



Agreement no. 2011-3643 / 001-001  
Project no. 518388-LLP-1-2011-1-IT-LEONARDO-LMP

**Project funded by the European Commission:**



Lifelong  
Learning  
Programme

## **WP6**

### **Modelling the demand/supply matching**

<b>Document Title:</b>	<b>Deliverable D6.1</b> <i>D/S Matching as a Resource Tool to provide qualified home care services. General Set-Up Guidelines</i>
Type of document:	Demonstrator/Prototype annex
Date of Issue:	31/10/2013 (incorporating Peer Review remarks)
Author(s):	IRS
E-mail address:	<a href="mailto:fdiconcetto@irsonline.it">fdiconcetto@irsonline.it</a>
Contributors to document:	
Quality Reviewers:	Jorūnė Vyšniauskytė-Rimkienė, VMU
Date of Delivery:	31/12/2012
Number of Pages:	
Confidentiality Status:	Public
Version:	Final version

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## INTRODUCTION

The activities to be undertaken under WP6 aim at creating a model for the demand/supply matching of home care workers to be incorporated in the UPCARING platform.

Besides being the UPCARING project applicant, IRS is the lead partner of WP6 "Modelling the demand/supply matching". Within WP6, IRS has the role of

*coordinating the whole WP and the other Partners' contributions and drafting the deliverables*

and is in charge of

*the coordination and correct scheduling of the WP activities, their integration and overall coherence with the WP objectives, making sure that all partners have clear tasks and deadlines (both intermediate and final ones) and equally contribute to the overall WP goals achievement, making sure that the common methodology is respected and providing advice to any problems faced by any partner.*

The contractual description of the WP6 deliverable ("Demand/supply of care service providers matching system"<sup>1</sup>) underlines that

*the deliverable will be accompanied by guidelines containing indications as to how to set up a system for an efficient demand and supply matching in the social care sector, identifying all concerned stakeholders, legal, formal and informal ones, and suggesting the ICTs solutions (including the concrete choice made to develop the prototype), contents, and principles for its implementation. The prototype will be in English and the partners will take care of translating in their national languages all the necessary parts (including the guidelines) to make a qualitative use of in the piloting phase. The guidelines will be made public through the project website.*

As is mentioned in the application, IRS has been publishing an online newsletter on social care since 2005 ([www.qualificare.info](http://www.qualificare.info)). The QUALIFICARE newsletter is addressed to all private and public players involved in the provision of social care services. It promotes exchange of information to qualify the work of home care workers and improve the quality of the services provided. IRS was also involved in the experimentation of a D/S matching service in Emilia-Romagna, Italy, based on the

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<sup>1</sup> The term "care service provider" used in the in the project proposal was replaced by "home care worker" (HCW) during the implementation of the project.

development of a dedicated software (Madreperla)<sup>2</sup> and on a preliminary study on needs and challenges to be faced to improve the quality of social care services.

Based on its experience in the field of design and evaluation of welfare services IRS proposes a Demand/Supply matching model consisting of the following:

- 1) interview template for Care Recipients
- 2) interview template for Home Care Workers
- 3) database to perform the matching according to pre-selected matching criteria.

The demand/supply match system organizes the skills, competences and services offered by each registered Home Care Worker according to an approach which considers the needs of the final beneficiaries of home care work (Care Recipients).

The model is completed by these operational guidelines addressed to local and public institutions on how to set up a demand/supply matching system as a resource tool to provide qualified home care services.

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<sup>2</sup> The Madreperla software was a part of a project for improving the quality of the home care services market developed in Emilia-Romagna thanks to ESF funding (E.S.F. reference no. 0996/2002/RER – Regional Committee Resolution no. 1510 of 02/08/2002).

## 1. RATIONALE OF THE UPCARING PROJECT

In an increasingly ageing Europe, the impact of invalidating illnesses also increases and, as a consequence, the need for family care assistance grows. This puts immediate pressure on the labour market demanding high numbers of qualified, competent workers.

Moreover, in a society where knowledge, technologies and their applications progress quickly, and where services are more and more digitalized, families also need home care workers with specific skills and competences to support them in the use of technologies such as tele-care, tele-medicine, tele-health, etc.).

It is a fact that most home care workers are migrant citizens coming from other Europeans and non-European countries attracted by the expanding work opportunities in the home care sector. However, these workers often hold low qualification, or find difficulties in having their prior work experience and education recognized. This makes it difficult for them to integrate in society and in the labour market and may constitute a missed opportunity for Europe's multicultural growth.

On the other hand, this new professional profile must be identified, acknowledged, and certified based on the EQF and the ECVET to be proposed on the labour market through the official pathway involving public authorities in charge of welfare services, labour policy, migration policy etc.

An efficient system to match the demand and the supply of home care workers is also needed in order to facilitate response to the care recipients' needs and home care workers' access to the labour market.

Intermediary professionals (such as tutors, trainers, social workers, public officers at front desks etc.) who deal with home care workers and care recipients and their families would benefit from guidelines to support them in proposing learning opportunities to home care workers to improve their professionalism and helping families find a care worker for their relative.

Based on these premises the UPCARING Consortium developed an integrated system to offer home care workers – most of whom are migrants – an opportunity for self-assessing their competence – and possibly have them recognized - and improve their professionalism. This was achieved through the design of an e-learning system proposing training resources not only relevant to the technical-professional aspects of the home care worker's profession, but also on the language, the cultural background of the hosting country, and other administrative aspects that sometimes hamper the integration process.<sup>3</sup>

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<sup>3</sup> This issue concerns specifically Italy where the great majority of home care workers are foreign citizens.

The system integrates a European framework of competences for home care workers and is comprised of:

- a system for self-assessment of prior learning leading to validation;<sup>4</sup>
- an e-learning scheme based on the principles of flexibility, e-learning, and blended approach.
- a demand/supply match system.

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<sup>4</sup> Based on local legislation, rules and regulations on competence validation/recognition/certification.

## 2. INSTITUTIONAL CONTEXT FOR A D/S MATCHING RESOURCE TOOL

The focus of a D/S matching resource tool is to support care recipients and their families in the search of a home care worker responding to their needs. Such tool works at its best if it is connected to the comprehensive network of services provided by public authorities within the framework of employment and social welfare services.

### 2.1. Basic features of a D/S matching Resource Tool

- |  |  |
|--|--|
| 1) Action field  | Private home care work   |
| 2) Aims  | <ul style="list-style-type: none"><li>• Operate within the framework of local employment and social welfare services to support care recipients and their families in the search of a private home care worker responding to their needs.</li><li>• Facilitate care recipients and home care workers in getting the best match between care needs and professional skills.</li><li>• Build a qualified home care workers network to possibly provide temporary substitution services to care recipients in case of illness or absence of the regular home care worker.</li></ul> |
| 3) Links to other institutional services concerned with the social care sector | For optimal performance the service should be closely connected to the comprehensive network of services provided by public authorities within the framework of employment and social welfare services as well as to other relevant players such as migrants' associations, senior citizens' associations, workers' unions, volunteer associations, charitable bodies, etc.  |
| 4) Main target groups  | <ul style="list-style-type: none"><li>• Care recipients and their families in their capacity as potential employers.</li><li>• Home care workers – either aspiring home care workers or already practising ones looking for a new job.</li></ul>   |
| 5) Approach  | The D/S matching resource tool should facilitate the relationship between potential employers and home care workers and create favourable conditions for   |

the parties to make their own choice.

6) Compliance with rules and regulations concerning personal data protection.

Home Care Workers and Care Recipients responding to the registration and needs analysis interviews should receive a written information note describing in what way their personal data will be used for the purposes of the D/S match service and should sign a form authorizing the service provider to process their data for the purposes of the service.

### 3. DESIGNING A DEMAND/SUPPLY MATCHING RESOURCE TOOL

D/S matching of home care work is an intermediation service for people needing home care and should be performed through the following phases:

- 1) analysing the needs of the care recipients;
- 2) assessing the characteristics and skills of home care workers and matching them with the requirements of the care recipients through an expressly designed database;
- 3) shortlisting the home care workers who best respond to the needs of the care recipients.

This chapter and the following one suggest guidelines for setting up a Demand/Supply matching Resource Tool to provide qualified home care services based on the **creation of a register of home care workers** having the minimum qualitative requirements for being employed in the private home care services market and on **matching the demand of private home care services by older people and the supply of home care services by individual home care workers**.

It is essential to underline that home care work D/S matching should be performed in close synergy and in agreement with the comprehensive network of services provided by public authorities within the framework of employment and social welfare services as well as to other relevant players such as migrants' associations, senior citizens' associations, workers' unions, volunteer associations, charitable bodies, etc. supporting the D/S matching service target groups and according to local rules and regulations.

The following general guidelines are mainly technical and operational and make no claim to exhaustiveness; it is essential that they be adapted to local contexts and completed by a permanent action of building, consolidation and involvement of the network of relevant stakeholders.

#### 3.1. Creating a network – The role of stakeholders

The first step to be taken is to identify and involve the most relevant stakeholders at local level.

Below is a short description of the role of stakeholders in designing and implementing the D/S matching service Resource Tool.

<b>Stakeholder(s) Stakeholder groups(s)</b>	<b>Relevance</b>
Home care workers	<i>Direct target group</i> Applying for a job in the social care sector
Care recipients	<i>Direct target group</i> In their capacity as potential employers.
Intermediary professionals (facilitators)	<i>Indirect target group</i> – Individuals taking part in the D/S matching process on behalf of an organisation (e.g., employment services, healthcare and welfare services, etc).  The role of intermediaries is a crucial one in D/S matching since they are the ones who would possibly be involved in the provision of the service and in charge of assessing the caregivers' competence and skills, analysing the needs and requirements of care recipients (or care recipients' families), organizing and eventually monitor the relationship between the caregiver and the care recipient once the matching has been performed.
Policy-makers	<i>Indirect target group</i> – Local authorities, public authorities and other public institutions having the authority to set policy frameworks and particularly to promote, govern and monitor the "market" of private home care services.  Policy-makers' involvement is essential for gaining support and incorporating D/S matching into existing local frameworks.
Organizations/Associations involved in or providing services relevant to social welfare and inclusion (with specific reference to home care services and long-term care)	<i>Indirect target group</i> – Migrants' associations, senior citizens associations, workers unions, volunteer associations, charitable bodies.  Organisations that are in contact with the two groups of direct beneficiaries and can direct them to the service.

### **3.2. The "Demand" side: analysing care recipients' needs**

The following step in the design of the service consists in designing the needs analysis process.

Needs analysis should be performed on care recipients and the following fields should be investigated:

- 1) Health conditions of the care recipient (with focus on the care recipient's level of dependency and/or specific impairments – cognitive, motor, etc... - or other health problems);
- 2) Care recipient's living arrangements (alone, with live-in family);
- 3) Specific requirements in terms of time (live-in contract, weekdays, weekends, parts of the day, etc.) and duration of service (long-term, short-term);
- 4) Services requested.

Besides the basic parameters listed above, other selection criteria could apply such as prior work experience, formal education in health care, etc.

The interview to be administered to the care recipient or care recipient's family should be as thorough as possible and cover any possible area affecting the effectiveness of the care service, such as accessibility (e.g., home care worker should own a car if the care recipient's home is not served by public transport), language skills (for home care workers coming from foreign countries), etc.

A needs analysis interview template is provided as Annex 1.

### **3.3. The "Supply" side: creating a home care workers register**

The home care workers register will collect all the relevant information concerning home care workers with specific reference to:

- 1) Accepted work conditions (with focus on the care recipient's level of dependency and/or specific impairments – cognitive, motor, etc... - or other health problems, care recipient's living arrangements, type of employment contract, home care worker's time availability, etc.);
- 2) Duration of service (long-term, short-term);
- 3) List of services provided.

Information on services provided by home care workers is very important because they are the basic items on which matching should be performed together with accepted work conditions.

Besides the details listed above, information should be collected relevant to the home care workers' prior work experience, formal education in health care, etc. These will not affect the matching process but will be made visible to the care recipient.

The interview to be administered to the home care worker should be as thorough as possible and cover any possible further area affecting the actual suitability of the person to the needs of the care recipient, such as accessibility (e.g., home care worker should own a car if the care recipient's home is not served by public transport), language skills (for home care workers coming from foreign countries), etc.

A home care worker registration interview template is provided as Annex 2.

### **3.4. ICT support**

The minimum suggested ICT elements necessary for setting up the D/S matching system are the following:

- database;
- data entry form;
- administration panel;
- sorted matches list.

Open source frameworks such as CodeIgniter can be used to minimize costs.

## **4. IMPLEMENTING THE D/S MATCHING RESOURCE TOOL**

The D/S matching Resource Tool aims at supporting care recipients and their families in their search of a private home care worker responding to their needs. The D/S matching process should be managed by experienced operators able to identify the specific needs of care recipients and assess the range of services offered by home care workers against the standard operational protocols used in home care.

It is therefore necessary to involve in the process expert staff able to perform an in-depth analysis of the care recipient's needs on one side, and to perform skills assessment of the home care workers on the other side.

It is also important to underline that D/S matching could be further developed to favour registered home care workers' professional improvement by providing access to training and to skills recognition, possibly leading to a "certified home care worker" label.

### **4.1. Organizational set-up**

The D/S matching process is essentially based on:

- collection of relevant information from care recipients and care workers
- registration of the information collected into an expressly designed database
- shortlisting the available home care workers who match the selection criteria.

The process should be operator-assisted so as to make sure that the care recipient's needs analysis and the home care worker's skills assessment are performed properly.

#### **4.1.1. Key skills of D/S matching staff**

The staff in charge of performing the D/S matching process should be experienced in managing relationships with the two target groups of the service (care recipients and their families, and home care workers). Dealing with these groups may be challenging due to aspects such as urgency of need on both the demand and supply sides.

Technical/operational key skills of staff in charge of the D/S matching should be relevant to:

- knowledge of operational protocols for home care
- vocational and career guidance
- labour demand/supply matching
- database management

and should be completed by transversal skills such as

- active listening
- interpersonal communication
- problem solving
- ability to deal with confidential information.

### **4.2. Location**

An appointed helpdesk or front-office counter placed within a relevant local institution premises (e.g. Municipality, Local Health Authority, Employment Centre, according to local regulations/agreements) should be used as D/S matching service location. It should be easily accessible even by users with mobility impairments and should guarantee respect for privacy and confidentiality of data.

### 4.3. ICT resources

The information collected during care recipients' needs analysis and home care workers registration should be stored in an expressly designed database that will match the care recipient's requirements with the characteristics and services provided by the home care workers.

Minimum ICT equipment should also comprise a personal computer, a printer, and an Internet connection in case connection of the database with other relevant services (e.g., employment services, local health services, etc.) is needed.

### 4.4. D/S matching step by step

The D/S matching process involves the following phases:<sup>5</sup>

#### Phase 1) Home care Worker Registration

Each home care worker should apply for registration to the appointed helpdesk or front-office counter where the D/S matching operator collects relevant information through an in-depth interview, assesses the skills and characteristics of the applicant and eventually registers the applicant in the Home Care Workers database.

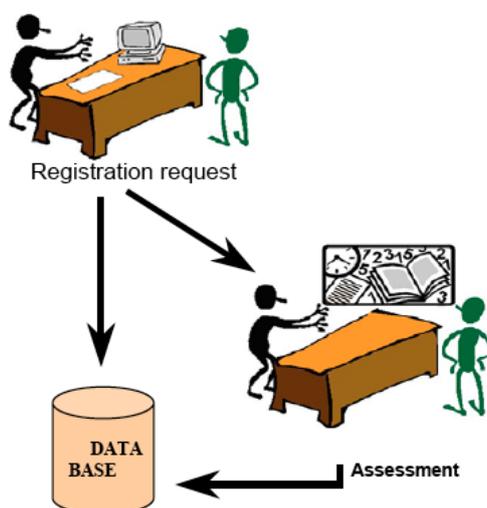


Fig. 1 – Phase 1: Home Care Worker registration.

#### Phase 2) Care Recipient's needs analysis

<sup>5</sup> Pictures drawn and adapted from PICCININI, D., RICHELDI, M., RILIEVO, R., NICOLI, C., NETO, D., *Progetto Madreperla: sostegno e qualificazione del mercato di cura familiare*, F.S.E. 2002/RER Rif. P.A. 0996 - Deliberazione Giunta Regionale n. 1510 del 2/08/2002. Modena, 2004.  
[http://www.regione.emilia-romagna.it/wcm/par/sezioni/territorio/esperienze/p\\_madreperla/Madreperla.pdf](http://www.regione.emilia-romagna.it/wcm/par/sezioni/territorio/esperienze/p_madreperla/Madreperla.pdf)

Each care recipient – or one of the care recipient’s family members – should submit a request for a home care worker to the appointed helpdesk or front-office counter. Detailed information on the care recipient’s needs should be collected by the D/S matching operator through an-depth interview and entered in the Care Recipients database.

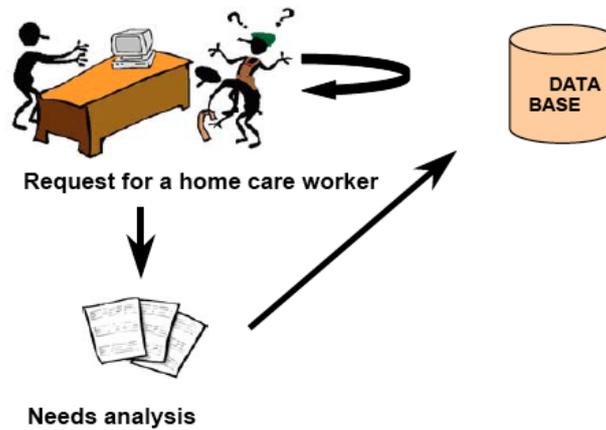


Fig. 2 – Phase 2: Care Recipient’s needs analysis.

### Phase 3) Matching

After entering the data of the care recipient, the system starts the search for registered home care workers corresponding to the care recipient’s requirements according to selection criteria previously defined.

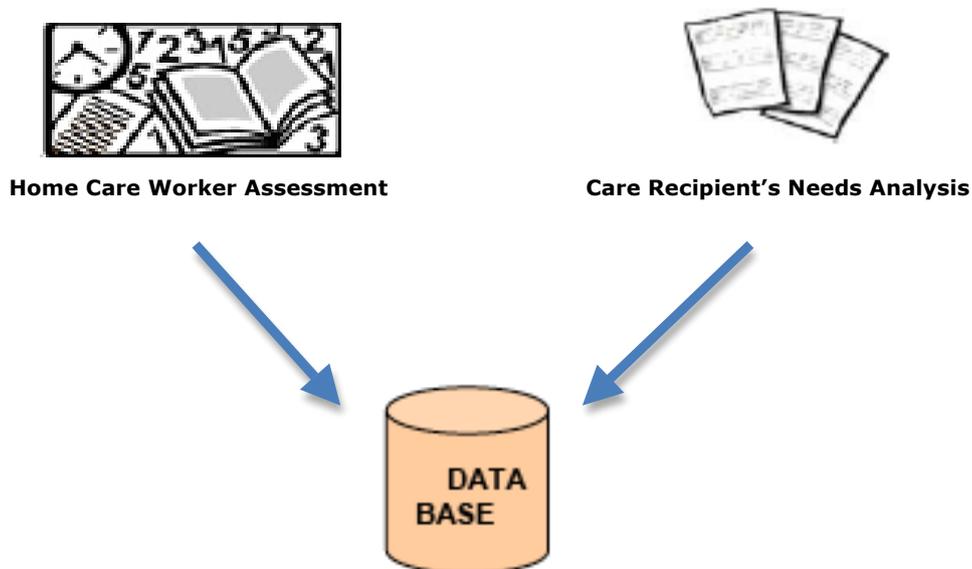


Fig. 3 – Phase 3: D/S matching.

### Phase 4) Shortlisting

The system elaborates a list of home care workers who correspond to the requirements of the care recipient. The suitable workers who are immediately available will be listed first.

### **Phase 5) Takeover**

The list of suitable and available workers is forwarded to the care recipient, who will personally contact and meet the shortlisted candidates and select the one who is more suitable to his/her needs.



**Care worker and care recipient meet**

Fig. 4 – Phase 5: Takeover

### **4.5. Training of operators**

It is advisable to provide technical training to appointed operators on how to use the ICT tools for D/S matching, either through a face-to-face training session or through a detailed User Manual describing each step of the D/S matching process.

## **5. FOLLOWING STEPS: MONITORING THE D/S MATCHING**

The matching process should be monitored in order to evaluate the effectiveness of the service and measure the satisfaction level of both care recipients and home care workers.

Besides the usual quantification of users the monitoring action should focus on the one hand on the satisfaction of the care recipient and on the other hand on the satisfaction of the home care worker. Short phone interviews with the users (home care workers and care recipients) should be used as a monitoring tool.

## **CONCLUSIONS**

The objective of a demand/supply matching system in the private home care sector is to place home care workers as employees in families having a dependent older member needing care. Families thus become employers and use either their income or their assets to buy care services for older or dependent family members.

Setting up a demand/supply matching system in the private home care sector may improve the quality of private home care services thanks to the analysis and the full understanding of the needs of the care recipients and their families aimed at identifying the person who best responds to their exigencies.

On the other hand, it is important to be aware of the critical or challenging situations connected to private home care in the relevant territories. For instance, the difficulty for formally organized matching services to penetrate informal organizations that are often based on word-of-mouth and personal relationships; the scarce propensity to care work by a high number of people who do not choose it as a profession but rather accept it as the only available job opportunity; the need to establish and consolidate strong network relations with all the relevant players; the need to provide actual support to both care recipients and care workers; and, last but not least, the need to raise awareness on the social value of care work.

## **ANNEXES**

## **ANNEX 1**

## NEED ANALYSIS TEMPLATE for Care Recipients

### PERSONAL DETAILS

Name \_\_\_\_\_

Surname \_\_\_\_\_

Taxpayer's code number \_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Gender  F  
 M

Living arrangement  Alone  
 With spouse  
 With family

Pet  Yes  
 No

Address \_\_\_\_\_

ZIP code \_\_\_\_\_

City \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

e-mail \_\_\_\_\_

### SERVICES REQUESTED

Supporting care recipient's mobility  Help care recipient in getting in and up from bed  
 Prevention of damage from immobilization and bedriddenness  
 Help care recipient's movement and deambulation, dressing/undressing, etc.

Personal hygiene  Help in daily personal hygiene  
 Help in weekly bath and other hygiene practices

Hygiene of home environment  Keep the living and care environments clean and comfortable.

Support food preparation and consumption  Preparation of basic dishes  
 Feeding dependent care recipients

Support in social interaction  Carry out errands and perform bureaucratic tasks on behalf of the care recipient.  
 Stimulate the care recipient to maintain social relations  
 Stimulate the care recipient to maintain usage of residual psycho-physical capacity.

Control and monitoring  Control and monitoring of the care recipient's sleep  
 Control and monitoring of the care recipient's safety also through relevant tele-care and tele-monitoring tools

## REQUIREMENTS

- |   |   |                               |  |
|---|---|-------------------------------|--|
| Gender  | <input type="checkbox"/> F<br><input type="checkbox"/> M<br><input type="checkbox"/> Not relevant   | Time availability             | <input type="checkbox"/> Live-in<br><input type="checkbox"/> Morning<br><input type="checkbox"/> Afternoon<br><input type="checkbox"/> Evening<br><input type="checkbox"/> Night<br><input type="checkbox"/> Weekdays<br><input type="checkbox"/> Weekends<br><input type="checkbox"/> Public holidays   |
| Language skills                                   | Speaking:<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Intermediate<br><input type="checkbox"/> Advanced<br><br>Reading:<br><input type="checkbox"/> Basic<br><input type="checkbox"/> Intermediate<br><input type="checkbox"/> Advanced | Required work conditions      | <input type="checkbox"/> Male care recipient<br><input type="checkbox"/> Female care recipient<br><input type="checkbox"/> Care recipient with spouse<br><input type="checkbox"/> Care recipient with live-in family<br><input type="checkbox"/> Care recipient with pet<br><input type="checkbox"/> Bedridden care recipient<br><input type="checkbox"/> Mild cognitive impairment care recipient<br><input type="checkbox"/> Dementia care recipient<br><input type="checkbox"/> Mobility impairment care recipient<br><input type="checkbox"/> Incontinent care recipient |
| Age range   | <input type="checkbox"/> <25<br><input type="checkbox"/> 25-35<br><input type="checkbox"/> 35-45<br><input type="checkbox"/> >45  | Additional services requested | <input type="checkbox"/> Daily housekeeping<br><input type="checkbox"/> Clothes washing  |
| Car owner   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |                               |  |
| Years of documented prior experience in care work | <input type="checkbox"/> Not relevant<br><input type="checkbox"/> 1-3<br><input type="checkbox"/> 3-5<br><input type="checkbox"/> 5-10<br><input type="checkbox"/> >10  |                               |  |
| Type of employment contract proposed              | <input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time<br><input type="checkbox"/> Fixed-term / Short term<br><input type="checkbox"/> Any  |                               |  |

## **ANNEX 2**

## REGISTRATION INTERVIEW TEMPLATE for Home Care Workers

### PERSONAL DETAILS

Name

Surname

Taxpayer's code number

ID no.

Date of birth

State of birth

Gender

- F  
 M

Family status  
(*optional*)

- Single  
 Single with children  
 Married/Co-habiting  
 Separated  
 Divorced  
 Widowed

Address

ZIP code

City

Telephone

Mobile

e-mail

**Permit of stay details**

- EU permit of stay for long-term residents (former "permanent residence card")

Number

Released by

Release date

Expiry date

**Occupational status**

- Employed full-time  
 Employed part-time  
 Free

### SERVICES OFFERED

Supporting care recipient's mobility

- Help care recipient in getting in and up from bed  
 Prevention of damage from immobilization and bedriddenness  
 Help care recipient's movement and deambulation, dressing/undressing, etc.

Personal hygiene

- Help in daily personal hygiene  
 Help in weekly bath and other hygiene practices

Hygiene of home environment

- Keep the living and care environments clean and comfortable.

Support food preparation and consumption

- Preparation of basic dishes  
 Feeding dependent care recipients

Support in social interaction

- Carry out errands and perform bureaucratic tasks on behalf of the care recipient.  
 Stimulate the care recipient to maintain social relations  
 Stimulate the care recipient to maintain usage of residual psycho-physical capacity.

Control and monitoring

- Control and monitoring of the care recipient's sleep  
 Control and monitoring of the care recipient's safety also through relevant tele-care and tele-monitoring tools

### ADDITIONAL DETAILS

Driving licence

- Yes  
 No

Car owner

- Yes  
 No

## EDUCATION

### Education level

- No formal education
- Primary school
- Secondary school
- Upper secondary school / High school
- VET
- Higher education / University education

### Language skills

- Speaking:
- Basic
  - Intermediate
  - Advanced

- Reading:
- Basic
  - Intermediate
  - Advanced

### Years of documented prior experience in care work

- 1-3
- 3-5
- 5-10
- >10

## PREFERRED WORK CONDITIONS

### Time availability

- Live-in
- Morning
- Afternoon
- Evening
- Night
- Weekdays
- Weekends
- Public holidays

### Accepts to work with

- Male care recipient
- Female care recipient
- Care recipient with spouse
- Care recipient with live-in family
- Care recipient with pet
- Bedridden care recipient
- Mild cognitive impairment care recipient
- Dementia care recipient
- Mobility impairment care recipient
- Incontinent care recipient

### Additional services provided

- Daily housekeeping
- Clothes washing

### Preferred type of employment contract

- Full-time
- Part-time
- Fixed-term / Short term
- Any

