**Unit 4 Answer plan**

**P4 M2 D2 Assessment Criteria**

You are now going to go explain and discuss in detail on the theories of ageing.

Heading: **Theories of Ageing**

Introduce the section with something like…

There have been various attempts to explain the process of ageing, these have led to Theories of Ageing. A theory is a set of ideas that can be used to understand, explain and make predictions about something. There are a number of different Biological and Psychosocial theories associated with ageing and the following is an overview of these.

Heading: **Biological Theories of Ageing**

Now list the biological theories of ageing.

For each theory give a brief explanation – do not go into a lot of detail here because there are lots – you only need to mention 2 in brief: the programmed theory and the damage or error theory.

Here is a link so that you can get a general overview of each.**. PLEASE DO NOT** write a lot about these.

***https://courses.lumenlearning.com/ap1x2-91/chapter/why-the-body-ages***

Heading: **Psychosocial Theories of Ageing**

Now list the psychosocial theories of ageing.

* Social Disengagement theory
* Activity theory
* Continuity theory

Explain that you are going to look at Social Disengagement and Activity theory in more detail as you feel that these strongly link to how a person approaches the ageing process and that these influence the care that is provided for the elderly.

Heading: **Disengagement Theory of Ageing**

Who were the key writers of this theory?

What does the theory suggest?

What are the weaknesses/criticisms of the theory?

Heading: **Activity Theory of Ageing**

Who were the key writers of this theory?

What does the theory suggest?

What are the weaknesses/criticisms of the theory?

Heading: **An Evaluation of how the Disengagement and Activity theories of ageing influence Health and Social Care provision**

**Refer to the Power Point Ageing & Health & Social Care Provision.** **How psychosocial theories of ageing impact. Also use chapter to guide you – Societal effects of an ageing population (Pearson)**

Before you start this section, you need to give some back ground and statistics in relation to the ageing population and explain why people are living longer and many are healthy and independent into their eighties and beyond.

For example:

The Office for National Statistics predicts that the population of the UK will rise from 64.6 million in 2014 to 74.3 million by 2039. According to research by The King's Fund, the average life expectancy in 2012 was 79.2 years for men and 83.3 years for women. Figures from 2012 identified that people over 65 made up 16 per cent of the population. The report also revealed a wide regional variation in the percentage of older people in the population. For example, in Tower Hamlets in the East End of London, people over 65 years of age make up about 6 per cent of the population. This is compared to 25 per cent of the population over the age of 65 living in Dorset, a predominately rural county. Approximately 30 per cent of people aged over 85 will potentially require support from health and social care services. However, meeting increased demand for care services has been made more difficult by government funding to local councils for care being reduced. This could lead to less local authority funding to support older people to live in their own homes resulting in an increase in the number of older people needing residential care .

**Health and social care provision for older people**

Older people place more demand on health and social care provision than any other group in society. This increases with age. Often health and social services are required to work closely together to meet the holistic needs of older people. For example, people receiving end of life care may require professionals to work together to monitor and provide medication, psychological support and personal care.

Explain that not everyone will want to retire from paid employment.

Explain that once people reach retirement age they are entitled to a state pension, identify that some people will also have private pensions which will increase the amount of money they have available. Why might having a private pension reduce disengagement and promote activity?

Identify other benefits that the elderly are entitled to - see PowerPoint on Connect: **Ageing & Health & Social Care Provision.** **How psychosocial theories of ageing impact.**

Why might these benefits prevent disengagement and promote activity?

***For the next part – Use the extract below to help you research and write in your own words (Stretch & Whitehouse book P17)1 the section entitled ‘Ageing and health and social care provision’ as well as thinking back to the work in class (see Power point)***

The majority of older people remain in their own homes in the community, where they may be supported by friends, family and health and social services. Some older people choose to move to sheltered housing. Sometimes people choose sheltered housing because maintaining the family home has become too difficult Day care centres provide a social setting where people can meet and some health authorities provide day car to assist with physiotherapy and other health needs. A small proportion of older people choose residential care where 24-hour support is available.

All services for older people will aim to provide respect and choice for service users as part of their policy on quality assurance . Many day and residential services will provide a range of social and leisure activities for service users. Older people should always have a choice as to how active they wish to be . Quality services will never attempt to force older people to be active and engaged, but they will provide opportunities for individuals to maintain the continuity of their lives and remain as active as they wish.

Now explain in your own words that the majority of people want to remain in their own home for as long as possible (evidence to support this?) and what services can be provided to support them to continue living independenlty.

Identify the other types of care/housing available to support the elderly.

What is good about the different types of care available to support the elderly? What are these types of care trying to do?

The way H&SC provision is currently set up, does it give people opportunity to keep active and engage with activities? – give examples of how this might happen in each different type of are setting.

How does Home Care help to maintain activity and prevent disengagement?

How does Sheltered Accommodation maintain activity and prevent disengagement?

How does Residential Care maintain activity and prevent disengagement?

For the above, answer the questions – Will they have the opportunity to maintain links with their old life? How? If not, why not?

What sorts of things do they do in Residential Care?

Do people living in Residential care have the same opportunities as they do with their family or do people in care homes have more opportunity than people being cared for by their family?

Heading: **Conclusion**

Are the elderly encouraged to remain active in order to prevent excessive disengagement or would they be expected to withdraw? Give reasons for your opinion here.