

# A Critical Evaluation of Care, Independence and Support in the UK

**Module:** Empowering the older person

**Title:** Component 1: Individual Presentation  
(PowerPoint with Voice-Over)

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# Introduction

## Understanding Ageing and Empowerment



### A multidimensional process

Ageing involves biological, psychological and social changes across the life course.



### Biological theories

Theories include genetic programming (e.g. predetermined ageing) and wear and tear explanations (e.g. cumulative cellular damage).



### Healthy ageing

Focuses on maintaining functional ability and overall wellbeing, rather than simply preventing disease.



### Empowerment

Involves autonomy, dignity, informed choice and meaningful participation in care decisions.



### Scope of this presentation

Critically examines care provisions, ageing theories, legislations, technology innovation and opportunities for improvement.

(WHO, 2015)



**Effective older person care must promote independence and quality of life, not merely manage dependency.**



# The Ageing Population

## Setting the scene

### Demographic trends and care needs



**16.5%**

Population aged 65+  
in England and  
Wales, 2011



**18.6%**

Population aged 65+  
in England and  
Wales, 2021

### Main care and support needs:



#### Physical

Mobility, frailty,  
chronic illness and  
daily living activities.



#### Psychological

Cognitive health,  
confidence and  
emotional well-being



#### Social

Relationships, community  
involvement and  
prevention of loneliness



#### Environmental

Accessible housing,  
transport and  
assistive technology



(WHO, 2015; ONS,2022)



Population ageing increases  
pressure on services, but older  
age does not automatically mean  
dependency.



Care needs are  
also shape by  
social and  
environmental  
barriers.



With the right support and  
inclusive environments,  
many older people can  
live independently and  
maintain a good quality of  
life.

# Theoretical Frameworks

## Of Ageing



### Theory



### Application to care



### Critical limitation



### Activity theory

Encourages social participation and meaningful activities.

May overlook disability and personal preferences..



### Disengagement theory

Explains withdraw from some social roles.

Risks normalising isolation and ageism



### Continuity Theory

Supports familiar routines, identity and relationships.

Continuity may be difficult during significant health changes.



### Life course perspective

Recognises accumulated social and economic inequalities.

Requires broader interventions beyond individual care.

(Kaptelinin and Nardi, 2012; Cumming and Henry, 1961; Atchley, 1989; Elder, 1994; Brady and Gilligan, 2018)



### No single theory explain all aging experiences

Person-centred care should combine individual preferences with recognition of structural inequalities.



Individual preferences



Recognition of structural inequities



More equitable person-centred care

# Policy and Legislation

## Legal and Policy Frameworks Supporting Empowerment



### Care Act 2014

Promote well-being, prevention, safeguarding and involvement in care planning  
Legislation.gov.uk. (2014).

Supports a person centred and prevention approach to care.



### Equality Act 2010

Protects against unlawful age discrimination and promotes equal access to goods, services and care (GOV.UK, 2010).

Helps to reduce ageism and ensure fair treatment in care provision.



### Human Rights Act 1998

Protects dignity, privacy and family life through relevant rights (Legislation.gov.uk, 1998)

Upholds fundamental rights and supports dignity and autonomy in care.



### Mental Capacity Act 2005

Presumes capacity and promotes supported decision making where individuals lack capacity (GOV.UK, 2005).

Empowers individuals to make their own decisions wherever possible.



### NHS Long Term Plan 2019

Promotes personalised care, prevention, integrated services and support for people to live healthier, independent lives for longer (NHS Long Term Plan, 2019).

Aims to improve access, coordination and continuity of care.



Legal rights provide a strong foundation for empowering older people, but there are significant challenges in practise.



Workforce shortages can limit the quality and consistency of care.



Financial constraints restrict the extent of implementation.



Unequal access to services leads to variation in support and outcomes.

# Current Care Provision:

## Residential Care Homes

A supportive environment for many older people, but with both strengths and limitations.



### Strengths



#### Continuous support

24/7 assistance with personal care, daily living activities and complex health needs.



#### Structured care

Regular supervision, medication management and coordinated healthcare.



#### Social opportunities

Opportunities for social interaction, friendships and a sense of community.



#### Increased safety

Can provide a safer environment for individuals with significant frailty or high care needs.



### Limitations



#### Restricted autonomy

Institutional routines and fixed schedules may limit freedom, privacy and personal choice.



#### Staffing pressures

Workforce shortages and high staff turnover can reduce the time available for individualised care.



#### Impact on identity

Residents may experience a loss of identity, independence or sense of control.



#### Variation on quality

Quality and experiences vary across providers, with inconsistent standard of care.



(Brownie and Nancarrow, 2013; NICE, 2015)



**Safety does not necessarily equal empowerment.**



Person-centred residential care must go beyond meeting basic needs to preserve identity, meaningful activities and control over daily decisions.



# Current Care Provision:

## Home and community- based care

Enables many older people to live independently in their own homes and communities.



### Benefits



#### Supports ageing in place

Allows people to remain in their own homes, close to familiar people and surroundings.



#### Maintains identity and community connections

Helps preserve routines, independence and a sense of belonging.



#### Reablement and skill restoration

Can help individuals regain daily living skills and confidence after illness or decline.



#### Professional support

Occupational therapy and physiotherapy can improve mobility, function and overall independence.



### challenges



#### Short visits

Limited time can lead to a focus on tasks rather than personalised care and meaningful support.



#### Workforce shortages

Staffing pressures can affect continuity, relationship building and quality of care.



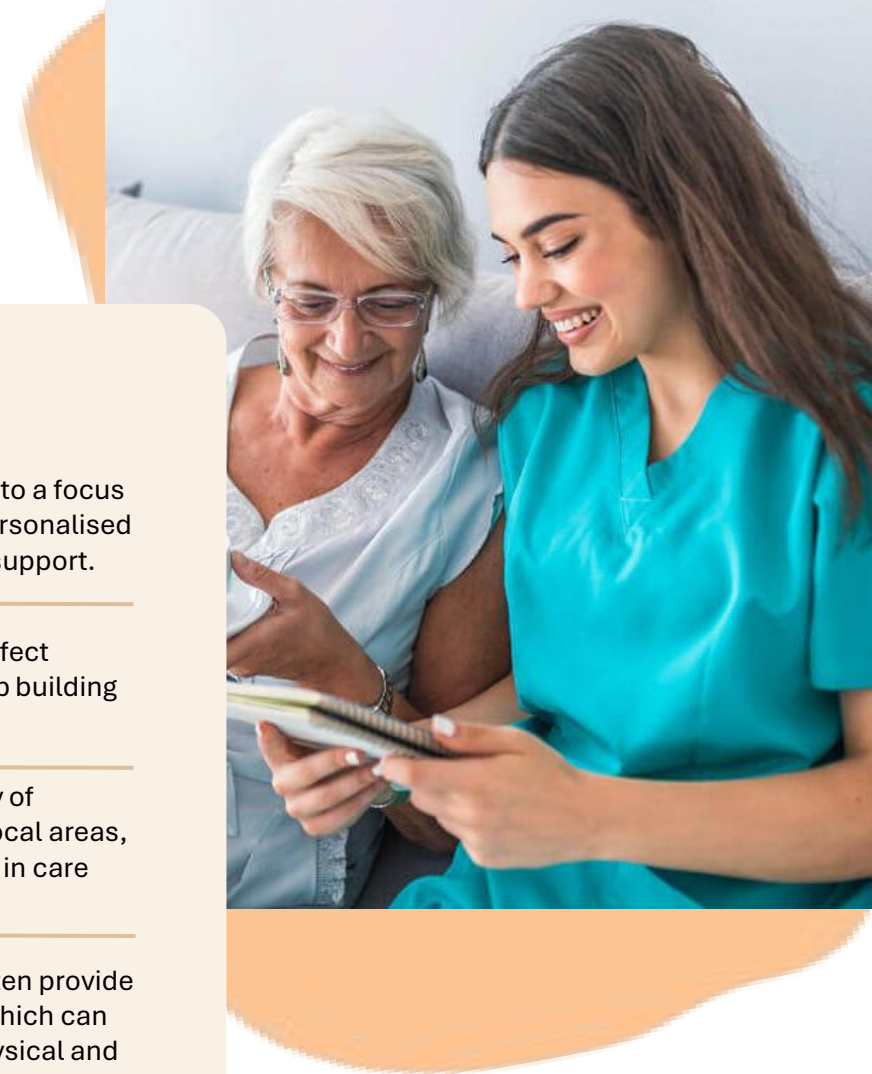
#### Unequal access

Availability and quality of services vary across local areas, leading to inequalities in care provision.



#### Reliance on unpaid carers

Family and friends often provide significant support, which can create emotional, physical and financial pressures.



(NICE, 2015; NICE, 2017; Tuntland *et al.*, 2015)



**Home care can promote autonomy,**  
But independence is compromised when services lack sufficient time, staffing or coordination.



More time for personalised care.



A stable and well supported workforce



Better coordination across health, social care and community services.

# Comparing Care Models and Identifying Gaps

| Evaluation                                                                                                         |  <b>Residential Care</b><br>Care in a structured setting |  <b>Home-based Care</b><br>Care in the community |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
|  <b>Safety and risk management</b> | Continuous supervision and rapid access to care in emergency.                                                                             | Depends on care arrangements, home environment and availability of support.                                                         |
|  <b>Independence and autonomy</b>  | May be limited by institutional routines and fixed schedules.                                                                             | Familiar environment and choice over daily routines can support greater autonomy                                                    |
|  <b>Social wellbeing</b>           | Provides structured social opportunities and peer interaction.                                                                            | Maintains community and family links, but risk of isolation remains, particularly for those with limited social networks.           |
|  <b>Personalisation of care</b>    | Depends on staffing levels, organisational culture and individual care planning.                                                          | Depends on length of Visits, continuity of care workers and availability of wider services.                                         |
|  <b>Personalisation of care</b>  | Balancing safety, quality of care and individual choice.                                                                                  | Balancing independence with sufficient, consistent support.                                                                         |

## Wider system pressures

Key factors affecting both care models:



### Growing demand

An ageing population is increasing demands for adult social care.



### Workforce challenges

Recruitment and retention difficulties affect continuity and quality of care.



### Funding constraints

Limited resources can restrict service availability and innovation.



### Unmet needs and inequalities

Variation in access and provision can lead to unequal outcomes for older people.

(Brownie and Nancarrow, 2013; CQC, 2025)



Neither residential nor home based care is universally superior. The most effective care depends on **individual circumstances, informed choices and measurable outcomes.**



A joined-up, person-centred approach is needed to address gaps, improve consistency and ensure older people can live safely, independently and with good quality of life.



# Technological Innovations in Older People's Care

— INNOVATIONS SUPPORTING INDEPENDENCE



## Telehealth

Remote consultations, monitoring and digital health platforms improve access to health care, reduce travel and support early intervention.



## Smart-home technology

Motion sensors, fall alerts, automated lighting and voice-activated devices can enhance safety, security and independent living at home.



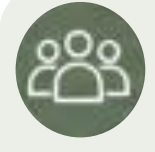
## Medication technology

Electronic reminders, dispensing devices and apps can support timely medication management, reduce errors and promote greater self-management of long-term conditions.



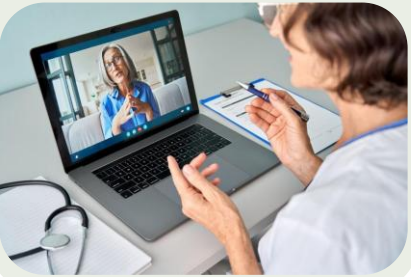
## Dementia-support technology

Digital calendars, GPS tracking devices, memory prompts and sensory apps can support daily routines, orientation and safety for people living with dementia.



## Communication technology

Video calls, social media and accessible applications can help maintain relationships, reduce loneliness and support continued involvement in family and community life.



(Peek *et al.*, 2014; NICE, 2018)



Technology may promote independent and reduce practical barriers, but its effectiveness depends on usability, affordability and responsive care services.



Digital skills and usability can be barriers for some older people.



Costs and unequal access can increase existing inequalities.



Technology works best when integrated with responsive, person-centred care services.

# Technology:

## Benefits, Limitations and Ethical challenges

A powerful tool- but one that must be used responsibly



### Potential Benefits



Greater independence at home



Faster communication with professionals



Early detection of risks



Improved reassurance for families



### Limitations and risks



Digital exclusion and low confidence



Privacy and surveillance concerns



Risk of replacing human contact



### Ethical challenges



Obtain valid consent



Balance innovation with personal choice

(Peek et al., 2014; GOV.UK (2005); Legislation.gov.uk (1998))



Technology should enhance older people's autonomy not just improve organisational efficiency



# Case Study One:

## The Dementia Village (De Hogeweyk), Netherlands

(Verbeek et al., 2009; Atchley, 1989)

### Background

- De Hogeweyk is a purpose-built dementia village in the Netherlands, opened in 2009.
- It provides a safe, community-style environment for people living with dementia

### Outcomes for older people

- Improved quality of life and wellbeing
- Reduced anxiety and challenging behaviours
- Greater sense of independence and belonging



### Key Interventions



Person-centred assessment and individual goals.



Freedom to move around a familiar, village environment.



Small, household style homes with consistent staff.



Activities based on resident's interests and past routines.



### Linking to theory and policy



#### Continuity theory

Supports familiar routines, identity and independence during transition.



#### Care Act 2014

Promotes wellbeing, prevention and person-centred care and support.



Supports the principles of the mental capacity Act 2005, equality act also reflecting Kitwood's person-centred approach

# Case Study Two:

## Age UK

— SUPPORTING INDEPENDENCE IN THE COMMUNITY



### Background

- Age UK is a national charity in the UK that supports older people to live independently.
- It provides information, advice and practical support to help reduce loneliness and improve wellbeing.

### Linking theory and policy

- Reflects activity theory by promoting social participation and meaningful engagement.
- Supports the Care Act 2014 through a focus on prevention, wellbeing and independence.



### Key Interventions

- Information and advice on housing, benefits, health and care.
- Befriending services to reduce loneliness.
- Social activities and local community support.



### Outcomes for older people

- Improved mental wellbeing and increased social connection.
- Greater confidence and ability to manage daily life.
- Helps older people maintain independence and feel more in control.

(Age UK, n.d.; Gardiner *et al.*, 2018; Care Act, 2014)



# Evidence Informed Recommendations

PRACTICAL ACTIONS TO IMPROVE OLDER PEOPLE'S CARE



## Recommendation



**Strengthen person-centred care planning**



**Expand reablement and rehabilitation**



**Improve workforce recruitment and retention**



**Introduction inclusive assistive technology**



**Improve integrated care coordination**



## Justification



Supports autonomy, dignity and personal identity, leading to better wellbeing and life satisfaction.



Helps older people regain skills, confidence and functional independence.



Supports continuity of care and higher quality, more compassionate services.



Enhances independence, safety and access to care and social connections.



Reduces fragmentation, improves communication and ensures more coordination, holistic support.



## Implementation challenge



Requires additional staff time, training and a cultural shift towards personalised care.



Dependent on sustainable funding and consistent service availability across regions.



Ongoing financial pressures and challenging working conditions may affect recruitment and retention.



Digital exclusion, affordability and data privacy concerns must be addressed.



Organisational, financial and information-sharing barriers can hinder effective collaboration.



## Implementation priorities



Involve older people in service design and decision making.



Introduce staff training and phased improvement programmes.



Evaluate outcomes using independent, wellbeing, choice and service user feedback

(Brownie and Nancarrow, 2013; Tuntland et al., 2015; Peek et al., 2014; World Health Organization, 2015)



## Critical judgement

Sustainable improvement requires investment in both workforce capacity and personalised interventions; technology alone cannot resolve structural care inequalities



# Conclusion



## Key Findings



Population ageing requires adaptable, equitable and sustainable care services.



Residential and community-based care offer benefits but also face significant limitations.



Activity, continuity and life course theories help explain individual needs and inequalities.



Legislation establishes important rights, but implementation remains inconsistent.



Technology can enhance independence when it is accessible, ethical and person-centred.



Reablement, workforce development and meaningful involvement should be priorities.

(WHO, 2015; Legislation.gov.uk. 2014).



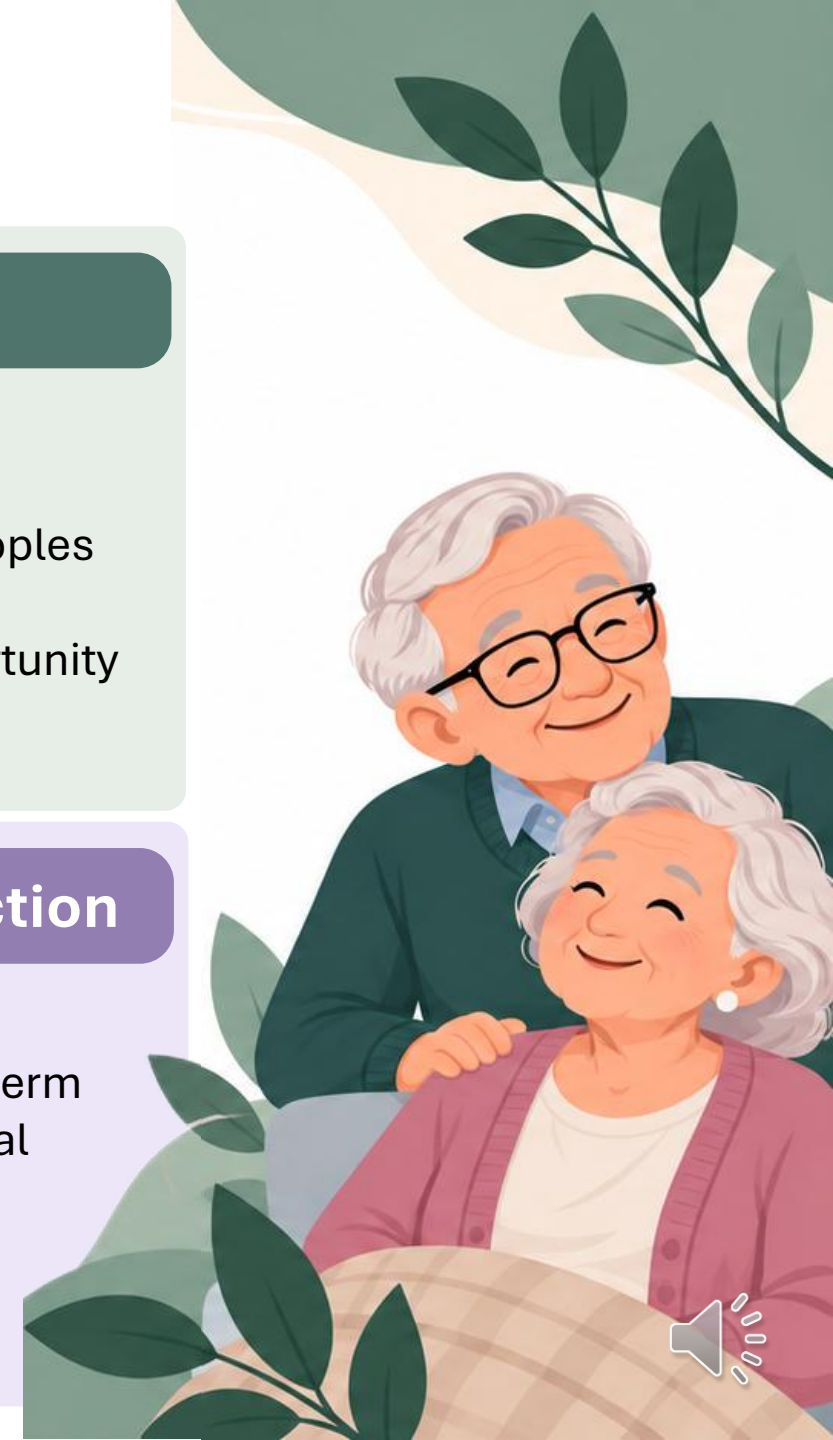
## Conclusion

Empowerment should be evaluated though older peoples functioned ability, dignity, informed choice and opportunity to live meaningful lives.



## Future direction

Further research into long term reablement outcome, digital inclusion and personalised integrated care.



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