

Written Report

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Introduction

When a person enters their 'old age' can be defined differently depending on their culture and time period. When persons reach the age of 65 in the United Kingdom, they are entitled for a state pension and are widely considered to have entered "old age" (He et al., 2016). A person's health, lifestyle, and social environment all have a role in how old they feel.

The population of the United Kingdom is ageing similarly to that of other developed nations. The decrease in mortality rates caused by medical advancements like immunisations, antibiotics, and improved treatments for chronic illnesses may explain the rise in life expectancy (Matias et al., 2016). Increases in both well-being and lifespan can be attributed to improvements in social and environmental factors such improved sanitation, increased access to clean water, improved nutrition, and innovative public health practises (Taylor et al., 2019).

⁵ The purpose of this study is to provide a critical analysis of the health and social care needs of ¹ Sadie Evans, an 82-year-old widow living in a rural area. The study will analyse Sadie's predicament, provide suggestions for aid and solutions, and think about the larger effects of an ageing population on ⁷ health and social care. Elderly care and the ideas and policies that surround it will be examined as well.

Main Body

Sadie Evans' Context and Issues

Sadie Evans, a widow in her eighties, has lived alone in the three-bedroom house she constructed in 1963. Her husband of more than 60 years, Jack, passed away abruptly from a heart attack four years ago, leaving her to figure out how to live without him. Living in a rural region has its advantages, such as the tranquilly Sadie enjoys, and its disadvantages, such as a greater distance to amenities like grocery stores and gas stations. Even the tranquil environment, which used to put her at rest, is now a constant reminder of how alone she is. Sadie's physical health has become a major concern since she need hip replacement surgery two years ago as a result of a fall. The procedure was successful, although she is severely limited in her mobility as a result. The structure of her home is great, but it needs extensive cleaning and repair immediately.

Sadness and loss have taken a terrible toll on Sadie's psyche after her husband's death. She misses Jack dearly and feels completely alone. She feels even more alone now that she can't talk to her family about her loss. Despite having three kids, she has lost a lot of support as a result of strained ties with them.

Sadie had to make major changes to her daily routine because of her limited mobility and the loss of her driving privileges following hip replacement surgery. She is considerably less mobile and likely to have access to the services she needs now that she has lost her driving privileges.

Her bad eyesight prevents her from doing something as simple as reading or going grocery shopping. Because she is deaf, she is even more cut off from the rest of the world. She has a worrying addiction to packaged goods, sugar, and chocolate. Her unhealthy diet has had a devastating effect on her health and vibrancy.

Because of her mobility limitations, Sadie also struggles with maintaining proper personal hygiene and remembering to change into clean clothes. Since she can't take care of herself, she's lost a lot of dignity. Sadie's growing lack of focus is causing her to lose things and leave doors open.

Sadie's therapy and support options are constrained by her financial circumstances and her reluctance to ask for help. She has a house and funds, but she won't use them for herself so that

her kids can have a better life. Sadie is ashamed and embarrassed to ask her neighbour for help, despite the fact that she is trying to make ends meet on her pension alone.

Health Risks Worsening and COVID-19 impacts

Sadie's health related difficulty is becoming progressively dangerous. Her health may continue to get worse as a result of her immobility, insufficient food, and unwillingness to pursue curative treatment. The mental toll of her isolation and grief is becoming too much to bear. The COVID-19 outbreak compounds Sadie's preexisting vulnerabilities by increasing her isolation and making it more challenging for her to seek the support she needs.

Health and Social Care Needs of Sadie

Sadie requires an all-encompassing health and social care system to persuade her to live a long and healthy life. This includes her emotional and psychological well-being, as well as her need for social interaction and esteem (WHO, 2015).

Medical Care: Sadie, owing to her age and pre-existing issues, needs regular medical check-ups to check her eyesight, ears, and overall health. Proactive medical monitoring is especially important as she matures due to the increasing risk of age-related health issues, and can help identify and swiftly address any possible health concerns (American Diabetes Association, 2016).

Mental Health Support: Sadie's mental health has deteriorated after the loss of her spouse, leaving her feeling lonely and depressed. Having access to mental health services can considerably improve Sadie's emotional health and quality of life by helping her develop methods for overcoming her feelings of loneliness and despair (Harandi et al., 2017).

Personal Care Assistance: Sadie needs frequent help with activities of daily living including washing, clothing, and grooming, and this support must be provided by a trained carer (Brennan et al., 2017). Sadie's restricted mobility after hip replacement surgery means she would benefit greatly from having a dedicated personal care assistant who would cater to her every need.

Mobility Support: Sadie requires the usage of suitable mobility aids and gadgets as a result of her limited mobility. It is possible to give her more freedom and make it safer for her to move around on her own by installing handrails or a walking equipment in her house.

Social Engagement: Sadie needs to engage with other people since her health suffers when she is lonely and isolated. In order to help her feel more a part of the world around her, carers should encourage her to go on group outings (Victor and Yang, 2012). Sadie can increase her opportunities to engage in activities that both challenge and delight her by becoming a member of a local organisation or group.

Relevant Support and Interventions

Sadie Evans has severe health care and social service needs, and she requires a wide range of support services.

Domiciliary Care Services: Sadie might benefit significantly from domiciliary care services in the privacy and convenience of her own home. According to Sardadvar et al. (2012), She can receive the care she needs at home from qualified attendants who will also be there for her company and moral support.

Nursing Care: Sadie's numerous health issues, such as her poor eyesight, hearing impairment, and the risk of weight-related repercussions, necessitate regular medical attention and nursing care. Nurses are able to keep tabs on patients' vitals, ensure they're taking their medications, and respond quickly to any changes in health or the onset of new health problems.

Mental Health Services: Sadie's emotions of isolation and loneliness may be alleviated by the services provided by mental health specialists (Crumb et al., 2019). Counselling and support groups can give her a safe place to go through her feelings and learn effective ways to deal with them if she is suffering emotional discomfort.

Mobility Aids: Walking frames and handrails are examples of mobility aids that can help Sadie get around more securely and independently.

Advocacy Services: Sadie may gain from advocacy services if they enable her to participate actively in decision-making and ensure that her rights and preferences are respected in the context of her care (Crumb et al., 2019).

Person-Centered Care Approach

All sorts of assistance and intervention ought to be tailored to Sadie's individual needs, values, and goals. Knowing her specific needs and receiving individualised care empowers Sadie to make informed decisions about her health.

Availability of Support

Sadie Evans is an old woman who needs ⁸access to health and social care (HSC) services, but this might vary depending on where she lives, how much money is available, and how many people want these services (Sudlow et al., 2015). To meet the demands of a growing elderly

population, the United Kingdom has long-standing ¹ domiciliary care services, nursing care facilities, mental health support organisations, and social engagement programmes in many of its areas. Individuals like Sadie have access to all-encompassing support through these programmes.

Obtainability Issues

The availability of help for the elderly is hampered by a number of reasons, including:

Resource Allocation: The shortage of competent medical professionals and facilities may be linked to the insufficient financing and resources provided for HSC services (Kulik et al., 2014). There may be a considerable wait period for older people who urgently require medical attention because of this shortage.

Differences in Location: There may be significant differences between rural and urban locations in terms of how easy it is to get HSC services. Pandya and Redcay (2021) mentioned that seniors in rural locations may have a harder difficulty getting the help they need because of a lack of access to healthcare providers and public transportation.

Workforce Deficiencies: There are existing shortages of carers and healthcare professionals ³ in the health and social care (HSC) sector (Valtorta et al., 2018). This can put a damper on being able to give elderly people the individualised care they need, which is already in short supply.

Influences of ² COVID-19: The COVID-19 epidemic has made it more difficult for the elderly to get medical attention by overloading already overburdened healthcare systems. Services have been disrupted, and people have had less time to connect with one another as a result of lockdowns, limitations, and infection control measures (Banerjee, 2020).

Prospective Considerations

As the population of the United Kingdom ages, it becomes more critical to address gaps in care for the elderly. Some things to think about for the future are as follows:

Investment in Healthcare Facilities: An initial boost in healthcare infrastructure financing is required to improve the ability to offer HSC services to a growing and ageing population

(NASEM, 2020). Hospitals, medical tools, and methods for improving and enlarging the labour force all fall under this heading.

Fostering Care That Is Both Comprehensive and Individualised: Care for the older population as a whole can be improved by encouraging the growth of integrated care and person-centered care models that bring together different healthcare and social care providers (WHO, 2015).

Initiatives in the Local Community: In addition to informal support services, community-based programmes that promote social involvement, volunteerism, and support networks can be utilised to better meet the needs of the elderly (Weening et al., 2013).

Relevant Policy and Legislation

Sadie Evans's medical and social service requirements must be provided in a manner consistent with United Kingdom regulations for the care of the elderly. The goal of these rules and regulations is to ensure the rights and interests of the aged population is protected while also promoting person-centred care.

The Care Act (2014): The Act highlights an imperative framework for adult social care. According to Manthorpe (2021), one of the main goals of the act is to ensure that all people may get the care they need to have healthier, happier lives. The Act formally establishes person-centered care by giving people the resources they need to make educated choices about their own care and assistance. The best care may be provided when a person's preferences, values, and objectives are taken into account during the assessment and planning phases of their treatment (Manthorpe, 2021). Care evaluations are required under the Care Act for everyone receiving government aid, including Sadie.

The Care Act also places a premium on safeguarding vulnerable individuals like Sadie from abuse. Authorities are obligated to investigate allegations of mistreatment and take appropriate measures if they find cause for concern.

National Health Service (NHS) Long Term Plan: As of 2019, England will be implementing the NHS Long Term Plan, which provides a 10-year strategy for the country's healthcare system (Daniels et al., 2013). Recognising the challenges posed by this demographic change, it aims to provide for the unique healthcare needs of an ageing population.

The purpose of the Long Term Plan is to better integrate health and social care services for people like Sadie who require both medical and social assistance (Daniels et al., 2013). By giving seniors access to comprehensive, coordinated care, this merger hopes to minimise the amount of unnecessary hospitalisations they experience.

Policies and Programmes for the Care of the Elderly: Many organisations in the United Kingdom focus solely or largely on helping the elderly. For instance, Age UK is a well-known group that helps people of all ages in many different ways, such as via lobbying, befriending programmes, and aid for the lonely (WHO, 2017).

These nonprofits assist people like Sadie by filling the gaps left by the government's programmes. The conventional health and social care services provided to the elderly often fall short of their needs. This is where informal care providers come in.

Theory of Aging

Acquiring an understanding of ageing theories is essential for appreciating Sadie Evans' story in all its richness. The challenges and possibilities that Sadie and other seniors face are illuminated by a number of theories that provide insight into the physical, social, and psychological changes that followed ageing.

1 Disengagement Theory: The disengagement theory, developed by Cumming and Henry in 1961, postulates that as individual's age, they tend to withdraw from active participation in public life (Cosco et al., 2017). The society-at-large-abandons-the-elderly theory proposes that this actually occurs. This disengagement is seen as natural and inevitable, since it prepares the way for the next generation to shoulder more societal obligations (Cosco et al., 2017).

It appears that aspects of the disengagement theory are at play in Sadie's situation. After her spouse passed away, she may have retreated from friends and the community out of an overwhelming sense of loss and despair. This separation from her social duties is reflected in her lack of interest in spending time with people and her subsequent solitude. It's crucial to keep in mind that isolation isn't a given for everyone in their golden years; some seniors continue to be as active and engaged as they were in their youth.

Activity Theory: Robert J. Havighurst and Bernice L. Neugarten initially proposed the Activity Theory in 1961 (Zacher and Rudolph, 2017). They argued that being active throughout one's life was essential to experiencing satisfaction and joy as one became older. Cognitive, physical, social, and emotional stimulation in old age are thought to contribute to a more satisfying and fulfilling existence (Zacher and Rudolph, 2017).

Sadie's health and happiness will increase as she engages in meaningful relationships, pursues passions, and takes part in her community. Her mental and emotional health can benefit from her involvement in worthwhile activities.

Continuity Theory: According to Robert Atchley's (1989) continuity theory, people's desire for stability as they age leads them to cling to their tried-and-true methods of thinking, behaving, and interacting with the world (Cited in Guedes and Melo, 2019). With this method, maybe we might learn from Sadie and other seniors how to deal with life's unavoidable transitions.

Sadie's devotion to her loved ones and her reluctance to treat herself may be examples of the concept of continuity. No matter what challenges she faces, Sadie always keeps her chin up and remembers the legacy she wants to leave for her children. Understanding the importance of her home and family to her life can help carers and support systems better accommodate her wishes and preferences.

Maslow's Hierarchy of Needs: Abraham Maslow created his well-known hierarchy of needs theory to describe what motivates and develops people. According to this theory, everyone has a "hierarchy of needs," or a collection of demands that must be satisfied in a certain order, starting with the most basic wants (like food, shelter, and safety) and progressing to the most complex (like self-actualization and self-fulfilment) (Thielke et al., 2012).

By applying Maslow's Hierarchy of Needs to Sadie Evans' situation, we can see how important it is to satisfy her needs for safety, love, and a feeling of purpose and belonging. She will be stronger and happier as she meets the challenges of ageing if she has a strong sense of self-worth and is encouraged to strive for growth and happiness.

Conclusion

One example of the difficulty of meeting ¹the health and social care needs of this study is Sadie Evans, an old woman who lived alone in a distant area. The inquiry brought to light Sadie's mobility concerns, social isolation, health problems, and other difficulties. A person-centred strategy including health care providers, family members, and the community as a whole will be required to address her needs. Sadie should be given the opportunity to develop her independence with the help of her family and friends while yet having the security of being able to grow up in the familiar surroundings of her own home. It is imperative that preventative measures be taken to enhance health and social services in light of the expanding population of persons in their golden years.

Recommendations

Recommendations:

- Develop a holistic care plan that addresses Sadie's emotional, physical, and social requirements (WHO, 2017). Incorporating Sadie's input into plan decisions and objectives will help ensure a more person-centred outcome.
- ¹ It is recommended that a multidisciplinary team consisting of doctors, nurses, social workers, home care servers, and mental health specialists be created to provide Sadie with the best possible care.
- Sadie needs encouragement to participate in community engagement programmes, neighbourhood activities, and local senior institutions to foster social relationships and combat feelings of loneliness.
- Sadie needs personal support and guidance to make good lifestyle decisions, including eating right and avoiding tobacco. Therefore, collaborate with a dietician to plan dishes that she will enjoy while still reaching her nutritional requirements.
- Leverage telemedicine and other forms of assistive technology to improve Sadie's mobility, safety, and access to healthcare (NASEM, 2020).

Evaluations: Barriers and Solutions

- Sadie's limited means may prevent her from participating in some activities. Think about charities, government programmes, and other sources of financial aid that may be able to help with medical expenses.
- Lack of public transportation in outlying places might make it challenging to reach out for help when it's needed. Sadie's travel needs may be met by coordinated efforts between local volunteers or through the establishment of community transport services.
- Sadie's resistance to change might be rooted in her pride and her dream of becoming dependent on others. In order to address her concerns and win her confidence in the care plan, it is important to keep the lines of communication open and engage her in decision-making.
- A lack of doctors and nurses might restrict people's ability to get treatment in the comfort of their own homes (Swift et al., 2017). The solution may lie in raising interest

in healthcare occupations and providing attractive financial incentives to those who meet the necessary criteria.

- COVID-19 pandemic has had far-reaching effects on service delivery, social activities, and the development of social isolation. To protect Sadie and the rest of the population, strict infection control measures may need to implement and use of available virtual assistance tools (Banerjee, 2020).

References

- American Diabetes Association, 2016. Standards of medical care in diabetes—2016 abridged for primary care providers. *Clinical diabetes: a publication of the American Diabetes Association*, 34(1), p.3.
- Banerjee, D., 2020. The impact of Covid-19 pandemic on elderly mental health. *International journal of geriatric psychiatry*, 35(12), p.1466.
- Brennan-Ing, M., Seidel, L., Larson, B. and Karpiak, S.E., 2017. Social care networks and older LGBT adults: Challenges for the future. In *Community-based research on LGBT aging* (pp. 21-52). Routledge.
- Cosco, T.D., Howse, K. and Brayne, C., 2017. Healthy ageing, resilience and wellbeing. *Epidemiology and Psychiatric Sciences*, 26(6), pp.579-583.
- Courtin, E. and Knapp, M., 2017. Social isolation, loneliness and health in old age: a scoping review. *Health & social care in the community*, 25(3), pp.799-812.
- Crumb, L., Haskins, N. and Brown, S., 2019. Integrating social justice advocacy into mental health counseling in rural, impoverished American communities. *Professional Counselor*, 9(1), pp.20-34.
- Daniels, T., Williams, I., Robinson, S. and Spence, K., 2013. Tackling disinvestment in health care services: the views of resource allocators in the English NHS. *Journal of health organization and management*, 27(6), pp.762-780.
- Guedes, J. and Melo, S., 2019. Continuity Theory.
- Harandi, T.F., Taghinasab, M.M. and Nayeri, T.D., 2017. The correlation of social support with mental health: A meta-analysis. *Electronic physician*, 9(9), p.5212.
- He, W., Goodkind, D. and Kowal, P.R., 2016. An aging world: 2015.
- Kulik, C.T., Ryan, S., Harper, S. and George, G., 2014. Aging populations and management. *Academy of Management Journal*, 57(4), pp.929-935.
- Manthorpe, J., 2021. The Impact of the Care Act 2014: A summary of the research evidence.
- Matias, G., Taylor, R.J., Haguinet, F., Schuck-Paim, C., Lustig, R.L. and Fleming, D.M., 2016. Modelling estimates of age-specific influenza-related hospitalisation and mortality in the United Kingdom. *BMC public health*, 16(1), pp.1-9.

National Academies of Sciences, Engineering, and Medicine, 2020. *Social isolation and loneliness in older adults: Opportunities for the health care system*. National Academies Press.

Pandya, A.K. and Redcay, A., 2021. Access to health services: Barriers faced by the transgender population in India. *Journal of Gay & Lesbian Mental Health*, 25(2), pp.132-154.

Sardadvar, K., Hohnen, P., Kuemmerling, A., McClelland, C., Naujaniene, R. and Villosio, C., 2012. Underpaid, overworked, but happy? Ambiguous experiences and processes of vulnerabilisation in domiciliary elderly care. *E-Journal of International and Comparative Labour Studies*.

Sudlow, C., Gallacher, J., Allen, N., Beral, V., Burton, P., Danesh, J., Downey, P., Elliott, P., Green, J., Landray, M. and Liu, B., 2015. UK biobank: an open access resource for identifying the causes of a wide range of complex diseases of middle and old age. *PLoS medicine*, 12(3), p.e1001779.

Swift, H.J., Abrams, D., Lamont, R.A. and Drury, L., 2017. The risks of ageism model: How ageism and negative attitudes toward age can be a barrier to active aging. *Social Issues and Policy Review*, 11(1), pp.195-231.

Taylor, C.J., Ordóñez-Mena, J.M., Roalfe, A.K., Lay-Flurrie, S., Jones, N.R., Marshall, T. and Hobbs, F.R., 2019. Trends in survival after a diagnosis of heart failure in the United Kingdom 2000-2017: population based cohort study. *bmj*, 364.

Thielke, S., Harniss, M., Thompson, H., Patel, S., Demiris, G. and Johnson, K., 2012. Maslow's hierarchy of human needs and the adoption of health-related technologies for older adults. *Ageing international*, 37, pp.470-488.

Valtorta, N.K., Moore, D.C., Barron, L., Stow, D. and Hanratty, B., 2018. Older adults' social relationships and health care utilization: a systematic review. *American journal of public health*, 108(4), pp.e1-e10.

Victor, C.R. and Yang, K., 2012. The prevalence of loneliness among adults: a case study of the United Kingdom. *The Journal of psychology*, 146(1-2), pp.85-104.

Weening-Verbree, L., Huisman-de Waal, G., Van Dusseldorp, L., van Achterberg, T. and Schoonhoven, L., 2013. Oral health care in older people in long term care facilities: a systematic review of implementation strategies. *International Journal of Nursing Studies*, 50(4), pp.569-582.

World Health Organization, 2015. *World report on ageing and health*. World Health Organization.

World Health Organization, 2017. Global action plan on the public health response to dementia 2017–2025.

Zacher, H. and Rudolph, C.W., 2017. Successful aging at work and beyond: A review and critical perspective. *Age diversity in the workplace: An organizational perspective*, pp.35-64.

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