profession. To the extent that it is being somatized, as a concept it is weak. Conversely in developed countries, where it has been conceptualized, to the extent that care has not been somatized, it has been idealized, professionalized and commercialized. Gaps formed between somatized care, taught care, and care as a business. When candidates cross national borders, the gap between somatized care and care as a concept has to be bridged somewhere along the line.

Philippines Care Curriculum System

The Philippines and Thailand have qualification systems equivalent to carework. Moreover, with their economic partnership agreements with Japan, Indonesia and Vietnam are seen to be and working towards creating qualifications, by putting together curricula, and international cooperation with carework is beginning. There are numerous issues. In order for university graduates other than registered nurses to be able to become careworker candidates, the Japanese government put together a carework curriculum and conducted careworker training; however, as there were issues with matching, the training program was cut short. Some universities are scheduled to put together carework curricula. They are looking towards the world, whilst keeping Japan in mind.

It is not only Japan who is taking in careworkers, countries such as Singapore and Taiwan have been accepting since the 80s and 90s. As there are no qualifications equivalent to carework in the sending countries, they are facing problems with human-resource development. Because of this, many nursing staff are being employed in carework. In Taiwan, workers from Indonesia, Vietnam and the Philippines are being accepted as domestic careworkers for the elderly. There are no particular qualification requirements; however, the Taiwanese government requires approximately 100 hours of prior training. However, conducting the kind of training required by the receiving countries in the sending countries is not easy.

Here I will explain the Philippines caregiver qualification.

CAREGIVER CURRICULUM

The caregiver curriculum comes under the jurisdiction of TESDA (The Technical Education and Skills Development Authority). TESDA handles a general qualifications system, excluding qualifications at the tertiary education level, and was formed on the basis of the Technical Education and Skills Development Act of 1994. In article 22 of the same act, it says that occupational skills standards are to be established by TESDA accredited industry committees, and they shall develop, certify, implement qualifications, and conduct trade-skills testing.

Qualifications in the Philippines are based on skills attainment, and are characterized by being a "modular system" whereby various skills are combined to form the qualification. For example, qualification A

is the combination of fractionated skills O, P, and Q, and qualification B is made from a combination of skill P, from qualification A, and other skills X, Y and Z. If industry requests the creation of a new qualification C, it can be formed by taking the necessary skills and combining them into a curriculum.

The caregiver qualification said to be based on the Canadian caregiver training curriculum, and it has drawn a lot of attention since 2000, becoming popular with persons hoping to seek employment in Canada and Israel. The caregiver qualification attracted attention once again in 2004 at the time of the Japan-Philippines Economic Partnership Agreement negotiations, and the number of educational institutions establishing courses increased. However, the negotiations were postponed, and there were people who found themselves unable to find work, even after having acquired the qualification. Currently, the establishment of a new caregiver course has not been approved.

To acquire the qualification, a minimum of 786 hours classroom study, and a practical training course, must be completed. Practical training is conducted at hospitals, facilities for the disabled, facilities for the elderly and orphanages, etc.; however, as the number of training facilities is limited in comparison to the number of schools, it is felt that it is possible to receive better practical training at schools connected to hospitals. Other schools conduct practical training in partnership with a facility.

Caregiver qualification is composed of basic competence, common competence and core competence, and the content differs greatly from that of a Japanese home helper or careworker (see figure). Core competence includes not only care of infants and toddlers, children, elderly persons or people with special needs, but also housework such as cleaning, laundry and meal preparation. However, it is considered to be a versatile qualification which may also suitable for work at facilities.

Some of the modules are the same as the domestic worker training curriculum known as "super maid". TESDA believes that by changing the modules they can create something equivalent to Japan's careworker training. There are no particular demands from the Japanese government.

I will provide an overview of the skills of the caregiver below.

The **CAREGIVING NC(National Certificate) II** Qualification consists of competencies that a person must achieve to provide care and support to infants/toddlers, provide care and support to children, foster social, intellectual, creative and emotional development of children, foster the physical development of children, provide care and support to elderly, provide care and support to people with special needs, maintain healthy and safe environment, respond to emergency, clean living room, dining room, bedrooms, toilet and bathroom, wash and iron clothes, linen, fabric, prepare hot and cold meals.

A person who has achieved this Qualification is competent to be a:

- ❑ **Caregiver of an infant / toddler**

- ❑ **Caregiver of a child**
- ❑ **Caregiver of an elderly**
- ❑ **Caregiver of people with special needs**

CURRICULUM DESIGN

Nominal Training Duration: 786 HRS composed from basic competence at least 18 hours, common competence at 18 and core competencies at 18 hours and core competence at 750 hours.

This section exemplify the details of the competency of maintenance of high standard of patient services (common competency 4) and provision of care and services to elderly (core competency 5).

What is Japanese Carework?: the concept of *Kaigo* carework

1. WHAT IS KAIGO CAREWORK?

Kaigo pursues a person with disability of an independent daily life while his/her dignity is respected without losing self-reliance orientation by providing adequate assistance accordingly to the needs. Direct care includes feeding, bathing, toileting, putting on and taking off clothes, transfer and so forth. This kind of support is related to daily activities which are all significant in maintenance of his/her health and maintenance of social life.

WHAT IS KAIGO OR CERTIFIED CAREWORKER?

Certified careworker in Japan was established as national certification in 1987. They are usually employed in elderly facilities, facilities for the disabled, hospitals and individual homes with care needy residents.

2. BACKGROUND OF THE BIRTH OF THE INSTITUTION

Even though lifespan of Japanese prolonged, elderly composes of high ratio of total population while family care provision is not easy to provide as before. Therefore, there was an urgent need to socialize carework and the long-term care insurance started in 2000.

3. THE CONCEPT OF CARE AND KAIGO

Care is deeply related with nursing care, protective care, medical care, care on daily activities, care for special needs and so forth. This is significant service providing sector in ageing society. Careworker, particularly certified careworker is a major component of care provider.

Certified careworker is regarded as significant human resources of care provision. They are required to have necessary knowledge and skills to adequately assist a person with disability physically and/or mentally for his/her independent life. They are also required to provide not only basic care assisting daily activities but also medical care such as suction, FGT and gastric fistula since April, 2012.

High quality of care can be provided by collaboration with a nurse, certified careworker and other healthcare staffs. Professional careworker only exists in Germany and Japan. Professionalized carework is considered necessary in ageing Asia in the future.

4. DIFFERENTIATION OF NURSING AND KAIGO CARE

While medical care developed in the course of advancement of medical knowledge, carework itself increased in the process of ageing.

5. KAIGO AND NURSING

The origin of care dates back to Florence Nightingale who divided care into nursing care and care for daily life. The differentiation of care made it clear the role of hands-on care that assist daily living. The rapid progress of modern medical technology that is called medical model has been revised due to the progress of prospect of life towards emphasis on quality of life that is called life model. Therefore, the ageing society needs not only cure but also care to cope with ageing processes.

6. NURSES AND CAREWORKERS

Even with the increase in chronic diseases or incurable diseases, the advancement of medical technology has brought higher possibility of survival. Care facilities called *"Tokubetu Yogo Rojin Homu"* for stable residents with severe psychological and physical symptoms were developed. And *"Rojin Hoken Shisetsu"* for those who are expected recovery from body malfunctions after rehabilitation are provided. Professional careworkers in those places provide carework by respecting care recipients dignity, by facilitating independence and by aiming at self-actualization. Acute facilities usually provide nurses as a frontline of medical care.

7. METHOD OF ACQUIRING CERTIFIED CAREWORKER QUALIFICATION

SUMMARY OF NATIONAL BOARD EXAMINATION FOR CERTIFIED CAREWORKER IN JAPAN

Certified Social Workers and Certified Care Workers Act passed 108th parliament in May 21st, 1987 and promulgated on the 26th. In 2007, the law was revised to reflect the new care needs such as care for the dementia under long-term care insurance. Certified careworker or *Kaigo Fukushishi* is defined by the act that who can provide care to those with difficulty in maintaining. He/She is to provide care based on his/her special knowledge and skills to those with physical and mental disability in accordance with the level of needs and provide instruction on care to his/her care provider.

8. NEW CURRICULUM THAT REQUIRES 1850 HOURS.

CABINET DECISION IN JUNE 18, 2010.

Active ageing is a symbol of healthy society and basis for economic development. However, the existing institutional framework and care supply system has not met the rapidly increasing and diversified demand for care due to ageing and medical technology advancement. In order to remove fear of their future and excessive savings that restrain expenditure for the present life, we would strengthen medical and care service foundation.

Increase in medical schools, security of both medical and care staffs, and reviewing their roles are examples of reform. And there is a need to optimize differentiation of medical facilities and allocation of advanced medical facilities, to improve care facilities and home services to improve infrastructure of care.

Career Development of Foreign Certified Careworkers

Career development for foreign certified careworkers is emerging as a new issue for successful candidates. The acquisition of qualifications is also for the purpose of getting acceptance under the EPA, and an announcement by the Ministry of Health, Labor and Welfare has been clearly stated. A large number of candidates have studied Japanese and nursing for the test for 4 years, with the hopes of passing. However there are concerns that successful candidates will burn out and lose sight of their goals. Many careworker candidates have answered that they would like to return home after passing the exam.

Careworker candidates place importance on the study of Japanese rather than examination study for the first one or two years. Studying for exams commences from the third year, but many are shocked at how difficult the national examination is, thinking it to be impossible and becoming discouraged. However, for careworkers, unlike nursing candidates, their daily work is directly linked to the examination, so if they do their daily jobs properly and study continuously, at some stage they will gain confidence. However, after they pass, their career is unclear and there may be a need to rethink their career path.

Though not a significant survey, future paths other than working as a careworker in Japan mentioned were 1. Some men said they would like to set up a careworker school in Indonesia, 2. Many women said they would like to further their education, 3. They wanted to return to being a nurse, 4. Some wanted to seek employment at another Japanese company. A broad classification of the further study in 2. was going on to do a Masters course (S2) or in the case of DIII obtaining an S1 degree. In other words, this means not working in Japan as a careworker, but as a nurse in Indonesia. The return to nursing in 3. means, many careworker candidates have less than two years (Indonesia) or three years (Philippines) practical experience which is why they applied to become careworkers. In other words, it is a half-hearted application. Because they had

interrupted their career to come to Japan, finding work or being reinstated as a nurse is, in a sense a natural choice. Even if working in the same careworker field, there are candidates who have hopes of switching their workplace to one in an urban area. It is natural for facilities who have nurtured candidates to want them to stay, but there are people who consider changing to a job in an urban area to be one possible career option. In order to keep careworkers their jobs it is necessary to rethink about the design of the career.

COMPETENCY MAP
CAREGIVING NC II

BASIC COMPETENCIES
Participate in workplace communication
Work in team environment
Practice career professionalism
Practice occupational health and safety procedures

COMMON COMPETENCIES
Implement and monitor infection control policies and procedures
Respond effectively to difficult/challenging behavior
Apply basic first aid
Maintain high standard of patient services

CORE COMPETENCIES
Provide care and support to infants/toddlers
Provide care and support to children
Foster social, intellectual, creative and emotional development of children
Foster the physical development of children
Provide care and support to elderly
Provide care and support to people with special needs
Maintain healthy and safe environment
Respond to emergency
Clean living room, dining room, bedrooms, toilet and bathroom
Wash and iron clothes, linen and fabric
Prepare hot and cold meals

CURRICULUM DESIGN

Nominal Training Duration: **786 HRS** composed from basic competence at least 18 hours, common competence at 18 and core competencies at 18 hours and core competence at 750 hours.

BASIC COMPETENCIES (18 Hours)

UNIT OF COMPETENCY	LEARNING OUTCOMES	METHODOLOGY	ASSESSMENT APPROACH
1. Participate in workplace communication	1.1 Obtain and convey workplace information 1.2 Complete relevant work related documents 1.3 Participate in workplace meeting and discussion	• Group discussion • Interaction	• Demonstration observation • Interviews/ • Questioning
2. Work in a team environment	2.1 Describe and identify team role and responsibility in a team 2.2 Describe work as a team member	• Discussion • Interaction	• Demonstration • Observation • Interviews/ • Questioning
3. Practice career professionalism	3.1 Integrate personal objectives with organizational goals 3.2 Set and meet work priorities 3.3 Maintain professional growth and development	• Group discussion • Interaction	• Demonstration observation • Interviews/ • Questioning
4. Practice occupational health and safety	4.1 Evaluate hazard and risks 4.2 Control hazards and risks 4.3 Maintain occupational health and safety awareness	• Discussion • Plant Tour • Symposium	• Observation • Interviews

COMMON COMPETENCIES (18 Hours)

UNIT OF COMPETENCY	LEARNING OUTCOMES	METHODOLOGY	ASSESSMENT APPROACH
1. Implement and monitor infection control policies and procedures	1.1 Provide information to the work group about the organization's infection control policies and procedures. 1.2 Integrate the organization's infection control policy and procedure into work practices. 1.3 Monitor infection control performance and implement improvements in practices	• Lecturette • Brainstorming	• Observation and oral questioning • Grid question • Practical exercise
2. Respond effectively to difficult/challenging behavior	2.1 Plan and respond to emergencies. 2.2 Report and review incidents.	• Lecturette • Brainstorming	• Observation and oral questioning • Grid question • Practical exercise
3. Apply basic first aid	3.1 Assess the situation. 3.2 Apply basic first aid techniques. 3.3 Communicate details of the incident.	• Lecturette • Brainstorming	• Observation and oral questioning • Grid question • Practical exercise
4. Maintain high standard of patient services(see the next section for detailed)	4.1 Communicate appropriately with patients. 4.2 Establish and maintain good interpersonal relationship with patients. 4.3 Act in a respectful manner at all times. 4.4 Evaluate own work to maintain a high standard of patient service.	• Lecturette • Brainstorming	• Observation and oral questioning • Grid question • Practical exercise

CORE COMPETENCIES (750 Hours)

COMPETENCY	LEARNING OUTCOMES	METHODOLOGY	ASSESSMENT APPROACH
1. Provide care and support to infants /toddlers	1.1 Explain the concepts and principles of caring, growth and development of infants/toddlers 1.2 Prepare infants / toddlers for taking vital signs, bathing and dressing 1.3 Clean, sterilize feeding bottles and prepare milk formula 1.4 Prepare and introduce adequate nutrition and semi-solid food. 1.5 Prepare infant / toddlers crib.	• Discussion • Demonstration	• Questioning demonstration observation
2. Provide care and support to children	2.1 Explain the importance of instilling personal hygiene practices to children 2.2 Maintain children's paraphernalia 2.3 Prepare children for taking vital sign, bathing and dressing 2.4 Perform after care activities for materials and paraphernalia 2.5 Determine nutritional food requirements of children	• Discussion • Demonstration • Brainstorming	• Demonstration observation • Questioning
3. Foster social, intellectual, creative and emotional development of children	3.1 Explain the concepts and principles of social, intellectual, creative and emotional development of children (3-12 yrs. Old)	• Discussion • Role play • Brainstorming	• Questioning • Demonstration • Observation

COMPETENCY	LEARNING OUTCOMES	METHODOLOGY	ASSESSMENT APPROACH
4. Foster physical development of children	4.1 Explain the concepts and principles of physical development of children 4.2 Explain the importance of healthy sleeping patterns and practices 4.3 Perform physical activities	• Discussion • Role play • Brainstorming • Demonstration	• Questioning • Observation • Demonstration
5. Provide care and support to elderly	5.1 Explain the concepts and principles of basic nursing care of the elderly 5.2 Identify appropriate physical, emotional, spiritual and intellectual needs. 5.3 Provide assistance in promoting the appropriate needs for roles, responsibilities, rights, freedom and activities of elderly. 5.4 Provide adequate nutrition and elimination	• Discussion • Brainstorming	• Observation • Questioning
6. Provide care and support to people with special needs	6.1 Identify and explain the needs of people with special needs 6.2 Identify personal care and assistance needed for daily living 6.3 Establish and maintain appropriate relationship 6.4 Provide appropriate support for people with special needs 6.5 Assist in oral and written communication	• Discussion • Demonstration	• Questioning • Written exam • Demonstration

COMPETENCY	LEARNING OUTCOMES	METHODOLOGY	ASSESSMENT APPROACH
	6.6 Provide adequate nutrition and elimination for people with special needs		
7. Maintain a healthy and safe environment	7.1 Explain the concepts and principles in maintaining a clean and therapeutic environment 7.2 Explain the procedure in maintaining a clean and therapeutic environment 7.3 Assist client in implementing a safe and therapeutic environment	• Discussion • Demonstration	• Demonstration questioning
8. Respond to emergency	8.1 Discuss signs and symptoms of various illnesses and diseases 8.2 Identify and explain appropriate first aid and basic emergency procedure 8.3 Explain the procedures in implementing infection control prevention 8.4 Identify the appropriate procedures in medicine administration 8.5 Identify dangerous, hazardous and threat to safety and well being 8.6 Perform first aid procedures	• Discussion • Demonstration • Simulation • Video viewing	• Demonstration questioning
9. Clean living room, dining room, bedroom, toilet and bathroom	9.1 Explain the principles and proper procedures in cleaning and polishing (living room, bedroom, bathroom, and kitchen)	• Discussion • Demonstration • Video viewing	• Demonstration questioning

COMPETENCY	LEARNING OUTCOMES	METHODOLOGY	ASSESSMENT APPROACH
	9.2 Clean and sanitize toilet and bathroom 9.3 Identify different kinds of cleaning agent 9.4 Make up beds and cots. (open and closed bed) 9.5 Maintain a clean environment 9.6 Perform after care activities of materials and equipment		
10. Wash and iron clothes, linens and fabrics	10.1 Explain the principles and procedures in washing and ironing clothes 10.2 Explain the procedures in operating tools and equipment 10.3 Perform laundry 10.4 Iron clothes, linens and fabrics 10.5 Perform after care activities of materials and equipment	• Discussion • Demonstration	• Demonstration questioning
11. Prepare hot and cold meals	11.1 Explain the procedures in preparing hot and cold meals 11.2 Prepare hot and cold meals 11.3 Prepare appetizers, sauces, dressings and garnishes 11.4 Cook meals and dishes according to recipe/ dietary requirements 11.5 Set table and serve cooked dishes	• Discussion • Demonstration	• Demonstration questioning

COMPETENCY	LEARNING OUTCOMES	METHODOLOGY	ASSESSMENT APPROACH
	11.6 Perform after care activities of materials and equipment 11.7 Demonstrate personal good grooming and hygiene 11.8 Demonstrate clear and effective communication on the job. 11.9 Maintain professionalism at the workplace		

This section exemplify the details of the competency of maintenance of high standard of patient services (common competency 4) and provision of care and services to elderly (core competency 5).

ELEMENT	PERFORMANCE CRITERIA *Italicized terms* are elaborated in the Range of Variables
1. Communicate appropriately with patients	1.1 Effective ***communication*** strategies and techniques are identified and used to achieve best patient service outcomes. 1.2 Complaints are responded to in accordance with organizational policy to ensure best service to patients. 1.3 Complaints are dealt with in accordance with established procedures. 1.4 Interpreter services are accessed as required. 1.5 Action is taken to resolve conflicts either directly, where a positive outcome can be immediately achieved, or by referral to the appropriate personnel. 1.6 Participation in work team is constructive and collaborative and demonstrates an understanding of own role.
2. Establish and maintain good interpersonal relationship with patients	2.1 Rapport is established to ensure the service is appropriate to and in the best interests of patients.

	2.2	Effective listening skills are used to ensure a high level of effective communication and quality of service.
	2.3	Patient concerns and needs are correctly identified and responded to responsibility and accordingly established procedures and guidelines.
	2.4	Effectiveness of interpersonal interaction is consistently monitored and evaluated to ensure best patient service outcomes.
3. Act in a respectful manner at all times	3.1	***Respect for differences*** is positively, actively and consistently demonstrated in all work.
	3.2	***Confidentiality*** and privacy of patients is maintained.
	3.3	Courtesy is demonstrated in all interactions with patients, visitors, carers and family.
	3.4	Assistance with the care of patients with challenging behaviors is provided in accordance with established procedures.
	3.5	Techniques are used to manage and minimize aggression.
4. Evaluate own work to maintain a high standard of patient service	4.1	Advice and assistance is received or sought from appropriate sources on own performance.
	4.2	Own work is adjusted, incorporating recommendations that address performance issues, to maintain the agreed standard of patient support.

RANGE OF VARIABLES

VARIABLE	RANGE
1. Patients	This may include but not limited to: 1.1 Patients 1.2 Prospective patients to the service/s 1.3 Patient may be in contact with the institution through appropriate health care personnel and professionals or other advocates or agencies
2. Others with whom interaction is required in regard to patient services	2.1 Other staff and team members 2.2 Service units or departments 2.3 Family members, carers and friends of patients 2.4 Professional representatives or agents of patients such as: - Medical specialists - Nurses - Social workers - Dietitians - Therapists - Allied health professionals - Volunteers - Teachers and/or spiritual - Community 2.5 General Public
3. Communication	3.1 English/Tagalog/Vernacular 3.2 Sign language 3.3 Through an interpreter 3.4 Community language as required by the service/organization
4. Modes of communication	4.1 Continuing interaction with patients and clients 4.2 Verbal conversations either in person or via telephone 4.3 Written notes by post or electronic media 4.4 Worker, family member friend or professional interpreter who has relevant languages
5. Respect for difference	5.1 Physical 5.2 Cognitive/mental or intellectual issues that may impact on communication 5.3 Cultural and ethnic 5.4 Religious/spiritual 5.5 Social

	5.6 Age 5.7 Language literacy and numeracy abilities 5.8 Sexuality and sexual preference
6. Confidentiality and privacy of patients	6.1 Fees 6.2 Health fund entitlements 6.3 Welfare entitlements 6.4 Payment methods and records 6.5 Public environments 6.6 Legal and ethical requirements 6.7 Writing details (i.e. medical and consent forms) 6.8 Conversations on the telephone 6.9 Secure location for written records 6.10 Offering a private location for discussions Information disclosed to an appropriate person consistent with one's level of responsibility
7. Performance monitoring	7.1 Self-monitoring 7.2 Supervisor assessment Patient feedback

EVIDENCE GUIDE

1. Critical aspects of competency	Assessment requires evidence that the candidate: 1.1 Communicated appropriately with patients 1.2 Handled complaints and resolved conflict, or referred matters to supervisors when required. 1.3 Complied with relevant policies, protocols, guidelines and procedures of the organization. 1.4 Established and maintained good interpersonal relationship with patients 1.5 Demonstrated courtesy in all interactions with patients, their visitors and family.
2. Underpinning knowledge and attitudes	2.1 Roles and responsibilities of self and other workers within the organization 2.2 When client/patient issues need to be referred to an appropriate health professional 2.3 Organizational policies and procedures for privacy and confidentiality of information provided by patients and others 2.4 Knowledge of cultures relevant to the particular service 2.5 Institutional policy on patient rights and responsibilities
3. Underpinning skills	3.1 Establishing and maintaining relationships taking into account individual differences 3.2 Using effective listening techniques 3.3 Using appropriate verbal and non verbal communication styles 3.4 Ability to interpret and follow the instructions and guidance of health professionals involved with the care of patients/clients 3.5 Oral and written communication 3.6 Problem solving skills required include the ability to use available resources and prioritize workload 3.7 Ability to deal with conflict 3.8 Ability to work with others and display empathy with patient and relatives
4. Resource implications	The following resources MUST be provided: 4.1 Access to relevant workplace or appropriately simulated environment where assessment can take place. 4.2 Relevant government and organizational policy, guidelines, procedures and protocols. 4.3 Any relevant legislation in relation to service delivery.
5. Method of assessment	Competency may be assessed through: 5.1 Demonstration with questioning

	5.2	Interview
	5.3	Third Party Report
6. Context of assessment	6.1	Assessment may be done in a simulated workplace setting.

UNIT OF COMPETENCY : provision of care and services to elderly

UNIT DESCRIPTOR : This unit covers the knowledge, skills and attitudes required in providing support and assistance to maintain quality care for the elderly to meet his/her daily needs including nourishment, mobility, personal hygiene and other support within the plan of care.

Elements	Performance Criteria	Related Knowledge, Attitude and Safety	Underpinning Skills	Materials Tools and Equipment
1. Establish and maintain appropriate relationship with elderly	• Self-introduction of caregiver to elderly client occurred appropriately • Appropriate attitudes such as confidentiality, privacy, courtesy and respect are adhered to and demonstrated towards the elderly • The elderly's own interest, rights, freedom and decision-making are supported and respected. • Short interpersonal exchanges with the elderly in establishing, developing and maintaining rapport are	• Concept of individual differences • Relationship building processes • Short casual exchanges • Effective communication • Dialogue • Question and answer/ interview techniques • Communication necessary to develop trusting relationship	• Ability to establish and maintain a relationship that takes into account the elderly's individual differences (e.g. age, abilities, disabilities, gender and/or cultural background) • Oral communication skills (language skills) and non-verbal communication	

	encouraged		skills (e.g. touch, smiling, etc.)	
2. Provide appropriate support to the elderly	• All support provided to the elderly is in accordance with the elderly's needs, rights and self determination • The elderly is encouraged and supported to participate in social, recreational and educational programs and activities	• Treating the elderly person as an individual • Respect for difference ➢ Cultural ➢ Physical ➢ Emotional ➢ Beliefs ➢ Customs ➢ Values ➢ Religions ➢ Prefences	• Ability to establish and maintain a relationship that takes into account the elderly's individual differences (e.g. age, abilities, disabilities, gender and/or cultural background)	• Wheelchair • Walker • Cane • Crutches • Parallel Bars • Feeding Utensils • Diaper • Urinal • Commode

	• The elderly is assisted, supported and encouraged to attend and participate in celebrations and special events as appropriately planned • Support, assistance and encouragement are provided to the elderly in meeting specific religious, cultural, spiritual and ceremonial needs • Assistance is provided in maintaining a safe and healthy environment, including minimizing physical dangers and risk of infections • Assistance in provided as required with meals and refreshments	• Asking questions • Observing the elderly • Asking for clarification from the elderly • Asking other significant people such as relatives, friends and staff • Acting as companion • Acting as host/client assistant	• Oral communication skills (language skills) • Non- verbal skills (e.g. touch, smiling, etc.) necessary to develop a trusting relationship with an elderly • Language skills may be English	• Handrails • Night Light • Commode • Reading Materials
3. Support preferences of elderly with regards to roles, responsibilities, rights, freedom and activities	• Personal preferences are identified in consultation with the elderly and a plan for execution is mapped out • The elderly are supported and encouraged in exercising their rights and personal preferences without compromising their safety and those of others • Short interpersonal	• Factors giving rise to grief and loss in the elderly • Safety risks to the elderly • Major systems of the body • Individual preferences of the elderly • Companionship role and responsibilities	• Ability to establish and maintain a relationship that takes into account the elderly's individual differences (e.g. age, abilities, disabilities cultural background)	• Access to appropriate workplace