

Improving psychosocial support in SA schools during and after COVID-19 as part of a recovery plan

Summary

South African (SA) schools experienced a prolonged school closure during 2020 due to the COVID-19 pandemic. The Department of Basic Education has a recovery plan that aims to undo many of the learning losses – but we argue for a recovery from a different kind of loss: the social and emotional loss to learners, teaching and non-teaching staff in school settings. The purpose of this policy brief is to evaluate the adequacy of existing psychosocial strategies to deal with the ongoing pandemic. Using findings from the recent school readiness survey, we highlight the importance of psychosocial support in SA schools, analyse the current policy environment in the context of existing strategies in South Africa, and provide our recommendations for the DBE.

Background

The Department of Basic Education (DBE), like most education ministries around the world, temporarily closed schools during the first COVID-19 peak period. This disrupted school activities and is likely to have profound

consequences for the education system. Learning losses have been acknowledged (Azevedo, Hasan, Goldemberg, Iqbal & Geven 2020; Van der Berg 2020). But there is another subtle yet profound loss: the social and emotional development in learners, and in teaching and non-teaching staff. Psychosocial health and well-being is a human right and a prerequisite to learning (UNESCO 2020). The DBE has instituted a curriculum recovery plan to undo the damage to learning losses. However, long-term psychosocial and well-being services do not seem to be well addressed. According to UNESCO (2020), providing mental and psychosocial well-being in the wake of COVID-19 confinement and social isolation should be a priority for all schools. This will facilitate preparedness for teaching and learning for both the learners and staff.

Studies on learner psychology suggest that exposure to crises such as natural disasters and/or public health crises has negative and enduring socio-emotional and cognitive development

consequences (Betancourt & Khan 2008; Machel 1996; Nelson & Sheridan 2011; Overstreet, Salloum & Badour 2010). Hence, the mutually reinforcing relationship between education and psychosocial development needs to be supported. In other words, the shifting landscape with COVID-19 suggests that the education system could fail to help learners to achieve unless the DBE provides significant psychosocial interventions to help learners understand, cope with and build resilience to the impacts of COVID-19.

Psychosocial support and our policy environment

The need for psychosocial support in schools is not a new phenomenon in SA. Public health epidemics such as HIV and/or AIDS opened a conversation on how to provide psychosocial support in schools. The difference with the COVID-19 pandemic is that it has created a high prevalence of distress (see Figure 1). Recent studies show widespread psychological distress in China, Iran and the USA (Jahanshahi et al. 2020; Panchal et al. 2020; Qiu et al. 2020).

The psychological effects of the COVID-19 pandemic are also evident in children. According to a recent study by the United Nations (United Nations 2020) COVID-19 has affected children's emotional state and behaviour in Italy and Spain. Reported difficulties include feelings of loneliness, nervousness, restlessness, irritability, and more importantly, loss of concentration (see Figure 2).

One would expect similar challenges to face SA learners as they return to school. This implies that principals, teaching and non-teaching staff have a role to play, not only in ensuring that learners stay abreast of the curriculum, but also in helping learners to deal with these emotional and social well-being challenges as they endeavour to complete the academic curriculum.

A recent DBE school readiness survey showed that more than 50% of principals believe that learners and teachers need psychosocial support (see Figure 3). These results indicate that principals have witnessed the impact that the pandemic and the disruption to schooling has had on all members of the school and therefore recognise the need for psychosocial support.

However, only 49% of principals indicated that they had access to a facility for social services that would offer support. Furthermore, only 44% of principals said they had staff available who could provide psychosocial support. Three quarters of the principals said that parents are provided with information

and support to manage the impact of the pandemic on the learners.

Given the evident negative effects of the pandemic on learner socio-emotional development, these results imply that many schools do not have psychosocial support services, and that, therefore, learners, teaching and non-teaching staff may struggle with teaching and learning after COVID-19. More importantly, there seems to be a reluctance to seek such support.

Policy environment: psychosocial support

The key questions are: Is there legislation and national policy for psychosocial and well-being, particularly in school

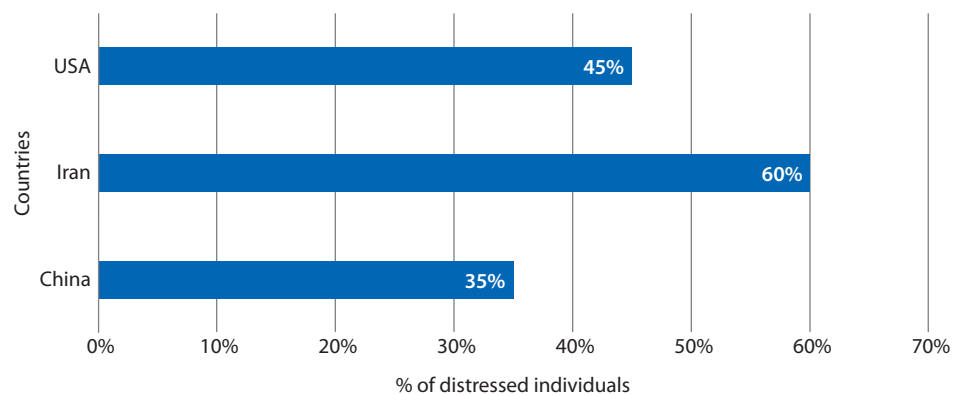


Figure 1: National surveys showing high prevalence of distress during COVID-19 (Data source: United Nations 2020)

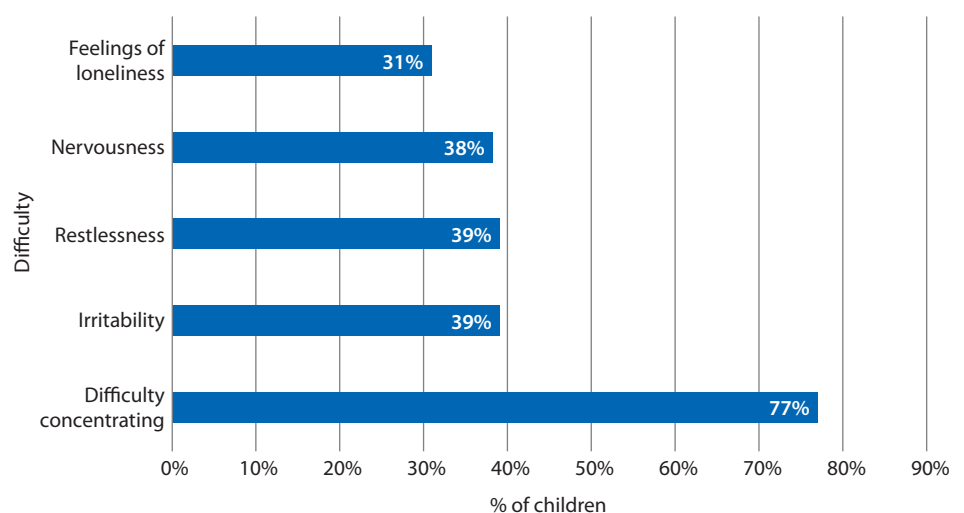


Figure 2: Parents' reports of children's difficulties during COVID-19 confinement (Data source: United Nations 2020)

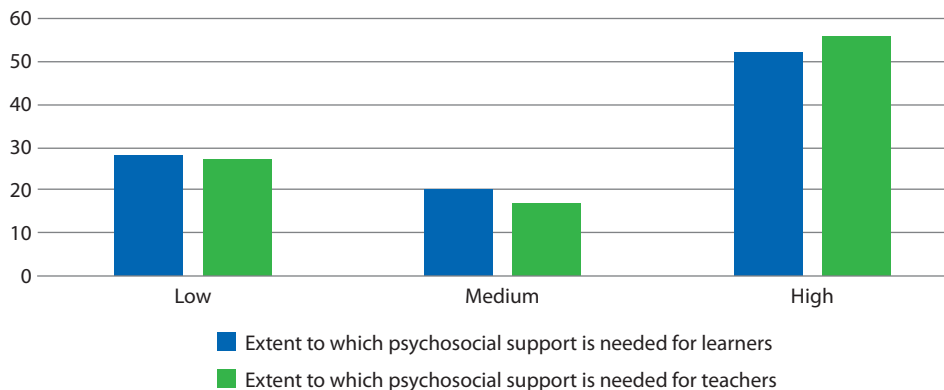


Figure 3: Extent to which principals surveyed believe psychosocial support is required at schools (%) (Source: DBE 2020)

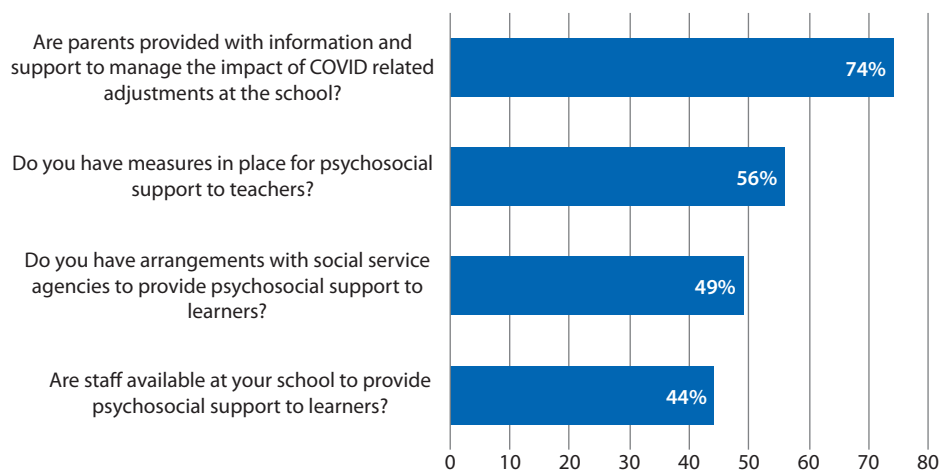


Figure 4: Principals' understanding of arrangements to address effects of COVID-19 (Source: DBE 2020)

settings? If yes, do existing legislation, policy and strategies that deal with psychosocial support services provide adequate guidelines, or should new policies be introduced to address these challenges that could undermine teaching and learning? In SA, the legislative and policy environment for psychosocial health and well-being is present but fragmented.

- The Children's Act No. 38 of 2005 sets out the principles relating to care and protection of children's rights but makes no reference to psychosocial health as a policy priority.
- The National Strategic Plan on HIV, STIs and TB (2012–2016) was developed by the Department of Health to support psychosocial

services to children and adolescents infected and affected by HIV and/or AIDS, STIs and TB within the family and the community (Department of Health 2012).

- The National Plan of Action (NPA) for Children (2012–2017) was developed by the Department of Women, Youth and Persons with Disabilities in support of orphans and vulnerable children affected by AIDS (Department of Women, Youth and Persons with Disabilities 2012). This plan does assist children, particularly those on the streets and in child-headed households. The NPA mentions the need for psychosocial interventions and lists several national departments as lead implementers. The NPA, however,

fails to provide clear operational guidelines on psychosocial and well-being programming.

- In the National Policy on HIV, STIs and TB for Learners, Educators, School Support Staff and Officials in all primary and secondary schools in the Basic Education Sector (DBE 2017), the DBE sets out guidelines to provide counselling to learners, teaching and non-teaching staff infected and affected by HIV, STIs and TB. This policy fails to map adequately a clear vision on long-term psychosocial interventions that can aid recovery from national disasters such as COVID-19.

There is a gap in our policies with respect to psychosocial and well-being programming, particularly in school settings. The DBE national policy focuses more on treatment and prevention for the mentioned diseases and less on psychosocial health and well-being in case of a national disaster. The existing legislative and policy environment needs to be reviewed to incorporate recovery plans and interventions for social and emotional well-being in school settings due to COVID-19, but also for other potential national disasters.

Discussion

As the DBE sets out its recovery plans, its intent and purpose are laudable, but it needs a clear and succinct strategy and guidelines for psychosocial well-being, which presents a challenge for complete recovery in school settings. As schools reopen, it remains important to note that successful reopening and recovery rely on the DBE's critical role of mitigating and integrating psychosocial interventions in schools. Evidence from past crises on the effects on learner wellbeing shows that psychosocial and emotional support are essential (Bissell 2016).

To address psychosocial support, it is paramount for the DBE to set out a systems change approach that responds to the psychosocial needs of learners, teachers, principals and administrators in order to provide a much-needed positive learning environment. While the department has rightly focused on dealing with the academic competence of learners, evidence suggests a need for a commensurate emphasis on social-emotional competence and a positive classroom environment. Learners, teachers, principals, school administrators and district officials should be involved in providing psychosocial support at different levels.

Key research findings

- The psychosocial effects of COVID-19 are immense and cannot be ignored.
- Existing policy dealing with psychosocial support services and/or programming remains fragmented and requires a review.
- A significant number of SA schools need psychosocial support services.

Recommendations

How should the DBE integrate psychosocial support in its recovery plan? The following recommendations are provided:

1. Review the existing National Policy on HIV, STIs and TB and introduce guidelines that are inclusive of psychosocial health and well-being support for learners, teaching and non-teaching staff who have directly or indirectly been affected by COVID-19.
2. Decentralise psychosocial support programming to include district officials. Since the effects of COVID-19 are projected to be long-term, it is worthwhile for the DBE to source and incorporate the broader education workforce, including psychosocial support specialists (PSS), particularly at the district level. Evidence shows that a PSS

can provide much-needed regular psychosocial training to teachers in maintaining a positive classroom environment, and in turn, this would also support learners. PSSs would further provide support to school principals and administrators.

3. Train, coach and support teachers in creating a positive classroom environment. Past research from public health disasters suggests that teachers require new skills and capacities as they support learner transitions back to school and ensure remedial learning activities. Aside from the provision of PSS, teachers should receive support in developing practical skills to provide a positive classroom environment. Evidence shows that regular coaching on the job or virtual teaching coaching can strengthen teaching practices efficiently and can further support teachers as they adapt to new realities and the tasks ahead (Cilliers et al. 2018; Winthrop & Kirk 2005). Winthrop and Kirk (2005) explain that the majority of teachers need support in working with learners who have directly or indirectly experienced traumatic events. In schools with a high proportion of vulnerable learners it is imperative that teachers are trained to deal with learning recovery and learners' mental health and psychosocial needs. This would entail identifying age-related behavioural and cognitive changes and providing age-appropriate learning support (UNESCO et al. 2020).

Conclusion

The analysis in this policy brief emphasises the need for the DBE to modify how it facilitates psychosocial support in schools. And as schools reopen, the department should consider reviewing its national policy for learners, educators and non-educators to include comprehensive and inclusive

psychosocial support as part of its recovery plan.

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