Case Management Considerations

CHILDREN IN RESIDENTIAL CARE DURING COVID-19 PANDEMIC

THIS GUIDANCE SHOULD BE CONSIDERED FOR:

Children who currently live in a residential setting, including those that have been placed in residential care before and after the onset of COVID-19 pandemic.

PROCESS	CHANGES TO ANTICIPATE	GUIDANCE
Identification	Households within the community who were previously safe and stable may rapidly become unsafe/unstable in an evolving context. This may see increases in referrals made to residential care facilities.	- As in regular times, family-based alternatives should always be prioritized for children in need of care. Childcare institutions should follow their government's guidance on new admissions and must collaborate with (and seek approval from) statutory authorities before accepting any new child into their care. - Relating to care arrangements, relatives may be afraid to care for a child from a household where a caregiver was exposed to the virus. Ensure that targeted prevention messaging and information is provided to prospective alternative caregivers to reassure them and help them to keep their household safe. - Additionally, childcare institutions have a responsibility to stay abreast of child and family support services that are available within their surrounding communities. Childcare institutions should act as a point of information for children, and families in need of support. Childcare institutions could consider setting up a noticeboard at their gates with up-to-date listings of health, education and psychosocial support services that are close by, including contact details. - Where feasible, childcare institutions should identify opportunities to "piggyback" on health initiatives that are wide reaching (for example, some health service providers may be conducting IEC via phone and child protection hotline numbers also be included).

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Assessment	Case workers may be limited from physically visiting households to assess families as part of reunification preparation.	- It is essential that case workers must try to continue assessments via phone so that the reunification process is not unnecessarily delayed or halted as a result of COVID-19. It is also important for the child and the family to know that the case worker remains involved and interested in the case. - Case workers should be mindful of calling families when it is convenience for them. Ideally, calls should be kept to a maximum of 20 minutes. - Recognizing that in-depth assessments might not be feasible given existing stressors within the home, targeted questions should be asked during each call, prioritizing high-level needs. - For new assessments, it will be essential to invest time in building rapport – remember, you may feel like a stranger to the family, and the quality of the rapport you are able to build will largely dictate the ability to carry out case management. - If a caregiver doesn't answer their phone, case workers may not be able to physically go to check on them. Therefore, it will be important to acquire a list of support people around the family who can be contacted if the household's primary contact becomes unreachable. This will be important for checking the family is safe. Without being able to talk confidentially to other children in the household via phone (i.e., the caregiver will be sitting with them) and without being able to physically verify information, it may be challenging to pick up on signs of violence against children (VAC). Given the increased stress on families during the pandemic, it is critical that case workers are diligent and coordinate with local authorities should they suspect VAC is occurring.
	Needs and urgency of needs may evolve as the situation progresses.	- Conduct family assessments keeping in mind not only current situation but also worst-case scenario. - Family assessments should prioritize: • Basic needs – food, shelter, measures that will help to prevent exposure and transmission of COVID-19 (for example access to soap and water) • VAC - stress from possible loss of employment, children home from school, increased time together can lead to VAC. - It will be important to thoroughly assess the strengths and resources available to families and to make sure they are aware of these and how to access/leverage them in times of need.

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	There are heightened transmission risks associated with children residing in large numbers together.	- Health assessments of children within residential care should be conducted continuously, looking for signs and symptoms of COVID-19. - It is important that feedback on trends revealed in assessments are provided to management, child protection authorities and the Ministry of Health. For example, if several children who reside in one section of the childcare institution suddenly develop symptoms, management must respond with institution-wide measures.
	There is heightened risk of violence against children living in residential care.	- Where house parents and other residential care staff are under increased stress due to the pandemic, and where children are often out of their normal routine and therefore may exhibit behavioral changes, tension is likely to arise within residential care facilities. - All staff should be diligent in assessing for signs and symptoms of VAC and aware of how to prevent VAC. The WHO-endorsed parenting tips can be shared with residential care staff engaged with children. See here.
Case planning	Families will likely need to focus on basic survival needs.	- It is OK if families' higher-level case plan goals are postponed, to prioritize goals related to basic needs, including: • Consistent access to water • Food security • Shelter which allows for physical isolation • Safety - It is important to support families to develop contingency plans to adjust to the evolving situation; imagine 'worst case' scenarios and ensure the family is clear how they can support and protect themselves (i.e., civil unrest, delays in food supply chain, a primary caregiver becomes ill, etc.).
	Children's education may be disrupted as schools close according to governments' physical distancing guidelines.	- Efforts should be made to ensure that learning continues. At a minimum, non-formal classes within the residential care institution should be provided (whilst also keeping 'class sizes' to a minimum). - Staff should check for virtual education resources, including online, on TV and on radio.
	Children's visits to their families and families' visits to the facility should be limited.	- Face to face visits should be limited to minimize exposure to COVID-19. - Efforts should be made to facilitate children's contact with their families via phone. This will be a source of comfort for children in uncertain times.
	Physical distancing requirements restrict the mobilization of groups of people, meaning family group conferencing and case conferencing may not be possible.	- Efforts should be made to conduct collaborative decision-making via phone or online even when face to face group meetings are not feasible.

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	Reunification to biological family or placement to alternative families should still be an eventual goal of case planning. However, actions should be informed by government guidance and as always, the best interest of the child should be paramount in all decision-making.	- Where reunification was already being planned, steps should be taken to maintain this goal, ensuring that both child and family are well prepared and health risks are minimized. - There is a risk of children who have been exposed in childcare institutions then exposing families upon reunification. Testing prior to reunification is strongly recommended, where testing is available. - Families will need reassurance of the measures taken to protect their child from exposure whilst in the childcare institution and also on continued measures they should take to protect the child and themselves upon the child returning home, including a precautionary 14-day isolation period. - The feasibility of 14-day isolation period must be discussed with both child and family prior to reunification. - Given the additional economic, health, and psychological stress due to required prevention measures, case workers might consider delaying reunification until after the pandemic when families have time to recover and are in a safer and more stable position.
Referrals	As the situation evolves accessibility of services may change, and service provision may also change.	- New health and WASH services could be established as the situation evolves, and governments have been seen to rapidly develop economic relief initiatives. - Case workers should monitor reliable government information sources (local authorities, Ministry of Health, local coordination mechanisms), and seek services for both children in their care, and families within the community. - Keep in mind that service providers who do not typically provide health services may begin to mainstream health-focused elements, which may be helpful for children and families (for example, dissemination of IECs about prevention measures).
	Transmission risks are innate within referral process, including exposure to new people, multiple people touching referral documentation, etc.	- Handwash before and after touching referral documentation. - Maintain physical distance when possible; where close contact is required, wear masks. - If anyone is showing symptoms, they must wear a mask.
	Transportation may be limited, as many public means may become restricted.	- Private transportation may need to be acquired/provided to access referral services. - Ensure the driver is equipped with masks and water/soap/hand sanitizers. - Pay attention to local guidance on the number of passengers allowed in a vehicle at one time. - Windows should be down if appropriate and where there are not large gatherings or people in close proximity.

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Monitoring	Community-level actors normally relied upon to support monitoring of families may not available (e.g., neighbors, chiefs, schools)	- It is important to equip families with contacts for local authorities and hotlines, as well as encourage caregivers and children to contact their case worker directly should they face any challenges.
	Case workers may not be able to physically visit households for monitoring.	- Efforts should be made to virtually monitor households, see the link to guidance here. Cases should be categorized as high or low risk, and frequency of monitoring determined accordingly.
Graduation/ case closure	As the situation evolves, households whose cases have been closed or who have graduated from a program may suddenly become vulnerable again	- It is important low-risk cases are closed in a timely manner, to free up case workers' time for more high-risk cases. - Ensure all households are provided contacts for case workers, service providers, local authorities, and other support actors who are geographically accessible to them, should they face challenges after closure.
Supervision	Case workers' and other staffs' wellbeing may be strained under rapidly evolving personal and professional context, and risk of burnout and secondary trauma are high. (Increases risk of VAC)	- Check-in with staff on their personal/family situations – remember "we cannot care for others if we are not OK ourselves" - Discussion of self-care should be included in all supervision sessions. Encourage peer-to-peer support via Zoom or WhatsApp. - If increased one-to-one supervision is not possible, convert to group supervision sessions to allow for increased frequency (observing physical distancing protocols). - Extra support to case workers for caseload management will be important, including categorization of low, medium, high risk cases. - For house parents, ensure they receive practical support on: • Positive discipline • Mindfulness and self-care • Speaking to children about COVID-19 especially the importance prevention measures • Supporting children who are showing signs of increased anxiety
	Administrative and operational procedures may become a bottleneck within rapidly changing context.	- Discuss if case worker has necessary resources to carry out their work. - Be mindful case workers may require increased resources (for example, more access to private transportation than usual to enable referrals, more airtime than usual to enable monitoring via phone). - Ensure level of flexibility with administrative processes to ensure they do not create delays and affect the timely and efficient response.