

Empowering Older People Through Person-Centred Care

Slide 1: Introduction

Good morning everyone. Today, I'll be discussing empowering older people through person-centred care, focusing on independence, choice and dignity. I'll explain why this approach is important, the challenges older people face, the role of UK policies, and how technology can support better care.

Slide 2: Introduction and Context

As the older population increases, health and social care services need to respond to more complex needs, including dementia, frailty and long-term illnesses. However, care should not focus only on treating medical conditions. It should also consider emotional wellbeing, personal preferences and quality of life.

For example, helping someone get dressed is important, but allowing them to choose what they wear also supports their dignity and independence. This is the main idea behind person-centred care: seeing the individual, not just their condition.

Slide 3: Person-Centred Care and Personhood

Tom Kitwood's concept of personhood highlights the importance of identity, comfort, relationships and belonging, particularly for people living with dementia. Every individual has a personal history and values that should be respected.

Similarly, McCormack and McCance emphasise the importance of communication, professional skills and involving people in decisions about their care.

In practice, this means listening to older people, understanding their preferences and making them feel valued rather than treating care as a list of tasks to complete.

Slide 4: Needs and Empowerment

Moving to the first learning outcome, empowerment means helping older people maintain control over their lives, even when they need assistance.

There is an important difference between independence and autonomy. Independence means being able to do things without help, while autonomy means having the freedom to make decisions.

For example, someone may need help walking but can still decide how to spend their day. Care providers must also balance safety with freedom through positive risk-taking, rather than restricting every activity simply because some risk exists.

Slide 5: UK Policy and Legal Framework

Several UK laws and policies support these principles. The Care Act 2014 promotes wellbeing, dignity and choice in adult social care in England. The NHS Long Term Plan encourages personalised care and better coordination between services.

The Mental Capacity Act 2005 is also important because adults are presumed to have the capacity to make their own decisions unless an assessment establishes otherwise. Making a decision that others consider unwise does not automatically mean someone lacks capacity.

These frameworks protect individual rights, but their success depends on how effectively they are applied in everyday care.

Slide 6: Current Care Delivery Models

Integrated Care Systems bring together NHS services, local authorities and other organisations to improve coordination. Community teams may include GPs, nurses, occupational therapists and social workers who work together to meet an older person's needs.

Organisations such as Age UK and the Alzheimer's Society also provide valuable support, including information, advocacy and activities that help reduce isolation.

However, staff shortages, communication problems and incompatible digital systems can affect the quality of care. Therefore, services need to work together effectively, with the older person's needs remaining the main priority.

Slide 7: Challenges to Independence

Older people still face several barriers to maintaining independence. Limited funding and staff shortages can leave care workers with insufficient time to provide individual attention.

Physical barriers, such as inaccessible housing and unsuitable transport, can also make everyday activities more difficult. Ageism is another concern, as assumptions about older people's abilities may lead others to make decisions on their behalf.

In addition, loneliness and social isolation can negatively affect wellbeing. Addressing these issues requires not only good care but also appropriate resources, accessible communities and greater respect for older people's choices.

Slide 8: Technological Innovations

Technology can offer practical support for older people. Wearable devices and remote monitoring systems can help track certain health measurements and identify possible problems earlier.

Smart home devices, including fall detectors and medication reminders, can also support safer independent living.

Robotics and artificial intelligence provide further opportunities. For example, social robots such as PARO may offer interaction and stimulation for some people living with dementia, while AI systems can help identify potential health risks.

However, technology should complement human care rather than replace the personal attention and emotional support that older people need.

Slide 9: Benefits and Limitations of Technology

Assistive technology can improve safety, support independence and provide reassurance to family carers. However, it also raises concerns about privacy, consent and digital exclusion.

Some older people may lack internet access or find devices difficult to use. Excessive monitoring can also affect privacy, while too much reliance on automated systems may reduce meaningful human interaction.

Therefore, technology should be chosen according to each person's needs and preferences. The aim is to improve their quality of life, not simply introduce more devices.

Slide 10: The Buurtzorg Model

The Buurtzorg model from the Netherlands offers an example of relationship-focused community care. It uses small, self-managing nursing teams that focus on the person's overall needs rather than simply completing individual tasks.

Nurses build relationships, encourage self-management and help people maintain their abilities wherever possible.

This approach highlights the value of trust, flexibility and holistic support. Although it may require adaptation in the UK, it provides useful lessons for making care more personal and responsive.

Slide 11: Recommendations

There are three main areas for improvement. First, care staff need regular training in communication, empathy, dementia awareness and person-centred practice.

Second, technology should be accessible, with appropriate training and support for older people who need help using it.

Third, health and social care services need better coordination and sustainable funding. Older people should also be involved in decisions about their care, and service quality should be measured through wellbeing, satisfaction and personal choice, not just the completion of tasks.

Slide 12: Conclusion

To conclude, person-centred care means recognising that older people have their own identities, preferences and rights. Independence is not always about doing everything alone; it is also about having a voice and control over personal decisions.

Although policies and technology can support empowerment, challenges such as staff shortages, ageism and social isolation still need to be addressed.

Ultimately, effective care combines professional support, appropriate technology and genuine respect for individual choices. Needing care should never mean losing dignity or control over one's life.

Thank you for listening.

Slides 13–14: References

These slides contain the academic sources supporting my presentation. I will leave them visible briefly for the audience to review.