All qualifications and part qualifications registered on the National Qualifications Framework are public property. Thus the only payment that can be made for them is for service and reproduction. It is illegal to sell this material for profit. If the material is reproduced or quoted, the South African Qualifications Authority (SAQA) should be acknowledged as the source.

SOUTH AFRICAN QUALIFICATIONS AUTHORITY

REGISTERED QUALIFICATION THAT HAS PASSED THE END DATE:

Occupational Certificate: Home Based Personal Care Assistant

SAQA QUAL ID	QUALIFICATION TITLE			
104779	Occupational Certificate: Home Based Personal Care Assistant			
ORIGINATOR				
Development Quality Partner - HPCA				
PRIMARY OR DELEGATED QUALITY ASSURANCE FUNCTIONARY			**NQF SUB-FRAMEWORK**	
-			OQSF - Occupational Qualifications Sub-framework	
QUALIFICATION TYPE	**FIELD**		**SUBFIELD**	
Part-Qualification	Field 09 - Health Sciences and Social Services		Promotive Health and Developmental Services	
ABET BAND	**MINIMUM CREDITS**	**PRE-2009 NQF LEVEL**	**NQF LEVEL**	**QUAL CLASS**
Undefined	68	Not Applicable	NQF Level 02	Regular-ELOAC
REGISTRATION STATUS		**SAQA DECISION NUMBER**	**REGISTRATION START DATE**	**REGISTRATION END DATE**
Passed the End Date - Status was "Reregistered"		EXCO 0425/24	2018-10-25	2025-12-30
LAST DATE FOR ENROLMENT		**LAST DATE FOR ACHIEVEMENT**		
2026-12-30		2029-12-30		

In all of the tables in this document, both the pre-2009 NQF Level and the NQF Level is shown. In the text (purpose statements, qualification rules, etc), any references to NQF Levels are to the pre-2009 levels unless specifically stated otherwise.

This qualification replaces:

Qual ID	Qualification Title	Pre-2009 NQF Level	NQF Level	Min Credits	Replacement Status
64749	National Certificate: Community Health Work	Level 2	NQF Level 02	140	Complete

PURPOSE AND RATIONALE OF THE QUALIFICATION

Purpose:
The purpose of this qualification is to prepare a learner to operate as a Home Based Care Assistant.

Home Based Care Assistants provide basic physical and emotional support to patients and their families/household members within a home-based care environment. They work under the direct supervision of a professional supervisor.

A qualified learner will be able to:
- Assess, plan and provide holistic (physical, spiritual, emotional and social) care and support for patients and household members.
- Capacitate patient and household/family members as participants in the patient care team.

Rationale:
This qualification will equip learners with the necessary skills and competence to operate as Home-Based Carer Assistant.

The benefits of Home Based Care (HBC) to the patient, to the family, to the community and to the broader health care system are well documented. Evidence from many countries suggests that home and community-based health services are critical to good health outcomes (WHO 2007).

The World Health Organisation (WHO) defines HBC as the provisioning of health services by formal and informal care givers in the patient's home to promote, restore and maintain a person's maximum level of comfort, function and health, including care, towards a dignified death.

The national Department of Health Guidelines on Home-Based Care and Community-Based Carer suggests that HBC addresses several problems within the health care system including: shortage of hospital beds; inadequate number of medical, nursing and allied health professionals; lack of resources; overcrowded hospitals and overburdened staff which can result in an environment that is unsuitable for managing patients with terminal diseases and increase costs of institutional care.

The National Department of Health (NDOH) Strategic Plan for the Prevention and Control of Non-Communicable Diseases calls for patients with advanced progressive illness to receive care in appropriate settings, including HBC.

Research commissioned by the NDoH found that 628,000 admissions to public hospitals were for AIDS-related illnesses. The cost of hospitalising Acquired Immune Deficiency Syndrome (AIDS) patients at public facilities was likely to be at least R3.6 billion, or 12.5% of the total public health budget.

Discharging patients into the care of an HBC programme allows for a shorter hospital stay, making more beds available for other patients and reducing costs. HBC provides the health care system with additional cost-effective beds, at home.

The NDoH Re-engineering of Primary Health Care (PHC) Strategy makes a distinction between the need for Community Health Workers (CHWs) and Home-Based Caregivers (HBCs). The strategy estimates that approximately 65,000 CHWs and 25,000 HBCs are required by the South African Primary Health Care (PHC) system.

The draft Municipal Ward Based Primary Health Care Outreach Team (WBPHCOT) National Policy Framework and Strategy calls for the deployment of HBCs alongside CHWs within the Ward Based Outreach Teams (WBOTs).

A NDoH Audit Report estimated that approximately 72 000 homes/community-based care givers were employed by Non-Profit Organizations (NGOs) in South Africa at an estimated cost of R2.4 billion per annum.

This part qualification is therefore essential in supporting the National strategies for providing quality and affordable health care to all the citizens of South Africa.

LEARNING ASSUMED TO BE IN PLACE AND RECOGNITION OF PRIOR LEARNING

RPL for access to the external integrated summative assessment:
Accredited providers and approved workplaces must apply the internal assessment criteria specified in the related curriculum document to establish and confirm prior learning. Accredited providers and workplaces must confirm prior learning by issuing a statement of result or certifying a work experience record.

RPL for access to the qualification:
Accredited providers and approved workplaces may Recognise Prior Learning against the relevant access requirements.

Entry Requirements:
Level 1.

RECOGNISE PREVIOUS LEARNING?

Y

QUALIFICATION RULES

This qualification is made up of the following compulsory Knowledge, Practical Skills and Work Experience Modules:
Knowledge Modules:
- 532904-001-00-00-KM-01, Fundamentals of Home Based Care, Level 2, 8 Credits.

Total number of credits for Knowledge Modules: 8.

Practical Skill Modules:
- 532904-001-00-00-PM-02, Identify and report on possible needs of patients and family/household members on an ongoing basis; Level 2, 5 Credits.
- 532904-001-00-00-PM-03, Implement delegated components of the care plan (Household and patient); Level 2, 20 Credits.
- 532904-001-00-00-PM-05, Capacitate patients/family/household members in basic practical care skills; Level 2, 5 Credits.

Total number of credits for Practical Skill Modules: 30.

Work Experience Modules:

- 532904-001-00-00-WM-02, Exposure to the processes of monitoring the implementation of the home-based care plans; Level 2, 24 Credits.
- 532904-001-00-00-WM-03, Exposure to the processes of ensuring the active participation of patients and households in the management of care at home; Level 3, 2 Credits.
- 532904-001-00-00-WM-04, Exposure to the processes of capacitating patients/family/household members in basic practical care skills; Level 2, 2 Credits.
- 532904-001-00-00-WM-05, Exposure to the referral processes; Level 3, 2 Credits.

Total number of credits for Work Experience Modules: 30.

EXIT LEVEL OUTCOMES

1. Provide holistic care and support to patients and household members.
2. Communicate effectively with patients and household members to provide care and support.
3. Operate effectively within a multi-disciplinary team context.

ASSOCIATED ASSESSMENT CRITERIA

Associated Assessment Criteria for Exit Level Outcome 1:
- Assessment of the care and support needs of the patient, family and household members is comprehensive and the use of the appropriate assessment tools are accurate according to laid down procedures.
- Identified needs are accurately translated into a patient care plan.
- Explanations of the process of providing physical care (Palliative care, rehabilitation, therapeutic, care for older persons, care for children) is accurate and aligned with the World Health Organisation (WHO) definitions and departmental guidelines.
- Explanations of the processes of providing spiritual and cultural care and support is aligned with the constitutional requirements and appropriate to the given context.
- Explanations of the processes for providing emotional and social care and support is appropriate to the given context and aligned to the departmental guidelines.
- Explanations of the process of applying the universal precautions within health care is accurate according to the global guidelines and takes the need for water conservation into consideration.

Associated Assessment Criteria for Exit Level Outcome 2:
- Explanations of the appropriate communication processes and behaviours required to deal with different home-based care situations is appropriate to the various contexts and reflects understanding of the fundamental principles of empathy and compassion within the home-based care environment.
- Examples of how a home-based carer must apply empathetic listening when presented with a problem is relevant, feasible and appropriate to the patient and the context.
- Descriptions of the barriers to effective communication is practical and examples of how to mitigate these barriers are appropriate and aligned with proven best practices.
- Identification of what health information is required within different contexts is valid and descriptions of how this information will be provided to the patient and the family/household members are aligned to leading practices and departmental guidelines.

Associated Assessment Criteria for Exit Level Outcome 3:
- Identification of the members of the primary health care and social support team is accurate and descriptions of the roles and responsibilities of each of the team members is aligned to the departmental guidelines and the WHO definitions.

Integrated Formative Assessment:
The skills development provider will use the curriculum to guide them on the stipulated internal assessment criteria and weighting. They will also apply the scope of practical skills and applied knowledge as stipulated by the internal assessment criteria. This Formative Assessment leads to entrance into the integrated external summative assessment.

Integrated Summative Assessment:
An external Integrated Summative Assessment conducted through the relevant Quality Council for Trades and Occupations (QCTO) Assessment Quality Partner is required for the issuing of this qualification. The external Integrated Summative Assessment will focus on the Exit Level Outcomes and Associated Assessment Criteria.

INTERNATIONAL COMPARABILITY

The training of Home Based Carers varies in process and content relevant to the levels of development and the National Primary Health Care strategies of the various countries. Across the world, Home-Based Carers play a very important role in supporting the aims and objectives of the national health policies.

A comparative study was done to evaluate the extent to which the Occupational Certificate for Home Based carers aligns with international practice. Two countries were used for this purpose:

United Kingdom (UK):
In the UK the occupation is very well recognised. United Kingdom Homecare Association Ltd (UKHCA) is the professional association of home care providers from the independent, voluntary, not-for-profit and statutory sectors. UKHCA helps organisations that provide social care (also known as domiciliary care or homecare), which may include nursing services, to

people in their own homes, promoting high standards of care and providing representation with national and regional policy-makers and regulators. The Association represents over two-thousand members across the United Kingdom, in England, Wales, Scotland and Northern Ireland.

A suite of Qualifications exists on the Scottish Qualification Framework from Level 2 to Level 7. These are mainly vocational training certificates and the assessments are done in the workplace. The qualifications are listed as Professional Development Awards: Enhanced Care Workers.

The Level two and three Awards: Enhanced Home Care Workers covers all the components that is covered in the South African Qualification. These qualifications allow for electives and therefore enables the learner to focus purely on the Home Based Physical care aspects, or the Emotional Care aspects or to move to the broader Health promotion issues.

The methodology, level of learning and duration is similar to the South African Qualification, but the South African Occupational Certificate is clearly linked to our unique situation as set out in the Primary Health Care re-engineering strategy.

Brazil:
The international example that is closest to the South African context is the model used in Brazil. Brazil has made rapid progress toward universal coverage of its population through its national health system, the Sistema Ãnico de SaÃºde (SUS). Since its emergence from dictatorship in 1985, Brazil which has the world's fifth-largest population and seventh-largest economy and has invested substantially in expanding access to health care for all citizens, a goal that is implicit in the Brazilian constitution and the principles guiding the national health system. The SUS comprises public and private health care institutions and providers, financed primarily through taxes with contributions from federal, state, and municipal budgets. Health care management is decentralized, and municipalities are responsible for most primary care services as well as some hospitals and other facilities. An important innovation in the system has been the development, adaptation, and rapid scaling up of a community-based approach to providing primary health care. After originating in the north-eastern state of CearÃi in the 1990s as a maternal and child health program relying on community health agents (lay members of the community who are paid members of the health care team), the Family Health Program (now called the Family Health Strategy, or FHS) has evolved into a robust approach to providing primary care for defined populations by deploying interdisciplinary health care teams. The nucleus of each FHS team includes a physician, a nurse, a nurse assistant, and 4 to 6 full-time community health agents. Family health teams are organized geographically. The training of these Health agents covers both health promotion and the provisioning of physical care for specific patients. In Brazil the training is done on the job by the team leaders and then supported by a range of short courses covering the key skills needed to make the system work.

Conclusion:
The international examples evaluated indicate that the challenge for training Home Based Carers are similar everywhere. Learning is done on the job. In the more developed societies there is a surplus of qualified nursing staff who tend to take up this role as a career option. The learning that is provided is similar to what is covered in the South African Occupational Certificate. However, the South African Certificate is structured to meet our unique needs. There are two separate qualifications distinguishing between the Community Health Worker and the Home-Based Carer. Within the latter qualification we are also making provision for a cadre of workers who do not have high levels of literacy but who will perform excellently in providing the physical care required by a range of incapacitated patients within a home-based environment.

ARTICULATION OPTIONS

Horizontal Articulation:
This qualification articulates horizontally with the following qualification:
- National Certificate: Vocational: Primary Health, Level 2.

Vertical Articulation:
This qualification articulates vertically with the following qualifications:
- Occupational Certificate: Health Promotions Officer (Community Health Worker), Level 3.
- Occupational Certificate: Home Based Personal Care Assistant, Level 3.

MODERATION OPTIONS

N/A

CRITERIA FOR THE REGISTRATION OF ASSESSORS

N/A

NOTES

Qualifying for External Assessment:
To qualify for an external assessment, learners must provide proof of completion of all required modules by means of statements of results and work experience records.

Additional Legal or Physical Entry Requirements:
None.

Criteria for the Accreditation of Providers:
Accreditation of providers will be done against the criteria as reflected in the relevant curriculum on the Quality Council for Trades and Occupations (QCTO) website.

The curriculum title and code are: Home Based Personal Care Assistant: 532904-001-00-01.

Encompassed Trades:
This is not a trade qualification.

Assessment Quality Partner (AQP):
Health and Welfare Sector Education and Training Authority (HWSETA).

Parent Qualification:
- 532904-001-00-00 Home Based Personal Care Assistant Level 3.

LEARNING PROGRAMMES RECORDED AGAINST THIS QUALIFICATION:

When qualifications are replaced, some (but not all) of their learning programmes are moved to the replacement qualifications. If a learning programme appears to be missing from here, please check the replaced qualification.

NONE

PROVIDERS CURRENTLY ACCREDITED TO OFFER THIS QUALIFICATION:

This information shows the current accreditations (i.e. those not past their accreditation end dates), and is the most complete record available to SAQA as of today. Some Primary or Delegated Quality Assurance Functionaries have a lag in their recording systems for provider accreditation, in turn leading to a lag in notifying SAQA of all the providers that they have accredited to offer qualifications and unit standards, as well as any extensions to accreditation end dates. The relevant Primary or Delegated Quality Assurance Functionary should be notified if a record appears to be missing from here.

NONE

All qualifications and part qualifications registered on the National Qualifications Framework are public property. Thus the only payment that can be made for them is for service and reproduction. It is illegal to sell this material for profit. If the material is reproduced or quoted, the South African Qualifications Authority (SAQA) should be acknowledged as the source.