LIFE MAGISTER

Policy Plan

E+ Life Magister

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Contents

Introduction

1. Introduction and political context

The **LIFE MAGISTER Policy Plan** is a strategic document developed as a key outcome of the " **LIFE MAGISTER – Empowering elder care professionals and caregivers**" project. Its primary purpose is to provide a comprehensive framework for implementing, testing and disseminating innovative solutions in the field of elderly care across European regions. This document translates project findings—including the results of training needs analyses and the development of a new competence profile—into actionable recommendations for a wide range of stakeholders, from local care providers to regional policymakers.

The **LIFE MAGISTER** project responds to key demographic and social challenges related to the ageing of European society, in particular: social isolation, age discrimination, insufficient competences of staff working with older people and insufficient use of the potential of seniors.

This document provides a comprehensive overview of the project's key outputs, including the **LIFE MAGISTER self-assessment questionnaire**, a detailed **Competence Profile** and strategic recommendations for both caregivers and management staff. Furthermore, the included good practices of Project partners are directly linked to the **LIFE MAGISTER** competence model. These practices serve as practical examples and evidence-based applications of how the identified competences can be effectively implemented and enhanced in real-world elderly care settings.

The current demographic landscape of Europe is undergoing a profound transformation, characterized by an increasingly ageing population that presents significant social and structural challenges. This shift has exposed a critical competence gap within the care sector, where many professionals still rely on traditional, task-oriented models instead of a holistic approach centered on Quality of Life (QoL). Furthermore, older adults are frequently at risk of social exclusion and ageism, often being perceived as a burden to be managed rather than as active and contributing members of society. These issues are compounded by widespread workforce shortages and a lack of specialized training, making it essential to align regional policies with Erasmus+ priorities such as inclusion, diversity and the continuous professional development of adult education staff.

The policy plan provides a strategic framework for implementing, testing and disseminating project solutions in the area of:

- development of competences of specialists and caregivers,
- positive and active ageing,
- inclusion.

2. LIFE MAGISTER policy objectives

The core ambition of this Policy Plan is to fundamentally improve the quality of life for older individuals by transforming how care is perceived and delivered. By strengthening the skills of professionals and caregivers through innovative "positive ageing" methodologies, the plan seeks to shift the focus from basic physical assistance to the promotion of independence and social participation. A central objective is to mitigate the isolation and exclusion often felt by seniors by building robust social networks and fostering an environment where ageing is viewed as a period of continuous growth. Ultimately, these strategies aim to contribute to the development of a more age-friendly society where the potential of older people is recognized, valued, and fully integrated into the community.

Main goal

Improving the quality of life of older people by strengthening the skills of professionals and other actors in the elderly care sector through new and innovative approaches based on positive ageing.

Specific objectives

1. Improving the competences of profesionals and caregivers working with older people.
2. Strengthening the independence, activity and social participation of seniors.
3. Reducing social isolation and exclusion among older people.
4. Contributing to the development of a more age-friendly society in which older people are valued and respected members of the community.

3. Policy target groups

This document is designed to serve a diverse group of stakeholders who play a vital role in the elderly care ecosystem. It provides strategic guidance for managers and administrators of residential facilities who are looking to modernize their HR policies and service standards, as well as for local and regional authorities responsible for shaping social welfare programs. Additionally, it offers valuable insights for NGOs and advocacy groups dedicated to protecting the rights of seniors. The plan also speaks directly to both formal and informal caregivers, including family members, providing them with the necessary tools and perspectives to improve the quality of daily support while reducing the risk of caregiver burnout and empowerment through increased competence.

Direct groups

- professionals and caregivers in the elderly care sector,
- communities,
- authorities,
- people.

Intermediate groups

- organizations, support groups and organizations providing social services,
- institutions,
- broad public opinion.

4. LIFE MAGISTER policy principles

1. **A human rights-based approach** – combating ageism and discrimination.
2. **Positive ageing** – focusing on potential, not deficits.
3. **Inclusion and accessibility** – taking into account the needs of people with fewer opportunities.
4. **Lifelong learning** – developing competences of seniors and staff.
5. **Participation** – active involvement of older people in the design of activities.
6. **Innovation and digitalization** – adequate use of digital technologies.
7. **Cross-sectoral and transnational cooperation**.

5. Areas of policy intervention

5.1 Development of staff competences

- implementing competence self-assessment tools,
- training in cognitive education and working with older people,
- development of professional competences.

5.2 Social inclusion of older people

- educational and pilot activities with the participation of seniors,
- promoting social activity and independence,
- counteracting social isolation.

5.3 Dissemination of good practices

- identifying and documenting effective solutions,
- creating a toolkit,
- transfer between countries and sectors.

5.4 Impact on public policies

- developing recommendations for decision-makers,
- support for long-term senior strategies.

6. Roles and effects for partners

The **LIFE MAGISTER** project is a collaboration between three organisations: Qualità & Benessere (Q&B) - Italy, Sint Vincentius vzw (SV) - Belgium and the Kuyavian-Pomeranian Voivodeship (KPV) - Poland.

Using the project results:

- Q&B plans to incorporate the cognitive education and inclusion approaches developed during the project into its existing services for older people.

- SV plans to develop new training and consulting programs based on the project results.

- KPV plans to continue implementing the cognitive education and inclusion approaches developed within the project in its social services for older people.

Project results

The main results and the core intellectual outputs developed within the framework of of the **LIFE MAGISTER** project are **Self-Assessment Tool** and the **Competence Profile**.

The development process was rooted in a comprehensive analysis of the current needs of the elderly care sector. By combining regional expertise with European standards, the partnership has created a unified set of resources designed to professionalize the role of caregivers. These results reflect the project's commitment to shifting from a traditional care model to one that prioritizes the dignity, autonomy, and "positive ageing" of older adults across Europe.

1. LIFE MAGISTER Self-Assessment Tool

The Self-Assessment Tool is an innovative digital instrument developed to empower professionals and caregivers within the elderly care sector. It is designed as a reflective questionnaire that allows users to evaluate their current attitudes, knowledge, and practical approach toward elderly care. Unlike traditional assessment methods, this tool focuses on the Quality of Life (QoL) model, measuring the user's readiness to implement "positive ageing" strategies. It identifies specific areas where a caregiver might need further training, particularly in fostering the social inclusion and cognitive engagement of seniors.

Benefits of Use

- **For Professionals:** It promotes self-awareness and identifies "blind spots" in daily care routines, transforming them from task-oriented to person-centered.

- **For Organizations:** It provides a data-driven overview of the staff's collective competence level, allowing for the design of highly targeted and cost-effective internal training programs.

- **For the Sector:** it raises the overall quality of service by establishing a baseline for modern care standards across different regions.

Recommendations for Stakeholders

- **Integration into HR Processes:** Management should introduce the tool during the onboarding of new staff and as part of annual professional development reviews.

- **Regular Monitoring:** Caregivers are encouraged to use the tool periodically (e.g., every six months) to track their progress and the evolution of their professional mindset.

To access the self-assessment questionnaire:

2. LIFE MAGISTER Competence Profile

The Competence Profile serves as a comprehensive "blueprint" for the modern elderly care professional. It defines a set of critical competences categorized into knowledge, skills, and attitudes (beliefs). This profile moves beyond basic medical or hygiene-related tasks, emphasizing "transversal skills" such as combating ageism, implementing Person-Centered Care (PCC), and utilizing digital tools for social connectivity. It serves as a pedagogical reference, illustrating each competence with practical examples and "best practice" scenarios observed throughout the project.

Benefits of Use

- **Professionalization:** It elevates the status of the caregiver profession by defining it as a high-skill, multidimensional role that requires specialized psychological and social expertise.

- **Consistency of Care:** It ensures that regardless of the setting (home care vs. residential facilities), the elderly receive a standardized, high-quality level of support focused on their dignity and autonomy.

- **Empowerment:** By following the profile, caregivers move from "doing for" the senior to "working with" the senior, significantly reducing the elderly person's sense of dependency.

Recommendations for Stakeholders

- **Curriculum Development:** Educational institutions and vocational training centers should adopt this profile as a foundation for modernizing their "Care for the Elderly" certification programs.

- **Policy Alignment:** Regional authorities should use these competence definitions to update official job descriptions and service requirements within the public social welfare system.

- **Advocacy:** NGOs should use the profile to advocate for better working conditions and recognition for caregivers, highlighting the complexity and social value of their redefined role.

To access the Competence Profile:

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

3. Other results of the LIFE MAGISTER project

- developing and delivering training materials for caregivers and professionals on how to effectively work with older people with cognitive impairments;

- disseminating good practices in the field of cognitive education and inclusion of older people;

- developing a toolkit for organizations interested in implementing cognitive education and inclusion programs;

- disseminating the project's findings and recommendations to a wider audience, including older people, caregivers, professionals, policymakers and the general public.

4. Durability

The project results will be:

- integrated with partners' service offerings,
- used in future projects,
- adapted at regional and international levels,
- distributed through partner networks and communication channels.

5. Summary

The project will have a positive impact on raising public awareness of a positive approach to ageing and the concept of ageing as a life stage filled with social potential. It will promote the "life skills" identified by the World Health Organization (WHO) among practitioners and academics in the elderly care sector, as well as the broader community. Simultaneously, it will disseminate expertise and strategies for implementing a holistic approach to positive ageing.

Recommendations for caregivers

The recommendations presented in this document were developed to complement the Life Magister Competence Profile and are intended to provide recommended ways to practically implement the competences required from professionals working with older adults. They address the principles of positive ageing, a person-centered approach and the principles of improving quality of life (QOL).

The recommendations are based on the experiences of project partners, as well as on the reflections and opinions of workshop and focus groups participants, collected during visits to partner countries. They reflect the diversity of approaches, tools and strategies that can support the quality of life of older adults, strengthen their independence, counteract ageism and promote active ageing. Each recommendation addresses a specific area of knowledge, skills or attitudes identified in the Competence Profile.

The following reccomendations aim to provide a more detailed and practical framework based on the project's findings and the identified needs of the target group. It serves as a supplementary guide that translates general principles into specific, actionable steps, ensuring that caregivers can better implement the LIFE MAGISTER Competence Profile in their daily practice.

The document is a practical tool to support institutions, organizations and professionals in improving the quality of their services. It can also serve as a reference for developing training programs, professional standards and local policies related to older adults. The presented recommendations contribute to strengthening the professionalization of staff, increasing the coherence of undertaken actions and improving the effectiveness of support systems in a European perspective.

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

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

Reccomendations:

1. **Physical and mental activation**

   - Physical activities tailored to the abilities of seniors are organised (e.g. gymnastics, walking).

   - Art and music workshops, handicrafts, mind games – everything that stimulates the intellect and emotions.

   - Collaboration with universities, students, and volunteers to propose new activities.

2. **Designing the space/physical environment**

- Taking care of the architectural functionality of the building: accessibility (e.g. barrier-free), good lighting, friendly colors, silence and comfort.

- Adapting space to the needs of people with mobility or cognitive limitations.

3. **Relationships and social support**

- Ensuring contact with family – frequent visits, conversations, joint events.

- Organizing integration activities and social events at the facility (celebrating birthdays, holidays, special occasions).

- Intergenerational activities – youth volunteering, school visits, exchange of experiences between residents of different age groups.

The caregiver:

- **Does not presuppose** age-related limitations.

- **Asks questions** about what gives the older person joy, what motivates him/her and what they would like to do.

- **Enables choice and decision-making** in everyday matters (e.g. "What would you like to eat today?" instead of "We are eating this today").

- **Encourages activity** – physical, intellectual, social – based on a person's interests and capabilities.

Examples in practice:

- **Instead of focusing on the "lack of memory,"** the caregiver helps the person keep a journal of memories, which stimulates memory and strengthens identity.

- **Instead of limiting activity "for safety's sake"**, the caregiver suggests safe forms of exercise, such as walking with poles or simple exercises.

- **Instead of doing everything for the senior**, the caregiver gives them the time and space to do something on their own – even if it takes longer.

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

Recommendations*:*

1. Responding to Ageism in Others

The caregiver reacts actively and constructively when ageist comments or actions appear in his or her environment (team, family of the person being cared for, media).

What he/she can do:

- Interrupt jokes or comments like, " Well, old age is no joy," or "You shouldn't do this at your age"
- Support colleagues in changing their language: "Instead of saying 'grandfather', we can use the name or say 'resident'

2. Promoting a positive image of ageing

The caregiver becomes an "ambassador" of positive ageing – promoting the belief in the team and in the environment that old age is a time of development, relationships, activity and dignity.

What he/she can do:

- Participate in social campaigns and organize events with residents showcasing their passions and successes.
- Create a space for sharing residents' life stories, passions and competences (e.g. a "living library").
- Encourage older people to learn new things and share their knowledge with younger people.

3. Standardization and monitoring of inclusive practices

The facility introduces anti- ageing standards as part of its quality policy – including language, approach to diversity and training.

This may include:

- Regular language and cultural audits.
- Consulting the care plan with the senior (or their representative) taking into account their values and wishes.
- Considering diversity in staff recruitment and training.

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

Recommendations:

1. Continuously deepen knowledge about ageing

The caregiver regularly updates his or her knowledge of the biological, psychological and social aspects of ageing by participating in training courses and reading professional literature.

What this means in practice:

- Knowing the basics of gerontology and how ageing affects the senses, abilities, emotions and relationships.

- Being able to recognize when a change in behavior is due to an illness and when it is due to individual personality.

2. Biographical approach – learning about the senior's life story

The caregiver consciously takes into account the life experiences of the older person when planning and implementing care – he/she asks about the past, values, profession, family, and important events.

What he/she can do:

- Talk about the past ("What was important to you at work?"; "What memories do you have from your youth?")

- Take into account the historical context of a person's life.

- Understand that a senior's values and views may stem from the times in which he or she grew up.

3. Treating ageing as a process of continuity, not decline

The caregiver approaches the older person as a person who is still developing, with a continuity of identity – not as "someone who used to be someone", but as "someone who is still hiself/herself".

Examples:

- Instead of: "Mrs. Zofia used to be a teacher," says: "Mrs. Zofia is a teacher with many years of experience."

- Provides space to continue passions and roles (e.g., teaching classes, sharing knowledge).

- Understands that personality doesn't change "because someone gets old" - it's the same person who gets older, with the same sensitivity, humor, and beliefs.

4. Avoiding generalizations and stereotypes regarding age

The caregiver avoids generalisations such as "all older people are..." – instead, he/she recognises the individuality of each person and how life has influenced their current condition.

What he/she can do:

- Does not assume that an older person "is necessarily lonely, sick, weak, or conservative."

- Doesn't say, "At this age, it's impossible," but, "Let's see what's possible."

- Recognizes the influence of various factors – e.g. education, physical work, family relationships – on a person's current state and functioning.

5. Respect for the pace and emotions of the natural ageing process

The caregiver accepts the emotions that accompany ageing – such as grief, frustration or fear – and supports the older person in experiencing them without judgment.

What he/she can do:

- Gives the older person time to adapt to changes.

- Doesn't force comfort ("It'll be alright"), but accompanies ("I see it's difficult").

- Understands that coming to terms with and accepting limitations is a process.

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

Recommendations:

1. Constantly updating knowledge about social policies and regulations

The caregiver follows changes in regulations and policies concerning older people and participates in training in the field of law, ethics and the social welfare system.

What does this mean:

- Knows current regulations regarding patient's rights, the rights of the elderly, personal data protection and care procedures.

- Knows support structures.

- Knowledge of benefits: benefits, care allowances, rehabilitation relief, local programs.

- Can find and use sources – e.g. ministry websites, local government portals, news bulletins.

2. Informing seniors about their rights and services

The caregiver actively provides older people and their families with information about available forms of support, services, subsidies and legal options.

Examples:

- Informs that seniors can apply for various forms of service and financial support.

- Explains the patient's right to co-decide about treatment.

- Helps in contacts with institutions - for example, assists in dealing with official matters.

3. Compliance with standards of care and documentation in accordance with regulations

The caregiver maintains documentation and activities in accordance with applicable regulations and the facility's internal standards, taking into account the right to privacy and data protection.

What he/she can do:

- Records information in documentation in accordance with data protection procedures and regulations.

- Obtains informed consent for care activities and explains their scope.

- Adheres to ethical principles – does not undertake actions that violate the dignity, autonomy or rights of an older person.

4. Advocacy activities – promoting a senior-friendly environment

The caregiver is involved (even on a small scale) in promoting age-friendly solutions – in the facility, the local community and the media.

What he/she can do:

- Submit ideas for improving the availability of services in the workplace or local community.

- Express views on forums and in social consultations (e.g. drafts of local senior policies).

- Participate in social campaigns promoting the rights of older people (e.g. against ageism, digital exclusion, domestic violence against seniors).

- Encourage the facility to cooperate with organizations working for human rights and dignified ageing.

5. Understanding and protecting seniors' rights

The caregiver knows the basic human rights of older people and reacts when they are violated – e.g. the right to autonomy, privacy, respect for dignity and freedom from violence.

What does this mean:

- Reacts to violence (physical, psychological, economic) – knows the procedures and does not ignore disturbing signals.

- Respects the decisions of an older person, even if he or she does not agree with them – as long as they do not pose a threat to life or health.

- Protects the privacy of residents – does not share information without consent, ensures discretion.

- Supports older people in expressing their opinions and decisions – also towards family and doctors.

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*.

Recommendations:

1. Individualizing the care plan

- The care plan is created taking into account the unique characteristics and wishes of the senior, not just based on medical diagnosis.

- The caregiver takes into account the strengths, interests and goals of the older person.

- Flexibly adapts activities to changing needs and preferences.

2. Focus on capabilities and resources, not deficits

- The caregiver notices and promotes what the older person is still capable of doing, developing his/her talents and skills.

- Uses methods that support the maintenance and development of cognitive, emotional and social functions.

- Avoids treating seniors solely through the prism of illness or limitations.

3. Respect for identity and dignity

- The caregiver respects the culture, religion, customs and personal values of the older person.

- Maintains discretion, privacy and dignity in every situation.

- Treats the elderly person as a full partner in the care relationship.

4. Involving the older person in care decisions

- The caregiver informs about possible options and the consequences of different choices.

- Provides support in understanding information when needed.

- Respects the senior's right to make decisions, even if they differ from the caregiver's opinion.

5. Promoting quality of life and well-being

- The caregiver works to improve physical, mental and emotional comfort.

- Seeks to foster a sense of purpose, meaning in life and belonging.

- Organizes activities in line with the interests and needs of the older person.

6. Flexibility and willingness to adapt

- The caregiver adapts his/her activities to the changing health and life situation of the senior.

- Constantly updates knowledge about the needs of the patient.

- Looks for new solutions and methods that can improve care.

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

Recommendations:

1. Making decisions together – not for the person

The caregiver actively encourages the older person to express opinions and make decisions, rather than taking control "for their convenience" or "for their good."

What this means in practice:

- Instead of asking, "Shall I put on a sweater?" he says, "Would you like to put on a sweater or would you rather keep your shirt on?"

- Asks: "What would you like to do today?", "Is that okay with you?"

- Takes into account a person's decisions even if they differ from his/her own beliefs - as long as they do not threaten safety.

2. Helping only when needed – and only as much as needed

The caregiver supports the senior in carrying out activities so that the person can do as much as possible independently.

Examples:

- Instead of helping you get dressed, he only helps you fasten buttons or put on more difficult items of clothing.

- Instead of serving a ready-made meal, the caregiver encourages, if possible, the older person to prepare simple meals and to eat independently.
- Motivates the older person to make an effort, even if it takes longer to complete the task.

3. Strengthening the sense of meaning and social role

The caregiver helps the older person feel needed, involved and active – both in community life and in everyday routine.

What he/she can do:

- Assigns small tasks, such as folding napkins, watering flowers, arranging newspapers or helping with cooking together.
- Asks for advice or opinion: "How would you solve this?", "Can you help me choose the music for today's meeting?"
- Supports participation in community life – e.g., activities, meetings, intergenerational volunteering.

4. Supporting learning and discovering new things

The caregiver encourages seniors to develop – even in later life – through learning, playing, exploring and trying new activities.

Examples:

- Organizes or promotes workshops, thematic meetings, use of the Internet, applications.
- Supports seniors in learning how to use the telephone, ATM and other new technologies – patiently and without judgment.
- Invites the older person to participate in interest groups or manual/artistic classes.
- Creates a space for sharing knowledge: e.g. "Ms. Zofia led a meeting about Easter traditions today."

5. Removing barriers, not replacing the person

Instead of taking over the task from the older person, the caregiver identifies and – if possible – removes external barriers that prevent independence.

Examples:

- Instead of saying, "This is too difficult for you," he gives the older person a shower stool, bathroom grab bars, etc.

- Facilitates access to an elevator and a walker – thanks to which the person can act independently.
- Supports environmental adaptation – e.g. larger fonts, color contrasts, simple instructions.

6. Listening carefully and building a partnership

The caregiver treats the older person as a partner in care, not as a "ward" or "passive recipient of help".

What does this mean:

- The caregiver asks open-ended questions: "How are you feeling today?", "What would you like to do?", "What can we improve?"
- Treats communication as two-way – does not only "inform", but also listens and agrees.
- Avoids a tone of condescension, like speaking "to a child" – instead speaks with respect, clarity, and dignity.

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

Recommendations:

1. Understanding the cultural background of an older person:

The caregivers, on their own initiative, try to get to know the culture, traditions and values of the person they care for – through conversation, observation and questions to family or colleagues.

What he/she can do:

- Asks about important holidays, rituals and religious beliefs.
- Learns about preferences regarding diet, clothing, physical contact and prayer time.
- Knows basic phrases or gestures in the older person's native language.
- Understands that for some seniors, specific prayer times, contact with a priest and a specific diet (kosher, halal, fasting, vegetarian for religious reasons) are important.

2. Adapting communication to cultural differences

The caregiver adapts the communication style to the cultural values of the individual – both verbally and non-verbally.

Examples:

- Respects people who choose not to maintain eye contact due to cultural norms.

- Adjusts tone of voice and manner of address – e.g., uses appropriate titles, avoids familiarity if it is not accepted.
- Uses communication through an interpreter or family if the older person does not speak the language.
- Avoids irony, culturally incomprehensible jokes, that may offend beliefs.

3. Taking into account religious and dietary practices

The caregiver plans meals and daily routines taking into account the older person's religion, culture and beliefs.

What could it mean:

- Avoid serving religiously unacceptable foods (e.g. pork for Muslims).
- Allow fasting or fasting practices if they are safe and compatible with health.
- Take into account taste preferences related to ethnic origin (e.g. more spicy, seasoned dishes).
- Provide privacy for times of prayer or spiritual rituals.

4. Respect for cultural beliefs about health, illness and death

The caregiver shows openness to alternative explanations of the illness and does not judge beliefs and rituals related to treatment, suffering or death.

Examples, the caregiver:

- Does not deny the older person's beliefs about the causes of the disease (e.g. "bad luck", "divine punishment") – insetad he/she listens with respect.
- Accepts the presence of amulets, prayers and religious rituals as elements of support for an older person.
- Allows for the participation of a clergy member or support person from a given religious community in final care.
- Ensures that rituals related to dying and farewell are respected (e.g. positioning of the body, presence of family).

5. Engaging family and community in a culturally appropriate manner

The caregiver considers the role of family and community in making care decisions consistent with the individual's cultural norms.

What he/she can do:

- Respect that in some cultures decisions are made by the family rather than individually.

- Consult actions with people indicated by the senior (e.g. older son, brother, daughter).

- Does not exclude family members from the care process if this is in accordance with the older person's wishes.

- Allows family to participate in daily care – if possible and agreed.

6. Avoiding ethnocentrism and judgment

The caregiver does not compare the customs of other cultures to his own and does not treat them as "inferior" or "strange" – instead, shows curiosity and respect.

What does this mean:

- He/she doesn't say, "We don't do that here" or "It doesn't make sense."

- Asks: "Are there things that are important to you in your daily life that I should know about?"

- Learns from seniors – treats diversity as a value, not a challenge.

- Avoids cultural stereotypes ("Everyone from this country is like this…").

7. Participation in cultural competence training

The caregiver participates in training on cultural and religious differences, learns the basics of other cultures and understands the needs of people from cultural and religious minorities.

This gives:

- Better understanding of seniors' behaviors and reactions.

- Ability to work in an intercultural team.

- Better communication with people from other countries and with other cultures.

- Avoiding misunderstandings resulting from lack of knowledge.

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

Recommendations

1. Identifying needs that technology can support

The caregiver analyzes how technology can improve comfort, safety or independence of an older person and proposes appropriate solutions.

Examples of applications:

- Facilitating contact with family → video calls, instant messaging (e.g. WhatsApp, Skype).
- Reminders about medications and appointments → apps like MedFox, smartphone alarms.
- Improving safety → SOS wristbands, fall sensors, GPS locators.
- Fighting isolation → online classes, social media platforms, interest groups.
- Mental exercises → logic games, memory training apps.

2. Practical help in learning and using technology

The caregiver not only operates the technology, but also teaches the senior how to use it independently – patiently, respectfully and without judgment.

What the caregiver can do:

- Helps the older person configure the phone, tablet, laptop – step by step.
- Explains the principles of operation – in simple language, without technical jargon.
- Creates a step-by-step list or illustrated instruction manual.
- Practices a given activity with the senior several times – for example, how to answer a video call.
- Encourages but does not force – respecting the pace and readiness of the older person.

3. Selecting technology adapted to the capabilities of an older person

The caregiver selects devices and applications tailored to the cognitive, sensory and manual capabilities of the older person.

Examples:

- Large screen and enlarged font on phone/tablet.
- Applications with a simple interface (e.g. applications "for seniors").
- Devices with an "SOS" function, easy to use – e.g. alarm bracelets, locator watches.
- Keyboards with large buttons, ergonomic mice.
- Voice control options – where manual operation is difficult.

4. Promoting social connections through technology

The caregiver supports the senior in using technology to maintain relationships with family, friends and the community.

What he/she can do:

- Shows how to send messages or photos to grandchildren.

- Helps to join a Facebook group or thematic forums (e.g. for gardening enthusiasts).

- Encourages participation in online meetings: lectures, workshops and services.

- Organizes "digital family meetings" – e.g. via Zoom, Teams, Messenger.

5. Ensuring digital security

The caregiver teaches older people how to use the internet safely and protects them from digital threats.
In practice:

- Informs about online scams, "fake grandchildren", suspicious links.

- Helps set strong passwords and secure access to devices.

- Teaches how to recognize suspicious emails, fake news and unfair advertisements.

- Helps configure security (e.g. updates, antivirus, parental locks).

6. Self-education and willingness to learn new tools

The caregiver constantly develops his/her digital competences, follows new technological solutions and learns how to use them.

Examples:
- Participates in training in the use of modern medical and care devices.

- Tests new applications dedicated to seniors – e.g. for health monitoring, rehabilitation, communication.

- Follows the latest news in telecare, remote care and artificial intelligence in care.

- Shares knowledge with the team and proposes implementations in the workplace.

7. Conscious, ethical use of technology

The caregiver always respects the wishes of older people and their right to privacy when using technology.

What does this mean:

- Does not install monitoring devices without the senior's consent (unless it is legally and ethically necessary).

- Provides information about how the technology works – e.g., "This wristband will allow you to call for help if you fall."

- Ensures that technology supports, rather than limits, a person's autonomy.
- Avoids the overuse of technology as a substitute of interpersonal relationships.

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

Recommendations:

1. Building relationships with local institutions and specialists

The caregiver actively establishes and maintains contacts with other entities – health, social, cultural – that can support the older person.

Examples:

- Maintains contact with a community nurse, primary care physician, occupational therapist, social worker.
- Collaborates with social welfare centers, foundations and seniors' associations.
- Is involved in local support networks, caregiver forums, senior councils.
- Knows the contact persons in institutions and can effectively direct seniors there.

2. Consciously directing an older person to the right place or service

The caregiver recognizes situations in which the elderly person (or their family) could benefit from other forms of support – and actively facilitates this contact.

Examples:

- Refers to a psychologist when he/she notices symptoms of depression or chronic anxiety.
- Provides information on available group activities, senior clubs, universities of the third age, occupational therapy.
- Assists in submitting applications for benefits, personal assistant and rehabilitation sessions.
- Supports contacts with other health, social and aid organizations.

3. Participation in integrated care planning

The caregiver participates in interdisciplinary teams or consultations that allow for the creation of a coherent, comprehensive support plan.

In practice:

- Provides important information about the older person's situation to the team (while maintaining privacy policies).
- Co-creates an action plan that addresses health, social, emotional and spiritual needs.
- Monitors the implementation of activities and reports the need for changes or additional support.
- Facilitates cooperation between the family and professionals (e.g. doctor, therapist, social assistant).

4. Orientation to local resources and opportunities

The caregiver knows the local "resource map" and actively uses it to support the older person's participation in social life and the use of services.

Examples:

- Knows and recommends local senior clubs, libraries, community centers and support groups.
- Provides information about free events, lectures and intergenerational meetings.
- Knows where the nearest legal or psychological assistance point, volunteer center or geriatric clinic is located.
- Uses local newsletters, online platforms and support groups.

5. Effective communication between services

The caregiver ensures a smooth flow of information between the various institutions involved in the care of the senior.

What does this mean:

- Provides up-to-date information about the health status, needs and changes in the situation of an older person.
- Maintains confidentiality and operates in accordance with current regulations.
- Maintains documentation of contacts between institutions (e.g. in the care plan).
- If necessary, acts as a "link" between the family and support institutions.

6. Understanding the value of an interdisciplinary approach

The caregiver understands that effective care for an older person is the result of cooperation between various specialists.

In practice:

- Shares responsibility and seeks help from others when the situation requires it.

- Values the knowledge of, for example, psychologists, dietitians, physiotherapists and lawyers.

- Encourages seniors to seek specialist advice, even if they themselves do not see the need.

- Ensures that the activities of various services are not dispersed, but coherent and complementary.

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

Recommendations*:*

1. Physical activity adapted to your abilities

- Encouraging and supporting the older person in regular physical activity (walking, stretching, balance and strength exercises), adapted to their condition and preferences.

- Monitoring and minimizing the risk of falls through exercises that improve stability and coordination.

2. Healthy eating

- Educating and supporting people on a balanced, age- and health-appropriate diet.

- Facilitating access to healthy meals, taking into account individual dietary needs (e.g. diabetes, hypertension).

- Promoting hydration and regular meals.

3. Stimulation of cognitive functions

- Introducing mental exercises such as memory games, reading, solving puzzles or participating in educational activities.

- Supporting social interactions that have a beneficial impact on cognitive and emotional functions.

4. Prevention of diseases and complications

- Monitoring health, regular measurements of blood pressure, blood sugar, weight, etc.

- Reminders about check-ups with doctors, vaccinations (e.g. against influenza, pneumococcus).

- Education on how to avoid risk factors (smoking, excessive alcohol consumption).

5. Support in maintaining independence and self-reliance

- Motivating to independently perform daily activities to the extent possible.

- Assistance in adapting the living environment (e.g., handles, good lighting) for safety and comfort.

- Promoting healthy hygiene and care habits.

6. Health education and self-awareness

- Providing information on a healthy lifestyle, symptoms of diseases and ways to cope with aliments.

- Supporting older people in making informed decisions about their health.

- Learning to recognize the first symptoms of health deterioration and the need to consult a specialist.

7. Collaboration with the medical team and therapists

- Collaboration with doctors, physiotherapists and dietitians to provide a comprehensive approach to senior health.

- Providing information about observations and changes in health status.

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

Recommendations*:*

1. Adapting the language to the needs of an older person

- Using simple, understandable vocabulary, avoiding jargon or overly complicated expressions.

- Speaking slowly, clearly, with appropriate intonation and volume.

- Repeating and paraphrasing information when necessary.

2. Consistency of verbal and non-verbal communication

- Ensuring that gestures, facial expressions and tone of voice support the message being conveyed and are consistent with emotions.

- Using friendly and open body language, e.g. leaning slightly towards the interlocutor, smiling.

3. Taking into account sensory dysfunctions

- Use of aids such as glasses or hearing aids as needed.

- Speaking in the direction of the older person, avoiding speaking to them "from a distance" or when they are occupied with another stimulus.

- Providing adequate lighting and eliminating ambient noise.

4. Encouraging the expression of opinions and needs

- Asking open-ended questions that foster conversation and expressing one's own opinion.

- Supporting an older person in expressing emotions, needs and expectations.

5. Regularly confirm understanding

- Checking whether the older person has correctly understood the information provided.

- Encouraging the older person to ask questions and clarify doubts.

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

Recommendations:

1. Creating spaces for intergenerational meetings

- Organizing regular meetings, workshops, classes and events that integrate older people with younger generations.

- Inviting local schools, youth organizations and families to join the activities.

2. Building mutual respect and understanding

- Promoting openness and curiosity towards other generations.

- Encouraging the sharing of life stories, traditions, experiences and values.

- Overcoming stereotypes and age-related prejudices through education and dialogue.

3. Leveraging the unique strengths of each age group

- Enabling older people to share their wisdom, skills and experience.

- Encouraging younger people to share their energy, modern knowledge and skills (e.g. technological).

- Creating projects that engage both groups and allow them to learn from each other.

4. Supporting communication and collaboration

- Fostering communication skills between generations, paying attention to differences in communication styles and needs.

- Promoting active listening and empathy as the foundation of intergenerational relationships.

5. Creating an inclusive and safe environment

- Providing a space where everyone feels accepted, regardless of age.

- Monitoring and counteracting all manifestations of ageism or other forms of discrimination.

6. Involving families and the local community

- Encouraging families to participate in intergenerational initiatives.

- Collaboration with local organizations and institutions to expand the scope of activities.

7. Promoting regularity and sustainability of activities

- Ensuring that intergenerational activities are ongoing and well planned.

- Evaluation of effects and adaptation of forms of cooperation to the needs of participants.

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

Recommendations:

1. Actively building and maintaining relationships

- Encouraging and supporting older people in maintaining contact with family, friends and neighbors.

- Assistance in organizing meetings, phone calls or video calls with loved ones.

2. Supporting Community Participation

- Promoting participation in local events, senior clubs, workshops, interest groups and other forms of social activity.

- Help establishing new acquaintances and relationships through support groups and social initiatives.

3. Individual approach and listening to needs

- Regular conversations that allow you to identify feelings of loneliness and sources of isolation.

- Tailoring support to the individual preferences and capabilities of the person.

4. Cooperation with local organizations and services

- Establishing contacts with organizations working for seniors, volunteers and other institutions supporting older people.

- Referring the assisted person to appropriate social programs and initiatives.

5. Active monitoring and intervention

- Recognizing signals of isolation and loneliness early and responding to them with empathy and effective action.

- Systematic monitoring of the older person's social situation and adapting support.

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

Recommendations:

1. Attentive and full focus on the elderly person

- Giving the older person full attention during a conversation, without interrupting or judging.

- Eliminating distractions (e.g. phones, noise) during a conversation.

2. Confirming verbal and non-verbal messages

- Repeating in your own words or paraphrasing what you said to make sure the message was understood.

- Using gestures, facial expressions and tone of voice that show acceptance and interest.

3. Asking open-ended questions

- Encouraging the development of thoughts and sharing of feelings through questions such as "How do you feel about this?" and "What is most important to you in this situation?"

4. Respect for individual values and choices

- Acceptance and respect for unique beliefs, without imposing your own opinions.
- Supporting a person in expressing his/her needs and preferences.

5. Establishing goals and care plans together

- Co-creation of individual support plans, based on what was discussed and shared
- Enabling the older person to actively participate in making decisions about his/her life and care.

6. Building trust and a sense of security

- Creating an enviromìnment in which the older person feels comfortable and safe to talk openly about his/her own feelings and expectations.

7. Patience and time to express yourself

- Giving the older person time to think and express himself/herself, without rushing the conversation.
- Understanding that some topics may be difficult and require sensitivity.

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

Recommendations:

1. Staying calm and composed

- Maintaining a calm tone of voice and a composed demeanor even in difficult situations.
- Avoiding escalating tension by reacting nervously or raising your voice.

2. Active listening and empathy

- Allowing the older person to express emotions and frustrations without interruption.
- Trying to understand the source of a conflict or problem from the perspective of an older person.

3. Clear and calm communication

- Using simple, understandable language, adapted to the cognitive abilities of the person.
- Avoiding accusations, criticism or negative labels.

4. Searching for compromises and solutions

- Jointly developing possible solutions that will be acceptable to both parties.
- Taking the needs and boundaries of the older person into account when making decisions.

5. Ensuring safety and dignity

- Counteracting situations that threaten health or emotional well-being.
- Respect for the dignity of the person, regardless of the difficulty of the situation.

6. Using de-escalation techniques

- Using methods such as changing the subject, pausing for breath or the presence of a second supportive person.
- Help with emotion regulation through relaxation techniques or distraction.

7. Cooperation with specialists

- If necessary, quickly report the situation to the appropriate services (psychologist, doctor, therapist).
- Using available resources and team support.

8. Reflection after the conflict

- Analysis of the situation, what can be improved in the future.
- Learning from experience to better respond to similar situations.

B.12. The caregiver deals with ethical dilemmas.

Recommendations:

1. Identification and analysis of dilemmas

- Recognizing situations in which there is a conflict of values, obligations or rights.
- Clearly define what ethical principles and values are involved in a given situation.

2. Reflection on possible consequences

- Considering the consequences of different decisions for the older person, their family, the caregiver and the care environment.
- Taking into account both short-term and long-term effects of actions.

3. Consultation and cooperation

- Seeking support and opinions from the interdisciplinary team, superiors, ethicists or specialists.
- Engaging the older person and their loved ones (if possible) in discussions about possible solutions.

4. Application of ethical guidelines and principles

- Using the codes of ethics that apply in a given care environment.
- Appealing to principles such as beneficence, non-maleficence, justice and autonomy.

5. Making informed and responsible decisions

- Making decisions based on a thorough analysis of the situation, not under the influence of emotions or pressure.
- Documenting the decision-making process and justifying choices.

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

Recommendations:

1. Systematic self-assessments and evaluations

- Conducting periodic self-assessments, taking into account various aspects of care (quality of life, communication, emotional support).
- Using assessment tools such as questionnaires, checklists or self-assessed indicators.

2. Critical analysis of one's own actions

- Asking yourself questions: "What did I do well?", "What could I have done differently?", "How did my actions affect the older person's well-being and independence?"
- Searching for the causes of successes and difficulties to better understand the context of your actions.

3. Consultations and exchange of experiences with the team

- Regular meetings with other caregivers and specialists to discuss activities and their outcomes.
- Openness to feedback and constructive criticism.

4. Learning and professional development

- Using self-assessment results to identify areas requiring further improvement.
- Participation in training, workshops and other forms of competence development.

5. Adjusting Care Strategies

- Based on reflection and results' evaluation of results, flexible modification of the care approach to better respond to the needs of older people.
- Introducing innovations and new working methods where appropriate.

6. Maintaining balance and mental health

- Reflection also helps you recognize your own emotions and work-related stress.
- Implementing self-help and recovery strategies to maintain high quality care.

Recommendations for directors, managers and those responsible of service quality, personnel and organizational development within care services for older adults

In this final section of the document, we have summarised the recommendations that the working group has collected/developed/refined during the course of the project, so that they can serve as immediate and effective operational guidelines for those who lead organisations providing services to older people.

1. Adopt a coherent vision of care based on positive ageing

Recommendation:

- Integrate the concepts of positive ageing, quality of life (QOL), and person-centered care into the facility's mission, strategy and standards

- Communicate this vision clearly to the entire team and residents' families

- Promote lifelong learning also in ageing people, by offering adapted educational strategies and activieties to support brain plasticy and fight against cognitive deterioration

Managers must be the first to promote a different way of looking at ageing, focusing on the person, his/her needs and wishes. A good example of this change in perspective could be to ensure that service charters, corporate documents and websites are focused on this perspective, using a language that values the person and its potential.

The same applies to information documents that are given to older people and families when they approach the service to find out about the characteristics and the organisation.

2. Creating a care organization free from ageism

Recommendation:

- Introduce anti- ageism policies (language, attitudes, procedures)

- Monitor staff communication (language control, supervision)

- Promote a positive image of old age both inside and outside the facility

Some good experiences that were identified in relation to this second recommendation concern, for example, billboards/posters displayed in facilities which - through the use of certain words rather than others- promote messages that value older people and make them the protagonists of their own lives.

3. Ensure the regular development of staff skills

Recommendation:

- Develop a continuous training plan that includes:
  - person-centered care,
  - empathetic communication,
  - cultural skills,
  - conflicts and ethical dilemmas management,
  - technologies to support older people,
- Promote reflection, self-assessment and exchange of experiences within teams

The lifelong learning -or continuous professional development of professionals working in care organisations- is crucial for promoting a different culture, centered on older people, their needs, their desires and their self-fulfillment. During the project, we had the opportunity to meet virtuous organisations that already put this philosophy at the center of their work and they can serve as an example for others by demonstrating in concrete terms how it is possible to do things differently.

One example is what we call a "learning tour", i.e. a training experience at a virtuous organisation in which participants are offered an in-depth study of certain theoretical concepts and then the opportunity to see how they are applied in practice.

In this logic, creating practice communities amongst organisations that promote a person-centered approach and philosophy, could be an effective way to gradually change older people's perception and their role in our society.

4. Strengthen the real implementation of person-centered care

Recommendation:

- Ensure that individual care plans are:
  - created with the participation of the senior (and loved ones)
  - based on resources, life history and preferences
  - regular
- Monitor whether decisions are made with the person and not for the person

This recommendation is particularly important in promoting self-determination and enabling individuals' decision making about their own lives.

Listening to the older person and systematically involving him/her in defining the objectives of the individual care plan, is a fundamental prerequisite. Ensuring a welcoming and protected place to conduct the interview, making sure the older person is guaranteed the time needed to express

his/her needs and wishes, faithfully reporting their requests (wishes and needs) are some of the milestones. The involvement of loved ones and family members must also be subject to the older persons' wishes without replacing him/her. The appointment of a trustee by the older person is an opportunity that should be reinforced and promoted within organisations.

5. Design an environment that fosters independence and relationships

Recommendation:

- Invest in the accessibility and functionality of space (barrier-free, good lighting, readability)
- Create conditions for:
    - physical and cognitive activity,
    - social and intergenerational contacts,
    - privacy and dignity.

This recommendation aims to emphasise that the environment and the space's organisation are important factors that strongly influence people's ability to choose what to do and how to do it in their daily lives.

When designing new spaces or reorganising existing ones, it is essential to ask itself the following key question: "How does this space and its organisation affect the quality of life of people who will use it? Does it promote their freedom, expression opportunities, movement and socialisation or is it primarily functional to safety and work organisation?

6. Develop inter-institutional cooperation and local support networks

Recommendation:

- Actively build relationships with:
    - care,
    - assistance,
    - senior organizations,
    - volunteering and cultural institutions.
- Designate a person (or more) responsible for coordinating cooperation

This recommendation aims to highlight how the effectiveness of policies for the enhancement of older people does not depend exclusively on the quality of individual services, but also on the ability of the local system to act synergically in an integrated way.

Responses to people's needs are often fragmented, to overcome this critical issue it is essential that cooperation becomes a structured working method.

It is important to appoint a coordinator/reference person (or more) to ensure ongoing collaboration within the local network of stakeholders.

During the project, we had the opportunity to visit some organisations that have built an integrated service system with local networks and associations where the participating entities have defined a plan of shared and coordinated actions in order to promote older people's inclusion, families' support and ensure continuity of care.

7. Use technology to support relationships not to replace them

Recommendation:

- Implement technologies that improve the safety, communication and independence of older people

- Provide educational support for both residents and staff

- Apply clear ethical and privacy policies

New technologies are increasingly widespread in residential and home care facilities where older people live, providing valuable support both for organisational management (collection, analysis and sharing of social and health care data), structural management (discreet monitoring devices that allow people to preserve their abilities for longer, even in situations where there is a shortage of care staff) and relational (increased opportunities to communicate and stay in touch with the outside world). Technology is an opportunity that must be exploited, without forgetting that people, their rights and their privacy are always at the center. This recommendation is intended to remind us to always put these fundamental principles at the forefront when adopting new technologies.

8. Introduce a quality and welfare monitoring system

Recommendation:

- Regularly evaluate:

    – residents' quality of life (including their satisfaction)

    – older people's level of loneliness

    – staff satisfaction

    – effectiveness of care activities (staff attitudes and outcomes achieved)

- Use the results to drive real organizational change

This final recommendation represents the constant and systematic modus operandi, that it is necessary to ensure that all the above-mentioned recommendations are constantly monitored and shared within the organisation for continuous improvement.

Management has a duty to have a dashboard with a series of indicators that provide a snapshot of their organisation's health. Alongside the economic and financial health, it is essential to monitor a series of variables about the quality of care provided (with specific clinical indicators), the well-being of both workers and older people who live in the facility (in terms of opportunities, quality of relationships and satisfaction with the services provided).

Within the project we developed an initial tool that serves this purpose: the "Life Magister questionnaire" is useful for assessing staff attitudes towards truly putting older people and their wishes at the centre of their work.

Summary

High quality care for the elderly is not only a result of procedures, but also of:

- conscious management,

- consistent values,

- competent and supported staff,

- and the real treatment of seniors as full partners.

Good practices of project partners

Qualità & Benessere (Q&B) - Italy

"OSS for OSS: The value of caregivers"

Social Services Center Villa Serena, Valdagno (VI), Italy

1.   Context/Starting point

In recent years, Villa Serena, like other service centers, has faced difficulties related to staff recruitment, turnover, and the growing social and health complexity of the families assisted.

The Covid-19 pandemic created a "training gap" that made more difficult the integration of new health and social workers. Through core meetings, staff briefings and discussions with professionals from other nursing homes, it became evident that reconciling the differing values and needs of senior and junior staff was a challenge. Furthermore, a clear need for greater recognition of care work emerged, highlighting the necessity to refocus on our core mission: the CARE of residents.

2.   Expectations/Objectives of the initiative

- **Expected results**: strengthening communication, interpersonal and technical competences/skills; raising awareness of the ethical values of care; improving the quality of care; strengthening teamwork; promoting the value of care work and supporting the value of caregivers.

- **Innovation:** intergenerational approach (senior and junior), enhancement of experiential knowledge, integration between theory, practice and QeB brand values, use of video interviews with residents and family members during the training, as well as footage of daily activities (handout).

- **Idea for change:** transforming training from a technical obligation into a shared growth path, focused on the well-being of operators, residents and the value of care.

3.   Resources involved

- **Competences**: internal trainers (caregivers, nurses, coordinators, managers of various sectors and services, psychologists, educators, social workers) and external trainers (sector experts, communication expert, an architect trained on gentle care, a teacher from a hospitality school/hotel management).

- **Human resources**: the course is aimed at 21 caregivers and 3 service operators and was designed and structured by a multidisciplinary project group (which also includes caregivers and a service operator).

- **Financial resources**: € 2.000 budget, allocated for external trainers along with compensated hours for both project group members (implementation) and course participants.

- **Infostructure and materials**: multipurpose rooms (Recoaro, Valdagno, Trissino - Province of Vicenza), multimedia tools, teaching materials, coffee breaks, lunch boxes.

- **Total hours**: 100 hours of internal teaching + 504 hours of caregiver participation + 72 hours of service operators.

4.   Organizational aspects

- Involvement of management and core representatives.

- Creation of a multidisciplinary project group.

- Production of **video interviews** and **practical recordings** to be used during the training modules.

- Modular course planning with a defined calendar and itinerant locations.

- Organization of a training event with an external instructor for all staff, with the aim of presenting the course.

- Creation of monitoring tools during and after the course (Google forms with satisfaction surveys after each meeting, final evaluation test, creation of the Signal group amongst all participants to exchange views foster peer-to-peer discussion).

These aspects ensure **reproducibility and transferability** to other contexts within nursing homes.

5.   Good Practice

The good practice consists of a **modular training course** (5 modules) that integrates:
- Effective communication with residents, family members and staff.

- Observation and needs analysis, personalised care plan's development, role of the caregiver tutor.

- Knowledge of the organization and administrative processes.

- Hotel service and quality of life (nutrition, prosthetic environments).

- Care techniques (hygiene, handling, injury prevention, feeding with dysphagia).

 During the various modules, a series of video interviews were shown:
- **Interviews with residents** answering questions such as: "How would you like the staff to talk to you? How do they talk to you? How would you like them to behave and how do they behave?"

- **Interviews with family members** with questions such as: "How would you like staff to talk to you as a family member and how do they talk to you? How would you like them to talk to your loved one and how do they talk to them?"

Finally, recordings were made during meals, which were used by the teacher in the hotel service module to discuss meal-time care with the group of participants.

This process made it possible to adapt the content to emerging needs and to consolidate the culture of care, thanks also to the use of videos as tools for collective reflection and discussion

6.   Implemented pathway

- **January 2025**: Within an "ad hoc training course" attended by all staff, there was a discussion with an expert on how to sustain the quality that characterizes and adds value to the caregiver. On this occasion, the training course "OSS for OSS - The Value of Caregivers" was presented.

- **February – May 2025**: Five training modules were held at the organization's various locations.

- **During the training course**: collection of expectations, feedback and satisfaction ratings via Google forms.

- **End of training course**: learning assessment, creation of a dedicated Signal group to foster peer-to-peer discussion and ensure continuity, issuance of certificates of attendance.

7.   Results achieved

- **Organizational:** greater cohesion between senior and junior participating operators, improved internal communication, enhancement of the role of the caregiver.

- **Residents' well-being**: perceived improvement in the quality of care, greater attention to the values of respect and humanization.

- **Measurability:**
    o   80% correct answers in evaluation tests.
    o   Cost Benefit Analysis of assignments
    o   No complaints about communication and technical aspects in the six months following the training course.
    o   Accurate completion of care records and Personalized Care Plans by caregiver tutors.

Authorization notes:

The dissemination of this report and its annexes within the Life Magister Project documentation is authorized. *Contact person: Chiara Trattenero (Head of Social and Health Care)*

LINKS TO THE LIFE MAGISTER COMPETENCE PROFILE:

- **Competence B.3: The caregiver understands the core concepts of "Person-Centered Care" (PCC).**

    - Reasoning: By using video interviews with residents, the training refocuses the staff's attention on the resident as a person with unique stories and needs, rather than a set of medical tasks.

    -

- **Competence B.5: The caregiver has the necessary communication and interpersonal skills.**

    - *Reasoning:* The program specifically aimed at strengthening communication between team members (senior/junior) and between caregivers and families, improving the overall quality of the care environment.

- **Competence B.9: The caregiver communicates and cooperates with colleagues and other professionals.**

    - *Reasoning:* The "OSS for OSS" model is a direct application of this competence, fostering teamwork, cohesion and a shared professional identity.

- **Competence B.10: The caregiver works on his/her own attitudes and professional development.**

    - *Reasoning:* The project emphasized the "Value of the Caregiver," encouraging staff to reflect on their own professional and ethical approach to care, which is crucial for preventing burnout and ensuring high-quality service.

STAKEHOLDER RECOMMENDATIONS BASED ON THE LIFE MAGISTER COMPETENCE PROFILE:

- **For Management:** Implement structured "Peer-to-Peer" mentoring programs to foster **Competence B.11**. By pairing senior and junior staff, organizations can ensure that experiential knowledge is transferred and teamwork is strengthened.

- **For Caregivers:** Use peer-support groups to discuss and resolve **Competence B.12** (Ethical Dilemmas). Sharing complex moral conflicts with colleagues helps in making more informed, responsible decisions for the residents.

- **For HR Departments:** Incorporate self-assessment sessions (linked to **Competence B.13**) into the working schedule, allowing staff to reflect on how their collaboration directly impacts the residents' Quality of Life.

Sint Vincentius vzw (SV) - Belgium

"Inclusive support for older people with intellectual disabilities"

vzw Den Achtkanter & Sint-Vincentius V.V.O. vzw, Kortrijk, Belgium

1.   Context – Starting point

Traditionally, disability care and elderly care in Flanders operated in silos. Staff in disability services are highly skilled but often lack the specific geriatric methods and medical skills to respond to the changing physical and psychological needs of ageing residents (the "ageing in place" challenge). Conversely, elderly care was sometimes perceived as lacking the specific expertise needed to support people with intellectual disabilities. The increasing life expectancy of people with disabilities created a "competence gap" that required a new, cross-sectoral approach to ensure quality of life and inclusion.

2.   Expectations/Objectives of the initiative

- **Expected results:** Improved quality of life for ageing people with disabilities; allowing residents to "age in place" in a familiar environment; bridging the gap between disability and elderly care sectors.

- **Innovation:** A cross-sectoral cooperation model where expertise is shared between two different types of care organizations. This moves away from the "referral culture" (sending people away) towards an "inclusive support culture."

- **Idea for change:** Developing a new "inclusive worker" profile – a professional who possesses the skills and mindset to provide geriatric care while recognizing and supporting the client's citizenship and specific disability-related needs.

3.   Resources involved

- **Human Resources:** Staff from Den Achtkanter (disability experts) and Sint-Vincentius (elderly care experts); management teams from both organizations to oversee the cooperation agreement.

- **Knowledge Resources:** Scientific substantiation and reflection tools provided by experts; training modules on the new competence profile.

- **Infrastructure:** Residential care facilities in Kortrijk that are made accessible and welcoming for people with mixed care needs (e.g., the 't Nest unit

4. Organizational aspects

The initiative is based on a formal cooperation agreement between vzw Den Achtkanter and Sint-Vincentius V.V.O. vzw. This involves regular joint meetings, shared care strategic planning, and a neighborhood-oriented operation. The organizations share expertise rather than just transferring residents, ensuring that the resident remains in a familiar environment while receiving specialized medical support from the partner organization.

5. Good Practice

The core of the practice is the **"Inclusive Support Model."** When a resident with an intellectual disability shows signs of ageing (e.g., dementia, mobility issues), the disability care team does not simply transfer them. Instead, they call upon the expertise of the elderly care partner. This includes joint assessments and on-the-job coaching for staff. It ensures that the resident can stay in their familiar environment as long as possible, receiving the support they deserve as full citizens.

6. Implemented pathway

- **Identification:** Recognizing the changing needs of the ageing population within disability care organizations.

- **Agreement:** Formalizing the partnership between Den Achtkanter and Sint-Vincentius to avoid "not done" attitudes.

- **Implementation:** Staff training and "ageing in place" adjustments to infrastructure.

- **Evaluation:** Continuous monitoring of residents' satisfaction and staff competence development.

- **Refining:** Developing the "inclusive worker" profile to be integrated into lifelong learning programs.

7. Results achieved

- **Organizational:** Successful cross-sectoral cooperation that serves as a model for Flanders; reduction of prejudice between different care sectors.

- **Residents' well-being:** Residents are able to stay in their familiar environment for years longer (e.g., the 2-year extension for resident Jacques); increased "Quality of Life" and sense of belonging.

- **Measurability:** Positive feedback from residents and their social networks; creation of a documented "Inclusive Competence Profile" used for future training of social professionals.

LINKS TO THE LIFE MAGISTER COMPETENCE PROFILE

- **Competence B.3: The caregiver promotes person-centered approach and empowerment.**

  - o **Reasoning:** The practice is rooted in the "Ageing in Place" philosophy. Instead of forcing a resident with intellectual disabilities to move to a geriatric ward when their health declines, the care system adapts to the individual. This ensures that the person remains the subject, not the object, of care, preserving their autonomy and dignity.

- **Competence B.6: The caregiver promotes social inclusion and building social networks.**

  - o **Reasoning:** By preventing unnecessary transfers, the model maintains the resident's existing social bonds. As seen in the case of Jacques, staying in a familiar neighborhood allowed him to maintain regular contact with his girlfriend and peers, directly preventing social isolation and upholding his "citizenship."

- **Competence B.10: The caregiver works on his/her own attitudes and professional development.**

  - o **Reasoning:** The creation of the "inclusive worker" profile requires staff to move beyond their traditional silos. Caregivers in the disability sector must acquire geriatric skills, while elderly care staff must adapt their mindset to support people with intellectual disabilities. This reflects a commitment to lifelong learning and a shift in professional attitude.

- **Competence B.11: The caregiver communicates and cooperates with other professionals (Interprofessional Collaboration).**

  - o **Reasoning:** This is the core of the Belgian practice. The formal cooperation agreement between the two organizations facilitates shared strategic planning, on-the-job coaching, and a constant exchange of expertise, which is the definition of high-level interprofessional collaboration.

- **Competence B.12: The caregiver deals with ethical dilemmas.**

  - o **Reasoning:** The model addresses the difficult balance between an individual's right to "age in place" and the need for medical safety. Managing these complex situations requires the high level of ethical reflection described in B.12 to ensure the resident's quality of life is prioritized.

STAKEHOLDER RECOMMENDATIONS BASED ON THE LIFE MAGISTER COMPETENCE PROFILE

- **For Policy Makers:** Establish cross-sectoral protocols that allow experts from different fields (disability and elderly care) to work together. This supports **Competence B.11** by breaking down institutional silos that hinder effective care.

- **For Management:** Prioritize the "Ageing in Place" model to fulfill **Competence B.3 & B.6**. Stakeholders should invest in infrastructure and staff training that allow seniors to remain in their familiar social networks, thus empowering them as full citizens.

- **For Training Institutions:** Develop "Inclusive Worker" certification programs. This ensures that graduates possess the multi-disciplinary skills needed to handle the complex needs of ageing persons with disabilities, as outlined in the **Competence Profile**.

Kuyavian-Pomeranian Voivodeship (KPV) – Poland

"Informational and educational project with the use of geriatric suits"

Regional Centre for Social Policy in Toruń

1. Context – the starting point

Today, we are witnessing significant demographic changes: society is ageing, and the number of older people is growing. Recognizing the challenges this poses, a number of initiatives have been undertaken to improve the situation of seniors. These initiatives include the development of strategic documents and policies, both at the central, regional, and local levels, which include a range of measures contributing to the activation and integration of older people, including the standardization of social services.

However, it is worth paying attention to the perception of older people in society, especially by young people and the younger generation, and taking steps to shape an attitude of understanding, empathy and willingness to engage in various initiatives for the elderly, e.g. volunteering or searching for future support and care staff.

2. Expectations / Goals of the initiative

The aim of the initiative was to increase awareness among children and young people about the challenges and limitations that older people face every day, as well as to shape attitudes of empathy, understanding and a willingness to help.

Expected results:

- increasing participants' knowledge about the ageing process;
- development of empathy and social sensitivity towards older people;
- building a positive image of seniors;
- increased interest in volunteering and assistance and care professions.

Innovation:

The innovation of the project lies in on use geriatric suits (simulators old age), which in a way experimental model reflects the physical and sensory limitations typical of old age.

Idea for change:

Changing social attitudes towards older people through experiential education, enabling participants to "take on the role" of a senior and directly experience the difficulties of everyday life.

3. Resources involved

Competences:

- knowledge of senior policy and social services;

- educational and animation competences;
- ability to work with children and young people.

Human resources:

Employees of the Regional Centre for Social Policy in Toruń carrying out educational and information activities.

Financial resources:

- purchase of 3 sets of geriatric suits in 2020 – PLN 30,888.99 (project " Cheerful autumn life on Kujawy and Pomerania – project development Help environmental For seniors", co-financed by the European Fund Social within Axis Priority 9. Solidarity society Action 9.3 Development services health and social Sub-measure 9.3.2 Development services social Regional Program Operational Voivodeships Kuyavian-Pomeranian Voivodeship on 2014–2020);
- retrofitting of sets in 2023 – PLN 9,778.50 (Kujawsko-Pomorska Telecare project).

Infostructure and materials:

- sets of geriatric suits in three sizes (S, M, XL);
- vision, hearing and hand tremor simulators;
- materials used during classes.

Total hours:

It depends on the number of visits to schools (activities carried out continuously, indefinitely).

4. Organizational aspects

Classes conducted are in schools in the area of Kuyavian-Pomeranian Voivodeship. Each meeting consists of a theoretical and practical part. Participation in the workshops is free of charge. The project is mobile and flexible, adapted to the needs of educational institutions.

5. Good practices

- using experiential education as an effective method of changing attitudes;
- combining theoretical knowledge with practical experience;
- engaging the young generation through modern technologies;
- promoting intergenerational integration.

6. Implemented path

1. Purchase and preparation of geriatric suit sets.
2. Development of a scenario for educational and informational activities.
3. Implementation of workshops in schools.

4. Systematic retrofitting sets in new elements simulation.

5. Enlargement activities educational on staff assistance, caregivers informal and people exercising everyday about baking over seniors, including members families.

7. Results achieved

Organizational:

- implementation of the project by the Regional Centre for Social Policy in Toruń;

- establishing cooperation with educational institutions in the region.

Residents' well-being:

- increased empathy and understanding towards older people;

- strengthening intergenerational ties;

- positive impact on the perception of seniors in local communities.

Measurability:

From October 2023 to May 2024, classes were held in 16 schools, covering 42 classes and approximately 800 children.

LINKS TO THE LIFE MAGISTER COMPETENCE PROFILE

- **Competence B.2: The caregiver recognizes ageism and acts to overcome it.**
  - **Reasoning:** The geriatric suit allows participants to experience the physical reality of ageing first-hand. By feeling the limitations in mobility, vision, and hearing, stakeholders (especially younger people and staff) confront their own prejudices and develop a deeper respect for the efforts seniors make daily, which is the first step in combating age-based discrimination.

- **Competence B.3: The caregiver understands the core concepts of "Person-Centered Care" (PCC).**
  - **Reasoning:** The experience of wearing the suit demonstrates why a "one-size-fits-all" approach to care is ineffective. It teaches that support must be adapted to the specific physical barriers of the individual, fostering an approach that prioritizes the senior's perspective and comfort.

- **Competence B.5: The caregiver has the necessary communication and interpersonal skills to interact with older persons.**
  - **Reasoning:** Through the simulation of sensory impairments (e.g., muffled hearing or blurred vision), the practice highlights the need for clear, patient, and modified communication. Participants learn how to adjust their tone, volume, and non-verbal cues to maintain a high-quality connection with the senior.

- **Competence B.6: The caregiver promotes social inclusion and building social networks.**

- o **Reasoning:** As noted in the Policy Plan, this practice is particularly effective in intergenerational workshops. By fostering empathy in younger generations and the local community, it reduces the social "distance" between ages and encourages the creation of more inclusive social environments.

- **Competence B.10: The caregiver works on his/her own attitudes and professional development.**
  - o **Reasoning:** This practice serves as a powerful "experiential learning" tool. It forces caregivers to reflect on their own physical and emotional reactions to the limitations of ageing, leading to a profound shift in professional attitude and a more empathetic approach to daily care duties.

STAKEHOLDER RECOMMENDATIONS BASED ON THE LIFE MAGISTER COMPETENCE PROFILE

- **For Training Providers:** Integrate age simulation into the core curriculum to address **Competence B.10**. This allows trainees to move beyond theoretical knowledge and develop the "felt empathy" necessary for a profound shift in professional attitude.

- **For Management:** Use the suit as an assessment tool to evaluate the staff's level of awareness regarding **Competence B.3**. It helps managers identify if the physical care environment needs adjustments to better support the senior's perspective.

- **For Regional Authorities:** Fund "empathy workshops" using the suit for local communities to support **Competence B.5**, improving the general public's communication skills and patience when interacting with elderly citizens.