Chapter 5

Comparison of Qualifications Framework for Long-term Care between India and Japan

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1. Development of Skills Qualifications Framework in India

1.1. Background situation in India

India has shown good performance on economic growth over recent decades, but this has been achieved by relying on tertiary education and a relatively small number of sectors of global reach, particularly information and communications technology. India's literacy rate and participation rate in primary education have still been low compared with other emerging economies; as a result, India's inequality has increased (Ernsberger, 2012; Kamat, 2007). On the other hand, India has a rapidly growing working-age population and has the potential to increase productivity utilising this 'demographic dividend', so investing in the skills of the workforce is an urgent issue because the vast majority of the working-age population are engaged in low-skilled work. Without human capital development, India will miss out economic growth, which could result in social unrest (British Council and ILO, 2014; Ernsberger, 2012).

In 2009, the National Skill Development Policy was introduced aiming for the development of a national qualifications framework that would transcend both general education, and vocational education and training. Because of the absence of the authority, which was supposed to take central role, individual ministries worked on the development of frameworks, but in 2013, the National Skills Qualifications Framework (NSQF) (Table 5.1) was established as a unified framework, coupled with the formation of the National Skill Development Agency (NSDA). NSDA is supposed to anchor NSQF, with the latter implemented through the National Skills Qualification Committee, whose secretariat is set up under NSDA (Ministry of Finance Department of Economic Affairs, 2013).

Table 5.1. The National Skills Qualifications Framework of India

Level	Process Required	Professional Knowledge	Professional Skills	Core Skills	Responsibility
10	Highly specialised knowledge and problem-solving skills to provide original contribution to knowledge through research and scholarship.			Responsible for strategic decisions in unpredictable complex situations of work/study.	
9	Advanced knowledge and skill. Critical understanding of the subject, demonstrating mastery and innovation, completion of substantial research and dissertation.			Responsible for decision making in complex technical activities, involving unpredictable study/work situations.	
8	Comprehensive, cognitive, theoretical knowledge and practical skills to develop creative solutions, to abstract problem. Undertakes self-study, demonstrates intellectual independence, analytical rigour, and good communication.			Exercise management and supervision in the context of work/study having unpredictable changes, responsible for development of self and others.	
7	Requires a command of wide-ranging specialised theoretical and practical skill, involving variable routine and non-routine context.	Wide-ranging factual and theoretical knowledge in broad contexts within a field of work or study.	Wide range of cognitive and practical skills required to generate solutions to specific problems in a field of work or study.	Good logical and mathematical skill understanding of social political and natural environment good in collecting and organising information, communication, and presentation skill.	Full responsibility for output of group and development.
6	Demands wide range of specialised technical skills, clarity of knowledge and practice in broad range of	Factual and theoretical knowledge in broad contexts within a	A range of cognitive and practical skills required to generate solutions to specific problems in a field of work or	Reasonably good in mathematical calculation, understanding of social, political, and reasonably good in data	Responsibility for own work and learning and full responsibility for other's works and

	activity involving standard/non-standard practices,	field of work or study.	study.	collecting organising information, and logical communication.	leaning.
5	Job that requires well developed skill, with clear choice of procedures in familiar context.	Knowledge of facts, principles, processes, and general concepts, in a field of work or study.	A range of cognitive and practical skills required to accomplish tasks and solve problems by selecting and applying basic methods, tools, materials, and information.	Desired mathematical skill, understanding of social, political, and some skill of collecting and organising information, communication.	Responsibility for own work and learning and some responsibility for other's works and learning.
4	Work in familiar, predictable, routine, situation of clear choice.	Factual knowledge of field of knowledge or study.	Recall and demonstrate practical skill, routine and repetitive in narrow range of application, using appropriate rule and tool, using quality concepts.	Language to communicate written or oral, with required clarity, skill to basic arithmetic and algebraic principles, basic understanding of social political and natural environment.	Responsibility for own work and learning.
3	Persons may carry out a job that may require a limited range of routine and predictable activities.	Basic facts, process, and principles applied in trade of employment.	Recall and demonstrate practical skill, routine and repetitive in narrow range of application.	Communication written and oral, with minimum required clarity, skill of basic arithmetic and algebraic principles, personal banking, basic understanding of social and natural environment.	Under close supervision some responsibility for own work within defined limit.

2	Prepares person to/carry out process that are repetitive on regular basis with little application of understanding, more of practice.	Material tools and application in a limited context, understands context of work and quality.	Limited service skill used in limited context, select, and apply tools, assist in professional works with no variables differentiates good and bad quality.	Receive and transmit written and oral messages, basic arithmetic personal financing understanding of social political and religious diversity, hygiene, and environment.	No responsibility works under instruction and close supervision.
1	Prepares person to carry out processes that are repetitive on regular basis, require no previous practice.	Familiar with common trade terminology, instructional words meaning and understanding.	Routine and repetitive, takes safety and security measures.	Reading and writing, additional subtraction personal financing, familiarity with social and religious diversity, hygiene, and environment.	No responsibility always works under continuous instruction and close supervision.

Source: Ministry of Finance Department of Economic Affairs (2013), *Notification No. 8/6/2013-Invt*. New Delhi: Ministry of Finance.

https://www.nsda.gov.in/assets/documents/nsqf/NSQF%20Gazette%20Notification.pdf (accessed 16 April 2021)

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1.2. Features of National Skills Qualifications Framework of India

The Notification No. 8/6/2013-Invt by the Department of Economic Affairs of the Ministry of Finance describes the following reasons why the development of a PQF was needed (Ministry of Finance Department of Economic Affairs, 2013):

a. Transcending general education and vocational education and/or training

In India, separate systems between general education and vocational education (training) has generated hesitation amongst the youth regarding mobility from vocational to general education and vice versa. NSQF is expected to make qualification of both education systems more understandable and transparent.

b. Outcome-based approach

Different from the conventional system focusing on inputs, NSQF is defined and described with competencies that are required for each qualification level. Jobs corresponding to each competency are ascertained by corresponding industries through the respective Sector Skill Councils (SSCs).

c. Transparent progression pathway

Institutes, students, and employers can clearly understand what skills they have achieved, what they can do, and what they cannot do after completing particular courses.

d. Removal of negative perception of vocational education/training

NSQF shows the pathway to acquire higher qualification including degrees and doctorates, which can be achieved by those who started their career from vocational education/training.

e. Recognition of prior learning

Competency-based qualifications frameworks allow recognising the skills that have been acquired through informal learning and would not require additional formal education. The conventional qualification system has failed to recognise such skills.

f. Alignment of Indian qualifications to international qualifications

Without international alignment of qualifications, cross-border workers are required to undergo a course again to get a qualification in the destination country, even if they have already acquired the equivalent skills in the home countries. NSQF helps to avoid such problems in accordance

with recent bilateral and multilateral agreements.

g. Credit accumulation and transfer system

Any educational module from general education to vocational education/training can be integrated under NSQF. It facilitates the mobility of students and workers from education domain to practical experience and vice versa.

1.3. Levels, standards, and curricula

As shown in Table 5.1, NSQF consists of 10 levels, each of which represents a different level of required complexity, knowledge, and autonomy. Level 1 is the lowest, while Level 10 is the highest. In some cases, the standard time taken to acquire designated qualifications may be indicated for some levels of some sectors, but the users of NSQF should note that levels are not directly related to years of education and/or training, but rather are defined by competencies, i.e. professional knowledge, professional skill, core skill, and responsibility. Through lifetime learning, anybody can move to higher levels from lower levels ('vertical mobility') or across levels if they take on new a skill category ('horizontal mobility').

The following are some important items on the development of standards and curricula in accordance with NSQF (Ministry of Finance Department of Economic Affairs, 2013).

a. National Occupational Standards

National Occupational Standards (NOSs) define the measurable performance outcomes required for a particular task. As each job role may require a combination of several tasks, the combination of NOSs required for a particular job role would form the Qualification Pack (QP) for that job role. NOSs and QPs are supposed to be formulated by the SSCs and each combination of NOSs and QPs ('QP-NOS' hereinafter) is assigned with each level of the NSQF. SSCs are set up as autonomous industry-led bodies by the National Skills Development Corporation (Ministry of Skill Development and Entrepreneurship, n.d.), which was established in 2008 by the Ministry of Finance as a Public-Private Partnership model aiming for the promotion of skill development and funding to enterprises, companies, and organisations that provide skills training (National Skills Development Corporation, 2017).

<u>b. Curriculum packages</u>

Curriculum Packages are developed for each NSQF level and for specific QPs that are identified by the responsible SSCs. NSQF curricula should be modular so that they allow skill accumulation and facilitate exit and entry of learners.

<u>c. Industry engagement</u>

Because NSQF is outcome-based, participation of the industry and employers is critical to the success of this system. Education and training courses are designed, developed, and delivered, and learners are assessed and certified in consultation with SSCs, industry, and employers.

1.4. Structure of qualification packs

Each QP-NOS is supposed to provide the following information: job role description, NSQF level, educational qualifications, minimum job entry age, experience, and applicable NOSs. As described in the previous section, each QP-NOS is composed of several NOSs. For example, the QP-NOS 'Elderly Caretaker (Non Clinical)' consists of four compulsory NOSs (and no optional NOS): 'Assisting the elderly person with daily activities and personal hygiene', 'Preparing food and assisting in consuming meals and drinks', 'Support in cleaning and tidying up client's room', and 'Building effective communication and relation with the elderly person, their social network and the medical/nursing staff' (Domestic Workers Sector Skill Council, 2016b).

Each NOS provides the 'performance criteria', 'knowledge and understanding', and 'skills' required for the tasks described under the designated NOS. The components of 'knowledge and understanding' are further classified into the following two categories: 'organisational context' (knowledge of the companies or organisation and its processes) and 'technical knowledge'. The item 'skills' consists of 'core skills/generic skills' (sub-items: writing skills, reading skills, and oral communication) and 'professional skills' (sub-items: decision making, plan and organise, customer centricity, problem solving, analytical thinking, and critical thinking).

1.5. Qualification Packs related to long-term care

Among 38 SSCs, two can be seen as those creating QP-NOSs related to long-term care. One of such SSCs, Domestic Workers SSC, developed the QP-NOS 'Elderly Caretaker (Non-Clinical)'

(Domestic Workers Sector Skill Council, n.d.), whilst under Healthcare SSC, three QP-NOSs, 'Geriatric Care Assistant', 'General Duty Assistant', and 'Home Health Aide', have the proximity to LTC services (Healthcare Sector Skill Council, 2017b). The NSQF levels assigned to each QP-NOS stated above are the following.

- Geriatric Care Assistant: Level 4 (Level 5 until September 2050)

- General Duty Assistant:　Level 4

- Home Health Aide:　　　　Level 4

- Elderly Caretaker (Non-Clinical): Level 3

For reference, nurses who completed 2-year diploma courses are ranked at Level 6, and nurses who acquired a bachelor's degree are ranked at Level 7 of NSQF (University Grants Commission, 2019). India's most basic level nurses receive the designation 'auxiliary nurse-midwife', and they are required to complete 2-year diploma courses to be officially registered (World Health Organization, 2017). In other words, nurses are ranked at Level 6 of NSQF, even at the lowest, while all the jobs that are equivalent to long-term care workers (LTCWs) are ranked at lower levels than nurses.

1.6. Comparison of job roles of LTC-related job titles between India and Japan

Referring to the 'responsibility' domain of NSQF descriptors (Table 5.1), those who are qualified for Level 3 are able to take responsibility for their own work within defined limits only under close supervision, while Level 4 qualification enables them to take the responsibility without supervision. Those who have acquired Level 5 qualifications can take responsibility for their own work and learning, as well as some responsibilities for others' work and learning. Comparing these descriptors with Japan's Long-term Care Professional Career Grade System (Table 3.1), NSQF's Levels 3, 4, and 5 are roughly equivalent to Japan's Levels 2, 3, and 4, respectively.

As discussed in Chapter 3, Japan's Technical Intern Training Program (TITP) is designed to accept foreign care workers whose competence is ranked at Level 1 of Japan's grading system, but if the applicants of TITP-LTC trainees have already been qualified as Level 4 in India's NSQF, their qualification levels can be downgraded because their competency should be recognised as Level 3 in Japan's grading system. To the contrary, if Indian LTCWs have succeeded in acquiring Japan's

CCW qualification after working several years in Japan, at what level of India's NSQR can they be ranked? In Japan, they can be ranked at Level 4, but NSQF does not have the equivalent level that can be applied to LTCWs. The problem of deskilling can arise from both directions: India to Japan, and Japan to India.

Another noteworthy point is the classification of industrial sectors. As stated in Chapter 3, LTCW is considered as a distinct job category in Japan, and is different from medical professionals. In India, as described in the previous section, three QP-NOSs related to LTC were developed by Healthcare SSC, while one QP-NOS was developed by Domestic Workers SSC. Something like 'Long-term Care SSC' has not been established in India. If both countries intend to promote the personnel circulation of LTCWs, such discordance needs to be bridged. Further, in Japan, there is a growing demand for care for the steadily growing numbers of the people with dementia. This is why the Category 3 TITP-LTC trainees are required to have the skills of provident services for the people with dementia (refer to Table 3.5), but no specific NOS focusing on dementia care can be found in any QP-NOSs under NSQF. Such specific factors which may create strong needs should also be taken into considerations.

2. Descriptions of Long-Term-Care-Related Qualification Packs

As stated in section 5.1.5, four QP-NOSs can be seen as those that may include the components of LTC services. Description of the roles, applicable NOSs, etc. of each QP-NOS is shown in Table 5.2. The following points are the findings from Table 5.2.

- The QP-NOSs developed by Healthcare SSC (upper three QP-NOSs) are ranked at higher level and require higher educational background than the 'Elderly Caretaker (Non-Clinical), which was developed by Domestic Workers SSC.

- Among three QP-NOSs, 'Geriatric Care Assistant' requires higher educational background (even the qualification of 'General Duty Assistant' and 'Home Health Aide' are included as educational qualification) and more advanced skills specified in geriatric care, but it is ranked at the same level as other two QP-NOSs developed by Healthcare SSC.

- 'General Duty Assistant' and 'Home Health Aide' seem to be designed to recognise

similar skills, such as the support for bathing, toileting, dressing, etc., but some descriptions of applicable NOSs in 'General Duty Assistant' include the term 'Assist Nurse'; it seems 'General Duty Assistant' is a job which is more dependent on the supervisors than 'Home Health Aide', probably because 'General Duty Assistant' is a hospital-based job. Generally, more teamwork is required in a hospital setting rather than a home setting.

− The upper three QP-NOSs, which were developed by Healthcare SSC, are medical-care-oriented jobs, rather than LTC-oriented ones because these QP-NOSs focus on hospital care and/or patient care in other settings.

Taking these findings into account, 'Elderly Caretaker (Non-Clinical)' can be the most relevant job amongst these four QP-NOSs, which has the potential to evolve into the occupational category responsible for LTC services in India that is distinct from medical care professionals. The other three QP-NOSs, developed by Healthcare SSC, seem to be designed to be subordinate to other medical professionals, such as physicians, nurses, etc. As discussed in Chapter 3, the occupational category responsible for LTC services should be developed separately from the medical care provision system so that LTCWs can find the definite career paths within the same occupational category.

Further key descriptions of the QP-NOS 'Elderly Caretaker (Non-Clinical)' will be shown per each NOS in the following sub-sections.

Table 5.2. Job Details of Qualification Packs Comprised of Components Related to Long-Term Care

Name of QP-NOS	Role description	NSQF level	Minimum educational qualification	Minimum job entry age	Applicable NOSs
Geriatric Care Assistant	Provide routine individualised care to geriatrics at hospitals, home set-up, old age homes, or community centres in maintaining daily activities.	4	Class XII (preferably biology)/ General Duty Assistant/ Home Health Aide	21 years	1. Implement interventions to prioritise safety of geriatric patient 2. Assist in routine check-up and vital parameters measurement 3. Support geriatrics in maintaining daily activities 4. Assist to cope up with the ill health conditions and promote rehabilitation 5. Maintain interpersonal relationship with patients, colleagues and others 6. Maintain professional and medico-legal conduct 7. Maintain a safe, healthy, and secure working environment 8. Follow biomedical waste disposal and infection control policies and procedures
General Duty Assistant	Provide patient care and help maintain a suitable environment, particularly on patient's daily care, patient's comfort, patient's safety, and patient's health	4	Class X (Class VIII in certain cases)	18 years	1. Assist nurse in bathing patient 2. Assist nurse in grooming the patient 3. Assist patient in dressing-up 4. Support individuals to eat and drink 5. Assist patient in maintaining normal elimination

	needs.				6. Transferring patient within hospital
					7. Communicating appropriately with co-workers
					8. Prevent and control infection
					9. Assist nurse in performing procedures as instructed in the care plan
					10. Assist nurse in observing and reporting change in patient condition
					11. Respond to patient's call
					12. Clean medical equipment under supervision of nurse
					13. Transport patient samples, drugs, patient documents and manage changing and transporting laundry and linen on the floor
					14. Carry out last office (death care)
					15. Act within the limits of your competence and authority
					16. Work effectively with others
					17. Manage work to meet requirements
					18. Maintain a safe, healthy, and secure environment
					19. Practice code of conduct while performing duties
					20. Follow biomedical waste disposal protocols
Home Health	Provide routine individualised healthcare to	4	Class X (Class VIII in	18 years	1. Assist patient in bathing

Aide	the elderly, convalescents, or persons with disabilities at the patient's home. Monitor or report changes in health status. Provide personal care such as bathing, dressing, and grooming of patient.		certain cases)		2. Assist patient in grooming 3. Assist individual in dressing-up 4. Support patient to eat and drink 5. Assist individual in maintaining normal elimination 6. Prevent and control infection in the home setting 7. Communicate with geriatric, paralytic, and/or immobile patients and their carers 8. Enable geriatric, paralytic, and/or immobile patients to cope with changes to their health and well-being 9. Implement interventions with geriatric, paralytic, and/or immobile patients at risk of falls 10-15: same as 15-20 of 'General Duty Assistant'
Elderly Caretaker (Non-Clinical)	Assist client in day-to-day activities such as ambulation, eating, dressing, toileting, grooming and in running errands. Also assist in sanitation and housekeeping duties of	3	Class V (preferable)	18 years	1. Assisting the elderly person with daily activities and personal hygiene 2. Preparing food and assisting in consuming meals and drinks 3. Support in cleaning and tiding up client's room 4. Build effective communication and relation with the elderly person, their social network and the medical and/or nursing staff

elderly person's room and create and maintain hygienic and pleasant work environment.			

QP-NOS = qualification pack – national occupational standard, NOS = national occupational standard, NSQF = national skills qualification framework.

Source: Healthcare Sector Skill Council (2017a), *Qualification Pack – Geriatric Care Assistant*. New Delhi: Healthcare Sector Skill Council. https://www.healthcare-ssc.in/national-occupational-standards-page-193 (accessed 28 April 2021).

Healthcare Sector Skill Council (2013a), *Qualification Pack – General Duty Assistant*. New Delhi: Healthcare Sector Skill Council. https://www.healthcare-ssc.in/national-occupational-standards-page-193 (accessed 28 April 2021).

Healthcare Sector Skill Council (2013b), *Qualification Pack – Home Health Aide*. New Delhi: Healthcare Sector Skill Council. https://www.healthcare-ssc.in/national-occupational-standards-page-193 (accessed 28 April 2021).

Domestic Workers Sector Skill Council (2016b), *Qualification Pack – Elderly Caretaker (Non-Clinical)*. New Delhi: Domestic Workers Sector Skill Council. https://nsdcindia.org/qp-nos-results (accessed 28 April 2021).

QP-NOS: Elderly Caretaker (Non-Clinical)

(Source: Domestic Workers Sector Skill Council, 2016b)

As shown in Table 5.2, this QP-NOS is composed of four NOSs. The following is the detailed description of the first one: Assisting the elderly person with daily activities and personal hygiene. Some comparison with Japan's system is also described here.

NOS 1. Assisting the elderly person with daily activities and personal hygiene

The task of this NOS is described as: assisting the older persons who are partly self-sufficient or non-self-sufficient with the tasks of daily hygiene and dressing. This NOS also covers assisting older person's daily activities and communication with them and family. A performance criterion (PC) is provided for each scope of the tasks under this NOS as the followings.

Scope 1: To assist older person in personal hygiene tasks, dressing/undressing

        PC1: assist in personal hygiene tasks depending on the clients' degree of ability

        PC2: assist in dressing/undressing depending on the clients' degree of ability

        PC3: assist in toileting with due respect to the clients' constraint and privacy

        PC4: make beds and change linen on timely basis

Scope 2: To assist older person in his/her daily activities and tasks

        PC5: assist with walking and light exercise if required

        PC6: assist with bathing, dressing and grooming

        PC7: reminder for daily medication and routine check-ups

        PC8: escort to outdoor event and recreational activities

        PC9: act as a companion or a friend to provide emotional support

        PC10: taking care of laundry and ironing

Scope 3: Communication with the elderly person and the family

        PC11: interact with clients to empower them and obtain their cooperation while

fully respecting individual identity and constraint

PC12: interact with clients' family and doctor to inform them of any changes of clients related to their health and well-being

Compared with Japan's assessment criteria for TITP-LTC trainees (Table 3.5), the performance criteria shown above cover the tasks required for TITP-LTC trainees almost completely. Specifically, all essential tasks of TITP-LTC trainees, i.e. grooming, mobility, feeding, bathing and cleanliness, toileting, providing services in accordance with the conditions of each client, can be found in the performance criteria of this NOS.

In the NOSs, items of workers' competence that are required for the qualification of this NOS are classified into 'Knowledge and Understanding' and 'Skills'. This classification is also similar to Japan's LTC Professional Career Grade System, under which assessment is made from two perspectives: 'what they know' and 'what they can do' (refer to section 3.1.4). 'Knowledge and Understanding' is further classified into organisational context and technical knowledge. The following is the items described under 'Knowledge and Understanding' section of this NOS.

A. Organisational context (knowledge of the company/organisation/employer and its processes)

The individual on the job needs to know and understand:

KA1: basic culture, tradition and lifestyle of the family

KA2: basic responsibilities and desirable results of the activities undertaken

KA3: codes of practice, standards, frameworks and guidance relevant to job

KA4: own roles and responsibilities with own limitations

KA5: to whom report at work should be reported

KA6: roles and responsibilities of other people working with

KA7: how to determine language(s) spoken in the home

B. Technical Knowledge

The individual on the job needs to know and understand:

KB1: techniques used to support the clients in personal hygiene

KB2: using adequate techniques to assist with routine body functions

KB3: how to interact with the clients and the family

KB4: techniques for the prevention of physical injury and stress

KB5: general knowledge of personal hygiene

KB6: dressing/undressing techniques

KB7: mental and physical features of people of different age group

KB8: basic knowledge of diseases and their symptoms

KB9: basic communication and conflict management

KB10: communication techniques aiming at reassuring, enhancing participation, encouraging food acceptance, obtaining cooperation

KB11: emotion management and listening skills

KB12: definition of the following concepts: physical, mental, and social needs, health, illness/distress, dependence in daily life activities

KB13: care-related issues

The items assigned with KA numbers are all commonly used in other NOSs under this QP-NOS. KB items are specific to each NOS.

'Skills' are classified into to two categories: Core (Generic) Skills and Professional Skills. All items included in the 'Skills' section are common to all NOSs under this QP-NOS. The followings are the list of 'Skills' required for the qualification of QP-NOS 'Elderly Caretaker (Non-Clinical)'.

A. Core Skills / Generic Skills

Writing Skills

SA1: record the completion of the task with relevant details

SA2: record the unusual symptoms or any observation during the task and inform the

appropriate person

SA3: record and report the output quantity

<u>Reading Skills</u>

SA4: read and understand manuals, health and safety instructions, etc.

SA5: read labels, images, symbols

SA6: read the instructions and interpret them correctly

SA7: cross-check the instructions for proper understanding

<u>Oral Communication (Listening and Speaking Skills)</u>

SA8: discuss and understand the requirements of the client

SA9: enquire with the guardian in case of any confusion on the clients' dressing

SA10: discuss procedures with the clients to make them feel comfortable

SA11: answer the doubts that the clients may have in mind

SA12: check frequently with the clients to see whether they are comfortable and fine

B. Professional Skills

<u>Decision Making</u>

SB1: make decisions pertaining to the concerned work

SB2: be able to understand any critical situation related to the work

<u>Plan and Organise</u>

SB3: plan and organise to complete tasks efficiently and effectively so that proper time and care can be provided to the clients

<u>Customer Centricity</u>

SB4: avoid absenteeism

SB5: act objectively, rather than impulsively or emotionally when faced with difficult, stressful, or emotional situation

SB6: work in discipline

SB7: be punctual

Problem Solving

SB8: evaluate the possible solutions and do the best in case family is not around

SB9: identify immediate or temporary solutions to resolve problem

Analytical Thinking

SB10: take initiative to enhance and learn skills

SB11: be open to new ways to doing things

SB12: have the capacity to envisage and articulate personal goals

Critical Thinking

SB13: assess the situation and follow direction to deal with emergency

NOS 2: Preparing food and assisting in consuming meals and drinks

The task of this NOS is described as assisting individuals who are partly self-sufficient or non-self-sufficient with preparing food and consuming food and drink, taking into account the clients' taste, nutritional and dietary requirements etc. in order to ensure that the clients have healthy meals that meet needs and preferences. PCs for this NOS are the following.

Scope 1: Assist clients in purchasing foodstuff; prepare food as per their diet chart

PC1: support purchasing foodstuff taking into account prescribed nutrition plans and any other instructions provided

PC2: when cooking, comply with basic health, hygiene and safety requirements and check that foodstuff is properly stored to prevent food poisoning

PC3: the food should be cooked as per the clients' ability to chew and swallow

PC4: use appropriate cooking techniques (frying, boiling, steaming, and microwaving)

Scope 2: Tracking clients' food and drink intake as per the prescribed diet

PC5: encourage the clients to drink and eat as their nutritional plan and medical conditions

PC6: monitor the clients' food and drink intake to provide information to the family and doctor

PC7: when cooking and serving food, use relational styles adequate to the clients' conditions to enhance their participation and obtain their cooperation

The components of 'Technical knowledge' under 'Knowledge and Understanding' are the following. (As already described, components of 'Organisational Context' of 'Knowledge and Understanding' and 'Skills' are same as those of NOS 1.)

B. Technical Knowledge

KB1: purchasing foodstuffs based on the clients' taste and habit

KB2: using appropriate cooking techniques

KB3: information on nutrition plans prescribed to the clients

KB4: how to encourage the clients to have enough food and drink

KB5: how to keep food and drink intake of clients in accordance with medical conditions

KB6: compilation with basic health, hygiene and safety requirements in preparing and storing foodstuffs

KB7: general standards on the use of cooking appliances and home safety and security

Nutrition is critical to older people's health. In Japan's assessment criteria of TITP, trainees for LTC do not have the items related to nutritional control of older people in any category of tasks provided: essential, related, peripheral, and safety and sanitation tasks (Tables 3.5 and 3.6). In terms of nutritional management, India's QP-NOS 'Elderly Caretaker (Non-Clinical)' requires more competence for its qualification than Japan's criteria.

The details of other two NOSs are not shown here, but these also incorporate some important items for LTC service provision, such as laundry, hygiene and sanitation, keeping the living environment cosy, home safety and prevention, promoting socialisation of the clients, being alert

to abuses and harassments, etc., which are also included in Japan's assessment criteria for TITP trainees for LTC. The items which are missing in this QP-NOS but are included in Japan's criteria are few; one of them is management and maintenance of assistive devices, which may not be common in India.

The QP-NOS 'Elderly Caretaker (Non-Clinical)' is ranked at Level 3 of India's NSQF, so it may be equivalent to Level 2 of Japan's LTC Professional Career Grade System from the perspective of required responsibilities (as discussed in 5.1.6), but from the perspective of the required competencies, this QP-NOS seems to be equivalent to Level 3 of Japan's grading system because the requirements of this QP-NOS look similar to Category 3 TITP trainees for LTC (refer to Table 3.5).

Some items which are crucially important for cross-border LTCWs are also included in the QP-NOS 'Elderly Caretaker (Non-Clinical)', such as understanding basic culture, tradition, and lifestyle, language skills (writing, reading, and oral communication), etc. In Japan's TITP system, these knowledge and skills are supposed be acquired not only in the home countries of trainees but also during the 'post-entry initial training' after entering Japan (refer to section 3.2.2).

Model Curriculum of 'Elderly Caretaker (Non-Clinical)'

The SSCs provide not only QP-NOSs but also curriculum packages, but it should be noted again that NSQF is based on an outcome-based approach, and the time that appears in model curriculum is just 'notional' (Ministry of Finance Department of Economic Affairs, 2013). Qualification should be based on competency, not on the time of training or education.

The model curriculum of 'Elderly Caretaker (Non-Clinical)' is composed of eight modules and the total duration of the program is 200 hours. Table 5.3 shows the allocated time to each module.

Table 5.3. Modules of Model Curriculum of 'Elderly Caretaker (Non-Clinical)'

Module	Theory Duration (hours)	Practice Duration (hours)	Corresponding NOS
Introduction	4	5	(bridge module)
Assist client with daily activities and personal hygiene	12	25	NOS 1
Preparing food and assisting in consuming food and drinks	15	25	NOS 2
Support in cleaning and tidying up client's room	15	25	NOS 3
Building effective communication and relation with the client, client's social network and medical staff	10	10	NOS 4
Maintain health, safety, and positive relationship at the workplace	8	10	(bridge module)
Create a positive impression of oneself in the household	8	10	(bridge module)
Managing self and money	8	10	(bridge module)
(Total Duration)	80	120	

NOS = National Occupational Standard.
Source: Domestic Workers Sector Skill Council (2016a), *Model Curriculum 1. Elderly Caretaker (Non-Clinical)*. New Delhi: Domestic Workers Sector Skill Council. https://nsdcindia.org/qp-nos-results (accessed 28 April 2021).

The grand total duration of this model curriculum (200 hours) is longer than Japan's 130-hour entry-level training for care workers, which is ranked at Level 1 of Japan's career grading system, but shorter than Japan's 450-hour training course for LTC practitioners, which is ranked at Level 3 (refer to Table 3.9). In terms of standard time of training, India's 'Elderly Caretaker (Non-Clinical)' may be equivalent to the position between Level 1 and 3, that is, Level 2 of Japan's career grading system. This level-mapping between India and Japan based on required hours of training is consistent with the level-mapping which is made based on the required responsibilities (discussed under 'NOS 2' section).

3. Recommendations to Produce Highly Skilled LTCWs

3.1. Importance of collaboration amongst countries and across Ministries

In India's NSQF, a QP-NOS equivalent to Japan's LTCW has not been developed. Even at the SSC level (SSC is supposed to develop each QP-NOS), no official statement can be found regarding into which SSC LTC should fall: Healthcare SSC, Domestic Workers SSC, or a newly established SSC exclusively for LTCW.

One of the aims of the establishment of NSQF in India is international harmonisation of competency-based (outcome-based) qualification systems for workers. In this sense, it would make good sense if India can develop a new QP-NOS that is equivalent to Japan's qualification system for LTCWs. For example, the concept of 'LTC to promote self-reliance' has not been incorporated in India's any QP-NOS. The concept of 'self-reliance' is one of the basic principles of Japan's LTC system, and says that the goal is not just support for the persons who need care; rather, LTC should be provided to maximise the remaining functions even if the clients have the difficulty in daily activities. If both India and Japan intend to promote the circulation of LTCWs between both countries, as agreed in the MOCs that were signed in 2017 and 2018, both governments are encouraged to develop together QP-NOSs and/or even a new SSC which incorporate the basic principles of Japan's LTC system which can also be applied to India. Such bilateral or multi-lateral collaboration may be expanded to other countries, considering the rapid population ageing which is taking place worldwide.

Population ageing is a cross-cutting issue, so the development of QP-NOS exclusively for LTCWs requires the collaboration across ministries and agencies. In India, the NSDA takes the responsibility for vocational training, while the Ministry of Human Resource Development works for degree-level qualification including diplomas. The Ministry of Health and Family Welfare is the focal point in the government for the development of LTC system and welfare system as well as medical care and nursing. To avoid the inefficiency that often arises from inter-ministerial work, it is encouraged to establish a body in charge of the human resource development for LTC in an integrated manner.

India will also face population ageing soon. India does not have a fully developed LTC system, but it is certain that enormous human resources for it will be required within a couple of decades

and the demand will steadily grow. Both India and destination countries of Indian LTCWs have the responsibility to create human resources for LTC that benefit the people who need care in both countries without anyone leaving behind.

3.2. Qualification of language skills

As also discussed in section 4.4, the language skills required for LTC are not necessarily the same as language skills in general. In the case of Japan, as shown in section 3.2.2, intensive and continued language training is administered to TITP-LTC trainees because LTC service is a human-oriented work and high language proficiency is required. Further, when the new resident status of 'Specified Skills' was put into effect, two kinds of new screening tests for applicants were launched in accordance with the guidelines of the Immigration Services Agency and the Ministry of Health, Labour and Welfare of Japan, those are care skills test and Japanese-language-proficiency test for LTC. The qualifications of these two tests are required for the application of 'Specified Skills' resident status, and the contents of language proficiency test for LTC are different from the Japanese language proficiency test targeting the general population. The language test for LTC was developed based on a survey that collected key terms and phrases used in the practical sites of LTC, so it is supposed to cover the terms and phrases which are actually used by LTCWs for their conversation with clients and colleagues and are required for writing their job records and reporting. A textbook was also developed for the learners preparing for these tests (The Japan Association of Certified Care Workers, 2019).

In the QP-NOS 'Elderly Caretaker (Non-Clinical)' under India's NSQF, items related to language skills can be found in the section of 'Core (Generic) Skills'. This is further subdivided into 'writing skills', 'reading skills', and 'oral communication skills', with several detailed items for each category (also described in the section 5.2). The importance of language skills is reflected in the assessment criteria for the qualification of this QP-NOS. According to the model curriculum of QP-NOS 'Elderly Caretaker (Non-Clinical)' (Domestic Workers Sector Skill Council, 2016a), amongst the four NOSs in this QP-NOS (Table 5.2, the right bottom cell), the fourth NOS, which focuses on the competency of communication, has the largest share: 72 marks (for reference, NOS 1: 68 marks, NOS 2: 40, NOS 3: 20, and total 200 marks). It can be said that India's NSQF, at least in the case of QP-NOS 'Elderly Caretaker (Non-Clinical)', recognises that language

proficiency is a critical part of job competencies, but the Japanese language is extremely challenging language for Indian learners. The model curriculum of QP-NOS 'Elderly Caretaker (Non-Clinical)' suggests the total duration of required training for this QP is 200 hours for all content, but if it includes the education and training of Japanese language, this amount of time is insufficient. If both governments are willing to cultivate more people who have the skills to fulfil the requirements of TITP-LTC trainees and LTCWs with 'Specified Skills' resident status, they are encouraged to work together for the development of the training program which covers both countries' requirements and assessment criteria which have already been standardised by each country.

3.3. Career paths of repatriated cross-border long-term care workers to India

As far as can be determined in the literature, India does not provide any programmes to promote the reintegration of repatriated cross-border LTCWs into its domestic labour market. The number of repatriated cross-border LTCWs to India will certainly increase as the demand is sharply increasing all over the world, particularly in high-income countries. Some of them may have high skills of LTC services. For example, if they accumulate the work experience as LTCWs in Japan sufficient to acquire Japan's national CCW qualification, they are supposed to have good leadership amongst peers, as well as the skills of training other staff to some extent. Such human resources must be important to develop the LTC system in India, where the concept of LTC has not been established. They may know the realities of the societies with a highly aged population and the possible solutions to the challenges arising in such societies. How, then, can they be reintegrated into the India's labour market?

There are two key points to attract workers so that they remain in the certain labour market: recognition of competencies and wage levels. As discussed in this chapter, India's NSQF has not provided visible career paths for LTCWs. LTCWs can never be ranked at higher levels, i.e. Level 5 or above, as long as they keep working as LTCWs, while nurses are ranked at such levels from the beginning of their career path. This system may create deskilling, as discussed in the previous chapters, and may discourage the repatriated LTCWs to continue their job as LTCWs. The stakeholders of NSQF are highly encouraged to develop the criteria to recognise the competencies of LTCWs so that they can clearly imagine the career paths.

LTCWs have been suffering from low wage levels. Of course, wage levels are supposed to be fixed in the balance between supply and demand basically, but the solution to this problem is not straightforward because LTC services are provided by foreign workers in many high-income countries and wages for LTCWs are covered by public systems including 'quasi-market' systems in some cases. Japan is one of the typical cases that introduced 'quasi-market' systems to LTC, which employ both public and private competitive systems. Under such systems, the wages are determined by many factors, such as tax revenue, premiums of social insurance, finance of insurance system, balance between demand and supply, etc. In low- and middle-income countries including India, care workers are often recognised as unskilled workers and their wages are in accordance with this unfairly low status because most work for older people of rich families and originate from underprivileged populations. In terms of this, the recognition of skills of domestic workers including 'Elderly Caretaker' in India's NSQF is important to recognise their competencies fairly, and it is expected that NSQF's recognition could be the driving force to increase their wage levels and to let LTC be recognised as decent work.

In conclusion, in India like other countries, the qualifications framework which can recognise advanced competencies of LTCWs and can clearly show the career paths and the way of lifelong learning is crucial for elevating the status and wage levels of LTCWs, reintegrate the repatriated cross-border LTCWs, and optimise the precious human resources who are indispensable for the development of the LTC system of India. The problem of the lack of a recognition system for advanced LTC competencies is not unique to India, but rather is the case with the other two countries that are discussed in this report. All three countries do not necessarily succeed in providing the clear image of career paths and lifelong learning processes to LTCWs (also discussed in the sections 3.3.3 and 4.2.4).

As will be discussed in section 6.3, one of the solutions is the involvement of higher education institutions in LTC and establishing a new academic field like 'LTC studies'. The development of such scientific field can be achieved through incorporating the concept of gerontology and geriatrics. It is also suggested in the report published by the United Nations Population Fund and HelpAge International in 2012 (UNFPA and HelpAge International, 2012). All the countries that intend to create quality LTCWs are highly encouraged to promote the dialogue and collaboration between LTC industries and higher education institutions related to LTC, particularly the experts of gerontology and/or geriatrics.

As an example of facilitating the collaboration between higher education and LTC practice, in the United States, members of the Gerontological Society of America organised the Academy for Gerontology in Higher Education (AGHE) aiming for offering education, training, curricular innovations, and research programmes in the field of ageing (The Gerontological Society of America, 2021a). The AGHE has activities to develop the curriculums of community colleges that create LTCWs. This attempt can be interpreted as the application of the outcome of gerontological and geriatric research to vocational education (The Community College Standing Committee, The Association for Gerontology in Higher Education, 2013). The AGHE also supports the establishment of an interdisciplinary body which is called something like 'Center on Aging', which is supposed to provide a master's degree programme and carry out research and development on population-ageing-related issues. As another activity of the AGHE, it endorses the principles of the Age-friendly University (AFU) Global Network, which was launched in 2012. AFU offers opportunities to learn about age-friendly efforts and to contribute to educational movements of social, personal, and economic benefit to students of all ages and institutions of higher education (The Gerontological Society of America, 2021b).

According to a document published by the United Nations Economic and Social Commission for Asia and the Pacific, family care still takes the pivotal role in the provision of LTC, and institutionalised LTC or day services are almost non-existent in India. Educational institutions providing programmes in gerontology and geriatrics are also limited, but various training institutions offer programmes for formal caregivers and the need to develop and standardise LTC system is recognised. So-called 'old age homes', which are unregulated and accommodate independent older people, have been considered as alternative shelters in exceptional circumstances, for example, in those cases where no extended family members can take care of older persons; however, in rapidly changing Indian society, it may emerge as one of the key institutions of LTC in India (United Nations ESCAP, 2016). Development of LTC industries, which is supported by academic outcome of LTC-related science, is also important for the development of career paths of LTCWs. India is in a good position to create a universal and reliable LTC system that benefits any older person in the country through a well-developed LTCW qualifications framework that can reintegrate repatriated cross-border workers into domestic LTC industries.

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