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Communicating with Children

Age-adapted communication with children

In communicating with small children, health professionals should:

- Use loving tones and **simple language**;
- Adapt to the child's growing attention span;
- Use lots of repetition, rhythm and song;
- Use everyday experiences: stories of other children, families, animals and typical daily activities and routines;
- Encourage activities: singing, clapping, dancing, movement;
- Involve "**question and answer**" interactions and encourage talk;
- Present children making simple choices and expressing their creative opinions;
- Use sensory words, repetition, rhythm and song, as well as animal and human characters.

For children in their middle years:

- Use strategies such as visual and auditory humour and cognitive challenges (e.g., brain teasers, riddles, tongue twisters, etc.);
- Include interactive problem-solving and critical thinking;
- Introduce sensitive topics that show other children dealing with social justice or difficult issues like disease, death, anger, abuse, disability, etc., in creative and healthy ways;
- Use rhymes, riddles, tongue twisters and simple jokes to make content as appealing as possible.

For early adolescence:

- Talk respectfully and not didactically: Do not "talk down";
- Use a lot of humour and creativity;
- Include positive role models with high moral standards, stories about balancing the influence of family/friends/media, non-pedagogical formats and guidance in helping channel the need for experimentation and independence into healthy life choices;
- For children with special disorders such as autism, communication with a robot can be used to keep them more engaged (<https://vimeo.com/144126909>).

Communication with children of all ages should:

- be free of stereotypes such as: class, ethnicity, illness, disability, religion, age and gender.
- We all learn through imitation. Include positive modelling that can help them learn good values and behaviours (unfortunately, negative modelling can teach and reinforce values and behaviours that have to be changed or avoided). Therefore, educators and medical professionals should make sure that communication shows and tells children **what we want them to do**, rather than what we do not want them to do. Portraying the negative, visually and verbally, can lead to sometimes dangerous and unintended negative results.



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