

## Results of the preliminary needs analysis

Due to demographic changes, the number of those in need of elderly care is continuously growing. The rate of 65+ population reached 18,5% in 2014 in the European Union, and according to predictions, this rate will approach 30% by 2060. Aging societies mean the greatest challenge of the 21<sup>st</sup> century to EU member states as well, to which not only health and social care systems, but almost every sector, including education, has to react.

The primary goal of Európa 2020 strategy is to apply the technologies of modern info-communication to overcome problems resulting from the demographic boom. During the past few years, the number of ICT-based solutions to improve life quality of the elderly has rapidly grown in order to lengthen the period when elderly people can live independently in their own homes

The preliminary survey on needs has been carried out with the involvement of seven domestic care-oriented companies. The survey consisted of the following questions:

1. How many caregivers do you employ and how many elderly belong to your clientele?
2. How much time do caregivers spend travelling? Does visiting sometimes mean overburdening?
3. Are there any computers with Internet connection at your company? Do you use any kind of ICT devices in elderly care? (Smart devices, alarms, bracelets, etc.)
4. Have you heard about older people joining online communities? If yes, at what rate, and what age groups?
5. Do you think ICT-supported remote care would lessen the burden (apart from visiting)? (keeping in touch on a daily basis via the Internet, or an online platform)
6. Are caregivers prepared for using ICT tools and devices?
7. Would you willingly hire employees who, besides the knowledge of social care, are familiar with modern, up-to-date ICT devices available for elderly care, and are ready to apply the possible techniques of remote care via the Internet? OR would you favour them?
8. Would you send some of your colleagues to the short, mainly Internet-based training where they can learn about all the above? Even if it would cost some money?
9. During the past 3 years, did you take part in (domestic or EU) granted programs within the elderly care sector, in connection with demographic changes? If yes, what were these?

The preliminary needs analysis were carried out in 7 institutions where a total of 2102 people are cared for by 266 caregivers. The answers to the questionnaire resulted as follows:

The visit to the elderly most often happens on foot or by bicycle because there is no cover for travels expenses. Accordingly, visits take about 1-2 hours every day, which can make up of **25% of working hours**. Moreover, there is the amount of time spent on administrative activities (paying cheques at the post office, bank administration, and acquisition of medicines). In every case, caregivers were overburdened, and **the average number of elderly people per caregiver is 8**. As a consequence of overcharging, the possible helping activities of developing and maintaining relationship with those in need of care are forced to the background, there is not enough time for providing information, counselling and mental care, or for supporting keeping in touch with family members, for taking part in activities aimed at health keeping, not even for fighting for the interests of those cared for.

Caregivers use modern informational and data transmitting devices (smart phones and/or notebooks and/or computers and/or e-books, etc.), but these devices are not yet used in organised ways, consciously integrated in the care processes. One reason for this is that the development of the elements and systems of concrete activities to support the provision of innovative ICT processes extends beyond the knowledge of care providing organisations and their employees. However, the innovative centres are on the right track as there the application of telecare devices and user guidance are working already, and also there are caregivers who are competent in sharing their knowledge about the use of mobile phones and e-mailing systems, they are able to teach how to use skype, but there are only a few caregivers prepared enough to such activities, mainly those, who learnt it on their own, usually those belonging to the younger generation.

Internet access and computers were available in each centre but they were primarily used for administrative tasks. Out of the seven institutions, two has a working home care alarm system, which provides room for a position where caregivers can keep eyes on cases of alarm from their own homes and they have to visit clients only in need.

A daily visit to the elderly, who are incapable of self-sufficiency, is indispensable. However, the number of still active age group, ranging between 65 and 75, is constantly growing in the settlements. They are open to the world, members of the local elderly clubs, willingly take part in events, courses, and also use computers at home and are members of online social networking. Experience shows that in this age group the rate of regular internet users exceeds 40%, which means belonging to social groups, keeping contact with distant relatives, friends and acquaintances via chat or Skype. These people show need for extending their knowledge by accessing and learning about platforms that provide support for daily life conduct (such as online banking transactions, client gateway, informational platforms, shopping, etc.), but for such activities they need some help. However, the above functions are not used by caregivers in all cases because they do not have the necessary competences even in the activation and use of simpler platforms.

The activity of this elderly age group proportionally lessens with aging and the decline of their health. As soon as they are incapable of personally taking part in events, their mental state also begins to decline due to becoming more and more solitary at home. The inclusion of IT could help them maintain their independence for a longer period of time, could also provide support in administrative tasks (e.g. client gateway), and could contribute to the improvement of certain mental states such as the resolving of depression, elderly separateness and solitude. In parallel, the physical burden on colleagues would lessen to a great extent and it could improve, or, at least, make it possible to increase, the time span available for care-related activities.

The law requires regular further trainings for caregivers so there is a need for an accredited training that would provide them with credit points. This way, caregivers could acquire compulsory credit points by gaining valuable knowledge.

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