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PROGRAMME: BSC HEALTH AND SOCIAL CARE

MODULE: EMPOWERING THE OLDER PERSON (BMHP6027)

LECTURE : CHRISTOPHER MAFUVA.

CARE, EMPOWERMENT

AND SUPPORT

NEEDS OF

OLDER PEOPLE

Older people need holistic care and support to continue to live in ways that allow them functional ability, independence, freedom and choice. It is clear however, that many older people have unmet needs when it comes to mobility, self-care, domestic life, interpersonal relations and mental health when experiencing chronic diseases (Abdi et al., 2019). Empowerment means allowing older people to make decisions about their life and being able to live with dignity. (UK Government, 2014; NICE, 2015) Supports need to target the physical, social and environmental determinants of wellbeing to be effective (Westwood, 2016; WHO, 2025).

Introduction

The population of the UK are ageing and our demand for care is growing. There are 4.5 million 50+ year olds requiring support with activities of daily living (ADLs) (Age UK, 2025). With increasing frailty/multi-morbidity this makes independent living difficult (Keemink et al., 2023). This poster will critically evaluate older peoples care and support needs. What interventions are being provided, barriers they encounter and suggestions to improve.

Challenges in Maintaining Independence & Functional Ability

Older adults often experience barriers such as limited mobility, chronic pain, frailty, and multimorbidity (Zhao et al.,

2022; Wang 2026). They may also struggle with social isolation, loneliness and psychological distress (Meredith et al., 2023; WHO, 2025). Barriers like the physical environment, poor coordination of services and inaccessible information can also impact older adults' capacity to self-manage (Westwood, 2016; Abdi et al., 2019; Keemink et al., 2023).

Effectiveness & Benefits of Approaches/Intervention s (UK Provisions + 2 Theories)

Legislation and guidance in the UK including The Care Act 2014 advocates wellbeing, prevention and personalisation (UK Government, 2014; NICE, 2015). Strategies like community programmes and intermediate care have positive outcomes on maintaining independence (Clotworthy et al., 20; Crocker et al., 24).

Two relevant theories are:

- Activity Theory promotes having an active life filled with productivity and activity (Motamed-Jahromi et al., 2021).
- Continuity Theory focuses on the importance of consistency throughout your life (Atchley, 1989).
- These interventions and policies lead to an increase in quality of life and decreased hospital admissions (Studer et al., 2025; Age UK, 2025).

Recommendations

- Increase personalised reablement and home-centred support services (Clotworthy et al., 2021; Crocker et al., 2024).

- Ensure better joined up approaches between health and social care services (NICE, 2015; Keemink et al., 2023).
- Focus on early frailty screening, proactive falls prevention and increased community engagement activities (Age UK, 2025; Meredith et al., 2023).
- Offer better access to information and person-centred care planning (Abdi et al., 2019; UK Government, 2014). Wellness

Conclusion

To summarise, older people often have complex care, empowerment, and support requirements. There are many challenges they face including frailty, isolation and loneliness, and poverty. However, there are also UK policies, and evidence-based interventions that can really help make a difference to older adults lives. By using Activity Theory and Continuity Theory to assess the needs of service users and implement the above recommendations, it can help services empower older adults to live independent and fulfilled lives. (Motamed-Jahromi et al., 2021. Perone,2025. WHO, 2025).

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