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**Module name:** Empowering the Older Person

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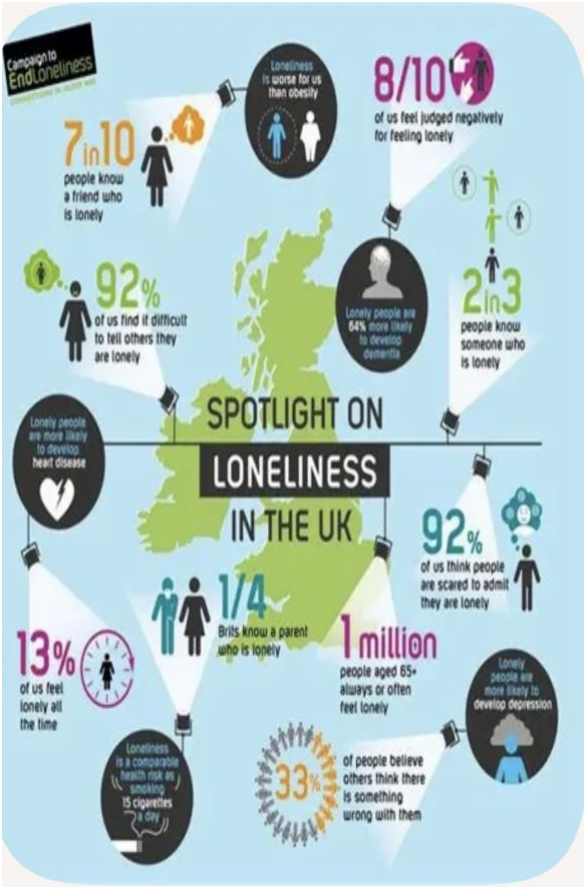
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ELDERLY LONELINESS



Systems Exclusion: Offline older adults are disenfranchised and isolated due to structural barriers, such as the digital divide as public utilities move online.

Psychosocial Loss: A person's sense of purpose and self-efficacy are undermined by major life transitions such as retirement, bereavement, and the loss of social roles (OnHand, 2026).



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| <p>Loneliness of elderly people has turned out to be a growing issue of public health concerns in the UK due to the ageing population, changing family dynamics and reduced social connectivity.</p> <p>One in four adults (25%) said they felt lonely often or always, or some of the time in the most recent period (7% often or always, 18% some of the time).</p> <p>Since we began gathering data in March 2029, this has stayed comparatively constant (23%). About one in two adults (49%) said they felt lonely occasionally (2022).</p> <p>Hundreds of thousands of elderly people, especially those over 75, suffer from chronic loneliness and social isolation, and the NHS has issued a worse outcome for both physical and mental health.</p> | <div></div> <div></div> <div> <p>* Theoretical Structures:</p> <p>* Activity Theory (Havighurst, 1961): Makes the case that adults who continue to play active social roles age successfully. One direct way to combat loneliness is to replace lost roles, like retirement, with new ones, like volunteering.</p> <p>* Disengagement Theory (Cumming and Henry, 1961): This theory, on the other hand, asserts that withdrawal is unavoidable. By considering forced disengagement as a systemic failure rather than a biological certainty, contemporary interventions, however, contradict this.</p> <p>* UK Policy Context: Instead of depending exclusively on prescription drugs, the UK government's loneliness strategy actively incorporates "social prescribing" into the NHS, enabling general practitioners to refer lonely patients to non-clinical, community-based activities.</p> </div> | <div></div> <div></div> <div> <p>Elderly people's independence and functional ability are impacted by a few major issues. of senior citizens</p> <p>Diminished physical ability</p> <p>The capacity to carry out daily tasks is diminished by age-related changes in strength, balance, mobility, and endurance. Reduced physical capacity is highly correlated with difficulties performing activities of</p> <p>Daily living (ADLs) like walking, dressing, and bathing.</p> <p>Loss of mobility increases the risk of falls, which are the main causes of injuries and diminished independence in older adults.</p> <p>Cognitive deterioration</p> <p>Decision-making, medication administration, and safety can all be impacted by memory loss, diminishes exertive function and</p> <p>•</p> <p><b>Recommendations</b></p> <p>* Integrated health and social care pathways: Include loneliness screening and referrals in community health visits, social prescribing, and standard NHS care.</p> <p>* Loneliness is frequently a mobility problem.</p> <p>Accessible walking routes, community buses, volunteer drivers, and subsidised transportation all make it possible for seniors to attend social events, appointments, and groups.</p> </div> |
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|  |  |  |  | <p>* Long-term friendships, mobility assistance</p> <p><b>Conclusion</b><br/> In later life, loneliness is influenced by various factors, including mobility, identity, confidence, bereavement, environment, and structural injustices, rather than just a lack of social interaction.</p> <p>Although the UK already has solid foundations, such as national strategy, social prescribing, and leadership from the voluntary sector, services are still inconsistent and frequently temporary. NHS (2021).</p> |
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References

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