay-Kay, Adolescent Clinical Nurse Specialist**

I explain when meeting with family for the first time that there will be a point in the meeting where the young person will be seen 1:1, and that this is to help build independence skills which are important for the future.

### **Robert, GP**

I find it works well when I ask the child or young person “Would you be comfortable talking to me separately?”

## **Anna, Emergency Department Nurse**

I often get a vibe at triage of whether I want to discuss something with a young person on a 1:1 basis without their guardian. I would always be quite upfront but approach the child for their consent to be seen on their own. “Hi Raj, its routine that we can just talk things through together, is it alright if we go and pop into this other room” or “mum do you want to go and grab a coffee or gets some fresh air so that Raj and I can talk things through.”

## **Marcia, Radiographer**

If there are people in the room who don't need to be there, or who are distracting attention away from the child or young person, enlist the help of other staff to take them somewhere else. Staff on the ward or play specialists can help.

## **How to see a child or young person with their parents**

### **Me first Project Lead**

We need to really think about whose best interests we're thinking about when we withhold information - is it really in the best interests of the child? Or are we protecting ourselves from difficult conversations? It's complex but I always try to start from the point that information should be shared. That means we then have to think through and justify why it shouldn't be.

### **Physio**

It's crucial that the information shared is appropriate for their age and level of understanding and that this can be done in a gradual and supportive way. It's important that professionals and parents work together to achieve this.

### **Me first Project Lead**

Prof Alderson is great to read on CYP rights and consent to treatment and talks about 4 levels: 1. At the bare minimum CYP should be informed 2. CYP should be able to express an informed view 3. have that view taken into account 4. be the main decider

### **Me first Project Lead**

We often think about what is potentially difficult or the risks of sharing information with a child or young person - but I think it's sometimes more helpful to think of the risks of not sharing information e.g. CYP may feel scared as they don't know what's happening to them.

### **Me first Project Lead**

It's not if but how we share information. So important to do it in a way that meets the individual's wishes and needs.

## **Physio**

Every child or young person should be treated differently & each situation re-assessed as to what information should be shared. I think there are ways of involving even younger people if done in a way that suits them when they're ready.

## **Kate, Me first Project Lead**

Be clear about what the child/young person needs, what the parents need. Both important.

## **Physio**

Talking is only part of the conversation. Time and space to listen and process is crucial but can be very challenging with complex subjects and emotional situations!

## **Physio**

Putting the child and young person first doesn't mean ignoring the parents -all views are important and listening to all parties is crucial to reducing anxiety and improving collaboration.

## **Physio**

Honesty with all is key! And sharing that we are all aiming for what's best for the CYP to help the parents, professionals and CYP work together.

## **Physio**

Honesty is crucial! All people regardless of age want to be treated fairly & with respect. The key is good communication to find a time & method that suits the child or young person & finding a way for the CYP, parents and professionals to work together to share roles & responsibilities

## **Physio**

It can be very difficult for parents & CYPs to feel comfortable to choose sharing more information if they haven't had a good experience of this. It can be worrying & daunting for all but if done well it can be very helpful and aid transition.

## **Play Specialist**

I always talk to the child or young person first and tell them who I am and what I do but I'll also involve parents if they don't want to talk to me, that sometimes is a way to start conversations. Such as asking parents about the child or young person's likes and dislikes, if parents get it wrong the child or young person will often correct them.

## **Social Worker**

If the parent wants to monopolise the conversation, then you might want to sit next to the child or young person, if the parent sits down straight away you might try to physically rearrange people "No, you sit there, and I'll sit here".



## **Psychologist**

I always talk directly to the child or young person, and I use 'circular questions'. I will ask the child or young person "What do you think about what mum or dad said?" I also maintain eye contact with the people in the conversation at all times, helping everyone to feel part of the conversation.

## **Physiotherapist**

If parents aren't wanting something to happen, 1) Acknowledge the parents and their thoughts. 2) Make a judgement yourself as to whether the child or young person needs to have something happen at this time and if not arrange it for another time. If it does, then explain to parents the rationale behind why it needs to be done now. 3) Discuss with parents if it is better that they leave for a short time whilst it is done. It could be, due to emotion or stress, they are considering their own interests first rather than their child or young persons.

## **Head of Hospital Volunteer services**

When parents are angry and upset there is often so much more than you can actually see going on. It is important to talk with the parents or carers and find out what is behind their thoughts. Usually, taking time to sit and listen to a parent or carer is enough for them to open up and share with you.

## **Clinical Nurse Specialist**

Remember that parents are not being awkward or difficult, they are probably frightened so may need help to explore their anxieties. If you are not comfortable with this, call in some help, psychologists are good in these situations.

## **Dawn, Physiotherapist**

It's difficult when parents of children with profound impairments have unrealistic expectations of what physio can achieve. Parents sometimes say "why are you fiddling around with that when I want them to learn to walk?" It's important to set small steps with parents and children so that they understand the small steps along the way to achieving longer-term goals. If they don't have that, they think 'what's the point in coming here?' We need to agree the stepping-stones along the way.

## **Dawn, Physiotherapist**

Parents and children often have different expectations of treatment. You need to develop shared outcomes and goals with parents and children so that they both feel involved. Motivation for children is really important. Parents may have more of the *what* choices about treatment outcomes, but it's vital to offer children choices about *how* they achieve those outcomes and what treatment options they prefer.

## **Lucy, Play therapist**

We have a sensory room where young children and their families can spend time together. This is a place where there are no interruptions. Staff know not to disturb the family and to respect that this is a quiet place to give parents and children time together as a family, where parents can be parents with their children. We only go in if they need or ask us to.

## **Maria, Play therapist**

All day long, doctors and nurses will walk straight into a cubicle or room and this isn't a usual experience outside of a hospital. I always make sure that I knock and ask 'is it OK if I come in?' It's a simple thing, but it shows respect to the child and their family. I also make sure there is time allocated in the day that is just time for the child, where there will be no procedures or other things happening, so that they have their own time to be a family.

## **Siobhan, Family Therapist**

Typically the process of having a child in hospital can be very disempowering for parents. All of a sudden there's lots of doctors and nurses telling parents 'you need to do this, you need to do that'. And suddenly, their whole modus operandi as a parent is knocked back. I ask parents 'what would you normally do at home? What would normally do to sooth your child?' Or I ask the child 'what does mummy or daddy do that makes you feel safe or happy?' It reconnects parents with their child and their internal resources as parents.

## **Paul, Anaesthetist**

Children look to their parents and will pick up on their feelings. So, if the parents are anxious, we need to reassure the parents. It is also often the first time parents have experienced their child being in hospital, so we need to give them ideas of what to say and do to help their child, so that they feel empowered.

## **Matt, Consultant**

I always get my own patient from waiting room so I can see whether they are coming willingly or being 'dragged' by parent/carer.

## **Matthew, Social Worker**

If the child is alone and I want to check-in about confidentiality I might say "Is it okay to say this in front of your mum and dad later?"

## **John, Nurse**

I will ask the child or young person if they want to be seen with or without their parent. And check with the child if they would be happy for parent to be present when the doctor comes to see them.

## **Ali, Dietitian**

As much as possible I talk directly to and ask questions to the child or young person. By using their name regularly in the conversation I emphasise that they are my patient and my main concern.

## **Anna, Consultant Nurse**

On some occasions I will ask the parent to please be quiet for a period of time, in a polite way. Pointing out that it is the young person's appointment and that they need to get used to the practice of using their voice, remembering questions to ask, and of course I make it clear that the

parent can speak after.

## **Ben, Student Practice Facilitator**

It is hard when your patient presents with their mum, dad, aunty, uncles, brothers, sisters, everyone all in the room. So sometimes I say “there’s a playroom if the kids wanted to go down with your older brother or something, while I talk to you and your mum and dad.”

## **Gamal, Nurse**

We need to be advocates for the children and young people and help them to ‘get a word in edgeways’. I sometimes do this by saying things like “Jo, what do you think?” as this gives the child or young person an opportunity to speak and lets them know that you want to know how they feel.

## **Elizabeth, Clinical Psychologist**

I always talk directly to the child or young person, and I use ‘circular questions’, like “What do you think about what mum said?”

## **Anna, Consultant Nurse**

One thing that I always do is to seat the child or young person closest to me and the parent slightly further away.

# **Preparing for procedures**

## **Physio**

Being honest and open is key -communicating to those involved about what to expect, what's a normal time frame, why there's a change in plan and what this means.

## **Play Specialist**

When you get difficult questions like 'am I going to die?' or 'is this going to hurt', talk to the child or young person but listen to them as well. They might have preconceived ideas and thoughts that are not true.

## **Clinical Nurse Specialist**

Be honest with the child or young person. If something is going to hurt tell them, but also make them see beyond it, “yes it will hurt but, it will be a step closer to going home”

## **Zainab, Participation worker**

A young person with learning difficulties got a letter about ‘X-Ray surveillance’ and panicked as she didn’t understand what it meant. So, we worked with the X-Ray department to develop a leaflet with pictures to explain what an X-Ray is and what happens when you go for one. This can be really helpful for all sorts of different procedures.

## **Rita, Physiologist**

Social stories are really helpful for children with Autism. They are a simple story that you can create yourself, written at the child's level, with lots of photos or images. They show another child going through something they will have to go through, like a procedure or an exercise. It shows all the small steps involved and helps the child to understand what will happen.

## **Abdul, Dentist**

Photo sequences are really useful to help children and young people with learning difficulties to understand the steps involved in procedures or to help them learn self-care techniques.

## **Tom, Doctor**

Children often worry if they don't know what to expect. I try to demonstrate with teddies and dolls. So, for example, we give the teddies and dolls cannulas and lines first. I will help the child to put the line into the teddy and talk to them about why teddy needs the line and how it will help. This helps them to learn and understand what will happen and make them feel less worried or anxious.

## **Hassan, Phlebotomist**

It's important to be honest and consistent. Don't tell the child it won't hurt if it will, as they will stop trusting you. Be honest and say 'it will hurt a little bit, like a little scratch, but it will feel better very quickly.'

## **Philippa, Family therapist**

Being clear, honest and consistent is very important for younger children. It's not about them being difficult or troubling. We don't know what their previous experiences were – many will have had bad experiences in the past and they may not trust healthcare professionals. Which is why it is important to try to find out what their previous experiences are and to be honest about what will happen, what will and won't hurt.

## **Maria, Play specialist**

You have to accept that sometimes things don't work, that it doesn't matter what you do or how you try to help that child and family, sometimes trying to do a procedure won't work. If possible, it's better to stop, wait (even if only for a few minutes) and try again. It's important to talk to the child and their family about it so that you're being open, honest and trying to plan together what to try and how to do it next time.

## **Siobhan, Family therapist**

We need to remember that people don't receive information in the same way when they are stressed or anxious. People literally don't hear it. It is important to spend time playing or calming the child down – even if it's just a quick chat it can really help.

## **Paul, Anaesthetist**

It's important to understand the beliefs of parents and younger children about what's going to

happen with their treatment. This is often the first time they have experienced a treatment or procedure and they may worry what it will be like or worry it will be worse than it is. For example, some young children have said to me that they think they are going to not wake up from 'going to sleep' when they are having an anaesthetic as their pet was 'put to sleep'. We need to understand what younger children think so that we can attend to this to reassure them. I sometimes say "You are going to have a nice deep sleep and you can tell us all about your dreams when you wake up later today".

## **National Children's Bureau**

Role play has been found to be useful in situations where children need to develop confidence to communicate. I sometimes use a toy or puppet to explore a child's feelings by asking questions such as: 'How would the teddy feel if he was coming in to hospital?' or 'How would you help teddy feel less afraid about sleeping in hospital?'

## **National Children's Bureau**

I use stories to prompt and trigger conversation, this can be particularly useful when having difficult conversations. I often use a story book about feelings, like being scared or what different procedures are like. These are easy to make yourself with photos and simple sentences. A photo book of having a CT scan shows the steps and I pause throughout the story, asking "how do you think that child might be feeling?" or "what questions do you think they might have?". This helps to discover what the child is thinking and feeling as they will often project their own worries onto the child in the story and find it easier to talk about their worries in the third person.

## **Hassan, Phlebotomist**

There are always choices. If a child is having a blood test, even with very young children, we can give them warning and talk to them about how it can be done. It's important to be honest about the things they don't have a choice about. So, I often say "We want to see that you're getting better, so we have to check your blood, but you can be the boss and choose who is in the room with you, where you sit, which arm and what we do afterwards'. Even with very young children they can still have a choice.

## **Maria, Play specialist**

It's important to build up a playful relationship with younger children. This takes a bit of extra time, but otherwise younger children often just see healthcare professionals as coming to do something horrible. If the nurse only comes into the cubicle to give medicine, the child will think that's all she's coming to do and they get upset and distressed because they know she's coming into to do something else. So the nurse then thinks they're just distressing the child and stays away unless they have to go in so they don't upset them. It becomes a vicious cycle, which just reinforces the child's worries. It's important that healthcare professionals find time to spend with children that doesn't involve a procedure.

## **Paul, Anaesthetist**

It's important to understand the beliefs of parents and younger children about what's going to happen with their treatment. This is often the first time they have experienced a treatment or procedure and they may worry what it will be like or worry it will be worse than it is. For example, some young children have said to me that they think they are going to not wake up from 'going to

sleep' when they are having an anaesthetic as their pet was 'put to sleep'. We need to understand what younger children think so that we can attend to this to reassure them. I sometimes say "You are going to have a nice deep sleep and you can tell us all about your dreams when you wake up later today".

## **Jackie, Teacher**

An iPad works very well for distraction. The younger child can get involved in interactive activities like drawing themselves. I often use an app called PicCollage.

## **Child or Young Person**

Physical examinations can be horrible and often have no explanation. It really helps when I am asked; "Is it ok if...", "Which arm...", " Can I...", "Do you mind if..."

## **Child or Young Person**

We're all different, we all have different preferences. Some people want to know everything, some people want every step of what is happening explained, and others just want you to get on with it.

## **Younger children**

### **Physio**

Every child or young person should be treated differently & each situation re-assessed as to what information should be shared. I think there are ways of involving even younger people if done in a way that suits them when they're ready.

## **Tom, Doctor**

When a young child has been in hospital for a long time or has moved wards, I do a drawing with them to find out where they've been. We draw a suitcase and draw pictures of what is in their suitcase. This is to show their healthcare journey, where they've been, what's happened, what they liked and didn't like. It helps them to feel in control of their healthcare journey and to tell us what has already happened.

## **Meghan, Nurse**

When young children have had a line in for a long time, in their mind it becomes a part of their body. Often they have had it for as long as they can remember and they know it is important to keep them getting better. When this needs to be removed, we need to think about how this will affect them. I sometimes do drawings with children or use play figures to make up stories and talk about how they feel about having it removed.

## **Tom, Doctor**

Children often worry if they don't know what to expect. I try to demonstrate with teddies and dolls. So, for example, we give the teddies and dolls cannulas and lines first. I will help the child to put the line into the teddy and talk to them about why teddy needs the line and how it will help. This helps them to learn and understand what will happen and make them feel less worried or anxious.

## **Philippa, Family therapist**

Being clear, honest and consistent is very important for younger children. It's not about them being difficult or troubling. We don't know what their previous experiences were – many will have had bad experiences in the past and they may not trust healthcare professionals. Which is why it is important to try to find out what their previous experiences are and to be honest about what will happen, what will and won't hurt.

## **Maria, Play specialist**

It's important to build up a playful relationship with younger children. This takes a bit of extra time, but otherwise younger children often just see healthcare professionals as coming to do something horrible. If the nurse only comes into the cubicle to give medicine, the child will think that's all she's coming to do and they get upset and distressed because they know she's coming into to do something else. So the nurse then thinks they're just distressing the child and stays away unless they have to go in so they don't upset them. It becomes a vicious cycle, which just reinforces the child's worries. It's important that healthcare professionals find time to spend with children that doesn't involve a procedure.

## **National Children's Bureau**

Young children may have their own words to describe things and using these words can help aid the child's understanding as well as engaging them in the conversation. So I use the words the child uses to show them I am listening and to help engage the child. For example if they use 'boo boo' to mean injury I might say 'Do you have a boo boo?'

## **National Children's Bureau**

Young children love pretending they are on the phone at nursery or primary school. I sometimes use this and ask the child to pretend that they are talking to me on the phone. This can help young children feel in control of the conversation as they can put the phone down at any point.

## **National Children's Bureau**

Role play has been found to be useful in situations where children need to develop confidence to communicate. I sometimes use a toy or puppet to explore a child's feelings by asking questions such as: 'How would the teddy feel if he was coming in to hospital?' or 'How would you help teddy feel less afraid about sleeping in hospital?'

## **National Children's Bureau**

Young children often find it easier to talk to or confide in objects, toys, puppets or dolls. I sometimes create a talking chair or talking rug to use when I am talking with a young child. I ask the child things like "what do you think the puppet is feeling?" or "The puppet looks a bit worried. What sort of things could we do to help the puppet feel better?"

## **National Children's Bureau**

I encourage young children I see regularly to start a scrap book and ask them to take pictures and draw how they feel at certain times. I ask the child to bring their scrapbook to all the

appointments. This is a good way of getting their views over time as the child may not remember things on the spot in an appointment.

### **Maria, Play specialist**

It's important to build up a playful relationship with younger children. This takes a bit of extra time, but otherwise younger children often just see healthcare professionals as coming to do something horrible. If the nurse only comes into the cubicle to give medicine, the child will think that's all she's coming to do and they get upset and distressed because they know she's coming into to do something else. So the nurse then thinks they're just distressing the child and stays away unless they have to go in so they don't upset them. It becomes a vicious cycle, which just reinforces the child's worries. It's important that healthcare professionals find time to spend with children that doesn't involve a procedure.

### **Paul, Anaesthetist**

It's important to understand the beliefs of parents and younger children about what's going to happen with their treatment. This is often the first time they have experienced a treatment or procedure and they may worry what it will be like or worry it will be worse than it is. For example, some young children have said to me that they think they are going to not wake up from 'going to sleep' when they are having an anaesthetic as their pet was 'put to sleep'. We need to understand what younger children think so that we can attend to this to reassure them. I sometimes say "You are going to have a nice deep sleep and you can tell us all about your dreams when you wake up later today".

### **Harriet, Dietitian**

I check a child's understanding by asking them to explain to a toy or puppet who doesn't understand or who has got something wrong.

### **Eleanor, Speech and Language Therapist**

I always try to physically get down to the younger child's level when talking to them. I either sit on the floor or at the table with the child. They may feel intimidated with an adult looking down on them.

### **Jackie, Teacher**

It is really important to give the younger child plenty of time to reply to your questions and in your conversation.

### **Jackie, Teacher**

An iPad works very well for distraction. The younger child can get involved in interactive activities like drawing themselves. I often use an app called PicCollage.

### **Jackie, Teacher**

With younger children of about 4-6 years old, I always start an interaction using a story. It really captures their attention and engages them with me.



# Health Coaching

## Transition

### Physio

Informing CYPs and involving them in choices and decisions about their health can help them have interest and take control. It also helps make sure that correct information is shared.

### Kate, Me first Project Lead

Children and young people often say things like "Do adults/healthcare professionals just think we magically learn to make choices and decisions when we're 18? We need to learn to gradually how to do this"

### Physio

Honesty is crucial! All people regardless of age want to be treated fairly & with respect. The key is good communication to find a time & method that suits the child or young person & finding a way for the CYP, parents and professionals to work together to share roles & responsibilities

### Physio

It can be very difficult for parents & CYPs to feel comfortable to choose sharing more information if they haven't had a good experience of this. It can be worrying & daunting for all but if done well it can be very helpful and aid transition.

### Physio

Children and young people don't know there is an opportunity for them to be more involved if they haven't been presented with an opportunity before and parents and professionals often struggle to know how to go about this. It can help to provide time to discuss the difficulties, to normalise their experience to feel comfortable with it and to show CYPs and families opportunities to share responsibility in a helpful way when they are ready.

### Play Specialist

I always talk to the child or young person first and tell them who I am and what I do but I'll also involve parents if they don't want to talk to me, that sometimes is a way to start conversations. Such as asking parents about the child or young person's likes and dislikes, if parents get it wrong the child or young person will often correct them.

### Clinical Nurse Specialist

I send a copy of all clinic notes addressed to the young person, encouraging them to take responsibility and develop those independence skills needed for adulthood.

### Pharmacist

When preparing children and young people to take control of their medication or other aspects of their care or treatment, set them small goals and tasks and build on them over time.

## **Jane, School Nurse**

I don't shield older children because often they will have been digging on the internet for information and it's important that I am the one to give the correct information.

## **Mental health**

### **CYP**

I can get worked up and stressed when there is too much background noise or lots of movement - I then have to leave the room and calm down. This can be the case for people with hearing impairments or visual impairments or mental health illness. I would therefore advise to where possible try to minimise this by speaking with me in a quiet, still and well lit room.

## **Philippa, Family therapist**

When I go to see a child and their family as a family psychotherapist, they know they're in hospital for their physical health, so I need to explain why I've come to see them. I say to the child 'the doctors and nurses are so good at looking after these bits in your body and I'm a doctor of feelings, so I'm really interested in looking after your feelings'

## **Safeguarding**

### **Clinical Nurse Specialist**

When it comes to difficult conversations, prepare a list of question prompts 'here are some questions other young people have asked', give them to the child or young person while they wait and ask them to choose the ones they would like to talk about together.

## **Uncategorised**

### **Physio**

It's important to be able to admit when we haven't got something quite right or talk about where we can improve. This can help create a culture to welcome feedback and challenge. But as professionals were often worried how this will come across.

## **Ray, Psychologist**

I prefer to say instead of 'did that make sense' try 'is there anything that would help you to understand this better?' as it seems like less of a test.

## **Eleanor, Speech and Language Therapist**

I feel that it is important to never say 'do you understand?' This can make a young child feel they

should understand and they might say yes even though they do not understand. An alternative phrase we use is 'is there anything else that would be helpful for you to know?'

## **Emma, Nurse**

As a Healthcare Professional, I try not to become desensitised to a situation. Healthcare professionals become used to things and sometimes can't understand why a child won't comply. I try to remember that it is normal for each child to react differently to any given situation. I try and put myself 'in their shoes'.

## **Sanjeev, Consultant**

Children and young people with long-term conditions often know a lot but need to use you as a sounding board to have things explained directly for them.

## **Life Limiting Conditions**

### **Children or young people with communication impairments**

#### **CYP**

It can be both intimidating and embarrassing when you (someone with a visual/hearing/learning impairment) are being spoken to in a large group, especially if you are struggling to understand. So it is most helpful for me if you try to speak to me in a large group and where possible try to speak with me 1:1 or in a group of no more than three; this also assists in minimising distractions and other confusing elements.

#### **Grace, GP**

Some children with learning difficulties or communication impairments may need more time to think about what you've said and to reply. I always make sure I give them time and allow silences rather than jumping in straight away.

#### **Antonio, Occupational therapist**

We use wikis to enable young people to direct their care. Young people have their own wiki pages. They might put things on there like short videos to show how they like their splints to be put on. It's a way of enabling young people with communication impairments or learning difficulties to tell others how they like to be supported or what their health preferences and needs are.

#### **Antonio, Occupational therapist**

We use visual timetables for children and young people with autism. They have photos or symbols of what is going to happen each step of the way. The photos have Velcro on the back and each one is stuck on a strip in sequence. As each step happens, they can remove the photo to show it has been done and so they can focus on what is going to happen next. Or the child can take each picture off and give it to you to ask you to do the next step, so they are initiating a communication with you. It helps them to feel in control and focus on what is happening.

## **Rita, Physiologist**

Social stories are really helpful for children with Autism. They are a simple story that you can create yourself, written at the child's level, with lots of photos or images. They show another child going through something they will have to go through, like a procedure or an exercise. It shows all the small steps involved and helps the child to understand what will happen.

## **Antonio, Occupational therapist**

When a child doesn't use speech to communicate, it helps to start by observing their body language to see what they like and don't like. I note this down to learn about their likes and dislikes over time. I then use this as a basis to start offering them choice over the games or activities they like.

## **Victoria, Physiotherapist**

When children with learning difficulties or communication impairments find it difficult to answer open ended questions, offering small, concrete choices is a way to help them feel in control. I always try to give the children a choice over the activities we do in their treatment. So I ask them 'do you want to play this game or that game?'

## **National Children's Bureau**

When children are unable to verbalise emotions, I use symbols, such as faces with emotions to explore how children feel. I ask the child to choose a face to show how they are feeling. I ask them why they chose that face and move on to questions such as why do you feel happy? Or why do you feel sad?

## **Tom, Doctor**

I use symbols of different feelings and pictures of symptoms and parts of the body. I then ask simple questions to encourage the child or young person to point to the part of the body and the related feeling or symptom. This helps children and young people to communicate what they are feeling and where in their body they are feeling it.

## **Adolescents**

### **Children or young people with hearing impairments**

#### **CYP**

I can get worked up and stressed when there is too much background noise or lots of movement - I then have to leave the room and calm down. This can be the case for people with hearing impairments or visual impairments or mental health illness. I would therefore advise to where possible try to minimise this by speaking with me in a quiet, still and well lit room.

#### **CYP**

It can be both intimidating and embarrassing when you (someone with a visual/hearing/learning

impairment) are being spoken to in a large group, especially if you are struggling to understand. So it is most helpful for me if you try to speak to me in a large group and where possible try to speak with me 1:1 or in a group of no more than three; this also assists in minimising distractions and other confusing elements.

### **Action on hearing loss**

To make it easy to lipread, don't cover your mouth with your hands or clothing.

### **Action on hearing loss**

Find a suitable place to talk, with good lighting (natural light is best, though don't stand in front of a window - light should be on you, not behind you) and away from noise and distractions.

### **Action on hearing loss**

If someone doesn't understand what you've said, don't keep repeating it. Try saying it in a different way instead.

### **Action on hearing loss**

Don't shout. It can be uncomfortable for hearing aid users and it looks aggressive.

### **Action on hearing loss**

If you're talking to a group that includes deaf and hearing people, don't just focus on the hearing people, similarly, don't just focus on the deaf people - this might make them feel uncomfortable.

### **Action on hearing loss**

Use natural facial expressions and gestures.

### **Action on hearing loss**

Speak clearly but not too slowly, and don't exaggerate your lip movements – this can make it harder to lipread.

### **Action on hearing loss**

Make sure you have face-to-face contact with the person you are talking to. Get the young person's attention before you start speaking, maybe by waving or tapping them on the arm. Remember they have a hearing impairment and might be easily spooked, don't creep up on them.

### **Action on hearing loss**

If you are using communication support, always remember to talk directly to the person you are communicating with, not the interpreter.

### **Action on hearing loss**

Just because someone is wearing hearing aids it doesn't mean they can hear you perfectly. Ask if they need to lipread, or if there is anything you can do to assist.