



PRINCIPLES OF HEALTH AND SOCIAL CARE PRACTICE

BMHP6009 - LIVING WITH CARE: THE OLDER PERSON

ASSESSMENT 1

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Loneliness and Social Isolation Among The Elderly population in The UK and The people's Republic of Japan.

INTRODUCTION

This report will be looking at loneliness and social isolation amongst the elderly population in the UK and the People's Republic of Japan. The impact of loneliness and social isolation on the senior populations of the two nations will be compared critically, and the policies and systems now in place in them for the care of the elderly will also be looked at. Additionally, it will consider how the two nations could be able to care for their senior populations in the future as well as how artificial intelligence (AI) and other technological advancements might be used.

An aging population is calculated by looking at the median age of the country and the volume of people aged 65 and above in a country. From the description above, both the UK and Japan have aging societies (Office for National Statistics, 2019).

According to the World Health Organization, life expectancy is increasing worldwide, and by 2030, one-sixth of the world's population will be over 60, and the number of persons in this age range will rise from 1 billion in 2020 to 1.4 billion (WHO, 2022).

While in the UK, the official age recognised as the beginning of old age has been pegged to start at 65 years of age, this is so because it is now the official retirement age and the state pension is beginning to rise as the years roll by (Office for National Statistics, 2019).

In Japan, age 65 and above is the official old age. The country is now regarded as a geriatric nation and people over the age of 65 make up more than 20% of the population (Tokuda and Hinohara, 2008).

The population of elderly people living in the UK and Japan

While the UK's overall population only expanded by 7% between 2009 and 2019, the proportion of those 65 and older surged to 23%. 12.3 million people, or 19% of the total population, were 65 years and over as of 2019, while there are almost 9 million people who are at least 70 years old. With the expansion of health care, this number is anticipated to rise (Lewis et al. 2021).

As for Japan, it has been noted that its population is the oldest in the world and that the country is aging quickly. The number of people over the age of 65 is about 36.7 million and accounts for 28.7% of the total. The number of people who are above 100 years old is over 80,000. By 2036, roughly one-third of the population in this country is expected to be seniors (65 and older). Japan has the world's oldest population, according to statistics released in 2020. (EPRS, 2020)

Associated issues with the elderly in the UK and Japan: A few

characteristics are typically observed in elderly people. From the age of 65, which is seen as an age fraught with many health difficulties, these traits become highly apparent. Physical, emotional, cognitive, social, and economic functioning are all affected by these health issues.

a) Physically: Ageing people stop doing activities they once enjoyed due to worsening health.

b) Emotionally: They grow increasingly and emotionally dependent as their mental state and general health worsen. Problems like isolation and loneliness start to affect them. Furthermore, if their spouse or another close relative passes away, tension, worry, and sorrow might increase.

c) Cognitively: Dementia, personality changes, psychotic depression, aggression, mood swings, and other mental conditions are common in the elderly.

d) Social problems: Retiring may result in fewer social encounters. The average senior is socially and physically scared of being by themselves. These issues impact all older people, including those in the UK and Japan. (Sinykin, 2021).

Impact of loneliness on the elderly living in care homes in the UK and Japan:

Loneliness is a terrible experience in one's social interactions that causes that person to feel that both the quality and quantity of his relationships are less than ideal. One person may not feel lonely when left alone, whereas another person may feel lonely when surrounded by others. According to research, loneliness puts people at risk for medical ailments and could decrease their lifespan (Encyclopaedia Britannica, 2022). This can apply to the elderly in the UK who are made to leave the comfort of their homes to go into care homes. Here they are with carers and fellow service users, but they will still feel lonely, while in Japan the public residential care and hospitals made the elders feel lonely because they preferred the positive care given by their families.

The impact of loneliness and isolation became a very prominent issue for the elderly in most countries with the onset of Covid-19 and the unusual restrictions that followed affected their fundamental freedom. It also affected their mental and physical health so adversely, with the UK government enforcing social distancing rules on people aged 70 years and above. Friends and family were not allowed to visit these people and they could not mix with other members of their immediate community.

Social isolation: An increase in morbidity because of chronic diseases was linked to the social isolation imposed on the elderly during the period of the pandemic. This is because social isolation reduced their physical activities and made them sit more in a place without any activity and this could heighten the risk of diseases. This added to the previously held view about social isolation creating fear and uncertainty in these elderly people (The BMJ, 2020)

Mental health: The impact of social isolation on the mental health of the elderly in the UK is quite enormous, it causes many psychological symptoms, such as anxiety and depression, and its general impact on the lives of the elderly was negative (The BMJ, 2020)

In Japan, loneliness and isolation have become a great fallout of an aging society. Besides the impact this has on the general well-being of these elderly people, loneliness and isolation create many negative effects on their mental and physical health. The increasing aging population of Japan is creating a huge financial burden on the country (Suzuki et al, 2020)

A study done by Noguchi Et al. (2021) found that, despite the cultural disparities, social isolation was discovered to be a risk factor for the development of depression in both nations. A link was made between social isolation and death, cardiovascular disease, dementia, and mental health issues have also been linked with it.

Current policies aimed at reducing loneliness and isolation in the UK and Japan:

The UK government came up with guidance on its aim to tackle loneliness in the country. Its objectives are focused in three directions, a) Reducing stigmatisation by making people talk about loneliness to receive appropriate help. b) Considering adding loneliness as a part of policy making and supporting organisations involved in connecting people. c) Making sure people can make informed decisions when they face challenging times. These were listed in the 2018 loneliness strategy (GOV.UK, 2022)

The government also uses outfits like Every 'Mind Matters Loneliness Campaign', to raise awareness and encourage people to talk about loneliness. There is also the Tackling Loneliness Action Plan, which allows groups to work together by sharing data and research thereby working together. There is also the Employers and Loneliness guide, a product of The Campaign to End Loneliness, aimed at beginning talks on what organisations can do to tackle loneliness (GOV.UK, 2022)

The Care Act 2014 marshals all legal frameworks detailing how the local authorities and other segments of the system should defend adults who face the risk of abuse or neglect (SCIE, 2016)

Equality Act 2010: The Act protects everyone in Britain from discrimination, harassment, and victimisation. There are nine protected characteristics among the protected lists. a) Age, b)

disability, c) gender reassignment, d) marriage and civil partnership, e) pregnancy and maternity, f) race, and g) religion and belief. H) sex and I) sexual orientation (EHRC, 2022)

In Japan, after the year 2000, a care reform was introduced, which broadened the scope of the care of the old in Japanese society beyond the existing extended family practice, but this has not solved the problem of providing adequate care for the old nor could it stop the tide of what they branded 'social hospitalisation'.

The matter of isolation among the elderly has remained a burning issue in the country. The government comes up with a yearly report on its aging society. It pictures an insight into the housing trends for them. Since bonds such as kinship, local community cohesion, and neighbourhood ties have diminished in their bonding impact in recent times due to the changing face of the economic landscape of the country. Community hubs were created to engage the elderly in the country. So far, there are about 100,000 such clubs with close to 5.9 million older Japanese as members (Apolitical, 2019).

The Japanese government's interventions aimed at preventing social isolation were never executed well. This is because government officials are unwilling to intrude on the privacy of individuals' lives. To curb this trend, the town of Taketoyo set up salons in their local community where the elderly can go for physical exercises and engage in some social activities such as writing poetry and recreational games. They did this by giving financial assistance, publicity, and providing the meeting venue. Community cafes were also created, and elderly ones were encouraged to join. These cafes welcomed elderly people with disabilities and family caregivers (Apolitical, 2019).

Japan came up with the Long-Term Care Insurance (LTCI) scheme in the year 2000. This takes care of social care for people who are 65 and over which is need-based. It is comprehensive insurance funded by insurance premiums by all persons aged 40 and over and from money raised through taxation. It made entitlements uniform and gave room for choice for the beneficiaries. Old people's homes built after the 1950s have remained outside the LTCI, but nursing homes and two long-term medical institutions were integrated. LTCI became popular and expanded fast and community care services for older people increased (Hayashi, 2011).

This scheme surprisingly became so popular with the people that the financial strain became too heavy on the government. It, therefore, increased the co-payments for people who are

rich. The number of older people in need of care is increasing and plans should be made to handle this increase (Holder, 2014)

Theories of loneliness: The discussion on the impact of loneliness and social isolation on the elderly population in the UK and Japan will not be complete without discussing the theories of loneliness in relation to the two countries.

The popular psychological theory of loneliness, developed by sociologist Robert S. Weiss, identified six social demands that, if unmet, may contribute to loneliness. These include attachment, social integration, self-worth affirmation, nurturing, support in trying times, and a feeling of a trustworthy alliance. According to him, friendships can only serve to lessen loneliness in a person's life, not eliminate it (Encyclopedia Britannica, 2022).

There is also a theoretical viewpoint represented by the behavioural approach and the cognitive approach.

The cognitive approach and the behavioural approach both reflect a different theoretical point of view. The behavioural approach is closely related to personality traits that contribute to ways that are harmful to interpersonal interactions. The inability of lonely people to keep or build a meaningful connection is well acknowledged. (Encyclopaedia Britannica, 2022).

The cognitive approach sees loneliness as being distinguished by peculiar differences in how they view things and attribution. They most times blame themselves for failures in being able to get involved in good relationships. They are generally pessimistic in their view of life.

Discussion

It is useful to know how many people are getting older. It has a significant economic influence on the nation's public sector and society, Evidence of innovation, productivity, and participation in the workforce is abundant in the UK and Japan. Additionally, they are essential members of their families, communities, and homes. (Harper, 2022).

While some people remain active and healthy as they age, others have varying degrees of health concerns. As a result, a variety of care options are provided to the elderly to support their ability to control their care. In the UK, senior care options include the following categories. a) independent living communities are designed for senior citizens who can care for themselves but would prefer to live in a community with others to combat loneliness.

- b) Assisted living
 - c) Nursing or care homes,
 - d) In-home care
 - e) Temporary or day-care
 - f) Continuous care
 - g) Palliative care
- (Care, 2022)

Some elderly persons who are fragile are abandoned in hospitals even if they do not require any type of medical treatment because of the exploitation of this extended family system of caring for the elderly. In contrast, Japan has a well-established culture that places a strong emphasis on families caring for their elderly relatives. This resulted in the introduction of the care reform in 2000, which broadened the scope of the care of the elderly in Japanese society beyond the already-existing extended family practice. However, this did not resolve the issue of providing adequate care for the elderly and could not reverse the trend of what they called "social hospitalisation" (Hayashi, 2011).

The UK has a well-established institutionalised system in place for the care of the elderly, but the Japanese system is more of a shared obligation of the family structure and a government LTCI that has grown overburdened.

Use of artificial intelligence (AI)

A bold innovation aimed at enhancing the quality of care provided and offering seniors more options is the application of artificial intelligence in both the UK and Japanese aged care systems. Currently, local governments, social service providers, and technology firms are exploring the application of AIs in social care. Among the many uses of AI in the UK are the following;

- a) Use in predictive analytics: To assess risk and guide medical interventions, they are currently used in predictive analytics. They help in preventing falls and reduce loneliness by supporting caregivers in their duties.
- b) Detecting pain: Aid in identifying when people with dementia experience pain but are unable to express it.
- c) Decision-making: aiding care providers in making decisions concerning their upcoming actions.

d) Predictive analytics: Workflows that support caregivers, prevent falls, and reduce loneliness are activated by predictive analytics.

e) Remote monitoring: Remote surveillance to identify respiratory problems in their earliest stages (NHS England, 2020).

An example of the above is reflected in Japan, where there has been a drastic increase in the use of robots and artificial intelligence (AI) to cope with its fast-growing ageing population and support caregivers in taking care of the elderly in nursing homes. They have been producing robots that are expected to give the elderly the assistance they so desire. The Japanese are now looking at the possibility of extending the use of robots and AI. With the growing elderly population, there is a rising incidence of labour shortages in the country, and it is estimated that the shortage of nurses will be as much as 370,000 by 2025. The country is investing in the development of robots and artificial intelligence to help bridge this pending gap.

An example of robots that have been produced and found to be very efficient in helping caregivers is a furry baby seal called Paro which is produced to help in the treatment of Alzheimer's disease (The Star, 2019)

Advantages of using AI in the care of the elderly

With the rapid growth in the percentage of the older population in both countries, the need for AI will rise commensurately and this will help in raising awareness and improvement in the quality of life for the elderly. The advantages will include the following:

- a. Monitoring patients can be more effectively done at home: AI will help in monitoring elderly persons with chronic illness or other serious health issues, instead of having someone physically be around them. AI equipment will allow the remote observation of the elderly person instead of having someone around all the time.
- b. Robots' assistance allows nurses to concentrate on their patients; Patients receiving inpatient care are most times lonely and scared and nurses who provide care for them also get stressed out because they have multiple tasks to carry out in one shift. The availability of robots run by AI will help in doing most of these tasks.
- c. AI helps to keep patients and family members engaged and informed: Giving updates and connecting family members who are in distant places helps in preventing loneliness and isolation (Ayers, 2022)

Recommendations

With the UK and Japan having a growth in the number of people growing old, the government of the two countries should be putting in place contingency plans to accommodate the number and the expected effect it is going to have on their economic, social, and health needs in relations to the resources available to handle them.

The need for more carers has become inevitable to meet the number of the elderly population who will have a need for care in handling issues relating to their health, social and economic needs.

The governments of both countries should endeavour to find ways of creating means of employing the elderly who are healthy and willing to work to keep them going. These could be in form of voluntary work or paid work as the case may demand. This will help them to remain independent. In this direction, flexible work hours and environment could be worked out for the elderly in recognition of their situation (Future Care Capital, 2017)

With the increasing use of artificial intelligence, governments of the UK and Japan can come up with futuristic measures that will make homes and communities designed to take care of the mobility and other needs of the elderly. Special efforts should be geared towards elevating the use of artificial intelligence as much as possible in taking care of the future needs of the elderly and society in general (Future Care Capital, 2017)

The two countries should encourage more use of telemedicine in the care of the elderly, this will enhance appointments between the healthcare personnel and their elderly patients. With improved technology, telemedicine has become a lot easier, and it offers many advantages (Hasslefeld, 2022).

Conclusion

At the heart of the two countries' care for the elderly, has been the concern for their well-being and physical support. With the advancement in healthcare provision in these countries and the rapid growth of the number of elderly people in the two countries, there will be a need to plan on employing the large number of elderly persons who will be on pension but will still be fit to work. They should not be discriminated against because of their age.

Working after retirement will keep them psychologically, mentally, and emotionally healthy thereby helping to curb problems associated linked with aging.

The two countries are braced for the health provision care provision should be made to accommodate those elderly ones who will require such because of their failing health situation. The actions being taken by them through the various policies and cats are geared towards taking care of the elderly now and in the future.

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