

Written Report

by Rebbeh Manneh

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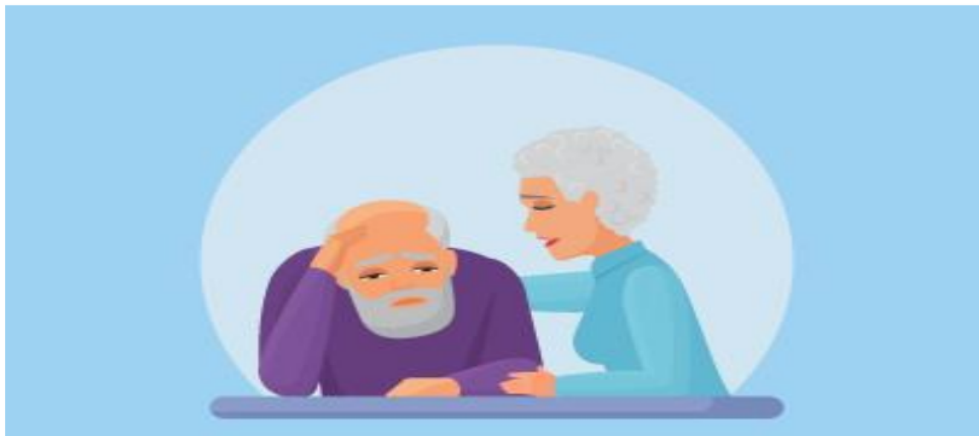


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Introduction

The 'old age' phase ³ of a person's life begins when they reach a certain age and it might vary from one society or era to another (Courtin and Knapp, 2017). In the United Kingdom, 65 is typically the age at which people retire and become eligible for a state pension, and this age is often considered to be the beginning of 'old age' (Roebuck, 1979). However, that old age is relative and depends on factors such as one's health, one's lifestyle, and one's social surroundings.

Like many other industrialised countries, the UK's population is becoming older. Increases in life expectancy may be attributed to the decline in death rates brought about by medical advances such as vaccinations, antibiotics, and better treatments for chronic illnesses (Fayaz et al., 2016). Better sanitation, more readily available clean water, better diet, and forward-thinking public health practises are just a few of the social and environmental elements that have contributed to increases in both well-being and lifespan (Fayaz et al., 2016).

This report seeks to evaluate critically the health and social care requirements of Sadie Evans, an 82-year-old rural widow. The report will examine the challenges encountered by Sadie, propose potential support and interventions, and consider the broader implications of an aging population ² on the provision of health and social care. In addition, pertinent theories and policies pertaining to aging and geriatric care will be discussed.

Main Body

Sadie Evans' Context and Issues

Sadie Evans, an 82-year-old widow, has been a loner since 1963, when she moved into the three-bedroom home she had built. Jack, her husband of more than 60 years,

died suddenly of a heart attack four years ago, leaving her to figure out how to move forward in life alone. Sadie's home is in a rural area, which has many benefits like peaceful scenery but also some drawbacks like a lack of proximity to public transportation and other necessities. The peaceful setting that used to make her feel at ease is now just another source of her loneliness and isolation. After Sadie had hip replacement surgery two years ago because of a tumble, her physical health has become a big issue. While the operation was a success, she is now severely restricted in her ability to move about on her own. Her house is fine in terms of construction, but it's in dire need of cleaning and repair.

Issues and Challenges

Loneliness and Loss: Grief over the passing of her husband has had a devastating effect on Sadie's mental health. She terribly laments Jack and is overcome by feelings of isolation. Her inability to communicate with loved ones after her loss has increased her sense of isolation. Even though she has three children, she has lost a great deal of support due to deteriorating relationships with them.

Limited Mobility and Driving License Loss: Sadie's loss of driving privileges after hip replacement surgery necessitated significant lifestyle adjustments, as did the consequent restriction of her mobility. Because she can no longer drive, she is now even less mobile and less likely to have access to the resources she requires.

Health and Dietary Habits: She has poor eyesight, which makes basic tasks like reading and going to the store difficult for her. Her inability to hear further isolates her from society and the outside world. Her diet consists primarily of processed foods, sweets, and chocolate, which is concerning. Due to her poor diet, her health, vitality, and wellbeing are all ailing.

Personal Hygiene and Forgetfulness: Additionally, Sadie's mobility issues affect her personal hygiene and her ability to remember to change clothing. She has lost a great deal of pride and self-respect due to her inability to care for herself. Sadie is also becoming more inattentive, resulting in misplaced possessions and unlocked doors.

Financial Constraints and Reluctance to Seek Help: Sadie's financial situation is a determining factor in the type of treatment and assistance she receives. She has a

home and savings, but she won't spend them on herself because she wants her children to have a prosperous existence. Even though she is struggling to make ends meet on a pension alone, Sadie is embarrassed and ashamed to approach her neighbour for assistance.

COVID-19 Impact

Since the COVID-19 outbreak began, Sadie's sense of alienation has intensified. Due to the necessary precautions, she cannot spend as much time as she would like with her friends and family. Her lack of frequent social engagement and support has intensified her feelings of isolation and powerlessness in the face of adversity.

Risk of Health and Situation Worsening

Sadie's situation is deteriorating, and she faces numerous safety risks. Due to her inability to exercise, inadequate diet, and reluctance to seek medical care, her health may continue to decline. Due to the emotional toll of her solitude and loss, her mental health is in jeopardy. Sadie's pre-existing vulnerabilities are exacerbated by the COVID-19 epidemic, which increases her isolation and makes it more difficult for her to obtain the assistance she requires.

Health and Social Care Needs of Sadie

To convince Sadie's healthy life, an inclusive approach to health and social care needs is required. This category encompasses all aspects of her physical and mental health, as well as her desire for companionship and attention (WHO, 2015).

Medical Care: Sadie must undergo routine medical examinations to monitor her vision, hearing, and overall health due to her age and pre-existing conditions. As she ages, proactive medical monitoring can help identify and promptly manage any potential health concerns, which is particularly essential given the increased risk of age-related health conditions (Rechel et al., 2013).

Mental Health Support: Sadie's mental health has deteriorated since her husband's death, which has left her feeling alone and devastated. Sadie's emotional health and

quality of life can greatly benefit from her having access to mental health services so she can learn coping strategies to deal with her feelings of isolation and despondency (Courtin and Knapp, 2017).

Personal Care Assistance: Sadie requires regular assistance with personal care duties such as bathing, dressing, and grooming. Sadie would benefit immensely from having a devoted personal care assistant who would attend to her every need due to her limited mobility following hip replacement surgery.

Mobility Support: Due to her mobility issues, Sadie necessitates the use of appropriate mobility aids and devices. According to Tieland et al. (2018), Installing handrails or a walking apparatus in her home can increase her independence and make it safer for her to move around on her own.

Social Engagement: Sadie's health requires that her feelings of isolation and loneliness be addressed through social interaction. Encourage her to participate in group excursions so that she feels more connected to her community. By joining a local club or group, Sadie can expand her social circle, make new friends, and participate in activities that stimulate and satisfy her (Siedlecki et al., 2014).

Relevant Support and Interventions

Sadie Evans needs multiple forms of assistance in order to meet her extensive medical and social service requirements.

Domiciliary Care Services: Sadie could greatly benefit from the individualized care provided by domiciliary care services in the comfort of her own home. She can stay at home with the help of trained carers who will tend to her daily needs and provide her with companionship and personal care (Marshall et al., 2017).

Nursing Care: Sadie requires routine medical care due to her many health difficulties, including her poor eyesight, hearing impairment, and the risk of weight-related consequences. According to Fitzpatrick et al., (2004), Health conditions, medicines, and the emergence of new health issues can all be monitored and addressed swiftly with the help of nursing care.

Mental Health Services: Sadie's feelings of loneliness and disconnection might be lessened with the assistance of mental health professionals. Counselling or support groups may provide a safe space for her to process her emotions and develop new coping strategies if she is experiencing emotional distress (Birren et al., 2013).

Mobility Aids: Mobility aids, such as walking frames or handrails, can help Sadie go around more easily and safely, allowing her to regain some of her independence.

Advocacy Services: Sadie could benefit from advocacy services if they help her have her voice heard during the decision-making process, and if they guarantee her rights and preferences are taken into account when providing care (Marshall et al., 2017).

Person-Centered Care Approach

Sadie's preferences, values, and aspirations should be taken into account in any and all forms of support and intervention. Sadie's ability to make educated decisions regarding her health is enhanced by the knowledge and attention paid to her individual requirements.

Availability of Support

A number of factors, including geography, funding, and demand for services, can influence the extent to which elderly individuals like Sadie Evans have ¹¹ access to health and social care (HSC) services. Various regions of the United Kingdom have well-established domiciliary care services, nursing care facilities, mental health support organizations, and social engagement programs to satisfy the needs of an aging population (Brownie and Nancarrow, 2013). Through these services, individuals like Sadie can obtain comprehensive care and assistance.

Challenges in Availability

A number of factors impede the accessibility of assistance for the elderly, including:

Resource Allocation: Inadequate funding and resources allocated to HSC services may contribute to the dearth of qualified caregivers and healthcare professionals

(Partridge et al., 2018). This shortfall may result in prolonged wait times for elderly individuals in need of life-saving care.

Geographical Disparities: The ease of access to HSC services may differ meaningfully between rural and urban areas. Due to a deficiency of transportation options and healthcare facilities, it may be more difficult for seniors in remote areas to receive timely and sufficient assistance (Townsend and Davidson, 2014).

Staffing Shortages: In the health and social care (HSC) industry, there are currently deficits of caregivers and healthcare professionals. This can place a strain on already limited resources and reduce the ability to provide older individuals with individualized care.

⁸
COVID-19 Pandemic Impact: The COVID-19 pandemic has hindered the elderly's access to care by further taxing healthcare systems and services (Heponiemi et al., 2022). Lockdowns, limits, and infection control measures have resulted in disruptions in service delivery and fewer opportunities for social interaction.

Future Considerations

¹⁰
The aging of the population in the United Kingdom increases the importance of filling voids in services for the elderly. Here are some future-oriented considerations:

Investment in Healthcare Infrastructure: Increasing the capacity to provide HSC services to an expanding and aging population necessitates an initial increase in healthcare infrastructure funding (Partridge et al., 2018). This category includes expenditures on hospitals, medical equipment, and workforce development and recruitment techniques.

²
Promoting Integrated and Person-Centered Care: To better meet the needs of the elderly population as a whole, it is essential to promote the development of integrated care and person-centred care models that unite various healthcare and social care providers (WHO, 2015).

Community-Based Initiatives: Community-based initiatives that encourage social participation, volunteering, and support networks can be used to supplement informal support services for the elderly (Siedlecki et al., 2014).

Relevant Policy and Legislation

The health and social care needs of Sadie Evans must be met in accordance with the policies and laws governing the care of the elderly in the United Kingdom. These regulations and rules are intended to promote person-centred care for the elderly and safeguard their rights and interests.

⁷ The Care Act (2014): The Care Act is a crucial piece of English legislation that lays the groundwork for adult social care. Providing individuals with access to high-quality treatment and services that can improve their health and well-being is one of our primary objectives (Slasberg and Beresford, 2014). The Act formalises person-centred care by empowering individuals ³ to make informed decisions regarding their own care and support based on the information provided by the Act. It accentuates the importance of incorporating people's preferences, values, and goals into the evaluation and planning processes for their care in order to provide them with the most effective care (Fernandez et al., 2020). The Care Act requires individuals who are

eligible for government assistance, such as Sadie, to endure mandatory care assessments.

In addition, the Care Act prioritizes protecting vulnerable folks like Sadie from harm, making sure she is safe from mistreatment (Fernandez et al., 2020). If there is suspicion of abuse or neglect, local authorities must conduct an investigation and take corrective action.

⁵
National Health Service (NHS) Long Term Plan: The NHS Long Term Plan, which will be implemented in 2019, lays out a 10-year vision for healthcare in England. Aiming to meet the specific health requirements of an aging population, it acknowledges the difficulties faced by this demographic shift (Briggs et al., 2020).

People like Sadie, who need medical and social help, would benefit greatly from the Long-Term Plan's goal of better integrating health and social care services. ⁶ The goal of this amalgamation is to reduce the number of unneeded hospitalizations among the elderly by providing them with coordinated, all-encompassing care (Briggs et al., 2020).

Elderly Care Policies and Initiatives: In the United Kingdom, a large number of non-profits and charities assist the elderly exclusively or primarily. Age UK, for example, is a prominent organization that provides a variety of services, including advocacy, befriending programs, and assistance for the lonely (WHO, 2017).

These organizations supplement government services by providing additional aid and interventions to individuals like Sadie. They are essential for bridging the gap between the unmet requirements of older individuals and the formal ² health and social care services that are available to them.

Theory of Aging

Understanding the nuances of Sadie Evans' situation and her experiences as an elderly person requires familiarity with aging theories. Several ideas that shed light on the physical, social, and psychological changes that accompanied aging illuminate the difficulties and opportunities for Sadie and other seniors.

Disengagement Theory: Cumming and Henry's disengagement theory from 1961 proposes that, as people get older, they naturally retreat from participating in and contributing to society (Nickerson, 2022). This hypothesis posits that society as a whole withdraws its support for the elderly. This withdrawal is viewed as a normal and unavoidable phenomenon that makes way for the next generation to take on more responsibility in society.

Some features of the disengagement hypothesis seem to apply to Sadie's case. She may have withdrawn from social activities and community involvement after the death of her husband due to the intense sadness she felt. Her lack of interest in spending time with others and the isolation she experiences are both symptoms of a disconnection from her social roles. It is important to remember that disengagement

is neither inevitable nor universal; some seniors maintain their level of social activity and participation well into old life (Nickerson, 2022).

Activity Theory: The theory, first articulated by Robert J. Havighurst and Bernice L. Neugarten in 1961, argues that being active throughout one's life is crucial to feeling fulfilled and happy as one ages (DeFalco, 2016). A higher quality of life and greater pleasure are predicted to result from a combination of cognitive, physical, social, and emotional engagement in later years.

Sadie's well-being can be improved and her feelings of isolation reduced via continued social interaction, the pursuit of interests and participation in community activities (DeFalco, 2016). Participating in meaningful pursuits can boost her happiness and mental well-being.

Continuity Theory: According to Robert Atchley's continuity theory (introduced in 1989), as people get older they want to keep things the same, thus they hold on to their established ways of thinking, acting, and relating to others (Guedes and Melo, 2019). Using this approach, we may understand how Sadie and other elderly people cope with the inevitable changes that come with life.

It's possible that Sadie's loyalty to her family and unwillingness to spend money on herself are manifestations of the continuity idea. Sadie keeps her head held high and stays focused on the legacy she wants to give her kids no matter what comes her way. Caregivers and support systems can better accommodate her wants and preferences by gaining an appreciation for the significance of her home and family to her life.

⁴
Maslow's Hierarchy of Needs: Abraham Maslow developed his famous hierarchy of needs theory to explain what drives people and how they grow as individuals. Wang et al. (2016) mentioned that this theory proposes that people have a set of requirements, or a "hierarchy of needs," that must be met in a particular sequence, from the most fundamental (such as food, shelter, and safety) to the most advanced (such as self-actualization and self-fulfilment).

When applied to Sadie Evans' position, Maslow's Hierarchy of requirements shows how crucial it is to meet her requirements for physical comfort, emotional support, and a sense of purpose and belonging. Improving her sense of self-worth and encouraging her to strive for development and fulfilment will help her feel more resilient and content as she faces the challenges of aging.

Conclusion

The case of Sadie Evans, an elderly woman who resided alone in a remote location, illustrates how difficult it is to satisfy the health and social care requirements of this population. The investigation highlighted Sadie's mobility issues, as well as her social isolation, health issues, and other challenges. To meet her requirements, it will be essential for health and social care professionals, family members, and community members to collaborate using a person-centered approach. If Sadie is given the time and consideration she merits, she will be able to mature in place in the sanctity of her own home while maintaining her independence. As a result of an ageing population, preventative measures must be taken to enhance health and social care in order to meet the needs of future generations of elderly individuals.

Recommendations

Recommendations for Sadie Evans:

- Create a comprehensive care plan for Sadie that takes her psychological, physiological, and interpersonal needs into account (WHO, 2022). This plan should use a person-centred approach by involving Sadie in decision-making and goal-setting.
- To ensure that Sadie receives comprehensive care, it is suggested that a multidisciplinary team comprised of physicians, nurses, social workers, home care servers and mental health professionals (ElSayed et al., 2023) be assembled.
- Sadie should be motivated to join in community engagement programs, neighbourhood events, or various elder centres so that she can promote social connections and fight against feelings of isolation.
- Encourage and educate Sadie to choose balanced diet and the perils of smoking to achieve healthy life. Therefore, collaborate with a nutritionist to develop a menu that satisfies her preferences and nutritional requirements.
- Use assistive technologies and telemedicine to enhance Sadie's independence, security, and access to medical treatment.

Barriers and Solutions:

- **Financial Constraints:** Sadie's dearth of financial resources may restrict her access to certain programs. Consider opportunities for free or reduced-cost medical care, charitable organizations, and other forms of financial assistance to help defray costs.
- **Transportation:** The absence of public transportation in remote areas, can make it difficult to find required assistance (Quinlan et al., 2022). Coordinating with local volunteers to assist Sadie with transportation or establishing community transport services are potential solutions.
- **Resistance to Change:** It is possible that Sadie's unwillingness to receive assistance stems from her pride and fear of losing her independence. Encourage open communication and include her in decision-making in order to resolve her concerns and establish her trust in the care plan.
- **Workforce Shortages in the Healthcare Industry:** Access to in-home care may be limited by a lack of medical personnel and caregivers. One solution is to increase awareness of careers in healthcare and offer appealing financial incentives to qualified applicants.
- **COVID-19 Impact:** As highlighted by COVID-19, the epidemic has extremely influenced service delivery, social activities and created social isolation. Through the use of virtual support options and stringent infection control, it is possible to ensure Sadie and population's safety and social connections in such situations (Heponiemi et al., 2022).

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Appendix

1

Sadie Evans- Aged 82

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.

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.

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.

Family and Friends

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).

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.

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.

Health and Well-being

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.

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.

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.

What Sadie Says

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'.

After Hannah raising her concerns about her mother to their GP, Sadie was referred to a local domiciliary care company and also given the contact details of Age Cymru as well as local Elderly support services. She is still waiting to be allocated a designated social worker.

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