

Case Management Via Phone



Intake Registration

- Warmly greet the client.
- Explain case management and consent.
- Get verbal consent from the child, caregiver, or trusted adult.
- Ask about the child and family situation:
 - “What is your biggest concern?”
 - “Why are you making contact now?”
 - “What do you think would be of most help?”
- Determine immediate risk levels.
- Check basic needs and safety, and for children who may be alone.
- Double-check all the details given (names, contact numbers, etc.).
- Provide information on how and when the clients can contact you.

Assessment



- As you cannot see the child or caregiver, you will have to be creative to get the needed information.
- Check all information thoroughly!
- Think broadly about who might be able to inform your assessment (with the consent of the family, unless the child is at risk of harm), such as teachers, health providers, community members, etc.
- Try to “paint a picture” through your conversations.
 - For example, don’t just ask “How old is your son?”
 - Instead, follow up with questions such as “Is he big or small for his age?” or even “Who does he look like?”
- Ask to speak to individual family members (including siblings) on the phone, unless you think it will put the child at further risk.
- Use the video function if possible.
- Identify unmet basic household needs.
- Understand how COVID19- is affecting the household.
- Make referrals as soon as possible to service providers.
- Update the child, caregiver, and/or trusted adult regularly.

Case Planning



- Plan for the short and medium terms, as the situation may evolve over time, and a plan may need to be adjusted.
- Set realistic dates for reviews.
- Hold virtual case conferences if face-to-face ones are impossible to organize.
- Share information and agree on the way forward, but have a backup plan for every agreed-upon action.
- Define actions needed to care for the child if the caregiver falls ill.
- Discuss full action plan with all stakeholders, including the child.
- Document the plan.

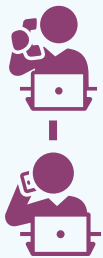
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Implementing Case Plans

- Follow Referral SOP.
- Seek consent for referrals.
- Provide contact details for self-referrals.
- Work with families to identify possible solutions regarding barriers to accessing services.
- Provide assistance to reduce any challenges in receiving critical services where possible.

Follow-Up and Ongoing Support



- Normalize caregivers' and children's feelings of worry, uncertainty, and stress.
- Deliver key stress-management and parenting messages.
- Identify needed MHPSS referrals for children, caregivers, and families.
- Provide information on common reactions of children and caregivers under stress, and positive coping strategies.
- Adapt the frequency of follow-ups and the intensity of ongoing support to reflect the changing situation.
- If restrictions of movement are imposed, check who are the people/organizations that may be able to have direct contact with children, such as health workers, community mobilizers, and committee members.
- Have conversations, not just a series of yes-and-no answers. Asking a question such as "Is everything well?" or "Are you OK?" could provide very misleading answers. A more helpful question would be "How are you feeling about X?"

Case Closure



- Do not close cases filed as medium or high risk until a final visit can be made, unless the reason for concern has been completely removed.
- If you decide to close or transfer a case, check with all of the agencies and individuals who were involved in developing the case plan.
- Before closing a case, consider whether COVID-19 could further impact the child or household.
- If you decide to close or transfer a case, make sure that the child, caregiver, or trusted adult knows who to contact, and how to contact that person, in case they need support again in the future.