

## **NSQF QUALIFICATION FILE**

### **CONTACT DETAILS OF THE BODY SUBMITTING THE QUALIFICATION FILE**

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Government of Haryana  
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**List of documents submitted in support of the Qualifications File**

- 1. Curriculum**
- 2. Assessment criteria/framework**

|  |  |
|--|--|
| Qualification Title  | Caregivers for Geriatrics  |
| Qualification Code   | CGCG./SJE  |
| Nature and purpose of the qualification  | <p><b>Nature:</b> Certificate course Caregiver to Geriatrics.<br/> <b>Purpose:</b> Learners who attain this qualification are competent in providing care to Geriatrics..</p> <ul style="list-style-type: none"> <li>• Qualifying learners attain skills to work in Institutional and Non-Institutional settings for care of Geriatrics..</li> <li>• Qualified learners are capable of providing assistance for day-to-day activities to Geriatrics/ Elderly People</li> </ul> |
| Body/bodies which will award the qualification                                   | Department of Social Justice & Empowerment, Government of Haryana.   |
| Body which will accredit providers to offer courses leading to the qualification | <p>SIRTAR-State Institute of Rehabilitation, Training and Research, Rohtak.<br/> Social Justice &amp; Empowerment Department, Haryana.</p> <p>Department of Social Justice &amp; Empowerment will appoint SIRTAR as a Nodal agency for the overall management of funds and other activity to the institutes who will run the care giver course.</p>  |
| Body/bodies which will carry out assessment of learners                          | <p>SIRTAR- State Institute of Rehabilitation, Training and Research, Rohtak.<br/> SIHFW-State Institute of Health and Family Welfare. Haryana.<br/> SIMH – State Institute of Mental Health, PGI Rohtak</p> <p>Yes all three agencies will be in loop if any agency will back off another agency out of these three will be asked for assessment.</p>  |
| Occupation(s) to which the qualification gives access                            | Caregivers for Geriatrics. (After completion of this training the trainee can get jobs in day care centres, Institutions, non institutional settings like Homes, community centres etc. serve the elderly people Independently as a skilled care giver.  |
| Licensing requirements   | No Licence is required.  |
| Level of the qualification in the NSQF   | 4  |
| Anticipated volume of training/learning required to complete the qualification   | 720 Hours (including one month internship)   |
| Entry requirements and/or recommendations  | Minimum 8 <sup>th</sup> studied  |
| Progression from the qualification   | <p><b>Job progression:</b><br/> After completion of care –giver course candidate can show his/her exp for work Home Health Aide, Bed Side Attendant or Nursing attendant.</p> <p><b>Education Progression:</b><br/> After the completion of Care giver course of Geriatrics he/she can go under care giver for Drug De-addiction , Palliative ,</p>  |

|  |   |
|--|---|
|  | Disability etc or Multipurpose health worker diploma.   |
| Planned arrangements for the Recognition of Prior learning (RPL) | Yes   |
| International comparability where known                          | City & Guild, UK for Caregivers and paramedics courses.<br>Cityandguilds.com (Care givers skill certification for Great Britain)<br>Certificate III in Individual Support (Ageing, Disability) (CHC33015)<br>Course offered by the Institute of Health & Nursing, Australia (IHNA).<br>Certificate III in Aged Care/Victoria University (www.vu.edu.au) |
| Date of planned review of the qualification. 06/2019             |   |

|    | Caregiver for Geriatrics  | Mandatory/<br>Optional | Estimated size (learning hours) | Level |
|----|---|------------------------|---------------------------------|-------|
| 1  | Youth Sewa Training Program   | Mandatory              | 45                              | 4     |
| 2  | Basic Biology (Anatomy & Physiology)  | Mandatory              | 60                              | 4     |
| 3  | Basic English (Written & Spoken English ), Use of Dictionary (Basics + Advance) | Mandatory              | 45                              | 4     |
| 4  | Basic Communication Skills ,Communicative Tasks(Health Terminology)             | Mandatory              | 45                              | 4     |
| 5  | Food & Nutrition (Preparing Diets for Elderly)                                  | Mandatory              | 45                              | 4     |
| 6  | House keeping   | Mandatory              | 30                              | 4     |
| 7  | Issues & Concepts of Gerontology  | Mandatory              | 60                              | 4     |
| 8  | Basic Geriatrics Care   | Mandatory              | 45                              | 4     |
| 9  | Geriatrics Rehabilitation   | Mandatory              | 45                              | 4     |
| 10 | Geriatrics Communication, Counselling & Guidance                                | Mandatory              | 45                              | 4     |
| 11 | Adapting Home for Elderly   | Mandatory              | 45                              | 4     |
| 12 | Internship and Practical  | Mandatory              | 200                             | 4     |
| 13 | Assessment (2 hrs per week)   | Mandatory              | 30                              |       |
|    | TOTAL   |                        | 720                             | 4     |

## SECTION 1

### ASSESSMENT

Body/Bodies which will carry out assessment:

1. SIRTAR (State Institute of Rehabilitation Training & Research), Rohtak.
2. SIHFW (State Institute of Health & Family Welfare), Sec 6 Panchkula.
3. SIMH (State Institute of Mental Health), PGIMS Campus, Rohtak.

#### **How will RPL assessment be managed and who will carry it out?**

Recognition of Prior Learning shall be managed on the basis of their earlier Qualifications (like Auxiliary Nursing Midwifery ANM, General Nursing and Midwifery GNM, Multi Purpose Health Workers MPHWS, BSc Nursing, BSc Medical, Diploma in Medical Laboratory Technology DMLT0) and Experience.

Any individual with an experience with two years in Elderly Care shall be considered for the Recognition of Prior Learning on production of an experience certificate. They will have to undergo components titled CG1 (Youth Sewa Training Program) , CG3(Basic English (Written & Spoken English), CG4(Basic Communication Skills ,Communicative Tasks(Health Terminology), CG 10(Geriatrics Communication, Counselling & Guidance ) , CG 12( Internship and Practical) in nine weeks prior to being eligible to sit for assessment test.

#### **RPL Assessment will be conducted by the same institutes after the 9 weeks course:**

1. SIRTAR (State Institute of Rehabilitation Training & Research),Rohtak.
2. SIHFW( State Institute of Health & Family Welfare),Sec 6 Panchkula.
3. SIMH (State Institute of Mental Health), PGIMS Campus, Rohtak.

#### **Give details of candidate selection – registration, pre-assessment, screening and final assessment**

The advertisement shall be through the Social Justice Department, Haryana and the accredited institutes for Caregivers. Suitable candidates will fill their application forms and after scrutiny of their forms and their eligibility they shall be registered. Successful completion of Yog Sewa Training Program module (CG01) shall be the pre-requisite/ pre assessment/ Screening for the candidate to continue for the core modules of the program. The final assessment for the certification of the course shall be through Practical Assessment Viva structured Interviews and Written Assessment.

#### **Describe the overall assessment strategy and specific arrangements which have been put in place to ensure that assessment is always valid, consistent and fair and show that these are in line with the requirements of the NSQF:**

- Criteria for assessment based on each learning outcomes, will be assigned proportional to its importance.
- The assessment for the theory & practical part is based on knowledge bank of questions created by trainers and approved by SIRTAR (State Institute of Rehabilitation Training & Research), Rohtak/ SIHFW (State Institute of Health & Family Welfare), Sec 6 Panchkula/SIMH (State Institute of Mental Health), PGIMS Campus, Rohtak.
- For each Individual batch, Examination committee will create unique question papers for theory part as well as practical for each candidate at each examination.

- Assessment comprises the following components:
  - Answer sheet of assessment
  - Viva- voce
  - Attendance and punctuality
  - Job carried out in labs/workshop
  - Demonstrations

**Practical Assessment:**

This will comprise of a creation of mock environment in the skill lab which will be equipped with all equipments required for the qualification pack. Candidate's soft skills, communication, aptitude, safety consciousness, quality consciousness etc. will be ascertained by observation and will be marked in the observation checklist. The end product will be measured against the specified dimensions and standards to gauge the level of his skill achievements.

**Viva/Structured Interview:**

This tool will be used to assess the conceptual understanding and the behavioral aspects as regards the job role and the specific task at hand. It will also include questions on safety, quality, environment and equipments etc.

**Written Test:**

Under this test few key items which cannot be assessed practically will be assessed. The written assessment will comprise of

- i) True / False Statements
- ii) Multiple Choice Questions
- iii) Matching Type Questions.
- iv) Fill in the blanks
- v) Theoretical/descriptive questions

**Grading:**

- A Grade - 70% & above.
- B grade -60-69%
- C Grade -50-59%
- D Grade -40-49%
- F Grade (Not Yet Competent) <39%

**PHASES OF CONDUCTING of EXAMINATION:**

**Written Examination:**

Assessor should reach the CGC Center 30 minutes before the assessment and ensure that all the arrangements are as per the Guidelines.

- He should make seating arrangement to students leaving minimum 3 feet space between candidates.
- He should make the students sit in the order of seating arrangement.
- The enrolment numbers are to be written on the desks before the arrival of students.
- The details to be filled like Qualification name, date, time allowed, and any special instructions should be written on the board
- Learners should keep all their belongings outside the classroom. All mobiles should be switched off and kept on the desk in front of the invigilator
- The seal of the assessment materials must be opened in front of the students.
- Answer sheets to be distributed to all learners
- Assessors should instruct the learners on the guidelines of the assessment
  - No. of questions
  - Duration of paper

- Disciplinary rules
- Administrative rules

### **Attendance:**

The assessor/assessment co-coordinator needs to get signatures of all candidates during theory as well as practical examination on invigilation sheet. The sheets are signed and stamped by the In-charge /Head of the Training Centre.

The assessor/assessment co-coordinator needs to verify the authenticity of the candidate by checking the photo ID card issued by the institute. In case of suspicion, the assessor should authenticate and cross verify trainee's credentials in the enrolment form.

The assessor/assessment co-coordinator needs to punch/mark the trainee's roll number on all the answer sheets/test pieces.

The assessor/assessment co-coordinator also needs to carry a photo ID card.

### **Segregate learners into batches for Practical:**

- Ask learners to be present 5 minutes earlier than the time allotted at the lab.
- Allot Instruments to Trainees in Labs.
- Allocate time to learner

### **Conduct Practical Assessments:**

- Assign practical tasks to the learners
- Ask the learner to collect articles and be ready for assessments
- Observe trainees conducting the assigned task
- Evaluate and Record observations and marks and in the recording sheets
- Assessors may ask learners questions on the task being done

### **Conduct Viva:**

- Ask questions from the learners on the assigned task
- Ask questions prescribed in the assessment guide on non-prescribed tasks to ensure that the learners have complete knowledge on the assessment

### **Collate Results:**

- Check written answer scripts, assess the theory marks.
- Sum up the practical marks
- Sum up the viva marks
- Remember to sign off on all sheets where scores are mentioned
- Collect and Collate the Internal Marks (30%)
- Submit the collated results to assessment body representative/project manager

### **POST-ASSESSMENT PHASE:**

#### **Verify Result**

- Check for accuracy of names and date of birth
- Check for accuracy of marks against each learner
- Ensure that the pass percentage is correctly applied to the result
- Ensure that the learner has cleared all sections of the assessments in line with the assessment strategy
- Check if the excel sheet for each learner is accurately filled and is available for cross referencing with the covering result sheet
- Each and every result has to get cross-verified by Examination official.

### **Upload/Sharing of Results**

- Once the results are ready they are uploaded on the website/portal of SIRTAR and can be verified on the same.
- Also the results are shared with the Training institute only by Assessment Bodies.
- In case of any query or issue raised for assessment, the assessments are subjected to re-evaluation as per protocol laid down by Assessment Body.

### **Documentation**

- Question papers are kept in secure cupboard with limited and controlled access
- Used Answer sheets are to be stored for the next five years
- Proof of Internal Assessment is also to be maintained and produced for checking whenever asked for by the Assessing Authority.

### **Marking Scheme:**

| Sr. no. | Method of Assessments         | Weightage (Max. Marks) | Evaluator  |
|---------|-------------------------------|------------------------|--|
| 1.      | Written test (Subject Domain) | 200                    | Trainer + Moderator + Examiner<br>nominated by Examination cell of the three institutes. (SIHFW, SIRTAR & SIMH). |
| 2.      | Written test (Soft Skills)    | 100                    |  |
| 3.      | Practical test                | 200                    |  |
| 4.      | Viva                          | 100                    |  |
|         | Total                         | 600                    |  |

### **Passing Marks:**

|  |       |
|--|-------|
| Minimum attendance required                  | -80%. |
| Minimum Marks to Pass Written test (Subject) | -40%. |
| Minimum Marks to Pass Written test (Soft)    | -40%. |
| Minimum Marks to Pass Practical exam         | -40%. |
| Minimum Marks to Pass Viva                   | -40%. |

The assessment results are backed by evidences collected by assessors. Successful trainees are awarded the certificates by Department of Social Justice and Empowerment, Government of Haryana.

| Title of the Component: Caregivers for Geriatrics( Elderly) |   |  |
|---|---|--|
| Sr. no.   | Outcomes to be assessed   | Assessment Criteria for the Assessable Outcomes  |
| 1   | Youth Sewa Training Program   | <p>The Candidate should be able to;</p> <p>1.1 Describe the need to Serve as a Caregiver professional for Welfare e.g. humanity and mankind.</p> <p>1.2 Describe and understand the importance of interpersonal relationships with reference to family, groups and society.</p> <p>1.3 Describe the privacy and needs of the individual care recipient and his/her family.</p> <p>1.4 Candidate should be active members of interdisciplinary teams working with Elderly.</p> <p>1.5 Explain the manifestation of discrimination through cultural, Social, and economic perspective.</p> |
| 2   | Demonstrate the use of Basic Biology, Anatomy, Physiology and Clinical Pathology          | <p>2.1 The candidate should be able to understand the basic knowledge of Biology, Anatomy &amp; Physiology (Body Structure and Organs).</p> <p>2.2 The candidate should be able to Identify the body parts and there functions.</p> <p>2.3 Candidate should have Knowledge of anatomy &amp; physiology.</p> <p>2.4 Candidate should have the idea about structure of the geriatrics with normal adults, to understand their problems.</p>  |
| 3   | Demonstrate Basic English, written & spoken   | <p>Candidate should be able to;</p> <p>3.1 Candidate should have the Knowledge of Basic English and Grammar.</p> <p>3.2 Candidate should be able to discuss and explain common English sentences and speaking with communicative etiquettes.</p> <p>3.3 candidate must have Knowledge of English language that will improve their opportunity of employability in India/abroad.</p>  |
| 4   | Communication related to health (Basic Communication Skills , Tasks & Health Terminology) | <p>The Candidate should be able to;</p> <p>4.1 Knowledge about the expressions, Skills for Communication, Task activities etc.</p> <p>4.2 Understand the vocabulary words and their</p>  |



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|   |   | definitions used in your field of work in health care.  |
| 5 | Food and Nutrition, Diets for Geriatrics. | <p>The Candidate should be able to;</p> <p>5.1 Prompt response to patient's needs of food and Diet.</p> <p>5.2 Candidate should know the feeding of elderly as per requirement.</p> <p>5.3 Candidate need to Wipe the patient and wash hands before and after feeding</p> <p>5.4 Candidate should ensure the food provided is according to the dietary prescription of the prescribing physician or dietician.</p> <p>5.5 Candidate should allow to elderly plenty of time to eat and to interact with other people, adults and children.</p> <p>5.6 Candidate should Include foods and eating rituals into mealtimes that are reflective of diverse cultures.</p> <p>5.7 Ensure that geriatrics professionals take time to eat and talk with elderly during mealtimes.</p> |
| 6 | House Keeping                             | <p>The Candidate should be able to;</p> <p>6.1 Candidate should Supporting activities in cleaning &amp; tidying up Elderly' s room/premises.</p> <p>6.2 Candidate need to learn how to keep comfortable and healthy, environment and encourage elderly to perform day to day activities .</p> <p>6.3 candidate need to do ironing and laundry work.</p> <p>6.4 Candidate should explain safety methods and ensure that the elderly patient is secure e.g. by locking wheelchair on the slope and ramp.</p> <p>6.5 Candidate need to select the best type of containers for kids stuff, in general. Bins or baskets etc. as per requirement.</p> <p>6.6 Selecting the best type of detergents and ironing techniques</p>   |
| 7 | Issues & Concept of Gerontology.          | The Candidate should be able to;  |

|   |                               |   |
|---|-------------------------------|---|
|   |                               | <p>7.1Candidate must know about the basics of gerontology.</p> <p>7.2 Candidate should follow human rights perspective on People with Geriatrics.</p> <p>7.3 Candidate must have the knowledge of biological, psychological and emotional changes that occur in with elderly’s life.</p>  |
| 8 | Basic Care for Geriatrics     | <p>The Candidate should be able to;</p> <p>8.1 Comprehend the basic knowledge and skills required for managing services in general and geriatrics care .</p> <p>8.2candidate should know about the theories of geriatrics modern understanding of, and approaches: psychodynamics.</p> <p>8.3 Caregiver must learn the skills to provide direct care to the Persons with old age.</p> <p>8.4 Caregiver have responsibilities of providing care in hospitals, home, old age and community.</p> <p>8.4 Candidate must provide basic care of activities of daily life for elderly includes comfort, feeding, bathing etc.</p>              |
| 9 | Rehabilitation of Geriatrics. | <p>The Candidate should be able to;</p> <p>9.1 Candidate should have knowledge of need and benefits of geriatrics care for enhancing the quality of life of the Elderly</p> <p>9.2 Candidate should Identify and enhance functional capabilities of people who have a disabling impairment of any part of body.</p> <p>9.3 Candidate need to assist elderly who experience, or are likely to experience, Goldie’s (old age)to achieve and maintain optimal functioning in interaction with their environments.</p> <p>9.4 Caregivers will know to work with geriatrics to develop appropriate touch and sign communication methods.</p> |

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| <p><b>10</b></p> | <p>Communication Counseling &amp; Guidance for Geriatrics</p> | <p>The Candidate should be able to;</p> <p>10.1 Candidate should develop conceptual clarity about the nature of psychosocial changes an elderly individual undergoes.</p> <p>10.2 Candidate must perform on-going monitoring and reassessment of client status.</p> <p>10.3 Candidate should directly-measured impact of services on users' speech, language and communication skills, attainment and well-being.</p> <p>10.4 candidate should develop logic model as a diagram showing the assumed cause-and-effect links between an intervention.</p>   |
| <p><b>11</b></p> | <p>Adapting Home for Elderly People</p>                       | <p>The Candidate should be able to;</p> <p>11.1 Candidates should Assist elderly/patient and suggest to follow differently able and elderly friendly home alternations.</p> <p>11.2 Candidate must ensure Elderly's safety to prevent a fall or an injury.</p> <p>11.3 Candidate should Exchange information and ideas to benefit an elderly's health and rehabilitation development.</p> <p>11.4 Candidates should be able to answer the questions posed by the family members) ;</p> <p>11.5 Candidates should integrate the elderly's everyday routines, interests, materials, caregivers, within the assessment process;</p> <p>11.6 Candidate should Identify risk and protective factors, developing, implementing, and evaluating interventions, .</p> |
| <p><b>12</b></p> | <p>Field Practicum and Internship</p>                         | <p>12.1 Candidate will understand the skills of Bedside Management of Geriatrics through supervised training.</p> <p>12.2 candidate should have practical training for the</p>  |

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|  |  | <p>care-giver: dressing wounds, feeding, changing clothes, use of core appliances, hearing aids, spectacles, etc .</p> <p>12.3 The students should have to maintain prescribed recordings of their daily work for supervision and evaluation.</p> <p>12.4 candidate should understand the care of Elderly with special needs: Visual and auditory impairment, ill patients &amp; patients in coma, with HIV/AIDS, amputations/joint replacements etc.</p> <p>12.5 candidates must have coordination with the treating doctor, family to Transferring from home to hospital (lifting with care and precaution, handling patients with fractures/in coma.</p> <p>12.6 Continuum of care, institutionalization, issues of care-giving and care-taking.</p> |
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## **SECTION 2**

### **EVIDENCE OF LEVEL**

| <b>Title/Name of qualification/component: Caregivers for Divyang Persons(PwDs)</b> |  |   |                   |
|--|--|---|-------------------|
| <b>NSQF Domain</b>   | <b>Outcomes of the Qualification/Component</b>   | <b>How the job role relates to the NSQF level descriptors</b>   | <b>NSQF Level</b> |
| <b>Process</b>   | The Care Giver for Geriatrics provides help to elderly/patient to maintain a Suitable environment. He carries out elderly /patient's daily care (Activities of Daily Living -ADL) , facilitate, comfort, safety and elderly's health needs. They work in home environment, Old age Home, Nursing Homes, Hospitals, in collaboration with Doctors and Nurses and other healthcare providers and deliver the healthcare services as suggested by them. They work in familiar, predictable, routine, situation of clear choice. | Caregiver works in collaboration with healthcare providers and independently delivers the healthcare services. He/she works in familiar, predictable, routine, situations. They will be expected to show a basic understanding of the social environment. They should be able to make a good contribution to team work. | 4                 |
| <b>Professional knowledge</b>  | The Care Giver for Geriatrics (elderly) should also be able to demonstrate basic patient care skills   | Knowledge and skills required for managing services in general, factual knowledge of field or study in order  | 4                 |

| <b>Title/Name of qualification/component: Caregivers for Divyang Persons(PwDs)</b> |   |   |                   |
|--|---|---|-------------------|
| <b>NSQF Domain</b>   | <b>Outcomes of the Qualification/Component</b>  | <b>How the job role relates to the NSQF level descriptors</b>   | <b>NSQF Level</b> |
|  | such as maintaining patient's activities of daily living, patient's comfort, patient's safety and patient's health needs. He should be willing to work in homes with elderly's in wards or clinics in shifts. This indicates that a Care Giver must have factual knowledge of field or study in order to perform activities correctly.  | to perform activities correctly and care of Elderly's in particular within an organizational and non-organizational frame.  |                   |
| <b>Professional skill</b>  | Care Giver is expected to provide geriatrics patient care during bathing, grooming, dressing-up, etc. Support individuals to eat and drink, assistance during elimination, transferring the patient in homes & within the hospital, Respond to patient's call, Clean medical equipment as suggested by Nurse/s, patient documents and manage changing and transporting laundry/ linen. All these are activities that require him/her to demonstrate his practical skill, as per the scope of the job role, using appropriate tools, quality concepts, responsible for a range of activities, either laid down, or may adopt alternative approaches as per the best evidenced practices. | Understand what constitutes quality in the occupation and will distinguish between good and bad quality in the context of their job roles. Job holders at this level will be expected to carry out their work safely and securely and take full account of the health and safety. Expected to understand Progression of geriatrics and critical events/signs. | 4                 |
| <b>Core skill</b>  | Essential attributes of Care Giving for elderly is to record the completion of the procedures, communicate effectively with elderly/patients keeping in mind the cultural and special needs. Listen in a responsive and empathetic manner to establish rapport. This requires communication skills (written or oral) with required clarity.   | Caregivers are expected to understand what constitutes quality in their job role. Identify client strengths, needs, concern and preferences and develop plan of care and establish a comprehensive plan of rehabilitation as far as possible.   | 4                 |
| <b>Responsibility</b>  | The Care Giver is responsible for   | Identify individual responsibilities in relation to maintaining workplace   | 4                 |

| Title/Name of qualification/component: Caregivers for Divyang Persons(PwDs) |  |   |            |
|---|--|---|------------|
| NSQF Domain   | Outcomes of the Qualification/Component  | How the job role relates to the NSQF level descriptors  | NSQF Level |
|   | supporting elderly/patient care in their day-today working in a variety of roles. They provide elderly/patient's daily care, their comfort, safety and patient's health needs. This is critical as it indicates that the person is responsible for his own work and learning. This is further reconfirmed by the fact that The Care Giver is expected to learn and improve his/her practice while on the job and is referred as "skilled workers". | health safety and security requirements. They will be expected to conduct themselves in ways which show a basic understanding of the social environment, empathy and care needs while allowing rehabilitation to the extent feasible. They should be able to make positive, revitalizing contribution to the life of the Elderly by using their Skills. |            |

### Section 3

#### **EVIDENCE OF NEED**

##### **What evidence is there that the qualification is needed?**

Review of literature and industry feedback has indicated a need for health aids for elderly. Report by Eurofam care indicated that care givers are required for fulfilling following needs of elderly (Triantafillou and Mestheneous, 2006)

- (i) Domestic needs, i.e. Housework
- (ii) Emotional/psychological/social needs e.g. companionship,
- (iii) Mobility needs, e.g. inside or outside the house, transport-
- (iv) Financial management e.g. paying bills etc. from their own money-
- (v) Organizing, managing care support e.g. contracting services-
- (vi) Health Care needs -
- (vii) Physical, personal care needs -
- (viii) Financial support e.g. supporting older person by with money

Corresponding to these needs obviously the informal carers organize their lives and activities. The Euro stat 2007 study on Health care and Long Term Care lists the following as the main activities for care giving for an elderly person:

- Visiting regularly to keep company-49%
- Doing shopping-42%
- Cleaning and Household maintenance-34%
- Help with mobility-33%
- Cooking and preparing meals-32%
- Taking care of finances and administrative tasks- 30%

- Help with dressing-27%
- Help in bathing or showering-24%
- Help with feeding-24%
- Help with using the toilet-21%

This proposal is to create a Para Nursing cadre of Geriatric Caregivers who would look after the needs listed at (i) to (viii) above and in addition would help elderly to give their best back to the society by organizing neighbour-hood activities for them. In the longer run it will also help prepare elderly plan graceful retirement and ways to stay socially active in life.

Focused Group Discussions were conducted for the occupational map & functional analysis for the field of Care giver for Elderly. We also took feedback from urban and rural areas, which was collected with respect to roles for which qualification packs development was to be prioritized. This was largely based on volume of people required, quantitative and qualitative shortfall which the health sector/paramedics feel they face.

**What is the estimated uptake of this qualification and what is the basis of this estimate?**

Census of India on the ageing scenario (2011) shows that India has the second largest aged population in the world. Currently there are an estimated 100 million elderly in India. It is the fastest growing population and within the next five years, the number of adults aged 65 & over will outnumber children under the age of 5. By 2021, the elderly population would be 144 million and by 2026, it is projected to increase by 174 million India and by 2050 the number will reach 326 million out of which 75% of elderly reside in rural areas. 1 out of 8 elderly feel that no one cares that they exist, 30 million elderly are lonely and 33% are below the poverty line and majority of them are illiterate. The 2011 census found 50 lakh people living alone . Nearly half the women above 60 are widows or single. More than two third of the oldest Old (80+) are financially dependent on others and as thumb rule 10% of these are FRAIL and need care support to perform their Activities of Daily Living. The 80+ population in India is about 11% of the total Elderly and is about 1.12 Cr so at least 11 Lakh caregivers are needed to support these elderly in their Activities of Daily Living. – Reference .

Need for skilled allied & healthcare professionals to the tune of 7 lakhs over 2013-22 has been envisaged in reports by Health Skills Gap analysis Reports and NSDC.

In Haryana as thumb rule 10% of these are frail and need care support to perform their Activities of Daily Living. The 80+ population in India is about 11% of the total Elderly and is about around 27000 care givers are required for the elderly population of 2.70 lac.

<http://healthcare-ssc.in/images/Human%20Resource%20&%20Skills%20Requirement%20in%20Healthcare%20sector.pdf>

**What steps were taken to ensure that the qualification(s) does/do not**

### **duplicate already existing or planned qualifications in the NSQF?**

- NSDC list of Approved and Under-Development QPs was checked prior to commissioning the work.
- Elderly Caregiver (DWC/Q0801-0803) is listed in the Domestic Work Council which does not envisage Care-giving for Geriatrics and is not an attraction for Youth who seek professional work/roles. Hence we are seeking to bring Care-giving within the ambit of Health Care Skill Council as is the case the world over.

### **What arrangements are in place to monitor and review the qualification(s)? What data will be used and at what point will the qualification(s) be revised or updated?**

- Bodies/Agencies/personnel would be appointed by the Director General, Department of Social Justice & Empowerment Haryana and SIRTAR to interact with training providers, employers, assessors to gather feedback regarding implementation of the scheme every three years.
- Monitoring of results of assessments, training delivery, placement etc.
- Employer feedback will be sought post-placement.
- A formal review is scheduled in three years time

## **EVIDENCE OF PROGRESSION**

### **What steps have been taken in the design of this or other qualifications to ensure that there is a clear path to other qualifications in this sector?**

Horizontal and vertical mobility options have been articulated for

- i). Home Health Aide(HSS/N5116-5124),
- ii). General Duty Assistant ( SUB-SECTOR. Allied Health and Paramedics HSSN 5101-5109)
- iii) Nursing Attendants
- iv) Caregiver for Persons with Disabilities (Divyang)
- v) Care Givers needed for specific conditions like Diabetics, Severe, Chronic and Cardiac etc.
- vi) Care Givers needed for assignments abroad.

**This qualification leads to employment in Old Age Homes/Nursing Homes, Hospitals and Domestic/ Homes in residential localities in India and abroad.**

1. This qualification may be allowed to be accepted for entry to course of further learning in Allied health Paramedics also.
2. Care giving of Children, Drug Addicts, Persons with Disability and Palliative Care are areas where the Care-givers would be able to move horizontally after doing additional capsules. Similarly specialized care



could be given for multiple disabilities and disabilities of chronically ill persons.

As a career progression the trainee will apply for Caregiver

**Horizontal progression**

Home Health Aide

Care Givers for (Elderly, Paediatrics, Drug Addiction, Persons with disabilities )

Bed Side Attendant

Care Giver for Palliative (Terminal-illness)

