Competence Profile

E+ Life Magister

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Introduction

The E+ Life Magister project aims to contribute to the positive ageing-paradigm, to the development of the competences of formal caregivers in elderly care and to the Quality of Life of ageing persons. The development of this Life Magister Competence Profile is preceded by the development of a Self-Assessment Questionnaire for professionals to evaluate their knowledge, skills, beliefs and attitudes on the topic, and by a set of e-learning modules on the (theoretical) concepts involved. The Profile is followed by a document with Policy Recommendations.

Draft versions of the Life Magister Competence Profile were based on an analysis of scientific literature and European agendas on active ageing and QOL, all of them reviewing critical competences for caregivers. Workshops and focus group meetings during the transnational project meetings in Peschiera IT (October 2024), Kortrijk B (February 2025) and Torun PL (June 2025) were organized to receive input and reflections on the proposed set of competences. Diverse groups of stakeholders from the three partner countries active in the field of the elderly, being caregiver, policy maker or curriculum developer and members from European organisations and programs (ENSA – European Network of Social Authorities and AGE Platform Europe) were involved. By doing so, relevant and valid "*critical competences for staff in services for the elderly to realize QOL and to contribute to Positive Ageing*" were defined.

The partnership defined a set of criteria for the selection of the competences. The selected **competences, covering knowledge, skills and attitudes had to be complementary, transversal, related to formal staff and had to include beliefs.**

Complementarity refers to competences that are transcending/going beyond the specific expertise/profession of the caregiver. E.g. the (para-)medical competences of a nurse are highly important, but they are not included in this specific competence profile, as they are not contributing to the shift to make from care tasks to social inclusion tasks, as defined in the problem definition of the project proposal.

The ***transversal*** feature refers to competences being relevant in all kinds of support and care settings for ageing people such as homecare, residential cae, etc. Competences referring to (e.g.) social participation are relevant in whatever context. The competences of this profile are related to the responsibilities of *formal* staff – i.e. the focus in the project is on formal, professional staff, not on informal caregivers and volunteers. The profile addresses *beliefs* of the formal professional as they are critical prerequisites for actions initiated to promote (or not!) active/positive ageing and QOL.

The selected Life Magister competences are completed with illustrations and good practices to make the definition of each competence as concrete as possible. These illustrations, in many cases, are linked to (the three factors of) Quality of Life, as suggested by Schalock and Verdugo. Most concepts used in the document are explained in the **e-learning modules "UNDERSTANDING AGEING"**, available on Qualità e Benessere e-learning platform:

https://elearn.benfare.it/course/view.php?id=44

Competences [1]

A. A caregiver **knows and understands** the following **concepts**:

A.1. The caregiver understands the concept of *Positive Ageing*.

Caregivers demonstrating a profound understanding of the concept of Positive Ageing, possess the knowledge and perspective to support ageing adults in maintaining a high quality of life, well-being and continued personal growth as they age.

This includes recognizing and fostering their strengths, promoting active engagement in life and social engagement, health promotion, lifelong learning and adapting care to facilitate their independence and dignity, rather than solely focusing on decline or deficits associated with ageing.

A.2. The caregiver understands the concept of *Ageism* and accepts diversity in ageing.

Caregivers who understands the concept of ageism are able to recognize and critically evaluate their own and societal biases, stereotypes, and discriminatory practices towards ageing persons, and see the impact of ageism on these persons and on society. They demonstrate non-ageism behavior in personal and professional interactions. They use inclusive and respectful (verbal/non-verbal) language that avoids perpetuating stereotypes about age.

They actively challenge ageism attitudes, by being ambassadors of positive ageing persons, actively promoting a respectful, empowering and optimistic view of ageing persons and advocating for equal treatment of ageing/older people.

Accepting diversity includes the ability to recognize, respect and adapt care practices to the wide range of individual differences that exist among ageing persons. This includes acknowledging variations in their physical and mental abilities, cultural background, personal values, spiritual choice, socioeconomic status, sexual orientation or gender identity, life experiences and health conditions.

This competence enables caregivers to provide care that is respectful, person-centered and free from prejudice, promoting the dignity and well-being of the ageing individual. A genuine respect for older adults' experiences, wisdom, and contributions to society is demonstrated.

A.3. The caregiver understands the *Lifespan Perspective* and the natural ageing process.

Caregivers understand that ageing is a natural process and recognize the diverse experiences and contributions of people at different life stages. This includes the knowledge of the physical, psychological and social aspects of ageing and of common challenges (such as chronic illness, loss

[1] We recognize that some competences are more 'general' and others are more 'specific'. Also some competences are more 'conditional' while others are more refering to concrete 'actions'

of mobility). The lifespan perspective includes the understanding that a person's past – including their experiences, culture and personal history – significantly influences who they are now and how they navigate the ageing process.

Caregivers who adopt this perspective recognize that ageing is a unique process for everyone, shaped by lifelong experiences. They also know and accept that events and cultural norms from a person's youth and adulthood influence their behavior, values and needs in later life. Besides, it is recognized that personality maintains continuity despite the changes individuals experience as they age.

A.4. The caregiver knows about (local and national) policies and the Universal Rights-framework.

Caregivers have a working knowledge of local and national policies impacting the elderly - from benefits and support services to regulations. This understanding allows them to properly inform and assist ageing people, ensuring care aligns with best practices and that universal rights are continuously upheld. At the same time, this knowledge will invite the caregiver to support the development and implementation of policies and age-friendly services and environments.

This will will encourage caregivers to become agents of positive social change, working to build a society where ageing is viewed as a valuable and respected stage of life, supported by inclusive and accessible environments.

B. While promoting positive ageing, in addition to one's specific professional skills, the caregiver recognises the importance of the following **skills and competences**:

B.1. The caregiver applies a *Person-Centered Care*.

Caregivers are able to realize a Person-Centered care, refering to an approach that places the ageing person at the center of all decisions, planning and delivery of their care. It moves away from the traditional disease-focused or 'one-size-fits-all' model to one that recognizes and respects the ageing person as a unique individual with his/her own preferences, needs, values, life experiences, and goals. The caregiver recognises that being a person means having feelings, emotions, a personality, a culture, despite the decline in cognitive functions.

Knows that care must be based on the person's life history and bears in mind that the person can still do a lot, therefore focuses on the remaining abilities and does not only consider the abilities that have been compromised by the illness.

The ultimate goal is to enhance the Quality of Life and overall well-being, promoting a sense of control, purpose, and self-esteem. It is an approach characterized by *doing things with the ageing person*, rather than *doing things to or for them*. At the same time, this recognises the older person's right to make decisions about various aspects of care – this being key.

B.2. The caregiver applies an *empowerment* oriented approach. The professional does not replace the person, but encourages him/her to take decisions independently.

Caregivers know how to empower by supporting the ageing person in maintaining or regaining control over their own live and decisions (self-determination) and by fostering independence and the sense of purpose, even when facing age-related challenges. Instead of doing things *for* them, caregivers focus on enabling them to do things *for themselves.*

This approach also includes actions that invite to take on roles in the community, neighborhood and the family, independent of where the ageing person lives. Also this approach includes the promotion of Lifelong Learning, as well in the context of formal education as during informal learning opportunities.

This empowering support takes into account the cognitive and emotional capabilities, but at the same time recognizes the potential of the ageing person - even in later life - and the impact of external barriers – such as architectural or digital ones.

B.3. The caregiver adapts the individual personal care by taking into account *cultural differences* among older people.

Culturally sensitive caregivers understand and respect the diverse cultural backgrounds, traditions, values and beliefs of older adults. They recognize that culture profoundly influences how people think about health, illness, care or death.

They are open to differences, are non-judgmental and open to customs that differ from their own cultural norms. They make an effort to learn about specific cultural practices relevant to the older person they are caring for. Also, They are able to adjust care delivery and communication to align with the cultural preferences of the older person and his/her family. This can involve aspects like diet, religious practices, etiquette or decision-making around medical treatments.

B.4. The caregiver uses and promotes the use of *technology* to improve the quality of life of the ageing person.

Caregivers are willing to integrate and use various technological applications as valuable instruments for enhancing the support and care provided to ageing persons. It encompasses willingness to learn about new digital tools, to adapt to evolving technologies and to apply them judiciously to improve communication, monitoring, daily living assistance and overall well-being.

This includes understanding how to operate relevant devices and software, recognizing situations where technology can offer effective solutions, and confidently implementing these tools to streamline care processes, ensure safety, facilitate social connection and promote the independence of older adults.

B.5. The caregiver actively collaborates with *other services* and promotes active participation within the network of *local* services.

Caregivers accept and recognize that other fields and services (different from services for the elderly) have useful and additional expertise to realise postive ageing and Quality Of Life; as a consequence they show willingness to collaborate and include other services in the personal care plans.

This contributes to the realization of an interdisciplinary, transsectoral and integral appraoch.

B.6. The professional caregiver gives attention to *health promotion and prevention*.

Caregivers enable ageing persons to increase control over and to improve their fysical health. This goes beyond merely treating illness; instead it focuses on proactively maintaining and enhancing functional capacity, mobility, nutrition, promoting independence and preventing or delaying the onset of age-related conditions and syndromes (like falls or cognitive decline).

B.7. The caregiver applies a clear and *empathic* communication style.

The communication style of caregivers is tailored to the ageing person, creating a supportive and respectful environment, addressing sensory impairments, prioritizing the person's understanding and in particular including active listening, so that the ageing person feels heard, valued and understood. Verbal as well as non-verbal communication must be consistent and empathic.

B.8. The caregiver promotes *Intergenerational* Engagement.

Caregivers are able to intentionally create and facilitate opportunities for meaningful interaction, connection and mutual benefit between people of different age groups, particularly older persons and younger generations.

It's about breaking down age-related silos and fostering relationships where individuals from various life stages can share their unique skills, wisdom, perspectives, and experiences. It is the creation of a lively, inclusive environment where the unique strengths, wisdom and energy of different generations are leveraged for the mutual growth, well-being and connection of all involved, leading to stronger, more empathetic communities (without signs of ageism).

B.9. The caregiver acts towards *loneliness* prevention of ageing people.

Caregivers - purposefully and empatheticly - undertake actions to sustain existing social connections and - proactively - forge new ones, with the explicit goal of mitigating or preventing feelings of loneliness and social isolation. This encompasses a range of interpersonal, adaptive and resource-utilization abilities that empower ageing persons to remain actively engaged in their social world.

This competence requires understanding both the proactive and responsive elements involved. It's not just about having friends but about being involved in activities that help people not feeling lonely.

B.10. The caregiver applies *validating* listening.

Through validating listening, the caregiver offers complete and non-judgmental attention, with the aim of making the ageing person feel understood, accepted and respected in his/her individual aspirations, preferences and deeply held values and beliefs.

It means facilitating their ability to articulate what truly matters to them, then collaboratively developing and adapting support plans and services that align with these personal goals and values, fostering their autonomy, purpose and overall well-being. It includes always respecting the choices of the person, but also providing different options consequent to a positive ageing mindset.

B.11. The caregiver deals effectively and respectfully with *conflict*-situations.

Caregivers are able to identify, de-escalate, manage and resolve challenging interactions and emergent events that arise from or are exacerbated by the ageing person cognitive, emotional, or mental health conditions. This skill encompasses a proactive, empathetic, and safety-oriented approach, aiming to minimize harm, preserve dignity, and maintain a stable and safe care environment for both the ageing person, his (social) environment and the caregiver.

Among others, the caregiver can apply crisis communication techniques or involve specialists.

B.12. The caregiver deals with ethical dilemmas.

Caregivers are able to identify, analyze and manage complex moral conflicts and difficult circumstances that may be linked to particular conditions related to the care of ageing persons, when there is a conflict of values, principles, or duties and where different courses of action may have significant moral implications for the ageing person, their family, the caregiver, or the service. It is balancing an elder's right to autonomy (e.g., refusing medication or care) with concerns for their safety and well-being.

It is not only about knowing what is right or wrong, but about considering moral principles, values, and consequences to make informed, responsible decisions.

B.13. The caregiver *reflects on the outcome and impact of efforts* done to promote QOL and Positive Ageing.

Caregivers regularly reflect about strategies and actions undertaken with the explicit aim of improving the quality of life (QOL) of older adults and fostering the principles of positive ageing.

They implement self-assessment practices to promote a process of (self-)reflection on the results of their efforts.

The ability to reflect on one's actions and decisions, both during and after work, promotes continuous learning and improves performance. It is an active process of self-examination that allows one to understand the “what”, “how” and “why” of one's professional actions, going beyond simple routine and developing new strategies for dealing with complex or unfamiliar situations.

Reccomendations for caregivers

This competence profile is supported by a set of reccomendations for caregivers with **detailed and practical illustrations of the above mentioned competences.**

To access the document click the link below:

https://qualita-benessere.it/wp-content/uploads/2026/02/LIFE_MAGISTER_Recommendations-f.pdf

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