



Guidelines for Remote Case Management of Resettlement Programmes

To mitigate the possible impact of COVID-19, many offices are providing virtual or remote case management services. Remote work settings differ inherently from office settings. For example, staff may share the space with family members, or may not have access to necessary equipment such as computers or mobile phones to do their work from home. The remote work environment presents a series of new challenges for all staff, but in particular for client-facing staff tasked with contacting clients to gather information, assess needs, and ensure client safety and well-being. This document outlines ways to undertake effective remote case management whilst protecting the privacy and confidentiality of clients and should be used to complement existing local office policies and procedures.

INITIAL ENGAGEMENT WITH CLIENTS WHEN UNDERTAKING REMOTE CASE WORK

1. Develop and implement a plan to communicate with all clients to explain your office's COVID-19 policy. Determine the communication options you and your client have by considering the following questions:
 - ▶ Do both parties have access to a phone or computer?
 - ▶ Does the household have internet access, or do data plans for phones support communication? (note: video calls can be a significant drain on mobile data allowances)
 - ▶ Is an interpreter needed to facilitate contact?
 - ▶ Are the privacy settings of the chosen method of contact appropriate for undertaking case management and client engagement?

2. Depending on the considerations in (1), you should then contact clients individually and advise them about:

- ▶ why remote case management is being implemented — acknowledge this is a rapidly changing situation and other changes may come, but don't make any promises about when or how the situation may change and don't speculate about the state of the world/the spread of the virus; instead, provide facts where possible and psychosocial support where necessary;
- ▶ whether and when you are open for appointments (set clear expectations about working hours, frequency, and method of communication, and don't share your personal email or home address with clients) and confirm the contact information for both you and the client, including phone numbers, emails, and client addresses;
- ▶ any upcoming activities;
- ▶ any limitations or barriers to privacy or security that may exist (whether in terms of the communication tool being used, or the work space you are using — such as interruption from family members) and obtain their informed consent before continuing communication, particularly when discussing private or sensitive issues;
- ▶ staying safe during the COVID-19 pandemic, and what to do if they feel ill — take extra time to ask and answer questions to the best of your ability, validate client concerns, and try to maintain a sense of calm; a list of multilingual resources is available on the [RITA Resources Information Sharing page](#). Appendix A includes guidance on educating clients on COVID-19.

3. Additionally, assess each client's safety concerns, well-being, and immediate needs, including with regards to: food, medical care; medicine; medical supplies; shelter; work; childcare; and vulnerability and protection measures taken with regards to COVID-19. A checklist for safety planning, which outlines questions to ask, is included in Appendix B.

4. Keep records for each client about all the points above, including the reasons why activities are being delivered remotely and an explanation of the chosen delivery method.



CONFIDENTIALITY GUIDELINES FOR UNDERTAKING REMOTE CASE WORK

When engaging in client-facing work from home or other remote workplace, you should follow the guidelines below.

- ▶ Identify a private space within the remote working environment where you cannot be overheard by others, including family members and roommates, whenever possible. If this is not possible, discuss with a manager.
- ▶ Document a client's consent in case notes or other case records. For example: "Disclosed to client that I am working from home in a private space with the door closed, but my family is home. Asked client for consent to continue the conversation. Client consented."
- ▶ Provide anticipatory guidance if there may be interruptions due to family or pets. For example, "I wanted you to know my children are at home, so there is a possibility they may interrupt me. If they do, I will put you on hold. If for some reason the situation can't be resolved quickly, I will let you know, hang up, and call you back as soon as I can."
- ▶ Encourage clients to seek out a private space if the subject matter is sensitive. If clients cannot be in a private space, ask them if they want to continue or reschedule the call.
- ▶ Save all computer-generated material in a password-protected file storage system to ensure privacy and security.
- ▶ Ensure that household members cannot see private client information by storing it securely. You should regularly remove files, notes and forms that contain personal information from your remote work station.
- ▶ Do not take hard copy files home unless you have special permission from your manager or leadership team to do so and have secure processes in place.
- ▶ Avoid sharing your private phone number with clients to protect your own privacy and boundaries. You should use a work phone line supplied by your organisation or hide your phone number for specific calls or text message.
- ▶ Do not collect private or sensitive information on personal devices. If you are having to work from a personal mobile phone, verbally collect identifying information such as home address, date of birth, etc. If clients need to send you documents, encourage them to email the document to your work email address.
- ▶ Do not record video or audio calls with clients (this includes webinars, group calls, or meetings). Recording is strictly prohibited with minors. If there is a reason you feel it is necessary to record a conversation with an adult client, seek permission both from the client and from your manager.

If necessary, check with your supervisor to determine if in-person home visits or meetings can take place. For any in-person meetings, consider whether they can take place outside and whether two metres of distance between people can be maintained.



Consider following these steps to prepare for the logistics:

1. **Schedule the meeting.** Determine when and how you will be contacting the client and inform them of this.
2. **Determine the communication options for both you and the client, in line with the initial engagement guidance above.**
3. **Choose your platform.** The options outlined below have audio and video capacity.

FEATURES	SKYPE	WHATSAPP	MICROSOFT TEAMS	ZOOM
Share screen and/or files	YES	YES	YES	YES
Web, mobile and desktop app	YES	YES – all must be connected to a phone number	YES	YES
Has a dial-in phone number	Skype for business paid version only	NO – must use an existing mobile phone number	YES	YES
Limit of persons/time	YES – 50 participants, 4 hrs per video call, each group limited to 100 hrs/month	YES only 3 persons per chat	250 per meeting (chat and call)	Free account allows up to 100 participants for 40 minutes
Other benefits	Real time translation and transcription/subtitling ; can be used to call those without internet at a cost	Easy to use app that many people may already have on their phones	Meetings can be recorded and saved	Meetings can be recorded and saved

4. **If interpretation is necessary,** review the procedure for scheduling a phone or video interpreter and ensure the person has the capacity to communicate using the method determined. As always, keep in mind which languages a client speaks and how well. Always verify with the client that they understand the person you are using as an interpreter. Remember an interpreter is always necessary for any adult who does not speak the same language as you fluently and **it is never appropriate for minor children to interpret.**
5. **Consider the confidentiality guidelines above.** Ensure both you and the client have a private space to talk without other family members being present on either side.
6. **Schedule a follow-up meeting.** If clients know when the next meeting with you is scheduled, they can start a list of non-urgent questions and concerns and know when they will get addressed.
7. **Review emergency contact procedures,** for contacting staff, medical providers, and emergency services. Ensure all adult clients understand how to contact the emergency services, ask for an interpreter, and say their address in the language of the country you are in.

Appendix A:

Educating clients about COVID-19

- Explain that there is a virus in the community that can make people very sick. The most common symptoms include a fever, cough, and shortness of breath.
- Highlight the importance of prevention by washing hands for 20 seconds, using soap and water (or hand sanitizer), and keeping all surfaces that are frequently touched in their homes clean and disinfected. Clients should avoid touching their nose, mouth or eyes when their hands are not clean.
- Stress the importance of staying at home as much as possible and, if clients do need to leave their home, they should wear a protective mask, gloves, and practice social distancing (remaining at least two metres away from other people).
- Explain that those most at risk for more serious illness are seniors and those with chronic medical conditions, who should stay at home as much as possible.
- Ensure families have the name and phone number of their primary care clinic available and let them know that if someone in the household exhibits symptoms, they should call their doctor for advice before going in person (if they don't speak the local language, they can ask for a phone interpreter). If they don't know their doctor's phone number, ask if they know the name and location of the clinic and try to find the number for them. If you cannot establish which clinic they are seen at, let your office's Health Focal Point or your manager know and ask them to follow up with the client.
- Explain that anyone in the household exhibits any COVID-19 symptoms, they should stay at home and avoid contact with other family members as far as possible.
- Explain that someone in the household is sick and the doctor tells them to stay at home, monitor their condition. If it worsens, inform their doctor immediately. If a household member has difficulty breathing and needs immediate assistance, they should call 112.
- Ask if the client has any questions/concerns. If you don't know the answer, tell them that you will find out and call them back, or have your Health Focal Point call and talk to them directly.



Additional resources for practitioners and clients about COVID-19 can be found on the [RITA Resources Information Sharing page](#).

Appendix B:

Checklist for Client Safety Planning

This Safety Planning Checklist is meant as a helpful template in assessing client safety during a time when regular systems and services may be disrupted, including personal movement.

All staff should work with local leadership to decide:

1. If safety planning is appropriate at this time (determined by the scope of your services and your office's state of preparedness);
2. which staff should be engaged in safety planning;
3. which clients should be prioritized or targeted for safety planning;
4. what the specific resources and responses are that your staff are able to offer at this time.

The areas below are not comprehensive. Staff should include any other areas they feel should be addressed or that they know are of concern for this individual or family – for example, a service goal that is outside the scope of needs outlined below.

Note that this situation is changing rapidly and policies, resources, and planning in communities may be unfolding, confusing, or even contradictory. It is appropriate and may be necessary to tell clients that you do not have current answers, but that you will try to gather additional information and contact them at a later time.

FOOD

1. Does the household have enough food in the house to last at least two weeks?
 - Yes
 - No, proceed to #2
2. If no, is someone in the household able to go to the store and access food?
 - Yes
 - No, proceed to #3
3. If no, describe the barrier (transportation, fear, money, etc.)?
 - If transportation is a barrier, is there anyone that they can identify that may be willing to take someone in the household to the store to get food?
 - Yes
 - No, what can staff do to support?
 - If fear is a barrier (especially for those elderly or in poor health), is there anyone who may be willing to buy food for them?
 - Yes
 - No, what can staff do to support?
 - If the financial situation is a barrier, are there any supports they can identify (community, religious institutions, etc.)?
 - Yes
 - No, what can staff do to support?

Appendix B:

Checklist for Client Safety Planning (continued)

MEDICAL CARE

1. Does anyone in the household have an important upcoming medical appointment?
 - Yes, proceed to #2
 - No, proceed to next section
2. If yes, can they call their medical facility to see if they can access that care and if there are any contingency plans if it is cancelled?
 - Yes
 - No, proceed to #3
3. If no, can someone else in their family call the medical facility for them?
 - Yes
 - No, what can staff do to support?

MEDICINE

1. Is anyone in the household on needed and regular medication?
 - Yes, proceed to #2
 - No, proceed to next section
2. If yes, can they call their medical facility to see if they can access that care and if there are any contingency plans if it is cancelled?
 - Yes, proceed to next section
 - No, proceed to #3
3. Do they have a refill prescription available?
 - Yes, proceed to #4
 - No, proceed to #5
4. If yes, are they still able to go get the refill medicine at the pharmacy? If so, can they call the pharmacy and pick it up early based on concerns that the situation may change?
 - Yes, proceed to next section
 - No, what can staff do to support?
5. If no, can they call the doctor and ask the doctor to send in a refill prescription?
 - Yes
 - No, what can staff do to support?

MEDICAL SUPPLIES

1. Does anyone in the household rely on regular medical supplies (such as test strips, oxygen, etc.)?
 - Yes, proceed to #2
 - No, proceed to next section
2. If yes, do they have enough supplies to last them for at least 4 weeks?
 - Yes, proceed to next section
 - No, proceed to #3
3. If no, do they have the means to get more supplies, including financial and transportation/access?
 - Yes
 - No, what can staff do to support?

Appendix B:

Checklist for Client Safety Planning (continued)

SHELTER	
1. Are there concerns about paying rent?	<input type="checkbox"/> Yes, what can staff do to support? <input type="checkbox"/> No
2. Are there concerns about being able to pay for water/electric/gas?	<input type="checkbox"/> Yes, what can staff do to support? <input type="checkbox"/> No
3. Are there enough minutes on a household/mobile phone that can be used in case of emergencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No, what can staff do to support?

Some locales have suspended eviction and utility shut-off as well as data or phone limits. Check the most up to date information in your community.

COVID-19 related isolation, quarantine and social distancing may place survivors of domestic violence, intimate partner violence, and other family violence at increased risk by further restricting their mobility and access to supports. Additionally, partners and individuals who have used violence in the past may continue or increase abusive behaviors as stress levels increase and community support and accountability decrease.

COVID-19 SPECIFIC	
1. Is there anyone in the family who is considered high risk, including anyone who is elderly or those who have chronic health issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No, what can staff do to support?
2. What precautions is the household taking to ensure enhanced protection? These may include having the person have their own room in the house, limiting mobility of other household members, etc.	
3. Is there soap (or hand sanitizer) and cleaning supplies readily available in the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No, what can staff do to support?
4. Does the household know what to do if someone in the household is exhibiting signs of COVID-19 (fever, shortness of breath, cough)?	<input type="checkbox"/> Yes <input type="checkbox"/> No, what can staff do to support?
5. Is there fever reducing medicine in the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No, what can staff do to support?
6. Do they know where they can get reliable information in their language?	<input type="checkbox"/> Yes <input type="checkbox"/> No, what can staff do to support?

Appendix B:

Checklist for Client Safety Planning (continued)

CHILDCARE	
1. Are individuals able to stay at home with their children while schools are closed?	<input type="checkbox"/> Yes <input type="checkbox"/> No, proceed to #2
2. If no, do they have any friends, relatives, neighbours, etc. who would be able to help with their children?	<input type="checkbox"/> Yes <input type="checkbox"/> No, what can staff do to support?

OTHER	
1. Are there any other concerns that need to be asked about?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL PRECAUTIONS FOR SURVIVORS OF FAMILY VIOLENCE (INTIMATE PARTNER VIOLENCE, INTERGENERATIONAL VIOLENCE, ETC.)	
1. Are individuals concerned about their safety or the safety of anyone in their household if they need to quarantine in their home?	<input type="checkbox"/> Yes, proceed to #2 <input type="checkbox"/> No, remind of emergency numbers, staff hours and methods of contact
2. Do they have any local trusted friends, co-workers, neighbours or family members who can check in with them about their safety and support needs if they need to quarantine at home?	<input type="checkbox"/> Yes, reach out and plan <input type="checkbox"/> No, proceed to #3
3. Are there friends or family who they can connect with remotely for support?	<input type="checkbox"/> Yes, reach out and plan <input type="checkbox"/> No, proceed to #4
4. If they feel unsafe at home, who can they call or contact?	Emergency numbers; staff during operating hours