

The Thogomelo Project

CASE STUDY OF GOOD PRACTICE

The design of an accredited
curriculum in psychosocial support
for community caregivers



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Developed in Partnership by the United States Agency for International Development, Department of Social Development, Programme for Alternative Technology in Health (PATH), International HIV/AIDS Alliance, and Health and Development Africa, for the Thogomelo Psychosocial Support and Child Protection Skills Development Programme.

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“The type (training) where we will be given proper certificates that we can use elsewhere, not an attendance certificate. We need to be accredited.”

(Female community caregiver)

“Oh well, I’d like to see myself as a nutritionist one day, seeing that we all of us here love children and love to care for children...so I think if we can get such learnerships then that’ll boost us in doing our jobs; now even if one was thinking of quitting the job, things like the learnerships would make me stay because I’ll be also getting something back instead of just give, give, give...”

(Female community caregiver)

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Abbreviations

ABET	Adult Basic Education and Training
DSD	Department of Social Development
CBO	Community based organisation
EPWP	Expanded Public Works Programme
FBO	Faith based organisation
HCBC	Home and Community Based Care
HWSETA	Health and Welfare Sector Education and Training Authority
NGO	Non-governmental organisation
NQF	National Qualifications Framework
PSS	Psychosocial support
RPL	Recognition of Prior Learning
SAQA	South African Qualifications Authority
SETA	Sector Education and Training Authority



Introduction

What can I find in this case study of good practice?

“We are only interested in accredited training.”

“Will there be a certificate at the end of training?”

“Will this training help me get a job?”

Statements such as these are commonplace when developing capacity within communities. The challenge of equipping individuals for essential roles at a community level while providing a real basis for career advancement is a widespread dilemma within community programmes.

This case study describes the design of an accredited curriculum to meet the psychosocial needs of community caregivers supporting vulnerable children. This work took place between October 2008 and September 2009, during the first year of the Thogomelo Project.

The case study describes the process the Thogomelo Project followed to do this work. In the next phase of the Project, a rigorous monitoring and evaluation plan will provide important feedback about the effectiveness of the curriculum.

This case study is written for anyone concerned about the training of community caregivers in South Africa or who wants to know more about the psychosocial needs of community caregivers. It is written in an accessible style so that individuals and organisations wanting to learn from this work can follow the steps outlined in the text.

What is the Thogomelo Project?

The Thogomelo Project aims to care for and protect vulnerable children in South Africa by increasing the knowledge, abilities and psychosocial wellbeing of those who are responsible for them. The Project has a dual focus: caring for community caregivers and strengthening the response to child protection.

The Thogomelo Project targets community caregivers within CBOs, FBOs and NGOs. Community caregivers are the first line of support between the community and other services. A community caregiver is a person who gives of his or her time, ideas, ideals, resources, knowledge and skills to render services to vulnerable individuals within the community. Community caregivers provide a range of services to their beneficiaries, such as information and support related to HIV and AIDS and other burdens of diseases; and support with accessing appropriate services, such as psychosocial support, healthcare and grants. Their (CCG's) beneficiaries may be children, families, older persons, child-headed households, or other individuals in need of care and support services. The government norm is for a community caregiver to render services to a minimum of 15 households at least once a week.¹

Community caregivers are recruited by, and work under, the auspices of Home and Community Based Care (HCBC) organisations. They are an important component of the social sector response to the HIV and AIDS epidemic at community level. Community caregivers within the HCBC programme are part of the quarter of a million work opportunities within the social sector, supported through the Expanded Public Works Programme (EPWP) in South Africa by 2014.²

The Thogomelo Project aims to develop resources and activities that reduce the isolation and increase the resilience of community caregivers to enable them to cope with their caregiving tasks, including working with children and responding to child abuse, neglect and exploitation. The Project also has a component on child protection and is developing a child protection curriculum for the supervisors of community caregivers at the same time. The child protection curriculum is not specifically discussed in this case study.

The Thogomelo Project is a five-year programme. It is a Department of Social Development (DSD) project that is implemented by the Programme for Alternative Technology in Health (PATH), Health and Development Africa and the International HIV/AIDS Alliance. The Project is PEPFAR-funded by the US Agency for International Development/South Africa.

Note: A community caregiver is not the same as a primary caregiver. **Primary caregivers** are people who have the parental responsibility or right to care for a child or any other person who is aged, sick or living with a disability on a day-to-day basis in the home. **Community caregivers** offer their support to primary caregivers and to vulnerable children, ensuring that they have access to different resources, services and information.

¹ Department of Social Development (Nov 2007) National Norms and Minimum Standards for Home and Community Based Care (HCBC) and Support Programmes

² <http://www.epwp.gov.za/index.asp?c=SectorSoc>

The Thogomelo Project

Overall goal: To improve the care, support and protection of vulnerable children through increasing the knowledge, abilities and wellbeing of those responsible for the care and protection of children at the community and household levels.

Strategic objective: To enhance the capacity of community caregivers to meet the challenges they face in caring for, protecting, and supporting vulnerable children and their primary caregivers by furthering their own psychosocial wellbeing, i.e. through a “care for the caregivers intervention”.

Who are South Africa's vulnerable children?

A **vulnerable child** is one whose survival, care, protection or development may be compromised. This can be due to a particular condition, situation or circumstance that prevents the fulfilment of his or her rights.

These children are vulnerable as a result of HIV and AIDS:

- Children vulnerable to HIV infection, including those who are HIV exposed, e.g. peri-natal exposure, sexual abuse, sexually active or engaged in transactional sex.
- Children in households where there are sick people and where children, due to ignorance, do not practise universal precautions.
- Those children infected with HIV.
- Children whose parent or primary caregiver is terminally ill and this affects them in a variety of ways before and after the death of their parent/s.
- Those children with no surviving parent or alternate caregiver to care for him or her.
- Children who are abandoned, e.g. by parent/s, other primary caregivers or by extended family.
- Children in households that care for orphans and/or abandoned children and which often experience increased poverty as a result.
- Those children who experience high levels of mobility between households.
- Those who experience multiple bereavements and the trauma of death.
- Children in households where they face significant physical, mental, social and emotional harm or neglect.
- Children in need of legal protection and alternative family care.

Developing the curriculum

Deciding on the need for an accredited curriculum

Designing a training programme is a significant investment of time and resources. The Thogomelo Project undertook formative research to assess the needs of the beneficiaries in relation to psychosocial support training and child protection, to map existing training materials and to identify examples of good practice.

The rapid assessment had six components. These components were:

- **focus group discussions**, to capture the opinions, attitudes, experiences and feelings of community caregivers (nine focus group discussions were conducted with male and female community caregivers in urban, peri-urban and rural areas of Gauteng, the North West and Limpopo);
- **in-depth interviews** with the coordinators and supervisors of community caregivers (nine telephonic interviews conducted);
- **consultative meetings with individual organisations**, including meetings with community caregivers and child protection organisations from around the country;
- **a survey of existing training curricula and perceived training needs** amongst caregiver organisations and those working with vulnerable children (completed by 19 organisations from all provinces);
- **the development of national and provincial profiles** of relevant data in order to identify priority target groups and geographic regions for training;
- **literature reviews** of emerging best practice in psychosocial support for community caregivers and existing curricula focusing on child protection (a **policy scan** of child protection policy was also undertaken).

This process revealed valuable information that directly supported the development of an accredited curriculum. Qualitative information collected during the focus group discussions was especially valuable. The final report of the focus group discussions, titled '*Ke mathatha a ga go*' (It's your own problem), found that it is important to have a clear understanding of community caregivers' motivation for their work in order to conceptualise a curriculum that has meaning and adds value. The discussions also revealed the sources of stress in caregiving. These included issues that can and cannot be tackled through a training curriculum. It is important to always ask, 'What else is needed beyond the curriculum?'

The box below summarises the sources of stress in caregiving.

The sources of stress in caregiving

- Community caregivers personally experience poverty, deprivation and disease, as well as exposure to trauma or abuse.
- There is a psychological and emotional burden of dealing with death, loss and grief on a consistent basis.
- Creating and maintaining boundaries between community caregivers' personal lives and work responsibilities is more challenging as community caregivers live and work in the same community as their clients.
- Caregiving has an impact on the community caregiver's own family.
- Adverse work conditions lead to resentment and poor staff retention. For example:
 - long working hours
 - seeing clients at any time of the night and day
 - travelling long distances
 - inadequate and/or irregular remuneration
- There may be an absence of effective support, monitoring, training and supervision of community caregivers.
- There is stress associated with interactions with clients, such as witnessing the struggles of families to meet the most basic needs and being witness to the effects of child abuse and neglect.
- Personal identification with a client's illness and impending death can be particularly difficult for community caregivers living with HIV.
- The level of expectation placed on community caregivers by the community, donors and the caregivers themselves can be stressful.

- Caregivers may have unrealistic expectations about future employment opportunities.
- Community caregivers report that their association with a care organisation is assumed to imply that they themselves are living with HIV. They therefore experience the stigma of HIV and AIDS.

A significant finding of all the qualitative research was that the term “psychosocial support” was not widely understood and tended to be associated with children and not with community caregivers themselves. The in-depth interviews with nine caregiver co-ordinators found only a third of the respondents associated psychosocial support with adults. Caregivers associated psychosocial support with professional support from psychologists or social workers.

In the focus group discussions, community caregivers had the opportunity to identify their preferred approach to training. This included the importance of their training being nationally accredited and part of a career path. It was also stated that training should be intensive, in-depth, interactive and participatory. Lastly, community caregivers expressed that it is important that training is not limited to the classroom and that the learning process is supported by follow-ups and mentoring.

The norms set by Department of Social Development (DSD) for the minimum standards for Home Community Based Care (HCBC) are that all community caregivers are to undergo some form of training of at least 24 days each year and also at least two hours of debriefing monthly.³

³ Department of Social Development (Nov 2007) National Norms and Minimum Standards for Home and Community Based Care (HCBC) and Support Programmes

Key findings of the survey of existing training curricula conducted amongst home community-based care organisations and those working in the field of child protection

- Nineteen organisations offer 43 training programmes on a diverse range of topics for children and community caregivers.
- As much as 65% of these training programmes target community caregivers and cover topics such as bereavement, HIV and AIDS, family support, team training, palliative care and nursing.
- Most of the training programmes focused on service delivery related skills development. There is little emphasis on equipping community caregivers to better manage their own psychosocial wellbeing, such as managing stress and burnout or creating constructive self-preserving work styles.
- There is a big gap in the capacity-building of supervisors and managers to enable them to create nurturing environments and to adequately support community caregivers.
- Only 30% of the training offered is accredited. Few of the training providers who offer psychosocial support training are accredited. Only one of the accredited training programmes targeted learners at NQF (National Qualifications Framework) level 3, and no accredited training was offered at levels 1 or 2.
- Training service providers who do offer one or two modules on psychosocial support as part of a broader curriculum lack sufficient work-based experience or content knowledge to address the subject matter. They are also ill prepared to contain the emotional responses of learners to the material and group process, or to refer them for further support from mental health practitioners.



What is psychosocial support?

“Being a community caregiver is difficult. Sometimes you get somebody who relates a very difficult problem, when you get home you are still thinking about the problem to the extent that you may not even want to eat. It is very stressful.”

(Female community caregiver)

“Psychosocial” refers to the dynamic relationship that exists between our psychological world and the social world around us. It is made up from two words: **psycho** and **social**.

- **Psycho** refers to our thoughts (mental and spiritual), feelings, emotions, beliefs, attitudes and values. These are the things that exist inside us.
- **Social** refers to our relationships with our family, community, workplace and friends. It is the context or environment in which we live.

The psycho and the social parts of a person interact and influence each other all the time. For example, if you are experiencing a difficult relationship with a teenage child, this would influence your internal world of feelings and emotions. This is why a person has both “psycho” and “social” needs. If these needs are not met, the psychosocial wellbeing of a person is affected.

It is commonly acknowledged that psychosocial support (PSS) should reinforce and strengthen individuals’ existing coping strategies, support them in recovering from stressful and traumatic experiences, and contribute to building resilience in individuals, families and communities.



What process did the Thogomelo Project follow to arrive at a curriculum outline?

The process necessary to develop a curriculum that can be accredited needs to consider both the content (in relation to meeting the needs of the beneficiaries for learning) and the requirements for training accreditation. The main elements of accredited training in the health and social development sector are captured in the box below.

The main elements of developing accredited training in the social sector

- The **Health and Welfare SETA (HWSETA)** accredits training in the health and social development sectors.
- A new curriculum needs to be **presented to HWSETA** by an accredited training provider.
- An accredited curriculum must be designed so that it **meets the assessment requirements** of registered unit standards.
- A completed, assessed and verified **unit standard** provides learners with credits. Ten notional hours of learning make up one credit.
- An accredited curriculum must have a **minimum of 30 credits**. This is then called a “skills development programme”. (Note, at the time of the development of the Thogomelo curriculum the requirement was for 25 credits).
- A **skills development programme** must be aligned to one or more specific qualifications (at the same NQF level) so that training contributes to career pathing. This is also referred to as **occupational-based learning**.
- There are **ten levels in the National Qualification Framework (NQF)**, numbered from 1 to 10. Each level has its own level descriptor. Qualifications and unit standards are aligned with a specific level.
- **HWSETA registers a skills development programme** and then verifies the materials and assessment criteria before full accreditation is accepted.
- **Accredited training programmes** must be facilitated by a registered training provider and assessed by assessors and moderators registered to assess against the relevant unit standards.

Two critical workshops helped the Thogomelo Project arrive at a curriculum outline that can be accredited. These were:

- a 3-day curriculum workshop
- a 1-day assessment workshop

The 3-day curriculum workshop

Representatives from the implementing partners, DSD, other NGO partners and individuals with experience in PSS attended this workshop. This workshop examined the key findings of the formative research and designed the outline of the curriculum. This workshop preceded the assessment workshop so that participants could focus on really understanding the needs of the community caregivers. This is an essential first step if the curriculum is to meet the needs of beneficiaries. The alternative is that a curriculum is primarily designed around registered unit standards. Should this happen, the curriculum's responsiveness to the full range of needs of the beneficiaries may be lost.

Key findings from the formative research were presented at the 3-day curriculum workshop. At this workshop, participants considered the following questions:

1. What training exists and at what level of learner is it targeted?
2. What are the training needs of community caregivers?
3. What are the existing training gaps?
4. What are the guiding principles for the Thogomelo Training Programme?

At this workshop, it was agreed to design a ten-day Psychosocial Support (PSS) Training Programme consisting of eight modules. The content of these modules was brainstormed and reviewed during the workshop. At the close of the three days, a good description of the curriculum outline and content had been achieved.

The 1-day assessment workshop

The assessment workshop focused on the requirements of the South African Qualifications Authority (SAQA) for accreditation. The workshop addressed the following areas:

1. What are the learning requirements for NQF levels 1, 2, 3 and 4?
2. What are the existing unit standards that are relevant to training in the area of psychosocial support?
3. What type of accredited training programme is best suited for the beneficiaries and for the Thogomelo Project?
4. What are the requirements of the assessment process for accredited training?
5. What are the requirements for assessors and moderators of accredited training?

Preparation for the assessment workshop required that the Thogomelo Project worked closely with individuals who are familiar with the requirements of the NQF. The box on page 14 lists the knowledge and skills needed to find the information necessary to answer the questions set for the workshop. Building a supportive relationship with the HWSETA also helped the Thogomelo Project understand the requirements for accreditation.

At the request of DSD, the Thogomelo Project decided to target community caregiver learners at NQF levels 1 and 2. Having previously decided on the content of the training programme, the Thogomelo team looked for registered unit standards that matched the proposed content. This step proved difficult because there are no unit standards at NQF levels 1 or 2 directly addressing psychosocial wellbeing and support. Also, there is a lack of unit standards that directly speak to the role and functions of community caregivers within the social development sector, as opposed to that of volunteers.

Level descriptor for NQF level 1 and 2 learners

Level descriptors provide a description of a particular level of learning in the NQF. The NQF consists of three bands:

- General Education (level 1 – schooling up to Grade 9)
- Further Education and Training
- Higher Education and Training

At the different levels, learners achieve different types of qualifications.

Level 1 learners: General Education and Training Certificate: National Certificate (equivalent to Grade 9 or 10)

Level 2 learners: Further Education and Training Certificate: National Certificate

Knowledge needed about the NQF to prepare for the assessment workshop

It was necessary to know the following in order to prepare for the assessment workshop:

- the requirements for learning at NQF levels 1, 2, 3 and 4;
- how SAQA registered unit standards determine the content and assessment of learning;
- an appreciation of the format and requirements of outcomes-based learning;
- where and how to search for SAQA registered unit standards and to ensure that these unit standards have not expired;
- how unit standards and related credits contribute to qualifications and career pathing;
- the requirements for assessment (formative, practical and summative) that contribute towards the portfolio of evidence;
- the requirements for assessors and the moderation process;
- how Recognition of Prior Learning (RPL) is used to support learners obtain further credits.

The design and content of the Thogomelo Psychosocial Skills Development Programme for Community Caregivers

The Thogomelo Psychosocial Support (PSS) Skills Development Programme is a ten-day training programme targeting learners at NQF levels 1 and 2. It is organised into nine modules. The aim of the skills development programme is to increase the capacity of community caregivers (at NQF levels 1 and 2) to address their own psychosocial wellbeing and to improve the quality of care they are able to offer to vulnerable children.

The Thogomelo Project supports the idea that learning is most effective when learners are actively involved in the learning process. Therefore, the training methods are experiential and participatory. The training strategy emphasises the importance of a respectful collaborative relationship with all participants. The methodology includes small group discussions, role play, case studies and presentations that engage community caregivers in lively debates. This helps community caregivers to appreciate others' points of view and provides them the opportunity to re-evaluate their existing knowledge, values, beliefs and assumptions. In this way, independent thinking is promoted while important intellectual and social skills are developed.

The structure of a skills development programme

For training to be accredited it needs to have a minimum of 30 credits. These credits are made up by the completion of registered unit standards as part of the skills development programme. Thirty credits requires 300 hours of learning, 30% of which will be face-to-face classroom-based learning and 70% through other methods, such as supervised assignments in the workplace, practical assessment and reading.

The focus of the PSS Skills Development Programme is unique in the social sector in that it addresses community caregivers' understanding of their own psychosocial needs. A community development approach is embedded in the content and learners are trained to be able to mobilise support through networking. In addition, two of the modules directly address child protection. This is an innovation because it recognises that the inability to deal with issues of child protection is an issue that continuously hampers the work of community caregivers and often leaves them feeling powerless and unable to support children and families.

Providing community caregivers with key elements of child protection, such as understanding the legal obligations, rights and options for remedy, adds considerable capacity to their ability to function effectively in communities. This contributes to their overall wellbeing. Dealing with child protection evokes strong emotional responses that are potentially traumatic. The training programme aims to address the resultant psychosocial stress community caregivers experience.

The aim of the PSS Skills Development Programme is threefold:

- it builds awareness of the dynamic relationship between psychological and social aspects of the lives of community caregivers and how these elements influence their wellbeing;
- it builds the skills of community caregivers to manage stress and, at the same time, increase their coping and functioning so as to provide a quality service to vulnerable children and their communities;
- it builds psychosocial wellbeing expressed through caring and nurturing relationships that communicate understanding, unconditional tolerance, empathy and acceptance.

A list of the nine modules of the PSS Skills Development Programme is found in the box below. An Orientation Day is held to prepare learners and their organisations for the training process.

Modules 1 to 5 are covered in the first five days of training. Thereafter, there is a minimum of a two-week break from face-to-face training and then a second five-day training period covering modules 6 to 9. The self-motivation of community caregivers and their willingness to come for two weeks of training are central to the process. A resource guide is planned for caregiver supervisors, co-ordinators and managers to prepare learners for training and to facilitate the implementation of psychosocial wellbeing into community caregiver organisations post training. A coaching process will be developed in the second year of the Thogomelo Project to assist learners and organisations to build their capacity to implement the learning in the workplace and sustain the desired outcomes of the skills development programme.

A list of the modules of the PSS Skills Development Programme for Community Caregivers

- Module 1: Being a community caregiver
- Module 2: My psychosocial wellbeing
- Module 3: Dealing with stress
- Module 4: Dealing with death, grief, bereavement and frightening experiences
- Module 5: Creating a caring community
- Module 6: Protecting our children
- Module 7: Responding to vulnerable children
- Module 8: Caring for the caregiver in the organisation and community
- Module 9: Palliative care for children

There are **six full unit standards** to which this curriculum is aligned (refer to the table opposite). Sometimes the same unit standard is used for more than one module and each module takes information from more than one unit standard.

The curriculum is assessed through the completion of assessment exercises required for each unit standard. Because the unit standards do not directly address PSS, additional learning outcomes and assessment exercises have been added to the training materials to strengthen the PSS content and assessment. These assessment exercises cannot replace those that are required by the unit standard and, therefore, additional work is required of the learner.

Table of the six full unit standards and qualifications to which the PSS Skills Development Programme is aligned

Qualifications & ID number	Unit standard & ID number	Level	Credit
49606 General Education and Training Certificate: Ancillary Health Care	(14659) Demonstrate an understanding of factors that contribute towards healthy living	Level 1	4
49606 General Education and Training Certificate: Ancillary Health Care	(119565) Assist with Palliative Care	Level 1	6
64749 National Certificate: Community Health Work	(120308) Apply knowledge of self in order to make a personal decision	Level 2	3
49279 National Certificate: Victim Empowerment and Support	(117883) Demonstrate an understanding of violence and victimisation affecting children	Level 2	5
66749 National Certificate: Community Development	(244584) Investigate ways of contributing towards community development	Level 3	5
64749 National Certificate: Community Development OR 49279 National Certificate: Victim Empowerment and Support	(244564) Identify causes of stress in own life and indicate techniques to manage it	Level 2	2
Total number of credits			25

(Note: the credits are for the unit standards, not the qualifications.)

Career-pathing for community caregivers

In general, the benefits of accredited training are the following:

- Learners achieve credits incrementally that can contribute towards a qualification.
- A standard and quality of training is expected across all training sites.
- Opportunities for career enhancement of learners are provided.

Career-pathing requires that a skills development programme be aligned with specific qualifications.

What are exit level outcomes?

Exit level outcomes describe what is achieved by a learner at the point at which he or she leaves a programme such as the Psychosocial Support (PSS) Skills Development Programme.

The Thogomelo PSS Skills Development Programme for Community Caregivers is structured as a part qualification towards the following qualifications:

- The National Certificate (NC): Victim Empowerment and Support (NQF level 2) (SAQA ID 49279);
- The General Education and Training Certificate: Ancillary Health Care (level 1) (SAQA ID 49606);
- The National Certificate: Community Health Work (Level 2) (SAQA 64749);
- The National Certificate: Community Development (Level 3) (SAQA ID 66749).

This means learners could use credits from the PSS Skills Development Programme towards the completion of more than one qualification. It also gives learners options as to which career path they would like to follow.

The Thogomelo PSS Skills Development Programme for Community Caregivers contributes 25 credits towards these qualifications if learners complete the assignments and the assessment process, and are deemed 'competent'.

As the skills development programme was submitted prior to the new requirement of 30 credits, and 600 learners were trained in 2009, a three-year exemption was made by the HWSETA allowing the registration of the skills development programme based on 25 credits.



What can be learnt from the Thogomelo experience?

What can be learnt from the Thogomelo experience of designing a curriculum for accreditation?

Something to think about...

Working within the framework of registered unit standards can be frustrating, especially where existing unit standards do not meet the needs of community level training or are not yet developed for a specific content area.

Within the Thogomelo team, there is acknowledgement that some creativity was lost during the process of matching an outline curriculum with what is needed for accreditation. For example, the specific outcomes and assessment criteria of selected unit standards still need to be assessed in the learners' Portfolio of Evidence, even though they did not meet a direct psychosocial training need of the community caregivers. It is important to consider what makes training truly valuable. Is it in the content and training experience or is it in the accreditation of that training?

An important test to unit standards forming the base of the skills development programme will be the extent to which trained community caregivers take up the opportunity to complete qualifications. A further concern is the effect that the demands of accreditation may have on the value of the learning process. For example, time in the classroom-based training needs to be set aside for learners to complete the assessment, whereas community caregivers require time to process their experiences or participate in formal debriefing processes.

Consequently, the training programme could only include a limited time for peer support groups, and, therefore, the value of having a group of community caregivers supporting each other in the training is potentially lost.

Despite the lack of unit standards for psychosocial support, the Thogomelo Project has demonstrated that it is possible to design a curriculum for community caregivers compliant with accreditation requirements. The box on the following page summarises the main learning points highlighted in this case study.

The materials for the Thogomelo PSS Skills Development Programme for Community Caregivers are developed and field-tested. Roll out of training began in all nine provinces from September 2009 and, to date, 600 community caregivers have completed the skills development programme. In the third year of the Project, Thogomelo plans to monitor and evaluate the impact of the curriculum.

For the future, the Thogomelo Project will approach the Health and Welfare Sector Education Training Authority (HWSETA) to motivate for the development of unit standards for the psychosocial wellbeing of community caregivers. The Thogomelo Project, in partnership with DSD, will explore the opportunity to develop a qualification in psychosocial support for community caregivers.



A summary of the main learning points in the design of an accredited curriculum for community caregivers

1. Know the needs of your target audience or beneficiaries before you embark on the design process.
2. Qualitative information collected through focus group discussions and key informant interviews provides the most insight into the challenges that the content of your curriculum will need to address to meet the needs of the target beneficiaries.
3. Decide on the NQF level of your learners by using existing formative research, through a rapid assessment or through knowledge of the existing level of the potential learners.
4. Design your curriculum based on the needs of your target beneficiaries.
5. Find registered unit standards with assessment criteria that are relevant to your curriculum.
6. Choose unit standards that allow exit opportunities and a career path for learners by being aligned to one or more qualifications.
7. To strengthen the appropriateness of a skills development programme, you can add additional relevant learning outcomes and assessment tools where there are no unit standards appropriate to the learning area.
8. Build a relationship with the SETA so that they can assist you with advice and support.
9. Engage with the SETA about how you can use different unit standards. It is valuable for the SETA to know about the limitations of existing unit standards. Motivate for new unit standards where you need to.

This case study was written for anyone concerned about the training of community caregivers in South Africa or who wants to know more about the psychosocial needs of community caregivers.

