Technology Needs Assessment: Where to Start

A Decision Flow for Families

Cut through the overwhelm. Identify your loved one *'s primary risk area and find the right technology starting point, without buying everything at once.*

The Problem with Technology for Aging in Place

Families who want to use technology to support a senior loved one face two obstacles. The first is volume: the market for aging-in-place devices is enormous, and the options are genuinely confusing. The second is sequence: buying the wrong category first, or introducing too many devices at once, often leads to abandonment and wasted money.

This assessment solves both problems. It helps you identify the single most pressing risk your loved one faces right now, then directs you to the technology category, most likely to address it effectively.

The Most Important Rule in Technology for Seniors

Start with one category. Address the highest risk need first. Add additional technology only after the first device is in regular use and working well. More is not better when it creates confusion or resistance.

The Five Technology Categories at a Glance

Category	Best For
A — Fall Detection	Seniors with fall history, unsteady gait, or high fall risk due to condition
B — Medication Management	Seniors managing complex regimens with multiple daily doses or history of errors
C — Isolation and Connection	Seniors living alone with limited social contact or family engagement
D — Emergency Response	Seniors living alone who need immediate help if something goes wrong
E — Remote Monitoring	Families who need visibility into a loved one's daily routines and safety without cameras

Step 1: Identify Your Loved One's Primary Risk

Answer the following questions to find your starting category. Stop at the first YES answer and go directly to that category's recommendation section.

Has your loved one fallen in the past 12 months, or do they express fear of falling?

YES ✓	NO ✗
Go to Category A: Fall Detection. This is your highest priority starting point.	Continue to the next question.

Does your loved one take five or more medications daily, or have they missed doses or made medication errors recently?

YES ✓	NO ✗
Go to Category B: Medication Management. Medication errors are a leading cause of hospitalizations for older adults.	Continue to the next question.

Is your loved one significantly isolated, living alone without regular visitors or phone contact with family?

YES ✓	NO ✗
Go to Category C: Isolation and Connection. Social isolation is associated with serious health and cognitive decline.	Continue to the next question.

Does your loved one live alone without a reliable way to call for help if they are injured or incapacitated?

YES ✓	NO ✗
Go to Category D: Emergency Response. Living alone without emergency access is the most preventable risk.	Continue to the next question.

Do you or other family members need to monitor your loved one's daily activity and wellbeing from a distance?

YES ✓	NO ✗
Go to Category E: Remote Monitoring. Sensor-based monitoring gives families peace of mind without cameras.	All categories apply at low levels. Start with Category D as a baseline for any senior living alone, then revisit this assessment in 90 days.

Step 2: Your Category Recommendations

Category A: Fall Detection

Best Starting Device:

Look for a wearable medical alert device. These are often called PERS, which stands for Personal Emergency Response System. It's a small device, usually worn as a pendant, wristband, or clip, that can call for help. Older versions only worked if your loved one pressed a button. Newer ones have automatic fall detection built in, meaning the device itself can sense a hard fall and call for help even if your loved one is unconscious, too disoriented, or too injured to press anything.

What to Look For:

Choose a device with automatic fall detection, not just a manual help button. This is the single most important upgrade over older medical alert systems. Look for GPS tracking, so the device works outside the home (in the yard, on a walk, at the store), not just within range of a home base unit. Two-way voice means your loved one can talk to a real person through the device itself, instead of just sending a silent alert. Also check that the fall sensitivity can be adjusted as some elderly loved ones move slowly or unsteadily, which can cause false alarms if the sensitivity isn't calibrated. Finally, confirm the company has a 24/7 monitoring center, meaning a real person answers when the device is triggered and can dispatch medical help directly, rather than just sending a text to family.

Start Here:

Compare two or three PERS providers that specifically advertise automatic fall detection (not all of them include it, and some charge extra for it). Ask each company how their fall detection works and whether it's been independently tested or certified. This varies more than people expect. Before signing a long-term contract, ask if they offer a trial period or month-to-month option, and have your loved one actually wear the device for a few days to see if it's comfortable and they'll keep it on.

Category B: Medication Management

Best Starting Device:

Choose a smart pill dispenser that is a locked, automated device that physically holds and releases medication. This is different from a reminder app on a phone, which only sends notifications; a smart dispenser controls access to the pills themselves. At the scheduled time, it unlocks and dispenses only that dose, and it can alert a family member or caregiver if the dose isn't taken.

What to Look For:

Make sure the compartments are tamper-proof, so your loved one (or anyone else) can't accidentally access future doses early or take a double dose. Look for a dispenser that sends text or email alerts to a caregiver specifically when a dose is missed. This is often the most useful feature, since it lets you know there's a problem without having to check in constantly. Also consider how easy the refill process is, since someone will need to reload it regularly, and whether it's compatible with blister packs (pre-sorted medication packets), which matters if your loved one's medication routine is complicated.

Start Here:

Before buying anything, call your loved one’s pharmacy and ask if they offer blister pack pre-filling. Many pharmacies will sort medications into sealed, labeled packets by date and time at no extra cost, which makes loading the dispenser much simpler. Start with just the pill dispenser on its own. Resist the urge to add other medication tracking tools (like a separate app) right away as one new system is easier to adopt than two.

Category C: Isolation and Connection

Best Starting Device:

Skip the standard tablet or smartphone if your loved one isn't comfortable with technology. Even simple smartphones can have too many menus, settings, and steps for someone who finds screens confusing or stressful. Instead, look for a device built specifically for seniors: large physical buttons, a simplified screen with just a few options, and an auto-answer feature.

What to Look For:

Auto-answer is especially valuable - it means a family member can call in and the device picks up automatically, without your loved one needing to find and press the right button. Look for a device that comes with contacts already programmed in, so there's no setup required on your loved one's end. A large screen and high-contrast display (dark text on a light background, or vice versa) makes it easier to see who's calling and what's on screen. Also check how the device charges as some have a simple cradle or dock that doesn't require your loved one to find and plug in a cord.

Start Here:

Set the device up yourself first, completely, before your loved one ever sees it. Load in the contacts, test the calls, make sure everything works. Then introduce it already working, rather than asking your loved one to help set it up. Pick specific days and times for regular calls (for example, every evening at 6pm) so the device becomes associated with a predictable, positive routine rather than something confusing they have to figure out on their own.

Category D: Emergency Response

Best Starting Device:

Every senior living alone should have some version of a PERS device - again, that's a Personal Emergency Response System, a wearable button or pendant that connects to a 24/7 monitoring center. This is the most basic safety net: if your loved one falls, becomes ill, or simply needs help and can't get to a phone, pressing the button connects them to a real person who can send help. Automatic fall detection (described in Category A) is a valuable upgrade to this same device, but even without it, the basic version covers the most important gap.

What to Look For:

Confirm the monitoring center operates 24 hours a day, every day, not just during business hours. Make sure the device has two-way voice, so your loved one can speak with the monitoring center through the device, rather than just sending a silent signal. If your loved one travels, ask whether the service has nationwide coverage, since some PERS systems only work within range of a home base station. Finally, check how easy it is to cancel or pause the service if your loved one ends up in a care facility or no longer needs it. Some contracts make this surprisingly difficult so make sure to read the fine print.

Start Here:

Don't wait until there's an emergency to set this up - by definition, that's too late. Once you have the device, the most important step is making sure your loved one actually wears it every day and not just keeps it on a nightstand. Build it into an existing routine, like putting it on right after getting dressed each morning, so it becomes automatic rather than something they have to remember.

Category E: Remote Monitoring

Best Starting Device:

Choose a home sensor system with small, unobtrusive motion sensors placed around the house (kitchen, bathroom, bedroom, front door) that quietly track everyday patterns: when your loved one gets up in the morning, whether they've moved through the kitchen, or whether the bathroom has been used. No cameras are involved, and no one is watching live video. Instead, the system learns your loved one's normal routine and sends an alert only if something falls outside that pattern — for example, no motion detected by midday when your loved one is normally up by 8am.

What to Look For:

Look for a system built around alerts for unusual changes, not constant raw data. You want to be notified when something seems off, not have to review hours of activity logs yourself. A companion app with simple, easy-to-read daily summaries makes this much more sustainable long-term. Also check whether the sensors require a strong Wi-Fi connection to function, since a system that goes offline during a Wi-Fi outage isn't reliable when it matters most.

Start Here:

Talk to your loved one about this before installing anything. Explain clearly what the sensors do track (movement patterns) and what they don't (no cameras, no audio, no one watching in real time). Most resistance to this kind of technology comes from a fear of being watched. Being upfront and specific about what the system does goes a long way toward easing that concern and getting genuine buy-in rather than reluctant tolerance.

Step 3: Implementing Technology Successfully

The best technology in the world will not help if it is unused. These implementation principles apply across all five categories:

1	**Involve Your Loved one in the Decision** Technology adoption rates are significantly higher when the senior participates in selecting and setting up the device. A loved one who helped choose a PERS device is far more likely to wear it than one who had it installed without input.
2	**Ensure Reliable Wi-Fi Coverage** Most home technology for aging in place depends on a stable Wi-Fi connection. Before purchasing any device, assess your loved one's home network. Dead zones, outdated routers, and shared bandwidth from other devices create unreliable performance.
3	**Designate a Technology Contact Person** Every device needs one family member who understands how to set it up, troubleshoot it, and update it. This person does not need to be local, but they need to be identifiable and available.
4	**Introduce One Device at a Time** Multiple new devices introduced simultaneously overwhelm most seniors and many family members. Establish a 30-to-60-day adjustment period with each device before adding another.
5	**Technology Supports Care - It Does Not Replace It** Remote monitoring, automated pill dispensers, and emergency response systems are tools for enhancing safety. They are not substitutes for human presence, regular check-ins, or professional care. Use them to extend what care provides, not to reduce it.

When Technology Is Not Enough

If your loved ones' primary challenges involve physical care needs (help with bathing, dressing, meals, or mobility), cognitive decline requiring supervision, or post-hospital recovery, technology will not adequately address those needs. In those situations, a professional home care assessment is the appropriate starting point. Technology can then complement the care plan.

This guide is for educational purposes. Product recommendations are category-based and do not constitute endorsement of specific brands.