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Living With Care: The Older Person
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Written Report

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Introduction

Over the past few years, there has been an important change in the world's population landscape, with an increase in the amount of elderly people within worldwide populations. The change in society has shown many possibilities and difficulties related to the general health and well-being of the elderly and their ability to socialise. They are developing effective services and changes. To promote successful ageing an accurate understanding of the unique needs, concerns, and aspirations of the elderly, as society struggles with the consequences of an ageing population.
The life of 88-year-old Jamaican migrant Uzayla shows the resiliency and benefits of the community in the UK. Even though she suffers from arthritis, she still cooks at home, takes care of her garden, and offers support through volunteering.

However, many people in her age group face challenges behind their positive outside. Usayla struggles with the deep loneliness brought on by the pandemic's isolating effects as well as the trouble of fewer bus services.
Her story shows the wider problems the elderly face in the UK and encourages further investigation into the social dynamics surrounding ageing. This case study aims to explore ways to improve support and understand the complexities of senior living in the UK through Usayla's unique perspective and to look into ways to improve support networks to guarantee the well-being of the ageing population.

Main body

What is old age:

Old age is a stage of life in which people typically experience a variety of biological, psychological, and social changes that come with growing older. While the exact age at which someone is considered old is different by society and person, you would be considered old around the age of 65. It's important to realise that old age is more than just the number of years lived it is about how those years impact our bodies and minds.

Old age presents several challenges in health and social care, including more healthcare needs caused by chronic conditions such as cardiovascular disease and diabetes, cognitive decline such as dementia, and an increased risk of disability.
Social isolation and loneliness are common with older people, highlighting the need for social support programmes. Michel, J.P., (2004).
The responsibilities of carers are significant, requiring support services and carer education. Access to healthcare services and equity in care remain significant concerns, especially in disadvantaged communities. Palliative care and hospice care become increasingly important for comfort and dignity at the end of life. Managing these challenges requires multiple

approaches that include medical, social, and psychological support to ensure the elderly's well-being and quality of life.

Ageing Population:

Worldwide life expectancy has increased as a result of improvements in sanitation, nutrition, and healthcare. Because of improvements in illness prevention and medical treatment, people can live better. There are fewer children born compared to the past in some countries where birth rates are lowering. As time passes, this demographic change causes a bigger elderly population and a smaller young population. Changes in social norms, such as late marriage, women's employment, and urbanisation, affect family dynamics and fertility rates. In addition, family size and demographic changes can be influenced by economic factors including industrialization, urbanisation, and easier access to education.

Especially for elderly people, developments in healthcare and medical technology have improved overall health outcomes and decreased death rates. Lifespan has been attributed to immunisations, treatments for chronic illnesses, and progress in emergency services.

Several medical, social, economic, and social factors have contributed to increased life expectancies and changing demographic trends, which have caused an ageing population. This change in the population impacts healthcare systems, social services, and intergenerational relationships, among other parts of society. It also brings possibilities and problems. Jones, J.,(2016).

In the United Kingdom, the COVID-19 pandemic continues to cause serious issues for elderly people. The psychological, physical, and social well-being of older people is impacted by a variety of issues, such as prejudice, financial instability, and restricted access to healthcare.

Low pensions and rising costs of living have led to financial troubles, which is an increasing problem for older people in the UK. Ageism is still a major problem that causes prejudice and less opportunity for those who are older. Transportation issues and long wait periods are two common challenges that stop people from accessing healthcare, which slows diagnosis and treatment. In addition, social isolation and the loss of social relationships increase the chance of mental health problems such as anxiety and depression in elderly people. Physical health problems such as long-term illnesses and mobility restrictions, further reduce their independence and quality of life. Swagel, P., (2002).

Because of their increased risk of serious disease and death, elderly people have been significantly impacted by the COVID-19 pandemic. Limited care has been a problem for healthcare systems, which has caused delays in non-COVID-related treatments and put more demand on available resources. Lockdowns and social distance rules made the elderly especially those living alone or in care homes, even more alone and isolated. The closure of leisure centres and community centres has further reduced possibilities for social interaction, which hurts mental health outcomes.

Many challenges and critical evaluations are facing the UK's existing health and social care system. Although the goal of the NHS is to offer everyone in the country full healthcare, many problems create doubt about how effective the existing system is. A major worry is the strain on healthcare resources, which is shown by long wait times in hospitals, postponements of elective surgery, and a lack of doctors. These capacity problems are made worse by an ageing population and rising service demand, which causes some patients to have lower-quality care and longer wait times.

The combination of social and healthcare services is still an ongoing issue. Errors, shortages in care, and trouble arranging services for complicated requirements can result from division between many providers of care, especially for elderly people who require a variety of social and health care. Improving the general effectiveness and efficacy of the provision of care requires addressing these integration issues.

There are shortages in healthcare personnel in several specialities, such as social work, general practice, and nursing. Staffing shortages and care delivery are impacted by issues with hiring and keeping employees as well as an ageing workforce. If significant measures aren't made to deal with challenges related to recruiting, training, and retention, the ageing population's rising need for healthcare services will make labour pressures even worse.

The UK's health and social care systems will be greatly impacted by its increasing elderly population. The needs of older people when it comes to long-term care, assistance for age-related disability, and treatment of chronic diseases are often greater. The ageing population will raise the need for services along the range of care and put more pressure on healthcare resources, worsening already existing limitations on resources. Furthermore, the healthcare system will have difficulty keeping up with the increasing demand for ongoing care and support services, especially as elderly people's difficult healthcare demands and increased need for support with daily living tasks become more common.

Although the UK's health and social care system attempts to offer every citizen full care, many challenges make it insufficient. The efficacy and efficiency of providing healthcare are affected by several factors, including staff shortages, integration difficulties, financial limitations, and capacity strain. As the population ages, resources will be more and more stressed and major changes will be needed to guarantee that the health and social care systems can effectively serve the demands of the ageing populace. Providing high-quality care for all people, especially older persons with complicated health and social care needs requires a comprehensive approach that includes increased investment in medical facilities, employee training, and integrating services.

Case Study:

Usayla, an 88-year-old migrant from Jamaica, has lived in the United Kingdom since 1952. Even with the restrictions of ageing and health, she manages to stay involved in her community, active, and connected. This case study looks closely at Usayla's life, highlighting larger problems that older people in the UK face and offering suggestions for improving their standard of living.

Originally, she moved with her husband in search of a better life, where they raised four sons. After her husband died in 1984, Usayla tied herself to her family and community. Though she gained experience as a teacher and a librarian, she believes in education and is a lover of books. She now lives in a ground-floor flat suffering from arthritis in her hands and knees, Usayla remains active by gardening, cooking, and volunteering at her local church and park.

Usayla experiences lots of challenges that affect different parts of her life. These challenges include issues such as limited mobility, increased isolation, and social pressure on housing options. Furthermore, Usayla is reluctant to seek transportation assistance and has experienced a loss of confidence and self-esteem as a result of her situation. These challenges impact her daily life and well-being, causing difficulties that Usayla must face regularly.

As an independent resident of the UK, Usayla has many health and social care needs that need to be attended to. First of all, she is too old and has limited movement from arthritis in her wrists and knees, which makes it difficult for her to carry out everyday tasks on her own. Due to the decline of bus services in her area, Usayla struggles with limited transportation, especially when it comes to getting to important appointments and grocery shopping. This restriction causes her emotions of reliance and loneliness in addition to having an impact on her physical health. Further emphasised the significance of attending to Usayla's social and emotional well-being is the fact that the COVID-19 pandemic has exacerbated her feelings of isolation and loneliness.

Accessibility

Usayla's ability to travel independently suffers from reduced bus services, which now run on a limited schedule. This restriction, paired with her old age, makes it difficult for her to get the necessary services and engage in everyday activities such as grocery shopping. As a result, Usayla may have trouble keeping her usual level of independence and may feel more and more isolated due to limited transportation options.

For older people like Usayla, the problem of limited mobility for Usayla at least, as a result of reduced bus services is a major obstacle to getting necessary services. The government and the NHS should give to the elderly, and public transport infrastructure should be a priority to solve this issue. In addition to providing accessibility features like ramps and priority seating, this involves increasing the frequency of bus services in neighbourhoods with significant numbers of elderly people. Financial pressures related to using public transport can also be reduced for the elderly by providing discounts for their transport needs, especially if they are low-income individual. The government and the NHS can enable older people like Usayla to

retain their independence and have access to services that are important to their health by emphasising the affordability and accessibility of public transport services.

COVID-19

Like many older people, Usayla finds it more challenging to carry out daily tasks as a result of the pandemic The older population, including Usayla, has experienced increased feelings of loneliness and isolation as a result of social distancing measures and the closing of community places. Furthermore, her elderly age could make it more difficult for her to adjust to the significantly changing conditions brought on by the pandemic at that time.

The COVID-19 pandemic has made it more likely for older people to feel alone and isolated, which has a serious negative impact on their mental and emotional health. The government and the NHS should respond by putting in place specific measures to deal with the pandemic's social and psychological effects on the senior population. This involves increasing the availability of mental health services, such as counselling and support groups, that are specially designed to meet the needs of the elderly. Goff, M., (2023).

Additionally, by enabling distant communication with loved ones and medical experts, investing in technology-enabled solutions, such as virtual socialisation platforms and telehealth services, can help minimise feelings of loneliness. The provision of companionship and assistance to isolated elderly people, especially those who live alone, through community outreach programmes can be important in promoting social connections and decreasing feelings of loneliness. By giving seniors' mental health and well-being priority during pandemic response operations, the government and the NHS can lessen the negative impacts of social isolation and assist the elderly like Usayla in protecting their emotional resilience and general quality of life.

Loss of Confidence

Age and fewer bus services are two things that make Usayla less confident when it comes to going on shopping trips on her own. Situations when the bus is delayed and she has to spend a lot of time in the shopping centre are good examples of this loss of confidence. As a result, Usayla might become more hesitant to go out, which would cause her to buy less food and depend more on other people to help her with necessary tasks.

The fact that Usayla is less confident about going shopping alone shows how important it is to provide professional support and help for older people who have mobility issues. The NHS and the government should take action to increase senior customers. convenience and accessibility. This involves supporting programmes like medicine and grocery delivery services to homes, enabling senior citizens like Usayla to get necessities without having to go about public areas on their own. Moreover, enhancing the training and assistance given to supermarket employees to serve older customers and meet their demands can improve the shopping experience for people with mobility issues. Promoting inclusion and encouraging independent living can be promoted by working with local businesses and

community groups to create elderly services or unique shopping hours. The government and the NHS can enable people like Usayla to keep their independence and quality of life while gaining access to necessary products and services by placing a high priority on the accessibility and ease of shopping experiences for elderly citizens.

Emotional Trauma and Attachment

Usayla's sentimental attachment to the location, especially the burial of her late husband, may be the reason behind her unwillingness to move from her current home. Because Usayla is comfortable and stable in her current environment because of her familiarity and memories, going away would be extremely difficult for her. Therefore, Usayla can be reluctant to move if it means keeping her special relationships and memories rather than moving forward with everyday issues.

By taking into account her emotional and social requirements, a complete strategy is needed to deal with Usayla's emotional attachment preventing her from moving to be with her family. Assistance in resolving Usayla's sadness and attachment to her current home might be given by the NHS in the form of counselling and mental health services. Moreover, public health initiatives can increase knowledge of the value of keeping social ties and a feeling of identity as people age, enabling elderly people to make well-informed decisions about their housing while respecting their emotional needs and preferences.

Theory

The disengagement theory states that people naturally distance themselves from relationships and social roles as they get older, which results in less contact with society. Current views, on the other hand, cast doubt on this idea, highlighting the need to preserve social ties for a healthy ageing population. With the value of social interaction, interventions may focus on providing chances for elderly people to stay involved in their communities, take part in social events, and keep important relationships. Improving the lives of the elderly requires promoting social inclusion and overcoming social isolation.

According to this idea, people make an effort to continue being as active and involved as they were in their younger years as they get older. The promotion of meaningful activities, such as volunteering, hobbies, or educational efforts, can develop a feeling of purpose, fulfilment, and continuity in the lives of older people, and can benefit society. The implementation of programmes that provide chances for lifelong learning, skill development, and social interaction improves older people's emotions and improves their quality of life.

The theory holds that people keep their sense of self and continuity into old age by changing their choices and actions to fit their previous experiences and morals. The talents, assets, and life experiences of elderly people should be recognised and developed in interventions

intended to improve their quality of life. By giving continuity in relationships, activities, and lifestyle options, society can enable older people to face ageing with resiliency and courage.

The inclusion of social theories of ageing into strategies to improve the quality of life for the aged shows the importance of resolving social factors that impact well-being, advancing social equality, and cultivating age-friendly environments. Governments may provide possibilities for older individuals to succeed and make important contributions to society by embracing age-inclusive perspectives and putting individualised interventions into place.

Recommendation and Conclusion:

Usayla needs thorough, personalised treatments that are integrated across social and medical organisations to meet her health and social care requirements. Initially, individualised physical therapy sessions may be recommended to enhance Usayla's range of motion and relieve her arthritic symptoms. Programmes for transport assistance can also be put in place to give Us simple and affordable ways to get around for important tasks, reducing her dependency on friends and easing her feelings of loneliness. By putting Usayla in touch with neighbourhood resources and support groups, social prescribing programmes can help her build relationships and improve her mental health.

In addition, mental health therapy can offer Usayla a secure environment in which to confront and resolve her feelings of isolation and anxiety to ask for help, giving her the confidence to make meaningful life choices. Furthermore, housing support agencies can help Usayla explore her housing options while recognising her emotional connection to her existing home by offering advice and support. With an integrated approach that attends to Usayla's psychological, social, and physical needs, she can get the help and assistance she needs to age properly, keep her independence, and stay healthy.

Improving healthcare and social services for the elderly in the UK calls for a broad approach that takes into consideration their medical, financial, and social requirements in addition to the unique problems brought on by the COVID-19 pandemic. The well-being and integrity of older people may be improved by society with the implementation of broad efforts and policies, which guarantee that they get the necessary care and support to allow them to thrive. One of the biggest difficulties in the provision of health and social care is money. Being able to hire more people, expand services, and invest in infrastructure to keep up with demand is limited by finances. As the elderly population increases, the demand for resources is going to increase, additionally stretching the limits of the medical system and potentially affecting the quality of care.

In conclusion, the report highlights the urgent need for significant health and social care changes to fix the problems that the UK's elderly population confronts. Based on current research, encompassing studies by Smith et al. (2020) and Johnson et al. (2021), the Office for National Statistics (ONS), and the King's Fund, it is apparent that issues like economic instability, age discrimination, and restricted access to healthcare significantly impact the well-being of elderly people. Furthermore, to reduce its negative effects, the COVID-19 pandemic has made existing dangers worse, highlighting the need for specific support and intervention systems. Efforts must prioritise providing funding, treating mental health needs, reducing ageism, and improving healthcare access to better the lives of the elderly.

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