



Child Protection Case management

Area of intervention
CP Case management

Key objectives
To propose key considerations and TIPS when implementing Case Management during COVID19.

Audience
Caseworkers & CM Supervisors

Face-to-face vs remote CM?



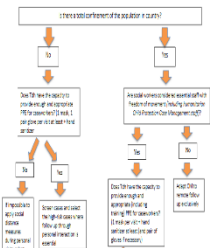
CP case management is normally a **long-term process** which includes regular face-to-face interventions with the child, the family and other professionals. As a result of COVID-19, case management may **not always be conducted face-to-face**, to ensure the safety of both beneficiaries and frontline workers. Therefore, given the current risks of in-person contact, there is a need to **determine when in-person contact is critical** to the protection of children and their families.

A number of questions may help you in determining the most appropriate modality:

- What is the level of risk for the child? (review case prioritization: low, medium, high)
- What are the urgent needs and tasks requiring in-person support?
- What is the level of exposure/transmission risk to the COVID-19 virus?

Other **operational and ethical considerations**:

- Is there total or partial confinement in the country? Are social services and CP case management services considered essential? Do caseworkers have freedom of movement?
- Is the staff comfortable with doing frontline work? Have they received appropriate information regarding risks and health prevention measures?
- Are any of the staff members at specific risk? (Medical preconditions or risk factors, including family members)
- Is it possible to conduct in-person support, keeping social distancing (1-2 meters) and hygiene measures?
- Does the organization have the capacity to provide personal protection equipment in an appropriate quantity?
- Are there any confirmed cases in the family we have to visit?



Click on the image to access the full flowchart.

Caseload

Current caseload

Maintain CM support for all high-risk cases:

- Face to face visits with safety measures 1
- Remote follow-up 2
- 3

Medium and low risk cases should be reviewed and follow up needs prioritized.

Monitor internal capacity to respond to the additional caseload generated by COVID-19.

New COVID 19 CP risks

Directly generated risks and concerns increased distress, family separation and isolated children without appropriate care, orphan children, child survivors of the disease, etc...

Indirectly generated risks: restricted access to basic services, negative coping strategies, domestic violence, SGBV, child labour, trafficking, enhanced risks for children/caregivers with disabilities, children on the move, children in the street, children in detention and protective custody, etc...





Case management process

The **steps** in the case management process **remain unchanged**, but the approach and modalities for each step should be reviewed to be **more flexible and adapted**.



Face-to-face

- Prior to conducting any visit and every time you speak to a family on the phone, **inquire whether someone in the family is unwell**.
- **Explain all preventive and protection measures** that you apply to child/family to avoid negative perceptions and clarify that those protect you and them.



[CM Guidance Social Distancing](#)

- Promote the **mental health and psychosocial wellbeing** of children and caregivers
- Provide **parenting key messages** that focus on stress reduction, child development, social and emotional learning, safety, how to access services, etc.



Remote

- Inform children and families about **what they can expect**, and how you will communicate
- Pay extra **attention to non-visual cues** (contradictory answers, prolonged silences, frequent topic changes, etc...)
- Determine **what questions you might ask** that are nonintrusive, nonleading, compassionate, and **helpful to identify needs and concerns**, gather additional information, and tailor interventions.



[CM Guidance Remote Phone Follow up](#)

Information management

Documentation & information sharing

- Ensure case registration and initial assessment forms include **'critical medical conditions'**, or **'quarantine for the child or caregiver'**, when relevant.
- Review and **adapt the interagency referral form** and ensure the health sector and staff are informed about it.
- Facilitate and **simplify rapid referrals** from health staff (caseworkers filling the referral form for each case to keep track).
- **Simplify forms** if information is to be collected by telephone or by identified and trained community members.
- Verify and ensure continued **safe storage of sensitive documentation** in all field/activity sites.
- Ensure a clear and confidential **information sharing** process is in place between child protection and health actors, agree key information on children to be shared.



Data protection in remote settings

General data protection principles should apply during remote services, but additional challenges and considerations come into play:

- **Beneficiaries** might not be used to a new tool. It may also be difficult to install another app on a shared device.
- **Platforms privacy and data collection policies** – it is important to choose platforms that prioritize privacy and minimize data collection. Be cautious when requiring beneficiaries to set up user accounts.
- Do **not save any sensitive information** in personal devices or digital platforms.



Informed consent

Obtain verbal informed consent from the child and guardian to receive remote support and document it in the case file.

The **following topics should be addressed** to ensure the beneficiary can provide informed consent: length and regularity of the call, what happens if the technology breaks down, professional boundaries, emergency contact.





Safety and capacity building of caseworkers



Staff well-being

- Prioritize the health, safety and wellbeing of the case management team
- Ensure that self-care and staff care strategies are promoted, facilitated, and prioritized for caseworkers



Infection, Prevention and Control (IPC)



- Ensure appropriate information is provided to all staff and particularly frontline staff (health risks, safety and prevention measures)
- Ensure or advocate for personal protection equipment (PPE) for caseworkers
- If social distance is not possible and not enough or appropriate PPE is available to safely conduct home visits provide remote support. Ensure staff and beneficiaries are **not put at further risk** by our intervention.

Supervision and coaching



- Identify approaches to supporting remote individual supervision
- Support peer-to-peer supervision for case workers working in the same location.

Capacity building key topics for caseworkers



- COVID-19: basic facts including symptoms, modes of transmission, so that they can combat myths that may stigmatize children and their families
- Safety measures
- How to identify protection issues that can arise in infectious disease outbreaks
- Remote support approaches: how to talk to children by phone, how to maintain confidentiality/ data protection remotely, safeguarding issues, how to seek supervisor support on critical case, how to manage hotline.

Coordination and collaboration

Coordinate with CP actors and authorities for

- Joint messaging
- Advocating for social services and CP case management
- Advocate for essential and minimum requirements during COVID 19
- Distribution of caseload and priority cases in different locations among agencies and services available and with capacity to respond (Essential specialised and sufficient CP human resources for UASC)
- Improved security in camps, shelters, safe zones during COVID 19 and confinement measures



Coordinate with other sectors to

- Disseminate/train on CP risks,
- Establish clear referral pathway and protocols among other sectors as well as joint messaging, and advocacy.
- Ensure access to basic services



Update service mapping and referral pathways with specific reference to alternative care and emergency accommodation options, health services, wash kits, cash, food and basic needs assistance...



Useful links

OVC Task Force: [DRAFT Tips and Considerations for Remote Case Management in the Context of COVID-19](#)
 The Alliance for Child Protection in Humanitarian Action, UNICEF, IFSW, Global Social Service Workforce Alliance: [Social Service Workforce Safety and Wellness during the COVID-19 Response: Recommended Actions](#)
 Child Protection Case Management Task Force Lebanon: [Guidance for Child Protection Case workers to share with Children or Caregivers on COVID-19: Preventive Safety Measures when doing Case Management Work](#)
 The Alliance for Child Protection in Humanitarian Action: [Technical Note: Protection of Children during the Coronavirus Pandemic \(v.1\)](#)
 Childhub: [Series of Child Protection Materials: Support in Pandemic Times](#)
 Plan International: [Case Management Preparedness Checklists](#)