

# What do they THINK AND FEEL?

what really counts  
major preoccupations



**The thing  
really count is  
the high  
efficiency of  
the device**

**What if the  
message not  
delivered or  
the server  
crashes**

**Forgetting to  
charge the  
devices or not  
knowing how  
to operate**

**Is it  
really  
reliable**

**It will help  
people who  
are in need**

**It may be a  
waste of  
time and  
energy**

**bigger  
support to  
the Self-  
reliants**

**Personal  
assistance  
plays a  
vital role**

**good  
reception  
among elder  
people**

# What do they SAY AND DO?

attitude in public  
appearance  
behavior towards others

***Looks quite  
difficult but  
can be easily  
overcoming  
one***

***Others will  
also follow  
the this  
assistance***

***Easily  
accessible  
by anyone***

# What do they SEE?

environment  
friends  
what the market offers

# What do they HEAR?

what friends say  
what boss say  
what influencers say

## PAIN

fears  
frustrations  
obstacles

**Due to natural  
calamities there is a  
chance of power cut  
for a long time at  
these times the  
seniors wont be able  
to use the device**

**Some elder people  
will get  
frustrations  
easily. The sound  
from the device  
may angry them**

**The device should  
have a good internet  
connection.else  
there may be a delay  
in incomming  
message**

## GAIN

“wants” / needs  
measures of success  
obstacles

**Very  
helpful for  
elderly use**

**The elder  
people will be  
able to take  
their medicines  
on time**

**Accurate  
intimation  
prevents  
seniors from  
risks**

## Literature review

The process of revising included finding and selecting literature from multidisciplinary sources and encompassed both published papers and ‘grey’ literature, i.e., material which had not been reviewed for publication. The study found that thinking has moved on from a focus on the problems of accessing services to exploring ways in which they may function in an integrated way.

A group of service providers from health and social care in the same locality, who were beginning to work together in an integrated way to provide care for older people, a field beset by the historical divisions in the UK between health and social care, and between care and services, such as housing and transport. The empirical study collected data from staff and service-users to explore their experiences of care, and the ways in which integration had been developed. This literature review was designed to support and expand this activity, by providing a foundation for enquiry and analysis, identifying key concepts and definitions, and informing the

development of the questions that the empirical study would seek to answer.

In addition to concerns about the impact that these factors have on the quality of care that older people receive, there had been increasing awareness that they have an impact on the efficiency and effectiveness of the available services. For example, an older person may have an extended period of hospitalisation resulting from difficulties in arranging the necessary services to support them in the community rather than their need for specialist in-patient care. In this situation, ineffective use is made of the available hospital service and the overall cost of care is increased because in-patient care is more costly than care in the community.

## Reference

1. American Psychiatric Association: Diagnostic and Statistical Manual of Mental

Disorders DSM-IV-TR, 4th ed. American Psychiatric Publ., Arlington, VA. (2000)

3. Fager, S.K., Beukelman, D.R., Jakobs, T., Hosom, J.-P.: Evaluation of a Speech

Recognition Prototype for Speakers with Moderate and Severe Dysarthria: A Preliminary Report. Augmentative and Alternative Comm., 26(4):267–277. (2010)

#### 4. GUIDE Consortium: User Interaction & Application Requirements - Deliverable

D2.1. (2011)

5. Hawley, M.S., Enderby, P., Green, P.,  
Cunningham, S., Brownsell, S.,