

Assessment 2

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Assessment 2- Written Report

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Table of Contents

Introduction	3
Sadie Evans 82	4
Relevant Policy and Legislation	5
Support and Intervention for Sadie.....	6
Health and Social Care Needs	7
<i>Theories.....</i>	<i>7</i>
<i>Health needs.....</i>	<i>8</i>
<i>Social needs.....</i>	<i>9</i>
<i>Conclusion.....</i>	<i>9</i>
<i>Recommendations.....</i>	<i>10</i>
<i>Reference list.....</i>	<i>13</i>
<i>Appendices.....</i>	<i>18</i>

Introduction

57

Old age is defined by the World Health Organisation (WHO) as the stage of life that begins after turning 60. This concept acknowledges that as people age, they go through a specific life stage marked by different physical, psychological, and social changes (WHO, 2022). The United Nations (UN) similarly defines elderly people as people 60 or older. This inclusive definition recognises that turning 60 is a significant life milestone frequently connected to growing older (UN, 2019). Additionally, (NHS, 2020) states that a person aged 65 or over may be considered old. Individuals age biologically at different rates, making it challenging to define specifically what impacts their need for care and support (NHS England, 2020). Age UK (2017) states that the population of those 65 and older has been expanding and will likely continue. (AGE UK, 2017). The increasing number of the older population is due to progress in healthcare, advanced medical treatments, and improved living conditions: declining birth rates and the post-war baby boom. Specification of domestic and international migration can impact the age distribution of a population (ONS, 2020). This report will discuss Sadie Evans, an 82-year-old widow with limited access to facilities and social activities. A homeowner for over 50 years, her home needs maintenance and cleaning. Due to her financial, medical, and personal problems, Sadie needs adequate assistance. By considering her case, the report will look at the medical and social needs of old people in the UK by addressing the relevant support and intervention that can be implemented with the relevant policies and legislation, theories of human development and making recommendations for the future.

Sadie Evans 82

Sadie Evans is a widowed 82-year-old with no easy access to amenities or social events, being a homeowner for over 50 years. Her home requires urgent upkeep and cleaning because of her physical condition. Her neighbour offers help, but she does not like other people disturbing her privacy. As she cannot do basic household duties, her living conditions can cause health and safety issues by increasing her chance of falling or exposing her to risks (Vaishya and Vaish, 2020). There is strong evidence that although specific differences in older people's health come from genetics, most are caused by people's living conditions, communities, and traits, such as sex, race, or financial position (Centre for Ageing Better, 2017).

She needs help due to her personal, medical, and financial issues. The rising living costs may prevent her from getting heat in her home in the winter, purchasing quality foods and making house modifications, and other basic needs, potentially worsening her living and health (Finch, 2022). She was married to her late husband, Jack, for 60 years and following his death, one of her three children, Hanna, became her main carer and supported her daily. She is a single parent who lives nearby and works full-time. However, because her daughter lives near, Sadie thinks she should meet all her requirements, which strains their relationship. Sadie's isolation and lack of support may also result in her troubled connection with her daughter, Hanna, and impact her ability to engage in meaningful connections with others, including their family members. (Mayo Clinic, 2022).

Due to an accident two years ago, Sadie's social life has suffered because of her inability to drive. Also, she cannot see or hear well, which causes social isolation, and a lack of meaningful interactions (Tulane University, 2020).

A growing number of people will be affected by hearing loss as our population ages; ⁶¹20% of the UK's population is predicted to have hearing loss by 2035 (RNID, 2020) (Health Matters by Rashbrook and Perkins, 2019). According to (Cosh et al., 2019), hearing loss doubles one's risk of acquiring depression and raises one's chances of experiencing anxiety and other mental health issues. There is now strong evidence

that mild hearing loss doubles the risk of dementia (NHS England, 2017). Left unnoticed, it could cause emotional distress or dementia. A future healthy diet should be put in place. Sadie's recent hip replacement surgery made her feel even more immobile, unwilling to cook and consume a lot of sweets and chocolate. Consequently, because of her poor diet, she is currently overweight, with a risk of developing diabetes, and as a smoker, she often has chest infections. Social care services must address her physical health and get proper medical attention as an adjustment to her lifestyle. Although she has a laptop, she does not know how to use. Digital inclusion or unknowledge of how to use the internet and lack of internet access because of social inequality is the problem in our old age society (Tackling digital exclusion in older people, 2021). This can lead to increased isolation, difficulty accessing internet resources and services, and limited communication with family and friends in today's digital world (Sen, Prybutok and Prybutok, 2022). More government funding for the older population's education, subsidy Internet cost and promoting the benefit of using technology should be implemented, as the demand for IT access and use from the older generation will grow rapidly.

Relevant Policy and Legislation

NHS England had long-term plans to address the older population. A government document called ⁵⁹the National Service Framework for Older People (NSFOP) ⁵⁵was first introduced in the UK in 2001 to improve ⁷health and social care services for older adults. ⁵⁸It presented a list of targets and 14 standards to raise the quality of care given to older adults in various settings (National Service Framework for Older People, 2001). Furthermore, ⁴⁵The Care Act 2014 focuses on person-centred care (PCC); it prioritises the service user's choice rather than the professional's consideration. It assures that care and assistance are planned with the individual and their relatives as equal partners. This includes considering a person's wishes ⁴⁵and selected needs, ⁴⁵guaranteeing their physical comfort and safety, and ⁴⁵providing emotional support ⁴⁵involving family and friends (SCIE, 2019). As a part of (PCC), home care service could be considered for Sadie. She could benefit from domiciliary care because of the personal approach of caring for the patient with respect, recognising their individuality and valuing their life experiences, beliefs, and values (WCP,2023). Although careful

planning is needed because Sadie wants to keep her privacy, establishing trust may be difficult for her with several individuals coming and going, as well because of her current location, she won't have enough resources with regular care workers visiting her. Consensually causing a not well-maintained personal care plan, mistrust and frustration of the service user (CQC, 2013). By fully comprehending her situation, a more specialised approach to care can improve her general well-being and quality of life (Ulin et al., 2023). Additionally, giving people more choices and control over their care and making decisions that align with their preferences and values is a priority in the government report *People at the Heart of Care* (Department of Health & Social Care, 2023). Furthermore, the Equality Act 2010 prohibits discrimination based on age, disability, and gender. Because she has these rights, Sadie is protected from unfair treatment or exclusion from care services (Local Government Association, 2023).

Support and intervention for Sadie

Everyone has free access to healthcare since the National Health Service (NHS) was created in England in 1948 with the National Health Service Act of 1946 based on the recommendations of a report by Sir William Beveridge presented to Parliament in 1942. The Beveridge Report outlined free health care as a part of broader welfare reform aimed at eradicating unemployment, poverty, and illness and raising educational standards (Tikkanen et al., 2020). The core principle of the NHS is to offer healthcare services that address physical, mental, and emotional requirements to improve people's health and well-being (Department of Health and Social Care, 2022). It emphasises disease prevention, health promotion, and assistance in helping people lead healthier lives. Additionally, it provides all-encompassing care to people at every stage. When someone is ill, it helps for their recovery by providing the required medical interventions, treatments, and therapies (Department of Health and Social Care, 2022a).

However, the population of those 65 and older has been expanding and will likely continue. As nearly 12 million (11,989,322) residents in the UK are 65 or older, among whom: 5.4 million are 75 or older; 1.6 million are 85 or older; Over 500,000 are 90 or older (579,776); 14,430 are centenarian (Wise Age, 2023).

Health and Social Care Needs

When looking at the health and social needs of Sadie's case, establishing and resolving issues that might be responsible for her solitary lifestyle and difficult relationship with her daughter could be suggested. Developing a personal care plan can create an environment that promotes emotional well-being while helping her adjust to life changes to improve well-being outcomes. Additionally, she needs to re-establish her social contact by visiting the church. Urgent medical care must be implemented because of her many health issues, such as being overweight, having poor eyesight and losing hearing. Smoking, mobility, and personal care are the other issues that must be immediately addressed (Phelan et al., 2015).

Theories

The importance of having choice and control can be seen in Maslow's Hierarchy of Human Needs. His theory of Human Motivation was first presented in 1943 it reveals that behaviour is influenced by various interests arranged in necessity and priority (Celestine, 2019). The hierarchy has five levels: the first level is biological needs, such as food, shelter, and clothing. Next is the security and safety need level: money, health and safety, followed by social needs: family and friends and esteem need appreciation and respect. Self-actualisation needs is the top level of self-awareness, personal growth, and interest in fulfilling their potential (Trivedi and Mehta, 2019). Looking at Sadie's case, one can see that she has completed four of the levels. However, of her age, society still needs to support her at the current level, motivating her to achieve her full potential.

The Disengagement theory, proposed by Cumming and Henry in the 1960s, suggests that as people age, they and their social systems gradually distance themselves from

each other it is mutual (Nickerson, 2022). According to the disengagement theory, reservations in interactions with others and relationships are a normal part of getting older. It implies that older people actively and voluntarily relinquish their former social positions and interests. Many factors in Sadie's case showed that she is ready to withdraw from society. Currently, the women's retirement age is 66, with a state pension of £203.85 a week (The People's Pension, 2023). In June 2023, the inflation rate for food and non-alcoholic beverages increased to 17.4% (ONS, 2023). Because of this, Sadie may be unable to meet her basic needs, making her feel excluded from society. Also, losing the previous social link causes her to stop participating in social activities and community events, affecting her general well-being and social inclusion.

Functionalism³⁴ is a sociological theory that views society as a complex system of interrelated factors that work together to maintain stability and order (Cassar, 2023). Here, one can see Sadie's expectation of her daughter to look after her and satisfy her wishes and meet all her expectations because of society's norms that parents take care of their children, and children should reciprocate the favour by taking care of their parents when they are older (IPL.org, 2023).

Health needs

Sadie needs urgent care due to her health problems; contacting her GP should be the first step for addressing her hearing loss, poor eyesight, and weight management. The GP can offer suitable referrals, interventions, or therapies to handle these health issues (NHS, 2022). This may include accessing mental health treatments like counselling or therapy to address underlying difficulties and enhance her emotional well-being (Age UK, 2023.). However, because of her age, she may struggle with stereotypes arising from mental illness misunderstandings and miss the chance to have a decent relationship with her daughter's family (Mental Health Foundation, 2023).

Another issue Sadie may have, is obtaining appropriate and adequate care may be delayed by limited access to mental health therapies, as according to the British Medical Association (2023), data analysis clearly shows that mental health services are not being funded sufficiently fast to meet the level of demand and inflation. Sadie's

smoking habit must be addressed to maintain her health and well-being, although she may believe smoking is essential for her daily stress management and coping with loneliness. She can benefit from stop-smoking programmes, including nicotine replacement treatment or medication to stop smoking (Public Health England, 2019). Failing to do it may cause her more health issues and reflect on her financial situation because of cigarette costs (Public Health England, 2019a).

Social needs

It is extremely important to contact ⁵⁰the local authority ³³as the Care Act 2014 requires local authorities to offer a care need assessment and set up programmes that stop people from needing care and support from suffering to the point where they would require continuous care (Department of Health and Social Care, 2016). As Sadie needs help with daily tasks, the social worker may offer the Occupational Therapy Service that could suit her: The occupational therapy service supports families and carers in providing a safe environment for people with physical disabilities and enables them to live as independently as possible by providing equipment to improve Sadie's ability to do daily activities like using the toilet climbing stairs, adaptations that can be made to a person's home (NHS Inform, 2014).

She could be encouraged to attend church to make new friends and feel more connected to the community. Sadie engages with a charitable organisation like Age Concern Birmingham, where she can participate in event planning. The three centres this organisation runs offer possibilities for social interaction and wellness-enhancing activities. Low-cost healthy meals and drinks are also available. Meaningful social events and activities promote social interaction amongst various groups, fostering the development of stronger, friendlier local communities (Age Concern Birmingham, no date). This will reduce her sense of isolation, provide additional opportunities to help her make friends and overcome feeling isolated and can include community support services, senior social clubs, and activities (Hwang et al., 2020).

Conclusion

To conclude, this report provides information about the current elderly population in the UK and how this is associated with Sadie Evans, an 82 old woman living in a rural area without social contact with multiple health issues. It is clear from Sadie Evans' condition and in the wider context of health and social care provision in the UK that if she does not get the help she needs, her situation and health could worsen. A comprehensive approach to treatment is necessary due to her complicated needs, which include her poor physical condition, social isolation, and disrupted family connections. Health and social care professionals can help Sadie preserve her independence and well-being as she ages by emphasising her physical health, addressing her social isolation, mending her unsatisfied family connections, and considering her specific requirements. Furthermore, continuing to improve the quality, effectiveness and accessibility of health and social care services in the UK. It can significantly impact older individuals' lives and ensure they get the support they need to age with dignity and a high quality of life. Additionally, focusing on relevant acts could provide person-centred care that can assist in meeting her needs and preferences. Examining her circumstances through the equally of Maslow's theory of human motivation, the disengagement theory, and the functionalism theory. Each theory offers a distinctive viewpoint on her experiences and necessities as an 82-year-old widow dealing with difficulties in her later years.

Recommendation

The following recommendations can be provided to primary care to increase patients' health, lifespan, and quality of life through patient-centred care (Phelan et al., 2015). Old age typically leads to decreasing financial resources, poor cognitive function, declining physical health, and limited relationships with others. Following those changes, medical personnel must identify patient behaviour that can be changed to lower the risk of impact on the well-being (Ng,Tey and Asadullah, 2017).

Embedding plans for the care of the old population should be the government's priority because of the UK's ageing population.

In the early 1960s' Havighurst (1961) and colleagues proposed the Activity Theory, which claims that a person would age effectively if they remained active from middle age and onward by taking on active social responsibilities and performing unavailable roles as they age. Remaining active and social, acquiring new skills and maintaining a healthy lifestyle could be linked to the active theory. This is supported by a study conducted by (McPhee et al., 2016) that stated regular exercise leads to physiological changes in the neuromuscular, cardiovascular, and digestive systems that increase muscular strength and energy levels, this is proven to increase life satisfaction and improve general wellbeing. A healthy generation will result from promoting awareness of the potential age-related health risks and encouraging the UK's middle-aged people to be more active.

Using social media, tv adverts, and local events, people should be useful tools to convince middle and old groups to join in different activities. Developing projects in the community which can connect people in their middle years or older to physical activity. Encourage friendship and desire, organise activities like walking or cycling and community fitness programmes. According to (Harling et al., 2020), social interaction is one accessible feature that can help prevent mental decline. Regrettably, in their research, most participants have higher incomes which did not reflect the experiences of disadvantaged communities.

To promote physical exercise for individuals of all ages, creating more safety and accessible outside spaces, such as parks and recreational areas. Outdoor activities like walking, jogging, and riding can be encouraged by green space. The quality of life for older people can be improved by encouraging more regular contact with nature. (Finlay et al., 2015).

In 2018 the UK government announced more than £300 million from the Industrial Strategy Challenge Fund (ISCF) to bring together the UK's top-notch research capacity with business investment to develop technologies and industries that can assist the UK in addressing the challenge of an ageing society (Department for Business, Energy & Industrial Strategy, 2018). However, in 2023 the government had

admitted that still has not met its targets, it partially blames the outbreak of COVID-19 (UK Parliament, 2021).``

In her article Age And Generational Issues Rebecca Knight (2014) suggest that if the employer must conduct an annual survey of the vision and values of different age staff about preferred communication style, they can plan professional paths and create business strategies; it will ⁴¹ help employees to recognise that they each have distinct sets of skills and different things they bring to the table. A good working environment will make the older generation feel more engaged in society and contribute (Knight, 2014). Technology has been shown to offer enormous potential for promoting ⁵ independent living, enhancing mental and physical health, and raising the standards of life. ⁴⁰ The aim of ageing in place is to avoid or postpone the anxiety that comes with moving into a facility like a nursing home ⁵ (Ollevier., et al., 2020) Examples include the Internet of Things (IoT), ambient/active assisted living (AAL) robots, and other AI (Maskeliūnas, Damaševičius and Segal, 2019). However, the government must provide findings to create future advanced technology that is person-centred and provide participants with training, direction, and close monitoring (Ollevier., et al, 2020 a).

Future research on developing more effective s interventions for the prevention, early detection, and treatment of dementia, arthritis and elder adult-related conditions is needed. It will make an enormous difference for the old people and their paid or unpaid carers by allowing them to live and die in dignity.

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Appendices

Sadie Evans- Aged 82

1. Sadie is a widow, she sadly lost Jack, her husband of over 60 years four years ago to a sudden heart attack and lives alone. She is not very mobile as she had a hip replacement after a fall two years ago and as a result of this she can no longer drive.
2. She lives alone in a three-bedroom detached house which has been her home since 1963 in a rural area with no public transport links. The house is structurally sound but not in particularly good repair and is getting increasingly messy and dirty in places.
3. Sadie has been offered help to clean her house by one of her neighbours but she does not want to accept the offer, firstly because she is too proud to accept help and secondly because she feels the neighbour is just being nosey! She lives on a pension and has little money after bills are paid. She owns the house and has some savings but will not use any of this capital as she sees it as her children's legacy.
4. **Family and Friends**
5. Sadie has three children. Ben, 62 (who is married with three children, James 28, Rachel 26 and Josh, 18 and lives in America) Richard, 60, (who is unmarried and lives in London) and Hannah, 44, (who is divorced and lives 12 miles away with her children Bethan, 14, Josh, 11 and Little Ben who is four years old).
6. The only one of her children that Sadie sees on a regular basis is Hannah as she lives relatively nearby and it is Hannah who sees to her mother's everyday needs, something which is difficult for her as she is a single working mother and also because as Sadie's needs are increasing she is becoming more reliant on her already busy daughter. Sadie feels that her daughter should do

everything for her as she lives nearby and also as it is her duty as the only girl! She does have a relationship with Hannah's three children but this has become strained as there is friction between mother and daughter. Sadie talks about her two sons often and boasts about their lives and achievements to anyone that will listen but rarely says anything nice about her daughter and her children.

7. Sadie used to be a prominent member of her community and was active in her local church and WI but all this has changed since she lost her husband and then her driving license. She has lost many of her friends (deceased) and the few she has left are themselves elderly, also it must be noted that she is a proud woman and is embarrassed about her situation so does not encourage her remaining friends to visit

8. Health and Well-being

9. Sadie has poor eyesight and wears glasses and she is hard of hearing, she is also becoming increasingly overweight, something she puts down to her hip replacement and her age! Her diet is nutritionally poor and she eats a lot of convenience foods, sweets and chocolate, she used to cook a lot but now because of mobility and health issues she finds it difficult to use her kitchen. Her daughter has tried to encourage healthy eating but Sadie gets upset when she tries to limit her sweet treats etc. and says eating is one of the few pleasure she has left. The doctor has told Sadie that if she continues to gain weight she is at risk of developing diabetes as well as other health conditions and that her weight is severely impacting upon her mobility. She is also a smoker which is something that is adversely affecting her health as she is prone to chest infections. Both the doctor and Hannah have tried to get her to consider giving this up but she says it is her choice and if Hannah refuses to bring her cigarettes she telephones the local butcher who brings them with his meat delivery! This is a worry not only on health grounds but also because of fire risk.
10. Sadie's personal hygiene is not good, she used to take a pride in her appearance but at the moment she has difficulty washing and dressing (and cannot get into the bath) and does not want her daughter to 'see her bits' so will not allow her to help her wash intimate areas of her body.
11. Sadie is getting very forgetful and increasingly forgets to lock doors, take medication often misplacing things such as money and glasses. When Hannah comments on this she denies it and accuses her daughter of trying to say she is 'mental' so that she can put her in a home.

12. What Sadie Says

13. Sadie says she is lonely since her husband left her behind and that she has nothing left anymore, she misses her sons and wishes she could see them more but they are so busy. Ben has bought her a lap-top so that she could skype the family but she does not know how to use it and she is too old to learn. She says that she has had her time and she is no use to anyone anymore and

that this is the way things are. She does not want strangers in her home and certainly does not want to leave and go into a 'home'.

14.

Assessment 2

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