



Western Cape
Government

**PROTOCOL BETWEEN THE WESTERN CAPE
DEPARTMENTS OF HEALTH AND SOCIAL
DEVELOPMENT ON PSYCHOSOCIAL CARE
AND SUPPORT SERVICES**

11 MAY 2020

PROTOCOL ON PSYCHOSOCIAL CARE AND SUPPORT SERVICES

1. BACKGROUND

A State of National Disaster was declared on 15-03-2020, followed by a National lockdown period (26-03-2020 until 16-04-2020 and later extended until 30-04-2020). A level 4 lockdown was announced on 23 April 2020 which took effect on 01 May 2020. As part of the Government's extraordinary measures to prevent the escalation of the disaster and to minimise its effect, the Minister of Cooperative Governance and Traditional Affairs issued new Regulations in terms of section 27(2) of the Disaster Management Act, 2002 on 29 April 2020.

A Protocol should be developed that provides for a consistent provincial approach to the referral pathways and interface between the Departments of Health and Social Development, with clear and consistent processes and practice standards that apply no matter where in the Western Cape.

This Protocol should form the baseline from where future Protocols and referral pathways for the rendering of psychosocial support services be developed.

2. PURPOSE

The Provincial Government identified medium-term budget policy priorities, which are aligned to the National Development Plan and its implementation plan. The Provincial Government is thus committed to building a values-based competent state that enables opportunity and promotes responsibility in a safer Western Cape and has identified five vision inspired priorities (VIPs) of which VIP3 speaks to the mandates of the Departments to "Empower people" to ensure a meaningful and dignified life for residents of the Province. Achieving this is reliant on a "whole of society" approach.

All employees of the Departments should therefore ensure that they are fully conversant of their roles and the service standards to implement this Protocol.

Against that background, this proposed Protocol is developed to:

- Provide a framework for the coordination of referrals received from the Department of Health (DOH) for the purposes of means assessment; psycho-social support and reintegration of persons who have already been in isolation/quarantine and who are in possession of a letter issued to the person confirming that he/she has concluded the quarantine period.
- Serve as a living document from where the parties to this protocol will plan, implement and evaluate activities.
- Provide a platform for the development of an information management system and sharing of resources.

3. DEFINITION OF TERMINOLOGY

'Child' means a person under the age of 18 years.

Parents are recognised as the primary duty-bearers responsible for the upbringing, development and protection of their children. In the context of this Protocol it will include the duty to decide and plan for the care of a child in circumstances where the parent is infected and requires isolation or quarantine.

'COVID-19' means the Novel Coronavirus (2019-nCov) which is an infectious disease caused by a virus that has previously not been scientifically identified in humans, which emerged during 2019 and was declared a global pandemic by the WHO in 2020.

'Essential services' means the services listed in Annexure D to the Regulations which (for purposes of this Protocol) includes under number 9 care services and social relief of distress provided to older persons, mentally ill, persons with disabilities, the sick, and children; and under number 29 call centres necessary to provide social support.

All social service professionals will provide psychosocial care and support services to affected individuals and their families. This includes trauma counselling, integration and re-unification of persons who have been isolated/quarantined to mitigate stigmatisation (www.gov.zq).

'Family' refer to a group of people living together and functioning as a single household; or who are closely related by birth, marriage, inclusion, fostering or adoption; care for each other and have significant connections that bind them and bring them together.

In some instances, family members don't necessarily live together, but have a group identity because of a sense of inter-connectedness.

'Isolation' means separating a sick individual with a contagious disease from healthy individuals that are not infected with such disease in a manner that aims to prevent the spreading of infection or contamination. Isolation separates those proven to have COVID-19 from both those who do not have it, and from those in quarantine. Isolation can take place in the home of the person, hospital ward or in group facilities for a minimum of 14 days. If they remain well they can be reintegrated into society and into their households.

'Psychosocial support' in the context of this Protocol aims to create a safe space where a person infected or affected by COVID-19 is supported to overcome the immediate impact of the period in quarantine/isolation and feel safe, connected to others, able to help themselves and able to access physical, emotional and social support. It addresses the social, emotional and psychological well-being of a person and strengthens their capacity to deal with stressful events or crises. This will include information sharing, education and assistance to understand and access support services for additional support. Where more specialised services are required, persons will be empowered and referred appropriately. Many reactions to the disaster will be normal at the time, however some will need targeted psychosocial support as their needs vary and can impact psychosocial recovery as they are at risk due to potential lack of access to basic care and support.

Psychosocial support is a professional intervention that will be mainstreamed as a core component of the responses to COVID-19, including quarantine and isolation facilities and in discharge/aftercare.

It is acknowledged that the exact definitions of this term may vary between the partners to this Protocol but in the context of this Protocol it serves to unite as broad a definition as possible to underscore the need for diverse, multi-layered, complementary approaches in providing appropriate support.

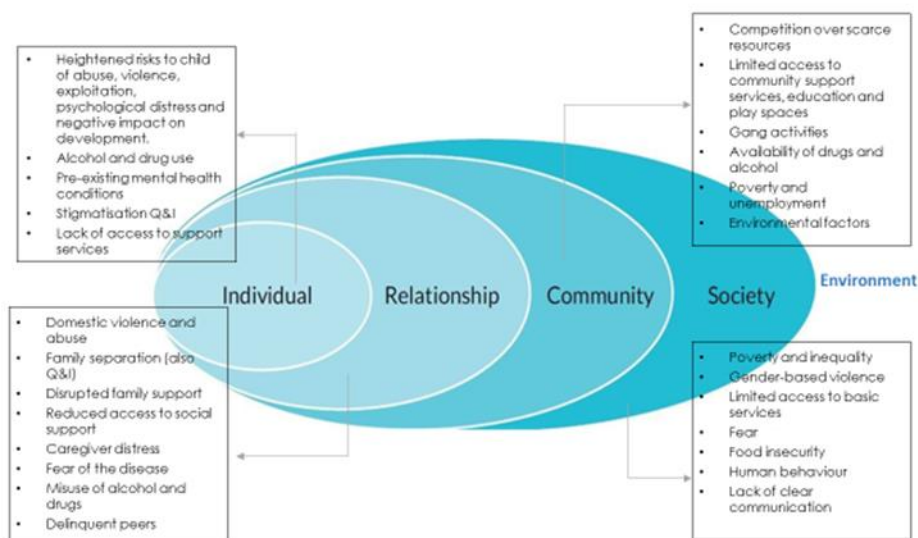
'Quarantine' means the restriction of activities or separation of a person, who was or may potentially have been exposed to COVID-19 and who could potentially spread the disease to other non-exposed persons, to prevent the possible spread of infection or contamination to healthy individuals. Quarantine can be applied on an individual or group level. The duration of quarantine can range from 1 – 3 days (short term) to 14 days from the time of exposure.

'Resilience' is the ability to face, overcome and even be strengthened by difficult experiences and "bounce back". Psychosocial support focuses on strengthening resilience by drawing on strengths and building social responsibility in coping with emotionally difficult circumstances in a way that builds relationships, families and ultimately the community.

'Reunification services' refer to the physical reunification of children / family members who have been separated from their families due to a period of isolation or quarantine. Reunification services are holistic and inter-sectoral in nature and seek to facilitate reintegration into family and community life after separation. The success of reunification and reintegration rely on the availability, willingness and capability of families and communities to receive and support those being integrated. In instances where reunification cannot be achieved, such family member/s can be empowered or prepared for independent living through available prevention and early intervention programmes.

'Social stigma' means that people are labelled, stereotyped, discriminated against, treated separately, and/or experience loss of status because they are perceived to have been in contact with the COVID-19 virus. Stigma can hinder reintegration and should be addressed by spreading facts and addressing myths and stereotypes.

'Social vulnerability' refers to the demographic and socioeconomic factors that affect the resilience of communities. Studies done by Susan Cutter, Bryan Boruff and Lynn Shirley (Social vulnerability to environmental hazards, May 2003) have shown that the socially vulnerable are more likely to be adversely affected. COVID-19 shows to affect the following areas:



The key indicators contributing to social vulnerability that will inform referrals, are amongst others:

- Socioeconomic status (income)
- Household composition and disability (household size, household density)
- Population (older persons more vulnerable)

- Housing and transportation (living in non-formal dwelling (informal, backyard, traditional)

Social vulnerability played a key role in the formulation of the disaster risk reduction strategy and requires an integrated approach.

4. MODEL OF PSYCHO-SOCIAL INTERVENTION

- **Objective**

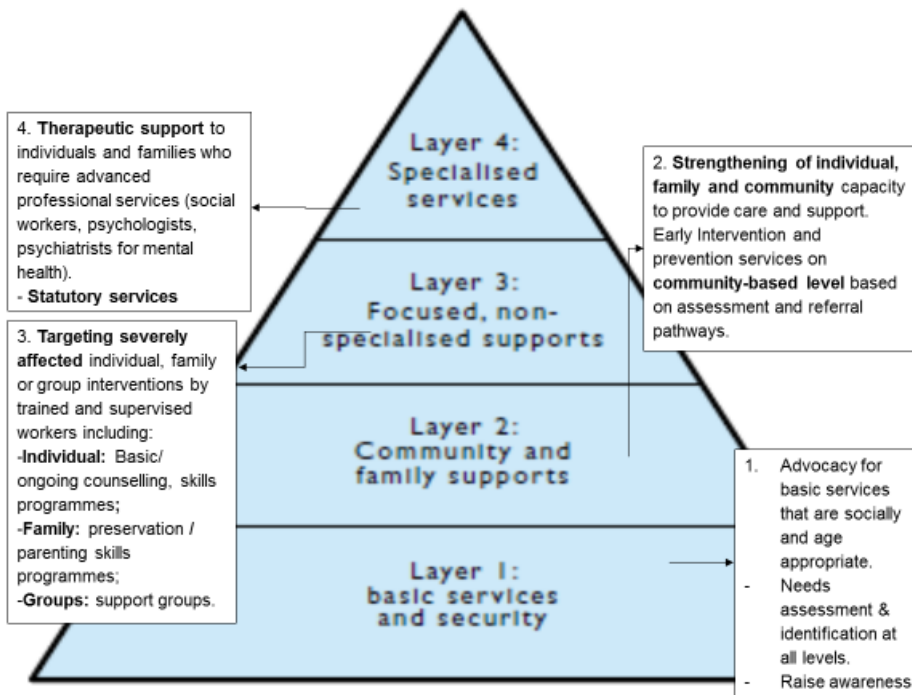
To render coordinated and targeted psychosocial support services to persons affected and infected by COVID-19 to support social, emotional and psychological needs and prevent long-term future mental health issues.

- **Guiding principles**

Coordination	Identify key focal points in the Regions to coordinate referrals and perform functions. Enhance information sharing. Support relief response. Coordinated and collaborated services. Only persons authorised within this Protocol will manage the information for the purposes of disaster management. All communication to follow formal established rules. The signatories to this Protocol will respond to media inquiries.
Assessment	Conduct assessments of psychosocial issues as early as possible. Services are needs-orientated and aligned to community-based interventions. Contact with family and relatives after informed consent.
Monitoring and evaluation	Develop inter-agency tools. Monitor and evaluate activities in terms of this Protocol. Identify good practices, challenges and gaps. Services be adaptable and scalable within the unique circumstances.
Rights-based approach	Protect the rights of vulnerable groups. Implement strategies to protect groups who are at heightened risk of discrimination.
Human resources	Manage psychosocial well-being among staff. Facilitate a healthy working environment. Burnout and secondary trauma timeously addressed.
Information sharing	Strengthen access to accurate and appropriate information. Provide access to information on coping strategies. Educate staff on ethical issues. Protect confidentiality and strict separation of information in the context of psycho-social assistance from legal processes.
Psychosocial support services	Assessment will inform effective interventions. Facilitate referral to community-based organisations for continued psychosocial support services. Support existing support/mutual support networks. Confidentiality and respect for individual strengths can be empowering. Evidence-based interventions. Trauma-informed

- **Psychosocial interventions pyramid**

The International Framework of reference for Psychosocial services and activities in contexts of crisis, identified four interlinked layers of intervention depicted in picture:



For many, the support of family, friends and the community will set them on the path to effective recovery and never seek formal psychosocial support. Others, however, will need more professional support, as is envisaged persons being in quarantine/isolation. With the necessary support many will be able to continue with their normal lives. The psychosocial effort is built on ensuring access to basic services and rebuilding community and individual support structures. A small portion will experience more severe or extended impacts brought on by their experience and the high demands of the recovery period.

- **Regulations relevant to psychosocial support services**

The following Regulations impacts on the rendering of psychosocial support services:

- **Circular on DSD Facilities 26 March 2020:**
 - (i) The service has been declared essential and workers must be allocated prescribed permits;

- (ii) Psychosocial support services must be provided to all those infected with or affected by COVID-19;
Anticipating an increase in this area, the NDSO requested provinces to allocate additional social workers in their determination to be submitted to the NDSO for appointment and processing.
- **R.430 issued on 30 March 2020:**
Persons with disabilities requiring psychosocial interventions must have access to all prescribed medications and counselling as a minimum requirement for crisis interventions.
- **R.517 issued on 09 May 2020:**
- (iii) Psychosocial support services, including screening and referrals for substance abuse to already identified shelters, must be provided to homeless people.

5. PROVINCIAL DISASTER MANAGEMENT

The Provincial Disaster Management Centre (PDMC) is situated at the Tygerberg Hospital and is responsible for containing, preparing for and mitigating the impact of the COVID-19 virus in close collaboration with seven clusters which include the Departments of Health and Social Development. The PDMC coordinates daily Joint Operations Committee (JOC) meetings with all the cluster leaders (see Annexure A).

The District Disaster Management Centre will indicate the need for focused psychosocial support team intervention / isolation / quarantine in conjunction with the Health District and Substructure Managers.

6. ROLE OF THE DEPARTMENT OF SOCIAL DEVELOPMENT

The DSD will coordinate the rendering of essential psychosocial support services to those persons infected, affected who meet the criteria and who are referred by the DOH contact persons as per Protocol.

- 6.1 Referrals in terms of this Protocol will be received from the District Disaster Management Centre.
- 6.2 Each DSD Region will be expected to develop and implement its own operational processes to render the required services. This will be consulted and coordinated with the DOH and service partners.
- 6.3 Telephonic counselling and contact via WhatsApp or SMS will be the preferred methods of engaging persons.

- 6.4 Multi-disciplinary teamwork and responses are supported and aligned to the *Directions for Child Care and Protection Services during the state of National Disaster*, Circular 3/2020 WC DSD.
- 6.5 Ensure Kinship Care options and implement COVID-19 screening as a requirement on placement.
- 6.6 Professional supervision will continue using telephonic and social media platforms to guide and support frontline workers as the professions enter uncharted territory.
- 6.7 Officials authorised in the Regional DSD office will receive referrals and coordinate the following responses:

- **Means Assessments**

Social workers in the Regions will conduct the means assessments (SW02/SW05) to determine the specific need for social support services. Where persons are eligible for social relief, information will be verified against the Regional database and communicated to the Provincial Central Coordinator. The distribution is coordinated as follows:

- Red Cross – Eden Karoo; Overberg; Metros
- Mustadafin – Central Karoo
- Islamic Relief – Entire Western Cape
- SANZAF – Cape Winelands (not Overberg); Metro East; Metro North

- **Psycho-social support**

The DOH will provide the DSD with a Regional record of guests, indicating who requires psychosocial support services and their discharge dates. The local social work office will be activated to assist, and where needed, persons will be referred to specialist organisations to provide further support services. Mental health issues will be brought to the attention of the DOH and substance abuse support services will be activated where possible within the Disaster Regulations.

Persons who require public isolation or quarantine but are reluctant to be relocated will be supported.

- **Reintegration**

Same referral mechanism as above, as and when DOH team identifies a need. This will only be for cases where there are challenges with reintegration. In such cases, the DSD local office will activate their social work team, who will co-ordinate where necessary with SAPS to deal with any mediation with family/community members required.

6.8 The Regional coordinators will keep a database of referrals and report to the Head of the Department on a monthly basis on the efficiency of the system and the number of persons accessing psychosocial support services.

7. ROLE OF THE DEPARTMENT OF HEALTH

Public Isolation and Quarantine Facilities must be identified and made available by the Department of Transport and Public Works or local municipalities. The list of these facilities must be provided to the Department of Health, who is responsible for the health care of the guests.

The DOH will deal with a matter where a person refuses to quarantine him- or herself, or travel to a site of isolation or quarantined facility as directed in terms of Regulation 7(2) of the Regulations issued in terms of the Disaster Management Act, 2002.

People with COVID-19 and contacts who are unable to isolate or quarantine at home as they do not have the facilities in the home to do so safely, will be placed at the Public Isolation/Quarantine Facilities in the following order of priority:

Priority 1: COVID-19 patient

Priority 2: Person under investigation (PUI)

Priority 3: Contact >60 years of age

Priority 4: Contact 30-60 years with additional chronic illness

Priority 5: contact 30-60 years who is healthy

Priority 6: Contact <30 years

- The DOH will monitor the mental wellness of individuals while in isolation/quarantine and provide treatment where moderate to serious mental health disorders are diagnosed.
- Design child-friendly intake and discharge procedures to promote family unity and prevent/reduce the risk of separation.
- Encourage and support safe contact between children and parents/caregivers who are temporarily physically separated.
- Requests for psychosocial support services be rendered onsite, will be subject to stringent occupational health and safety requirements being met at the sites and the available human resources in DSD.
- The discharge of a person/group of persons from an isolation/quarantine facility will be managed in terms of the Policy for Operationalisation of Isolation and Quarantine Facilities.
- The DOH will regularly provide the DSD with a Regional record of guests (including children) in the Isolation/Quarantine Facilities who will require psychosocial support services, with their discharge dates.
- An email from the Facility manager, confirming conclusion of the isolation/quarantine period will accompany each referral for each person.

- Where a person who has concluded the quarantine period can prove that individual arrangements for transportation to their respective destination cannot be made, the relevant Department will make such arrangements.
- The DTPW / Facility manager will confirm the transport arrangements made to a location in the Health District identified by the DSD Region.

8. PSYCHOSOCIAL SUPPORT SERVICES FOR FRONTLINE WORKERS

The parties to this protocol will adopt and implement occupational health and safety measures to reduce the escalation of the COVID-19 infections in the workplace as per internal protocols aligned to relevant Regulations and Health Protocols. Preventative steps will include, but are not limited to, making hand sanitiser, masks, gloves and paper towels available to staff, and ensuring that surfaces where the service will be rendered are disinfected as prescribed.

Training is a critical part to ensure that all activities take place as per established Protocol. The parties to this Protocol will develop a joint inter-agency training programme on aspects relevant to psychosocial support services to persons affected and infected by COVID-19 and child protection risks.

The mental health and wellbeing of frontline workers needs to be addressed and supported by supervisors/managers during and after the outbreak of the COVID-19 pandemic.

9. MONITORING AND EVALUATION

The parties to this Protocol will on district level regularly monitor and evaluate their activities to learn what was done well, where improvements can be made, and to document, share and incorporate lessons learnt into future amendments to this Protocol.

The authorised DSD Regional Officials will monthly electronically report on the efficiency of this process and the tracking of matters to the Head of the Department of Social Development. The Head of the Department will also be advised on preparations/adjustments required for a transition phase and a long-term phase once the situation stabilises.

A proposed Provincial indicator: The number of persons accessing psychosocial support services.

10. ETHICAL PRACTICE

Codes of Ethics guiding the different professions continue to apply notwithstanding the period of National Disaster. The parties to this Protocol shall, in accordance with relevant legislation and ethical codes on the confidentiality of information, ensure protection of information.

11. DISPUTE RESOLUTION

Any disagreement or dispute arising between the role-players on district level with regards to implementation, will be resolved by the relevant Managers. In the unlikely event of these requiring escalation, the relevant Chief Directors will take the responsibility to resolve the matters; Provincial Heads of Departments may intervene.

12. REVIEW

This Protocol will be subject to formal review by the signatories to this Protocol when required due to changes to Regulations issued in terms of the Disaster Management Act, 2002, and/or operational demands.

13. IN CONCLUSION

This Protocol offers guidance on a consistent Provincial approach to the referral pathways and interface between the Departments of Health and Social Development, with clear and consistent processes and practice standards that will apply to psychosocial support services rendered to persons infected and affected by COVID-19. It reflects lessons learnt internationally and as scientific research continues the system needs to be flexible to adjust.

As the National Disaster moves through different phases, agility and rapid decision-making is required; requiring the parties to this Protocol to strengthen co-ordination and multi-disciplinary support and introduce joint inter-agency training and a system for monitoring and evaluation to ensure continued improvement and compliance.

This Protocol offers a specialised contribution to empowering people and to ensure that the most vulnerable persons are attended to in a dignified way. Achieving this on a scale that is required in a disaster of this nature is reliant on a "whole of society" approach, which is supported in this Protocol.

14. SIGNATORIES

Name: Dr Keith Cloete
Capacity: Head: Western Cape Department of Health

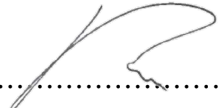
Signed: 

Dated:1 June 2020.....

AND

Name: Dr Robert Macdonald

Capacity: Head of the Western Cape Department of Social Development

Signed: 

Dated:01-06-2020.....

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