

Transitioning to Remote Case Management

Facilitator Guide

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COURSE OVERVIEW

Course aim: Prepare practitioners to safely transition to remote case management service delivery in the context of COVID-19 and other infectious disease outbreaks (IDOs).

Course objectives:

By the end of the course, participants will be able to:

- Describe key challenges linked to delivering case management services during COVID-19 and other infectious disease outbreaks.
- Summarize key considerations to adjust to a remote case management service delivery within the context of COVID-19 and other infectious disease outbreaks.
- Explain how to support a safe identification and referral process within the context of COVID-19 and other infectious disease outbreaks.
- Explain key actions to ensure staff safety and well-being in the context of COVID-19 and other infectious diseases outbreaks.
- List key considerations on information sharing and data protection in the context of remote case management service delivery.
- Write a contingency plan with key steps to take to adapt case management system to remote delivery.

Target audience: The learning module is intended for coordinators, managers and technical advisors of case management programs. While job titles may vary, the professional profile that best describes the ideal participant is “practitioner in charge of managing and coordinating the delivery of case management services.”

Related competencies: 4.5 Developing strategies for case management (refer to the [CPHA Competency Framework](#))

- Recognize protection concerns for children, can identify risk and protective factors, understands the case management process, and has basic knowledge of international and national legal frameworks that promote the protection and care of children.
- Uses core communication techniques for supporting children to increase child resilience and wellbeing, has knowledge to coordinate case management systematically, adhere to confidentiality protocols, and make decisions in the best interest of the child.
- Implement safe, ethical, empathetic and inclusive case management services according to inter-agency guidelines.
- Scale up safe, ethical, empathetic and inclusive case management services according to inter-agency guidelines to ensure more children have access to critical protective services.

Prerequisites: A full understanding of the case management process is required to be able to make use of the learning within the module.

Agenda:
Face-to-face:

Day 1	
Time	Session
9:00–9:45	Introduction to the training
9:45–10:35	When is it appropriate to transition to remote case management?
10:35–10:50	Break
10:50–11:30	Prerequisites to transitioning to remote case management
11:30–12:30	Collaboration and Cooperation
12:30–13:30	Lunch
13:30–14:40	Remote case management step by step (Part I: Current and new caseload)
14:40–14:50	Break
14:50–16:30	Remote case management step by step (Part II: Case management step by step)
16:30–16:55	Recap and Close

Day 2	
Time	Session
9:00–9:20	Welcome and day 1 recap
9:20–10:15	Assessment
10:15–10:30	Break
10:30–11:30	Information management
11:30–12:15	Social service workforce safety and well-being
12:15–13:00	Strengthening the CP system
13:00–13:40	Evaluation and close

Remotely facilitated:

	Option 1
Session 1	210 min. Welcome and intros Technology intro When is transitioning to remote CM appropriate? Pre-requisites to remote CM delivery Collaboration and cooperation
Session 2	220 min. Remote case management delivery step by step Assessment
Session 3	190 min. Information management Social service workforce safety and well-being Strengthening the CP system Evaluation and close

Equipment, materials and preparation required:

- Flip charts (4 of them)
- Assorted colored markers (enough for 4 groups to use simultaneously)
- Post-it notes
- Pre-training assignment (shared a week ahead of the training)

Supporting information:

- The content of this learning module is largely based on the [Technical Note: Adaptation of Child Protection Case Management to the COVID-19 Pandemic](#). It is recommended that the facilitator be familiar with the guidance note.
- Recommended group size:
 - 12-24 face-to-face participants
 - 12-20 remote participants.
- Contextualizing the course:
 - Some onboarding activities may need to be adjusted for appropriateness to the target audience.

Remotely facilitated version:

Platform-specific instructions have been avoided in the writing of this course. Once you have identified which online platforms you will use, we recommend reviewing all exercise instructions to ensure these are clear and specific, to best enable participants to engage quickly and easily with interactive elements of the course.

To deliver the exercises in this course you will need the following technical platforms and tools:

- Video calling platform with breakout room and chat functionality.

- Interactive online whiteboard with Post-it and drawing functionalities.
- Online shared folder where participants can access course resources.

The specific preparation required for each session is detailed in the session plans below, including example layouts for online whiteboards.

It is essential that the facilitator and technical producer prepare together, to ensure that roles and responsibilities are agreed upon and clear.

Note, the technical producer does not need any specific qualifications, only to be comfortable and confident using the chosen video calling platform to support the facilitator appropriately.

Overview of Sessions & Learning Objectives

Welcome and Introductions
<p>Session aim: To introduce participants to the course, each other and the facilitation team.</p> <p>Session objectives: By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Recall the structure and objectives of the course. • Introduce the facilitators and their fellow participants. • Use key features of the remote learning platform(s) (applicable to remotely facilitated sessions).
Session 1: When is it appropriate to transition to case management?
<p>Session aim: To explore when transitioning to remote case management service provision is appropriate.</p>
<p>S1. O1: Participants will be able to explain when is appropriate to consider transitioning to remote case management.</p>
<p>S1. O2: Participants will be able to list when face-to-face service delivery is essential.</p>
Session 2: Prerequisites to transitioning to remote case management
<p>Session aim: To explore prerequisites to transitioning to remote case management service delivery.</p>
<p>S2. O1: Participants will be able to explain essential prerequisites to transitioning to remote case management service delivery.</p>

Session 3: Collaboration and cooperation

Session aim: To develop an understanding of key actions to take in cooperating with other stakeholders to ensure that remote service delivery is effective in the context of COVID-19 and other IDOs.

S3. O1: Participants will be able to highlight key actions to take to ensure referral pathways function appropriately in the context of COVID-19 and other IDOs.

S3. O2: Participants will be able to explain how to enhance cooperation with communities in delivering effective case management services in the context of COVID-19 and other IDOs.

Session 4: Remote case management step by step

Session aim: To explore key considerations associated with every step of remote case management service delivery.

S4. O1: Explain key considerations to make in transitioning to remote case management regarding existing caseload.

S4. O2: Explain key considerations in transitioning to remote case management regarding new caseload and identification process.

S4. O3: Describe key considerations associated with every case management step when delivered remotely.

Session 5: Wrap-Up

Session aim: To recap day 1 session content and prepare for the next training session.

S5. O1: Recap topics covered during the first day/session.

Session 6: Assessment

Session aim: To better prepare and support case workers with the completion of assessment remotely.

S6. O1: List examples of key questions that can be asked to investigate the situation of a child/caregiver.

S6. O2: List ways information can be triangulated.

S6. O3: Explain immediate actions in case the safety of a child or caregiver is at stake.

Session 7: Information Management

Session aim: Explore challenges related to information management, including information sharing and data protection in the context of remote case management service delivery.

S7. O1: List some of the key actions to ensure safe documentation and data storage in the context of remote service delivery.

S7. O2: Describe safe information sharing practices in the context of remote service delivery.

Session 8: Social Service Workforce Safety and Well-being

Session aim: To consider ensuring social service workforce safety and well-being in the context of COVID-19 and other IDOs.

S8. O1: List key actions to take to ensure the safety and well-being of the social service workforce in the context of IDOs.

S8. O2: Describe how to adjust the supervision process to a remote delivery modality.

Session 9: Strengthening the Child Protection System

Session aim: To reflect on the importance of working within the child protection system while in the context of COVID-19 and other IDOs.

S5. O1: Describe key considerations to make in working within the child protection system in the context of COVID-19 and other IDOs.

Session 10: Evaluation and Close

Session aim: To collect participant feedback, recap key learning points, and close

S10. O1: Identify key learning from the course.

S10. O2: Evaluate the course and provide feedback to the facilitators.

PRE-TRAINING ASSIGNMENT

Participants' Instructions

Be sure to complete these tasks before you start the training session and submit them to _____ by _____

This list of challenges should take you about 30 minutes to complete.

In the context of COVID-19 outbreak and other similar human transmitted infectious disease outbreaks, what are the challenges that you may be experiencing in delivering case management services for children/caregivers? Think of the whole case management process as well as capacity building needs of your team, its safety and well-being, coordination with other actors, confidentiality issues while working from home, etc.

Please list the challenges in the table below to the relevant case management step or in the “overarching challenges” section if the challenges identified may be relevant to the whole process.

Name		
Organization/Title		
Challenges in delivering case management services in the context of COVID-19		
Intake/registration	Assessment	Case planning
Implementing case plans	Follow-up & ongoing support	Closure
Overarching challenges		

Facilitators' instructions:





You may want to consider using online platforms for submission. Add relevant details before sending the instructions out to participants.

Once you have received all of the contributions from participants, combine them and send them back to participants prior to the training session.



Welcome and Introductions

SESSION PLAN:

Session Length 	45 minutes face-to-face 60 minutes remote (to include introduction to technology)
Aim and Learning Outcomes 	<p>Session Aim: To introduce participants to the course, each other and the facilitation team.</p> <p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• Recall the structure and objectives of the course.• Introduce the facilitators and their fellow participants.• Use key features of the remote learning platform(s) (applicable to remotely facilitated sessions).
Key learning points 	Not applicable for this session.
Related Materials & Supporting Information 	<p>The learning environment behaviors you may want to elicit from the participants include:</p> <ul style="list-style-type: none">• Respect• Punctuality• Willingness to listen• Openness to new ideas and perspectives• Eagerness to learn• Readiness to share experiences

Preparation Required



Preparation required for face-to-face sessions:
Not applicable for this session.

Preparation required for remote sessions:

- The welcome and introductions section contains 15 minutes in which to introduce participants to the key features of your chosen video calling platform and other online tools to be used during the course. The technical producer should design this section of the course once the platforms have been confirmed.
- You will need an online whiteboard for the learning environment section. No preparation or access for participants is required.




Time	Facilitator Notes	Producer Notes	Screen / Resource
5 min.	<p>Welcome</p> <p>Introduce yourself and welcome participants to the course.</p> <p>Show the slides and outline the course objectives and structure</p>	<p>Welcome</p> <p>Start the call 15 minutes early and display an onboarding activity on screen. Welcome participants by name as they join the call.</p> <p>Introduce the producer and explain they are available to support with any technology questions.</p>	PowerPoint (PPT) slide 2 and 3
10 min.	<p>Icebreaker</p> <p>Pair participants and tell each pair that they have 5 minutes to tell each other about one person that they have kept in touch with for a long time despite being far away. What was difficult and how did you make it work?</p>	<p>Icebreaker</p> <p>Pair participants and tell each pair that they have 5 minutes to tell each other about one person that they have kept in touch with for a long time despite being far away. What was difficult and how did you make it work?</p>	

<p>15 min.</p>	<p>Introductions</p> <p>Invite any co-facilitators and each participant to briefly introduce themselves to the group, giving their name, role and organization.</p>	<p>Technical introduction</p> <p><i>NB: This section needs to be developed by the technical producer based on the platforms and tools you will use in the course. The aim is to familiarize participants with the key features to enable them to quickly and easily engage with activities later in the course.</i></p>	
<p>10 min.</p>	<p>The learning environment</p> <p>In plenary, ask: “How do we want to work together? What behaviors do we commit to, in order to make the most of our time together?”</p> <p>Make a note of the commitments on a flip chart, then display this list on the wall of the training room.</p>	<p>The learning environment</p> <p>Use the built-in whiteboard function or another online whiteboard. Producer should make notes as the discussion goes on.</p>	<p>PPT Slide 4</p>
<p>5 min.</p>	<p>Wrap-Up</p> <p>Wrap up this session, checking for any questions.</p>	<p>Wrap-up</p> <p>For remote, use this time for a 5-minute screen break.</p>	



When is Transitioning to Remote Case Management Appropriate?

SESSION PLAN:

Session Length 	50 minutes
Aim and Learning Outcomes 	<p>Session aim: To explore when transitioning to remote case management service provision is appropriate.</p> <p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• Explain when is appropriate to consider transitioning to remote case management.• List when face-to-face service delivery is essential.
Key Learning Points 	<p>A remote case management response should only be considered when face-to-face services cannot be implemented, when remote support can serve as a stop-gap until face-to-face services are established/re-established or used to complement face-to-face services. While the reasons for selecting a remote service delivery model may vary across contexts, below are some of the factors that may determine its use:</p> <ul style="list-style-type: none">• Delivering case management remotely can be a useful way to protect both children, their families and case workers in the context of an infectious diseases outbreak such as COVID-19.• Delivering case management remotely can make services available to populations who cannot reach in-person services due to restricted mobility, distance or other reasons.• Remote case management may increase access to services for adolescents, who have heightened



vulnerabilities (such as child marriage, sexual violence, exploitation).¹

- Remote case management may be the easiest way to monitor and follow up on cases that have already a well on-track case plan in contexts where access is limited.






Face-to-face case management services should be maintained in all of the following occurrences:

- High-risk cases.
- Actual or threatened severe physical and emotional abuse.
- Actual or reported sexual abuse, and if the alleged abuser is in the home / still has contact with the child.
- Neglect or abandonment, where a child is without adult care.
- Threats of self-harm or direct threats against someone living in the same home as the child.
- Excuses persistently made by a parent/carer excuses for the child not being able to talk on the phone and where it is not possible to follow up either directly or through an intermediary such as a community member or service provider.
- Critical/significant emotional distress of child or major caregiver.
- Cognitive, intellectual, physical, and other impairments may affect a child's communication and/or mobility.
- Any child that is in need and/or has an open judiciary file.
- Alternative care/separated/unaccompanied children.

¹ Adapted from [Guidelines for Mobile and Remote Gender-Based Violence \(GBV\) Service Delivery](#), page 21.

	<ul style="list-style-type: none"> • Children younger than six years old, which should be prioritized. <p>Whenever face-to-face services are needed in the context of COVID-19 and other IDOs, these should be conducted respecting all relevant safety and hygiene protocols (i.e., wearing a face mask, not in the home of the child/caregiver, etc.).</p>
<p>Preparation Required</p> 	<p>Preparation required for face-to-face:</p> <ul style="list-style-type: none"> • Pre-training assignment consolidation on slide. • Contingency plan template. <p>Preparation required for remote:</p> <ul style="list-style-type: none"> • Pre-training assignment consolidation on slide. • Mentimeter and breakout room for exercise. • Contingency plan template.
<p>Related Materials & Supporting Information</p> 	<p>Contingency Plan Template (see on next page)</p>

Contingency Plan Template

				
Actions	Priority	How	Who	By When
Prerequisites for transitioning to remote case management				
Collaboration and cooperation				
Case management process (step by step)				
Information management				
Social service workforce safety and well-being				
Coaching and supervision				
Strengthening the child protection system				

Time	Facilitator Notes	Producer Notes	Screen/ Resource
5 min.	<p>Introduction</p> <p>Welcome the participants to the session and share the session aim and objectives.</p>	<p>Introduction</p> <p>Screen share the slide.</p>	<p>PowerPoint (PPT) slide 5</p>
5 min.	<p>Optional (if you are including the post-training assignment)</p> <p>Say: “Before we delve into the content, I will be handing out a template that can help you build a contingency plan for your own organization to transition to remote case management. Keep the template with you for the duration of the training and fill it in with actions that you think are key for your own organization to get ready for the transition. Upon completion of the training, we will ask you to review, in your own time, the template and submit to us. I will be reminding you of this throughout the course so that your post-training assignment is really easy.”</p>	<p>Optional (if you are including the post-training assignment)</p> <p>Say: “Before we delve into the content, I will be sending you the link to template that can help you build a contingency plan for transitioning to remote case management. Please download the template and keep it with you for the duration of the training. Note actions that you think are key for your own organization to move to a remote case management service delivery. Upon completion of the training, we will ask you to review, in your own time, the template and fill it in with the rest of the information and submit to us. I will be reminding you of this throughout the course so that your post-training assignment is really easy.”</p>	<p>Contingency plan template</p>
5 min.	<p>Say: “You have all sent your thoughts around the challenges that may be experienced when delivering case management services in the context of COVID-19 and other IDOs. There are certainly many challenges.”</p>		<p>PPT slide 6</p>

	<p>Instructions: Facilitator reads through 4 or 5 examples from answers submitted.</p> <p>Say: “Child Protection Case Management (CP CM) is part of the essential services that cannot be stopped suddenly but which requires adaptation to the new emergency. Thus, continued support must be available through adapted measures, along with appropriate responses for new child protection risks and concerns generated by COVID-19. Case management services can therefore be adapted to be delivered remotely. Remote services can be defined as services provided over a technology platform (i.e., phone, chat or SMS) rather than in person. One of the ways to offer case management remotely is through the use of phone lines.”</p>		
<p>15 min.</p>	<p>Say: “Let’s now think of when is appropriate to transition to remote case management service delivery. I will read some statements and together we can decide whether these statements are right or wrong”:</p> <ul style="list-style-type: none"> • “In the context of an infectious disease outbreak such as COVID-19, it is recommended that all case management services follow a remote delivery modality.” (False) • “In the context of an infectious disease outbreak, face-to-face meetings should be continued for high-priority cases.” (True) • “Delivering case management remotely can be a useful way to protect both children and case workers in the context of an infectious disease outbreak such as COVID-19.” (True) • “Delivering case management remotely can become a practice 	<p>Prepare: A Mentimeter poll with the statements. Share Mentimeter link via chat.</p> <p>Instructions: Share Mentimeter link via chat. Review answers on every statement by showing relevant Mentimeter slide on screen.</p>	<p>PPT Slide 7 and 8</p>

	<p>used beyond COVID-19 for low-risk cases.” (True)</p> <ul style="list-style-type: none"> • “Reviewing case load prioritization in the context of an infectious disease outbreak is key to be able to effectively deliver case management services remotely.” (True) • “Remote case management service delivery can potentially increase access for adolescents who are more familiar with the use of technology.” (True) • “Remote case management expands access in areas that are inaccessible or unserved as well as to populations who cannot reach in-person services due to restricted mobility.” (True) 		
<p>20 min.</p>	<p>Say: “As mentioned earlier, case management services are essential services that cannot come to a stop in the midst of a pandemic. Advocacy efforts are required to ensure that case management services are listed among essential services by governments in the context of restrictions imposed during infectious disease outbreaks.”</p> <p>“I would now like to ask you to work in pairs and list cases for which face-to-face case management service provision should be maintained.”</p> <p>Instructions: Allow 10 minutes for discussion. Ask participants to cite examples when back in plenary and integrate with information in the list below.</p> <ul style="list-style-type: none"> • High-risk cases. • Cases of actual or threatened severe physical and emotional abuse. 	<p>Prepare: Breakout rooms for pairs of participants.</p>	<p>PPT slide 9</p>

- Actual or reported sexual abuse, where the alleged abuser is in the home / still has contact with the child.
- Where a child is neglected, alone or abandoned and is without adult care.
- Where there is a threat of self-harm or a direct threat made to someone living in the same home as the child.
- Where the parent / carer persistently makes excuses for the child not being able to talk on the phone and it is not possible to follow-up with the child either directly or through an intermediary such as a community member or service provider.
- Child/major caregiver experiencing critical/significant emotional distress.




Say: “If you absolutely cannot visit due to COVID-19 restrictions, but a visit is required, consider who else may be able to safely visit—for example, trusted, well-trained community members, health officials or police. You could work remotely with these people to conduct the visit on your behalf and work with them closely to get the necessary feedback. Finally, when you need to proceed with face-to-face visits in the context of COVID-19 and other IDOs you need to ensure that case workers respect guidance regarding hygiene and safety.”

Optional say: “Don’t forget to include key actions in your contingency plan template.”



Prerequisites to Transitioning to Remote Case Management Delivery

SESSION PLAN:



Session Length 	40 minutes
Aim and Learning Outcomes 	<p>Session aim: To explore prerequisites to transitioning to remote case management service delivery.</p> <p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• Explain essential prerequisites to transitioning to remote case management service delivery.
Key Learning Points 	<p>Having reliable technology is foundational to undertaking phone-based services. Telephone and mobile phone technology vary from country to country. The telecommunications infrastructure in a specific country or region will determine the feasibility of establishing phone-based services. When thinking of transitioning to remote case management services, consider:</p> <ul style="list-style-type: none">• What kind of technology does the population have access to, particularly women and girls? What about the most marginalized groups and children with disabilities?• Is there a phone network and electricity? How stable are they? What geographic area do they cover?• Is there the option of a toll-free number, or other strategies for the provider (rather than the survivor) to carry the cost of the call?• Is it possible to access a conference call function (to support translation, connecting with supervisors, referral partners, etc.)?

- What are data protection risks? Can the data be stored safely (and where)? Can you delete data exchanged in a safe way?

Safe delivery of case management services requires, at minimum, privacy. This means ensuring that phone-based service providers, when working from home, have a separate facility or room where they can receive calls quietly and privately. Consideration should be given to identifying several easily accessible, yet confidential and safe, spaces that children/caregivers can use to make a call, with particular attention to the safety considerations for cases of abuse at home.

Budgetary considerations to make in transitioning to remote case management include:

- Licensing costs for safe storage space.
- Devices and data packages for staff as well as children/caregivers and volunteers where required; consider the safety of these devices and data packages.
- Protective personal equipment for staff and children/caregivers to maintain safe face-to-face interactions for all cases that require it.
- Protective personal equipment for volunteers.
- Transport if public transportation is no longer available and/or safe.
- Interpreters, if relevant.
- Cash and voucher assistance (CVA): If markets and services are still functional, support rapid disbursement of unconditional cash grants to the most vulnerable affected households through case management. Coordinate with the cash task force in country to ensure a market assessment has been conducted and that CVA is a safe, viable option to meet basic household needs.

	<ul style="list-style-type: none"> - Access to an emergency case management fund for case workers, especially if they cannot access the office; this need is likely to increase as services become overwhelmed/restricted for children and their families.
<p>Preparation Required</p> 	<p>Preparation required for face-to-face:</p> <ul style="list-style-type: none"> • Not applicable for this session. <p>Preparation required for remote:</p> <ul style="list-style-type: none"> • Breakout rooms.
<p>Related Materials & Supporting Information</p> 	<p>Not applicable for this session.</p>

Time	Facilitator Notes	Producer Notes	Screen/Resource
5 min.	<p>Introduction</p> <p>Welcome the participants to the session and share the session aim and objectives.</p>	<p>Start the call 15 minutes early and display an onboarding activity on screen. Welcome participants by name as they join the call.</p>	PPT slide 10
15 min.	<p>Say: “Having reliable technology is foundational to undertaking phone-based services. Telephone and mobile phone technology vary from country to country. The telecommunications infrastructure in a specific country or region will determine the feasibility of establishing phone-based services. Basic points to consider regarding technology include:</p> <ul style="list-style-type: none"> • What kind of technology does the population have 	<p>Prepare: Breakout rooms for pairs.</p>	PPT slide 11

	<p>access to, particularly women and girls? What about the most marginalized groups and children with disabilities?</p> <ul style="list-style-type: none"> • Is there a phone network and electricity? How stable are they? What geographic areas do they cover? • Is there the option of a toll-free number, or other strategies for the provider (rather than the survivor) to carry the cost of the call? • Is it possible to access a conference call function (to support translation, connecting with supervisors, referral partners, etc.)? • What are data protection risks? Can the data be stored safely? Where? Can you delete data exchanged in a safe way?" <p>Say: "In pairs, as before, I would like you to discuss these questions for your own context."</p> <p>Instructions: Allow 10 minutes for discussion</p>		
<p>20 min.</p>	<p>Say: "Safe delivery of case management services requires, at minimum, privacy. This means ensuring that phone-based service providers have a separate facility or room where they can receive calls. In some settings, staff may still be able to work in private rooms in an existing case management service facility (e.g., a safe space), or in some other facility (e.g., a health facility) that</p>	<p>Prepare: Breakout rooms for groups of 3 and whiteboards so that ideas can be noted on stickers.</p>	<p>PPT slide 12</p>




	<p>is able to put in place adequate protective protocols and equipment. If taking calls from home, staff must ensure a private space where no one else can listen in on the calls. This does not mean stepping outside or going into the bathroom when a call is scheduled with a client; it means having an allocated private space, where there will be no interruptions and where confidentiality can be maintained during designated working hours. Where they are implemented, it is important that home-based work environments are assessed by supervisors in the early stages of planning. This can be done through an in-person visit or remotely, depending on existing public health measures. A checklist to carry out these visits can be prepared, taking into consideration the local context while keeping in mind the importance of confidentiality.”</p> <p>“What about children and caregivers? Let’s discuss the following questions in groups of 3:</p> <ul style="list-style-type: none"> • Are there places for children/caregivers to make calls safely and privately, if not from home, that also abide by protocols to limit transmission risk? • How will children/caregivers be supported to privately and safely access these places? • Do children/caregivers need to be provided with their own phones? Is this safe and feasible?” 		
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	<p>Instructions: Allow 15 minutes for groups to discuss all 3 questions</p> <p>Say: “Consideration should be given to identifying several easily accessible, yet confidential and safe spaces children/caregivers can use to make a call.”</p>		
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Collaboration and Cooperation

SESSION PLAN:

<p>Session Length</p> 	<p>60 minutes</p>
<p>Aim and Learning Outcomes</p> 	<p>Session aim:</p> <p>To develop an understanding of key actions to take in cooperating with other stakeholders to ensure that remote service delivery is effective in the context of COVID-19 and other IDOs.</p> <p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• Highlight key actions to take to ensure referral pathways function appropriately in the context of COVID-19 and other IDOs.• Explain how to enhance cooperation with communities in delivering effective case management services in the context of COVID-19 and other IDOs.
<p>Key Learning Points</p> 	<p>In an IDO, it is important to build on existing community mechanisms and structures to support children and families. Before any shifts are made to increase the responsibilities onto existing community volunteers in relation to case management, first consider that:</p> <ul style="list-style-type: none">• Transferring responsibilities to existing volunteers must be done with caution and careful planning. There must be limits to what is expected of volunteers. They should be consulted on how they can support and be supported (with awareness of power dynamics).• Volunteer safety is the responsibility of the organization. It is unethical to shift all the risks and responsibilities onto the shoulders of

	<p>volunteers. If organizations are expecting them to support with cases, they must be properly trained, supported, and supervised. If this support is not possible, reconsider this approach.</p> <p>For other key learning points, see supporting information section</p>
<p>Preparation Required</p> 	<p>Preparation required for face-to-face:</p> <ul style="list-style-type: none"> • Not applicable for this session. <p>Preparation required for remote:</p> <ul style="list-style-type: none"> • Breakout rooms.
<p>Related Materials & Supporting Information</p> 	<p><i>Referral pathway</i></p> <ul style="list-style-type: none"> • Update multi-sector service mapping, including updates on adapted child protection services and other services that may be more in demand during COVID 19 (health care, alternative care, community-based support services, cash assistance, WASH, nutrition, GBV, legal services, NFIs...). • Update existing referral pathways at local and national levels, where relevant, in collaboration with community focal points and local organizations/agencies. Include notes on services (health, WASH, nutrition, protection etc.) that might close reduce, or be changed due to the pandemic. • Develop internal SOPs and referral protocols as isolation units, quarantine units and field treatment centers are established or expanded, to ensure health care staff (triage, contact tracers and surveillance staff) are trained to safely identify and refer children at risk of or that have experienced violence, abuse, exploitation and/or neglect. • Note two directions for referrals for COVID-19 cases:

- Child protection actors to health actors: child protection actors need to be updated on the adapted health referral pathways in the event that a COVID-19 case is suspected in a household. Note: Consult the child protection working group coordinator for the most up-to-date information on the health referral pathways.
- Health actors to child protection actors: health actors should inform child protection actors when they come into contact with a child that they suspect has experienced violence, abuse, neglect, exploitation and/or family separation or loss or when adults admitted for their conditions refer to children not being able to receive appropriate care from family and/or friends.
- Update referral pathways on a weekly basis, including the number of case workers who are active per agency and contact details for referrals. Coordinate with health, education, nutrition, WASH, and GBV sectors to support the dissemination of CP key messages for children and caregivers.
- Include child protection risk mitigation in key messages. Child protection key messages should not only focus on COVID 19.
- Train health, education, nutrition, and WASH staff on COVID 19-related child protection risks and adapted safe identification and referral pathways.

Community cooperation and engagement

- Work closely with existing community-based child protection groups and volunteers who already have the trust of the community to

identify and refer new cases. If new focal points are identified within existing community structures due to the current COVID-19 situation, ensure they are trained on the basics of child protection safeguarding and core principles along with safe identification and referral.

- Avoid recruitment of new volunteers in the context of an IDO. If new volunteers are willing to support, it is paramount that they are appropriately screened and trained.
- Ensure that community groups and focal points have accurate information about the related risks that COVID-19 can pose for girls and boys, including basic facts such as symptoms and modes of transmission, so they can identify and safely refer children and combat myths that stigmatize children diagnosed with COVID-19.
- Share updated information (referral pathways and services mapping) with community members, ensuring referral pathways are easily understandable (e.g., use simple, clear language and pictures and translate in all relevant languages). Re-establish the importance of confidentiality where necessary.
- In consultation with the community, clarify the roles of respective community groups and volunteers to support children (awareness raising, basic monitoring of child protection risks, follow-up and support to cases, home visits, etc.) Consider the need for focal points to identify and provide basic support to children who have been separated from their primary caregiver if that person is being admitted to treatment.
- Ensure communication channels are adapted and agreed with community-based groups/focal points.

	<ul style="list-style-type: none"> Ensure infection, prevention, and control (IPC) protocols are in place in all field/activity locations. Ensure that case workers and community-based staff/volunteers have access to hand-washing stations, hand sanitizer, and all the materials outlined in the national health policy (e.g., gloves masks, etc.) they need to continue to provide support.
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Time	Facilitator Notes	Producer Notes	Screen/Resource
5 min.	<p>Introduction Welcome the participants to the session and share the session aim and objectives.</p>		PPT slide 13
30 min.	<p>Say: “To deliver effective case management services remotely, even more efforts are required to coordinate and cooperate appropriately with a variety of stakeholders. One of the first actions to undertake in transitioning to remote service delivery would be to update the referral pathway and relevant service mapping.”</p> <p>Say: “In pairs, please discuss, for the next 15 minutes, the key considerations to be made in updating the referral pathway.”</p> <p>Instructions: Allow 15 minutes of discussion. Afterwards, present the inputs from the supporting information section.</p> <p>Say: “Is there anything else that you have discussed that was not included? Did you experience any challenges in implementing some of these actions?”</p> <p>Instructions: Take any additional points and ask if there are any questions</p>	<p>Prepare: Breakout rooms for pairs.</p> <p>Instructions: Whenever possible, move from room to room to check on conversations unfolding.</p>	

25 min.

Say: “Let’s now discuss in plenary. In remote delivery of services, the role played by community becomes vital. Let’s first brainstorm together the roles that community volunteers/groups can play in remote service delivery.”

Instructions: Write on a flip chart the roles suggested. These could include:

- Safe identification and referral of new cases
- Sharing of essential awareness-raising messages
- Support in reaching out to caregivers and children within caseload
- Triangulating² information on cases

Say: “What are the actions that we should take to ensure community groups/volunteers are well equipped to support?”

Instructions: Write on a flip chart the suggested actions.

Say: “In an IDO, it is important to build on existing community mechanisms and structures to support children and families. Before any shifts are made to increase the responsibilities onto existing community volunteers in relation to case management, first consider two facts:

1. Transferring responsibilities to volunteers must be done with caution and careful planning. There must be limits to what is expected of volunteers. They should be consulted on how they can support and be supported (with awareness of power dynamics).

² *Triangulation* refers to the practice of using multiple sources of data or multiple approaches to data analysis to enhance the credibility of a research study; in this case it means to verify the credibility of information on cases being considered.

2. Volunteer safety is the responsibility of the organization. It is unethical to shift all the risks and responsibilities onto the shoulders of volunteers. If organizations are expecting them to support with cases, they must be properly trained, supported and supervised. If this support is not possible, reconsider this approach.”





Instructions: Complement list of suggested actions with supporting information section.


Optional say: “Don’t forget to include key actions in your contingency plan template.”



Social Service Workforce Safety and Well-being

SESSION PLAN:

Session Length 	170 minutes
Aim and Learning Outcomes 	<p>Session aim: To explore key considerations associated with every step of remote case management service delivery.</p> <p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• Explain key considerations to make in transitioning to remote case management regarding existing caseload.• Explain key considerations in transitioning to remote case management regarding new caseload and identification process.• Describe key considerations associated with every case management step when delivered remotely.
Key learning points 	See supporting information section (below) and Annex I, “Case Management Steps Via Phone Tip Sheet.”
Preparation Required 	<p>Preparation required for face-to-face:</p> <ul style="list-style-type: none">• “Case Management Steps Via Phone Tip Sheet” handouts.• “Eligibility Criteria for Child Protection Case Management Intake” handout.

	<p>Preparation required for remote:</p> <ul style="list-style-type: none"> • “Case Management Steps Via Phone Tip Sheet” ready to be sent to participants. • “Eligibility Criteria for Child Protection Case Management Intake” ready to be sent to participants. • Breakout rooms and whiteboards.
<p>Related Materials & Supporting Information</p> 	<p><i>Current cases:</i></p> <ul style="list-style-type: none"> • Conduct a review of current caseload and assign new risk levels based on the experienced limitations imposed by COVID 19 or other infectious disease outbreak. • Ensure that prioritization criteria for refugee settings considers children for whom the best interest determination (BID) process is required. Online BID panel meetings can continue online. • Review and prioritize medium- and low-risk cases based on assessed needs. Case workers’ availability and contact information should be shared with child and/or caregiver and/or trusted adult. Provide phone follow-up if required and explore community safe support options. • Ask supervisors to review and prioritize all open cases with the case worker in a one-on-one meeting, which can occur remotely if stay at home orders are in place or in person if in preparedness stage. • Work to provide follow-up with trusted community members, volunteers, or child protection committee members if safe and relevant. Create or update safety plans for the child and/or caregiver and/or trusted adult. • Determine what resources are needed to implement proposed adaptations (i.e., phone credit, PSS materials, movement permits, referral service pocket cards, etc.).

- Adjust case prioritization criteria to the COVID-19 situation and government policy in country. Assign risk levels to current and new child protection cases. For refugee settings, prioritization criteria should consider children for whom the BID process is required.

High-risk cases:

- Maintain case management support for all high-risk cases. Depending on staff safety and the availability of PPE, conduct face-to-face visits with the most urgent/life-threatening cases. If governments place restrictions on movement, case management teams and country leadership may need to advocate with authorities for permission to safely access high-risk cases or identify who within the government or another child protection agency can provide immediate support.
- Consider introducing the backup case worker to the child and/or trusted adult in case there is a need to hand over high-risk cases temporarily in the event the primary case worker becomes sick, needs to go on leave to care for someone sick, or cannot continue to provide case management services due COVID 19 restrictions (i.e., this could include no privacy if working from home, mobility issues, etc.)

New cases:

Adapt case management criteria that considers:

- Family/child directly impacted by COVID-19: children and families' increased distress, loss of livelihood, family separation and children isolated without appropriate care (alone at home due to caregivers' illness, children in observation or treatment centers), orphan children (death of parents/caregiver due to the illness), child survivors of illness and potential rejection in family or community,

children impacted by school closure, lack of access to education opportunities and/or distance learning.

- Family/child indirectly impacted by COVID-19: domestic violence, sexual and gender-based violence, child marriage and adolescent pregnancy, trafficking, and enhanced risks for: children or caregivers with disabilities and/or chronic illnesses, child labor, children on the move, children living on the street or in residential care facilities, children associated with armed forces or armed groups, children exploited for sex and children deprived of their liberty (e.g., in detention).

Establish clear [protocols](#) that are specific to the COVID-19 situation in each operational location for identification and intake of new cases. Review and update the protocols regularly. Consider how confidentiality will be maintained if new modalities are used for case identification and intake.

COVID-19 public health measures may limit possibilities for identifying children that may need support. To adapt the identification process in the context of COVID-19 you may want to consider:

- Case workers may reach out to key community actors (health professionals, community leaders, religious leaders) to have regular catch-ups directly or through volunteers to identify vulnerable children. These can be organized over the phone if feasible and appropriate to limit exposure. Please refer to the Collaboration and Cooperation section for more information on how to engage with communities and volunteers.
- In cooperation with volunteers where feasible and where allowed by public health measures, case workers may follow up on the most vulnerable families they

	<p>may experience further hardship as a result of the pandemic.</p> <ul style="list-style-type: none"> ● Connect with helpline workers to ensure a smooth referral process. ● IMPORTANT: Whenever interactions are possible and required, staff and volunteers should be using the necessary protective equipment and respect social distancing measures. Use outdoor places wherever possible.
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Time	Facilitator Notes	Producer Notes	Screen/Resource
5 min.	<p>Introduction</p> <p>Welcome the participants to the session and share the session aim and objectives.</p>		PPT slide 15
35 min.	<p>Say: “In groups (6) I would like you all to discuss what the key actions are to take, in terms of prioritization of current caseload resources and additional support needed in transitioning to remote case management service delivery. Keep in mind children of different age groups when making your recommendations. You will have 20 minutes to discuss within your group and note your answers on a flip chart to present back in plenary.”</p> <p>Instructions: After 10 minutes, inform participants that they also need to discuss the key actions to consider for high-risk cases</p> <p>Allow for a total of 20 minutes of discussion. Then ask one group of participants to present their key considerations for the whole caseload and a second group to present key considerations on the high-risk caseload.</p>	<p>Prepare: 6 breakout rooms and 6 whiteboards to write down on sticky notes.</p> <p>Instructions: Visit all breakout rooms after 10 minutes and inform participants that they also need to discuss the key actions to consider for high-risk cases. Producer can also share the message via chat function if feasible.</p> <p>Allow for a total of 25 minutes of discussion then ask 1 group of participants to present their ideas on key considerations for the whole caseload and a second group to present key considerations on the high-risk caseload. Ask others to complement; finalize with missing points from the list in the supporting information section.</p>	PPT slide 16






	<p>Ask others to complement these listed actions; finalize with missing points from the list in the supporting information section.</p>		
<p>35 min.</p>	<p>Say: “Now that we have talked about key considerations for the current caseload, what do you think are the key considerations to make in terms of prioritizing new cases?”</p> <p>Instructions: Take a few examples.</p> <p>Say: “For new cases, it will be important to consider adapting case management criteria that considers:</p> <ul style="list-style-type: none"> • Family/child directly impacted by COVID-19: children and families’ increased distress, loss of livelihood, family separation and children isolated without appropriate care (alone at home due to caregivers’ illness, children in observation or treatment centers), orphan children (death of parents/caregiver due to the illness), child survivors of the illness and potential rejection in family or community. • Family/child indirectly impacted by COVID-19: domestic violence, sexual and gender-based violence, child marriage and adolescent pregnancy, trafficking, and enhanced risks for: children or caregivers with disabilities and/or chronic illnesses, child labor, children on the move, children living on the street or in residential care facilities, children associated with armed forces or armed groups and children deprived of their liberty (e.g., in detention).” <p>Say: “Establish clear protocols that are specific to the COVID-19 situation in</p>	<p>Instructions: Share the “Eligibility Criteria for Child Protection Case Management Intake” flowchart</p> <p>Instructions: Set up breakout rooms to discuss in pairs.</p>	

	<p>each operational location for identification and intake of new cases (review and update the protocols regularly); it is important to consider how confidentiality will be maintained if new modalities are used for case identification and intake. To help you think through, this you can consult the Eligibility Criteria for Child Protection Case Management Intake.”</p> <p>Say: “In pairs, I would now like you to discuss, for the next 10 minutes, how you think the identification process of new cases can be adapted in the context of COVID-19 with relevant public health measures applied.”</p> <p>Instructions: Allow for the discussion to take place. Stop after 10 minutes and ask for a few pairs to present examples to the plenary and integrate with supporting information.</p>		PPT Slide 17
100 min.	<p>Instructions: Re-establish the 6 groups formed earlier. Set up 6 tables with a label corresponding to each of the case management steps (intake/registration, assessment, case planning and review, follow up, referral, case closure).</p> <p>Say: “We are now going to work in groups on a quite lengthy activity. On each of the tables we have placed a card corresponding to each of the 6 case management steps (intake and registration, assessment, case planning and review, follow up and ongoing support, making referrals and case closure). Please discuss within your group key considerations to make for the step assigned to you when implementing this case management step remotely, and more specifically, via phone. Keep in mind children of different age groups</p>	<p>Prepare: 6 breakout rooms and associated whiteboards with the 6 case management steps as titles (intake/registration, assessment, case planning and review, follow up, referral, closure)</p> <p>Group participants into the 6 rooms and ask each group to discuss key considerations in delivering case management via phone.</p> <p>Instructions: After 15 minutes follow up with each group and ask them to review the next case management step, starting with reviewing the points that were already made by previous group(s). For each additional step, allow 10 minutes for</p>	PPT slide 18

	<p>when making your recommendations for each of the step. Please note key considerations your group makes on the flip chart. You will have 15 minutes to discuss and note your key points before you will be asked to move to the next table/step. For each of the other steps, you will have 10 minutes to read and discuss what has been suggested by your colleagues and note any additions that you would like to make.”</p> <p>Instructions: Form groups and start the first group discussion.</p> <p>Have group rotate after 15 minutes the first time and every 10 minutes after.</p> <p>Once all the groups have completed going through the various steps, distribute the “Case Management Steps Via Phone Tip Sheet” (Annex I) to each of the participants to read through.</p> <p>Ask if there are any considerations that did not come up in their group discussions. Ask if any of those considerations are unclear.</p> <p>Ask if there are any questions.</p> <p>Optional say: “Don’t forget to include key actions in your contingency plan template.”</p>	<p>discussion. Ask to add any additional thoughts on the whiteboard.</p> <p>Once all the groups have completed going through the 6 steps, send “Case Management Steps Via Phone Tip Sheet” (Annex I) on key considerations for the various case management steps via phone to each of the participants to read through. Leave sufficient time for reading. Ask if there are any questions</p>	
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Day 1 Wrap-Up SESSION PLAN:

Session Length 	20 minutes
Aim and Learning Outcomes 	<p>Session aim: To recap day 1 session content and prepare for the next training session.</p> <p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none">Recap topics covered during the first day/session.
Key Learning Points 	Not applicable for this session.
Preparation Required 	“Social Service Workforce Well-being” video .
Related Materials & Supporting Information 	Not applicable for this session.



Time	Facilitator Notes	Producer Notes	Screen / Resource
10 min.	<p>Instructions: Congratulate participants for reaching the end of the first day. Ask everyone to stand in a circle, with the facilitator holding a ball. Ask participants a question on the training. This could be a fact question (“What are the prerequisites to transitioning to case management?”) or a personal question (“What did you like most in today’s training?”). Pass the ball to one of the participants and ask him/her to answer the question. Once she has answered the question, she asks a question of her own about today’s training and passes the ball to another participant for him/her to answer the question. If someone who does not know the answer is picked, he can pass the question on until it reaches someone that can answer it.</p>	<p>Instructions: As you cannot physically throw a ball, you can still ask a learner to pass an object to the person they will call on to answer the question. They can mimic the gesture if on video.</p>	PPT slide 19
5 min.	<p>Optional (post-training assignment) Instructions: Explain that you will resend the contingency plan template via email and that participants will be expected to complete it when the training is completed. Reassure participants that you will provide more instructions at the end of the training session.</p>		
5 min.	<p>Instruction: Tell participants that to get ready for the next sessions, they need to watch a video called “Social Service Workforce Well-being.” Share the link in the most appropriate way.</p>	<p>Instructions: Have “Social Service Workforce Well-being” video ready for sharing.</p>	



Assessment SESSION PLAN:

Session Length 	60 minutes
Aim and Learning Outcomes 	<p>Session Aim: To better prepare and support case workers with the completion of assessment remotely.</p> <p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• List examples of key questions that can be asked to investigate the situation of a child/caregiver.• List ways information can be triangulated.• Explain immediate actions in case the safety of a child or caregiver is at stake.
Key Learning Points 	<ul style="list-style-type: none">• Think widely about those who might be able to inform an assessment (with the consent of the family unless the child is at risk of harm) such as teachers, health providers, community members, etc. These may be people who you were in contact with before COVID-19 restrictions, or new people you may need to contact to learn more about the situation of the child.• More calls may be required to conduct the assessment. Case workers need to try to “paint a picture” through conversations. Although case workers may need to ask for some factual information, they also need to try to get a sense of what things are like. For example, do not just ask “<i>How old is your son?</i>” but follow up with questions such as, “<i>Is he big or small for his age?</i>” or even, “<i>Who does he look like?</i>”. This technique is especially important when speaking to children for the first time, but it can even help deepen connections with families with whom you already work.

	<ul style="list-style-type: none"> • Case workers may ask to speak to individual family members and/or siblings on the phone, unless you think it will put the child at further risk. This is a critical consideration if the abuse is occurring in the home. Remind case workers that they will not be able to see the dynamics within the family, so it is important to give different people the opportunity to speak. Saying something such as, <i>“Since I can’t meet you all in person, I would like to speak to others living with you to help me understand the situation....”</i> • As in normal circumstances, case workers need to strive to identify any unmet basic household needs and try to understand how COVID-19 is affecting the family. For example, families may have a higher need for food or cash support due to loss of income. Referrals should be made as soon as possible to service providers, and updates should be provided regularly to the child, caregiver and/or trusted adult. • Case workers need to be aware that if, during the intake or assessment phase, they are concerned about the safety of the child or his or her carer, they must contact their supervisor immediately to discuss what needs to happen to keep the child safe. For example, will someone be able to visit safely, with the appropriate training to do so? Can other arrangements be made with trusted community members, government officials, family members or services that can provide immediate assistance? Is there a place the case worker can tell the child / trusted adult to go? Have alternative care options been mapped / updated? • In all cases where there is a risk of violence / abuse, case workers must discuss safety plans with those concerned. If this has been considered previously, you will need to update the safety plan with the relevant people if COVID-19 restrictions are likely to disrupt it.
<p>Preparation Required</p>	<p>Preparation required for face-to-face:</p> <ul style="list-style-type: none"> • Not applicable for this session. <p>Preparation required for remote:</p>

	<ul style="list-style-type: none"> • Breakout rooms and whiteboards.
<p>Related Materials & Supporting Information</p> 	<p>Supporting information:</p> <p><i>Scenario</i></p> <p>Ines is 14 years old. She lives with her mother and three siblings in an informal tented settlement after her dad died in conflict and they fled their country six years ago. Ines normally attends school through a local NGO sponsored program while also participating in a project to generate a small income with other girls at the camp. She was referred to case workers because her mother has fallen sick with COVID-19 and has been hospitalized. Ines no longer attends school or the income generation activities. It is unclear how she is supporting herself and her younger siblings financially. The siblings are regularly attending school.</p>

Time	Facilitator Notes	Producer Notes	Screen/Resource
5 min.	<p>Introduction</p> <p>Welcome the participants to the session and share the session aim and objectives.</p>		PPT slide 20
35 min.	<p>Say: “Conducting an assessment by phone will be more challenging because case workers cannot ‘see’ anything. They will have to be creative in obtaining information to inform the assessment. This is particularly important for new cases where there was no previous contact. As a manager, coordinator or supervisor of a team of case workers, your role will be to support them in overcoming these challenges.”</p> <p>“In 3 groups read and discuss the scenario provided (below, in</p>	<p>Prepare: 3 breakout rooms and 3 whiteboards to allow groups to note their questions and actions.</p>	PPT slide 21

the supporting information section) and come up with a set of questions case workers could use with the child and with the adults in the child's life, and other actions you would take to further inform your assessment."

Instructions: Allow 15 minutes for discussion.

Ask the first group to present the questions for the child, the second group to present questions for the child's adults, the third group to present other actions, and then everyone to complement the questions and actions given.

Say: "During a case management call, case workers will also need to rely on the tone of voice of the child/caregiver, and other clues like how long the person is pausing. You should remind case workers to not be afraid of silence. Remind case workers to allow enough time for the child/caregiver to reflect and express their thoughts. If case workers are asking questions, they need to remind the child/caregiver that they are free to skip any question. This helps with building trust and ensuring that there is no breach in ethics, which is extremely important in delivering case management remotely."

35 min.

Say: “Case workers need to be really clear that if, during the intake or assessment phase, or at any point during the case management process, they are concerned about the safety of the child or his or her carer, they must contact their supervisor immediately to discuss what needs to happen to keep the child safe. For example, will someone be able to visit safely? Can other arrangements be made with trusted community members, government officials, family members or services that can provide immediate assistance? Is there a place they can tell the child / trusted adult to go? Have formal and informal alternative care options been updated?”

“You need to be prepared to answer those type of questions to support your team of case workers.”

“Do you think that there was a safety issue in Ines’s scenario?”

Instructions: Allow the group to brainstorm.

Say: “In all cases where there is a risk of violence / abuse, case workers must discuss safety plans with those concerned. If this has been considered previously, then they will need to update the safety plan with the relevant people if COVID-19 restrictions are likely to disrupt it.”






“Although case workers should always check that it is a good time to talk when speaking to

	<p>children or trusted adults on the phone, it is especially important to immediately assess concerns about safety. Remind case workers that it may be useful to agree on a code word or phrase that the person can say that will alert you to the fact that they do not feel safe.”</p>		
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Information Management

SESSION PLAN:

Session Length 	60 minutes
Aim and Learning Outcomes 	<p>Session aim: Explore challenges related to information management, including information sharing and data protection in the context of remote case management service delivery.</p> <p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• List some of the key actions to ensure safe documentation and data storage in the context of remote service delivery.• Describe safe information sharing practices in the context of remote service delivery.
Key Learning Points 	See supporting information section
Preparation Required 	<p>Preparation required face-to-face:</p> <ul style="list-style-type: none">• Not applicable for this session. <p>Preparation required remote:</p> <ul style="list-style-type: none">• Breakout room and whiteboard.
Related Materials & Supporting Information 	<p>Supporting information:</p> <p><i>Documentation</i></p> <ul style="list-style-type: none">• Case workers should avoid taking written notes on paper and instead use a computer that has built-in security. Written notes can be misplaced and be a risk to the safety and well-being of children and adults. If it is imperative to take

notes on paper, dispose of them appropriately. Supervisors should not take notes during remote supervision with case workers.

- If phone numbers need to be recorded in order for case workers to remember how to contact children and caregivers, it is recommended that they use anonymized codes in their phones. Separate password-protected files on caseworkers' laptops can connect names to phone numbers when absolutely needed.
- Organizations typically reliant on paper files should consider shifting to new technologies that support safe and confidential collection of data during remote service delivery.
- Ensure that case registration and initial assessment forms include "critical medical conditions," or "quarantine for the child or caregiver" (if Primero/CPIMS+ is used, ensure to adjust drop-down menu and forms accordingly).
- Review and adapt the interagency referral form and ensure health sector staff are informed about it. If there is no referral system in place, facilitate and simplify rapid child protection referrals from health staff.
- Simplify forms if information is to be collected by telephone or by identified and trained community members.
- Record information on asylum-seeking children and refugee children who are not registered in the national asylum system or proGres5 and refer the child for registration.

Information sharing

- All case workers and hotline workers should be trained on how to adjust information sharing with supervisors when participating in remote consults or weekly supervision meetings. Case workers, hotline staff and supervisors should be clear that when discussing cases via phone or in messages, survivor identifying information should not be shared, and supervisors must





	<p>reinforce this practice whenever speaking with supervisees.</p> <ul style="list-style-type: none"> Review the referral and information sharing process between child protection and health actors, agree on key information to be shared and update the referral form accordingly. <p><i>Data storage</i></p> <ul style="list-style-type: none"> Organizations providing case management must weigh risks versus benefits of different types of data collection and data storage based on the duration and scope of the lockdown and the requirements of service provision. Because paper files introduce the opportunity for breach of confidentiality and data loss, it is strongly recommended that no hard copies of case files or any other identifying information be stored in a case worker’s or supervisor’s home. Verify and ensure continued safe storage of sensitive documentation in all field/activity sites. Treat medical information about a child or family member as sensitive data and apply the highest standards of data protection. Revise Data Protection Agreement to include modalities on working from home for case workers and supervisors.
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Time	Facilitator Notes	Producer Notes	Screen/ Resource
5 min.	<p>Introduction</p> <p>Welcome the participants to the session and share the session aim and objectives.</p>		PPT slide 22
55 min.	<p>Say: “In the context of COVID-19 and remote case management, case workers must take special precautions to ensure the safety of client data. It would be important to avoid storing written case information in homes or other places where they may be conducting remote case management.”</p> <p>“We are now going to be working in groups. We have set up 3 tables. On the</p>	<p>Prepare: 3 breakout rooms and 3 whiteboards (documentation, data storage and information sharing). You can suggest using only one-color sticky note to write down the challenges to make the second part of the exercise easier.</p>	PPT slide 23

	<p>first table, you will find the label ‘Documentation’ on the second one ‘Data Storage’ and on the third one ‘Information Sharing.’”</p> <p>“We would like you to discuss these topics within your group and consider in particular: What are the challenges associated with documentation/data storage and information sharing in the context of remote service delivery?”</p> <p>“We will allow 10 minutes for discussion. Note your answers on a flip chart and hang on the wall upon finishing.”</p> <p>Instructions: Ask one volunteer from each group to present the main challenges.</p> <p>Say: “In the same group, move to the next topic (so if you covered documentation, move to information sharing, etc.). We now would like you to brainstorm adaptations that should be made to ensure documentation/data storage and information sharing are safe and relevant in the context of remote service delivery. In particular: What key adaptations should be made to documentation/data storage and information sharing? Are there any specific adaptations related to COVID-19 that should be considered?”</p> <p>“You will have 15 minutes for discussion.”</p> <p>Instructions: Ask a volunteer to present in plenary key points. Complement these with information from the supporting section (below).</p>	<p>Instructions: Ensure that in the second part of the exercise groups are working on a different topic and that they are using the right whiteboard as a reference</p>	
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Social Service Workforce Safety and Well-being SESSION PLAN:

Session Length 	45 minutes
Aim and Learning Outcomes 	<p>Session aim: To consider ensuring social service workforce safety and well-being in the context of COVID-19 and other IDOs.</p> <p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• List key actions to take to ensure the safety and well-being of the social service workforce in the context of IDOs.• Describe how to adjust the supervision process to a remote delivery modality.
Key learning points 	See supporting information section
Preparation Required 	<p>Preparation required for face-to-face:</p> <ul style="list-style-type: none">• “Social Service Workforce Safety and Well-being” video <p>Preparation required for remote:</p> <ul style="list-style-type: none">• “Social Service Workforce Safety and Well-being” video <p>Presentation with images for exercise on supervision (see supporting information section below for more information)</p>

Related Materials & Supporting Information



Supporting information:

Social service workforce well-being and infection prevention control





- Prioritize the health, safety, mental health and psychosocial well-being of the case management team, including volunteers.
- Ensure that self-care and care strategies are promoted, facilitated and prioritized for staff and volunteers where possible.
- See the *WHO Mental Health Considerations & UNICEF MHPSS Operational Guidelines for COVID-19* for additional considerations.
 - Provide case workers and volunteers with regular, updated information from verified sources such as WHO and limit the amount of information shared to avoid overload.
 - Ensure case workers and volunteers fully understand the information that is shared with them and are able to ask questions.
 - Reinforce or create an emergency communication system (such as a phone tree) and ensure that all team members understand the communication channel and protocols to follow.
 - Ensure all case workers and volunteers have clear contact information and know who to reach out to if necessary.
 - Create a buddy system amongst case workers and volunteers (in addition to regular supervision) to encourage support one another and raise concerns.
 - Establish a plan for the case management team on how to access information should a case

worker or supervisor become ill or need to self-isolate.

- Ensure a staff rotation system to ensure that staff members are able to rest and dedicate time to their own home situations.
- Work with case management staff and volunteers to determine the best ways of keeping motivation and team cohesion remotely.
- Share resources for managing stress and maintaining emotional well-being with staff and volunteers. This can include sharing resources (i.e., a simple self-care exercise per day, materials/links, or phone numbers for accessing psychological support, etc.)
- Enable case workers to structure their time around additional caring responsibilities and to take time off for sickness.
- Ensure or advocate for personal protection equipment (PPE) for case workers, volunteers and interpreters if relevant.
- When PPE materials are provided, ensure case workers are trained on the correct use of the equipment.
- Define remote support alternatives if not enough or appropriate protection materials are provided to safely conduct client visits.
- Ensure staff and clients are not put at further risk by the intervention.

Note: See Supervision Activity (next page).

Supervision Activity

Image	Word	Action
	Available	<p>Supervisors must be available to their supervisees during the entire time that supervisees are working.</p>
	Check-In/Out	<p>Supervisors should strive to conduct daily group-based and/or individual check-ins and check-outs with their team members who are offering phone-based case management. This check-in does not have to be lengthy, but it should be regular. The focus should not only be on any immediate survivor response and quality of care issues, it should also be an opportunity for supervisors to assess the well-being of supervisees.</p>
	Calls	<p>Supervisors should set up standing weekly (or more frequent as needed) supervision calls with each individual supervisee. As with the regular check-ins, this more intensive supervision should go beyond review of cases and/or case documentation. Supervisors should explore the psychosocial impacts of the work and situation on the supervisee, as well as any support needs.</p>
	Session	<p>Supervisors should support group-based staff supervision sessions (e.g., through WhatsApp, Skype or Zoom). While group staff sessions are not necessary to hold weekly, they can be an important strategy for maintaining staff cohesion and mutual support.</p>



Ongoing

An organization and its supervisors should identify and utilize tools that allow for ongoing capacity-building of staff. In the absence of face-to-face training and coaching, there are several capacity-building tools that organizations can consider. Remote training and orientation sessions can be provided over the phone to staff. In contexts where staff have sufficient internet connectivity, these training sessions can be provided over Zoom and similar platforms. If staff have internet connectivity and have been provided with data bundles to allow for the download of materials, podcasts and videos, short audio voice messages from supervisors can be used to share key points and provide tips for technical support that staff members can access at their own pace.

Time	Facilitator Notes	Producer Notes	Screen / Resource
5 min.	<p>Introduction</p> <p>Welcome the participants to the session and share the session aim and objectives.</p>		PPT Slide 24
25 min.	<p>Say: “Prioritizing the safety and well-being of the social service workforce is paramount. This is true in any case management program and remains true during COVID-19 or any other IDO response. In this section, we will speak of the social service workforce (SSW) as an inclusive concept referring to a broad range of governmental and nongovernmental professionals and paraprofessionals who work with children, youth, adults, older persons, families and communities to ensure healthy development and well-being. This is important because when we think of safety and well-being, we need to think of case workers and our clients but also of volunteers and others that are involved in the case management process.”</p> <p>“It is important to constantly monitor the SSW — as a part of the design phase, in order to anticipate and address any potential safety issues, and during the implementation phase. We have asked you to watch a video where Hugh Salmon from the Global Social Service Workforce Alliance talks about challenges experienced by the social service workforce during COVID-19 and ways to overcome these challenges.”</p> <p>Say: “Discuss, in pairs, the video and any additional action you have taken in your context to ensure the safety of your team, clients and volunteers in the context of COVID-19 and other IDOs.”</p> <p>Instructions: Allow 10 minutes for discussion. Walk around the groups and</p>	<p>Prepare: Breakout rooms for pairs.</p>	PPT slide 25

	<p>complement their discussion with information in the supporting section.</p> <p>Say: “Remember that these are stressful times, and that the changes and uncertainty add to stress levels for staff, families, volunteers and communities. As case management service providers make changes to programming, it is important not to over-emphasize the need for seamless transition and high productivity. Staff will need time to slow down and figure out what the next days and weeks look like, and to be supported to manage the transitions and the changes that follow. It will be necessary to adjust expectations and operations related to the workload. Strengthening a culture of care — starting from the top of the organization and across all staff — is essential.”</p>		
<p>20 min.</p>	<p>Say: “Going back to our team of case workers more particularly, it is important to stress that regular supervision of caseworkers is always important — for continued staff capacity development, to ensure quality of care and to support staff well-being given the psychosocial impacts of working on case management in complex times such as during an infectious disease outbreak. However, in the context of COVID-19, when services are offered through a remote modality, it is likely that supervisors are not physically present with case workers. Supervisors must discuss with their case workers and the case management team how to adapt these practices during the COVID-19 or other IDO responses. Let’s explore some key considerations through a game.”</p> <p>“I will now show an image and a word, and I would like you to come up with the action that as a supervisor you should perform with your case workers in</p>	<p>Instructions: Have the image and word combinations ready to show in the form of a presentation so you can easily flick through</p>	<p>PPT Slides 26 to 30</p>

providing supervision and coaching during COVID-19 and other IDOs.”

Instructions: Using the “Supervision” table in the supporting information section show one card/slide at the time and allow participants to come up with suggestions on coaching and supervision in the context of COVID-19.




Start with an example: show the 24 hours sign and the word *available* and say that the recommendation associated with this image and word pair is, “Supervisors must be available to their supervisees during the entire time that supervisees are working.” Move to the next sign and word and allow a few examples before reading the suggested actions. At the end, ask participants whether they have more suggestions to make and/or questions.



Optional say: “Don’t forget to include key actions in your contingency plan template.”



Strengthening the Child Protection System

SESSION PLAN:





<p>Session Length</p> 	<p>40 minutes</p>
<p>Aim and Learning Outcomes</p> 	<p>Session aim:</p> <p>To reflect on the importance of working within the child protection system while in the context of COVID-19 and other IDOs.</p> <p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• Describe key considerations to make in working within the child protection system in the context of COVID-19 and other IDOs.
<p>Key Learning Points</p> 	<ul style="list-style-type: none">• Strengthen the link between health and social services at the national, sub-national and community levels, to promote a child protection case management response for COVID-19 generated child protection risks and concerns, specifically for identifying and delivering protection services for children at risk of separation from caregivers due to the hospitalization or death of the caregiver or care provider.• Coordinate with and support the provision of social protection services for economically vulnerable households affected by COVID-19. This could include the provision of emergency cash and voucher assistance through case management services until the cases can be covered by the social protection system.• For refugee and asylum-seeking children, advocate for access to social protection services regardless of their status in the country.• Advocate for case management services to be considered essential and a vital part of the


	<p>COVID-19 response; caseworkers as part of the social service workforce should be supported to continue following up with the most vulnerable, high risk cases despite COVID 19.</p> <ul style="list-style-type: none"> • Advocate with governments to sustain and support the social service workforce and humanitarian child protection staff, whether paid or unpaid, professional or volunteer, as essential workers. • Advocate for an increase in social service workforce social welfare staff at hospitals and medical centers to identify and better protect children separated from primary caregivers, children that have experienced abuse or neglect, and children without appropriate care. • Advocate with governments and other agencies for child protection to be budgeted for, and for caseworkers to be provided with PPE and training on risk mitigation. • Advocate with governments to include training on COVID-19 child protection risks for health, education and social service staff, including the prevention of sexual exploitation and abuse and how to safely report concerns.
<p>Preparation Required</p> 	<p>Preparation required for face-to-face:</p> <ul style="list-style-type: none"> • Not applicable for this session <p>Preparation required for remote:</p> <ul style="list-style-type: none"> • Breakout rooms and whiteboards
<p>Related Materials & Supporting Information</p> 	<p>Not applicable for this session.</p>



Evaluation and Close

SESSION PLAN:

Session Length 	45 minutes
Aim and Learning Outcomes 	<p>Session aim:</p> <p>To collect participant feedback, recap key learning points and close the course.</p> <p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• Identify key learning from the course.• Evaluate the course and provide feedback to the facilitators.
Key Learning Points 	Identified by the participants on an individual basis.
Preparation Required 	<p>Preparation required for face-to-face:</p> <ul style="list-style-type: none">• Prepare half a flip chart for each of the following, by writing the title in the center:<ul style="list-style-type: none">- When is transitioning to remote case management appropriate?- Pre-requisites to remote case management delivery.- Collaboration and cooperation.- Remote case management step by step.- Assessment.- Information management.- Social service workforce safety and well-being.- Strengthening the child protection system. <p>Preparation required for remote:</p>

	<ul style="list-style-type: none"> Prepare the recap activity (see face-to-face preparation, above) on the virtual whiteboard, or on slides if you have an annotate function in your video calling platform.
<p>Related Materials & Supporting Information</p> 	Not applicable for this session.

Time	Facilitator Notes	Producer Notes	Screen/ Resources
15 min.	<p>Instructions: Congratulate participants on reaching the final session of the course and briefly outline what will happen in this session.</p> <p>Explain that “we will start with a recap of what we have learned during the course.”</p> <p>Provide each participant with some Post-it Notes. Reveal each of the 7 recap flip charts one by one and ask participants to write one or more key learning points on that subject and attach it to the flip_chart.</p> <p>Review these as they are added and group them, then give a quick overview of the key learning points from the group, before moving on to the next flip chart. Repeat for the remaining six.</p>	<p>Instructions: Conduct the same activity listed in the column to the left using either the virtual whiteboard or annotating onto slides. The producer should help to group items on the virtual board.</p>	PPT slide 35

<p>10 min.</p>	<p>Optional (post-training assignment) Instructions: Explain that you will resend the contingency plan template via email and that participants should fill it in after giving a little bit of time for the learning to settle. Set a deadline of not more than 3 weeks after the training end. Provide contact details so the filled contingency plan can be shared.</p>		
<p>10 min.</p>	<p>Instructions: Hand out the evaluation forms or links to the forms and ask participants to spend a few minutes providing feedback on the course. Remind them that this is useful to gauge whether the course is effective and to help ensure its ongoing improvement.</p>	<p>Share the link to the online evaluation form.</p>	
<p>10 min.</p>	<p>Instructions: Thank the participants for their feedback and for their engagement throughout the sessions.</p> <p>Refer them to any further support available after the course.</p> <p>Highlight key resources which might be useful, particularly the technical guidance note on case management adaptation through COVID-19 and webinar recordings.</p>	<p>Share links to any contacts or resources in the chat.</p>	

POST-TRAINING ASSIGNMENT

Participant's Instructions:

Reflect on the notes you have taken during the training and fill in the contingency plan template on the next page by defining key actions that you will take to prepare, should you need to consider transitioning to remote case management service delivery. Assign a priority to each action, where:

- 1 – is high priority
- 2 – is medium priority
- 3 – is low priority






The plan should take you about one hour to complete.

Facilitators' instructions:

You may want to consider using online platforms for submissions. Add relevant details before sending the instructions out to participants.

Add information on whether you will provide formative feedback individually or for the whole group and if you are going to this in a remotely facilitated session or online.

Contingency Plan Template

				
Actions	Priority	How	Who	By When
Prerequisites for transitioning to remote case management				
Collaboration and cooperation				
Case management process (step by step)				
Information management				
Social service workforce safety and well-being				
Coaching and supervision				
Strengthening the child protection system				

Please submit your filled contingency plan to _____ by _____

Additional References:

[Technical Note: Adaptation of Child Protection Case Management to the COVID-19 Pandemic V3](#), Alliance for Child Protection in Humanitarian Action, 2020

[COVID-19 Guidance on Remote GBV Services Focusing on Phone-based Case Management and Hotlines](#), GBVAOR, 2020

[Guidelines for Mobile and Remote Gender-Based Violence \(GBV\) Service Delivery](#), IRC, 2018

[Remote Case Management Challenges and Recommendations During COVID-19 Outbreak](#), CPAOR, 2020

[Social Service Workforce Safety and Wellbeing During COVID-19 Response](#), UNICEF, IFSW, The Alliance, Global Social Service Workforce Alliance, 2020

[Remote Child Protection Services, Infosheet COVID-19](#), TDH, 2020

[Decision Making on Essential Personal Interactions](#), TDH, 2020