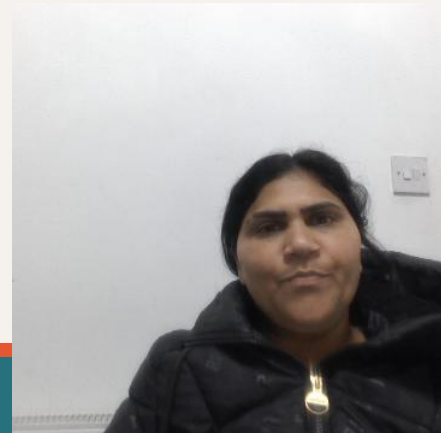


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 - **MODULE: BMHP6027 – EMPOWERING THE OLDER PERSON**
-



INTRODUCTION

- The purpose of this presentation is to critically analyse how care and assistance may empower older people by encouraging dignity, independence, choice, and engagement in life decisions (Great Britain, 2014).
- Ageing is defined as the biological, psychological, and social changes that occur as we age. Biological reasons include hereditary impacts and "wear-and-tear" hypotheses, which look at how cumulative cellular damage contributes to changes in functionality. Individuals age differently.
- Context: The UK's ageing population emphasises the importance of tailored care that addresses physical, emotional, social, and psychological needs while opposing ageism (Office for National Statistics, 2025; World Health Organization, 2021).
- Key themes: The lecture uses ageing theories, legislation, and health policy to assess residential and domiciliary care. It critically assesses technological breakthroughs, their advantages, ethical problems, and exclusion risks before utilising Mrs. F's example to generate suggestions for meaningful engagement and enhanced quality of life (Atchley, 1989; Great Britain, 2014; Gathercole et al., 2021; SCIE, 2023).



EMPOWERMENT OF OLDER PEOPLE

Empowering older adults includes giving them control over their life, care, and assistance. It requires listening to them, respecting their choices, and helping them remain autonomous. The Care Act 2014 mandates wellbeing promotion and daily life control (Great Britain, 2014). Person-centred care involves older persons in care decisions (Department of Health and Social Care, 2025).



THE AGEING POPULATION

THERE WERE AROUND 1.7 MILLION PEOPLE AGED 85 AND ABOVE IN THE UK IN 2022.

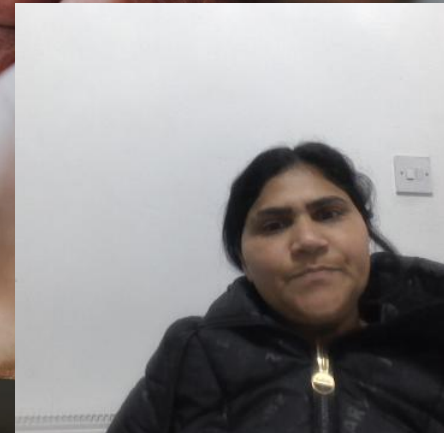
THE ONS EXPECTS THIS TO RISE TO OVER 3.3 MILLION BY 2047.

CARE NEEDS MIGHT BE PHYSICAL HELP, EMOTIONAL SUPPORT, SOCIAL CONTACT, AND MENTAL HEALTH.

AGEISM CAN UNDERMINE ACCESSIBILITY, RESPECT AND PARTICIPATION.

SUSTAINABLE AND PERSONALISED SOLUTIONS ARE NEEDED FOR THE GROWING DEMAND.

(OFFICE FOR NATIONAL STATISTICS, 2025; WORLD HEALTH ORGANIZATION, 2021).



NEEDS OF EIDERLY PEOPLE

- Biological needs: Adequate diet, water, rest, and physical exercise for individual health.
- Access to healthcare, treatment of health issues, and mobility and daily life aid.
- Psychological needs: Compassion, trust, and mental health.
- Social requirements include meaningful connections, family and friend interaction, and chosen hobbies.
- Identity and continuity: Respecting history, habits, culture, and roles.
- Choice, dignity, and inclusion: Care decisions, privacy, discrimination protection, and accessible services.
- People have different requirements, this care should be person-centered

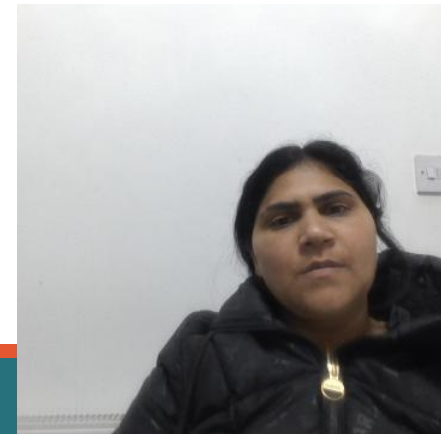
(WHO, 2025; Great Britain, 2014; Atchley, 1989; WHO, 2021; Age UK, 2024).



AGEING THEORIES IN PRACTICE

Theory	Main explanation	Application to care	Critical limitation
Disengagement	Older people and society gradually withdraw from one another.	Recognise that some people prefer quieter routines or fewer commitments.	Can normalise exclusion and overlook involuntary isolation.
Activity	Maintaining meaningful activities and roles supports satisfaction in later life.	Offer accessible social activities, movement and purposeful participation.	“Successful ageing” must not become pressure to remain constantly active.
Continuity	People adapt by maintaining familiar identities, relationships and routines.	Use life histories, familiar carers and personally meaningful objects.	Familiarity must not prevent new choices or necessary changes.
Life course	Ageing reflects lifelong experiences within historical and social contexts.	Consider cumulative disadvantage, relationships and earlier experiences.	Requires detailed understanding of the person rather than a standardised care model.

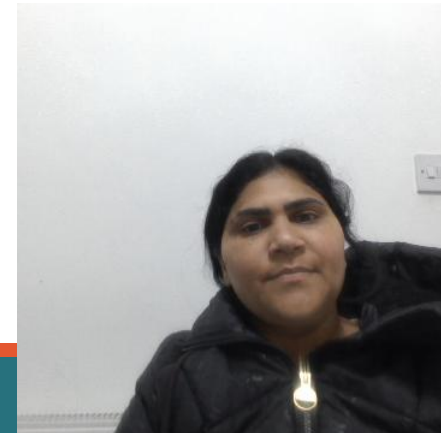
(Cumming and Henry, 1961; Atchley, 1989; Elder, 1998)



Policy and legislation

Framework	Relevance to older people	Practice implication
Care Act 20	Wellbeing, prevention, assessment, care planning and support for carers.	Involve the person in defining outcomes, not just identifying tasks.
Equality Act 2010	Protection against unlawful discrimination, including age and disability discrimination.	Avoid age-based assumptions and provide appropriate accessibility adjustments.
Human Rights Act 1998	Provides a rights-based framework relevant to dignity, liberty and private life.	Evaluate restrictive care practices and protect personal relationships.
Mental Capacity Act 2005	Supports decision-making and protects people who lack capacity for a particular decision.	Do not assume dementia automatically removes capacity.
NHS Long Term Plan, 2019	Expanded community support and improved NHS support for care-home residents.	Promote coordinated care across settings.
10 Year Health Plan, 2025	Shifts towards community care, digital provision and prevention.	Assess whether transformation improves access rather than increasing exclusion.

(Great Britain, 1998; 2005; 2010; 2014; NHS England, 2019; Department of Health and Social Care, 2025).



Residential care

Residential Care:

In a care home, residents get lodging and personal help, such as aid with washing, dressing, and feeding. Individual interests, dignity, and choice should be respected when providing support.

Continuity Theory

Older adults adapt by retaining their familiar identities, connections, and routines (Atchley, 1989).
Utilise personal history, familiar belongings, and preferred habits.
Maintain family interaction and constant caretakers wherever feasible.

Engaging in meaningful activity

Encourage seniors to engage in activities that they love, such as music, gardening, or reminiscing. To increase wellness among dementia patients, NICE advises activities adapted to specific preferences (NICE, 2018).
Adapt activities to the people's skills and interests.
Respect the decision not to participate.

Critical evaluation

Residential care can provide continuous assistance, but conventional routines and personal constraints may limit customised care (CQC, 2025). Meaningful participation should reflect citizens' preferences, not merely keep them occupied.





DOMICILIARY CARE

Domiciliary care is offered in a person's home to assist with daily tasks including personal care, clothing, and eating, while fostering choice and independence (Department of Health and Social Care, n.d.).

Continuity Theory.

According to Continuity Theory, older adults cope with ageing by sticking to previous habits, relationships, and identities.

Receiving care at home might help you maintain familiar surroundings and personally important routines.

Consistent caretakers can assist to preserve trustworthy connections.

Support should allow the person to pursue their chosen activities rather than imposing a regular regimen

(Atchley, 1989; NICE, 2018).

Critical evaluation

Home care does not guarantee independence; staff break continuity, and technology should be evaluated rather than presumed to replace human help (Gathey, 2021).



CASE STUDY

- The evaluation outcome was that the return home with a live-in carer was in accordance with Mrs. F's original wishes. However, the arrangement necessitated a review as a result of an aggressive incident directed at her carer (SCIE, 2023).
- Mrs. F requested a return to the care home, where she had settled and valued her friendships. This indicates a sense of belonging, despite the absence of any measured health outcomes in the case (SCIE, 2023).
- Theory: The attachment to her familiar routines and environs is elucidated by continuity theory. Nevertheless, her subsequent preference for the care home demonstrates that preserving one's identity does not necessitate remaining in the same building (Atchley, 1989; SCIE, 2023).
- Informed by the Mental Capacity Act 2005 and DoLS, the published case's best interests assessments, short-term authorisations, and contemplation of less restrictive care were informed by the law and safeguards. The process was supported by an IMCA (SCIE, 2023).
- Policy application: the Care Act wellbeing approach emphasises the importance of Mrs. F's dignity, relationships, accommodation, and evolving preferences, rather than solely safety (Department of Health and Social Care, 2025).
- Overall assessment: The care planning process was responsive due to the fact that professionals investigated the suitability of home support, reviewed it, and listened to Mrs. F. when her preferences changed (SCIE, 2023)



TECHNOLOGICAL INNOVATIONS

Innovation	Potential benefit	Limitation to assess
Telecare alarms and sensors	Alert carers or services to specified risks.	Benefit depends on reliable equipment and timely response.
Remote health monitoring	Supports community-based observation and communication.	Requires clinical review and clear escalation arrangements.
Dementia-support devices	Prompts and reminders may support everyday routines.	Suitability can change as cognitive impairment progresses.
Digital communication	Can help maintain contact with professionals and family.	Access, skills and usability can create exclusion.

(GATHERCOLE ET AL., 2021; DEPARTMENT OF HEALTH AND SOCIAL CARE, 2025; AGE UK, 2024).



RECOMMENDATIONS FOR IMPROVEMENT

Recommendation	Evidence/justification	Barrier	Proposed response
Dementia training	NICE supports personalised care training.	Staff shortages	Fund cover and mentoring.
Consistent home carers	Familiar carers support continuity.	Unstable staffing	Use small, consistent teams.
Support unpaid carers	NICE recommends training and respite advice.	Limited services	Provide a coordinator and reviews.
Assess technology individually	ATTILA questions blanket effectiveness.	Weak evaluation	Pilot against personal goals.
Retain non-digital access	Digital exclusion limits access.	Digital-first targets	Maintain face serv

(NICE, 2018; Atchley, 1989; Gathercole et al., 2021; Age UK, 2024).



CONCLUSION

- The biological, psychological, and social needs of older individuals should be addressed in order to provide effective care. It is important to acknowledge that independence is achieved through the retention of choice and meaningful participation, rather than the ability to manage without assistance.
- Residential care can offer valuable assistance, while domiciliary care can preserve familiar routines. In spite of this, both environments may be restricted by funding constraints, workforce shortages, and unequal access.
- Activity and continuity theories promote meaningful engagement and familiar relationships, while legislation establishes a framework for supported decision-making, equality, and wellbeing (Havighurst, 1961; Atchley, 1989; Care Act 2014; Equality Act 2010; Mental Capacity Act 2005).
- Rather than assuming that technology will automatically enhance independence, it should be evaluated against individual outcomes and complement human care (Gathercole et al., 2021).
- The case of Mrs. F serves as an example of the necessity of coordinating social contact, emotional reassurance, and practical support. Coordinated, adequately resourced, person-centred care that corresponds to the preferences of each elderly individual is the primary objective.



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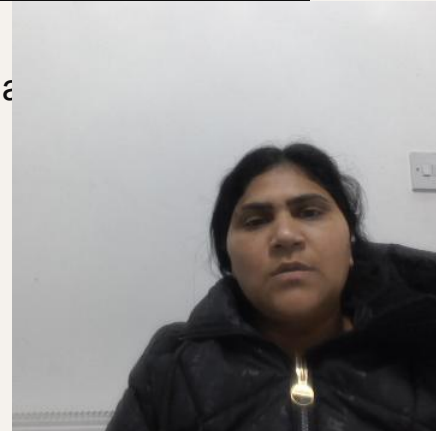
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