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NITI Aayog

REIMAGINING CARE:

STRATEGIES FOR EMPOWERING CAREGIVERS IN VIKSIT BHARAT@2047

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NITI AAYOG
Government of India
Sansad Marg, New Delhi-110001,
India

Authors
NITI Aayog Team
Shri K.S. Rejimon, Joint Secretary
Shri Arvind Kumar, Deputy Secretary
Shri R.N. Mundhe, Senior Research Officer
Ms Smriti Pandey, Consultant
Shri Mridul Jain, Young Professional

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CONTENT

ACKNOWLEDGEMENT

The preparation of this report, “Reimagining Care: Strategies for Empowering Caregivers in Viksit Bharat@2047,” was a collaborative effort that drew on the insights, expertise, and dedication of numerous individuals and institutions. We gratefully acknowledge their invaluable contributions to this work.

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We are thankful to subject experts, training agencies, industry stakeholders, and caregiving-sector organisations for their participation in consultations, which enriched the report’s analysis and recommendations.

The preparation of this report reflects a shared commitment across institutions and stakeholders to strengthen India’s caregiving ecosystem. It is hoped that the perspectives and recommendations presented here will support ongoing efforts toward building an inclusive, skilled, and future-ready care economy for Viksit Bharat.

अशोक कुमार लाहिड़ी
उपाध्यक्ष
Ashok Kumar Lahiri
Vice Chairman
Tel : 011-23096677/88/99
E-mail: vch-niti@gov.in

सत्यमेव जयते

भारत सरकार
नीति आयोग, नीति भवन
संसद मार्ग, नई दिल्ली-110 001
Government of India
NATIONAL INSTITUTION FOR TRANSFORMING INDIA
NITI Bhavan, Sansad Marg, New Delhi-110 001

MESSAGE

Caregiving is not merely a service; it is a testament to our values, a reflection of our humanity, and a strategic opportunity for the future. As India charts its course towards Viksit Bharat@2047, we stand at a unique moment to harness our demographic dividend - both domestically and globally - through structured investments in caregiving.

Caregiving lies at the intersection of health, social justice, gender empowerment, and economic growth. It is both a moral obligation and a developmental priority. The challenge ahead is to translate the promise of our demographic dividend into a strategic advantage, building a workforce that is globally competitive, locally grounded, and committed to dignity and care.

The growing mismatch between the demand for quality care and the availability of skilled caregivers represents not only a social challenge but also a transformative economic opportunity. By building a skilled caregiving workforce, India can meet rising domestic needs and open pathways for global engagement, enabling our skilled youth to secure dignified employment opportunities abroad. This vision transforms caregiving into both a national necessity and a response to global demand.

This report is a call to action - to integrate caregiving across ministries, states, and local bodies, to establish a National Caregiver Council, and to adopt global best practices for long-term care systems. It envisions a future where technology-enabled solutions, grassroots institutions such as self-help groups, structured caregiver skilling, certification frameworks, and social protection converge to create a robust caregiving ecosystem.

I hope this report inspires collaborative action - across government, private sector, civil society, and communities - to reimagine caregiving as a core pillar of our national development agenda. Together, we can build a future-ready India, where care is not just a service but a symbol of our collective vision for compassion, equity, and resilience.

(Ashok Lahiri)

Date: 30.07.2026
Place: New Delhi

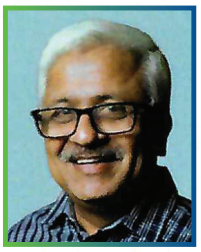
डॉ. आर. बालासुब्रमण्यम
सदस्य, नीति आयोग
Dr. R. Balasubramaniam
Member, NITI Aayog

Phone : 011-23096707
E-mail : dr.rbalu@gov.in

सत्यमेव जयते

भारत सरकार
कमरा नं. 125, नीति भवन
नई दिल्ली-110001

Government of India
Room no 125, NITI Bhawan
New Delhi-110001



Message

The care of our elders, our children, and all those among us who need support to live with dignity is not a peripheral concern for a nation on its path to Viksit Bharat@2047. It is, in fact, one of the noblest measures of what kind of society we are building. This Working Paper, Reimagining Care: Strategies for Empowering Caregivers in Viksit Bharat, addresses this question, and I am glad to commend it to policymakers, institutions, and citizens alike.

India stands at a demographic moment that few nations have faced with the scale and speed we are witnessing. Our elderly population is set to more than double in the coming decades, even as the traditional family structures that have historically borne the weight of caregiving continue to change under the pressures of migration, urbanisation, and shifting workforce participation. This paper does not shy away from that reality. It looks closely at the informal care that has sustained Indian families for generations, at the formal caregiving system that is only now taking shape, and at the significant opportunity India has to build a skilled, dignified, and globally competitive caregiving workforce, one that serves our own people even as it opens new avenues of livelihood and international mobility for our youth.

What I find particularly valuable in this paper is its refusal to treat caregiving as a matter for one ministry or one scheme alone. It draws together the work of Health, Social Justice and Empowerment, Skill Development, and External Affairs, along with the pioneering efforts of several state governments, Civil Society Organisations, and places them within a single, coherent vision. This is in line with the vision of the whole *of government* and *whole of society* approach that is forming the bedrock of social interventions in the country. The recommendation to establish a National Caregiver Council, to standardise training against the National Skills Qualification Framework, and to extend social security to a workforce that has too long gone unrecognised, together represent the kind of institutional imagination that this moment demands.

I am conscious that a caregiving ecosystem is built not only through policy, but through the everyday compassion of millions of families and community members who have cared for their own without recognition or reward. This paper honours that contribution even as it charts a path toward formalising and strengthening it. It is my hope that the recommendations contained here will be carried forward with the same seriousness and care with which they have been researched and written, and that in the years ahead, India will be able to say that it built not merely a care economy, but a caring society.

As an extension of this report, NITI is preparing a follow-up report. The forthcoming report will provide a comprehensive assessment of India's institutional care workforce and outline policy recommendations to strengthen the care economy while expanding quality employment opportunities, particularly for women.

I extend my sincere appreciation to the NITI Aayog team and all the institutions and individuals whose contributions have shaped this paper. I look forward to seeing its recommendations translated into action in service of our senior citizens, our persons with disabilities, and all individuals who need care and support, and the caregivers who stand by them.

Dr R Balasubramaniam

New Delhi
July, 2026

स्वच्छ भारत
एक कदम स्वच्छता की ओर

निधि छिब्बर, भा.प्र.से.
मुख्य कार्यकारी अधिकारी
भारत सरकार
नीति आयोग
नीति भवन संसद मार्ग, नई दिल्ली -110 001

सत्यमेव जयते

Nidhi Chhibber, IAS
Chief Executive Officer
Government of India
NITI Aayog
NITI Bhawan, Parliament Street, New Delhi-110 001
Tel.: 011-23096574, 23096576
E-mail : ceo-niti@gov.in

FOREWORD

As India moves toward Viksit Bharat@2047, I see the formalization of our care economy as an indispensable requirement for sustainable growth, gender equity, and human dignity. The care economy is currently at a pivotal point, with over 149 million elderly individuals (10.5% of the population) in 2022, a number projected to rise to 347 million by 2050. Additionally, there are 26.8 million persons with disabilities and a rapidly increasing burden of chronic illness. This makes the need for a structured, professional, and accessible care ecosystem more urgent than ever.

While traditional, family-based care remains the base of our social fabric, rapid urbanisation, changing family structures, and labour mobility are placing immense pressure on informal support networks. Building a formalised caregiving ecosystem does not replace family care; rather, it strengthens and complements it through modern skilling, standard certification, digital integration, and strong quality assurance. Valued at USD 29.62 billion in 2023 and expanding at an annual rate of 13.76%, the care sector represents a high-potential engine for formal job creation, enhanced female labour force participation, and sustainable economic growth.

The strategies presented in this report reflect extensive consultations with Central Ministries, State Governments, international institutions, including the World Bank, and leading civil society organisations. Ground-level insights gathered during the State Support Mission workshop in Shillong, with representations from 30 States and Union Territories, further underscore the consensus on establishing a unified national framework for the care sector.

By professionalising care work and streamlining international mobility, this initiative directly advances our commitments under the Sustainable Development Goals—specifically SDG 3 (Good Health and Well-being), SDG 5 (Gender Equality), and SDG 8 (Decent Work and Economic Growth). I am confident that this report will serve as an actionable blueprint for policymakers, training institutions, and industry leaders as we work together to build an inclusive, dignified, and future-ready care economy for Viksit Bharat.

Dated: 30th July, 2026

[Nidhi Chhiber]

के. एस. रेजिमोन
संयुक्त सचिव
K. S. Rejimon
Joint Secretary
Ph. : 011-23096545
e-mail : ks.rejimon@nic.in

सत्यमेव जयते

भारत सरकार
नीति भवन, संसद मार्ग,
नई दिल्ली -110 001
Government of India
National Institution for Transforming India
NITI Bhawan, Parliament Street,
New Delhi-110 001

Preface

This report, Reimagining Care: Strategies for Empowering Caregivers in Viksit Bharat, aims to make caregiving a central aspect of inclusive and sustainable growth. It offers a policy-centric framework based on national experience, international best practices, and global caregiving models including those of Japan, Nordic Nations, and Singapore where caregiving has been brought into the formal economy, creating jobs while maintaining dignity for care recipients. Such comparative learning enables India to evolve contextually appropriate solutions tuned to its particular cultural and societal texture.

The caregiving sector of India, mostly informal, is estimated to be several million in number, covering family caregivers, domestic workers, and incoming professional cadres. It still remains underpriced, undertrained, and unrewarded within formal sectors. Parallel ecosystems, such as health, education, disability inclusion, skilling, and social protection, can be leveraged to create the infrastructure, resources, and respect needed to professionalize caregiving. Such an ecosystem can be established to catalyze economic possibility by formalizing work, establishing skilling pathways, and connecting caregiving services with the overall health and social economy.

For India, optimizing the caregiving potential can enhance economic participation, especially for women, enhance human capital construction, and improve global presence by creating models of empathetic, inclusive, and accessible care that could be showcased across the Global South. By incorporating caregiving into the national accounts and development agendas, India can align itself to the Sustainable Development Goals (SDGs), particularly those related to health, gender equality, decent work, and reduced inequalities.

Indian society, with its orientation towards seva (service), sahbhagita (collective engagement), and sensitivity, provides a robust foundation for an indigenous caregiving model—one that honours tradition while embracing innovation. Building on these cultural values, the care economy can be envisioned not merely as a welfare imperative but as a strategic pillar of national development. By institutionalizing care as both a social and economic priority, India can cultivate a workforce that is skilled, empathetic, and globally competitive—anchored in the country's timeless ethos of compassion and inclusiveness. Such a transformation would mark a decisive step towards realizing the vision of Viksit Bharat—a nation that grows by caring, and cares as it grows.

(K.S. Rejimon)

ABBREVIATIONS

Abbreviation	Description
AAM	Ayushman Arogya Mandir
AB	Awarding Bodies
ADB	Asian Development Bank
AHP	Allied and Health Care Professionals
AIIMS	All India Institute of Medical Sciences
ASAP	Additional Skill Acquisition Programme
ASEAN	Association of Southeast Asian Nations
B&WSSC	Beauty & Wellness Sector Skill Council
B2B	Business to Business
BITs	Bilateral Trade Agreements
CCCG	Certificate Course in Caregiving
CEPAs	Comprehensive Economic Partnership Agreements
CGCA	Certificate in Geriatric Care Assistance
CHBHC	Certificate in Home-Based Health Care
CHC	Community Health Centre
CHHA	Certificate in Home Health Assistance
CPD	Continuing Professional Development
CPR	Cardiopulmonary Resuscitation
CSO	Civil Society Organisation
CSR	Corporate Social Responsibility
DEPwD	Department of Empowerment of Persons with Disabilities
DoSJE	Department of Social Justice & Empowerment
EU	European Union
FTA	Free Trade Agreements
G2G	Government to Government
GCAs	Geriatric Care Assistants
GCC	Gulf Cooperation Council
GDP	Gross Domestic Product
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GST	Goods and Services Tax
HMCGSSC	Home Management and Care Givers Sector Skill Council
HSSC	Healthcare Sector Skill Council

IADL	Instrumental Activities of Daily Living
ICWF	Indian Community Welfare Fund
IGNOU	Indira Gandhi National Open University
IISc	Indian Institute of Science
ILO	International Labour Organisation
IOM	International Organisation for Migration
IPOP	Integrated Programme for Older Persons
ISCO	International standard classification of occupations
ISO	International Organisation for Standardisation
ITI	Industrial Training Institutes
JECs	Japanese Endowed Courses
JIMs	Japan-India Institutes for Manufacturing
JWG	Joint Working Group
LTC	Long-term Care
LTCI	Long-Term Care Insurance
MADAD	MEA in Aid of Diaspora in Distress
MEA	Ministry of External Affairs
MENA	Middle East and North Africa region
MERCOSUR	Mercado Común del Sur
MNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MoC	Memorandum of Cooperation
MoHFW	Ministry of Health and Family Welfare
MoUS	Memorandum of Understanding
MSDE	Ministry of Skill Development and Entrepreneurship
MSMEs	Micro, Small and Medium Enterprises
NBER	National Board of Examiners in Rehabilitation
NCAHP	National Commission for Allied and Healthcare Professionals
NCC	National Caregiver Council
NCERT	National Council of Educational Research and Training
NCVET	National Council for Vocational Education and Training
NHS	National Health Service
NIMHANS	National Institute of Mental Health and Neurosciences
NIPHTR	National Institute of Public Health Training and Research
NISD	National Institute of Social Defence
NNPC	Neighbourhood Network in Palliative Care

NPHCE	National Programme for Health Care of the Elderly
NPOs	Non-Profit Organization
NSDC	National Skill Development Corporation
NSQC	National Skills Qualifications Committee
NSQF	National Skills Qualification Framework
NQR	National Qualification Register
OECD	Organisation for Economic Co-operation and Development
PBBY	Pravasi Bhartiya Bima Yojana
PBSKs	Pravasi Bhartiya Kendra
PDOT	Pre-Departure Orientation Training
PIBA	Population and Immigration Border Authority
PTA	Preferential Trade Agreements
PwD	Persons with Disability
R2R	Road 2 Recovery
RAISE Act	Reforming American Immigration for Strong Employment Act
RCI	Rehabilitation Council of India
RPWD Act	Rights of Persons with Disabilities Act
SHGs	Self-Help Groups
SIDBI	Small Industries Development Bank of India
SOs	Sending Organizations
SSW	Specified Skilled Worker
STT	Short-term training
TAPAS	Training for Augmenting Productivity and Services
TISS	Tata Institute of Social Sciences
TITP	Technical Intern Training Programme
ToT	Training of Teachers
UN	United Nations
UNFPA	United Nations Population Fund
WEF	World Economic Forum
WHO	World Health Organisation
ZAV	Zentrale Auslands- und Fachvermittlung (International and Specialized Placement Services)

ABSTRACT

India is undergoing a rapid demographic transition that is significantly increasing the demand for long-term care services. By 2050, the country's elderly population is projected to reach 347 million, placing unprecedented pressure on the existing care ecosystem. This report examines the existing caregiving ecosystem in India, and draws on national and international evidence to develop a comprehensive framework for strengthening the sector. This report uses definition of caregiving defined by WHO and proposes a coordinated approach centred on standardised competency-based training, accreditation and quality assurance mechanism, institutional coordination, improved workforce and career pathways, greater support for family caregivers, strategic use of technology, and enhanced international partnerships for skilled caregiver mobility. This is proposed to be done by positioning caregiving as a recognised, skilled, and dignified profession. The report outlines a roadmap for building an organised caregiving ecosystem that can support India's vision of *Viksit Bharat@2047.*

(**Keywords:** Caregiving Ecosystem, Caregivers, Social Security, Long-Term Care, Informal Care)

EXECUTIVE SUMMARY

India's transition towards *Viksit Bharat@2047* requires strengthening sectors that are critical for both social well-being and economic development. Caregiving is emerging as one such priority sector. With a growing elderly population, changing family structures, rising disability prevalence, and increasing long-term care needs, India must strengthen its caregiving ecosystem by moving towards a more organised, professional, and coordinated system of care.

A stronger caregiving ecosystem can improve the quality of life of older persons, people with disabilities, and others requiring long-term care, while generating skilled employment, increasing women's economic participation, and strengthening health and social care systems. Although Central Ministries and State Governments have undertaken several initiatives, greater coordination, standardisation, workforce recognition, and social protection are needed to build a cohesive caregiving ecosystem.

Accordingly, the report proposes a comprehensive roadmap for strengthening India's caregiving ecosystem. Key recommendations include establishing a National Caregiving Council (NCC) to provide institutional leadership and coordination, developing a National Caregiving Qualification Framework to standardise education, training, accreditation, and certification, creating a National Caregiver Registry and digital platform to strengthen workforce planning and service delivery, expanding social security and welfare measures for caregivers, and strengthening support for family and community caregivers.

The report also recommends promoting technology-enabled caregiving services, encouraging innovation and cross-learning across States, and strengthening international partnerships and overseas placement mechanisms to prepare a globally competitive caregiving workforce. Together, these measures seek to build an integrated ecosystem of caregiving services, improve the quality and accessibility of care, empower caregivers through professional recognition and support, and enable India to meet its growing domestic care needs while emerging as a trusted global provider of skilled caregiving professionals in line with the vision of *Viksit Bharat@2047.*

CHAPTER 1

Introduction to Caregiving Services

Chapter-1 Introduction to Caregiving Services

1.1 Understanding Need for Caregiving in the Global and Indian Context

1.1.1 Global Context

Caregiving involves the physical, emotional, and social support provided to individuals who are unable to perform daily activities independently due to age, illness, or disability, according to the World Health Organisation.[1] According to the World Population Ageing Report 2019, the population aged 65+ was 703 million globally in 2019; this figure is projected to more than double to 1.5 billion by 2050.[2] At present, for the first time in history, there are more older people than younger people worldwide, according to the Global Coalition on Ageing Report (2021).[3] As the population ages, the need for help with everyday tasks rises, especially as older adults deal with health issues like dementia and frailty that necessitate more involved and expensive care. Additionally, it is estimated that 1.3 billion people, or 16% of the world's population, suffer from severe disabilities.[4]

The growing need for caregivers is driven by these demographic changes, leading to an urgent demand and shortage of professional care workers. In OECD countries,[5] the number of care workers needs to increase by 60% by 2040 to keep up with the current caregiver-to-older-person ratio, which means they need an additional 13.5 million workers. In the United States,[6] a shortage of 151,000 care workers is predicted by 2030, which may increase to 355,000 by 2040. Additionally, 60% of family caregivers in the U.S. work full-time or part-time jobs while also caring for their loved ones[7]. In Germany, the need for caregivers has risen by 34% from 2015 to 2018, with 76% of care happening at home as per a study by Deutsche and Welle (2020),[8] which further states a shortfall of 120,000 care workers in Germany in 2020.

Regarding mental health, about 50 million people worldwide live with dementia and Alzheimer's disease, which is expected to increase to 152 million by 2050.[9] These projected figures indicate an anticipated increase in demand for caregivers.

1 World Health Organization. (2015). World report on ageing and health. World Health Organization.

2 United Nations, Department of Economic and Social Affairs, Population Division. (2019). World population ageing 2019: Highlights (ST/ESA/SER.A/430)

3 Global Coalition on Ageing, & Home Instead. (2021). Building the caregiving workforce our ageing world needs. Global Coalition on Ageing. https://globalcoalitiononaging.com/wp-content/uploads/2021/06/GCOA_HI_Building-the-Caregiving-Workforce-Our-Aging-World-Needs_REPORT-FINAL_July-2021.pdf

4 World Health Organisation.(2022, December). Disability and health. World Health Organization. https://www.who.int/news-room/fact-sheets/detail/disability-and-health

5 Organisation for Economic Co-operation and Development. (2020, May). Who cares? Attracting and retaining care workers for the elderly (OECD Health Policy Studies, No. 23). OECD Publishing. https://www.oecd.org/health/health-systems/LTC-Who-Cares-Facts-and-Figures-June-2020.pdf

6 Miller, M. (2017, September 25). The future of U.S. caregiving: High demand, scarce workers. Reuters. https://www.reuters.com/article/markets/wealth/the-future-of-us-caregiving-high-demand-scarce-workers-idUSKBN1AJ1JP/

7 Reinhard, S. C., Feinberg, L. F., Houser, A., Choula, R., & Evans, M. (2019). Valuing the Invaluable: 2019 Update: Charting a Path Forward (Insight on the Issues No. 110). AARP Public Policy Institute.

8 Deutsche Welle. (2020). Germany looks abroad for nurses, caregivers https://www.dw.com/en/germany-looks-abroad-for-nurses-caregivers/a-54576126

9 World Health Organization. (2017, December 7). Dementia: Number of people affected to triple in next 30 years. https://www.who.int/news/item/07-12-2017-dementia-number-of-people-affected-to-triple-in-next-30-years

Despite the rising demand for caregivers, the supply of professional caregivers is not enough. The OECD report (2020),[10] points out that the long-term care sector struggles to attract and retain workers due to factors such as non-standard work hours, lower pay than in other health jobs, and greater health risks for caregivers. In addition, educational requirements often do not prepare workers for the growing and complex tasks in long-term care. Thus, as demand for caregivers continues to grow, the burden of care often falls on unpaid and untrained family members. A detailed discussion on this global situation is provided in Chapter 2.

1.1.2 Indian Context

The threshold age for old age differs across countries. In developing countries, the threshold for old age is 60+, including India. In developed countries, the threshold for old age is 65+, which is generally considered the starting point for old age. These different age criteria are also applicable in determining eligibility for social security benefits and defining the retirement age in the respective countries. Moreover, these disparities in age definitions influence how ageing populations are quantified, studied, and supported, thereby enabling effective support for the varying needs and challenges faced by older adults.

In India, disability is defined under the Rights of Persons with Disabilities Act (RPWD Act), 2016, which is the primary legislation that protects the rights of persons with disabilities. The RPwD Act defines a person with a disability (PwD) as someone with long-term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders their full and effective participation in society equally with others. A person with a specified disability of 40% or more is defined as having a benchmark disability, which entitles them to certain facilities and benefits. The Act recognises 21 types of disabilities, including visual impairment, hearing impairment, locomotor disability, intellectual disability, autism spectrum disorder, cerebral palsy, and multiple disabilities.

As per the Census 2011,[11] the differently abled population in India is 26.8 million (2.21 % of the total population). This group also includes children with special needs, who often rely on parents or close family members as primary caregivers. As a result, persons with disabilities and their caregiving families form a significant segment of the overall demand for caregiving services.

10 Organisation for Economic Co-operation and Development. (2020, May). Who cares? Attracting and retaining care workers for the elderly (OECD Health Policy Studies, No. 23). OECD Publishing. https://www.oecd.org/health/health-systems/LTC-Who-Cares-Facts-and-Figures-June-2020.pdf

11 Ministry of Statistics and Programme Implementation. (2021). Persons with disabilities (Divyangjan) in India: A statistical profile, 2021. Government of India.

According to the India Ageing Report 2023, the number of elderly individuals (aged 60 years and above) was estimated at 149 million in July 2022, accounting for approximately 10.5 percent of India's population. This population is projected to increase to 194 million by 2031 and further to 347 million (20.8 percent of the population) by 2050.[12] These demographic trends indicate that the demand for long-term care and caregiving services will increase substantially in the coming decades. In India, caregiving has traditionally been provided by family members, who often lack the skills and training required to care for older persons with complex health needs, particularly those who are bedridden or require palliative care. However, increasing female labour force participation, urbanisation, migration of younger family members, and the gradual shift from joint to nuclear families are reducing the availability of informal family caregivers and increasing the demand for formal caregiving services. According to the International Alliance of Carer Organisations, approximately 10 percent of India's population are family caregivers.[13] Further, in 2025, the World Health Organisation (WHO) estimated a global shortage of nearly 11 million health workers by 2030, including doctors, nurses, midwives, and other health professionals, as well as personal care workers, highlighting the growing international demand for trained caregivers.[14] This estimate was revised upward from an earlier projection of 10 million in 2022, reflecting the increasing global demand for a skilled health and care workforce.

In view of India's rapidly ageing population, changing family structures, and the expanding global demand for caregiving professionals, there is an urgent need to develop a skilled and professional caregiver workforce that is proportionate to the projected increase in the elderly population, supported by standardised training, certification, quality assurance mechanisms, and an enabling caregiving ecosystem.

India also has a significant opportunity to build a skilled caregiving workforce capable of addressing both domestic care needs and international demand, while creating meaningful employment opportunities, particularly for women and youth, strengthening the care economy, and positioning the country as a global hub for trained caregiving professionals. A detailed discussion of this topic will be presented in Chapter 3.

1.2 Who is a Caregiver?

There are two types of caregivers - formal and informal. A formal caregiver, often referred to as a personal care aid, is a professional who provides non-medical assistance and support to help older individuals, people with disabilities (PwDs), or patients with terminal or chronic illnesses with their daily activities. Informal caregivers can be family members, friends, or volunteers who take care of the elderly.

12 United Nations Population Fund India & International Institute for Population Sciences. (2023). Caring for our elders: Institutional responses – India Ageing Report 2023. https://india.unfpa.org/en/publications/caring-our-elders-institutional-responses-india-ageing-report-2023

13 International Alliance of Carer Organisations. (2017). Global state of care. International Alliance of Carer Organisations. https://internationalcarers.org/global-state-of-care/

14 World Health Organisation. (2025). Health workforce. https://www.who.int/health-topics/health-workforce

1.3 Core Duties and Responsibilities of Caregivers

i. Ensure physical, emotional, and social well-being.

ii. Promote healthy lifestyles by managing medications, preparing specialised diets, utilising medical equipment, and responding effectively in emergencies.

iii. Provide assistance in activities of daily living such as encouraging physical activity, bathing, grooming, self-care, taking medicines, etc.

iv. Provide specialised care to patients with chronic illness and those in need of palliative support.

v. Provide emotional support to the patient through active listening, having positive conversations and assistance in participating in social gatherings.

vi. Coordinate with the healthcare professionals for providing timely medications and noting basic observable health-related changes as well as maintaining the medical record of the patient.

vii. Involved in planning long-term care of the patient by discussing with the patient, doctor or his family members, including time and financial support required for maintaining long-term well-being of the care seeker.

viii. Foster active involvement of the patient by encouraging safe independent activities such as active participation in the community, contributing to doing simple chores and tasks with family members.

1.4 Care Economy and Its Growing Importance

With a rise in the population of elderly persons and PwDs, and the resultant demand for caregivers, creating an ecosystem of caregivers is a global concern. For this, there is a need to create an economy that caters to the demand of caregivers. At present, the care economy comprises caregiving services in both paid and unpaid forms. There are various opportunities associated with it: global investment in this sector can foster female labour force participation, given that they have been primary caregivers for a long time, and professionalising this sector can provide economic support to women.[15] The World Economic Forum (WEF) report estimates that globally, the care sector accounts for 16% of total employment, encompassing both formal and informal systems of care.[16] The report also highlights that, at the global level, despite contributions of approximately $11 trillion per year, the unpaid care sector remains unrecognised. [17]

15 International Labour Organization. (2018). Care work and care jobs for the future of decent work. International Labour Office.

16 World Economic Forum. (2024). The Future of the Care Economy. Geneva: World Economic Forum. https://www3.weforum.org/docs/WEF_The_Future_of_the_Care_Economy_2024.pdf

17 Ibid

In India, the care economy relies heavily on unpaid labour, predominantly performed by women. Promoting formal caregiving is expected to significantly boost GDP by enabling women to pursue full-time careers. The equitable distribution of caregiving responsibilities between governments and communities is essential, along with the recognition of care work as a legitimate and valuable contribution to society. The care economy today throws a greater spotlight on overall well-being, companionship, assisted daily living, lifelong care, or person-centred care, and community care.

Presently, in India, the traditional family caregiving model is predominant. It is expected to continue playing a vital role in providing care services to its elderly individuals. However, the importance of formally trained caregiving services is bound to increase with shrinking family sizes and migration for employment. This highlights that India needs to be prepared to address its population's needs and ensure adequate care facilities are available. Thus, it is crucial to evaluate the current landscape, both globally and domestically, to identify existing demand, gaps, and workforce requirements.

1.5 Analytical Frame of the Study

Developing a robust caregiving ecosystem requires a comprehensive approach that extends beyond expanding the availability of caregiving services. It requires an enabling institutional framework, appropriate financing and regulatory mechanisms, effective models of care delivery, and a skilled workforce capable of meeting evolving care needs. While countries have adopted diverse approaches depending on their demographic, social, economic, and institutional contexts, these elements remain fundamental to building a sustainable, inclusive, and resilient caregiving ecosystem.

Accordingly, this report examines caregiving services for older persons and persons with disabilities through three interrelated dimensions of the caregiving ecosystem: governance, institutional arrangements, care delivery systems, and workforce development. Chapter 2 presents selected international caregiving ecosystems to illustrate the diverse pathways through which countries have developed organised systems of care. It examines how different nations have strengthened governance and regulatory frameworks, adopted varied financing and service delivery models, and invested in workforce development to respond to growing care needs. Rather than advocating a single model, these international experiences demonstrate that caregiving ecosystems can evolve through different institutional approaches and provide policy insights that may inform the strengthening of India's existing caregiving architecture.

Building on these insights, Chapter 3 presents the Indian caregiving landscape by mapping the existing institutional ecosystem and examining initiatives undertaken across Central Ministries, State Governments, regulatory institutions, and training organisations. It highlights the current landscape of caregiving services, identifies existing strengths, emerging opportunities, service delivery,

and workforce development, and underscores areas where greater convergence and coordination are required. Drawing upon the evidence and lessons emerging from these chapters, Chapter 4 presents a comprehensive roadmap for developing a coordinated, professional, and future-ready caregiving ecosystem aligned with the vision of *Viksit Bharat@2047*.

CHAPTER 2

Benchmarking Excellence: Global Best Practices in Caregiving

Chapter-2 Benchmarking Excellence: Global Best Practices in Caregiving

Many countries have made efforts to professionalise caregiving by introducing certification frameworks, competency-based training and inclusive career pathways. This chapter aims to explore global best practices for creating an ecosystem of formal caregiving services through caregiving models, policies, regulations, and caregiver training. The chapter entails a description of diverse models across Asia-Pacific, the Americas, and Europe and how these countries are building their capacity of caregiving services.

2.1 Provision of Long-Term Care Services Globally

Informal care dominates as the main source of care even in high-income countries. About 12-18 percent of people in the European Union (EU), in the age group of 18-75, are involved in providing informal long-term care, according to the European Commission (2021).[18] According to an OECD report, individuals who need care largely depend on informal support, primarily from family members, friends, and others in their social networks.[19] Informal caregiving is often unregulated and unpaid; as a result, there is not enough detailed, comparable information about it across countries. Therefore, the extent and effects of these care systems are difficult to understand.[20] Further, formal care is provided by professionals or service providers, including the formal Long-Term Care (LTC) workers such as nurses and personal care assistants, which typically comprise just 1–2 Percent of the total workforce.[21]

2.2 Financing and Cost of Long-Term Care

Long-Term Care (LTC) in OECD countries is funded through a combination of public and private sources. For example, countries like Sweden, South Korea, and the Netherlands invest significantly in public health services, demonstrating their commitment to providing universal long-term care. In contrast, countries like the United States rely mainly on private insurance and spend less from public funds.[22] Further, a trend toward the adoption of cash-for-care has been observed in countries such as France, Germany, and Austria. Programmes in these countries provide direct financial support to beneficiaries to arrange their own care services, including the option to pay family members as caregivers. These programmes provide flexibility and choices for users; however, they also raise important concerns such as quality control and accountability, especially when

18 European Commission, Directorate-General for Economic and Financial Affairs. (2021). The 2021 Ageing Report: Economic and budgetary projections for the EU Member States (2019–2070) (European Economy Institutional Paper No. 148). https://economy-finance.ec.europa.eu/system/files/2021-10/ip148_en.pdf

19 OECD. (2023). Health at a Glance 2023: OECD Indicators. OECD Publishing https://www.pslhub.org/learn/organisations-linked-to-patient-safety-uk-and-beyond/health-at-a-glance-2023-oecd-indicators-7-november-2023-r10392/

20 Ibid

21 Colombo, F., Llena-Nozal, A., Mercier, J., & Tjadens, F. (2011). Help wanted? Providing and paying for long-term care. OECD Publishing. https://www.oecd.org/content/dam/oecd/en/publications/reports/2011/05/help-wanted_g1g127b2/9789264097759-en.pdf .

22 OECD. (2023). Health at a Glance 2023: OECD Indicators. OECD Publishing. https://www.pslhub.org/learn/organisations-linked-to-patient-safety-uk-and-beyond/health-at-a-glance-2023-oecd-indicators-7-november-2023-r10392/

many people depend on informal care in areas with weak regulatory systems (Rocard & Llena-Nozal, 2022; OECD, 2023).[23]

2.3 Global Models and Case Studies on Long-Term Care (LTC)

Over time, various global models have emerged to meet the growing demand for LTC services. Each model reflects different levels of public involvement, family responsibility, and market participation. A brief on key models is provided below.

2.3.1 Universal or Need Test-Based Models

i. **Social Insurance Model**: The Social Insurance model for long-term care (LTC) is a publicly managed system, where people make mandatory contributions usually through payroll or health insurance so that when needed in the future, they can receive support for long-term care. This model is based on the idea of collective risk-sharing, meaning that everyone contributes and, in return, they can access care when they need it. These support models are needs-tested, i.e., based on a person's level of dependency, but not means-tested, so a person's income or wealth does not affect their eligibility. For example, in Germany, Japan, and South Korea, long-term care (LTC) insurance programmes are prominent and mandatory. The key feature of these programmes is the choice given to their citizens on how they receive this support: either in cash to organise their own care, or in-kind through professional care providers who visit them to provide assistance. Other countries, such as the Netherlands, Israel, and Singapore, have also adopted the model, combining it with health insurance, municipal support, and other public schemes (Colombo et al., 2011).[24]

ii. **National and Local Tax Funded Models for Long-Term Care:** These models of long-term care (LTC) primarily rely on public funding from general taxation for providing caregiving services, either at the national or local level, to provide services to older adults in need. This model is common in countries like Spain, the Nordic nations, the Netherlands, and Scotland (UK).[25]

2.3.2 Residual Model

In this model, the Government provides support to care seekers who are unable to meet the costs of taking care services. Here, the Government only support in cases where all support systems of a recipient have been exhausted. The model is seen to be adopted by the southern parts of continental Europe, relying heavily on family caregiving, such as Italy, Spain, and Portugal. However, the coverage and support provided under this model remain low, as it covers only approximately 10% of the elderly population. (Rocard et al., 2022).[26]

23 Rocard, E., & Llena-Nozal, A. (2022). Informal carers: Who takes care of them? OECD Health Working Papers No. 142. OECD Publishing.

24 Colombo, F., Llena-Nozal, A., Mercier, J., & Tjadens, F. (2011). Help wanted? Providing and paying for long-term care. OECD Health Policy Studies. OECD Publishing.

25 European Commission. (2021). Long-term care report: Trends, challenges and opportunities in an ageing society (Vol. 2). Publications Office of the European Union https://op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1

26 Rocard, E., Sillitti, P., & Llena-Nozal, A. (2022). Paying for long-term care: How to adapt financing systems to societal changes? (OECD Health Working Papers No. 139). OECD Publishing.

2.3.3 Local Need Test-Based Models

Under this model, the local government decides who meets the eligibility criteria for publicly supported care. Here, the local authorities play a key role. The local authority extends care support to individuals who are unable to obtain it from any other source. In this model, care is largely a social assistance programme provided upon meeting eligibility criteria, and these provisions do not cover the entire population. This model is commonly followed in England, Italy and some other European nations. (Comas-Herrera & Fernández, 2020). [27]

2.3.4 Private-Insurance-Based Model

As per this model, individuals seek long-term care arrangements through private insurance plans. Individuals pay regular premiums for insurance in exchange for care services/ assistance. Unlike public or social insurance schemes, private LTC insurance is neither universal nor mandatory. Models like these are prevalent in countries such as the United States, France, Germany, Israel and Singapore. In these countries, private LTC insurance serves as either a primary or supplementary option alongside public or social systems.

2.3.5 Societal Care Model

This model is based on the concept of providing caregiving, considering it a collective or social responsibility rather than a household responsibility. It is not limited to care assistance provided by family members. The model aims to bring all stakeholders, family members, community, market and the government to work together, thereby ensuring care support to the elderly persons, PwDs and any patient with chronic illness. This model has been adopted by the Nordic countries, such as Sweden, Denmark, and the Netherlands. Japan and South Korea, having strong reliance on family care support, have adopted this model by developing long-term and community-based care systems that provide formal caregiving services while strengthening the family-based caregiving system.

In addition to adopting financial models to extend long-term care support, various countries have taken unique initiatives to build their caregiving ecosystems. For example, Australia, by introducing new laws, making caregiving a profession and developing digitally accessible dementia training modules, has shown its concern for its vulnerable population. Japan has introduced long-term care insurance for caregivers as well as an improved visa scheme for the ease of bringing trained caregivers into the country. China is rapidly integrating artificial intelligence (AI) and robotics into its elderly care system to address the challenges of a rapidly growing ageing population, which reached over *310 million people aged 60 years and above* by the end of 2024. China has also played a leading role in developing the world's first international standard for elderly-care robots and is actively promoting AI, humanoid robots, and other advanced technologies as part of its elderly care reforms. These innovations are intended to complement human caregivers, reduce workforce shortages, improve the quality of long-term care, and support the growing "silver economy". This elderly-care service robot

27 Comas-Herrera, A., & Fernández, J.-L. (2020). England: The long-term care system for the elderly. International Profiles of Long-Term Care Systems. London School of Economics and Political Science.

market is projected to surpass 10 billion yuan (approximately US$1.47 billion) by 2026, reflecting the rapid expansion and commercial potential of technology-enabled care services. Germany follows a holistic approach as it trains its formal caregivers through formal training programmes and empowers its informal caregivers through financial and legal support. A case study of these countries, including the USA, is presented in Annexure II. Further, the strengths and weaknesses of these models are given below:

Model	Strengths	Weaknesses
Social Insurance Model	This model provides a dedicated and sustainable source of financing for long-term care through mandatory contributions. It offers financial protection against long-term care costs and ensures access to services based on care needs rather than income. It also promotes the development of a formal caregiving workforce and provides beneficiaries with flexibility to choose between cash benefits and professional care services.	The model depends on a large formal workforce capable of making regular contributions and requires a robust administrative system to assess eligibility and manage benefits. Its long-term financial sustainability may be affected by rapid population ageing, making it difficult to implement in countries with large informal labour markets.
National/ Local Tax-Funded Model	This model ensures equitable access to long-term care by financing services through public taxation. It reduces the financial burden on households and enables governments to maintain quality standards through strong regulation and oversight. It also facilitates better integration of health and social care services.	The model requires substantial and sustained public expenditure, which may not be fiscally feasible for all countries. Increasing demand for long-term care may place significant pressure on government budgets and result in waiting periods or service constraints.
Residual Model	This model enables governments to prioritise limited public resources for individuals with the greatest care needs and the least financial capacity. It places relatively lower fiscal pressure on public finances.	The model provides limited coverage and relies heavily on unpaid family caregivers. As public support is available only after personal and family resources are exhausted, many care needs remain unmet, leading to inequitable access and increased financial burden on households.

Model	Strengths	Weaknesses
Local Need-Tested Model	This model allows local governments to design and deliver services based on the specific needs of their communities. It promotes decentralised decision-making and enables more responsive service delivery.	The quality and availability of services may vary across regions due to differences in local capacity and financial resources. Variations in eligibility criteria can also result in unequal access to care.
Private Insurance Model	This model provides an additional source of financing for long-term care and reduces dependence on public expenditure. It offers individuals greater choice and encourages private sector participation and innovation in care services.	Private insurance is often unaffordable for low- and middle-income households and generally has limited coverage. Since participation is voluntary, it cannot ensure universal access and may exclude individuals with higher health risks.
Societal Care Model	This model recognises caregiving as a shared responsibility of families, communities, governments, and the private sector. It promotes community-based care, strengthens support for informal caregivers, and reduces dependence on institutional care while improving the continuity of care.	Successful implementation requires strong coordination among multiple stakeholders and sustained investment in community care infrastructure, trained caregivers, and support services. Establishing such an integrated system can be administratively complex and resource intensive.

2.4 Conclusion

The review of international caregiving ecosystems demonstrates that there is no single pathway for developing organised systems of care. Countries have adopted diverse combinations of governance arrangements, financing mechanisms, service delivery models, and workforce development strategies, reflecting their demographic profiles, institutional capacities, and socio-economic contexts. While these approaches vary, they collectively demonstrate that a sustainable caregiving ecosystem is built through coordinated institutional arrangements, effective care-delivery systems, and a skilled, well-supported workforce.

Several countries have taken significant steps to institutionalise caregiving through legislative reforms, long-term care financing mechanisms, competency-based training systems, technology-enabled care, and community-centred service delivery. For instance, Japan's Long-Term Care Insurance (LTCI) system has strengthened community-based care through certified care managers.

At the same time, South Korea has integrated home-based, community, and institutional care within an affordable long-term care framework. Similarly, Australia has professionalised caregiving through nationally recognised training and regulatory frameworks, and Germany has strengthened both formal and informal caregiving through structured training programmes and long-term care insurance. The United Kingdom and the Netherlands have expanded home-based care supported by public long-term care financing and professional qualification frameworks. These examples illustrate the diverse pathways through which countries have developed comprehensive caregiving ecosystems while strengthening their existing institutional structures and responding to their unique national priorities.

At the same time, the analysis highlights that even well-established caregiving systems continue to face persistent challenges, including workforce shortages, low wages, rising long-term care costs, fragmented service delivery, and limited protections for both paid and unpaid caregivers. These common challenges reinforce that strengthening caregiving is a continuous policy process requiring sustained institutional support, quality assurance, and long-term investment in workforce development.

For India, these international experiences serve as illustrative examples of the diverse pathways through which organised caregiving ecosystems can be developed and strengthened. While rooted in distinct demographic, social, and institutional contexts, they highlight common enabling factors—including effective governance, sustainable financing, integrated care delivery, workforce professionalisation, and quality assurance —that are fundamental to building a resilient caregiving ecosystem. These experiences provide a useful reference for assessing India's existing caregiving ecosystem and identifying opportunities to strengthen its institutional arrangements, care delivery mechanisms, and workforce development initiatives. Building on these insights, the next chapter maps the existing caregiving landscape in India by examining initiatives undertaken across Central Ministries, State Governments, regulatory institutions, and training organisations. It analyses the current ecosystem to identify its strengths, emerging opportunities, thereby providing the foundation for the policy recommendations presented in the subsequent chapter.

CHAPTER 3

The Indian Caregiving Ecosystem: Current Landscape and Opportunities

Chapter-3 The Indian Caregiving Ecosystem: Current Landscape and Opportunities

3.1 Introduction

In India, the idea of caregiving is deeply connected to cultural values, familial duties, and the country's social and economic conditions. Caregiving is usually provided in two ways: informal and formal. Informal caregiving is mostly provided by family members, friends, and communities, who form the backbone of care for those in need. In contrast, the formal caregiving involves caregiving support through trained professionals. For people with long-term illnesses, older people, and persons with disabilities, India has medical facilities and trained healthcare workers to provide support.

As discussed earlier, as per the India Ageing Report 2023, the number of elderly individuals (aged 60 years and above) was estimated at 149 million in July 2022, accounting for approximately 10.5 percent of India's population. This population is projected to increase to 194 million by 2031 and further to 347 million (20.8 percent of the population) by 2050.[28] India's population is projected to change significantly between 2020 and 2050, which will increase demand for care services. This rise means that a large portion of the population would need caregiving support. Traditionally, in India, family care has been the main source of help. However, changes in population, rapid urbanisation, and shifts in family structures are putting pressure on this conventional way of caring for elderly persons.

Currently, there is a lack of comprehensive data to understand how well both formal and informal caregiving services are working in India. With estimates of a rise in the elderly population and evolving family structures, the demand for caregiving services is likely to rise significantly as the traditional system of care is changing. To adequately address the needs of our ageing population, there is a need to develop new policies and measures that create a formal caregiving system while also strengthening the informal care given by families and communities.

This chapter outlines the current state of caregiving practices, government initiatives related to caregiving, and the efforts required to build a holistic caregiving ecosystem. The chapter also explores the opportunities for India to support caregiving demands at both the domestic and global levels.

3.2 Types of Caregiving in India

In India, caregiving practices include support from family members, friends, professional caregivers, community groups, and institutions such as hospitals and nursing homes. Each form of caregiving is influenced by a country's cultural traditions, economic conditions, and the overall capacity of the healthcare system to support these services. The following are different categories of care practices in the country:

28 United Nations Population Fund India & International Institute for Population Sciences. (2023). Caring for our elders: Institutional responses – India Ageing Report 2023. https://india.unfpa.org/en/publications/caring-our-elders-institutional-responses-india-ageing-report-2023

3.2.1 Family-Based Caregiving

Informal caregiving is the main source of caregiving in India, with family members, mostly women, providing support to dependent individuals within their households. In the Indian context, women caregivers constitute a major part of both unpaid domestic care and professional caregiving. It was also reported in the Time Use Survey (2019) conducted by the National Statistical Office that Indian women allocate approximately 299 minutes per day to unpaid domestic and caregiving tasks, compared with just 97 minutes for men.[29]

Community-Based Caregiving: It is one of the traditional forms of caregiving services, wherein caregiving is considered more than a moral responsibility. Under such systems, older individuals, especially those living without family members or caregivers, are often cared for by extended kin, neighbours, or others in the community. However, with changing family structure and disrupting traditional caregiving patterns, these models are affected.

3.2.2 Formal Caregiving

This is one of the evolving systems in India, wherein care is provided by trained professionals, mostly in the urban areas of the country, through private companies, hospitals, and special agencies. Through these centres, people receive services such as day care, nursing support, physical therapy, dementia support, respite care, and palliative care. However, in rural areas, these services need to be expanded. The Indian care services market, estimated at approximately USD 29.62 billion in 2023, is projected to grow at a compound annual growth rate (CAGR) of 13.76 percent, reaching an estimated value of USD 72.31 billion by 2030. This growth reflects the increasing demand for organised and professional caregiving services in the country.[30] This indicates a growing opportunity for organised care solutions and the exploration of a huge untapped market.

i. **Institutional Caregiving:** Institutional Caregiving refers to the care services provided in institutions such as care homes, rehabilitation centres, hospitals, etc. Under these facilities, 24/7 support is provided to individuals with complex needs. These institutions are more commonly found in metropolitan areas and are generally accessible only to those who can afford private care services. Further, the Government of India extends institutional caregiving support through the National Programme for Healthcare of the Elderly (NPHCE) and the Integrated Programme for Older Persons (IPOP), by establishing geriatric wards and physiotherapy units and offering grants to NGOs and hospitals to operate care facilities.

ii. **Palliative Care:** Palliative care is a more specialised form of care, in which medical care is provided to older persons with severe medical conditions. In India, palliative care is a crucial mode of assisting older persons with serious

29 National Statistical Office. (2020). Time Use Survey, 2019—Ministry of Statistics and Programme Implementation, Government of India.

30 Grand View Research. (2024). India care services market size report, 2024–2030. https://www.grandviewresearch.com/industry-analysis/india-care-services-market-report

illnesses, mostly in cases where traditional healthcare support is not sufficient to cater to the specified needs of the individual.

3.3 Initiatives Undertaken by Central Ministries

3.3.1 Ministry of Social Justice and Empowerment

The Ministry has two key Departments, i.e., the Department of Social Justice and Empowerment and the Department of Empowerment of Persons with Disabilities.

i. **Department of Social Justice and Empowerment:** The Department is entrusted with the task of welfare of socially, politically and economically vulnerable people in the country, including elderly persons. The Department ensures the well-being of elderly persons through various means; one of these is the PM Special (Training of Geriatric Care Givers). The main objective of the programme is to bridge the gap in supply and demand in the field of geriatric caregivers, providing better and professional services to caregivers.[31] To implement this, a National Action Plan for the preparation of a sufficiently trained workforce of geriatric Caregivers named 'Training of Geriatric Caregivers' has been created. Further, the Department also has a National Institute, known as the National Institute of Social Defence, which develops and implements several courses for training caregivers to provide caregiving services. The details of these courses are given in the upcoming section. In addition to these, the Ministry launched the following initiatives in May 2026 for the care of elderly persons in India.

   a. **SHATAYU (Senior Holistic Care Assistance and Training for Your Utility) Dashboard**: A Dashboard, developed to support and strengthen caregiving services for senior citizens across the country, was also launched during the National Workshop on "Creating a Well-Functioning Care Economy" in 2026. Its primary feature is providing a real-time, searchable database that maps the availability of certified Geriatric Caregivers in a particular district and the State for senior citizens.

   b. **JEEVAN (Joint Elderly Empowerment & Virtual Assistance Network) Application:** It is an accessible, citizen-facing mobile application engineered to serve as a single-window support ecosystem for senior citizens. The app consolidates information on government welfare schemes, senior citizen homes, and support services. It also includes an SOS emergency feature that connects users with police, medical, and local administrative responders during emergencies.

ii. **Department of Empowerment of Persons with Disabilities:** The objective of the nodal Department for PwDs is to facilitate the empowerment and inclusion of PwDs. The Department envisages empowering the PwDs through various rehabilitative schemes and programmes. Through one of its 9 National Institutes, i.e., the Rehabilitation Council of India (RCI), the Department implements

31 Detailed guidelines about who can join the programme and how it will be monitored are available on the website of Ministry of Social Justice & Empowerment https://socialjustice.gov.in/schemes/111

the Certificate Course in Caregiving (CCCG), to provide basic care to PwDs, patients with chronic illness, etc. The details of the programme are discussed in the next section.

3.3.2 Ministry of Health and Family Welfare

i. **National Programme for the Health Care of the Elderly (NPHCE)**: The programme provides a comprehensive and tiered service delivery model for elderly persons. Under the programme, a key strategy to promote the well-being of elderly persons at the sub-centre level is the adoption of a community-based primary health care approach. This includes training family caregivers, conducting domiciliary visits by trained healthcare workers for homebound or bedridden elderly individuals, and providing guidance to caregivers of disabled elderly individuals. The service package also includes facilitating linkages with local support groups and day care centres to ensure comprehensive and accessible care. At the Community Health Centre (CHC) level, one of the service packages includes domiciliary visits by the rehabilitation worker for bedridden elderly and counselling for family members to provide home-based care. The Ministry of Health and Family Welfare performs its functions for caregiving services through the following institutes:

ii. **National Commission for Allied and Healthcare Professions (NCAHP):** It is an Indian regulatory body for allied and healthcare professionals (AHP) established by an act of Parliament, the National Commission for Allied and Healthcare Professions Act, 2021. It regulates 10 Categories of Allied and Health Care Professionals. Among these categories, the Community Care, Behavioural Health Sciences and other Professions category includes Palliative Care Professionals (ISCO Code 3259) and Community Health Promoters (ISCO Code 3253), which are most relevant under the categorisation of Trained Caregiver in the Indian Context.

iii. **National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore**: an Institute of National Importance, has taken various initiatives to support caregiving and mental health support.

   a. **Psychiatric Rehabilitation Services**: The Institute's R2R (Road to Recovery) programme is conducted online each month (last Friday) on topics relevant to caregivers of persons with mental illness and neurodevelopmental disorders.

   b. **Course on Geriatric Mental Healthcare and Dementia Care**: This course is developed by the Department of Psychiatry, NIMHANS, for online upskilling of Geriatric Caregivers. It is a 30 Hour online training programme that has trained 240 geriatric caregivers to date.

   c. **Online Support Group for Caregivers of Dementia Patients**: It is a coordinated approach between NIMHANS and Dementia India Alliance, which is an online support training programme for caregivers of dementia patients.

d. **Vayo Manasa Sanjeevani:** It is an initiative to spread awareness and provide online education to promote mental health support among elderly persons and support healthy ageing.

iv. **National Institute of Public Health Training and Research (NIPHTR):** The Home Health Aid course offered by the NIPHTR is a skill-based training programme designed to equip individuals with the necessary competencies to provide essential care to patients in home settings. The course spans a minimum duration of 414 hours, comprising 150 hours of theoretical instruction and 264 hours of practical and clinical training. Eligibility criteria include completion of 10+2 with science, and candidates should be between 18 and 30 years of age. The curriculum focuses on developing skills such as assisting patients with bathing, grooming, dressing, eating, and maintaining hygiene, as well as infection control and effective communication with patients and caregivers. Though NIPHTR has been offering this course since 2016, it has not yet started at the institute, as a sufficient number of candidates have not enrolled so far.

3.3.3 Ministry of Skill Development and Entrepreneurship

The Ministry is responsible for coordinating skill development and entrepreneurship efforts across India. The Ministry, with its coordinated and targeted efforts taken in collaboration with the National Council for Vocational Education and Training (NCVET). NCVET regulates entities operating in the skilling ecosystem, namely Awarding Bodies (ABs) and Assessment Agencies, and undertakes alignment of qualifications with the National Skills Qualification Framework (NSQF), a competency-based framework for skill training to ensure consistency, industry relevance, and learner mobility across sectors. NCVET has recognised ABs such as Home Management and Care Givers Sector Skill Council (HMCGSSC), Healthcare Sector Skill Council, Beauty and Wellness Sector Skill Council, and DGT. NCVET has approved ten (10) Short-term training (STT) qualifications and one (01) Long-term qualification to support training delivery and certification of trainees in the geriatric care sector. These qualifications are available on the National Qualification Register (NQR), which is an official national repository of all NSQF-aligned qualifications across sectors in India, providing comprehensive information on each qualification, including its level, learning outcomes, eligibility, duration and implementing bodies. The Ministry also has several programmes to promote skilling and employment of caregivers through the National Skill Development Corporation (NSDC) in other countries. The programme details and agreements are provided below, and the courses are described in the Training and Education Section.

i. **Technical Intern Training Programme (TITP):** The Ministry of Skill Development and Entrepreneurship (MSDE) has signed the Memorandum of Cooperation (MoC) with the Ministry of Justice, the Ministry of Foreign Affairs, and the Ministry of Health, Labour, and Welfare of Japan. This programme is implemented through NSDC, and the goal is to change and improve the way skills are developed in India by allowing Indian students to work as interns in Japan, while also welcoming Japanese interns to India. This exchange will help Indian companies learn new

and effective practices from Japanese industries, ultimately enhancing the overall skill set in India. Under the programme, selected candidates undergo training in the Japanese language, Japanese lifestyle, culture, etiquette, and relevant domains (as per the requirements of Japanese Supervising Organisations) by the empanelled Sending Organisations (SOs) in India before being placed in Japan for a period of up to 5 years. Candidates under TITP have been placed as Caregivers, as well as in a range of other sectors, including Machinery and Metals, Construction, Agriculture, Textiles, Food Manufacturing, etc.

ii. **G2G Engagement for Care Workers with Israel:** The Government of the Republic of India and the Government of the State of Israel signed an agreement to facilitate the temporary employment of Indian workers in specific labour market sectors in Israel, specifically in the home-based caregiver sector. In 2023, MSDE and the Population and Immigration Border Authority (PIBA) of Israel signed Implementation Protocol B. Under this protocol, in May 2024, PIBA requested the recruitment of 5,000 home-based caregivers from India. The Population and Immigration Border Authority (PIBA) of Israel and the National Skill Development Corporation (NSDC) of India have been designated as the nodal agencies for its implementation. As of August 18, 2025, a total of 47 candidates have successfully travelled to Israel under Implementation Protocol B.

iii. **G2G Engagement for Care Workers with Germany:** The National Skill Development Corporation (NSDC) International has partnered with German companies and organisations, such as BorderPlus and Auxila Academy, to train Indian caregivers in the German language and vocational skills for employment opportunities in Germany's healthcare sector. In 2024, 32 caregivers were placed in Germany, and they received a comprehensive residential language training programme. The training was imparted to all the candidates under the Skill India International initiative for those who have completed their B.Sc. Nursing or the General Nursing and Midwifery (GNM) programme. All 32 candidates cleared the B1 German Language Training. They were placed with the leading hospitals and employers, earning between 2300 and 2700 Euros per month (over Rs. 2 lakh), with B2 training included. After completing B2 in Germany, their salary will increase from Rs. 3 lakh to Rs. 4 lakh per month.

3.3.4 Ministry of External Affairs

The Ministry of External Affairs (MEA) is the nodal agency in India for handling relations with foreign countries. It plays a key role in expanding country engagement and promoting labour migration through the development of MoUs and agreements. At present, the Ministry has approximately 21 labour migration agreements with countries like Japan, Taiwan, Israel, etc. To enhance trade, mobility, and cooperation, India has signed various agreements, including the Free Trade Agreements (FTAs) with Sri Lanka and ASEAN, as well as Bilateral Investment Treaties (BITs) with several countries, such as the United Kingdom, Germany, and Mauritius. Further, some of the agreements specifically mention the agreement, including the services of care providers. India has been actively

engaging in agreements related to circular migration with various countries to enhance the mobility of caregivers. Examples of such initiatives are as follows:

i. **Migration and Mobility Agreement between India and Italy**: It aims to foster people-to-people contacts, facilitate the mobility of students, skilled workers, business people, young professionals, and strengthen cooperation on issues related to irregular migration.

ii. **Strategic Partnership with the European Union:** India has a strategic partnership with the European Union, which includes cooperation on migration and mobility. It aims to address both highly-skilled and low-skilled migration, as well as irregular migration, through various policy measures and joint actions.

iii. **Labour Co-operation for Domestic Service Workers with the Kingdom of Saudi Arabia:** India has signed an agreement with the Kingdom of Saudi Arabia, which includes a party agreement for domestic workers, including people taking care of children, elderly persons and persons with disabilities.

iv. **Japan's Skilled Worker Agreement (SSW):** India and Japan signed a Memorandum of Cooperation (MoC) on a Basic Framework for Partnership for the Proper Operation of the System Pertaining to Specified Skilled Worker (SSW). The MoC promotes the movement of Indian workers to Japan across 14 specified industry fields, including nursing care, building cleaning, material processing, machinery manufacturing, electrical and electronic information, construction, shipbuilding, automobile maintenance, aviation, lodging, agriculture, fisheries, food and beverages manufacturing, and food services. Indian workers who meet the skills and Japanese language requirements are eligible for contractual employment in Japan and are granted the status of "Specified Skilled Worker." A Joint Working Group (JWG) comprising officials from both countries is constituted to ensure smooth implementation. This MoC builds on India–Japan cooperation in skill development.

v. **Pre-Departure Orientation Training (PDOT)**: The MEA started this flagship programme in 2018 in collaboration with the Ministry of Skill Development and Entrepreneurship (MSDE) at 4 centres in Delhi and Mumbai. The Ministry administers this training programme through the National Skill Development Council. The objective of this training is to ensure the safety and security of migrant workers in the respective destination country. During the training session, they are trained on dos and don'ts, the cultural environment, and language for better adjustment. They are also sensitised regarding their rights and the welfare measures and support schemes undertaken by the Government of India, such as Welfare Fund (ICWF), Pravasi Bharatiya Bima Yojana (PBBY), eMigrate Portal, MADAD Portal, Pravasi Bharatiya Kendras (PBSKs), and 24x7 helplines at Indian Embassies and Consulates. On the success of this training programme, it has been expanded from 4 to 54 centres across India.

3.4 Education, Training, and Certification of Caregivers in India

3.4.1 Course conducted by the Rehabilitation Council of India

i. **The Certificate Course in Caregiving (CCCG):** This Course, run by the Rehabilitation Council of India (RCI), a national institute under the Department of Empowerment of Persons with Disabilities (MoSJE), is a structured, 10-month programme that equips individuals with the skills necessary to provide quality care to people with disabilities, elderly persons, and those with chronic illnesses. The programme consists of 1200 hours of training, divided into 720 hours of practical experience and 480 hours of theoretical instruction, with a focus on hands-on learning (60 percent practical and 40 percent theory). Students with a 10th standard qualification / pass certificate are eligible to pursue the course. To promote effective learning, the course is offered in 3 languages, namely, English, Hindi, and regional languages. This course is currently being implemented by partner agencies/ national institutes, and the certificate is awarded by the National Board of Examination in Rehabilitation (NBER-New Delhi).

3.4.2 Courses and Training Programmes Run by NISD

i. **Geriatric Care providers (Three to Four Months):** This course is designed for individuals aiming to provide essential bedside care and assistance to elderly persons. Eligible candidates must have passed at least the 10th standard and be 18 years or older. The course offers 25 seats per batch and focuses on creating a cadre of caregivers skilled in bed care assistance, palliative care services, and emergency crisis management. Having been run since 2014-15, this course continues to provide skilled training to meet the rising demand for geriatric caregivers. Further, the National Institute of Social Defence (NISD) has also been granted NCVET recognition as an awarding body. Trainees are placed in hospitals, Geriatric Units, and geriatric units on a full-time basis with an average salary of Rs. 16,000 - Rs. 30,000 per month initially, which further increases to Rs. 40,000- Rs. 50,000. Further, those who provide caregiving services on a part-time basis earn around Rs. 1,200-1,500 per day.

ii. **Advanced Caregiver Course (One month):** This course provides additional training to those candidates who have completed the basic three-month course. It prepares them to assume supervisory roles and to provide palliative, dementia, and hospice care in care and management institutions.

iii. **PG Diploma in Integrated Geriatric Care (One Year):** This course was launched in 2005-06 by NISD and updated in collaboration with Tata Institute of Social Sciences (TISS) in 2020-21. It is open to candidates aged 21-45 who hold a Bachelor's degree, with preference given to those in relevant fields such as Social Work and Nursing. The programme offers a maximum class size of 30 students per batch. This programme equips participants with both theoretical knowledge and practical skills, preparing them to meet the complex needs of elderly individuals in various care settings in the role of a manager. Trainees receive an average salary of Rs. 40,000- Rs. 80,000 per month after completing the basic course.

iv. **Family Caregiver Training:** Besides the existing programmes, NISD is also providing five-day caregiving training to family members. This training is provided in hospitals, communities, residential areas, and other institutions where long-term patient care is anticipated. In addition, NISD organises 5-day training for Grant-in-Aid institutions, online training through the TAPAS Module, and National and International Training Workshops to empower caregivers in various disciplines, such as Dementia and Palliative Care.
Further, NISD is in the process of introducing fresh skill development training courses to empower caregivers community including courses on Palliative and Hospice Caregivers/ Care and Management of Dementia/ Geriatric Nutrition/ Geriatric Social Work /Geriatric Counselling/ Spiritual Gerontology/ Geriatric Therapies: Physiotherapy, Naturopathy, and Music Therapy/ Geriatric Mental Health Wellbeing/ Yoga for Senior Citizens / Basic Geriatric Skilling and course modules are being developed on these courses. A detailed summary of caregivers trained by NISD may be referred to **Annexure-III**.

3.4.3 Course Run by Indira Gandhi National Open University (IGNOU)

Indira Gandhi National Open University promotes the training of caregivers through running several courses, as mentioned below:

i. **Certificate in Geriatric Care Assistance (CGCA):** The Certificate in Geriatric Care Assistance (CGCA), developed by IGNOU in collaboration with the Ministry of Health and Family Welfare, is a six-month programme designed for 12th pass students with a science background. It aims to train individuals as Geriatric Care Assistants (GCAs) to work in hospitals, homes, or old age care facilities, providing essential support to elderly patients. The programme equips learners with knowledge and skills in basic healthcare, elderly hygiene, infection control, feeding techniques, safety, emergency response, including CPR, and professional communication. It also focuses on counselling, management of aged care institutions, advocacy, resource management, and biomedical waste handling.

ii. **Certificate in Home-Based Health Care (CHBHC) and Certificate in Home Health Assistance (CHHA):** This is a short-term programme, which can be availed by any person having a 10th pass certification. This programme enables trainees to extend non-clinical support and assistance to patients residing in the home and elderly persons. The focus of the programme is to extend care in cases where a person is discharged after any health illness or any medical exigency. This enables family members to manage long-term caregiving without any stress or burnout.

3.5 Initiatives Taken by the State Government

3.5.1 Government of Odisha

Geriatric Caregiver Training Programme: The Government of Odisha runs a 3-month certificate course, which provides training for extending physical and

mental health support to elderly persons. Components of the curriculum include training in activities of daily living, dementia care, counselling, physiotherapy, first aid, and management of bed sores, etc. To pursue this course, candidates must have a 10th pass certificate, and their age must be between 18 and 38 years. At present, the programme runs at 4 locations in Odisha, aiming to create 400 caregivers each year.

3.5.2 Government of Tamil Nadu

Home-Based Elderly Care Support Assistant Course: The Government of Tamil Nadu has launched a three-month certificate course for "Home-Based Elderly Care Support Assistant" on October 1, 2024, coinciding with the International Day for Older Persons. The course was offered in 36 government medical colleges across Tamil Nadu. The total intake capacity was 975 candidates. Under this course, candidates received practical training by caring for elderly patients in government hospitals. The candidate should have completed Class X to be eligible to pursue this course.

3.5.3 Government of Karnataka

i. **Monthly Allowance for Unpaid Caregivers:** Karnataka became the first state in India to introduce a scheme titled "Carer's monthly allowance scheme" which provides a monthly allowance of Rs. 1,000 to parents of individuals with severe disabilities such as Cerebral palsy, muscular dystrophy, Parkinson's disease, and multiple sclerosis.

ii. **Carers Groups (Self-Help Groups - SHGs):** Karnataka supports 5,000 carers groups, formed by both the government and NGOs. Additionally, seven district-level carers associations are operational. Many SHGs are linked with the State Rural Livelihood Mission.

3.5.4 Government of Kerala

i. **Additional Skill Acquisition Programme (ASAP):** A Government of Kerala Undertaking with dual recognition of NCVET runs "The Care Certificate – Knowledge Programme as a self-paced, 30-hour online course in collaboration with Focus Active Learning that is associated with the National Health Service (NHS) of the UK Designed to equip education and job aspirants in the UK with the foundational knowledge and the Continuing Professional Development (CPD) credits required to work in the care industry, the course covers topics including understanding one's role as a care worker, effective communication, health and safety practices, safeguarding procedures, and promoting dignity and respect in all aspects of care. The programme is open to all candidates who have completed 12th grade or an equivalent qualification. Upon successful completion, participants receive a joint certification from ASAP Kerala and Focus Active Learning. There is no batch size restriction. Around 100 candidates who intend to do care work as part-time work while pursuing higher education in the UK have already completed the programme and are working there as care workers.

ii. **Caregiver for Persons with Intellectual and Developmental Disabilities:** In addition, this is a three-month training course, which is conducted by'Nish Chintha', Palakkad, under accreditation/affiliation from ASAP Kerala since March 2024, with an intake of24 students. Further, Geriatric Courses under ASAP currently include the following two courses aligned with the Health Sector Skill Council: Geriatric Care Assistant (Hospital/Hospice Care) – 600 hours, and Geriatric Caregiver (Institutional & Homecare)– up to 660 hours. These are intended to be offered on demand by institutions such as local bodies.

iii. **Kudumbashree K for Care project:** Kudumbashree has launched K4 Care, a business model scheme as part of exploring the employment opportunities in the care economy, and also to provide a wide range of home care services at the State level for senior citizens, bedridden patients, the differently abled and newborns. The initiative involves a network of trained women (K 4 Care executives) to provide the caregiver service in all districts. Executives trained by K for Care provide services in areas where a family needs the assistance of another person in daily life, such as geriatric-child care, patient care, disability care and maternity care. The major health care services under this programme are nursing services, babysitting, screening for risk factors and diseases, geriatric counselling, hospital bedside care, accompanying aged people to medical check-ups, palliative care services (cancer), and recreational activities.

iv. **Aswasakiranam Scheme**: Envisages assisting the caregivers of physically and mentally disabled bedridden patients, who are their family members or relatives. This scheme intends to provide a monthly assistance of Rs. 600 to those caregivers who are unable to take up employment for self-sustenance. The scheme came into effect in August 2010, and the family members receive monthly financial assistance.

v. **The Neighbourhood Network in Palliative Care (NNPC):** This model aims to strengthen home-based care and assistance through the involvement of local volunteers and coordination with healthcare professionals. These volunteers can be families, community volunteers, local health workers or any NGO. This is an effective example of how to provide palliative care in a resource-limited setting using community-driven strategies. Under this programme, trained caregivers/volunteers are entrusted with the task of identifying patients in need of care and assistance. Alongside these, volunteers also coordinate and assist health professionals to ensure the delivery of home-based assistance. This programme promotes community participation and support.[32]

vi. **Triple Win Programme:** This programme was launched in 2013 under the agreement between the German Federal Employment Agency's ZAV, GIZ, and the Government of Kerala's agency Norka Roots. Under this programme, qualified nurses from the State of Kerala are recruited to provide caregiving services in Germany. The programme has been named such, as it aims to provide 3 benefits through a single programme, first is providing fair job opportunities

32 Khosla, D., Patel, F. D., & Sharma, S. C. (2012). Palliative care in India: Current progress and future needs. Indian Journal of Palliative Care, 18(3), 149–154.

to nurses, second, easing oversupply in the State of Kerala and addressing nursing shortage in Germany and supporting its healthcare institutions. Selected candidates undergo free German language training (A1–B1), nursing orientation, and document preparation in Kerala before employer interviews, medical checks, visa issuance, and departure. On arrival, GIZ provides integration support, recognition guidance, and counselling during the first year. Eligibility requires a GNM Diploma, B.Sc. Nursing, or Indian Nurse Registration Certificate, age 18+, and B1 German proficiency at the visa stage, with documents including CV, legalised nursing credentials, and passport. Nurses initially receive a 1-year visa, must complete the B2 German exam and qualification recognition, then gain a residence permit, and after 5 years, become eligible for permanent residence. Family reunification is possible if income and housing requirements are met, and the programme is free of cost to applicants, with even medical and vaccination expenses covered by GIZ.

3.6 Summary of Formal Caregiving Courses in India

A team from NITI Aayog visited some of the important institutions in India which are providing caregiving training, such as the Rehabilitation Council of India and the National Institute of Social Defence. In addition to these, a survey was also conducted among the private agencies and CSOs to identify the private courses offered by them as well as the employment opportunities for caregivers. One of the findings was that for the employment of the trained caregivers (short-term and long-term), the training institutes partner with third-party organisations that support the demand-based recruitment of the caregivers. Further, a summary of the government-run and private-run caregiving courses is as follows (a more detailed version is at **Annexure I**):

Table 1: Summary of Training Courses for Caregivers

S.No.	Organisation	Title of the Course	Eligibility	Duration / Hours	Seat Intake
Courses Run by Central and State Government Institutes					
1	Rehabilitation Council of India (DEPwD)	Certificate Course in Caregiving	10th or equivalent pass	1 Year hrs	30
2	National Institute of Social Defence (DoSJE)	PG Diploma in Integrated Geriatric Care	10th Standard	1 Year	25-30
3		Geriatric Care Providers	10th Standard	3- 4 Months	25-30
4		PM Special Training of Geriatric Caregivers	Less than 45 years and qualified as per the Job	Course-wise training hours	25-30
5		1 Month Advanced Caregivers Course on Palliative and Hospice Care	Geriatric Care Certified Candidates	1 Month	25
6		1 Month Advanced Caregivers Course on Dementia Care	Geriatric Care Certified Candidates	1 Month	25
7		Online Basic Course on Geriatric / Elderly Care, through TAPAS	General Public	-	-
8		Online Basic Course on Care & Management of Dementia through TAPAS	General Public	-	-

S.No.	Organisation	Title of the Course	Eligibility	Duration / Hours	Seat Intake
9	Home Management and Care Givers Sector Skill Council (MSDE)	Elderly Caretaker (NonClinical)	8th grade pass; age 18+	360 Hours	25
10		Care Homes Supervisor	10th grade pass; age 18+; 1 yr. caregiving experience	750 Hours	20
11		Manager Care Homes	(UG Diploma /12th Grade Pass with 3 years relevant experience	540 Hours	30
12	National Institute of Public Health Training & Research, MoHFW	Home Health aid	10+2 with Science Age Limit: 18-30 years	4 Months	NA
13	Indira Gandhi National Open University	Certificate in Geriatric Care Assistance	12th pass with sciences	6 Months	NA
14		Certificate in Home-Based Health Care	10th Pass	6 Months	NA
15		Certificate in Home Health Assistance	10+2 Pass	6 Months	NA
16	Government of Odisha	Geriatric Caregiver Training	18-38 10th pass	3 Months	NA
17	Government of Kerala - ASAP	Care Certificate – Knowledge Programme	12th Pass	Online 30 hours	NA
18		Caregiver for Persons with Intellectual and Developmental Disabilities	10th pass	3 months	24
19	Beauty & Wellness Sector Skill Council	Wellness Therapist for the Elderly	12th Pass	570 hours	NA

S.No.	Organisation	Title of the Course	Eligibility	Duration / Hours	Seat Intake
20	Healthcare Sector Skill Council	Yoga Therapy Assistant (Electives on Diabetes and Palliative care)	12th Pass	870 hours	NA
21		Care Home Supervisor	12th Pass with 1.5 years of experience	750 hours	NA
22		Geriatric Caregiver (Institutional & Home Care)	12th Pass	660 hours	NA
23		Geriatric Care Assistant (Hospital/ Hospice Care)	12th Pass with 1.5 years of experience	600 hours	NA
24		Home Health aid Trainee	10th Pass	420 hours	NA
25		Vriddha Swasthya Sahyaka (care based on Ayurveda and Yoga principles)	12th Pass	60 hours	NA
Courses run by Private Organisations, including Virtual Courses					
26	Shiksha Online	Diploma in Caregiving	Anyone	6 Hours	NA
27	Nightingle Medical Trust, RRTC Caregiving Course	Diploma in Caregiving, Home Health aid and Nurse aid	NA	12.5 hours	NA
28	Indian Institute of Skill Development Training	Certificate in Elderly Caretaker (Non-Clinical)	Not Specified	1 Month	NA
29	Guardian Angel Institute of Caregiving	Caregiver Training Programme (CTP)	10th Standard Pass	15 Day Class + 3 months internship	NA
30		Family Caregiver Training (Need-based)	10th Standard Pass	3 hours each for specific skills training	NA

S.No.	Organisation	Title of the Course	Eligibility	Duration / Hours	Seat Intake
31	Caregiver Saathi	Programmes for Caregivers: • Caregiver Prepares- Training for Professional Caregivers • Practice of Compassionate Caregiving • Caregiving Resources- Preventive burnout	Caregivers	--	NA
		Programmes for Family Caregivers: • Emotional First aid • Respite Care Programme • Practices of Compassionate Caregiving • Caregiver Coach Programme	Family Caregivers		

3.7 Employment Opportunities for Caregivers in India

Caregivers find employment in serving a wide variety of groups, including PwDs, elderly persons, infants and children, Military persons, persons with chronic injury, pregnant women, persons with temporary impairment, and individuals with Alzheimer's or any other mental health issues.

Caregiver recruitment in India is influenced by a mix of traditional practices and new formal systems. Traditionally, caregiving, especially for older adults, children, and persons with disabilities, has mostly been done through informal networks. Families often find caregivers through recommendations from friends, neighbours, or local networks, which usually results in jobs without written agreements, social benefits, or proper training. This predominantly female workforce provides vital support but often lacks legal recognition and protections.

In recent years, there has been an increase in formal caregiving services due to a rising demand for home and hospital care, especially in cities. Private health providers and home care agencies have started more organised recruitment processes. Employment opportunities are also arising in a large number of Senior Care Homes and Day Care Centres. These hirings are generally done directly or via recruitment agencies, staffing organisations, referrals from within the company, and specialised training centres. These agencies generally offer basic training, conduct background checks of candidates, and monitor the quality of

care provided. The shift towards more medicalised care for the elderly persons, PwD and those needing palliative support has also encouraged the demand for professional caregivers, especially for patients recovering from surgery or dealing with chronic conditions.

3.8 Access to Care Services in India

3.8.1 Recognition and Financial Support to Family Carers

In India, family caregivers constitute the primary support base of the caregiving ecosystem, yet they continue to remain largely unrecognised within formal policy frameworks. The caregivers, despite providing constant support, remain economically weak as no financial assistance/aid is provided to them. The provision of an allowance to persons providing caregiving support to PwDs with high support needs is acknowledged in the Rights of Persons with Disabilities Act, 2016.

3.8.2 Access to Affordable Care Services

A comprehensive public financing mechanisms and affordable long-term care insurance has scope for better access to formal caregiving services, particularly for low- and middle-income households. Therefore, a comprehensive finance mechanism need to be evolved to ensured to strengthen long-term care for all.

3.8.3 Public Awareness and Social Acceptance of Professional Caregiving

Caregiving continues to be perceived primarily as a family responsibility, resulting in delayed utilisation of professional care services. In view of the growing demand for caregiving services and its sustainability, awareness regarding the role and recognition of caregivers play an important role. Therefore, public awareness needs to be emphasised in the framework for social acceptance for formal caregiving.

3.8.4 Skilling in Caregiver Training

At present, the caregiving programmes in India are only focused on providing training for supporting the activities of daily living, instrumental activities of daily living, and care management. However, these programmes are not designed to align with the international curriculum of care, which leaves caregivers' training unrecognised in other countries. Further, to build global opportunities for caregivers from India, there is a need for such programmes alongside language training for caregivers seeking training in destination countries.

3.8.5 Formal Care Support

The formal caregiving training programmes and certification are yet to expand their scope and quality, to meet the rising caregiving demand and meet the shortfall within the informal care system. Further, access to certified professionals

remains limited and unaffordable, ultimately placing the burden of caregiving solely on informal caregivers.

3.8.6 Mental Healthcare Training Leading to High Turnover

Lack of training for handling patients with chronic and acute mental health issues and behavioural problems, including patients with neuropsychiatric disorders such as Alzheimer's disease and Dementia, stroke, etc., often leads to frustration and burnout among caregivers, thus leading them to leave the caregiving industry.

3.8.7 Social Security for Caregivers

Due to the non-recognition of caregivers as allied healthcare providers, there is also a significant gap in ensuring their social security. This exclusion prevents them from accessing essential benefits such as health and accident insurance, retirement security, and compensation for injuries or illnesses acquired while providing care, as well as accessing respite care.

3.8.8 Safeguarding and Protection Mechanisms

Protection mechanisms for caregivers against exploitation, harassment, and unsafe working environments are limited, affecting the safety and trust of both care recipients and caregivers. Similarly, Standardised systems for background verification of caregivers, mandatory reporting of abuse or neglect, grievance redressal mechanisms, ethical standards, and codes of professional conduct needs to be developed.

3.8.9 Respite Care Infrastructure

Overwhelming caregiving duties frequently lead to severe physical and emotional burnout. Addressing this requires dedicated caregiver support mechanisms, including mental health counseling, flexible workplace policies, and peer support groups, rather than relying solely on patient-focused care infrastructure.

3.8.10 Integration of Technology in Caregiving

Digital technology plays an important role to support caregiving services. At present, the Caregivers require better access to electronic care records, tele-health services, remote monitoring systems, mobile support applications, and digital training platforms. Therefore, in the framework for caregiving ecosystem, technology integration needs to be prioritised.

3.8.11 Institutional Coordination for Caregiving Services

Caregiving responsibilities are spread across multiple ministries and departments, including health, social justice, disability, skill development, labour, and women and child development. Therefore, a dedicated institutional mechanism to coordinate policies, training, regulation, financing, and workforce planning needs to be developed within an integrated caregiving ecosystem.

3.8.12 Migration as a source of reduction in care in rural areas

India, with almost 65 percent of its population living in rural areas and small towns and the increasing intra-country migration has decreased the availability of informal carers in small towns and villages. India's reliance on traditional, altruistic caregiving is no longer sustainable due to migration. Therefore, individuals in need of care are facing challenges because of reductions in the availability of informal care, resulting in a massive gap between demand and supply of informal care. The issue of unmet need is likely to grow as India marches into the future, with increasing life expectancy and urbanisation.[33]

3.8.13 Comprehensive Regulatory and Accreditation Framework

At present, caregiving is not regulated through a dedicated statutory or professional framework. In order to ensure a thriving and sustainable ecosystem, there is a need to establish a dedicated mechanism for ensuring standardisation, accreditation, licensing, competency standards, certification and caregiving services.

33 Costa-Font, J., & Raut, N. (2022). Global report on long-term care financing. World Health Organization. https://www.lse.ac.uk/business/consulting/assets/documents/WHO-Global-Report-on-Long-Term-Care Financing-Final-Report.pdf

3.9 Opportunities for the Indian Workforce in the Global Care Market

With the rise of the elderly population and the global shortage of the caregiver workforce, caregivers from India have an emerging scope for employment opportunities globally. Indian caregivers are valued for their compassion, training, and cost-effectiveness, making them ideal candidates for international caregiving roles. The escalating global demand emphasises the need for well-trained and qualified caregivers. Indian caregivers, due to their training and cultural emphasis on compassion, are well-positioned to meet this demand. Currently, many highly qualified nurses from India are taking up personal care work abroad, leading to their underemployment, underscoring the need for caregiver training programmes to equip workers with a broader, internationally relevant skill set to meet diverse care demands in global markets. Hence, even skilled people with higher qualifications often have to work as Elderly caregiving workers.[34]

The current caregiver training ecosystem in India is not sufficiently equipped to increase the supply of quality manpower in caregiving, which could take advantage of the increasing global demand for caregiver services. India's demographic advantage and female workforce participation offer a huge potential for structured care migration. To realise this potential, mutual recognition of care-related certifications between countries is essential. The demand for caregivers is high in Organisation for Economic Co-operation & Development (OECD) and Middle East & North Africa (MENA) countries. The Gulf Cooperation Council (GCC) countries are experiencing an ageing transition, while a number of countries in MENA are providing support for long-term care through partial cash benefits. Countries with sizable demand for caregivers include Australia, Canada, European Union nations, Gulf Cooperation Council countries, Japan, Singapore, the United States of America, and the United Kingdom, where India should leverage G2G MoUs and agreements to meet global demand.

34 International Organization for Migration. (2024). Elderly care-giving sector: India–Europe labour migration [PDF]. IOM Asia-Pacific. Retrieved from https://roasiapacific.iom.int/sites/g/files/tmzbdl671/files/documents/2024-03/elderly-care-report.pdf

3.10 Conclusion

The international experiences presented in Chapter 2 have shown that countries have developed organised caregiving ecosystems through diverse pathways, shaped by their demographic, social, economic, and institutional contexts. While no single model is directly applicable to India, these experiences consistently highlight that effective caregiving systems are built through coordinated governance, sustainable financing, professional workforce development, quality assurance, and integrated models of care delivery.

Viewed in this context, India's caregiving ecosystem provides a strong, evolving foundation for developing a comprehensive system of care. Significant efforts have been undertaken by Central Ministries, State Governments, regulatory institutions, training organisations, and community-based institutions to strengthen caregiving services, expand workforce capacity, and improve access to care. Alongside these formal initiatives, families and communities continue to remain the primary providers of care, underscoring the enduring importance of India's informal caregiving system. Together, these formal and informal arrangements constitute the core building blocks of India's caregiving ecosystem.

At the same time, the existing ecosystem continues to evolve through multiple initiatives operating across different institutions and sectors. While these efforts have strengthened caregiver training, workforce development, service delivery, and community-based care, greater convergence is required to harmonise training, accreditation and certification standards, strengthen institutional coordination, enhance quality assurance, and improve workforce recognition. Building upon the existing institutional architecture through a coordinated governance framework can facilitate stronger linkages across skilling, regulation, service delivery, and workforce development, enabling the transition from a collection of individual initiatives to an integrated ecosystem of caregiving services.

The continued development of the caregiving ecosystem also requires sustained attention to caregivers' well-being and professional recognition. As the demand for caregiving services expands, strengthening social security, occupational safety, and career progression will be important for improving workforce retention and ensuring dignity in the profession. Equally, recognising the central role played by families and communities through accessible training, capacity-building, mental health support, respite care, and other support mechanisms can strengthen informal caregiving while improving the quality and continuity of care. Given that caregiving in India continues to be predominantly undertaken by women, further professionalisation of the sector can also contribute to enhancing its social recognition, encouraging wider participation across genders, and promoting caregiving as a skilled and respected profession.

The international experiences discussed in the previous chapter also illustrate the role of technology-enabled training, innovative service delivery models, long-term care financing, and integrated policy frameworks in strengthening caregiving ecosystems. Similarly, the diverse initiatives emerging across Indian States provide valuable opportunities for cross-learning, adaptation, and the

scaling of context-specific innovations. Harnessing these experiences while strengthening convergence across existing institutional mechanisms can support the development of a holistic caregiving ecosystem capable of meeting India's growing domestic care needs and preparing a skilled workforce for emerging international opportunities.

Against this backdrop, the following chapter presents recommendations to strengthen governance, institutional coordination, workforce development, quality assurance, caregiver welfare, and service delivery. Collectively, these recommendations seek to strengthen the existing ecosystem of caregiving services while fostering a skilled, empowered, and globally competitive caregiving workforce.

CHAPTER 4

Strategies and Recommendations

Chapter-4 Strategies and Recommendations

Developing an inclusive and caring society is an integral part of India's aspiration for *Viksit Bharat @2047.* As the country aspires to achieve its vision, the inclusion, welfare, and holistic well-being of senior citizens and PwDs remain a key endeavour of national policies. The health and well-being of all is one of the key priority areas in the national agenda. The landscape of the caregiving system in India has highlighted a growing need to develop a cadre of trained caregivers to address unmet care needs for the domestic population. Furthermore, with the country's strong belief in traditional compassionate caregiving and the global demand for caregivers, India presents a significant opportunity to explore global opportunities for expanding its care network and skilled workforce. At present, the caregiving ecosystem in India remains nascent, as key national initiatives are fragmented. To integrate existing efforts with national priorities and build a skilled, empowered workforce, a national framework is needed to streamline ongoing efforts. This national framework would guide policymakers in strengthening the caregiving ecosystem within the country and enable India to emerge as a reliable and competitive source of skilled caregivers worldwide. The following sections present key recommendations and strategies for building a comprehensive and sustainable caregiving ecosystem in India.

Summary of Recommendations for Developing an Ecosystem for Caregiving Services

S.No.	Strategic Pillar	Priority Actions	Concerned Ministry/ Agency
I	Policies, Schemes and Agencies for Formalising & Scaling Caregiving Services	1. Develop and notify a National Policy on Caregiving. 2. Formulate schemes for capacity building and training of caregivers 3. Effective Coordination among Central and State Governments through Strengthening Policies and Schemes	Department of Social Justice and Empowerment

S.No.	Strategic Pillar	Priority Actions	Concerned Ministry/ Agency
2.	Recognition and Regulation of Caregiving Services	1. Provide professional recognition to caregivers. 2. Constitute the National Caregiver Council (NCC) as the apex institution for regulating, coordinating and promoting the caregiving ecosystem. 3. Regulate and accredit caregiver training programmes and institutions 4. Develop minimum standards and guidelines for curriculum, competency, certification and continuing professional development. 5. Develop short-term and long-term caregiving courses. 6. Language and Cultural Competency Training 7. Establish a National Portal for Caregivers and Care Seekers and a National Caregiver Registry. 8. Promote informal and community-based caregiving. 9. Strengthen international collaboration for caregiver education and global standards. 10. Strengthen inter-ministerial and State/UT coordination. 11. Facilitate international mobility and upskilling of Indian caregivers. 12. Establish or accredit Regional Caregiving Centres. 13. Promote knowledge sharing and dissemination of best practices. 14. Undertake periodic assessment of caregiver demand and supply. 15. Establish a grievance redressal mechanism for caregivers, care seekers and service providers.	Department of Social Justice and Empowerment In coordination with MoHFW, DEPwD, MSDE, NCVET, NSDC, RCI, NCAHP

S.No.	Strategic Pillar	Priority Actions	Concerned Ministry/ Agency
3.	Building a Skilled Caregiving Workforce	1. Develop a specialised cadre of palliative and long-term care. 2. Develop a standardised training and certification system aligned with national standards. 3. Integrate caregiving modules into the school and college curricula. 4. Spreading caregiving training through digital and e-learning platforms 5. Integration of family caregivers into structured training programmes. 6. Expand specialised training for geriatric, mental health, and dementia patients. 7. Promote Purple Economy through Participation of Persons with Disabilities in the Caregiving Sector	National Caregiver Council (NCC) (Proposed to be constituted) In coordination with MEA, MSDE, DEPWD, NCVET, NSDC, QCI, NCERT, UGC, AICTE

S.No.	Strategic Pillar	Priority Actions	Concerned Ministry/ Agency
4	Global Caregiving and International Cooperation	1. Developing Policies for Promoting Global Cooperation through Bilateral and Multilateral Agreements 2. Expand India's role in the global care supply. 3. Design comprehensive international agreements 4. Support international collaborations for training and capacity building of skill training institutes: 5. Address skill gaps and language in caregiver training 6. Strengthening Safeguards for International Mobility of Indian Caregivers 7. Strengthening Ethical Recruitment and Safeguards for International Caregivers 8. Reintegration and Career Progression of Returning Caregivers	National Caregiver Council (NCC) (Proposed to be constituted) In coordination with MEA, MSDE, NSDC(I)
5	Strengthening Existing Ecosystem and Organisational Set-up	1. Strengthen RCI, NISD, Awarding Bodies and other training institutions. 2. Standardise, accredit and certify caregiver courses through the NCC. 3. Re-envision institutional capacities to improve quality and expand enrolment. 4. Leverage the National Centre for Ageing and Regional Geriatric Centres under NPHCE.	National Caregiver Council (NCC) (Proposed to be constituted)

S.No.	Strategic Pillar	Priority Actions	Concerned Ministry/ Agency
6	Social Security and Financial Protection of Caregivers	1. Promote financial incentives and entrepreneurship for caregivers. 2. Role of the Ministry of Labour and Employment in extending labour protection to caregivers 3. Expand the Unorganised Workers Act, 2008, to include caregivers. 4. Provision of Social Security for Caregivers 5. Requirement for Professional Recognition 6. Occupational Disease and Work Accident Insurance	Ministry of Labour & Employment In coordination with DoSJE, MoHFW
7	Strengthening Family and Community-Based Caregiving	1. Reducing the Disproportionate Care Burden on Women 2. Strengthen home-based caregiving services 3. Strengthen support systems for caregivers 4. Reaching Underserved Regions through Community-Based Caregivers and Family Caregivers 5. Strengthen Self-Help Groups (SHGs) as community care providers 6. Utilising Government Healthcare Facilities for Caregiver Training 7. Community-based training programmes 8. Leverage CSR for caregiving infrastructure, training and service delivery.	DoSJE In coordination with NCC, MoHFW, Ministry of Rural Development, State Governments, CSR Partners

S.No.	Strategic Pillar	Priority Actions	Concerned Ministry/ Agency
8	Strengthening Emotional and Social Support Systems for Family Caregivers	1. Leave for Providing Care Services 2. Workplace sensitisation and employer engagement. 3. Respite and temporary care services. 4. Community and public recognition 5. Counselling for family caregivers	Ministry of Labour & Employment In coordination with DoSJE, MoHFW
9	Leveraging Technology and Oversight	1. Digital portal for accessing caregiving services and certified caregivers. 2. Promote technology-enabled learning, monitoring and service delivery. 3. Encourage adoption of digital tools and assistive technologies to improve the quality of care.	National Caregiver Council (NCC) (Proposed to be constituted) In coordination with MeitY, DoSJE, DEPwD, MSDE

The above recommendations are elaborated below

Pillar I: Policies, Schemes and Agencies for Formalising & Scaling Caregiving Services

Actions

i. **Creating a National Policy on Caregiving**: The caregiving sector is going to be crucial for India's socio-economic development. A comprehensive framework at national and state level can significantly contribute in growth of the sector. Hence, there is a need for a National Policy on Caregiving to establish a robust regulatory ecosystem, develop a skilled and trained cadre of caregivers, and systematically promote the caregiving sector.

ii. **Formulating Schemes for Capacity Building, Training, etc.:** Since capacity building and training, as well as certification of caregivers, are crucial for ensuring the quality of care services provided through caregivers, it is important to have specialised schemes to promote capacity building and training in the caregiving sector. For instance, DoSJE can leverage the Training for Augmenting Productivity and Services (TAPAS) platform to provide accessible caregiver

training as well as the SAGE scheme to promote elder-preneurs. Parallelly, SWAYAM Portal may also be leveraged.

iii. **Fostering Effective Coordination among Central and State Governments through Strengthening Policies and Schemes:** Central and State Governments need to play an active role in strengthening the caregiving ecosystem, especially at the grassroots level. This may be done by introducing new schemes, strengthening the existing schemes and policies and nurturing support systems that empower communities to expand care services. While several States have launched caregiving training initiatives, the overall scale remains limited. To meet the growing need, these initiatives should be scaled up and replicated nationwide.

Pillar II: Recognition and Regulation of Caregiving Services

Actions

i. **Professional Recognition of Caregivers:** There is a need to integrate caregivers as essential contributors to health and social care in a formal framework. This can be done by defining their role clearly in national policies and legal frameworks. Moreover, there is also a need to formally recognise caregiving as an allied profession with defined roles, fair wages, job security, and growth opportunities.

ii. **Constitution of a National Caregiver Council (NCC):** In order to create a conducive caregiving ecosystem that effectively meets domestic as well as global caregiver demand, a nodal body, i.e., National Caregiver Council (NCC), may be established at the national level. The NCC would serve as the apex institution responsible for regulating, standardising, and professionalising caregiving services across the country. The NCC may oversee the following functions:

   a. **Regulation and Accreditation**: Regulate and accredit caregiver training programmes across the country and empanel national, state and private bodies engaged in caregiver training.

   b. **Standards for curriculum:** Set minimum standards and guidelines for caregiving services and ongoing courses run by other institutions, and create a framework for continuous professional development. Develop a comprehensive caregiver training curriculum for various skill levels.

   c. **Course Development:** Develop long-term as well as short-term courses for basic to advanced caregiving skill training. For this purpose, training of trainers may also be done effectively to ensure the effective skilling of budding caregivers.

   d. **Language and Cultural Competency Training:** Develop language and cultural competency training programmes to equip caregivers with regional Indian and foreign language proficiency required for delivering quality care services across diverse settings. The programmes need to facilitate effective communication, cultural adaptation, and person-centred care,

while enhancing the mobility and employability of caregivers across different States and Union Territories, as well as international destinations. The training may be aligned with domestic care requirements and destination-country standards to expand career opportunities for Indian caregivers.

e. **National Portal for Caregivers and Care Seekers**: Maintain a comprehensive National Caregiver Registry to register, de-register/ blacklist caregiver and care service providers/ institutions registered under the NCC. This registry may also serve as a digital platform for connecting caregivers and care seekers, which would be made accessible through a National Portal for Caregivers and Care Seekers**.** The portal would also provide details about the empanelled/ accredited agencies through which care seekers can access caregiving services.

f. **Informal and Community-Based Care:** The council may promote informal caregiving and community-based caregiving services through targeted capacity building, training and awareness programmes at the district level.

g. **International collaboration:** Foster partnerships with international caregiving organisations to align with global standards and develop dedicated course structures aimed at creating a pool of skilled caregivers to meet global demand. Such courses may also cater to the region-specific caregiving requirements.

h. **Inter-Ministerial and State/UT Collaboration:** To enable international mobility and to strengthen the national caregiving ecosystem, the NCC will ensure effective coordination and collaboration between various stakeholders, including central Ministries/Departments and State Departments.

i. **Global Mobility:** Act as the nodal agency for facilitating international mobility and upskilling of Indian caregivers, including support for returnee migrants.

j. **Regional Centres:** Establish/ accredit regional centres to facilitate easy access to caregiving courses/training on the lines of the Rehabilitation Council of India.

k. **Knowledge Sharing:** Promote best practices, cross-learning and knowledge exchange in the caregiving sector.

l. **Periodic Assessment:** Undertake periodic assessment of projected demand and supply of caregivers in order to plan for workforce development, and explore global caregiving opportunities.

m. **Grievance Redressal System:** Maintain a grievance redressal system, which will address complaints, fraud, and service-related issues for both patient care recipients and care providers. This may also include a support system for caregivers working abroad, helping them address employment-related challenges and safeguard their rights.

Pillar III: Building a Skilled Caregiving Workforce

Actions

i. **Developing a Specialised Cadre of Palliative and Long-Term Care**: At present, India has limited availability of caregivers trained in palliative and long-term care. Therefore, there is a need for developing specialised training of the caregivers with competencies to provide sevices to patients with chronic diseases, cancer, neurodegenerative disorders, age-related dependency, and those in need of palliative care. This will contribute in long-term care and contribute in workforce strengthening.

ii. **Standardised Training and Certification Systems:** To streamline existing fragmented courses, it is essential to develop common standards and curriculum for courses/ programmes/ training programmes that equip caregivers with essential skills. Hence, aligning these caregiving programmes with the NSQF will ensure standardisation, industry acceptance, and clear career pathways for caregivers. This will also facilitate alignment with the international standards and support the development of a skilled and professional caregiving workforce. Further, the Quality Council of India (QCI), through the National Accreditation Board for Hospitals & Healthcare Providers, can play a pivotal role in establishing quality benchmarks, accrediting caregiver training institutions, and developing certification and assessment standards to ensure consistency, credibility, and quality assurance. Such a framework would also facilitate alignment with international caregiving standards, enhancing the global mobility and professional recognition of India's caregiving workforce while strengthening the quality of care delivered domestically.

iii. **Integration of Caregiving Modules In The Syllabus of School and College Curriculum:** It is essential to cultivate an understanding of the value of caregiving among young minds. Therefore, caregiving modules may be integrated into the school curriculum, in collaboration with NCERT and State Boards, to introduce high school students to basic caregiving concepts and to foster the quality of family caregiving. Caregiving modules may also be introduced as an elective course in Universities/ Colleges as a career pathway.

iv. **Spreading Caregiving Training through e-learning platforms:** To strengthen the training and teaching of caregiving methods, it is recommended that existing e-learning platforms already in use at the University and Central/ State government levels be leveraged. Platforms such as the SWAYAM Portal, DIKSHA, e-Pathshala, and iGOT Karmayogi may be utilised to provide accessible, standardised, and scalable training modules on caregiving.

v. **Integration of Family Caregivers:** In India, caregiving is largely provided by family caregivers. Therefore, along with the formalisation of caregiver training, emphasis should also be placed on short-term training, on-the-job training, Recognition of Prior Learning (RPL)-based certification, orientation modules, and basic support services to empower family carers. The RPL provisions can be

leveraged to transition informal caregivers into the formal workforce with certified qualifications. This recognition can be undertaken through NCVET-recognised Awarding Bodies, thereby enabling formal certification of informal caregivers.

vi. **Specialised Training for Geriatric, Mental Health and Dementia Patients:** With the rising prevalence of neuropsychiatric disorders like dementia and other neurological illnesses, and for patients in palliative care, there is a need for specialised training and capacity building for caregivers to help them handle the associated impacts of these illnesses. Enhancing caregiver skills in this area will reduce workforce turnover and improve the resilience of the caregiving workforce.

vii. **Promote Purple Economy through Participation of Persons with Disabilities in the Caregiving Sector:** The expansion of India's care economy presents an opportunity to promote both inclusive employment and accessible care services by enabling Persons with Disabilities (PwDs) Many PwDs, particularly those with locomotor disabilities, hearing impairments, or other disabilities that do not limit their ability to provide care, who possess the requisite skills and capabilities to participate as professional caregivers. The Department of Empowerment of Persons with Disabilities (DEPwD) may develop a framework to identify suitable caregiving roles for different categories of disabilities and facilitate their inclusion within the formal care workforce. This may include designing disability-inclusive skill development programmes in collaboration with NCC. Such efforts would strengthen the emerging Purple Economy, recognising persons with disabilities as active contributors to economic growth rather than solely as beneficiaries of welfare measures.

Pillar IV: Global Caregiving and International Cooperation

Actions

i. **Developing Policies for promoting global cooperation through Bilateral and Multilateral Agreements:** To streamline mechanisms for formalisation of caregiving services to meet the domestic and global demand, and to strengthen the care economy development of a unified national caregiving policy is the need of the hour. Such policies may focus on the following:

   a. **Expanding India's Role in Global Care Supply:** There is a need to manage human resources for health through policies that support cooperation between origin and destination countries. Therefore, India may build more bilateral and multilateral agreements on the model of the Triple Win Programme (Kerala–Germany) and MoUs implemented by MEA, alongside skilling programmes, to make India a leading global supplier of caregivers with strong provisions for social security and welfare.[35]

35 This programme was launched in the year 2013 under the agreement between the German Federal Employment Agency's ZAV, GIZ, and Government of Kerala's agency Norka Roots. Under this programme, qualified nurses from the State of Kerala are recruited to provide caregiving services in Germany. The programme has been named this way because it aims to provide 3 benefits through a single programme: first, providing fair job opportunities to nurses; second, easing oversupply in the State of Kerala and addressing nursing shortages in Germany; and third, supporting its healthcare institutions.

b. **Designing Effective Agreements:** While drafting such agreements, it may be ensured that these policies include the role of each party, a mechanism to ensure issues such as migration, stay of caregivers, as well as their qualifications, so that the well-being of caregivers working abroad is taken care of.

ii. **Support international collaborations for training and capacity building of skill training institutes**: The Ministry of Skill Development and Entrepreneurship (MSDE) and the Ministry of External Affairs (MEA) may prioritise Government-to-Government (G2G) and Business-to-Business (B2B) partnerships within the care services sector. These collaborations focus on facilitating international accreditation for Indian trainees, co-developing training modules with Indian skill-training institutes, and incorporating global best practices into care-sector training and capacity-building programmes. There is growing potential for India to position itself as a global supplier of trained caregivers through structured international mobility programmes.[36] Ongoing efforts with Japan and Germany, supported by NSDC, are showing promising results and can be expanded through focused training and certification in foreign languages and care standards. Further, B2B and G2G initiatives need to be explored and strengthened through the Ministry of External Affairs. Here are a few examples of what a G2G model could look like:

a. **India–Japan:** A bilateral agreement under which India trains caregivers according to Japanese standards, provides Japanese language training, and places certified caregivers in Japanese long-term care facilities through an agreed recruitment mechanism.

b. **India–Germany:** A government-to-government partnership for mutual recognition of caregiver qualifications, German language training, ethical recruitment, visa facilitation, and placement of Indian caregivers in Germany's elderly care sector.

c. **India–United Kingdom:** A bilateral arrangement for developing caregiver training curricula aligned with UK standards, certification recognition, and recruitment through approved employers under ethical migration guidelines.

d. **India–Australia:** A partnership for joint curriculum development, exchange of trainers, recognition of skills, and structured mobility pathways for aged care workers.

iii. **Addressing Skill Gaps and Language in Caregiver Training**: To address skill gaps and align with the international standards, caregiver training may go beyond clinical care to include managing cognitive decline, supporting mental health, navigating healthcare systems, and facilitating community participation. Further, language training facilities need to be enhanced, additional testing centres

36 Structured international mobility programmes facilitate the movement of individuals (employees, students, researchers) across borders for work, study, or research purposes.

established, and the language curriculum tailored to meet the requirements of destination countries.

iv. **Strengthening Safeguards for International Mobility of Indian Caregivers:** With the growing international mobility of Indian caregivers, it is essential to establish a robust framework to safeguard their rights, dignity, and well-being throughout the migration cycle. India may develop dedicated safeguards for caregivers migrating overseas, including standardised employment contracts, pre-departure orientation, legal awareness, grievance redressal mechanisms, and access to welfare support through Indian Missions abroad. These safeguards may also ensure ethical recruitment practices, fair working conditions, social security, and protection against discrimination and abuse, in line with international labour standards.

v. **Strengthening Ethical Recruitment and Safeguards for International Caregivers:** To facilitate safe, transparent, and ethical international mobility of Indian caregivers, a comprehensive framework may be developed to strengthen ethical recruitment practices and safeguard caregivers throughout the migration cycle. Dedicated mechanisms may be established to regulate recruitment agencies engaged in overseas caregiver placements through appropriate accreditation, monitoring, and accountability measures. These mechanisms should prevent unethical practices such as excessive recruitment charges, contract substitution, fraudulent recruitment, misinformation regarding wages and working conditions, document retention, and exploitation of caregivers. The framework may further provide for standardised employment contracts, pre-departure orientation, legal and financial literacy, grievance redressal mechanisms, welfare support through Indian Missions abroad, and access to emergency assistance.

vi. **Reintegration and Career Progression of Returning Caregivers:** A structured reintegration framework may be developed for caregivers returning to India after overseas employment to facilitate their transition into the domestic caregiving ecosystem. The framework may include recognition of overseas experience, Recognition of Prior Learning (RPL), career counselling, skill upgradation, entrepreneurship support, employment linkages, and psychosocial assistance. Mechanisms may also be established to facilitate the transfer of skills and knowledge acquired abroad, enabling returning caregivers to contribute to strengthening India's caregiving ecosystem while supporting their continued career progression.

Pillar V: Strengthening Existing Ecosystem and Organisational Set-up

Actions

i. **Strengthening RCI, NISD, Awarding Bodies and Other Training Institutes:** Existing caregiver training institutions, including the Rehabilitation Council of India (RCI), National Institute of Social Defence (NISD), and Sector Skill Councils,

need to significantly expand and strengthen their training capacity to meet the growing domestic and global demand for skilled caregivers. Current courses are largely focused on companionship, wellness, and other non-clinical aspects of caregiving. There is a need to standardise curricula, increase student intake, incorporate practical and on-the-job training, develop integrated job roles, and strengthen Training-of-Trainers (ToT) programmes to equip caregivers with the skills required to support Persons with Disabilities and Senior Citizens. To strengthen the caregiver training ecosystem, the following measures are recommended:

a. All courses offered by these institutes may be standardised, accredited, and certified by the National Caregiver Council (NCC).

b. The institutional capacities may be re-envisioned to enhance the quality of training and expand student enrolment, keeping pace with both national and global demand for caregivers.

c. National Centre for Ageing and Regional Geriatric Centres under National Programme for Health Care of the Elderly (NPHCE), may be leveraged for wider outreach and more effective delivery of caregiver training programmes.

Pillar VI: Social Security and Financial Protection of Caregivers

Actions

i. **Promote Financial Incentives and Entrepreneurship for Caregivers:** Entrepreneurship in Caregiving can be incentivised to make it scalable and profitable. MSMEs in the caregiving space may be encouraged to register and access government financial products, such as Mudra Funds. These funding sources can help caregiving businesses scale operations, expand service delivery, and improve infrastructure. Developing niche caregiving services for specific groups, such as dementia care, or end-of-life support and palliative care, following their registration under the Startup India initiative can unlock substantial growth potential in the caregiving sector.

ii. **Role of the Ministry of Labour and Employment:** The Ministry of Labour and Employment is responsible for the safety, health, and social security of labour, and promotes workers' education. To enhance social security and the safety of caregivers, the Ministry may expand its existing schemes/programmes to include caregivers.

iii. **Expand the Unorganised Workers Act, 2008, to include Caregivers: While creating a formal workforce along with** existing informal caregiving support, ensuring fair wages, social security, and access to benefits for caregivers are crucial. Therefore, to formally recognise caregivers as part of the unorganised workforce, the Unorganised Workers Social Security Act 2008 needs to be expanded. This will provide legal protections, financial stability, and improved working conditions for caregivers, who play a vital role in the care sector but often face inadequate support.

iv. **Provision of Social Security for Caregivers:** To dignify and secure the welfare of the caregivers, it is essential to ensure their social security through the establishment of provisions for sick leave, access to healthcare facilities, insurance, etc.

v. **Requirement for Professional Recognition:** There is a need to integrate caregivers as essential contributors to health and social care in a formal framework. This can be achieved by clearly defining their role in national policies and legal frameworks. Moreover, there is also a need to formally recognise caregiving as an allied profession with defined roles, fair wages, job security, and growth opportunities.

vi. **Occupational Disease and Work Accident Insurance:** Facility for insurance for accidents while providing care or exposure to any disease may be provided to the caregivers.

Pillar VII: Strengthening Family and Community-Based Caregiving

Actions

i. **Reducing the Disproportionate Care Burden on Women:** According to the Time Use Survey (2019), women spend an average of 299 minutes per day on unpaid domestic services, compared to 97 minutes for men, reflecting the disproportionate burden of unpaid care work borne by women. To reduce this imbalance and enhance women's economic participation, measures may include expanding access to affordable, high-quality caregiving services and respite care programmes, strengthening community- and home-based care, and promoting shared caregiving responsibilities through awareness campaigns.

ii. **Strengthening Home-Based Care Services:** At present, home-based care services in India remain fragmented and are available only in limited geographies, despite evidence from the RESPECT Programme (Elderly Care) and community-based palliative care initiatives demonstrating that a majority of older persons and individuals with chronic illnesses prefer to receive care in their homes. A structured home-based care ecosystem may therefore be developed by integrating trained caregivers with Ayushman Arogya Mandirs, District Hospitals, and community health programmes to ensure continuity of care. Caregivers may support treatment adherence, symptom monitoring, rehabilitation, and timely referrals, thereby improving access to quality care for older persons, Persons with Disabilities, and individuals with chronic illnesses.

iii. **Strengthening Support Systems for Caregivers:** Prioritising well-being for both formal and informal caregivers is critical to ensure effective caregiving. Caregivers should have access to counselling, mental health support, respite care, and other services. Particular emphasis should also be placed on palliative and end-of-life care support, equipping caregivers with the knowledge, skills, and psychosocial assistance required to care for individuals with terminal

illnesses and complex chronic conditions while managing caregiver stress and bereavement. A specialised programme may be developed to cater to this essential requirement. Programmes such as the U.S. Family Caregiver Support initiative and Road to Recovery (R2R) sessions run by the National Institute of Mental Health and Neuro-Sciences (NIMHANS), India, provide valuable models that can be scaled up nationally.

iv. **Reaching Underserved Regions through Community-Based Caregivers and Family Caregivers:** Since the formal workforce is still an emerging area, family-based care remains a source of caregiving in the underserved areas. Therefore, the family and community-based care may be strengthened to provide care. This may be done by integrating community caregivers with the e-Ayushman Arogya Mandir (AAM).

v. **Strengthening Self-Help Groups as Community Care Providers:** To expand caregiving to every corner of the country, it is essential to strengthen the local self-help groups/ NGOs and develop a network of community care by providing training and certification to these community care providers to serve as caregivers within their local networks.

vi. **Utilising Government Healthcare Facilities for Caregiver Training:** There is a scope for utilising the Government hospitals and Public Healthcare Centres as training centres for caregivers with a focus on learning through practical exposure with patients/ care seekers. These centres can provide structured programmes that combine clinical experience with certification, enhancing caregivers' competence in elderly and disability care. Such initiatives promote professional caregiving standards and improve service availability across communities.

vii. **Community-based training programmes:** Training may be given to informal and family caregivers with essential skills in caregiving, first aid, basic nursing, and communication, enabling them to provide better care.

viii. **Leveraging CSR:** Corporate Social Responsibility (CSR) may be leveraged to strengthen caregiving services at the local level, through training, capacity-building, and financial assistance to caregiving agencies, CSOs, NGOs, SHGs, and other community-based institutions. This may be done by inclusion of care services and training in the sector for CSR initiatives and funding. Since these interventions are broadly aligned with the permissible activities under Section 135 and Schedule VII of the Companies Act, 2013, particularly those relating to healthcare, vocational skill development, and support for vulnerable populations, suitable guidelines or advisories may be issued to encourage companies to prioritise caregiver training and community-based care initiatives within their CSR portfolios. In addition to the above, organisations rendering care services may consider registering and listing on the social stock exchange as a source of financing.

Pillar VIII: Strengthening Emotional and Social Support Systems for Family Caregivers

Actions

i. **Leave for Providing Care Services:** In India, mostly caregiving continues to be undertaken by family members. Managing job and family responsibilities often leads to job loss and burnout among care providers. To enable family members to provide effective care and fulfil their official responsibilities, it is recommended that a provision for care leave be introduced. This will empower employees to provide necessary support to dependent parents or persons with chronic illnesses.

ii. **Workplace Sensitisation and Employer Engagement:** To spread awareness and learning within the workplace, sensitisation modules may be introduced in the employee welfare frameworks. Further, peer support and effective alternatives to traditional work arrangements may be encouraged.

iii. **Respite and Temporary Care Services:** To help caregivers deal with the burnout arising from caregiving and allow them to fulfil their other responsibilities, the concept of short-term or respite care services may be explored. These services may be integrated within community caregivers, local networks, health centres, etc.

iv. **Community and Public Recognition:** For the promotion of providing caregiving services and to reinforce the individuals/organisations providing caregiving support, periodic awards or appreciation events at the district and state levels may be organised to acknowledge the contribution of caregivers.

v. **Counselling for Family Caregivers**: Prolonged caregiving often leads to emotional distress, physical exhaustion, social isolation, and financial hardship. Experiences from both elderly care and palliative care programmes have shown that empowering family caregivers through training, counselling, peer support, and respite services improves patient outcomes and reduces caregiver burnout. Policy initiatives may therefore focus not only on training professional caregivers but also on strengthening the capacities of family caregivers through accessible community-based support systems.

Pillar IX: Leveraging Technology and Digital Governance

Actions

i. **Digital Portal for Accessing Care Services:** A digital portal needs to be developed containing an exhaustive and region-wise directory of certified caregivers, for availing their care services. The portal may also maintain a list of blacklisted caregivers to ensure accountability and quality of services. Further, the caregiving ecosystem may incorporate standardised background verification of caregivers before placement, mandatory reporting and grievance redressal mechanisms for cases of abuse, neglect, or exploitation, and appropriate safeguards to protect vulnerable older persons and Persons with Disabilities. At the same time, suitable protection mechanisms may be established to safeguard caregivers from exploitation, harassment, violence, and unsafe working conditions in households, thereby fostering trust, accountability, and safety for both care recipients and caregivers.

ii. **Leveraging Technology:** The adoption of technology-enabled learning platforms may be promoted to broaden the coverage and quality of training for formal and informal caregivers. These platforms should offer modular, multilingual, and accessible content, supported by interactive and self-paced learning features, to facilitate safe, inclusive, and scalable capacity building. For this, inspiration may be drawn from global case studies for the delivery of safe and accessible learning, and the adoption of digital tools and assistive technologies to improve the quality of care may be encouraged.

Way Forward

The development of a comprehensive caregiving ecosystem presents an opportunity to reimagine care as a cornerstone of India's social and economic development. As demographic transitions, changing family structures and rising care needs continue to reshape society, investing in a professional, inclusive and sustainable caregiving ecosystem has the potential to improve the quality of life of older persons, Persons with Disabilities and other care dependent populations, while generating dignified employment, strengthening women's economic participation and positioning India as a trusted provider of quality caregiving services for both domestic and global needs.

Realising this vision requires a whole-of-government and whole-of-society approach, recognising that caregiving extends across health, social justice, disability inclusion, skill development, labour, education, technology and international cooperation. The proposed ecosystem envisages strong institutional convergence among Central Ministries, State Governments, regulatory bodies, training institutions, healthcare systems, academia, Civil Society Organisations, the private sector and community-based institutions, with clearly defined roles, shared accountability and coordinated implementation.

At the centre of this governance architecture, the National Caregiver Council (NCC) is envisaged as the apex institution responsible for providing strategic direction, regulatory oversight and institutional coordination for the caregiving sector. The Council may serve as the anchor for strengthening and integrating the existing formal and informal caregiving ecosystem, while promoting a professional, standardised and inclusive care framework across the country. It may facilitate the development of national standards for caregiver education, training, accreditation, certification and professional recognition; strengthen existing training institutions and caregiving services; coordinate workforce planning and quality assurance; maintain the National Caregiver Registry and Digital Portal; promote research, innovation and knowledge sharing; foster international collaboration; and establish effective grievance redressal and monitoring mechanisms. By providing a unified institutional framework, the NCC has the potential to promote coherence, consistency and convergence across the caregiving ecosystem.

As the nodal Ministry, the Department of Social Justice and Empowerment (DoSJE) may provide strategic leadership by anchoring the National Policy on Caregiving, facilitating inter-ministerial and Centre-State convergence, and coordinating the implementation of key initiatives across sectors. Complementing this effort, the Ministry of Health and Family Welfare, Department of Empowerment of Persons with Disabilities, Ministry of Skill Development and Entrepreneurship, Ministry of Labour and Employment, Ministry of External Affairs, MeitY, State Governments, NCVET, NSDC, Quality Council of India, NCERT, UGC, AICTE, RCI, NISD, healthcare institutions, CSR partners, Civil Society Organisations and community based institutions each have distinct yet complementary roles in policy development, skilling, service delivery, social protection, digital transformation, international

cooperation and community outreach. The success of the proposed ecosystem, therefore, rests on sustained collaboration, policy convergence and coordinated implementation across these institutions.

The caregiving ecosystem envisioned in this report extends beyond creating a new cadre of workers or expanding care services. It represents a shift towards recognising caregiving as a critical component of India's human development architecture, one that values care as a public good, recognises caregivers as skilled professionals, supports families and communities, and enables equitable access to quality care across the life course. Through sustained institutional commitment, coordinated action, and collective ownership, India has the opportunity to build a resilient, inclusive, and sustainable caregiving ecosystem that addresses the country's growing care needs while contributing to social inclusion, economic growth, and global leadership in caregiving.

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Annexure-I

Caregiving Courses and Training Programmes

S.N.	Organisation	Title of the Course	Eligibility	Duration / Hours	Seat Intake	Topics Included
Courses Run by Central and State Government Institutes						
1	Rehabilitation Council of India (DEPwD)	Certificate Course in Caregiving	10th or equivalent pass	1 Year hrs	30	• Employability Skill and Soft Skill • Mental Health for Persons with Disabilities, Parkinson's disease, Chronic illness patients and the Geriatric Population • Autism, Cerebral Palsy, Intellectual disabilities, and Multiple Disabilities, including deaf blindness
2	Directorate General of Training	Geriatric (Old Age) Care-one-year-long term Training	10th Standard	1350 hours	-	• Elementary Geriatric care, computer knowledge, • Communication skills for Geriatric, database management, food and dietary first-aid, • Firefighting, environment regulation and housekeeping

S.N.	Organisation	Title of the Course	Eligibility	Duration / Hours	Seat Intake	Topics Included
3	National Institute of Social Defence (DoSJE)	PG Diploma in Integrated Geriatric Care	10th Standard	1 Year	25-30	• Gerontology • Public Policy and Planning • Clinical Geriatrics • Geriatric Management • Psychology and Counselling • Research Methodology
4		PM Special Training of Geriatric Caregivers	Less than 45 years and qualified as per the Job	Course-wise training hours	25-30	----------
5		Geriatric Care Providers	12th Pass and 18+	3-4 months/480 hours	25-30	• Assistance to elderly persons, mostly in palliative care
6		1 Month Advanced Caregivers Course on Dementia Care	Geriatric Care Certified Candidates	1 Month	25	• Socio-Demographic Dynamics • Public Policy and Planning • Fundamentals of Ageing Care • Geriatric Counselling • Geriatric Management
7		1 Month Advanced Caregivers Course on Palliative and Hospice Care				

S.N.	Organisation	Title of the Course	Eligibility	Duration / Hours	Seat Intake	Topics Included
8	NISD	Online Basic Course on Geriatric / Elderly Care, through TAPAS	General Public	--	--	• Importance of Health & Hygiene for Senior Citizens • Measuring vital signs & checking blood sugar • Mental Health Illnesses among the Elderly: Role of Communication • Age-friendly environment: Fall & its prevention • Exercises and handling assistive devices for senior citizens • Elder Abuse: Manifestation & Prevention • Legal Provisions for Senior Citizens • Geriatric Palliative Care

S.N.	Organisation	Title of the Course	Eligibility	Duration / Hours	Seat Intake	Topics Included
9		Online Basic Course on Care & Management of Dementia through TAPAS	General Public	--	--	• Dementia: An Introduction • Causes, Stages and Diagnosis of Alzheimer's Dementia • Behavioural Problems among people with dementia and ways of communicating with them • Ensuring Safety in Dementia Care • Ensuring Hygiene in Dementia Care • Management of Dementia during Natural Disasters • Managing Dementia Caregiver Stress

S.N.	Organisation	Title of the Course	Eligibility	Duration / Hours	Seat Intake	Topics Included
10	Home Management and Care Givers Sector Skill Council (MSDE)	Elderly Caretaker (NonClinical)	8thgrade pass; age 18+	360 Hours	25	• Geriatric communication & counselling; • mobility assistance & fallprevention; meal planning & hygiene support recordkeeping;
11		Care Homes Supervisor	10thgrade pass; age 18+; 1 yr caregiving experience	750 Hours	20	• Leadership & team management; • regulatory compliance; • quality assurance processes; • advanced elderly & disability care principles
12		Care Homes Manager	UG Diploma or Equivalent / 12th Grade Pass with 3 years of experience	540 Hours	30	--

S.N.	Organisation	Title of the Course	Eligibility	Duration / Hours	Seat Intake	Topics Included
13	National Institute of Public Health Training & Research, MoHFW	Home Health aid	10+2 with Science Age Limit: 18-30 years	1 Month 414 hours (150 hours for theory and 264 hours of practical and clinical training)	------	• Introduction to the home health aid programme. • Assist the nurse in bathing the patient. • Assist the nurse in grooming the patient. • Assist the patient in dressing up. • Support individuals to eat and drink • Assist the patient in maintaining normal elimination. • Prevent and control infection • Communicate with geriatric /paralytic/ immobile patient and their caregivers. • Enable geriatric/ paralytic/immobile patients to cope with changes to their health and well-being • Implement interventions

S.N.	Organisation	Title of the Course	Eligibility	Duration / Hours	Seat Intake	Topics Included
14	Indira Gandhi National Open University	Certificate in Geriatric Care Assistance	12th pass with Sciences	6 Months	NA	• Foundation for Geriatric Care Assistance • Special Needs of Geriatric Care • Special Needs of Geriatric Care
15		Certificate in Home-Based Health Care	10th Pass	6 Months	NA	• Basics of Home-Based Care • Skills related to Home-Based Care
16		Certificate in Home Health Assistance	10+2 Pass	6 Months	NA	• Basic Home Health Assistance • Applied Home Health Assistance • Skills for Home Health Assistance
17	Government of Odisha	Geriatric Caregiver Training (RFP in process. Guidelines issued)	18-38 10th pass	3 Months	NA	• Geriatric/ Elderly Care – Introduction • Body system, functions, and related problems • Infection and control • Caring procedures • Mental health issues/ concerns in the elderly • Caring procedures

S.N.	Organisation	Title of the Course	Eligibility	Duration / Hours	Seat Intake	Topics Included
18	Govt of Kerala, in collaboration with Focus Active Learning	Care Certificate – Knowledge Programme	12th Pass	Online 30 hours	NA	• Effective Communication • Person-Centered Care • Safeguarding • Health and Safety Awareness • Infection Prevention and Control
19	Beauty & Wellness Sector Skill Council	Wellness Therapist for Elderly	12th Pass	570 hours	NA	-
20	Healthcare Sector Skill Council	Geriatric Caregiver (Institutional & Home Care)	12th Pass	660 hours	NA	-
21		Geriatric Care Assistant (Hospital/ Hospice Care)	12th Pass with 1.5 years of experience	600 hours	NA	-
22		Home Health aid Trainee	10th Pass	420 hours	NA	-
23		Vriddha Swasthya Sahyaka (care based on Ayurveda and Yoga principles)	12th Pass	60 hours	NA	-
24		Yoga Therapy Assistant (Electives on Diabetes and Palliative care)	12th Pass	870 hours	NA	-
Courses Run by Private Organisations						

S.N.	Organisation	Title of the Course	Eligibility	Duration / Hours	Seat Intake	Topics Included
25	Indian Association of Palliative Care (IAPC)	• Foundation Course in the Essentials of Palliative Care (FCEPC) • Certificate Course in Basics of Palliative Care (Blended Learning) • Foundation Course in Palliative Care for Volunteers (FCPCV) • Foundation Course in Physiotherapy–Palliative Care Interface • Foundation Course in Palliative Care Pharmacy • Foundation Course in Psychosocial Issues in Palliative Care	• Doctors (MBBS/ BDS) • Nurses (GNM/B. Sc./M.Sc.) • Physiotherapists • Pharmacists • Psychologists/ Social Worker • Community Volunteers • (course-specific)	Certificate Course: 600 hours over 6 months; 12-day clinical posting. Volunteer Course: 32 hours (16-hour online + 16-hour observership).	Not publicly specified	• Principles of palliative care • Pain and symptom • management • Communication skills • Psychosocial care • End-of-life care • Ethical and legal issues • Team-based care • Clinical skills

S.N.	Organisation	Title of the Course	Eligibility	Duration / Hours	Seat Intake	Topics Included
26	Institute of Palliative Medicine (WHO Collaborating Centre for Community Participation in Palliative Care and Long-Term Care)	• Fellowship in Palliative Care • National Fellowship in Palliative Medicine (NFPM) • National Fellowship in Palliative Nursing (NFPN) • Basic Certificate Course in Palliative Medicine (BCCPM) • Volunteer/Carer Training Programme (WHO Workbook) • Foundations of Palliative Care	• Healthcare professionals • Programme managers • NGOs • Social workers • Community volunteers • Paid carers • Family caregivers (course-specific)	Fellowship: 6 months. NFPM: 1 year. NFPN: 1 year. BCCPM: 6 weeks. Volunteer/Carer Programme: 20 hours.	NFPM: 25/ year NFPN: 25/ year Others: Not publicly specified	• Principles of palliative care • Pain and symptom management • Communication and counselling • Community- and home-based care • Caregiver support • End-of-life care • Psychosocial and spiritual care • Ethics • Rehabilitation • Team-based care
27	Shiksha Online (Online)	Diploma in Caregiving	Anyone	6 Hours		• Fundamentals Skills in Caregiving • Infections, Nutrition, & Food Safety • Emergencies, falls & fire safety • Understanding dementia

S.N.	Organisation	Title of the Course	Eligibility	Duration / Hours	Seat Intake	Topics Included
28	Nightingales Medical Trust, RRTC Caregiving Course	Diploma in Caregiving, Home Health aid and Nurse aid		12.5 hours 12.5 hours on-demand video 3 articles Access on mobile and TV Certificate of completion		• How to measure vitals • Emerging shortage of aid professionals in developed countries • Understanding medication • Elderly care • Disability management • Working with the paediatric population
29	Indian Institute of Skill Development Training	Certificate in Elderly Caretaker (Non-Clinical)	Not Specified	1 Month		• Non-Medical Assistance • Personal hygiene • Mobility assistance • Household management

S.N.	Organisation	Title of the Course	Eligibility	Duration / Hours	Seat Intake	Topics Included
30	Guardian Angel Institute of Caregiving	Caregiver Training Programme (CTP)	10th Standard Pass	15 Day Class + 3 months internship	---------	• Introduction to caregiving • Understanding the needs of patients, elderly people, and individuals with disabilities • Communication skills for caregivers. • Patient safety and mobility. • Assisting with activities of daily living. • Vital signs monitoring. • Care for patients with dementia • Medication management. • Nutrition and hydration. • Infection control. • End-of-life care.
31		Family Caregiver Training (Need-based)	10th Standard Pass	3 hours each for specific skills training	----------	• Same as above

S.N.	Organisation	Title of the Course	Eligibility	Duration / Hours	Seat Intake	Topics Included
32	Caregiver Saathi	Programmes for Caregivers	Caregivers	--	--	• Caregiver Prepares- Training for Professional Caregivers • Practice of Compassionate Caregiving • Caregiving Resources- Preventive burnout
33		Programmes for Family Caregivers	Family Caregivers	--	--	• Emotional First Aid • Respite Care Programme • Practices of Compassionate Caregiving • Caregiver Coach Programme

Annexure-II

Detailed Case studies of Global Best Practices in Expansion of Formal Caregiving Support

1. China

i. **Workforce Status and Gap:** As of 2024, China has approximately 500,000 trained caregivers, while estimates suggest that to meet the care demands of its rapidly ageing population, over 6 million caregivers would be required (State Council of China, 2023).[37] This shortage of over 5.5 million caregivers highlights the urgent need for a skilled workforce capable of supporting both home- and institution-based eldercare.

ii. **National Guideline on Professional Competence (2025):** These guidelines were issued by the Ministry of Civil Affairs and the Ministry of Human Resources and Social Security, China[38] establish an eight-level certification framework, ranging from apprentice to chief skilled master, and mandates annual skill assessments for formal caregivers. This initiative aims to ensure that quality service delivery of care reaches coverage up to 80 percent among elder care workers by 2030.

iii. **Removal of Formal Education Requirement (2019):** To ease access to caregiving training, China has removed the mandatory formal education requirement for caregiver certification in the year 2019. This initiative empowers individuals with basic literacy skills to receive training in the caregiving profession. This reform was introduced to expand workforce participation, especially among rural populations and middle-aged individuals who may not have formal academic qualifications but are willing to work in eldercare.

iv. **Recognition of Long-Term Care as a Profession**, **2022:** In 2022, the occupation "Long-Term Care Worker" was officially added to China's National Occupation Catalogue by the Ministry of Human Resources and Social Security and the National Healthcare Security Administration. This formal recognition elevated the status of caregivers and aligned their work with regulated skill standards and employment protections.

v. **Elder Care Robot Standards (2025) IEC 63310:** In March 2025, the International Electrotechnical Commission (IEC), with China's active participation[39], released IEC 63310, titled "Functional Performance Criteria and Guidelines for Robots Intended for Use in the Active Assisted Living Connected Home Environment."

37 State Council of China. (2023). China's Elder Care Workforce Development Plan.

38 Ministry of Civil Affairs, & Ministry of Human Resources and Social Security. (2025, April 15). National guideline for elderly care established. State Council of the People's Republic of China. https://english.www.gov.cn/policies/policywatch/202504/15/content_WS67fdc04ec6d0868f4e8f1b40.html

39 International Electrotechnical Commission. (2025, January 17). IEC 63310: Functional performance criteria for AAL robots used in connected home environment. https://webstore.iec.ch/en/publication/66358

This global standard defines the performance, safety, usability, and ethical guidelines for eldercare robots that assist with hygiene, feeding, mobility, communication, and emotional well-being.

2. Japan

i. **Workforce Status and Gap:** As of 2024, Japan has approximately 2 million certified caregivers and 500,000 home caregivers, with a reported shortfall of about 300,000 care workers, which reflects a need for rise in creating large pool of caregivers and advance informal care services.[40] Given the current unmet demand for health workers, Japan has signed several agreements with Southeast Asian countries to recruit foreign-born nursing professionals.

ii. **Caregiver Visa Scheme – Specified Skilled Worker (SSW) Visa (2019 onwards):** Japan launched the Specified Skilled Worker (SSW) visa programme in 2019, to address workforce shortages in sectors like long-term care. Under this scheme, foreign nationals with caregiving experience or training, along with a basic level of Japanese language proficiency, are eligible to work in Japan's eldercare facilities. The visa provided under the programme is valid for five years. The applicants have to pass two assessments: one for caregiving skills and another for Japanese language proficiency (equivalent to N4 level of the Japanese Language Proficiency Test). After the selection process, workers provide assistance with daily living to elderly persons. The programme is managed by Japan's Ministry of Health, Labour and Welfare in coordination with partner countries through bilateral agreements.[41]

iii. **Long-Term Care Insurance (LTCI) System (2000):** In the year 2000, the Government of Japan launched the LTCI system. This system aims to provide access to care and to integrate informal care through allowances, respite services, and volunteer participation. Under this system, the role of informal and family caregivers is recognised. It also promotes regional inclusive service models.[42]

iv. **Caregiver Training Programmes (Updated 2024):** Since 2024, Japan has offered caregiver training through three programmes, under which the Certified Care Workers complete a 2–to 3-year vocational course, the Home Helpers undergo tiered training (500 hours basic + 230 hours advanced), while the care Managers require prior certification and specialised training for enrolling in these courses.[43]

40 Japan Ministry of Health, Labour and Welfare. (2024). National Care Worker Demand and Supply Report

41 Government of Japan. (2019). Specified Skilled Worker Visa Guidelines.

42 International Journal of Integrated Care. (2014, January 19). Implementation process and challenges for the community-based integrated care system in Japan. https://ijic.org/articles/10.5334/ijic.988

43 Japan Association of Certified Care Workers. (2024). Care worker training curriculum overview. https://www.jaccw.or.jp/en.

3. Australia

i. **Workforce Status and Gap:** Australia has approximately 2.7 million caregivers who remain unpaid. This represents for 11 percent of its population.[44] These unpaid workers are mostly family members or friends who provide essential support to persons with disabilities, those with chronic illnesses, or elderly persons.

ii. **Legislation – Carer Recognition Act (2010) and Aged Care Act (1997)[45]:** These two key legislations formally acknowledge the vital role of caregivers in Australia. The Aged Care Act 1997 served as the principal legislation governing the planning, funding, regulation, and delivery of government-funded aged care services in Australia. It established the legal framework for the approval and regulation of aged care providers, quality standards, funding arrangements, and the rights and responsibilities of care recipients. Complementing this, the Carer Recognition Act 2010 formally acknowledges the valuable contribution of carers. It requires Australian Government agencies and associated providers to consider carers' needs in the planning, design, and delivery of services. While the Act does not provide direct financial benefits, it promotes greater recognition of carers, their inclusion in decision-making, and improved access to support services.

iii. **New Aged Care Act (Commencing 2025):** From 1 November 2025, Australia has introduced a new Aged Care Act. This new legislation introduces major reforms to Australia's aged care system. It promotes a person-centred approach with a single, streamlined entry point for services, culturally safe assessment processes, and a rights-based framework to uphold the dignity and choices of older people receiving care.

iv. **Training & Certification Programmes:** Australia has various national programmes to support both new entrants and existing workers in the aged care sector. These programmes include the following.[46]

   a. **Home Care Workforce Support Programme:** providing subsidised training and supported work placement opportunities for home caregivers.

   b. **Online training**: Open-source free modules titled 'Equip Aged Care Learning Packages' and developed by University of Tasmania where anyone interested in developing and improving their care expertise.

   c. **Dementia care training**: Training provided by Dementia Training Australia; an organisation supported by the Australian Government to help people caring for patient with acute dementia.

44 Carers Australia. (2024). Caring for others and yourself: Carer Wellbeing Survey 2024 report. WellRes Unit, Health Research Institute, University of Canberra; Carers Australia. https://www.carersaustralia.com.au/wp-content/uploads/2024/10/Final-CWS-2024-Report-compressed.pdf

45 Australian Government. (2010). Carer Recognition Act 2010. https://www.legislation.gov.au/Details/C2010A00123

46 Dementia Training Australia, University of Tasmania, Equip Aged Care Packages, ELDAC, & PEPA. (2024). Equip Aged Care Packages. https://equiplearning.utas.edu.au/

d. **Palliative care training:** End of Life Directions for Aged Care (ELDAC) and Programme of Experience in the Palliative Approach (PEPA) have been created for enhancing training of caregivers.

4. United States of America

i. **Workforce Status and Gap:** The USA has approximately 43.5 million caregivers, accounting for 13% of its population. The professional caregiving sector is experiencing annual turnover rates of over 70%, leading to frequent disruptions in care. The demand for caregivers is estimated to increase by 33% by 2030. Additionally, family caregivers, numbering over 53 million as of 2020, shoulder the majority of care, often without adequate financial or institutional support.[47]

ii. **Federal Policy Framework**: The U.S. caregiving ecosystem is supported by a mix of federal laws, Medicaid waivers, and grant programmes. Key legislation includes:

   a. **Family and Medical Leave Act (FMLA, 1993)**: This Act contains provisions for 12 weeks of unpaid, job-protected leave to eligible employees who provide caregiving assistance for family members.

   b. **Lifespan Respite Care Act (2006):** The Act provides coordinated systems of accessible, community-based respite care services for family caregivers.

   c. **RAISE Family Caregivers Act (2018):** The Act mandates the development of a national caregiving strategy and the creation of federal programmes to strengthen the caregiving ecosystem.

   d. **Older Americans Act – National Family Caregiver Support Programme (2000):** The National Family Caregiver Support Programme (NFCSP) was established under the Older Americans Act in 2000 to support family and informal caregivers of older persons. The programme provides grants to states and territories to deliver caregiver support services, including information and assistance, counselling, caregiver training, respite care, and supplemental services. By strengthening caregivers' capacity and well-being, the programme enables older persons to continue living independently in their homes and communities. The Act facilitates and acknowledges the provision of grants to States for providing services such as training, respite care, and counselling through Area Agencies on Ageing (AAAs) programmes.

47 AARP, & National Alliance for Caregiving. (2020). Caregiving in the U.S. 2020. AARP. Retrieved July 15, 2026, from https://www.aarp.org/content/dam/aarp/ppi/2020/05/full-report-caregiving-in-the-united-states.doi.10.26419-2Fppi.00103.001.pdf

iii. **Training & Certification Programmes:** The training programmes conducted through State and Federal Support are as follows:

a. **Certified Dementia Practitioner (CDP) (2003):** Administered by the National Council of Certified Dementia Practitioners (NCCDP), this programme trains caregivers to provide care to patients with dementia. For the training and certification in this programme, the candidates are required to attend a seminar and complete 10 hours of continuing education every two years.

b. **Caregivers FIRST Programme (2018):** Delivered by the U.S. Department of Veterans Affairs (VA). Under this programme, military caregivers are trained in emotional support, health navigation, and caregiving strategies.

c. **Open Access Training Resources (Ongoing):** Organizations like AARP, the Family Caregiver Alliance, and the Bureau of Health Workforce (under HRSA) provide free, accessible materials covering caregiving basics, dementia care, and ethical caregiving practices. These resources support family caregivers and direct care workers across different care environments.

d. **State-Based Competency Certification (Ongoing):** Caregivers are required to pass state-level competency exams, undergo background checks, and obtain Basic Life Support and First Aid certifications, with health and immunisation clearance. These requirements vary by state and care setting.

5. Germany

i. **Workforce Status and Gap:** As of 2024, Germany has a shortfall of over 150,000 professional caregivers, which is projected to rise sharply by 2030 due to rapid population ageing. Around 80% of elderly people in Germany receive care from a family member. [48]

ii. **Policy and Legislative Framework:** Germany aims to ensure its caregiving through long-term caregiving policies.

a. **Care Realignment Law (2013):** The Act aims to ensure implementation of improved quality of care and availability of flexible services for dementia patients.

b. **Family Care Act (Familienpflegezeitgesetz), 2012:** Allows family caregivers to take short-term leave up to 10 days of emergency care leave (with partial wage compensation).

c. **Care Support Acts I, II, and III (2015–2017):** These laws expanded care services, improved support for home care, and introduced a broader definition of care needs, including mental and psychological health.

d. **Home Care Leave Act (Pflegezeitgesetz) 2012:** Offers long-term leave (up to 24 months) for family caregivers with partial salary support and

48 German Federal Statistical Office. (2019, August 14). Long-term care. Retrieved July 13, 2026, from https://www.destatis.de/EN/Themes/Society-Environment/Health/Long-Term-Care/node.html

job protection. These laws ensure job protection and partial income replacement.

iii. **Provision for Insurance:** Germany has operated a "mandatory Long-Term Care Insurance (LTCI) system" since 1995. Everyone contributes through payroll deductions. People in need of care can receive either:

   a. **In-kind services** through professional care providers, or

   b. **Cash benefits** to support care by family members.

iv. **Training and Certification Programmes:** Germany has an extensive programme for the skilling of formal caregivers, titled 'Elderly Care Ausbildung'. This programme, launched in 2003, is a nationally recognised 3-year vocational training programme for formal eldercare professionals. Learners must clear written, oral, and practical exams to receive a nationally valid certificate that allows them to work independently as professional caregivers. The course has the following two components:

   a. **Theory Classes:** Topics include basic and advanced nursing, hygiene, nutrition, communication, psychology, safety, and elderly care laws.

   b. **Practical Training:** Minimum of 2,500 hours in care homes, hospitals, and home care settings.

v. **Support for Informal Caregivers:** Germany provides strong and structured support to family members and friends who act as informal caregivers. Informal caregivers are supported through Pension contributions, Respite care, and Legal leave options to take care of relatives. The details of the same are given below:

   a. **Cash Allowance:** Informal caregivers can receive monthly cash payments through the 'Long-Term Care Insurance System', depending on the care level (ranging from approximately €300 to €900). This helps cover daily care expenses or compensate for lost income.

   b. **Pension Contributions:** The government pays into the caregiver's pension if they provide care for at least 10 hours per week over two days or more.

   c. **Social Security Coverage:** Under this programme, in addition to ensuring social security benefits to the formal caregivers, social security is extended to Informal carers under accident and unemployment insurance, which provides them with basic security in case of injury or job loss during the period of providing care.

   d. **Respite Care Services:** Provision of respite care, i.e., alternate break through availing another care provider, is introduced to prevent the family caregivers from dealing with stress and fatigue due to a prolonged period of caregiving.

   e. **Free Training and Counselling:** Free of cost training is provided to family members providing care, who can take the training, which improves their

skill in caregiving, especially for long-term patient care. It also helps them to navigate through their patients' emotional needs.

f. **Flexible Care Choices:** The families of caregivers can choose between fully formal care, informal care with cash benefits, or a combination of both, based on their needs and preferences.

g. **Digital Learning Platforms:** To provide caregiver training through flexible and online means, Germany has introduced digital platforms or portals, such as quatraCare Health Academy and platform3L. These platforms provide personalised training, AI-assisted learning, and foster caregiving skills across multiple languages. This allows candidates to take training due to the ease of accessibility.

Annexure-III

Summary of Training of Caregivers Conducted by NISD from 2018-25

S.No.	Year	Implemented throughout the States/ UTs Pan India District	No. of Training Programmes Conducted	Total Caregivers Enrolled	Total Caregivers Certified	Total Trained Caregivers Placed in Employment (if tracked)
1	2018-19	1. New Delhi 2. Gadarwara (MP) 3. Hyderabad (AP) 4. Gautam Buddha Nagar (UP) 5. Bengaluru (Karnataka) 6. Nasik (Maharashtra) 7. Tuennsang (Nagaland) 8. Ramathapuram (TN) 9. Vilupuram (TN) 10. Cuddalore (TN) 11. Theni (TN), Thanjavur (TN) 12. Kattumannarkoil (TN) Thirunelvely (TN) 13. Thenkasi (TN) 14. Nalgonda (Telangana) 15. Thiruvallur (TN) 16. Ahmedabad (Gujarat) 17. Patna (Bihar) 18. Chittoor (AP) 19. Lucknow (UP) 20. Khunti (Jharkhand)\ 21. Dindigul (TN) 22. Sitapur (UP) Shahjahanpur(UP) 23. Trichi (TN) 24. Ariyalur (TN) 25. Paschim Medinipur (WB) 26. Bokaro (Jharkhand) 27. Kadappa (Maharashtra), 28. Banjari (Bihar) 29. Faridabad (Haryana)	12	300	286	229
2	2019-20		15	375	364	291
3	2020-21		0	0	0	0
4	2021-22		3	75	75	75
5	2022-23		18	450	446	357
6	2023-24		25	625	625	625
7	2024-25		99	2475	2405	1924
Total			**172**	**4300**	**4201**	**3501**

Trained Candidates under Training of Geriatric Care Givers (PM-Special) in FY 2023-24

S.No.	Geriatric Care Training	No. of Candidates Approved	No. of Candidates Trained	Total Caregivers Certified	Total Trained Caregivers Placed in Employment (if tracked)
1	Wellness Therapist (Elderly)	29195	26974	26974	Not yet Tracked
2	Elderly Care Companion	4410	4410	4410	Not yet Tracked
3	Geriatric Caregiver (Institutional & Home Care)	1290	1290	1290	Not yet Tracked
4	Elderly Caretaker (Non Clinical)	4555	4010	4010	Not yet Tracked
Total		**39450**	**36684**	**36684**	

NITI Aayog

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