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Comparative report between The Elderly People in the United Kingdom and Norway



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Introduction

This academic report will be focusing on assessing the effect of loneliness and isolation on the ageing populaces. The current based policies and services for the caring of the elderly, in the United Kingdom and Norway will be discussed. This report will highlight what can be changed to the strategies, adopted in correcting the issues of loneliness within the older population and how artificial intelligence could be adopted in providing care to the older population. Finally, recommendations for improvements will be discussed.

What does it mean to be an elderly person in the United Kingdom and Norway?

Ageing is a natural phenomenon, and it happens to every human being, as one grows older. It affects every area of one's life such as, physical, mental, social, psychological, and biological areas of the individual's life. The British Medical Association (2016) explain that 'ageing could be described as growing old as been purely chronological perspective or as a biological process.' In the United Kingdom once an individual reaches the age of 65 years, they are seen to be among the ageing population. This is a time when individuals are slowing down in their working lives, either working part time or planning to stop working. Due to good healthcare and technology individuals are living longer and the life expectancies are increasing.

It is not uncommon for individuals that become elderly often having chronic illnesses such as heart diseases, diabetes, and arthritis. The National Health Service in the United Kingdom can give free healthcare for individuals that are born in the country. Tikkanen, et al. (2020) highlight that all England residents can benefit from free public healthcare.

When focusing on Norway the elderly is protected and given good care, just as it is found in the United Kingdom, Qureshi et al (2022) argue that ageing is mostly connected with practical and somatic issues that affect the capability to carry out required tasks needed for day-to-day living. Norway is known to have one of the best healthcare provisions especially for the elderly. Hawkes (2017) agrees with this line of thought and reports that research carried out among 30 developed countries showed that Norway was ranked first in the supporting of elderly people.

The elderly in London are given free bus passes which are known as 'freedom passes', this is to encourage them to interact with the society and to travel. Transport for all (2020) highlights those individuals that live in London and are over 60 years old can apply for a free bus pass. However, in Norway there are similar incentives for individuals to getting around however,

individuals are offered at the age of 67 years old a discount of 50% for their travel. Hansen (2020) explain that the Norwegian welfare system provides sufficient pensions so that people are financially stable.

Statistics On the Ageing Population in the United Kingdom and Norway

In the United Kingdom, the following statistics were reported by Age UK (2019):

There are roughly 12 million (11,989,322) people aged over 60 years and which comprise of:

- 5.4 million people are aged 75 years +

- 1.6 million are aged 85 years +

- Over 500,000 people are 90+

- 14,430 are centenarians

- In 50 years, times there is a possibility of those aged 65 and above to reach 8.6 million (ONS,2018)

From the beginning of the 19th century in the United Kingdom has witnessed a decrease in death rate and people living longer (ONS, 2018). Appendix 3 shows the trend of the ageing population over the years, both female and male in the United Kingdom.

In Norway, the following statistics were reported by Ellingsen (2020):

- Norwegians over 65 years are 940,000 and by the turn of the century there would be almost 2 million

- The number that is 80 years or older will triple by the year 2060

- In 1967 the life expectancy of a Norwegian man was just 70 years but now it is 81 years and higher in women (Nikel, 2020)

- In 1918 1% of the population was aged 80 or older by 2018 the figure had risen to 4% and the number is predicted to double over the course of two decades. (Engdahl et al, 2020). Appendix 4 shows that the elderly comprises mostly of the population contrary to children and teenagers. Appendix 5 shows the comparison of growths in United Kingdom and Norway from the year 2000 – 2018. United Kingdom's growth was 2.50 and Norway was 1.93

Relevant Concepts and Theories of Loneliness and Isolation

John Bowlby's attachment theory was the first attachment theory, which was created in 1969. It discusses the good attachment bond between an infant and their caregiver also romantic relationships. (Cherry, 2019). When an elderly person loses their husband or wife to death, it affects them greatly as this is a relationship which they have built over the years, this then leads to loneliness and despair.

Yang and Gu (2021) explain that widowhood has an acute and long-term effect on loneliness in the elderly. The attachment theory started the behavioural theory created by Weiss. Weiss (1973) describes loneliness as social isolation which he identified as a long-standing disease without cure. It is a condition in which the elderly feel a despair and do not want to be in such a position as it is a very unsatisfying condition.

Rogers (1973) developed a client – centred approach to the concept of loneliness and explains that loneliness happens when people drop their defences to be in tune with their inner selves and anticipate abandonment from others. The elderly gives up on forming lasting relationships with others. The cognitive behavioural therapy has been known to be very efficient in the elderly and has been known to be used for treating loneliness and isolation, as they allow them to see later life as just another phase of life. (Laidlaw, 2021). This therapy allows them to be more open to options that are available to them. Appendix 6 demonstrates a picture of the cognitive behavioural therapy. Cacioppo et al (2015) highlights that loneliness expresses the pain of being lonely. Appendix 9 shows the analogy of the attachment theory

Less finances, is a common problem for the elderly due to them retiring and not having the steady income also the number of people the individual socialises with due to staying at home after retiring. The disengagement theory unfortunately happens to a lot of the elderly in every part of the world. For example, in the United Kingdom statistics show how the elderly go on for weeks, with very little human contact and their companion most of the time is their pets or watching television. Age UK (2022) agree with this line of thought and says in the United Kingdom there are 1.4 million older people who are lonely. Tsatsou (2021) argues that the disengagement theory discourages interventions for helping the elderly and for them to disengage from society even when they are not ready to. There is a scale that is used to measure loneliness called the UCLA loneliness scale appendix 1 shows a sample of this. It is a popular tool and used widely.

The Impact of Loneliness and Isolation on an Older Person Living Within a Care Setting in The United Kingdom and Norway

Research shows that loneliness can cause the elderly to be at a greater risk of dementia by 50%. CDC (2021) agree with this line of thought and states that social isolation relates to about 50% increased risk of dementia. Paque et al (2018) express that loneliness is one of the major feelings among the elderly in nursing homes, this is due to social isolation one encounters when one's social needs are not fulfilled by the quality and quantity of one's social relationships.

According to Hickin et al (2021) Loneliness is a painful feeling that happens when there is an inconsistency between want and attained social interaction. Loneliness is said to be more harmful than not exercising and obesity. Whiteman (2019) agrees with this line of thought and express that loneliness and social isolation have both related to poverty. It is a very uncomfortable feeling which the elderly unfortunately goes through in both the United Kingdom and in Norway. Loneliness is considered an issue for the elderly; it has been stated that Britain is the loneliness capital of Europe. Alberti (2018) agrees with this line of thought and explains that Britain was termed the 'loneliness capital of Europe'. However, in Norway it is stated that the number of elderly people who reside alone and possibly to encounter loneliness will possibly rise rather than fall, judging from the demography of Norway (Hansen, 2020).

Loneliness is known to cause problems for individuals that have this problem such as physical and mental health problems. It is not uncommon for individuals to have problems such as depression and makes them to be subdued and live in despair. Asiamah and Lee (2017) explain that aging is irreversible in which everyone is capable of ageing old and lose their youthfulness. It is not enviable because it relates to interrelated social, economic and health issues. No Isolation (2021) highlights that loneliness is a subjective negative feeling that results in individuals having issues, mentally and physically.

There is a difference between isolation and loneliness. Loneliness is internal and subjective however isolation is external and objective. The elderly is at risk of feeling isolated as they have a limited number of meaningful relationships. NIH (2021) explain the elderly do have social isolation problems as they have limited relationships which can lead to them been re admitted into hospital regularly and sometimes lead to their death. Appendix 2 shows a poem written by an elderly lady in a hospital in Dundee, (the crabbit old woman), this poem was found after she had died, it shows what was going on in the mind of this elderly lady even though she was no longer able to do the activities that she use to when younger all these thoughts were going through her mind as she sat on the chair feeling lonely. Capar (2021) stated that a survey carried out by Red Cross in Norway found out that more than 50% of

Norwegians are concerned that the older population are lonely. Appendix 7 shows the negative thoughts that go through the mind of the elderly. Loneliness has been associated with personality disorders and psychoses in extreme cases it could lead to people committing suicide. (Hawkley and Cacioppo, 2010).

Current Legislation and Policies That Deal with and aim to raise Awareness to reduce Loneliness and Isolation in The Elderly Population in The United Kingdom and Norway

In the United Kingdom, Theresa May the former prime minister introduce a Minister for loneliness (Gov.UK, 2018). This is because it was obvious that there was a problem as regards loneliness in the United Kingdom, especially in the elderly population. Strategies for supporting social inclusion at old age (2019) state that the elderly encounter disadvantage policy areas where improvement is needed, range from social security, pensions, health, and continued care. Cox (2020) stressed that “I will not live in a country where thousands of people are living lonely lives forgotten by the rest of us”.

There have been strategies in which to tackle this issue by referring the elderly by their General Practitioner to community activities. Daley (2018) highlights that Mark Robinson emphasizes that loneliness can lead to mortality, it is shown to have a worse effect on people’s health than smoking 15 cigarettes a day. However, in Norway it is stated that elderly care homes are run by municipalities, and they must abide by human rights law hence give the elderly the best care possible.

Harlem (2021), With the number of older adults increasing in Norway in which there are approximately 600,000 people above the age of 67 years half a million of these adults live at home and the most increase among the elderly are over 90 years old. As individuals age different events lead to them experience loneliness and isolation as relationships end due to the elderly losing their loved ones. Appendix 7 shows what both Norway and The United Kingdom provide for their older populaces.

Comparison of Local, National and Global Provision of Services for The Older Person in Line with Current initiatives and policy in United Kingdom and Norway

The older population has been identified to be vulnerable hence the global, national, and local levels have focused on these group of individuals. When considering the global provision of services for the older person. Petsoulas (2019) identifies that The World Health Organisation (WHO) works with the following international and national non- governmental organisations to improve the older population:

HelpAge International – A global network which consist of over 80 countries, campaigns for the rights of the elderly

International Federation on Ageing – Focuses on how to protect the rights of the elderly

Age International – Empowering the elderly worldwide

Global collation on Ageing – Focus on the business sector for the elderly

Capar (2020) explain that Norway's government allocated 60 million Kroner to fight loneliness within the older populace, 20 million Kroner will be used to strengthen nursing home activities while 20 million Kroner will be used to find more eating company for the elderly. This demonstrates how the Norway government values the elderly population. In the United Kingdom there are similar initiatives. The Centre for policy and ageing (2021) express that more than £70 million will be allocated to enhance the elderly social care services. In September 2021, United Kingdom decided to start an 'adult social care change.' All these initiatives demonstrates that there is still need for the elderly to be focused upon and given the right support and care that they need.

Prospective Future of The Care of The Older Person in The United Kingdom and Norway

In the United Kingdom there are various legislations that are in place to protect the elderly, such as the Equality Act 2010, this makes it against the law to discriminate against anyone due to age race and disability. The Human Rights Act 1998, which defence the rights of all individuals in the United Kingdom, by treating them with dignity, fairness, and respect. All these legislations are to encourage the elderly to have a say in the care that they receive, hence patient centred care is promoted. The elderly is also able to be empowered and to

make informed choices even when the healthcare professional does not agree with their choice. The UNECE (2016) express those aging issues are set high on the political agenda in Norway, longer working lives for the elderly has been put in place, age discrimination is against the law, also the upper age limits for employment have increased. This demonstrates that both United Kingdom and Norway encourage social inclusion for the elderly in society and ageism is prohibited.

In Norway it has been expressed that the elderly is now been encouraged to be cared for at home if they are able to cope, as this supports their individuality also the elderly been in an environment that they are used to supports them and allows them to be comfortable. Ambugo et al (2022) state that 'everyday rehabilitation' a Scandinavian healthcare service which is a rehabilitation care service that is patient centred. Even though Norway is known for its good quality of care for the elderly there is still room for improvement as stated by EEA and Norway Grants Conference on Ageing Policies (2015) explain it is required for the restructure of health and social care which needs to focus on restoration, and dwelling places to make the elderly comfortable.

Use of Technology for the provision of care provision to The Lonely Older Persons in The United Kingdom and Norway

Technology affects all areas of the older persons, mentally, socially, and emotionally positively. NIH (2022) explains that more elderly people can live independently with the assistance of technology. The elderly need to be empowered and for this to be possible artificial intelligence has a part to play. Technology is developing everyday as there is a new robot that has being introduced for the elderly to converse with to relieve loneliness in care homes in the United Kingdom. Booth (2020) reports that the robot was found to reduce loneliness in the elderly and boosted their mental health.

Fakoya et al (2020) explain that isolation and loneliness are global issues that are of international concerns. This is the reason why The United Kingdom has taken an active role in making sure that this is no longer an issue. The Independent Age (2021) explain that technology can empower the elderly to renew and form social contacts and actively in taking part in community activities and put a stop to the elderly becoming socially isolated and lonely. Age UK (2020) highlights that research has shown that the elderly who are not into internet usage are more likely to experience loneliness and isolation.

When considering Norway, Swenson (2020) highlights that a company called 'No isolation' has been building a user-friendly technology created to put a stop to loneliness among the older population. It aims to bridge the technology gap between populations. Sanchez, Anker-Hasen and Eilertsen, (p. 841, 2019) identify that a welfare technology has been proposed in Norway as a likely solution to loneliness and isolation by the introduction of the Human behaviour modelling which indicates abnormal behaviours, which will identify possible falls and early signs of dementia in the elderly.

Technology has over the years risen, even when considering healthcare for example, the early detecting, and diagnosing of diseases in the elderly. This assists in the elderly getting the treatment that they need, as soon as possible for the disease not to be in the advance stage. Fearn (2018) argue that due to the problem of loneliness in Norway Karen Dolva is on a mission to put a stop to involuntary isolation and loneliness by creating communication tools and services for those experiencing loneliness or at risk of experiencing it. Even though technology can help the elderly to be more independent and to regain power, there are barriers that can prevent them from been able to use technology. Individuals that have dementia or visual impairments may not be able to use technology easily. Ang et al (p. 693, 2021) explain that the elderly may find it difficult or impossible to use technology if they have health issues such as visual impairment or mobility difficulties.

Recommendation

Isolation and loneliness are issues which are been tackled globally, as the elderly population are one of the vulnerable set of people that are prone to this problem, even though it has been expressed that since 2018 the health and wellbeing of the elderly has been priority. (NIHR, 2021). There is still a lot of work that needs to be put as regards this area as the elderly are still isolated and lonely, in the United Kingdom and in Norway. Loneliness cause problems health wise hence the need for this to be seen as priority. Artificial intelligence gives the elderly the independence that should be promoted and allows them to not rely on others hence giving them autonomy which should be promoted.

According to NHS (2019) Age Uk highlight that more than a million people in England over the age of 75 years reside on their own, which just shows the extent of the problem. When considering Norway (Schonfelder, Eggebo and Mukejord p. 649, 2020) explain that the not having the right skill mix in the delivery of home care in Norway needs to be focused upon to deliver better home care.

Conclusion

This report has compared the United Kingdom with Norway as regards the older population as regards isolation and loneliness in both countries. Norway has been identified as one of the best countries for the elderly.

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Appendix 1

INSTRUCTIONS: Indicate how often each of the statements below is descriptive of you.

Statement	Never	Rarely	Sometimes	Often
1. I feel in tune with the people around me	1	2	3	4
2. I lack companionship	1	2	3	4
3. There is no one I can turn to	1	2	3	4
4. I do not feel alone	1	2	3	4
5. I feel part of a group of friends	1	2	3	4
6. I have a lot in common with the people around me	1	2	3	4
7. I am no longer close to anyone	1	2	3	4
8. My interests and ideas are not shared by those around me	1	2	3	4
9. I am an outgoing person	1	2	3	4
10. There are people I feel close to	1	2	3	4
11. I feel left out	1	2	3	4
12. My social relationships are superficial	1	2	3	4
13. No one really knows me well	1	2	3	4
14. I feel isolated from others	1	2	3	4
15. I can find companionship when I want it	1	2	3	4
16. There are people who really understand me	1	2	3	4
17. I am unhappy being so withdrawn	1	2	3	4
18. People are around me but not with me	1	2	3	4
19. There are people I can talk to	1	2	3	4
20. There are people I can turn to	1	2	3	4

Scoring:

Items 1, 5, 6, 9, 10, 15, 16, 19, 20 are all reverse scored.

Keep scoring continuous.



A Copy of a UCLA loneliness scale

Appendix 2

An old lady's poem.

"What do you see, nurses, what do you see?
What are you thinking when you're looking at me?
A crabby old woman, not very wise,
Uncertain of habit, with faraway eyes?
Who dribbles her food and makes no reply
When you say in a loud voice, "I do wish you'd try!"
Who seems not to notice the things that you do,
And forever is losing a stocking or shoe.....
Who, resisting or not, lets you do as you will,
With bathing and feeding, the long day to fill....
Is that what you're thinking? Is that what you see?
Then open your eyes, nurse; you're not looking at me.

I'll tell you who I am as I sit here so still,
As I do at your bidding, as I eat at your will.
I'm a small child of ten ...with a father and mother,
Brothers and sisters, who love one another.
A young girl of sixteen, with wings on her feet,
Dreaming that soon now a lover she'll meet.
A bride soon at twenty — my heart gives a leap,
Remembering the vows that I promised to keep.
At twenty-five now, I have young of my own,
Who need me to guide and a secure happy home.
A woman of thirty, my young now grown fast,
Bound to each other with ties that should last.
At forty, my young sons have grown and are gone,
But my man's beside me to see I don't mourn.
At fifty once more, babies play round my knee,
Again we know children, my loved one and me.
Dark days are upon me, my husband is dead;
I look at the future, I shudder with dread.

For my young are all rearing young of their own,
And I think of the years and the love that I've known.

I'm now an old woman ...and nature is cruel;
'Tis jest to make old age look like a fool.
The body, it crumbles, grace and vigor depart,
There is now a stone where I once had a heart.
But inside this old carcass a young girl still dwells,
And now and again my battered heart swells.
I remember the joys, I remember the pain,
And I'm loving and living life over again.
I think of the years all too few, gone too fast,
And accept the stark fact that nothing can last.

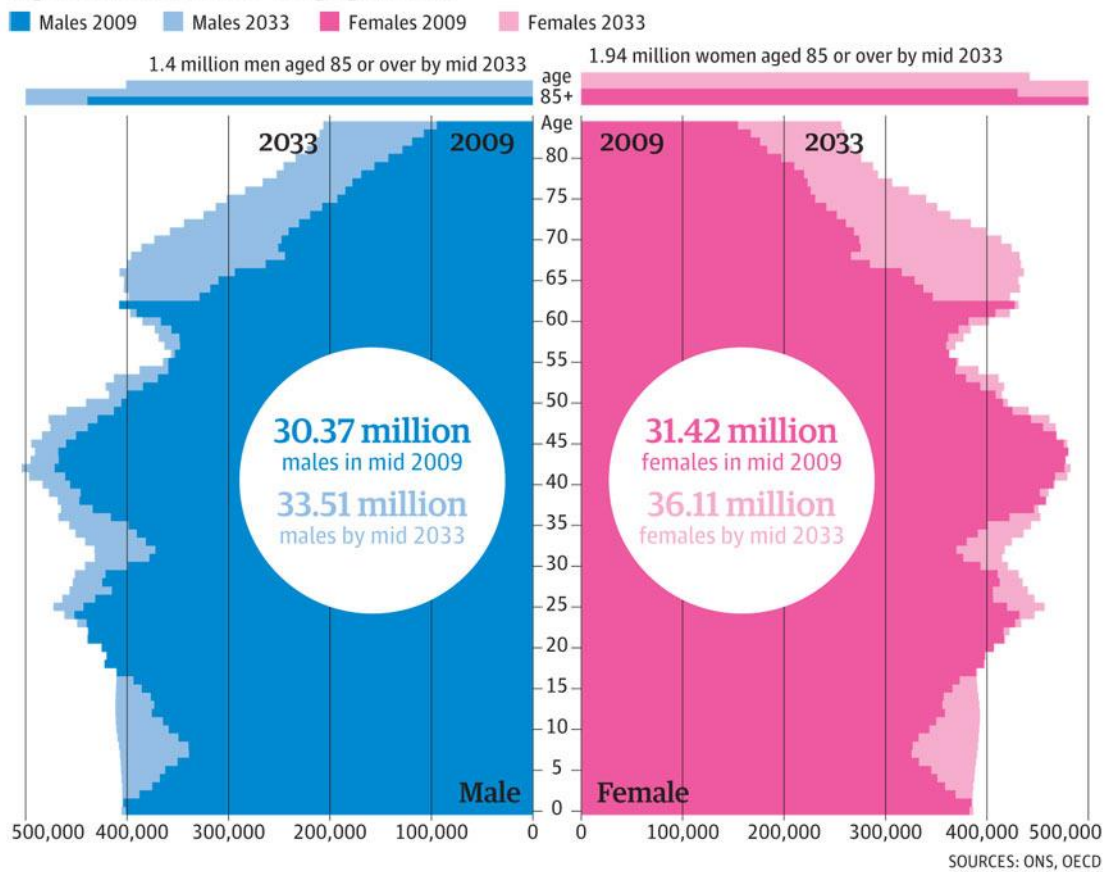
So open your eyes, nurses, open and see,
...Not a crabby old woman; look closer ...see ME!!

Poem by An Old lady in Dundee Scotland (home instead)

The Crabbit Old Woman

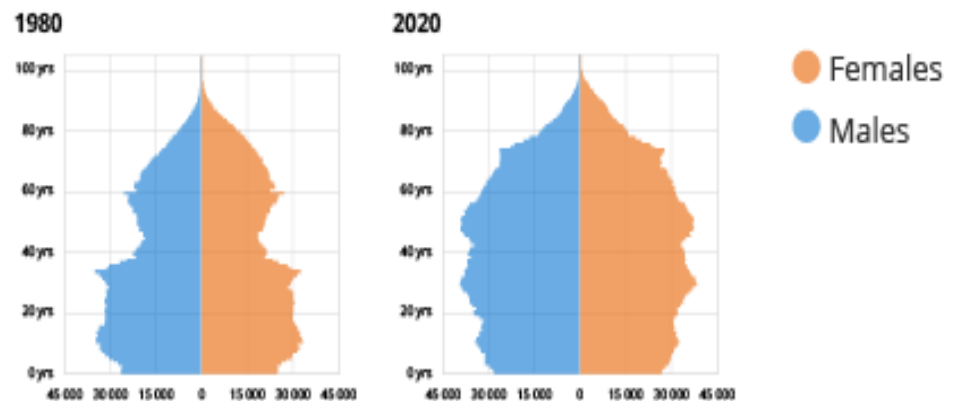
The changing shape of the UK

Age structure of the UK population

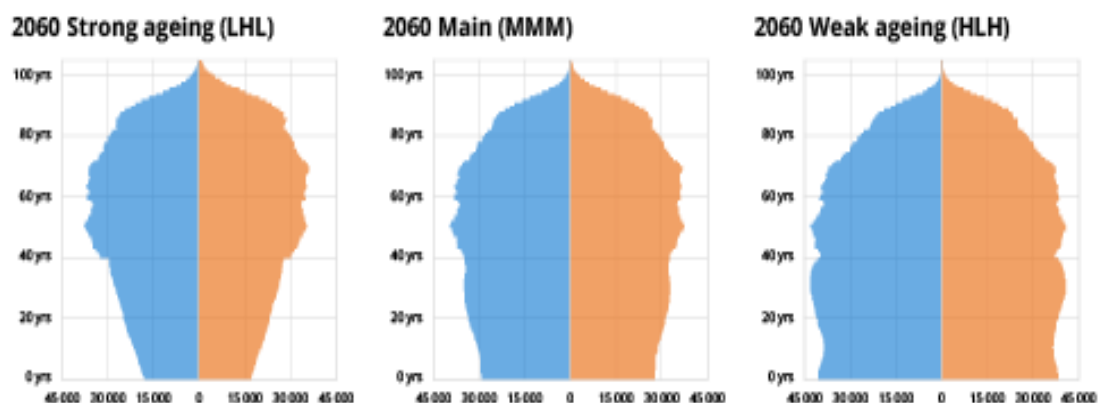


Population pyramids. 1980-2020-2060

Registered



Projected

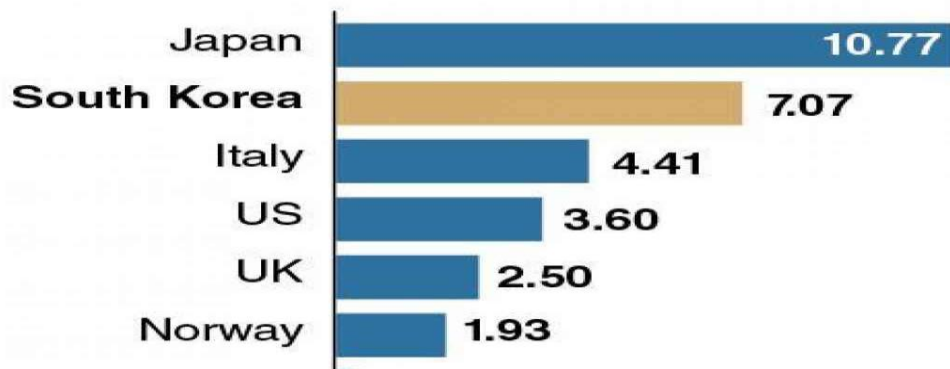


www.ssb.no/en/table/12881

A historic Shift: More elderly than children and teenagers in Norway

Growth of elderly population

(Unit: %P, 2000-2018)



Office of National Statistics

Cognitive Behavioural Therapy

...helps people understand and challenge their automatic thoughts and feelings to help reduce loneliness.

Campaign to
EndLoneliness
CONNECTIONS IN OLDER AGE



Appendix 7

Social inclusion of older people: types of welfare regime In United Kingdom and Norway

Welfare regime	Description	Countries
Conservative	Welfare programmes in which cash benefits are often earnings-related, administered through employers and geared towards maintaining existing social hierarchies. The role of the family in providing care services is also emphasised.	Austria Belgium France Germany
Eastern European	Former universalist Communist welfare state was followed by social and economic disruption. Reliance on the family and voluntary sector for services is prominent.	Czech Republic Estonia Hungary Latvia Lithuania Poland Slovakia Slovenia
Liberal	State provision of welfare is aimed at providing a minimal safety net and social-protection levels are modest and means-tested. Market or private solutions are promoted for welfare services.	Ireland UK
Social-democratic	Universalism in service provision, generous social transfers, a commitment to full employment and income protection, and a strongly interventionist state. The state is used to promote social equality through a redistributive social-security system.	Denmark Finland Norway Sweden The Netherlands

Appendix 8

Loneliness and negative emotions

Research from around the world has shown that loneliness includes a range of negative emotions:



Psychology of loneliness (campaign to end loneliness)

Appendix 9

