



Province of the
EASTERN CAPE
EDUCATION

INCLUSIVE EDUCATION

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TO: ALL DDGs
ALL CHIEF DIRECTORS
ALL DIRECTORS
ALL OFFICE BASED OFFICIALS
ALL PRINCIPALS
ALL SCHOOL BASED OFFICIALS

FROM: THE SUPERINTENDENT-GENERAL

**SUBJECT: GUIDELINES ON PSYCHOSOCIAL SUPPORT SERVICES DURING
THE COVID-19 PANDEMIC**

DATE: 10 JUNE 2020

1. The purpose of these guidelines is to provide guidance on access to psychosocial support for learners and departmental officials. The following areas will be covered within this document:
 - a. Telehealth Services
 - b. Telehealth: Registration of Psychologists and Counsellors and expanded roles
 - c. Telehealth: Confidentiality, Record and Safe Keeping
 - d. Telehealth: Informed Consent
 - e. Telehealth: Informed Consent for a child under the age of 12 years
 - f. Telehealth: Resources
 - g. Telehealth: Safety and Hygiene practices
 - h. Telehealth: Referral Process
 - i. Telehealth: Counselling Services
 - j. Telehealth: Employee Wellness



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- k. Psychological Assessments
- l. Telehealth: The Screening, Identification, Assessment and Support Process (SIAS: 2014)
- m. Delayed integration of high-risk learners at Special Schools
- n. Stakeholders: Expanded Counselling Services

Telehealth Services

2. All Psychologists appointed by the Eastern Cape Department of Education (ECDOE) are expected to provide healthcare services at a distance (telehealth service) to learners and families, especially learners in under-served areas.
3. The term “telehealth” includes telepsychology and involves remote consultation with patients using telephonic and virtual platforms of consultations. Telehealth involves secure videoconferencing or similar forms of technology which enables healthcare practitioners to replicate the interaction of traditional face to face consultations between healthcare practitioners and the patient/client.
4. In accordance with the correspondence from the Health Professions Council of South Africa (HPCSA) “Guidance on the applications of telemedicine guidelines during the COVID-19 pandemic” (26 March 2020), in view of the current National State of Disaster, the services of Psychologists are considered essential services. It specifies that telehealth is permissible without an established practitioner-patient relationship. This means that Psychologists employed by the ECDOE may consult with learners and personnel without an established therapeutic relationship.
5. During the COVID-19 pandemic it is advisable that telehealth therapeutic services are considered as a matter of priority. In accordance with “Guidelines on telemedicine in South Africa (9 March 2020), that telehealth is not to be considered as a replacement for face to face healthcare but as an add-on, meant to enhance access to healthcare, telepsychology.” Telehealth must be considered to ensure that all referred learners are provided with counselling.
6. Parents or caregivers must be informed regarding the purpose of the telehealth services at district level as well as marketing on this type of counselling service.
7. It is noted that if a practitioner (Psychologist or Counsellor) doubts whether a telehealth consultation will be in the best interest of the learner, then the learner must be encouraged to present themselves for a face to face consultation.



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8. Telehealth is well-suited for brief therapy and support for less serious conditions, which can be managed in three to four sessions. The Psychologist will refer a client for appropriate individual face-to-face services for clients with more severe conditions such as clinical depression, substance dependence, or who are experiencing suicidal or homicidal thoughts.
9. Telehealth may be used for immediate emergency referrals where a client shows self-harm or harm to others.

Telehealth: Registration of Psychologists and Counsellors and expanded roles

10. Only Psychologists and Counsellors registered with the Health Professions Council of South Africa, according to the Health Professions Act, No. 56 of 1974, may provide telepsychology services.
11. Proof of each practitioner's registration must be submitted to their supervisors at district level before any psychological services are provided. The practitioner must also provide proof of current year renewal of registration by the 30th of June 2020. The proof of registration evidence must be forwarded to Head Office: Inclusive Education with immediate effect.
12. All Psychologists must consult the "Guidelines for Good Practice in the Healthcare Professions", issued by the Health Professions Council of South Africa, developed by the Human Rights, Ethics and Professional Practice Committee (Annexure A).
13. All Psychologists will undergo an Orientation Programme arranged by Head Office: Inclusive Education on Telehealth services.
14. All counselling support provided by Psychologists must always be in the best interest or well-being of the learner or family.
15. Psychologists from Special Schools must be requested to provide telehealth services to learners from mainstream schools as part of their extended services during a disaster, as per the Disaster Management Act 57 of 2002, that roles of Healthcare professionals may be expanded as required. The Special School Principal where a Psychologist is placed must be consulted to enable and facilitate the expanded role.
16. Psychologists must familiarize themselves with the Disaster shock document on, "How to cope with the emotional stress of a major disaster" (2017),



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compiled by Brian Gerrard, PhD., Emily Girault, PhD., Valerie Appleton, Ed.D., Suzanne Giraudo, Ed.D., and Sue Linville Shaffer, Ed.D.? (Annexure B)

17. The following Ethical Guidelines for good practice in the Healthcare professions from the HPCSA must be consulted and applied in the management of clients (Annexure A):

- a. Booklet no 1: General ethical guidelines for healthcare professions
- b. Booklet no 2: Ethical and professional rules of the Health Professions Council of South Africa as promulgated in government gazette R717/2006
- c. Booklet no 4: Seeking patients' informed consent: The ethical considerations
- d. Booklet no 10: Guidelines for the practice of Telemedicine.

Telehealth: Confidentiality, Record and Safe Keeping

18. All Public Ordinary and Special Schools must identify a secure and private venue/office where learners and personnel can receive TelePsychology services.
19. The Schools must allocate a laptop with Microsoft Teams capabilities to the venue/office in which TelePsychology services will be conducted.
20. Telehealth sessions must be conducted in a confidential, private and quite environment, so that the learners' or officials' conversation is not compromised.
21. All Psychologists and Schools must utilise Departmental emails to provide and receive TelePsychology services
22. Sessions must be password protected and not accessible to other guests.
23. Psychologists must ensure that their laptops, cell phones and recordings generated during the Telehealth are stored and protected with encrypted files and in locked storage as per the Protection of Personal Information (POPI), Act of 2013.
24. All telehealth sessions must be audio recorded.
25. Psychologists must draft clinical notes on the recorded sessions.
26. Where a Sign Language Interpreter and/or mobility orientation specialist is utilised, they must sign a confidentiality consent form when participating in the consultation.
27. Psychologists are expected to keep detailed records of all telehealth services that are provided (time and duration of online services), the learner's condition, biographical information and information received from the learner, family



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and/or educator, recommendations, referral letters, therapeutic interventions and support strategies.

Telehealth: Informed Consent

28. An informed consent form must be obtained in writing for all telehealth interventions.
29. The Psychologist must obtain the original signed consent form, or if not possible at the time of telehealth intervention, keep a photograph of the signed consent form from the learner, parent, legal guardian or personnel.
30. The learner, parent or legal guardian may provide oral informed consent if they cannot provide the physical informed consent form, at the time of telehealth service.
31. The oral consent must be recorded in audio and in the case notes, and exhaustive attempts must be made to obtain the written consent.
32. A signature of the parent and or caregiver, learner and a witness must be obtained on the informed consent form. Psychologists must keep a record of all consent forms.
33. Psychologists must note that some online platforms, such as WhatsApp are not secure, and the client needs to consent to this type of support method if there is no alternative means of communication.
34. District Directors must ensure that all Public Special and Ordinary Schools are provided with a copy of the informed consent form for parents to access psychosocial services at school.
35. Find attached a copy of the ECDOE informed consent form. The Eastern Cape Department of Education Consent Form must be used (Annexure C).

Telehealth: Informed Consent for a child under the age of 12 year

36. Informed consent is required from the parent/caregiver if a child is under the age of 12 years for any type of counselling. In general practice the Psychologist must confirm the age of the child from SA-SAMS.
37. In the case of an emergency where immediate action must be taken to preserve the child's life or prevent serious harm, the Psychologist must proceed with the counselling session and confirm the age of the child after the intervention and obtain written consent.

"In an emergency, where consent cannot be obtained, health care practitioners may provide medical treatment to anyone who needs it, provided the treatment is limited



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to what is immediately necessary to save life or avoid significant deterioration in the patient's health." HPCSA Guidelines Booklet 4, pg. 8

38. Where it is established that a child may have received counselling as a result of misrepresenting their age, the Psychologist must advise the parent/caregiver and request consent from them, after the fact.

Telehealth: Resources

39. All Psychologists will be provided with the following resources to ensure that Telehealth services can take place namely:
- a. A Laptop with 2 GB data bundles
 - b. A Cell phone with minutes for calls (airtimes and minutes will be confirmed)
 - c. All relevant Personal Protective Equipment.
40. The following standards are applicable on the cell phones that are provided by the ECDOE:
- a. A call register must be kept on file of all Telehealth related out-going and in-coming calls.
 - b. The type of intervention that was executed must be documented and the duration of the sessions noted.
 - c. Clinical notes must be made of all Telehealth calls.
 - d. All Psychologists must adhere to the Telehealth Standards as prescribed by the Health Professions Council of South Africa (HPCSA).

Telehealth: Safety and Hygiene practices

41. The following face to face safety and hygiene steps must be considered when Psychologists provide face to face counselling namely:
- a. No hand shaking policy
 - b. Social distancing must be adhered to. At least 1.5 metres between the Psychologist and a learner, personnel or parents/caregivers.
 - c. Hand Hygiene facilities are present including hand sanitizers and added disposal bins.
 - d. Daily cleaning and disinfection of all surfaces.
 - e. Wearing of masks always by learner/parent/caregivers/personnel and Psychologist/Counsellor
 - f. Wearing of a visor/shield by the Psychologist.
 - g. Wearing of medical scrubs by Psychologists



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- h. The room must be well ventilated, cleaned before and after each consultation.

Telehealth: Referral Process

- 42. Learners and personnel will be referred to ECDOE Psychologists or Counsellors for counselling services.
- 43. The following referral process must be considered for telehealth services:
 - a. Learners and Parents/caregivers can phone the call centre at **080 1212 570**
 - b. The call centre will redirect learners, personnel and parents/caregivers to the Psychologist within their District. The call centre will indicate the level of urgency of the referral to allow for immediate counselling sessions. The following urgency levels will be indicated namely:
 - i. Level 1: low level of urgency (The Psychologist will arrange a counselling session with individual or schedule a debriefing session with group.
 - ii. Level 2: medium level of urgency (The Psychologists will prioritise the counselling session with an individual or the debriefing session with group.
 - iii. Level 3: high level of urgency (The Psychologist will immediately attend to the counselling session.
 - c. The Customer Care Centre (call centre) will ask a number of pertinent questions, to ascertain the most urgent needs and to ensure the customer receives the most appropriate support.
 - d. The call centre will provide the Psychologist with the details of the learner/personnel. The Psychologist is expected to contact the client (as per levels of urgency) and provide the counselling service.
 - e. The call centre can provide the learner/parent/personnel with the departmental phone number of the Psychologist within their District.
 - f. Learners and parents/caregivers can phone a Psychologist directly on departmental cell phones. Please find attached the list of Psychologists per district and their departmental cell phone numbers (Annexure D).
 - g. Psychologists are expected to be available during working hours.



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- h. An online application on the referral of learners/parents/personnel will be introduced to all Psychologists by the ECDOE.

Telehealth: Employee Wellness

44. All Psychologists appointed by the Department of Education must avail themselves to support the Employee Wellness programme of the Department by providing counselling and debriefing services to personnel (administrators, educators, support staff and learners).
45. Psychologists may only provide services to personnel, referred through the Employee Wellness Officials.
46. Psychologists will be expected to conduct debriefing cases at schools affected by COVID-19.
47. Counselling services may only be provided after written informed consent was obtained.
48. Counselling services to learners take precedence above all other activities.
49. In consideration of the workload and the anticipated psychosocial consequences of COVID-19, Psychologists are encouraged to utilise their clinical discretion on prioritising urgent interventions above important matters.

Telehealth: Counselling Services

50. The Psychologist will provide supportive counselling services and be advised to limited consultation sessions between 3 and 6 sessions but will use their clinical discretion to extend counselling sessions.
51. The following cohorts of learners are identified and must be supported:
- a. Typically developing learners, aged 5 to 21 years-old, but who are vulnerable, anxious, withdrawn or disruptive due to family situation, socioeconomic difficulties, domestic abuse or any other psychosocial problems as a result of the COVID-19 lockdown;
 - b. Typically developing Senior Phase learners, particularly Grade 11 and 12 learners, experiencing mental health difficulties, anxiety, social withdrawal and poor coping strategies, as a result of disruption of the schooling calendar due to COVID-19 pandemic;



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- c. Learners (aged 5 to 21 years) with identified barriers to learning i.e. attentional problems, specific learning difficulties, intellectual disability, Autism Spectrum Disorders, physical disabilities, Deaf and Hearing Impaired learners, visual impairment, foetal alcohol disorder syndrome, behavioural problems etc.
 - d. Learners at Special Care Centres, who have Severe to Profound Intellectual Disability and/or physical disabilities and communication difficulties.
52. Employees can be offered short-term counselling and psychological interventions to cope with symptoms that have presented as a result of the lockdown i.e. altered routines, poor coping strategies, stress related disorders, anxiety and depression, and impaired relationships within the family situation, including support for parenting.
53. Educators can be offered short-term counselling and psychological interventions and are considered a high-priority, due to the additional burden on them due to COVID-19 pandemic. They will be supported to develop a routine for working from home, using online methods to prepare lesson plans and possibly delivering online teaching resources. When schools reopen, support will be essential for educators who learn to manage the regulations for preventing the spread of the COVID-19 virus, while ensuring the CAPS curriculum is delivered.
54. Any parent, family direct member or caregiver of a learner, who is experiencing challenges in managing their child's activities and routine as a result of the COVID-19 lockdown, or concerns raised on return to school can be supported through these services.
55. Parents with medical aid coverage must be advised to use the medical aid services where possible, to address capacity and demand.
56. Learners/parents/caregivers can be referred to free counselling services provided by the following organisations if the Psychologist cannot provide immediate support to a learner (Annexure E).



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Psychological Assessments

57. Psychological assessments can be limited during the COVID-19 pandemic but should commence if it is deemed an essential part of the support provisioning of a learner. The following protocol is advised:

- a. Normal safety and hygiene protocol must be followed.
- b. Testing material must be cleaned before and after each assessment.
- c. Personal Protective Equipment must be worn at all times.

Telehealth: The Screening, Identification, Assessment and Support Process (SIAS: 2014)

58. All Psychologists must be considered as an integral part of the District Based Support Teams (DBSTs) especially as part of the Department of Education's response to the integration of learners during the COVID-19 pandemic.

59. The Screening, Identification, Assessment and Support Process (SIAS, 2014) must be followed to provide support to learners during the COVID-19 pandemic but this process may be shortened on critical referrals such as learners that show signs of Post-Traumatic Stress Disorder.

60. The ECDOE Psychologists cannot, through telehealth services, offer a full range of services, nor offer these on a permanent basis, so please note following:

- a. As a first intervention step, if a parent requires additional educational support for his or her child, it is best to request this from the child's class educator and the School Based Support Team who will conduct a Special Needs Assessment at school to ascertain the needs of the child and if necessary a referral must be made to the District-based Support Team within the learner's district.
- b. Learners with substance abuse problems will be referred to appropriate services and learners who experience domestic abuse may be referred to Childline and Department of Social Development, without necessarily receiving telehealth services.
- c. Employees experiencing financial difficulties, relationships issues at work and possible substance abuse will be referred to Employee Wellness programmes, for appropriate counselling.
- d. In the case of a trauma, crisis or serious accident of a learner or educator at school, parents, learners and/or staff may be referred to the Psychologist



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for counselling support and/or to the District Director and/or School Health and Safety Directorate, as per standard Departmental protocols.

Delayed integration of high-risk learners at Special Schools

61. The ECDOE acknowledges the importance of learners' overall psychological, emotional, social, and educational growth and development. The integration of learners, during COVID-19, has certain human rights implications, and therefore to limit the spread of the COVID-19 virus and prevention of fatalities, the integration of a limited number of learners at Special Schools may have to be delayed.
62. The protocol that must be followed for the identification of learners for delayed integration at Special Schools, is as follows:
- a. Learners that show signs of high risk to be infected by the COVID-19 virus must be identified by the School Based Support Team (SBST) and/or Therapy Teams (i.e. learners with medical conditions, intellectual disabilities, comorbidities and behaviour patterns that make compliance to COVID-19 prevention regulations difficult).
 - b. The identified learners must be assessed by the SBST/Therapy Team and a comprehensive report must be compiled that states the recommendation on integration or the delay thereof. Assessments and information available for the period prior to the COVID-19 may be considered to inform the recommendation on integration.
 - c. Psychological or medical reports must form part of the whole assessment report that confirms intellectual disabilities and corresponding behaviour patterns.
 - d. The diagnosed comorbidities and severity of physical disabilities must be based on medical reports as part of the whole assessment.
 - e. The comprehensive assessment report must take cognizance of the class teacher's report and recommendations on integration.
 - f. In addition, the Social Worker report reflecting on behaviour patterns and social barriers to learning must form part of the whole assessment report.
 - g. The composite report (whole report), consisting of all specialists, inclusive of education specialists, must be submitted to the DBST with the accompanied SIAS forms on recommendations.



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- h. The class teacher and therapist must develop a proposed individualised home programme and management plan with the report.
- i. Parents or caregivers must be consulted by the DBST and SBST/Therapy Team on learners who have been identified to be integrated at a later stage and the consultation process must be documented. The ability of parents to provide home schooling must be evaluated.
- j. Recommendation of learners whose delayed integration is recommended must be forwarded to the District Director, through the DBST and submitted to the Superintendent-General for approval.
- k. No learner may be exempted from school attendance without the approval of the Superintendent-General.
- l. Parents or caregivers can appeal the delay of integration of their child through the Office of the MEC and District Directors must assist parents in submitting their appeal.
- m. The SBST is advised to support parents or caregivers with appropriate education services through alternative methods such as online education provisioning.
- n. Special Schools must if possible, provide identified resources to implement remote learning for learners whose integration is delayed by ensuring that these learners have access to tablets/computers and reliable connectivity at home.
- o. The School Based Support Team/Therapy Team must provide the parents of the learner with a detailed Individual Support Plan to support learners during the delayed integration.
- p. The Special School must inform the Department of Social Development at circuit level of all learners that have not been integrated due to behavioural pattern concerns to be able to support these families if needed.
- q. The Special School must inform the Department of Social Development at circuit level of all learners that have not been integrated to evaluate the nutritional needs of these learners.

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- r. The District and School Based Psychologists must provide psychological support, where possible, to learners and provide guidance to parents to support learners who have been delayed on integration with psychosocial barriers.

Telehealth: Special Schools: Social and Therapeutic Support

63. All School Psychologists and Therapists (Health Care Practitioners) and Social Workers in the employment of the Department of Education will, as part of their extended roles and responsibilities, continue to provide online support to all learners waiting for reintegration as identified by the SBST and/or DBST.
64. Twenty-four Special Schools have been identified as Special Schools serving as Resource Centres. Please find a list of the Special Schools serving as Resource Centres (Annexure F). Principals of Special Schools serving as Resource Centres must adjust and approve their existing time allocations of School Psychologists, Social Workers and Therapists to allow for the provision of extended Telehealth psychosocial support to learners from neighbouring schools, particularly psychosocial interventions such as trauma counselling support services.
65. The DBST must indicate and document the protocol on referrals for support provisioning between the district and the school. Special Schools serving as Resource Centres that have a limited number of specialists can provide a motivation to the DBST to limit Specialised Support Services to neighbouring schools.

The Department of Education is highly appreciative of the cooperation in the extension of roles during the COVID-19 period, offering support to both learners and personnel.

Yours in education,

TS KOJANA
SUPERINTENDENT-GENERAL

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10/06/2020
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