Given the current risks of in-person contact, there is a need to determine when in-person contact is critical to the protection of children and their families. Assessment of the risk of staff transmission of or exposure to the COVID-19 virus must be balanced against the severity of the risks facing particular children and their families.

A number of questions may help you in determining the most appropriate modality:

- Is there total or partial confinement in the country? Are social services and CP case management services considered essential?
- What is the level of risk for the child? (review case prioritization: low, medium, high)
- Are there community volunteers or community case workers having continued, trusted and safe access to children and families?
- What are the urgent needs and tasks requiring in-person support?
- What is the level of exposure/transmission risk to the COVID-19 virus?
- Is it possible to conduct in-person support, keeping social distancing (1-2 meters) and hygiene measures?
- Is the staff comfortable with doing frontline work? Are they or their relatives at risk? Have they received appropriate information regarding risks and health prevention measures?

You are responding to extraordinary circumstances and normal practices may not be always feasible. What are our ethical obligations when we are not able to provide services in our usual ways? Find below some ethical challenges and questions that may arise from those extraordinary circumstances and new ways of working:

- Not increasing inequalities: What about instances where there is no access to technology? Are we providing remote support and follow up only for those who have access to technology? How can we ensure overcoming barriers to reach the most vulnerable remotely if they do not have access to same technology? (providing means of communication when possible, increasing community-based support when feasible and safe for all...)
- Working with community volunteers: If conditions do not allow to have face-to-face visit by CP staff for safety reasons, can we decide to involve community volunteers (considering the same reasons why safety could not be ensured for staff)? What guidance do they require/need to be able to provide safe and confidential support?
- Maintaining confidentiality: if we can’t ensure it, is it best to not do it at all?
- Maintaining clear and appropriate boundaries: should I use my personal devices or account? should I provide services on evenings when beneficiaries are available?

In any case, it is important, first and foremost, to ask ourselves what we can do to minimize the risk of harm to our beneficiaries, to ourselves, and to our practice settings. In the midst of those tensions, you should strive to maintain the ethical principles of service, respect for the dignity and worth of all people, professional competence, integrity, human relationships, and social justice.
The flow-chart below aims to illustrate how you can use the questions above through potential scenarios within child protection interventions during COVID 19, when social distance is not possible or if supporting children and families directly affected by the disease.

Is there a total confinement of the population in country?

- **YES**
  - Are psycho-social workers considered essential staff with freedom of movement (including humanitarian Child Protection staff)?

- **NO**
  - Adapt services to remote follow-up exclusively.

Do we have the capacity to provide enough and appropriate (including training) PPE for frontline workers?

- **YES**
  - 1 mask per visit + hand sanitizer at least (and pair of gloves if necessary)

- **NO**
  - If impossible to apply social distance measures during personal visits, adapt services to remote follow up exclusively.

Screen cases and select the high-risk cases where follow up through personal interaction is essential.

Does staff feel comfortable with essential personal interactions?

- **YES**
  - Have they received appropriate health information?

- **NO**
  - Redistribute caseload (frontline and non-frontline as per volunteer decision)
  - Provide accurate information and support to staff
  - Provide PPE to frontline workers

If any of the frontline workers at health risk, or has any family members at health risk?

- **YES**
  - Those at health risk or with close relatives at health risk should not conduct frontline work.

Find more details for Case management in this guidance.
Which technology?

Here are some steps you can use while choosing the technology that best fits the needs and the context you are in:

**Assessing the context**
- Who is your audience?
- What is your objective?
- Is your audience literate? Is your audience digitally literate?
- What modes of communication and sources are available to you and your audience?

**Assessing the communication landscape**
- What modes of communication and sources does your audience rely on?
- Do people own, or have access to, mobile phones or other communication hardware?
- Can they afford to use mobile phones (e.g. cost of calling/data)?
- Do people have access to a source of power to keep devices charged?
- Is there connectivity in your target area?

**Assessing the operational feasibility**
- Does the platform/technology offer the utilities you need (video, chat, recording, etc...)?
- Is the platform/technology easily accessible to your audience (free, easy to log in, etc..)?
- What barriers might exist for people to access the digital service?
- Which types of platform/technology is your agency banning or allowing?

**Assessing the data security**
- Does the platform/technology require to create a user account? *(minimize data collection)*
- Are the data kept safely (where)? Can you delete data exchanged?
- Do all services provided remotely need the same level of security?

*Recommended platforms (GDPR compliance): Encrypted such as Email, Teams and Skype for business...*

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**Specific considerations**

**Informed consent**
Explain and obtain verbal informed consent from the child and guardian to receive support through remote modality and document it in the case file.

The **following topics should be addressed** to ensure the beneficiary can provide informed consent:
- length and regularity of the call;
- what happens if the technology breaks down;
- professional boundaries;
- emergency contact;
- data protection (collection and sharing).

**Data protection**
General principles should apply but extra care should be in place because of platforms privacy and data collection policies.
- **Minimize** Incidental Data Collection;
- **Collect Only** the information you need;
- **Pay attention** to which documentation you collect/save/share, depending on the platform/tool (secure or not) and on the device (personal or professional);
- **Be Cautious** when requiring beneficiaries to set up user accounts.

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**Useful links**
https://www.techsafety.org/choosing-a-platform#platform-top%20/
You can find other info sheets of this series in the different sections of covid.chilhub.org

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**Info sheet COVID 19**