



# Special Guidance for Child Protection Case Management

Preventing and Responding to COVID-19

April 2020



## Introduction

COVID-19 have disrupted the environments in which children grow and develop. Disruptions to families, friendships, daily routines and the wider community can have negative consequences for children's well-being, development and protection. Measures used to prevent and control the spread of COVID-19 by the Government of Ghana, including quarantine measures such as school closures and restrictions on movements, inversely disrupt children's routine and social support while also placing new stressors on parents and caregivers who may have to find new childcare options or forgo work. With added stress, school closures and restricted movement, children and caregivers may face increased social isolation, psychosocial distress and heightened domestic violence. Movement restrictions can also make it much harder for children or caregivers affected by violence to leave their household and seek help. Besides, stigma and discrimination related to COVID-19 may make children more vulnerable to violence and psychosocial distress. Children and families who are already vulnerable due to socio-economic exclusion, have a history of violence in the home, or those who live in overcrowded settings are particularly at risk. For all of these reasons, the continuation of case management to very high-risk children and families is a fundamental part of emergency response and should be considered child lifesaving.

In this regard, the Department of Social Welfare is releasing this exceptional short guidance for government and NGO frontline workers, especially those who provide multi-sectoral case management services to most vulnerable children. This guidance should be read along with the Child Protection [Case Management Standard Operating Procedures](#) launched by the Department of Social Welfare of the Ministry of Gender, Children and Social Protection in 2019. This Guideline aims to further provide technical guidance to child protection workers to better respond to the child protection risks during a COVID-19 pandemic through case management, including psychosocial support.

This document has been adopted for the use in Ghana from the guidance shared by [the Alliance for Child Protection in Humanitarian Action](#) and the similar documents prepared in other countries and we are grateful to UNICEF and USAID for their continuous support.

## Special Guidance Child Protection Case Management during Covid-19

During COVID-19 there are four (4) priority areas that social workers and case management agencies and will have to focus on in Ghana.

- 1.) **Awareness**-raising while following up on cases, is critical to ensure relevant messages are repeated over time for prevention and detection of COVID-19 as well as mainstreaming psychosocial support in all our work with families. This awareness-raising includes:
  - a) Information on how to prevent COVID-19, such as hand washing and physical distancing;
  - b) Information on how to recognise signs and symptoms of the disease and the importance of reporting without fearing any repercussions;
  - c) Information about modes of transmission and risks of infection, so that they can effectively combat myths that stigmatise child survivors or children of survivors;
  - d) Dissemination of COVID-19 specific health referral pathways and GHS COVID-19 hotline numbers.
    - o For COVID emergency: **112**
    - o For COVID-19 general information: **311**
  - e) Support to caregivers in distress and support to children in distress as a result of COVID-19, be it due to illness of dear ones, quarantine or any sort of physical distancing, this needs to consider:
    - o Ensuring that children receive clear and child-friendly and gender-sensitive communication about COVID-19;
    - o Ensure that adults in the families receive clear messages regarding how to communicate to children regarding COVID-19, to mitigate stress to children.

*Please refer to the minimum package of information provided by [Ghana Health Service](#) on prevention, social distancing etc. Department of Social Welfare shared a separate document all MMDAs and partners with that information along with key messages for children and other vulnerable groups.*

- 2.) **Refer cases** to other services. This has 2 dimensions.
  - a) DSW/CDOs or child protection actors make referrals to Ghana Health Service: This means DSW/CDOs identify suspected cases of COVID-19 and refer those to the nearest Ghana Health Service facilities.
  - b) Ghana Health Service and other health actors refer cases to DSW/CDOs and child protection actors: This means that GHS and other health actors need to actively inform DSW/CDOs if a single head of a household with dependent children / or a child is diagnosed with COVID-19 and need to be brought into a hospital for treatment. During this temporary separation, child/children in that household would need support from social welfare.

**Note:** This does not exclude regular referrals which are done for case management procedures regularly in a non-COVID 19 scenario, especially in the cases of child abuse. Online [MoGCSP directory of all social services for all 260 districts of Ghana](#) could be helpful in linking up to other services.

**3.) Management of cases:** This includes:

- a) Review current caseload: social welfare staff need to continue to provide services to children in the existing caseload. However, all case management actors and agencies (DSW, RHCs, NGOs, etc) need to review their existing caseload to ensure risk level attribution is appropriate or amend the risk rating (if required) to be in line the child protection standards operating procedures. The following table could guide the caseworkers to follow up on the cases by risk rating during COVID-19 crisis.

Risk Level	In case there is <u>no indication</u> of COVID-19 in the family or close community	In case there is <u>confirmation</u> of COVID-19 in the family or close community, based on the Government of Ghana guidelines
Low Risk	By phone	By phone
Medium Risk	By phone	By phone
High Risk	Visit with appropriate precautions	By phone, daily check-in to ensure that child/ family are ok. Once the family is cleared from COVID, a health actor and caseworker should visit immediately.
If restrictions are applied by the Government of Ghana requiring physical distancing, all follow-up should be done by phone.		

To link families to other services by phone, call these number of share these number of them to call directly.

- For help, support and services related to sexual and gender-based violence and child sexual abuse, call the Domestic Violence Hotline of the Ghana Police Service: **0551000900**
  - For any other social issue including social protection and cash assistance related aspects, call the MoGCSP Helpline of Hope: **0800 800 800 or 0800 900 900**, at no cost
  - To report online child sexual abuse material, online bullying or unwanted contact with a child, call National Cybersecurity Centre’s helpline **292**
- b) Caseload generated by COVID-19 (e.g. increased distress, domestic violence and rape, violence, child labour etc): All new cases coming to social workers should be treated as all other case management cases and in line with overall risk ratings of case management alongside necessary COVID-19 precautions.<sup>1</sup>

**4.) Family separation and alternative care** need to be considered as possible consequences of COVID-19. This means:

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<sup>1</sup> For new high risk cases, special considerations should be given to children who are separated from their caregivers, including those in residential homes for children, or in need of alternative care; children in households affected by restrictions on movement or lack of access to services; children with disabilities, chronic illnesses, child victims and survivors of the disease who may be rejected by their families and/or communities; and children with family or household members who have contracted the disease.

- a) Due to COVID-19, caregivers may fall ill, be quarantined, be hospitalised or die. Alternative care solutions need to be identified for children starting from when a caregiver is reported sick (before hospitalisation or death).
- b) Family-based care options such as kinship care or foster care should always be prioritised over institutional care.

Please refer to [Foster Care Operational Manual](#) and [Case Management SOPs for children in need of care and protection](#) for detailed guidance on alternative and foster care options.

COVID-19 appear to have limited direct impact on children with very few casualties reported globally for now. However, hospitalised children and quarantined children under 18 years of age should always have a caregiver present at all time who would be equipped to support them to prevent spreading of COVID-19 where possible. This caregiver should be a parent or close family member, the designated social worker should visit regularly.

### **Specialist guidance for social workers and people working in similar roles in Ghana**

- Wash/sanitise their hands before, during and after every visit.
- Wear a mask if available and explain physical distancing through considerate communication – this means explaining why physical distancing is vital to protect the child and family, as well as the caseworker during COVID-19.
- No handshaking or physical contact during the visit – please explain to the child and family kindly why these are necessary measures to take.
- Promote physical distancing - maintain one to two meters distance with the child and ensure the visit is performed in a ventilated room or open safe space. Adopt potential playful methods of explaining these precautions using child-friendly language.
- Communicate that participants with symptoms, such as cough, fever, or respiratory problem should not attend the activity and inform those participants of the contact information of health care providers.
- Communicate also to the staff that the staff with symptoms, such as cough, fever, or respiratory problem should seek medical attention and stop providing GBV services.
- When conducting activities, avoid crowded conditions and limit the number of participants for one activity. Encourage participants in activities to maintain at least an arms-length distance between each other.
- Enhance people’s safety, dignity and rights and avoid exposing them to further harm, discusses protection risks, the importance of context analysis, the treatment of sensitive information and supporting community protection mechanisms (where they are not counter to the public health objectives).
- Access to impartial assistance according to need and without discrimination
- Ensure that women and girls are able to receive information about how to prevent and respond to the epidemic in ways they can understand. Promote and disseminate information on regular hand washing and positive hygiene behaviours, for example, by placing IEC materials and key messages on COVID-19
- Share key factual messages and promote an accurate understanding of COVID-19, not based on fears, rumours and misinformation, which could lead to social stigma and discrimination

- If a social worker feels any of the COVID-19 symptoms, he/she should call the Ministry of Health line as recommended or any other update referral pathways for COVID-19. The social worker should then ask if the families she has been working with would like someone else to visit them.
- In cases where the family asks the social worker not to conduct a home visit due to concerns related to the transmission of COVID-19, caseworkers should be understanding, postpone the visit and try to do the appropriate follow up over the phone.
- Always have and be up to date regarding the referral pathways for Health Services to inform families of the safest way to refer to any case.
- Ensure their phones have sufficient data, recharge cards etc. to maintain services for extremely vulnerable groups and also inform the families, they can call them when needed.

### Child Protection concerns related to COVID-19

Infectious diseases, such as COVID-19, can have a significant impact on children and their caregivers' wellbeing beyond the disease itself. In terms of child protection, there are several main potential secondary impacts:

- **Neglect and lack of parental care.** Children may lose parental care when their caregivers die, are hospitalised, fall ill, or are quarantined. Children who are themselves hospitalized or quarantined may also be deprived of parental care. Measures put in place to control the disease e.g. school closure may also leave children without parental care during the day (as their parents are at work). Given the concerns and fear around COVID-19, the traditional care support systems that would step in, in the absence of parental care (extended family, community members) may be disrupted. Placing children with grandparents need to be considered as elderly parents are very vulnerable to the disease.
- **Mental health and psychosocial distress.** Children affected by COVID-19 and their families face various stressors including social isolation, health-related fears, and fears about contamination or spreading the disease. Persons suspected or confirmed of having COVID-19 have to face not only fear but also isolation in medical facilities. People who have been medically cleared as well as family members and care providers may also face social isolation, rumours, exclusion and even violence in their communities. Important rituals of grieving such as funeral and burial practices may be disrupted. Front line staff are confronted with stressful working environments of witnessing considerable suffering and grief among children affected and their families. They have to battle their fear and concerns about the disease.
- **Increased exposure to violence, including sexual violence, physical and emotional abuse (online and offline).** This may result from caregivers and other adult family members becoming increasingly distressed, a sense of support and belonging to a community being disrupted and the use of dysfunctional coping mechanisms to cope with the challenging environment (i.e. alcohol, etc.). As children also spend more time online, there is a high risk of grooming and abuse online.
- **Sexual and Gender-based Violence.** Experiences have demonstrated that where women are primarily responsible for procuring and cooking food for the family, increasing food insecurity as a result of the crises may place them at heightened risk,

for example, of intimate partner and other forms of domestic violence due to heightened tensions in the household. Women generally play the role of caregiver in the family and the communities, and there may be additional burdens on them during the crisis period. Because of their role as caregiver, vulnerabilities of women and girls may further exacerbate in terms of the risk of COVID-19 infection. Other forms of SGBV are also exacerbated in crisis contexts. For example, the economic impacts of the 2013-2016 Ebola outbreak in West Africa, placed women and children at higher risk of exploitation and sexual violence. Also, life-saving care and support to GBV survivors (i.e. clinical management of rape and mental health and psycho-social support) may be disrupted when health service providers are overburdened and preoccupied with handling COVID-19 cases.

Children with disabilities, marginalised children and other vulnerable groups are at higher risk of these secondary impacts.

Additional resources for social welfare staff:

[Technical note: Protection of Children during the COVID-19 pandemic](#)

[Technical note on COVID-19 and Children Deprived of their Liberty](#)

[Children and Alternative Care: Protection of Children During the COVID-19 Pandemic](#)

[The implications of COVID-19 for the care of children living in residential institutions](#)