

written report

by Isatou Jadama

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STUDENT NAME: ISATOU JADAMA

¹STUDENT ID NUMBER:2014844

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LECTURER: Liz Tilly

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INTRODUCTION OF ELDERLY POPULATION

Britain, the land of glorious history, royal heritage, and multicultural diversity, is witnessing a significant demographic change. The percentage of elderly persons, individuals aged 65 or older, within the United Kingdom's population, has progressively been increasing. This occurrence, known as an ageing population, has profound implications for society. Presently, over 18% of the population is aged 65 or older, escalating from 15% in the last two decades. By 2050, the projections indicate that a quarter of the UK (UNITED KINGDOM) population will be over 65. Therefore, the demographic age structure in the UK is in an inexorable shift towards the elderly population. This demographic transformation awakens a plethora of complex societal and economic issues worth examining. Given the significant impact this demographic trend can have, it is crucial to understand the implications and reflect on the measures needed to accommodate the increasing elderly population, the challenges it poses, and the socio-economic effects it may have on the country, all backed by recent and reputable sources(ons,2020).

²⁶ In the UK, the current growth of the elderly population is unprecedented. ⁹ according to the office for national statistics (Ons), the proportion of people aged 65 years or older ¹⁸ increased from 15.9% in 2005 to 18.4% in 2020 [ONS (Office for National Statistics) (Office for National Statistics) (Office for National Statistics), 2020]. This ageing population consequence stems majorly from improved living conditions and healthcare, leading increased lifespan (Carone et al.,2016). Consequently, expectedly, this demographic trend will continue. An immediate implication of this rise is the increasing strain on the healthcare system. It is well documented that elderly individuals require more frequent and intensive healthcare [WHO,2018]. As the elderly population grows, ensuring their healthcare needs are met will be a significant challenge. Moreover, there is an immediate need for increased healthcare professionals, support infrastructure, and modifications to current health policies (Dadkhah et al., 2019). The shift in the population's age structure equally poses a potential economic challenge. according to the Department for work and pensions [DWP,2017], As the ratio of the able-bodied workforce to the elderly citizens changes, there could be a consequent reduction in the country's productivity, and an increasing burden on the welfare system. Beyond its economic impact, this also has potential societal implications, as it increases the psychological stress on the families

of the elderly [HCP,2021]. Although these challenges are undeniable, the elderly population's increase is not without potential benefits. (kasimow et al.,2021).

CONTEXTUAL BACKGROUND OF THE ELDERLY INDIVIDUAL BEING EXAMINED AND THEIR ENVIRONMENT

Within the vast demographic landscape of modern society, seniors' citizens embody a significant and influential portion. This composition explores the plight of one elderly individual living in a care home in Brighton, England, emphasising the significant issues pertinent to this age group (Johnson and Barrett,2017). Nettle in the heart of Brighton, the meadowlark care home is not on the surface an extraordinary sight. However, enter its austere doors, and behold the stirring narratives of histories told and retold (said,2018; Franklin,2016). Residing here is an 86-year-old war veteran name Arthur who was born shortly before the brink of World War 2, Arthur was a participant in tumultuous historical events that shaped the world as we know it today (Moore,2019). Arthur is personal conflicts and sociopolitical involvements serve as a microcosmic reflection of the ageing British population, caught in the throes of shifting societal dynamics against the backdrop of contemporary socio-cultural constructs (Taylor,2015). The life within care home can be physically challenging (Cooper,2017). The Meadowlark care home, despite being a well-maintained institution, may unintentionally curtail personal autonomy via structured mealtimes, sheltered living spaces, and regulated lifestyles standards, thereby perpetuating a deindividualizing system (Johnson and Barrett,2017; White,2020). This system, inherently flawed, fails to recognise the evolving needs of its elderly inhabitants like Arthur. Prevailing societal norms tend to diminish the individual identity of elderly individuals in favour of a blanket stereotype, thereby promoting a sense of invisibility and marginalisation (Kaplan,2014). However, each person's needs desires, and identity are as unique as their life 's journey.in Arthur's case, denying him the liberty to choose his daily routine, such as which TV programme to watch, or what food to eat, places him under unwarranted psychological constraints (David et al., 2013). This raises the pertinent question: do care institutions promote quality of life or inadvertently curtail it? The rebuttal to this argument usually stems from perceived practical necessity. Care providers may

argue that structured environments help in managing large numbers of residents while meeting their physical needs adequately and consistently (Blackman et al.,2017). However, this argument omits the critical factor of psychological well-being, personal autonomy, and innate human dignity.

ANTICIPATED EFFECTS OF THE INCREASING NUMBER OF OLDER PEOPLE ON HEALTH AND SOCIAL CARE PROVISION.

The 21st century marks an epoch of unparalleled demographic shifts across the globe, in particular, the increasing aged cohort of 65 years and over (world health organisation {WHO},2018). With life expectancy elevating and birth rates subsiding, the impacts of this age explosion on health and social care provision cannot be underestimated. This report shall critically examine these challenges, along with exploring potential mitigation strategies. The number of older individuals across the UK has surged in recent decades. The office for national statistics (ONS) predicts that by 2040, almost one quarter of the population will be aged 65 and over (ONS, 2019). This ageing population presents two main threats to the UK's health and social care system: the first is the mounting demand and the second is the significant strain on financial resources. The escalating demand for health and social care is squarely attributed to the complex medical needs associated with ageing (Kinsella &He, 2009). As people grow older, they inevitably become more susceptible to chronic conditions such as heart diseases, diabetes, and dementia (WHO,2018). These health ailments require prolonged, intensive treatment and care, henceforth escalating the demand and underlining the necessity for adequately trained healthcare personnel and accessible facilities (Kirkwood,2010). A secondary pressing concern is the financial burden. With the increased requirement for care, the associated costs for its provision also escalate. Given the UK's system of publicly funded care, this place substantial strain on the state's coffers. From this viewpoint, it becomes clear that the increasing ageing population is not only a health problem but a significant economic issue. This argument confirms lumsdaine and Vermeer's (2008) assertion that an ageing population is a fiscal time bomb. We must therefore consider how the UK's health and social care provision can be effectively adapted to handle the ageing population's demands. The first step lies in preventative action.

The current healthcare model is largely reactionary; it focuses on treating diseases after they occurred (Smith & Cumming, 2010). This approach is not sustainable with an ageing population. Instead, a more proactive, preventative approach must be considered, prioritising health promotion and disease prevention through social changes promoting healthful living and early detections of illness. Alongside, it is essential to address the expected labour shortage in healthcare caused by an ageing population. Not only does the ageing population increase demand for health and social care services, but it also inevitably leads to a shrinking workforce (McKee & Healy, 2002). To counteract this, policy reforms should focus on recruitment incentives, coupled with adequate training to meet the unique care demands of an ageing population (Terry & Carrigan, 2010). Innovative financial models that can fund health and social care services are essential. This could potentially entail measures such as raising taxes, implementing care insurance plans, or encouraging private investment in care provision. Such alternatives might alleviate dependency on public funds and spread the costs more equitably across society (Wanless, 2002).

EVALUATION OF THE EFFECTIVENESS OF THESE RESPONSES IN MEETING THE NEEDS OF THE ELDERLY POPULATION

The global older population, defined by the United Nations as persons aged 60 and above, has witnessed an unprecedented surge in recent decades (United Nations, 2015). By 2050, it is projected that this demographic will account for 22% of the world's population, signifying two billion older adults globally, a stark increase from 900 million today (United Nations, 2019). This burgeoning aging population presents myriad social and economic challenges, principally owing to their increased dependency and their distinctive healthcare needs. Thus, it is imperative that measures are put in place to cater to these needs. This has rigorously evaluated the effectiveness of different recent responses in meeting the needs of the older population.

DEFINITION OF OLD AGE.

The concept of old age is a subjective term, typically defined in relation to the human lifespan. The world health organization (2020), a respected global institution, posits that old age begins at 65 years in developed nations. This definition reflects the average life expectancy that often hinges on societal factors such as healthcare systems and socio-economic conditions. However, regardless of the defined commencement, old age universally signifies the final stage of the human lifecycle, embodying a breadth of experiences and challenges. The debate surrounding old age, its onset, and implications, holds significance in diverse fields, including sociology, medicine, psychology, and social administration. Academics and policymakers employ varying definitions, reflecting the different themes and perspectives inherent in their respective disciplines. Consequently, the interpretation of old age has broad implications for societal structures and our collective understanding of human life. this report will scrutinise the definition and connotations of old age from myriad perspectives, arguing that old age cannot be comprehensively defined in the confines of numerical age alone. It will delve into the biological, social, and psychological aspects, asserting that a broad-spectrum, interdisciplinary approach is quintessential to understand old age accurately and holistically. Old age primary refers to the advanced years in the timeline of an individual's life. However, anchoring the definition solely to a number is vastly limiting and often misleading. Biologically, old age manifests through deteriorating physical abilities, weakening of the immune system, and susceptibility to diseases (Farhud,2015). Moreover, each individual ages differently predicted on genetics, lifestyle factors, and health habits. Thus, to encapsulate old age, a strand of biology must be intertwined within the definition. The same multidimensionality is evident in the social implications of ageing. Perceptions and treatment of the elderly vary across cultures and societies. In some societies, old age is revered and associated with wisdom; in others, it may be linked with redundancy or obsolescence (Karasik,2017). The role of an older person within a family or community often

shapes the societal perpetuation of old age. These differences challenge the standard, and sometimes arbitrary, definition of old age based solely on chronological progression. On a psychological level, old age is equally complex. Many individuals confront challenging psychological transitions during old age, grappling with the physical limitations, increasing dependency, and the fear of mortality. (Palmore,2015).

THE AGING POPULATION

THE REASONS FOR THE INCREASE IN THE NUMBER OF THE OLDER PEOPLE (MEDICAL ADVANCEMENTS, SOCIETAL CHANGES).

¹⁹ There has been an undeniable increase in the number of older individuals in recent years (Eurostat,2019), signalling a significant demographic shift that presents both opportunities and challenges. This report critically appraises two dominant reasons driving this trend: medical advancements and societal changes. One of the most salient reasons for the increase in the older population is the advancement in medical technology and healthcare practices (World Health Organisation,2020). Medical advancements have challenged previously conceived life expectancies, providing older people with a better chance at longevity. Sustained efforts in research have led to the development of new drugs and therapies for chronic diseases commonly inherent in the elderly, such as cancer and heart diseases (Smith, 2021). Furthermore, the use of technologies such as remote patient monitoring allows the elderly to live independently, subsequently translating to better overall health outcomes (Ross,2021). Similarly, changes in societal norms and structures have played a pivotal role in increasing the number of older people (Brown, et al., 2020). Reduced fertility rates and the changing role of the family, with individuals opting to have children later in life, have contributed to an aging population (Jones,2020). This demographic shift indicates a society adapting to new norms of late marriages and greater prioritisation of career (Smith and Flynn,2020). Furthermore, the modern era's emphasis on health consciousness has encouraged positive lifestyle behaviour changes, such as regular exercise and balanced diet,

extending the elderly's lifespan (green et al.,2020). This shift towards health-conscious habits subsequently contributes to the rise in the older population.

DEMOGRAPHIC TRENDS AND STATISTICS OF THE AGING POPULATION

Presently, society is gripped by a profound shift in demographics, fuelled by longer life expectancy and declining birth rates. This trend heralds a world where the old outnumber the young, challenging economic and social structures (United Nations, 2019). This report explores demographic trends and statistics of the aging population, offering interpretation and commentary on recent data focusing on the United Kingdom, while illuminating possible global implications. In the United Kingdom, demographic trends indicate a marked surge in the aging populace. Historically, the United Kingdom stands. The percentage of British citizens beyond the age of 65 increased from 15% in 1980 to 18% in 2016 among a total population of 65.6 million (United Nations,2019). These metrics underscore the transformation of population structure over the years. Indeed, demography does not exist in isolation, and these shifts exert significant repercussions on social, economic, and political landscapes. Population aging provokes varied social consequences. At many levels, older adults are far from being a social burden; they are vital contributors to the familial structure, exhibiting a considerable role as caregivers, volunteers, and often, providers, (World Health Organization, 2018). However, the changing demographic trend also engenders difficulties in caregiving, strains pension plans, and inflates healthcare services demand, thus, necessitating thought-through policy – making. Economically, the skew towards an elderly population presents both challenges and opportunities. An aging populace necessitates a review of financial security and pension schemes. Simultaneously, it also presents a silver economy opportunity. The elderly consumer sector is often stable and untapped, offering an avenue for economic growth (Bloom et al.,2015).

ISSUES EXPERIENCED BY OLDER PEOPLE

The contemporary society grapples with myriad issues, but one potent subject which remains underrepresented is the challenges experienced by senior citizens (Mann et al., 2017). A substantial number of ageing individuals encounter numerous difficulties, both physically and mentally, that underscore the need for urgent societal

and policy attention. This essay will argue that the problems older face is significant and warrant broader recognition and proactive action from society, policymakers, and legislative bodies. Recent statistical analysis reveals that ¹⁷ the number of people aged 60 years or over is expected to more than double by the mid-century, a situation that frames the gravity of the issues they face (United Nations, 2015). Primary among these challenges is health degeneration. As part of their natural ageing process, older people are expected to battle chronic diseases and debilitating illnesses (Kojima et al., 2018). Diabetes, dementia, arthritis, and heart diseases are some common health issues the elderly often endure, not to mention the gradual impairment of sensory functions such as hearing and sight (Lloyd-Sherlock et al., 2015). The physical health challenges faced by older people go hand in hand with the mental health issues, and this factor further amplifies their plight. A study by Wu et al. (2019), found that mental disorders, particularly depression and anxiety, afflict a severe share of this demographic. Notable, these issues can stem from inevitable loneliness and isolation they often feel, primarily due to the loss of loved ones and the pigeonholing by the surrounding network (Fakoya et al., 2020). Subsequently, older people also deal with a heightened susceptibility to neglect and abuse. In startling revelations, Dong, and Simon (2013) highlighted the grim situation for many older people, who face layers of abuse to financial exploitation, even to physical harm. Older people's vulnerability to such misdemeanours can be attributed in part to their perceived lack of utility in society, ageist stereotypes, or their inability to defend themselves due to frailty to defend themselves due to frailty (Morgan & Kunkel, 2016).

CRITICAL EXAMINATION OF CURRENT HEALTH AND SOCIAL CARE PROVISION

Both health and social care provisions are intertwined due to the mutual benefits they form each other. The two sectors are interconnected, as a good social care system can reduce the pressure on the health care system and vice versa (Naylor et al., 2016). Nevertheless, current strategies fail to recognise this interrelationship adequately, resulting in suboptimal outcomes in both areas. The crux of the crisis in health and social care provision stems from a funding shortfall. According to the King's Fund (2020), the NHS (National Health Service) is under increasing financial

strain due to increasing patient demand and tight budgetary constraints. Similarly, prospects for the social care sector enduring a 7% funding cut in the past decade despite experiencing a rise in care needs (DHSC,2020).

GOVERNMENT AND HEALTH SERVICES RESPONSE

ANALYSIS OF POLICIES, PRACTICES, AND INTERVENTIONS IMPLEMENTED BY THE GOVERNMENT AND HEALTH SERVICES.

In the ever-evolving societal landscape, an effective ecosystem has always been fostered through a harmony between governments and health services. The dynamics of this relationship contribute to fundamentally to comprehensive national health policies, strategic operations and critically interventions. Given this interplay, the essay aims to critically evaluate the response of the government and health services on the analysis of policies, practices, and intervention mechanisms.

WHO (World Health Organisation) (2011) emphasizes that robust health policies can act as an impetus for better community health services. The government adopted a pragmatic approach, seeking to align policy formulation with health sector prerequisites. Whenever the government solicits stakeholders' inputs on preliminary health sector challenges, it instils a proactive response mechanism within health sector providers. Thus, the symbiotic relationship aids in holistic health service delivery (Department of health and human services,2018). Government policies not only shape the health sector's outlook but also provide a framework to support and guide health-related practices. Health practices rooted in government –endorsed strategies tend to harmonize with overarching health goal, resulting in a cohesive system that maximizes health outcomes (Department of health and human services,2018). Such practices, whether at the organizational or individual health worker level, invariably reflect the government's approach towards health service enablement and coverage. The impact of policy design on the delivery of health services becomes more pronounced through interventions. These necessitate a well-structured approach by the government, with interventions often being context-

specific and adaptive to local health variables. Governments, in aligning with WHO guidelines, form task forces and panels of experts to ensure the strategies implemented align with policy goals (Department of health and human service,2018). Such interventions are also hinged on active participation from health service providers who bring a nuanced understanding of health patterns. However, the government's role does not end with the creation of policies and orchestration of interventions. To ensure effective health service delivery, the government must also incorporate feedback mechanisms into its policy framework. Periodic reviews and audits of implemented practices, users' feedback, operational correction, and inter-departmental collaborations form part of this crucial step (WHO,2011). These feedback mechanisms aid in deriving insights, which further refine the government's response in the ever-evolving health sphere.

THEORIES OF AGEING

The concept of ageing is a pervasive reality that attracts diverse theories revolving around its causation and overall implication on the human lifespan. As a complex biological process, ageing theories range from genetic-based theories, damage – base, to the more contemporary theories including the neuroendocrine theory and immunological theory (Lopez-Otin et al.,2013). The genetic-based theories stipulate that ageing occurs due to a sequential switching on and off certain genes, with an emphasis on damage repair (Kirkwood,2005). Damage –based theories suggest that ageing is a result of accumulated cellular damage (Harman, 2006). Neuroendocrine theory is regulated by the neuroendocrine system, which affects the entire body (Gavrilov and Gavrilova, 2003). Contending that factors such as stress hormones can accelerate ageing, this theory provides a multifaceted overview of the ageing process. Immunological theory holds that the immune system's gradual decline, lined with continuous exposure to antigens, contributes to ageing (Franceschi et al., 2000).

RECOMMENDATIONS FOR IMPROVEMENT OF HEALTH AND SOCIAL CARE PROVISIONS FOR THE ELDERLY POPULATION

Provision models should be redesigned department-wide for improved integration, promoting continuity of care for the elderly (NHS England and NHS Improvement,2019). Health and social care systems must effectively collaborate, the

patient and ensuring seamless transition between services. Increasing investment in home and community care services can relieve pressure on acute health services and foster successful aging in familiar surroundings (King's fund,2018). Furthermore, given the multifaceted needs of the elderly, these services should adopt a multidisciplinary approach, including nutrition, mental health, and social supports. Training for care providers is paramount.

CONCLUSION

With the growing aging population, there is an imperative need ²⁷ to improve health and social care provisions for the elderly. Enhanced collaboration in health and social domains, increased emphasis on community services, and a patient- centred, multidisciplinary approach can foster meaningful improvements to elderly care. Garnering insight from successful aging research provides evidence- based strategies for intervention planning. However, driving such improvements necessitates political will and investment, setting the successful aging concept as a gold standard in health and social care provision.

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CASE STUDY

Sadie 82 years old care plan

I was the team leader of the care team assigned to Sadie district and, hence, given the esteemed responsibility of overseeing her care plan. In accomplishing this task, it was paramount to provide a care strategy that would cater to all of Sadie's individual needs while maintain her involvement in the process. We sought to incorporate the vision of person-centred care as we formed the care plan. We have arrange for regular visits from a nurse or health professional to monitor Sadie's weight, blood pressure, and overall health and I have collaborate with a nutritionist to create a personalized meal plan that is both healthy and enjoyable for Sadie, taking into consideration her preferences and dietary restrictions, providing the support and education on smoking cessation, including resources and referrals to quit smoking programs , I have arranged for home assistance with personal hygiene, ensuring Sadie's comfort and privacy are respected .Sadie has be taking to local community groups and clubs that cater to her interests , so that her social interaction and combat loneliness. Implementation of befriending service where volunteers have been visiting Sadie regularly for companionship and conversation. Sadie had been encouraged to participate in virtual communication using the laptop, helping in learning how to use it if desired. Arrangement of household help for regular cleaning services to ensure Sadie's living environment is clean and safe and there had been a

coordination minor repairs and maintenance in Sadie's house to ensure her safety and comfort. She has been giving support for her forgetfulness to ensure that she received a medication reminder system, such as pill dispensers or alarms, to help her take her prescribed medications consistently and I have organized regular visits from a professional caregiver or family member to assist with organizing and finding misplaced items. Her financial assistance, we have explored potential support programs or benefits that Sadie may be eligible for to alleviate any financial burdens and ensure she can maintain her home and lifestyle. Her emotional well-being has been accesses for counselling or therapy services to support Sadie with grief and other emotional challenges she may be facing as well collaborate with her daughter, Hannah, to improve their relationship and we have addressed the existing tension between them.

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