

SYSTEMS REFERENCE DELIVERABLE



Active assisted living (AAL) guidance for education and training of persons working in the field of AAL

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Active assisted living (AAL) guidance for education and training of persons working in the field of AAL

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INTRODUCTION

A person's competencies are an essential factor that will affect the performance and effectiveness of care. It is important to ensure that persons operating the AAL systems are competent based on the appropriate education, training, or experience.

The knowledge and skills of persons working in the AAL field will affect the performance and effectiveness of an AAL system. These skills will include system integration, configuration, installation, maintenance, and other services in the AAL system life cycle. Knowledge on the principles of safety, security, privacy, reliability, usability, accessibility, and ethical principles for AAL users is also important.

In order to ensure the competencies of persons working in AAL, it is important for them to complete particular education and training courses related to demography, assistive technology and AAL systems based on a minimum curriculum to obtain the necessary knowledge and skills.

This document aims to:

- identify and detail roles and responsibilities for persons working in AAL;
- identify the professional skills and educational levels for persons working in AAL;
- provide guidance for the education and training in AAL systems, as well as help the AAL stakeholders choose, develop, build, use and maintain the system and service;
- provide guidance for AAL service providers to manage the competence of their personnel by developing appropriate training to meet the needs of the AAL system and service.

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ACTIVE ASSISTED LIVING (AAL) GUIDANCE FOR EDUCATION AND TRAINING OF PERSONS WORKING IN THE FIELD OF AAL

1 Scope

This document provides guidance on the vocational education, training, and required competencies for persons working in the AAL field. For the purposes of this document persons working in the AAL field are referred to as AAL working persons.

The AAL technical assistant, AAL consultant, AAL technical expert, and AAL formal carer are considered as AAL working persons.

For the AAL informal carer, this document can be a reference when their training and experience are developed and/or evaluated.

NOTE 1 AAL technical assistants, AAL consultants, AAL technical experts, AAL formal carers usually belong to an AAL service provider, product manufacturer, system integrator, or other organization.

NOTE 2 In some countries, there can be deviations with this document.

2 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

IEC 60050-871, *International electrotechnical vocabulary – Part 871: Active assisted living (AAL)*

IEC TS 63134, *Active assisted living (AAL) use cases*

3 Terms and definitions

For the purposes of this document, the terms and definitions given in IEC 60050-871 and the following apply.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

- IEC Electropedia: available at <http://www.electropedia.org/>
- ISO Online browsing platform: available at <http://www.iso.org/obp>

3.1

AAL

active assisted living

concepts, products, services, and systems combining technologies and social environment with the aim of improving the quality of people's lives

[SOURCE: IEC 60050-871:2018, 871-01-02, modified – Deprecated term omitted.]

3.2**AAL technical assistant****active assisted living technical assistant**

person supporting AAL users and AAL operators with the installation and continued support of AAL devices and systems and with technical and other advice

[SOURCE: IEC 60050-871:2018, 871-02-03]

3.3**AAL consultant**

person advising AAL users on the possibilities of technical support in daily life and assisting them in choosing suitable AAL services, systems or devices

3.4**AAL technical expert**

person implementing AAL solutions due to his or her technical education, experience and knowledge of the respective equipment

3.5**AAL formal carer****AAL formal caregiver, US**

person who provides officially sanctioned or recognized personal or housekeeping services to the AAL care recipient (IEV 871-02-18)

EXAMPLE Personal support worker.

Note 1 to entry: The personal or housekeeping services are usually paid services.

[SOURCE: IEC 60050-871:2023, 871-02-16]

3.6**AAL care assistant**

person providing care services to the AAL service recipient

[SOURCE: IEC 60050-871:2023, 871-02-10]

3.7**AAL informal carer****AAL lay carer****AAL informal caregiver, US****AAL lay caregiver, US**

person who provides unofficial (or lay) services to the AAL care recipient

Note 1 to entry: An AAL informal carer is frequently a family member or a friend of the AAL care recipient.

Note 2 to entry: The unofficial services are usually unpaid services.

[SOURCE: IEC 60050-871:2023, 871-02-17]

3.8**AAL care recipient**

person who receives and consumes AAL care services

Note 1 to entry: The concept denoted by the term "AAL user" (IEV 871-02-05) includes a wider range of people, including people who do not necessarily require AAL care services.

[SOURCE: IEC 60050-871:2023, 871-02-18]

3.9

AAL user

active assisted living user

person who uses or benefits from, or uses and benefits from, AAL devices, systems or services

[SOURCE: IEC 60050-871:2018, 871-02-05]

3.10

competence

ability to apply knowledge and skills to achieve intended results

Note 1 to entry: Demonstrated competence is sometimes referred to as qualification.

[SOURCE: ISO 9000:2015, 3.10.4, modified – Note 2 to entry omitted.]

3.11

knowledge

human or organizational asset enabling effective decisions and action in context

[SOURCE: ISO 10015:2019, 3.4]

3.12

skill

learned capacity to perform a task to a specified expectation

[SOURCE: ISO 10015:2019, 3.3]

3.13

installation

initial process of enabling a resource to perform its intended activity

[SOURCE: ISO 15531-1:2004, modified – "requested" replaced by "intended" in the definition.]

3.14

maintenance

combination of all technical and management actions intended to retain an item in, or restore it to, a state in which it can perform as required

[SOURCE: IEC 60050-192:2015, 192-06-01, modified – Note to entry omitted.]

3.15

vocational training

training program preparing a person for a profession/trade

3.16

advanced education

advanced training

continued vocational training

4 Persons acting in the field of AAL, interfaces, roles, competences and education

4.1 Overview

4.1.1 General aspects

Persons working in the field of AAL must have knowledge and understanding of local laws and regulations protecting the rights of the AAL user. These include legal protection issues, ethical considerations, data security and privacy, and anti-discrimination.

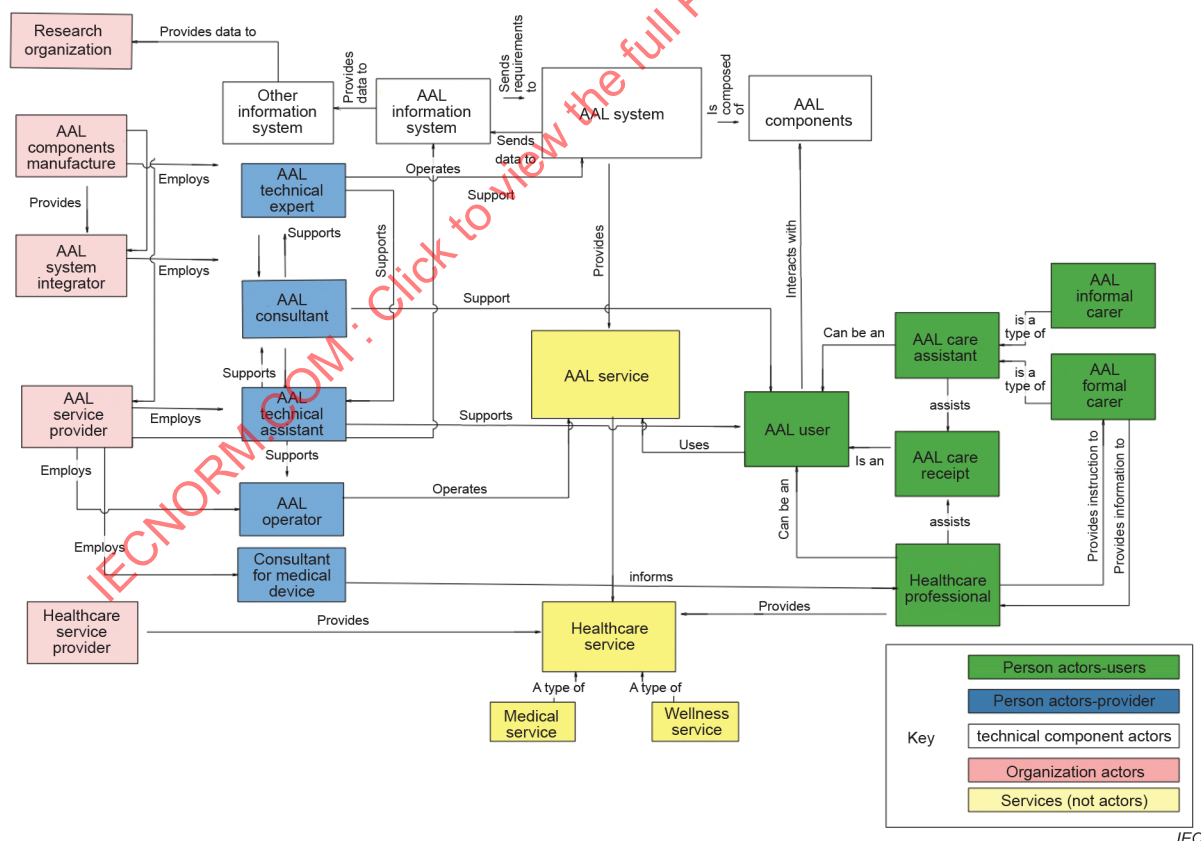
For AAL working persons, competence can be distinguished between technical competence (e.g., knowledge, skill) and personal competence (e.g. social competence, autonomy).

Qualifications should remain consistent with those at national, regional, local, institutional or professional level. Improvement or reduction of the required competence level may be appropriate in terms of covering specific AAL systems and services.

NOTE In order to qualify as AAL working persons, training can be presented as vocational training and advanced training based on different competency levels that specific AAL systems and services need. Improvement or reduction of the ad hoc required training can be appropriate in terms of covering specific AAL systems and services.

4.1.2 Relationship between persons acting in the field of AAL

The relationship between persons acting in the field of AAL is as shown in Figure 1.



NOTE Refer to IEC 63134:2020, Figure 1 and IEC 63134:2020/AMD1:2022, Figure 1

Figure 1 – Relationship between persons acting in the field of AAL

4.2 AAL technical assistant

4.2.1 Role and tasks

The AAL technical assistant's role and tasks are to provide AAL users with continuous support and technical service, e.g., for operational issues as well as the facility management of the environment of use during the service life of an AAL system. Their role and tasks mainly include:

- performing local installation and testing activity;
- conducting maintenance activity;
- performing fault report and repair, e.g., when an AAL user reports a fault, the AAL technical assistant should be able to evaluate whether a specific assessment of the technical functionality is required or not, and be able to contact an AAL technical expert or suitable service providers;
- providing other services, e.g., education on system use and system servicing requirements;
- providing other complementary services at the AAL user's request, e.g. changing settings, and answering the AAL user's questions related to the technology used.

4.2.2 Recommended competencies

Qualification as an AAL technical assistant involves a vocational education and requires prior vocational experience from professional fields, which may be diverse. The qualification to become an AAL technical assistant is usually part of a modular advanced training.

AAL technical assistants should have a vocational training plus advanced AAL training as shown in the list below.

NOTE The duration of vocational training can vary according to national and regional training, and educational requirements.

The technical competencies are composed of the areas of "knowledge" and "skills"; the personal competencies consist of the areas "social competence" and "autonomy". The related requirements are specified as follows:

a) Knowledge

- have advanced general knowledge or advanced technical knowledge within a field of study or professional activity.

b) Skills

- general range of cognitive and practical skills for planning and processing technical tasks in a field of study or professional activity;
- basic outcome assessment according to largely predefined standards, providing simple transfer services.

c) Social competence

- ability to contribute to a group of coworkers and selectively provide support;
- to shape the learning or working environment, to create processes and to represent outcomes related to target groups.

d) Autonomy

- independent and responsible learning or working even in less predefined and thus unknown context;
- ability to evaluate one's own behaviour and that of others;
- ability to ask for learning guidance and selecting different learning aids.

The qualification of an AAL technical assistant is based on the job description. The training providers can determine the specific areas of focus. That means, certain practical areas of deployment specialisations may be planned, whereas for other areas of deployment only basic knowledge is imparted.

4.2.3 Training module

The training and education include but are not limited to the following:

- assistive system;
- assistive services;
- electric and electronic knowledge and skills;
- network knowledge and skills;
- AAL user's condition and characteristics related to their needs, e.g., age-related changes in physical and psychological ability, chronic disease;
- communication skills;
- ethical and basic juridical knowledge;
- safety measures and security.

Basic and common training modules are presented in the above list. In the development and implementation of a specific training and education programs, training modules can be determined according to the specific AAL system and AAL service as well as the levels of qualification needed.

4.3 AAL consultant

4.3.1 Role and tasks

The AAL consultant informs the AAL users on suitable assistant systems, financing options and other related information. In cooperation and with the agreement of the AAL users, the consultant develops a user-tailored AAL concept and, if required, a consultation with the AAL technical expert. Synergistic coordination is also arranged with those paying for the AAL system or others actively involved in the health care system. The AAL consultant is at the AAL user's disposal until the solutions are delivered, and briefing reports approve the intended operation of the AAL concept.

An AAL consultant's role and tasks mainly include:

- identifying and assessing the needs of the (potential) AAL user and AAL recipient;
- identifying and recommending special AAL solutions and concepts;
- helping AAL users choose an appropriate AAL service, system and/or technology via matching advice;
- providing financing options if required, identify possible subsidies or grants, recommend making contact with insurance companies appropriate for the user;
- educating the user regarding accessibility and usability and providing information about warranties, manuals, and certifications.

NOTE If applicable, the AAL consultant also consults any other entities that can be necessary, e.g., medical device advisors or in case of emergency call systems/social alarm systems, and any person having the required appropriate qualification.

4.3.2 Recommended competencies

AAL consultants should have vocational training plus advanced training as set out below.

NOTE The duration of vocational education can vary due to national and regional training and educational requirements.

The technical competencies are composed of the areas "knowledge" and "skills". The personal competencies are composed of the areas "social competence" and "autonomy". Related requirements are specified as follows:

a) Knowledge

- deeper general knowledge or theoretical and technical knowledge within a field of study or professional activity.

b) Skills

- wide range of cognitive and practical skills: ability to independently process tasks and solve problems as well as assess work results and processes, considering action alternatives and interactions with related fields plus provide transfer services.

c) Social competence

- shaping the work in a group and its study or work environment and continuously provide support;
- justify processes and outcomes;
- comprehensively communicate about technical issues.

d) Autonomy

- set learning and working objectives, reflect and account for them.

The qualification is to be oriented on a job description. The training providers can define their own additional areas of focus. That means, for certain practical areas of deployment specialisations may be planned, whereas for other areas of deployment, only basic knowledge is imparted. Accordingly, the modules are represented as basic or advanced with individual modules for qualifying as an AAL consultant at different levels of content competence.

4.3.3 Training module

The training and education include but are not limited to the following:

- AAL user's condition and characteristics, e.g., age-related changes in physical and psychological ability, chronic diseases;
- assistive technology and AAL products;
- AAL system knowledge, i.e., applications, accessibility;
- communication skills and case management skills;
- related financial knowledge, such as care, public subsidy programs, etc.

Basic and common training modules are presented in the list above. In the development and implementation of a specific training and education program, training modules can be determined according to specific AAL systems and AAL services as well as the levels of qualification needed.

It is recommended that the education and training should preferably combine theory with practice (which can also be called twinning education), and training certification required, i.e., master level or with corresponding qualification.

4.4 AAL technical expert

4.4.1 Role and tasks

The AAL technical expert supports the AAL users independently in ordering the necessary assistant components and systems. The AAL technical expert installs, configures and initializes operation according to the AAL user's specific requirements, needs and desires. In particular, the AAL technical expert ensures that the products used meet the requirements in terms of quality and security and observe the generally accepted rules of technology. The AAL technical expert instructs the AAL user on how to use the tailored AAL system and ensures barrier-free access, and a use and maintenance schedule in direct agreement with the AAL user. Special attention is to be paid to sustainable solutions and customisation in accordance with the technical and personalized requirements of the AAL users.

The role and tasks of the AAL technical expert include:

- selecting suitable components or system, providing and implementing AAL solutions;
- performing the installation and configuration;
- ensuring the quality, safety and security of products and systems in use;
- ensuring the accessibility and usability of the products and system;
- ongoing tracking of the AAL user's situation and the use of the products and system to ensure a sustainable solution;
- ensuring data privacy and security;
- preparing a suitable maintenance schedule agreed upon with AAL user.

4.4.2 Recommended competencies

The AAL technical expert should have vocational training, advanced education and further AAL training as shown in the list below.

NOTE The duration of vocational training can vary according to national and regional training, and educational requirements.

The technical competencies comprise the areas "knowledge" and "skills". The personal competencies comprise the areas "social competence" and "autonomy". Related requirements are specified as follows:

a) Knowledge

- deep integrated technical knowledge within a field of study and integrated professional knowledge within a field of professional activity (this also includes deeper theoretical technical knowledge);
- awareness of the scope and boundaries of the field of study or professional activity.

b) Skills

- have a very wide range of specialised cognitive and practical skills;
- ability to comprehensively plan work processes and assess them considering action alternatives and interactions with related fields;
- ability to provide comprehensive transfer services.

c) Social competence

- ability to collaboratively plan and organize work processes, even in heterogeneous groups;
- ability to instruct others and support them with consolidated learning guidance;
- ability to represent even complex interdisciplinary issues in a structured, purpose-oriented and target-group related way;
- ability to proactively consider the interests and needs of addressees.

d) Autonomy

- ability to reflect and assess independently and set learning and working objectives, to pursue them in self-directed ways and to account for them;
- to draw obvious conclusions from these objectives for work processes within the team.

4.4.3 Training module

The training and education include but are not limited to the following:

- AAL user's condition and characteristics, e.g., age-related changes in physical and psychological ability, chronic diseases;
- household and related technologies;
- assistive technology and products;
- building technologies, e.g., electrical installations, building automation and control technology;
- interconnecting technologies, including networking, technological compatibility and data/messaging compatibility;
- security systems;
- other related technology, e.g., sanitary technology.

Basic and common training modules are presented in the list above. In the development and implementation of a specific training and educational program, training modules can be determined according to the specific AAL system and AAL service as well as the levels of qualification needed.

The AAL technical expert should have completed an education in the field of the above-mentioned technical areas. It is recommended that the training certification required be at a master level or corresponding qualification.

4.5 AAL formal carer

4.5.1 Role and tasks

The AAL formal carer's role and tasks are to provide personal support to AAL care recipients with some assistance, e.g., for instrumental activities of daily living (IADL) or activities of daily living (ADL), based on their personal abilities, physical and cognitive limitations, and other needs. The care service can be categorised as daily life care tasks and health care needs and competencies. These include but are not limited to the following:

- communication;
- mobility;
- nutrition and hydration;
- social contacts;
- everyday life structure;
- self-care competencies;
- health issues;
- cognitive competencies;
- behavioural competencies;
- housekeeping competencies such as cooking, cleaning, washing clothes.

4.5.2 Recommended competencies

The AAL formal carer should have such competencies to independently meet the technical requirements within a field of study or a field of occupational activity which remains clear whilst being openly structured in some areas, as follows:

a) Knowledge and skills

The AAL formal carer's skills and knowledge include but are not limited to the following:

Module 1: Daily life care knowledge and skills:

- theoretical knowledge on age-related physiology, psychology, specific disabilities and impairments, for persons at advanced ages;
- practical operational skills of providing daily life care;
- activation and assistance with self-care empowerment skills;
- safety measures and security.

Module 2: Health-care related knowledge and skills:

- basic knowledge on effective physical, mental and psychological capacities as regards general and individual self-care demands in terms of behavioural consequences and performance with common diseases (such as visual and hearing sensory losses, chronic conditions, dementia, heart disease, lung disease, mental illness, strokes, orthopaedic issues);
- practical operational skills, e.g. chronic disease care, first aid, rehabilitation care, palliative care, psychological care;
- basic therapeutic skills and knowledge.

Module 3: AAL system knowledge and skills:

- understand and operate AAL devices and systems, e.g., smartphone, tablet, PC, TV;
- be familiar with the function of the device and system and use easily;
- have knowledge of basic safety and security, and knowledge about faults of the device/system;
- have the capacity to respond when unexpected events occur, e.g., finishing the registration process, how to change the settings, knowledge of the backup system(s) and who to contact when the technology malfunctions.

b) Personal competence

- service orientation and social perceptiveness;
- ability to communicate, collaborate;
- required competencies to plan, manage, and deliver.

The qualification should be based on the job description. The training providers should have the possibility of defining their own areas of focus. This means that for certain practical areas of deployment, specialisations may be planned, whereas for other areas of deployment, only basic knowledge is imparted.

4.5.3 Training module

In addition to the education and training in the effectiveness of AAL systems and services, the AAL formal carer should be familiar with other aspects and features. These include legal regulations at national, regional, local, institutional or professional level in relation to care-workers' and caregivers' education (e.g. health privacy laws and when a breach of privacy is permitted), training or courses received, e.g., in healthcare. Harmonization and compatibility between these factors shall be considered. However, the possibility that AAL system-specific knowledge, e.g. on its composition, function, use, and instruction is not covered by current regulations shall be taken into account.