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Component 1 : Living with care - The older person
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Introduction

Social isolation and loneliness pose significant challenges, affecting approximately 25% of older individuals globally (World Health Organisation [WHO], 2021). Loneliness, defined as the subjective sense of being alone, differs from social isolation, which is the objective lack of social connections (Gardiner, Geldenhuys, & Gott, 2018). The elderly, often grappling with health issues and life transitions, are particularly vulnerable to these issues. Extensive research underscores the profound impact of social isolation and loneliness on physical and mental health, quality of life, and longevity (WHO, 2021). Numerous studies establish these challenges as major risk factors linked to adverse health outcomes, encompassing elevated blood pressure, heart disease, obesity, compromised immune function, depression, anxiety, cognitive decline, heightened risk of Alzheimer's disease, and mortality (Nicholson, 2012; Wu, 2020). Notably, the mortality impact parallels established risk factors like smoking, obesity, and physical inactivity (WHO, 2021). Given the ramifications for well-being, a comprehensive examination of these issues is imperative.

This report scrutinises the cultural and social dimensions of elderly life in the UK and Canada, providing insights into their healthcare and social support systems. It subsequently conducts a comparative analysis of demographic trends, exploring shifts in the ageing population. Delving into loneliness theories, the report addresses its impact in care settings, current legislative frameworks, and policies addressing this concern. A critical evaluation of local, national, and global service provisions precedes an exploration of the future of elderly care, incorporating the role of technology. Concluding with recommendations for enhancement, the report underscores the significance of a holistic approach.

What it means to be an elderly person in the UK and Canada

The experience of growing old in the UK and Canada is influenced by cultural, social, and healthcare elements. Recognising how various factors affect health-related behaviour is crucial for effective care strategies in both countries (de Koning et al., 2021).

Cultural and Social Perspectives

In the UK, traditional values blend with multiculturalism, emphasising family ties despite evolving dynamics. However, research on cultural perceptions of ageing remains limited (Bowling, 1993). Studies, such as Sin's exploration of Asian-Indians' experiences in Britain, highlight intergenerational dynamics impacting support expectations (Sin, 2007). In contrast, Canada's cultural mosaic fosters diverse norms, enabling ethnic groups to maintain distinct values within the broader society (Shehi, 2023). Factors like ageism, racism, and health-related losses contribute to social isolation among the elderly (Help Age Canada, 2023; Marques et al., 2020). Financial constraints and health limitations also hinder social participation (Lo and Chan, 2023; NHS, 2022).

Healthcare and Social Support Systems

In the UK, the National Health Service (NHS) caters to citizens' healthcare needs, aiming to enhance their services for older patients (Department of Health, 2001). The COVID-19 pandemic prompted certain initiatives, like recruiting social prescribing link workers, to address loneliness among older adults (NHS, 2020; ONS, 2023). In Canada, Medicare provides publicly funded healthcare but faces challenges in managing complex health issues among the ageing population (Martin et al., 2018). Unmet healthcare needs contribute to loneliness and stress among seniors (CMA, 2016). Healthcare financing in Canada involves public and private

coverage for services like prescription drugs and home care (Martin et al., 2018). Home and community care programs support older adults' independent living (Carver et al., 2023). Both countries offer social support mechanisms, like pension systems, to aid the elderly, although disparities in accessibility exist (Department for Work and Pensions, 2006; Government of Canada, 2023). Understanding these cultural, social, and healthcare aspects is pivotal in comprehending how they intersect with loneliness and isolation among the elderly in the UK and Canada.

Statistics on the ageing population

Comparative Analysis of Demographic Trends

Exploring demographic shifts provides crucial insights into the challenges of an ageing population in the UK and Canada. In the UK, the elderly population, aged 65 and over, is steadily increasing, projected to reach 23 million by 2050 (Akintayo-Usman and Usman, 2020). Census 2021 data confirms a notable rise, with over 11 million individuals, constituting 18.6% of the total population, being aged 65 or older. Among them, 527,900 are at least 90 years old (ONS, 2022). Loneliness is a pressing issue, with 49.63% of UK adults reporting occasional to constant loneliness in 2022. Approximately 7.1% (3.83 million) experience chronic loneliness, reflecting an increase from 2020 (Campaign to End Loneliness, 2023). In Canada, the elderly population rose by 18.3% from 2016 to 2021, reaching 7.0 million individuals, comprising nearly 19% of Canadians (Statistics Canada, 2022). Disparities in ageing rates call for an understanding of varied care demands. Reports from Age UK indicate over 2 million people aged 75 and above live alone in England, while in Canada, approximately 30% of seniors face a risk of social isolation (NHS, 2022; MacCourt, 2022).

Changes in the Ageing Population Over Recent Years

Recent years have witnessed significant changes in the ageing population dynamics of the UK and Canada, driven by increased life expectancy and declining birth rates. In the UK, age structural change and rising longevity signify a shift from a predominantly young to an older population. This shift has implications for resource allocation and responsibilities between generations. Increasing longevity, especially among the oldest individuals, contributes to higher demands for resources to support age-related health and care needs (Government Office for Science, 2016). In Canada, historical population growth resulted mainly from natural increases,

but recent declines in the fertility rate indicate that net immigration is now the primary driver of population growth, albeit slowing over time (Jackson, Clemens, and Palacios, 2017; Statistics Canada, 2023). Understanding these trends is crucial for anticipating future challenges in elder care, informing policies, and adapting services to meet evolving needs.

Theories of Loneliness and Isolation

Psychological and sociological perspectives

Exploring the complexities of loneliness and social isolation among the elderly involves examining various theoretical frameworks. The socioemotional selectivity theory, for instance, underscores the evolving social goals of older individuals, emphasising emotionally meaningful relationships and the need for tailored, relationship-oriented care (Carstensen, 2021).

Psychosocial interventions and psychotherapies tailored to individual needs have proven effective in addressing mental health issues in the elderly (Chin and Ismail, 2023). The Evolutionary Theory of Loneliness, proposed by Cacioppo and Cacioppo (2018), suggests that social isolation and loneliness reinforce each other over time. Lonely older adults may perceive their social environment as threatening, leading to negative expectations and an increased likelihood of negative social interactions. Studies, including Taylor's work (2021), support the hypothesis that overall social isolation correlates with loneliness due to the importance of social relationships.

Conversely, social exchange theory (Homans, 1958) posits that perceptions of loneliness stem from unfulfilled social exchanges, where individuals seek relationships offering mutual benefits. Sociological theories, such as the discrepancy perspective, distinguish between isolation and loneliness, emphasising the importance of the match between actual relationships and desired quantity or quality (Newall and Menec, 2019). Examining social network structures offers insights into how older adults experience loneliness within the context of their relationships (de Jong Gierveld et al., 2015). Literature on loneliness introduces concepts like 'social disconnectedness,' emphasising broader societal factors contributing to loneliness (Victor et al., 2005; Iovino et al., 2023). Cornwell and Waite's (2009) work defines social disconnectedness as an objective measure reflecting physical separation. Berkman et al.'s (2000) conceptual model highlights the influence of social networks on health outcomes, emphasising the role of networks in providing social resources that impact behaviours and attitudes (Shiovitz-Ezra and Litwin, 2012). Understanding these theories and concepts is crucial for designing interventions

that address the root causes of loneliness in older populations, going beyond superficial companionship.

Impact of Loneliness and Isolation within Care Settings

Effects on Mental and Physical Health

Loneliness profoundly affects the mental and physical health of older individuals in care settings. Studies reveal that social isolation contributes to cognitive decline, depression, and heightened risks of chronic conditions like cardiovascular disease and diabetes (NIA, 2019). In the UK, where a significant elderly population resides in care homes, the effects are pronounced, with notable numbers experiencing loneliness, potentially exacerbated by COVID-19 restrictions (Gov.Uk, 2020). A study by Cardona and Andrés (2023) associates social isolation and loneliness with poor cognition and depression in ageing individuals.

In Canada, with diverse care options, such as seniors' campus continuums and community-based services, the impact varies. Community-dwelling older adults, especially those living alone, face a risk of social isolation, impacting mental health (Ooi et al., 2023). Seniors in residential care facilities are particularly susceptible to loneliness due to isolation from the broader community, especially in rural areas without adequate transportation (Government of Canada, 2022).

Challenges Faced by Care Providers

Primary care plays a crucial role in identifying and addressing loneliness in older adults (Galvez-Hernandez, González-de Paz, and Muntaner, 2022). However, care providers in institutionalised settings face challenges due to high caregiver-to-resident ratios, limiting individualised attention (Zirves, Demirer, and Pfaff, 2021). Training programmes for care providers should include strategies to identify and mitigate loneliness, making it a priority in the healthcare profession (Lubben et al., 2015). Stigma associated with mental health issues among older adults contributes to underreporting and complicates identification by care providers. Internalised stigma and external stigma hinder mental health help-seeking, with discomfort around anxiety being a common barrier (Conner et al., 2010; Anderson, Wickramariyaratne, and Blair, 2017; Elshaikh et al., 2023). In Canada, the emphasis on community-based care highlights the critical role of informal carers, necessitating targeted

support and training (Dobarrio-Sanz et al., 2021). The fragmented nature of health and healthcare in Canada poses challenges, with social factors like poverty increasing the likelihood of medical difficulties and reducing access to necessary help (Morton-Chang, Majumder, and Berta, 2023). Nursing leadership in long-term care must recognise the impact of social isolation on both residents and staff, emphasising the importance of creating a supportive environment through staff training and personalised care plans (Woods et al., 2022; Coulter and Oldham, 2016).

Legislation and Policies Addressing Loneliness

UK Legislative Framework

The UK acknowledges the escalating concern of elderly loneliness and has enacted legislative measures to tackle it. The 2018 Loneliness Strategy, a comprehensive approach, incorporates community initiatives, support for social prescribing, and collaborations across sectors to combat loneliness (Reinhardt, Vidovic, and Hammerton, 2021). Resources have been allocated to counter loneliness, with the UK government partnering with numerous charities to demonstrate commitment to addressing this issue (Gov.UK, 2018). The 2019 launch of Universal Personalised Care (UPC) underlines the government's commitment to enhancing individual and community well-being, including loneliness reduction, through a six-pillar system giving individuals control over their mental and physical health (NHS, 2019). The Care Act 2014 underscores the importance of social connections, mandating local authorities to consider social interaction needs during care assessments. The Act imposes a statutory duty on local authorities to assess any adult's need for care or support, regardless of the perceived level of need or financial resources, though challenges persist in effective implementation, especially in resource-stretched care settings (Barnes et al., 2021).

Canadian Legislative Framework

In Canada, initiatives addressing elderly loneliness are provincially governed, resulting in diverse approaches. Quebec's National Seniors Strategy prioritises social inclusion and community engagement, supported by the New Horizons Fund, funding projects promoting social participation, mentoring, and volunteering (Government of Canada, 2018; National Institute on Ageing, 2020). Despite increased awareness, retirement planning and income security challenges persist, though recent enhancements to the Canada Pension Plan aim to

assist older Canadians (National Institute on Ageing, 2020). Canada's Ageing at Home Strategy promotes ageing in place through community-based care, yet the lack of a cohesive national strategy poses challenges in ensuring consistent support for older adults (National Institute on Ageing, 2020; Canadian Medical Association, 2021). While recognising social connections' importance, there's room for improvement in creating standardised frameworks for addressing loneliness, particularly in institutional care settings.

Evaluation of Local, National, and Global Provision of Services

Local initiatives in the UK

Addressing elderly loneliness in the UK involves pivotal local initiatives. Programmes like befriending services, community outreach, and local support groups effectively nurture social connections (Age UK, 2021). Health and social care providers, along with community and voluntary organisations, globally and across the UK, have deployed various initiatives. Befriending, a widespread initiative, offers relationships and social contact to combat loneliness in community and residential settings (Fakoya, McCorry, and Donnelly, 2021). These services operate at grassroots levels in the UK and Canada, filling emotional and social gaps unmet by existing statutory provisions (Lester et al., 2012). The Pedigree Dog Dates initiative, now a national offering, aims to alleviate loneliness experienced by 9 million UK residents (Jardine, 2018). However, ensuring equitable access, especially in resource-limited rural areas, remains a challenge.

National Programmes in Canada

Canada's approach involves a blend of national and provincial initiatives to combat loneliness. Community-based organisations are pivotal in providing services like transportation, social events, and home visits. Older adults often rely on government and service organization-backed home and community care programmes to meet their care needs (Government of Canada, 2023). Initiatives like the New Horizons for Seniors Programme, receiving an annual average of \$48.9 million, reflect the Canadian government's commitment to seniors' well-being (Government of Canada, 2022). While the Collective Impact approach shows promise, regional disparities persist, affecting programme effectiveness.

Looking globally, best practises provide innovative insights into countering elderly loneliness. Japan's community-focused care model, particularly the "Nagayama model," serves as a successful ground-up approach, emphasising multi-stakeholder efforts for community care (Thang et al., 2023). A global perspective enables a comprehensive evaluation, offering diverse strategies adaptable to the unique contexts of the UK and Canada.

Prospective Future of Elderly Care

Changes Needed in Programmes

To shape the future of elderly care, both the UK and Canada must acknowledge the imperative for substantial changes. With a longer life expectancy in the UK (Government Office for Science, 2016), adapting and introducing programmes is critical. Strengthening community-based care, increasing funding for social support services, and enhancing carer training are pivotal measures. The focus is on fostering active, healthy, and well-informed adults to alleviate demands on family and community resources (Hyde and Phillipson, 2014). In Canada, investing in carer and community capacity for seniors, particularly Indigenous older adults, supports ageing in place and reduces carer stressors, benefiting local economies (Bourassa et al., 2021). Addressing unique challenges within care settings is crucial for a holistic and effective care system.

Role of Technology in Alleviating Loneliness

Technology emerges as a promising solution to tackle elderly loneliness. Virtual communication tools and assistive technologies, observed during the COVID-19 pandemic, play a vital role. The Canadian government recognises this potential, investing in digital infrastructure to combat social isolation (Patterson et al., 2022). However, barriers exist, particularly in technology adoption among older demographics (Rose and Forgy, 2010). Ensuring accessibility and user-friendliness is paramount. Governments and care providers should invest in technology training for seniors, integrating digital solutions into existing care frameworks (ONS, 2014; Statistics Canada, 2019).

Potential Innovations in Care Provision

Innovations in care provision hold significant promise for elderly well-being. Holistic approaches focusing on mental, emotional, and physical health are paramount. Personalised care plans, creative therapies, and intergenerational connections are potential game-changers. Globally, various reports and guidelines emphasise effective interventions against social isolation and loneliness among older populations (Davidson and Rossall, 2015; Harvey and Walsh, 2016; Merrifield, 2015; Social Care Institute for Excellence, 2018; Campaign to End Loneliness, 2023; Trottier, 2018). Long-term group activities with participant control and a multi-faceted approach have proven effective (Fakoya, McCorry, and Donnelly, 2020). Public-private partnerships can further drive innovation in care delivery, ensuring adaptability to evolving elderly population needs (Alderwick et al., 2021).

Recommendations for Improvement

Policy Adjustments

To enhance elderly care, establish an integrated legislative framework unifying interventions across sectors. This framework should delineate syntactic, semantic, and pragmatic boundaries and processes like transfer, translation, and transformation (Carlile, 2005). Encourage community organisations with incentives to involve older adults actively, fostering partnerships and community-level action (Gorman, 2002; Štuopytė, 2022).

Integration of Technology

Boost digital literacy in older adults through education programmes and allocate government funds for tech initiatives combating loneliness. Barrie et al. (2020) explore experiences in digital literacy training for older adults, emphasising skill development and combating ageism. Support technological initiatives addressing loneliness, aligning with government policies, and positioning technology in loneliness intervention (Jentoft, 2023; Valtorta and Hanratty, 2016). Develop online programmes, like cognitive-behavioral therapy (CBT online), to shift negative thinking associated with loneliness (Loneliness Taskforce, 2018).

International Collaborations and Knowledge Sharing

Establish a global task force for cross-country collaboration, sharing best practices, research, and innovative strategies. Canada can implement a national strategy to address loneliness on various scales, building on the Government of Canada's toolkit (Rodger et al., 2022). Encourage international research collaborations to understand cultural variations in loneliness and identify universally effective interventions, utilising frameworks like the needs-based model (Jopling, 2020; Welch et al., 2023).

Conclusion

In summary, the rising issues of social isolation and loneliness among the elderly in the UK and Canada demand immediate attention. This report delves into the cultural, social, and healthcare aspects of ageing in both countries, recognizing the profound changes in the demographic landscape (de Koning et al., 2021; Government Office for Science, 2016). Theoretical frameworks emphasize tailored interventions to address the complexities of loneliness (Carstensen, 2021; Cacioppo and Cacioppo, 2018). Analyzing the impact within care settings reveals intricate factors affecting mental and physical health, posing challenges for caregivers (NIA, 2019; Gov.Uk, 2020). While acknowledging commendable local and national efforts, persistent disparities call for a holistic, globally informed perspective (Age UK, 2021; Government of Canada, 2022). The future of elderly care relies on programmatic changes, technological integration, and innovative provisions (Hyde and Phillipson, 2014; Bourassa et al., 2021). Crucially, policy adjustments, improved digital literacy, and global collaborations are recommended to strengthen elderly care (Carlile, 2005; Jentoft, 2023; Rodger et al., 2022). By acknowledging challenges and fostering global collaboration, we can collectively strive for a future where the elderly not only age gracefully but thrive in communities prioritizing their holistic well-being. Elderly care is not just a necessity; it's a shared responsibility for the dignity, inclusivity, and quality of life of our ageing population.

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