



Child Protection Case Management Task Force Lebanon
Child Protection Case Management Guidance for Remote Phone Follow-up¹ in Covid-19
March 2020

Child Protection COVID -19 DropBox [LINK](#)

As a result of COVID-19 face to face follow-up may not always be possible for all Child Protection Case Workers doing case management with children and their families.

This guidance note is intended to support child guidance for remote child protection case management, including the key child protection principles² of survival and development, non-discrimination and inclusion, child participation, and the best interest of the child. It focuses on:

- How case workers should **provide remote support to children within their existing case load assessed to be at medium or high risk;**
- **What specific considerations case workers need to make when conducting interviews/assessment of new cases received, or referred that need to be handled remotely, primarily through phone calls.**

This document is intended to support case workers through Child Protection (CP) Case Management processes during the COVID-19 outbreak response in Lebanon. CP case management is normally a long-term process which can take several months depending on the unique needs of the child, their coping mechanisms and support system. In emergencies, numerous challenges can be faced by CP case workers to provide face-to-face emotional support, in children and their families accessing services in a timely manner. In such circumstances, new incidents of child abuse, neglect, violence and exploitation, can be further exacerbated by the absence in person support to the child, as well as other much needed services.

In the case of Lebanon, the ongoing economic crisis, in addition to the current COVID-19 outbreak, will likely result in children who are already subjected to neglect, abuse, violence and exploitation being placed at further risk of abuse by perpetrators within the home such as family members, or in the community. The **provision of remote child protection case management should only be considered as a modality of support under exceptional circumstances** when in person support is not feasible or advisable due to safety and security concerns which impede access such as the COVID-19 outbreak. Due to the current emergency in Lebanon, remote case management, including emotional support, and referrals (via telephone) may be the most feasible modality to provide services to children exposed to abuse despite its many challenges, risks, and constraints.

As a CP Case Worker during the COVID-19 outbreak, it's important to continue to provide case management services to children at medium and high risk, which are already in the existing caseload as well as new cases. Remote case management is being recommended as an exceptional implementation modality as a result of COVID-19. These guidelines serve to support CP Case workers through a complex operational context. In cases where the child is in imminent danger – face to face follow up with the relevant authorities is critical (please see more on this below). In cases where the child is at high risk and contact by phone is not possible it will be important for the CP Case worker (his/her agency) to consider ways in which the case worker can access and visit

¹ Please note that this document was developed as part of an Inter-Agency Effort by numerous child protection case management agencies in Lebanon including Save the children, Himaya, IRC, UNICEF and UNHCR

² <https://spherestandards.org/resources/minimum-standards-for-child-protection-in-humanitarian-action-cpms/>

the child exceptionally and on rare occasions to monitor the child's safety and ensure there are not in imminent danger COVID-19. Please note the measures implemented by the Government of Lebanon to restrict movement remains the primary consideration for all agencies, however in cases where children are in imminent danger the CP case worker needs to coordinate with the relevant authorities (please see more below). For both medium and high-risk cases, it is crucial to visit the child face to face once it is deemed safe from COVID-19

Key standards to consider/follow:

Specific considerations on safety and security of the child during remote case management: In instances where you have specific concerns about the safety of the child in the household, please consider the following.

1st step: Calling the family:

Please note that children normally don't have access to phone themselves, especially children in younger age groups. Therefore, the case worker should call the number of a trusted adult caregiver.

- The case worker should call the parent/caregiver or the person your agency has been working with as part of the case management process. This should ideally be a safe adult who was already engaged in the CM process prior to the COVID-19 outbreak.
- The case worker should clearly explain that due to the current outbreak, she/he cannot reach the house and is therefore contacting the family to propose another modality.
- Go through the case management steps³ and make sure that the caregiver or trusted adult understands fully each step.⁴
- Child protection case workers should explain at the onset of the call that the call is expected to last between 30 and 45 minutes, depending on the safety of the child/family and their needs
- The case worker should inform the caregiver/trusted adult that due to the current circumstances the primary mode of communication to follow up on the child's case plan will be by phone.
- The case worker should explain to the caregiver/trusted adult that whilst the adult's regular involvement in the case plan is very important, it's also important for the child to have space to speak to the case worker one to one. The case worker can explain that this is important in terms of supporting the child's resilience.

2nd step: Verify that safety and security conditions are in place to ensure the child is not at further risk, while asking the child's consent or assent to proceed with the phone call:

- In instances where you feel that the child sounds uncomfortable do not continue and ask the child if they are able to contact you when she/he is available through a missed-call, text message, or any other means that she/he feels comfortable.
- Once you are sure to proceed, please ask the following questions to confirm the safe and security conditions:
 - Are you comfortable talking right now? Do you agree to continue this talk now over the phone? Or do you prefer we schedule at a different time? Or do you prefer to missed-call me or text me when you are ready?
 - Is this the right number to call? Or do you prefer me to call any other alternative numbers?
 - Are you taking the call from a room that gives you the space to speak privately and confidentially? If this is not possible, no worries, we will manage and I can ask you some questions to which you can answer YES or NO if that makes it easier for you, does that sound ok

³ Please refer to Inter Agency CP CM Guidance http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf

⁴ Standard Operating Procedures for the Protection of Juveniles in Lebanon <http://www.socialserviceworkforce.org/system/files/resource/files/SOP%20for%20Juvenile%20Protection%20in%20Lebanon.pdf>

- **Decide with the child** what to do in the following scenarios:
Before we continue, let us talk about some of the measures we can put in place in case we are interrupted or you feel that you are no longer safe.
 - Someone involved in the abuse, or someone who the child doesn't trust in the household picks up the phone
 - The child does not feel safe/confident as someone may be listening the call and there is a need to stop the call
 - **Agree with the child on a safe word or a code that can be used if they feel unsafe and would rather not speak any more.**
 - **Also agree that the child can change the subject if they feel unsafe or listened to.** The case worker can suggest something simple such as discussing the weather, COVID 19 guidance, or any activities they are doing at home etc,.. to change the subject to.
 - **Ask for consent repeatedly:**
 - Do you feel safe enough for our conversation? Please know that it's ok to say no to me, I can call back at another time that is better for you. I am here to support you.
 - Are you fine talking now?
 - **Once safety is confirmed, the case management service can be introduced. It is important to highlight confidentiality, child participation and the concept of their best interests.**
- *REMEMBER:** If the child does not sound comfortable to talk please do not continue and give them an option to contact you when they do feel more comfortable speaking, you can suggest through a missed-call, text message, or any other means that they feel comfortable. During the COVID-19 crisis, this may be challenging for a child living in an overcrowded setting such as an Informal tented settlement, where the child faces movement restrictions. In these cases, it is important that the CP case worker relies on his/her understanding of the child's living conditions from previous house visits in order to consider whether or not it is feasible for the child to find a safe place and time where they are likely to be able to speak more freely. **Do No Harm** is paramount to this.

3rd step: Follow up with the family and the child

- Based on the child's main concerns, agree on the most appropriate care arrangements in case the child/or adult falls ill.
- The case worker should facilitate this for the child by explaining to the person in the household, that it is recommended for the child to go into a room alone to speak privately if possible. Case workers need to explain that we all need to adhere to the Government of Lebanon (GoL) restrictions of ceasing our movements, ask them to stay as close to their house as possible to speak privately to remain in line with GoL restrictions on movement.
 - *Please note it is the case workers responsibility to consider any potential concerns there may be in terms of the child having the space and time to speak to the case worker without the interference of the adult, or other members of the household.*
 - *Please note that children in overcrowded settings such as tented settlements children may not have the option to go to a different room. In these instances the case worker needs to ask close ended questions in case the child doesn't feel comfortable sharing information over the phone. In these instances case workers need to explain to the child that whilst they aren't allowed to go out, if there is an outside area right outside their house, near their tent where they can have some space to speak (without coming into contact with anyone), you can call back when they can talk.*
- For unaccompanied, and separated children ensure you consider numerous options of a care plan, ensure the family they are living with treats them like other children in the household.
- Provide the child, as well as the caregiver (where appropriate) with the updated information on the currently available and reachable services during the emergency in their area that respond to her/his/their family's needs.
- Make the necessary referrals when applicable and manage expectations regarding service provisions due to the current situation highlighting that delays are highly likely.

- Ensure that your discussion with the child and caregiver includes the prioritization of which immediate needs need to be addressed, and which referrals should be prioritized accordingly.
- Inform the child and caregiver of the Mental Health Psycho Social Support (MHPSS)⁵ hotline number (EMBRACE⁶: 1564) if they need emotional support explaining that emotional support, and help is normal.
- Inform the caregiver of the MHPSS Application STEP BY STEP⁷ a self-help program accessible to all nationalities (Lebanese, Palestinian and Syrian) which provides app-based psycho-social support (contact information in footnote and table below). Maintain a child centered approach, ensuring that the child's best interests is at the core of case planning Ensure that the child plays a very clear role in being involved in decision making throughout the case management process, so it is clear why and how decisions were taken as part of their case plan.

Specific Considerations

Specific considerations in cases where the child, or caregiver cry over the phone:

The CP case worker should focus on **healing statements** and validate the child or adults' feelings. This means repeating statements such as *"It must be difficult', I'm sure it wasn't/isn't easy to go through all this"*.

Specific considerations in cases where the child, or caregiver disclose to you that they are suffering from COVID19 symptoms:

Ensure to tell both the child and the caregivers/trusted adult if they feel any COVID19 symptoms (high temperature, coughing, problems in respiration, throat pain, fatigue, diarrhea, vomiting, runny nose) or are taking care of anyone showing these symptoms or was in contact with anyone travelled outside countries, please call the Ministry of Public Health COVID-19 hotline at **76-592699 / 140 (Lebanese Red Cross) / 01380000 (Rafik El Harriri Hospital)**.

Specific considerations for children at imminent danger:

- For children in imminent danger, especially when home visits are not possible anymore– ensure an urgent referral is made and actioned. This involves closely coordinating with the General Prosecutor ideally through the Union⁸ for the Protection of Juveniles in Lebanon (UPEL) and in the case of North Lebanon please coordinate with Himaya⁹ in line with the National SoPs¹⁰. Please note the General Prosecutor is also accessible by phone for emergencies.
- In the event where the parent/caregiver is placing the child in imminent danger, consider checking with the child whether there is an adult member of household or in the immediate vicinity who they trust.

⁵ <https://www.moph.gov.lb/en/Pages/6/553/the-national-mental-health-program>

⁶ <https://embracelebanon.org/>

⁷ **Step-by-step Application: The MHPSS STEP-BY-STEP APPLICATION** is a self-help, story-based, minimally guided intervention launched by the National Mental Health Programme at the Ministry of Public Health in Lebanon and the World Health Organization. The intervention was adapted to the local context through a participatory approach involving the main groups living in Lebanon: Lebanese, Syrians and Palestinians. Below are the downloadable links of the application/website

Website: khoutouwat.com

Apple store: <https://apple.co/38zurWl>

Playstore: <https://bit.ly/2LNK4Qk>

⁸ <http://www.upel.org/>

⁹ <https://www.himaya.org/>

¹⁰ <http://www.socialserviceworkforce.org/system/files/resource/files/SOP%20for%20Juvenile%20Protection%20in%20Lebanon.pdf>

- In urgent cases where the child is in imminent danger where the case worker may need to conduct a house visit the caseworker should use all necessary precautions as specified in the *“Guidance for Child Protection Case workers to share with Children or Caregivers on COVID-19 Preventive Safety Measures when doing Case Management Work”* developed by the National Case Management Task Force Lebanon”

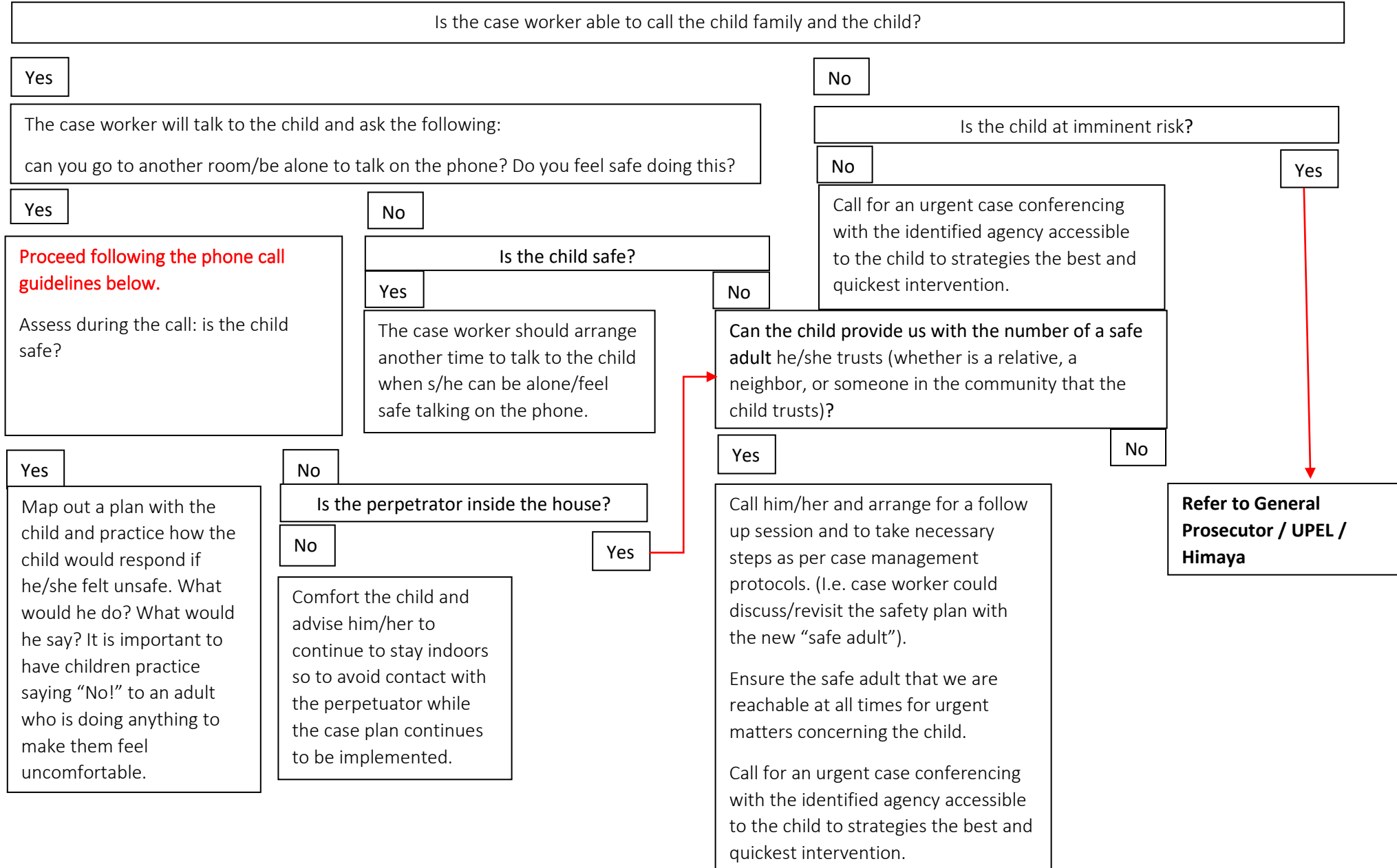
Specific consideration for new cases:

- If a CP case worker receives a call from a child or third-party reporting abuse, violence, exploitation or neglect, the child protection actor has a responsibility to respond.
- The CP case workers needs to reassure the caller be it the child or a third party that his/her case will be taken care of by another agency (provide as much details of the agency and the contact person as we can to reassure the child). *Only provide confirmed information and highlight that should this agency not respond for whatever reason/you remain the focal point.
- If a third party is calling, the case worker should assess with the caller (him/her) to what extent the child would be at risk if the CP actor attempted to reach the child by phone- either calling their family, or relevant person in household/community.
- A safety plan is to be set with the concerned child and/or family until they are contacted by the other CP case management agency.

Child Protection Case Workers’ Responsibilities:

- Ensure hotline phones are available at all times, and fully charge them with credit
- Ensure the child and family have relevant numbers to contact you, including a 24 hour hotline and ideally a direct contact to the case worker.
- If case workers are working from home, they need to secure a safe confidential room/place to do the counseling respecting the child’s privacy.
- Be prepared for emergencies and have updated information on the forensic doctors operating in the area, locations and contact information of service providers for forensic tests, clinical management of rape, the Red Cross contact for life threatening situation or have Covid-19 symptoms or in a home isolation and is not able to access services.
- If there is an emergency related to a high-risk case and a **child is in imminent danger the CP case worker should reach out to their Child Protection case management supervisor.**
- Inform UPEL (South, Bekaa and Mount Lebanon/Beirut) and Himaya (North) in instances where the child’s case may need to be escalated to the juvenile judge or general prosecutor. Please note case workers still have a responsibility to follow up and ensure the child is receiving necessary support.
- CP case workers are responsible to regularly check the online service mapping to identify updated services available for the child and family. In the event that the CP Case worker cannot identify a service the focal point in the field - the CPWG coordinator or UNHCR CP/GBV focal point can provide additional support to identify the relevant service.

Follow-up Pathway:



Guidelines for phone calls: When calling a new case for the first time

EXPLAIN to the child and caregiver who you are, for which organization you work and how you can help him/her.

UNDERSTAND the reason why the child called or may have been referred to you, the situation s/he is in right now and what is s/he expecting from you

EXPLAIN to the child that because of the current situation, we, the case worker is not able to come visit them as regularly would do, but that we can have a conversation on the phone instead. Make sure that the child is comfortable with this idea.

ASK the child and caregiver if they are receiving support from any other agency? Consider whether there is any duplication, if not then continue providing support. If there is ask the child/caregiver to consider which of the two CP case workers they would like to continue with.

POSSIBLE TEXT TO USE: At this time NGO's (such as insert name of your organization) are all trying to follow the recommendations to remain indoors and limit all movements. The reason we are all being asked to do this is to prevent the spread of a virus called COVID-19 in order to protect the most people that are weak to fight the virus such as elderly. If we don't move the virus will not be able to transmit for a person to the other and we will avoid getting it.

REASSURE the child that we are still committed to continue to support him/her with all the support needed.

When calling a case for follow-up.

EXPLAIN to the child the purpose of the call and that the case worker will be asking her/him few questions to see how he/she feels and what is currently happening.

EXPLAIN to the child that he/she should only be agreeing to talk/responding to the questions if he/she feels completely safe and has not fears of repercussions based on this call.

REMIND the child of the "safety word" that was previously agreed (during the safety planning) and that he/she can use it whenever requiring further support or if not feeling safe at any point while talking to the case worker. If you did not agree on a "safety word" with the child previously, agree on one with him/her during the call while explaining the purpose of this word and how s/he can use it.

ASK THE CHILD:

Do a little recap from the last session and continue to base the intervention on the already established safety plan; Do you remember the safety plan we set together (to go over it with the child over the phone)? Is there any information you would like to share with me today?

How things have progressed since our last visit/chat? Is he/she experiencing the same level of risk? Higher? Lower? Has something happened since the last visit that the child wants to share with the case worker?

Do you want to agree on a safe word that can be used whenever you don't feel safe or you are unable to talk (if not done previously)?

ASK THE CHILD:

How she/he is feeling? Are you feeling safe?

EXPLORE WITH THE CHILD other (new) immediate negative impacts as a result of COVID-19 that he/she might be experiencing, and how those make her/him feel?

i.e.: Not being able to attend school? Not being able to attend PSS activities? Not allowed to go out? Has he experienced other risk (i.e. tension in the house? Increase in negative coping mechanism- worst forms of child labour, intimate partner violence and domestic violence, exposure to high levels of stress and tension? Increase violence at home? Stigma? Loss of a caregiver/someone in the household? Separation from a caregiver due to them having to be hospitalized etc.?

Discuss whether the child and family/caregivers have been able to access soap, if not contact your CPWG focal point to obtain updated WASH pathway and request a hygiene kit.

ASK THE CHILD what is his/her condition and if he/she has any signs of the COVID 19?

Provide a small awareness session or remind the child about COVID-19 prevention measures in order to reinforce messages that are being shared by other channels or longer session if the child hasn't yet received any messages. *"Please refer to the Guidance note on Guidance for Child Protection case workers to conduct awareness sessions on Supporting children to understand COVID-19 and how to discuss it"*

ASK THE CHILD how the child is getting along with other children? What daily activities are they engaged in? Ask the child about his/her psychosocial wellbeing/ Ask the child about his/her family and close relationships. Ask the child if he/she is feeling safe within their care arrangement and the environment. What does he/she need to feel safe? What are the main actions that we can support him/her with?

PROVIDE the case worker should remind the child the number of the hotline and the case worker number and encourage him/her to call anytime he/she would need to.

In case the child or the family has only WhatsApp the caseworker should communicate via WhatsApp. The child can be asked to send a text message or to miscall and the caseworker will call back. The safety plan developed previously would have included this information and modalities of communication.

AT ALL TIMES: let the child to freely express and talk as much as he/she needs/wants. Use positive Communication and listening skills. Be attentive and knowledgeable, be cautious and prepared, to be assertive!

- Child protection case workers need to work with the child on her/his circles of trust/protection and ensuring a safety plan is in place regarding their physical safety and their safety with respects to care arrangements in the event a member of the household is unwell with COVID-19.
- Ensure the safety plan is realistic and based on recommendations by the child/caregiver of what is possible.

SUPPORTING THE CAREGIVER

Although this guidance note is focused in the work of the case worker with the child, it will be important to also check how caregivers are feeling. In this specific circumstance, caregivers might feel overwhelmed, scared, worried, powerless, frustrated and their caring capacity. As tension in the households rises, domestic violence, corporal punishment and other forms of abuse against children and negative coping mechanisms can also increase.

1. Please refer to the Guidance for *"Guidance for Child Protection Case workers on How Caregivers can support children during COVID-19, developed by the National Case Management Task Force Lebanon"*
2. Consider referring them for sessions with the caregiver from a Parenting Program which addresses managing stress, and positive discipline.
3. Consider the Embrace hotline for caregivers or children who need emotional support or experience suicidal ideation
4. Consider and share the Step-by- step Application: The MHPSS STEP-BY-STEP APPLICATION is a self-help, story-based, minimally guided intervention launched by the National Mental Health Programme at the Ministry of Public Health in Lebanon and the World Health Organization. The intervention was adapted to the local context through a participatory approach involving the main groups living in Lebanon: Lebanese, Syrians and Palestinians. Below are the downloadable links of the application/website

Website: khoutouwat.com

Apple store: <https://apple.co/38zurWl>

Playstore: <https://bit.ly/2LNK4Qk>

Data Protection and security

If CP case workers fill out any forms during the conversation, it **is imperative to ensure the safe storage** of any identifiable information of the child. Documents prepared during remote case management should be cared for in the same way as face-to-face case management. In such cases, please keep the information in a safe place with a lock. In case any electronic case management system (such as PRIMERO) is in place, please follow the agreed-upon data safety measures.

Please note should you require additional guidance for child protection case workers, kindly inform the National Child Protection Case Management Task force leads:

Sara.mabger@rescue.org

Monica.Martinez@savethechildren.org

Or the Child Protection in Emergencies Working Group led by:

jatwi@unicef.org