

NATIONAL PROTOCOL FOR IMPLEMENTATION OF PRE- AND POST COUNSELLING SERVICES IN RESPECT OF COVID-19 SCREENING AND TESTING



social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

1. INTRODUCTION

The Department of Social Development (DSD) provides protection, care and support services to the vulnerable individuals, groups, families and communities during this period of national disaster emanating from COVID-19. The Department of Health will effective April 2020 implement a national programme on screening and testing of communities for COVID-19 infection. These protocols are designed to guide response by social service professionals and care givers of older persons and persons with disabilities in their provision of counselling and psycho-social care and support services to persons undergoing screening and testing for COVID-19.

2. GUIDING PRICIPLES

Guiding principles for COVID-19 counseling and testing.

2.1. Protection of Human Rights

COVID-19 counseling and testing must be ethical, based on human rights and conducted within a supportive environment. Safeguarding human rights is an essential part of effectively responding to the COVID-19 pandemic.

2.2. Right to dignity

The Bill of rights provides every person with the right to dignity, equality and non-discrimination, privacy and fair labor practice.

2.3. Right to access

The right to access, means that people have access to psychosocial support services, protective gear and the results of the test. All essential services such as facilities, rapid test kits and information should be made available, affordable and accessible. People should be assisted by the professionally trained personnel to quality services. COVID 19 positive individuals should receive appropriate counseling, assistance, care and treatment.

3. APPLICATION

Protocols for pre and post- test counselling services are applicable as follows:

3.1. Social work practitioners

Social workers and social auxiliary workers currently regulated and registered by the South African Council for Social Service Professions (SACSSP). As such, social

workers and social auxiliary workers must carry at all times and produce where necessary their proof of current registration with the SACSSP.

- These practitioners must apply these protocols within their own scope of practice as approved and regulated by SACSSP.
- Social auxiliary workers must always implement the protocols under supervision of the social worker as prescribed by the SACSSP.
- All applicable and recognised reporting lines must be observed at all times during provision of pre- and post -test counselling and psycho-social care and support services. This implies that social work managers and social work supervisors must be readily available to guide and support social workers and social auxiliary workers during the implementation and management of psycho-social care and support services for those infected and affected by COVID-19.

3.2. Child and Youth Care Workers

Child and Youth Care Workers (at both professional and auxiliary levels) are currently regulated and registered by the South African Council for Social Service Professions (SACSSP). As such, child and youth care workers must at all time carry and produce where necessary their proof of current registration with the SACSSP.

- Child and youth care workers must apply these protocols within their scope of practice as approved by SACSSP.
- The child and youth care worker team leader and supervisor must always be available to guide and support the child and youth care worker.
- Child and Youth care workers should be available for services to which they are employed. This implies that for community based screening and testing, child and youth care workers linked to community based child care and protection services must be the ones providing services to children and youth in communities. Those employed in child and youth care centres must be the ones providing such services.

3.3. Care Givers

The Policy for Social Service Practitioners and Social Service Practitioners Draft Bill (currently gazetted for public comments) recognise Care Givers for persons with disabilities and older persons as social service practitioners to be recognised by the South African Council for Social Service Practitioners. In this regard, DSD acknowledges the role currently played by Care Givers for these vulnerable groups in society.

- Care Givers who have been trained to provide care and support services to older persons and persons with disabilities must be available to during screening and testing of such persons within community based centres.

- Generally, care givers in frail care and residential facilities for older persons and persons with disabilities work closely with nursing professionals. In this regard, depending of capacity of the facility care givers may be entrusted with provision of psycho-social care and support during screening, pre- and post COVID-19 testing for such persons.

3.4. Practice contexts/ settings

Social service professionals (social workers, social auxiliary workers and child and youth care workers) are employed in various practice context, where potential COVID-19 patients will access screening and testing by health care professionals. Guided by the mandate of each practice settings social service professionals must therefore be available to provide pre-and post COVID-19 testing psychological care and support services.

3.4.1. Department of Social Development Service Offices

Social work practitioners employed by the Department of Social Development are placed at various service offices within municipalities. These social workers should therefore work closely with health care workers linked to local health facilities (clinics, health centres and district hospitals). Each local service office must appoint the social work manager to be team leader and coordinator of DSD reporting during the COVID-19 screening and testing.

3.4.2. Social Welfare Facilities

Social welfare services are often rendered to individuals within care and protection facilities for children, youth, women, older persons and persons with disabilities. In consideration of diversity of social service practitioners available if different facilities, an exception is therefore made in relation to each facility, guided by availability of applicable practitioners.

- Child and Youth Care Centres
- Shelters for abused women
- Care facilities for older persons (old age homes and frail care centres)
- Care facilities for persons with disabilities
- Substance abuse treatment centres

Each social welfare facility must at all times observe and implement approved reporting lines for effective management of COVID-19 by the social development sector. Each facility, must identify and communicate with the DSD district / regional office details of official delegated responsibility for coordination of reporting of COVID-19 response by DSD.

3.4.3. Department of Health – Health Care Facilities

The Department of Health (DoH) employs and place social workers in various health care facilities to complement deliver of quality health care to the public. Social workers employed at local clinics, community health centres, district, provincial and academic hospitals must provide be available to respond to COVID-19 within their facilities.

- Social worker in DoH must be the first social service respondents of COVID-19 within their respective facilities.
- These social workers must implement the protocol within the approved scope of practice for social work professionals.
- These social workers must all times observe established protocols for multi-disciplinary teams within health care.
- Referrals for further intervention by DSD social workers must follow generic referral protocols for such services.

3.4.4. Department of Correctional Services – Correctional Centres

The Department of Correctional Services (DCS) employ social workers to provide rehabilitation, reintegration and reunification services to offenders. Social workers in DCS therefore have a pre-defined community which may require screening and testing for COVID-19.

- Implementation of these COVID-19 protocols recognise that social workers in DCS practice in close collaboration and in multi-disciplinary teams with health care professionals and psychologists.
- Referral for further intervention and services by DSD must follow generic referral protocols for such services.

3.4.5. Cooperative Governance and Traditional Affairs

The Department of Cooperative Governance and Traditional Affairs (CoGTA) employs social workers, who are placed at local municipal offices and traditional authorities. All social workers employed by CoGTA must therefore be registered with the South African Council for Social Service Professions (SACSSP) in order to provide any social work and social welfare service, including those related to COVID-19.

- Social workers employed by CoGTA are qualified and competent to provide psycho-social care and support services to the public within their jurisdiction.
- The office manager at local municipal offices and traditional authorities must nominate social work manager responsible for coordination of response and reporting thereof to the DSD service point manager.

- Social workers employed by CoGTA must work closely with DSD social workers to ensure full capacity of social work practitioners within each municipality. This implies that the local municipality must create and submit a list of all social workers and social auxiliary workers in its employment to the DSD service point manager for allocation thereof to screening and testing centres.

3.4.6. South African National Defence Force

Social workers employed by the South African National Defence Force (SAMHS) have a pre-defined population comprised of members of defence force and their families. During the screening and testing for COVID-19, social workers at SAHMS will adopt organisational operating procedures to implement DSD protocols for COVID-19.

3.5. Multi-disciplinary teams

Implementation of DSD response to COVID-19 will be dependent on effective multi-disciplinary teams and integration of services. COVID-19 is a health pandemic with potential negative implications and impact for individuals, families and communities. In this regard health care professionals and social service professionals must work in closely to achieve the outcomes of project screening and testing.

- Health care professionals must take leadership in providing necessary information on screening and testing procedures to social service professionals. This will empower and increase capacity of social service professionals to.
- At all settings and levels of service delivery, health care professionals will take leadership on health matters while social service professionals will be responsible for social welfare services mitigating the impact of COVID-19.
- All professionals in multi-disciplinary teams must have clearly defines roles and responsibilities, allocate resources aligned to their specific roles ns account to executive authorities.

4. CAPACITY BUILDING OF SOCIAL SERVICE PROFESSIONALS

COVID-19 is health pandemic with immense socio-economic impact on the society. The social impact of the pandemic will be evidence by families in distress who members may require a range of social welfare services from prevention and promotion, protection, statutory, psycho-social care and support, economic development to reintegration and reunifications. Implementation of protocols for COVID-19 response by DSD and social service professionals are limited to the period of screening for exposure and testing for infection with COVID-19.

- A standardised capacity building programme must be developed for all social service professionals identified to participate in the national screening and testing campaign.
- **Screening:** The programme must provide basic information on COVID-19 prevention, detection and referral for health care intervention.
- **Testing:** The programme must provide basic information on testing procedures, communication and interpretation of results.
- **Referrals:** The programme must outline referral procedures applicable for social services and multi-disciplinary teams during the screening and testing processes.
- All identified social service practitioners must have this information readily available before they participate in the national response for COVID-19.

5. CONSIDERATIONS FOR CHILDREN, PERSONS WITH DISABILITIES AND OLDER PERSONS

Consideration of response in respect of special population groups requires intensified action when working with children, older persons and persons with disabilities and mental health problems.

- Capacity building of Care Givers child minders and Care Attendants for persons with Disabilities and Older Persons on COVID-19, social distancing and hygiene protocols.
- Capacity building must take place before implementation of the protocols for pre and post COVID -19 counselling.
- Development and translation of COVID-19 information brochures in Braille and sign language.
- Pre and post testing counselling must comply with universal access for persons with disabilities.

6. PRE -TEST COUNSELLING AND SUPPORT

The objective of pre -test counselling for COVID-19 is to complete a preliminary assessment of the client to determine pre-disposition for infection with COVID-19. Specific considerations for application of specific techniques where counselling is provided to individuals, families or groups during screening and pre COVID-19 testing.

- a. Availability of significant others/ care attendant during counselling.
- b. Family counselling where household/ family screening is conducted.
- c. Group counselling where screening is conducted simultaneously to specific groups.

The social worker, social auxiliary worker, child and youth care worker and care giver will be expected to:

- Build rapport with the client.
- Establish brief family history and background.
- Assess socio-medical conditions of individual and family members (focus on chronic conditions and especially illnesses/ conditions with suppressed immune system)

Continue with assessment to determine knowledge of the pandemic and reaction to COVID-19:

- Establish what the person know about COVID-19. Refer to standard questions shared during the capacity building programme.
- Establish the person's view of COVID-19 and national lockdown.
- Impact of positive social behaviour and hygiene of person and family.
- Focus on promoting positive social behaviour and hygiene.

7. TESTING

Testing for COVID-19 infection is the sole responsibility of health care professionals. The role of Social service professionals is to:

- Prepare for testing procedure to be done by Health Care Practitioner. It is the responsibility of the social service professional to ensure that they have all reliable information to share with the client.
- Discuss with and outline the importance of informed consent to COVID-19 testing.
- Establish readiness to deal with testing. Explore any anxieties the client might be having associated with such procedures.
- Support the client in dealing with identified anxiety and discomfort of testing.

The health care professionals and guidelines from DoH must stipulate waiting period between testing and issuing of results. This must also outline procedure and process of communicating results to the client. To support this process social service professionals and care givers must:

- Establish clients coping mechanisms while awaiting results (deal with anxieties). Explore all possible modes of receiving results which may be outside the comfort of counselling environment.
- Seek client permission to disclose results to identified significant others.

8. POST -TEST COUNSELLING AND SUPPORT

8.1. POST TEST NEGATIVE RESULTS

Individuals who test negative for COVID-19 should receive test results (DoH responsibility). In general, a lengthy counselling session is not necessary and may divert counselling resources that are needed by those who test positive. Counselling will focus on the following:

- a. Promote and encourage positive social behaviour and hygiene, precautionary measures to minimise risk of infection.
- b. Refer and link with social assistance resources (when needed);
 - o application for SRD
 - o dignity packs
 - o link with CNDC

8.2. POST TEST POSITIVE RESULTS

Post- test counselling and support must be done to be done by social worker who did pre-test counselling or in case of children including children and youth in child and youth care centres, a child and youth care worker. Based on work done by health care professionals, social service professionals must:

- Explain the test results and diagnosis (is applicable).
- Provide clear information if any additional tests would be required.
- Assess client reaction / feelings to results.
- Explore feelings relating to possible stigmatisation.
- Share information about expectations emanating from positive results
- Testing of other people who had contact with the client.
- Encourage client to disclose by explaining the benefits of disclosure and the disadvantages of non-disclosure.
- Isolation for a period of 14 days as prescribed by DoH, either at home or government facility – guided by assessment of family functionality and socio-economic conditions of a household) and severity of the condition.
- Preparation of family for social isolation.
- Promote continuation of social distancing and hygiene.
- Explore mode of communication with family during isolation
- Adherence to treatment.
- Assist the client to develop coping mechanisms.
- DSD provide necessary support to the client and family
- Regarding impact of employment refer to health care professionals for sick note to the employer for the period stipulated by DoH.

9. SERVICES TO BROADER COMMUNITY

COVID-19 impacts the functioning of whole communities because it destabilises socio-economic activities. In this regard communities must be involved in prevention of infections and promotion of social behaviours required to curb the spread and impact of the pandemic.

- a. Community Development Practitioners and Social Auxiliary Workers must implement community based prevention, promotion, education and awareness programmes for families, communities and those with previous contact with the client.
- b. Encourage other family and community members who have been in contact with the client to test.

10. REPORTING

Generic SWS forms screening, intake and process forms (as revised) must be used to record and report on social service professionals' response to COVID-19.