**m Effects of ageing**

## C1 The physical changes of ageing

By the time an individual reaches their late sixties, their body functions begin to decline. For example, they may experience he'aring loss in higher frequencies. They may become far-sighted and experience impaired night vision. Joints may become stiffer and bones may lose calcium and become rittle bringing an increased risk of fractures. However, each individual is unique and their experience of the ageing

process is different. Some people develop serious problems associated with ageing in their fifties, whereas other people have few problems even in their nineties.

Leaming aim C

C

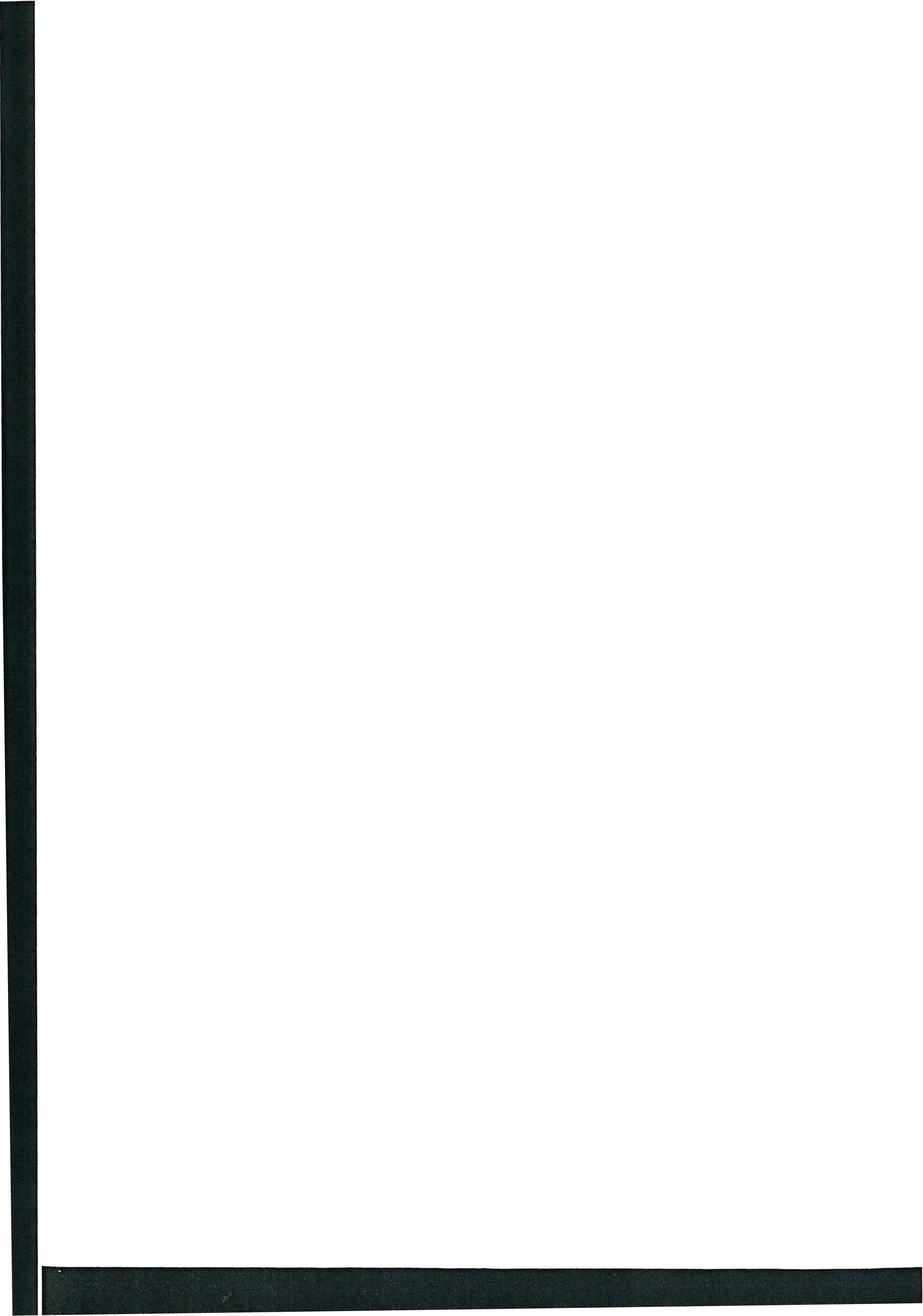
l

'i

1

c*r*

'"C



**Research**

Produce a thought shower of as many aspects of physical changes that are due to ageing that you can think of.

These physical changes do not come about just because bodies 'wearout'. If you take regular exercise, you may expect to live longer and stay healthier than people who do not. The physical changes associated with ageing may come about because there is a limit to how many times body cells can repair and renew themselves and because of damage that builds up over a lifetime .

**Cardiovascular disease**

As an individual ages, they have an increased risk of cardiovascular disease (disease of the heart and blood vessels). The main purpose of the heart is to pump blood around the body. Many older people develop narrowing of the arteries and other blood vessels due to fats such as cholesterol being laid down in the walls of the blood vessels . This process of 'clogging up' is called atherosclerosis. Atherosclerosis can result in higher blood pressure (which puts the person at risk of stroke) and heart attacks. The blood vessels can also start to lose their elasticity causing the heart to work harder, increase in size and raise the blood pressure. Fatty deposits can break away and block the artery. If the coronary artery is partly blocked, it may cause angina, expe rienced as breathlessness and chest pain s. If there is significant blood flow blockage, the person may experience a heart attack .

There were almost 160,000 deaths associated with cardiovascular disease in 2011. Approximately 74,000 of these deaths were caused by coronary heart disease, which is Britain's biggest killer.

###### Effect of lifestyle choices

There are a number of risk factors associated with cardiovascular disease, including a family history of heart disease, ethnic background, poorly controlled diabetes and a prolonged rise in blood pressure (hypertension). Poor lifestyle choice s, such as being overweight/obese, smoking and lack of exercise, increase the risks of cardiovascular disease, and its effects, in older age.

#### The degeneration of the nervous tissue

An individual's senses depend on the nervous system (nerves, the spinal cord and the brain) which is composed of nervous tissue. Nervous tissue allows an individual to receive stimuli and process information . Some sensory experiences are positi ve,

##### 57

such as the smell of a cake baking, and some are not. For example, an individual accidentally hitting their thumb with a hammer will experience pain - the sensory impulse travels along nerves to the brain and back and tells the thumb that it hurts.

As the ageing process progresses, brain function begins to decline. However, different aspects of brain function are affected at different rates. For example, short-term memory and the ability to learn new material tend to be affected relatively early. The ability to use words and vocabulary may begin to decline after the age of 70. Cognitive and intellectual ability (the ability to process information) is usually maintained until around the age of 80, if no neurological disorders are present. Reaction time and performance of tasks may become slower as the brain processes nerve impulses more slowly. However, it is important to note that the effect of various conditions that are common in older people, for example strokes, depression, under-active thyroid gland and Alzheimer's disease, can make it difficult to analyse the effects of ageing on brain function. It is worth noting that some areas of the brain may produce new nerve cells and new skills can be learned, for example, after a stroke with the help of occupational therapy.

Blood flow to the brain decreases with the ageing process, especially for people who have some form of cerebrovascular disease, which is more likely in people who have smoked for a long time, have high blood pressure, high cholesterol or diabetes. This may result in the loss of brain cells prematurely, possibly impairing mental function and increasing the risk of dementia, especially if lifestyle changes are not made or medication is not taken.

Having *very* high blood pressure, diabetes or high cholesterol levels can speed up the age-related decline in brain function. Physical exercise may slow this down.

Nervous tissue degeneration also occurs because, as people age, impulses become slower and age-related changes in function can become more noticeable when the nerves are injured by something, for example diabetes. The self-repairing process in cells occurs more slowly and incompletely making older people more vulnerable to injury and diseases . Decreased sensation, slower reflexes and a tendency to be clumsy can also be a result of the degeneration of nervous tissue within the nervous system. Hence memory, thought and abilities to perform tasks can be affected.

###### Discussion )

*V*

A common myth is that all older people become senile and increased confusion may be put down to 'getting old', whereas it might actually be caused by illne ss. Consider stereotypes of older people. Using the information about degeneration of nervous tissue, discuss to what extent this myth is true or not.

**Osteoarthritis**

Osteoarthritis is a degenerative disease, a result of wear and tear of the joints and the ageing process. It is one of the commonest types of arthritis in the UK, with *over* eight million people suffering from the condition. Osteoarthritis causes the joints to become painful and stiff, especially the hips, knee, neck, lower back, hands or feet. The symptoms' severity can vary between individual s. Some experience occasional mild symptoms whereas others experience severe and constant problems, making it difficult to carry out daily activities. Although being overweight and having a family history may add to the chance of developing osteoarthritis, the exact cause is difficult to identify. However, recent research by Coventry University identified multiple injuries in the same joint before an injury has fully healed as a cause.

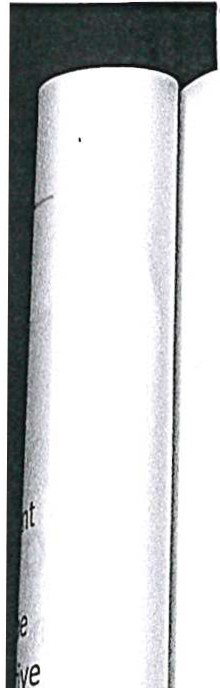
58 Human Lifespan Development





Learning aim C

Women are more likely than men to be affected by ost eoarthriti s. It can occur at any age, but generally appears between their late forties and 75 years of age.



Physical changes due to osteoarthritis include thinning and roughening of the joint cartilage. **Cartilage** is a protective cushion between the ends of the bones. As the

bones start to rub together, moving the joints causes pain and swelling . Eventually,

this leads to bony outgrowths, spurs or osteophytes, developing on the ends of the bones, causing damage to the soft tissues around the joint s. One of the major impacts is that gradual smooth movements of the affected joint become difficult and this limits movement such as walking, using stairs or lifting heavy objects.

People often confuse osteoporosis and oste oarthriti s. Osteoarthritis is a degenerative disease that damages joints at the end of the bones. Osteoporosis is a condition in which the bones become less dense, making them fragile and liable to fracture. Both conditions can cause back pain and height loss, especially in older people.

### al Degeneration of the sense organs

As part of the ageing process, sensory awareness gradually decreases. For example, an individual 's sense of balance can become impaired, both hearing and vision may deter iorate, and the ability to taste and smell may diminish. These can all lead to a range of physical problems.

Changes generally begin when people are about 50 years of age. However, they become not iceable when an older person begins to need to turn up the sound on the radio or television, or add more salt and pepper to their food or starts wearing glasses with stronger magnification .

After 45 years of age, the eyes' ability to focus begins to weaken and, for many people, by 65 years old there may be little focusing power left, making small print more difficult to read. Up to half of people over the age of 90 may have serious problems with vision .

Cataracts result from changes in the lens of the eye. As people grow older, the lenses

:y can become hard and cloudy which can result in blurred vision. Cataracts may start forming between the ages of 50 and 60, but often take time to develop and start causing symptoms. The majority of people over 75 years of age have some degree of cataract formation. Diabetes greatly increases the chances of developing cataracts .

Glaucoma is an increase offluid pressure within the eye. It can affect eyesight in later life with symptoms that can range from hazy or blurry vision or eye pain to sudden loss of vision.

Some older people experience an increase in wax in the outer ear that can block sound transmission to the sensory nerves. Difficulty in hearing high frequency (or high-pitched) sounds also increases with age as the sensitivity of nerve cells in the inner ear decreases. If this is accompanied with a loss of nerve cell function then they may experience partial or complete hearing loss.

For many older people, once they have accepted these ageing processes they will try to make adjustments or adaptations to their environment and use resources to help them perform daily tasks. However, if there is a sudden change in vision, hearing, tast e, smell or touch, it is important for older people to seek medical advic\_e.

### The reduced absorption of nutrients

Energy requirements may change in older age particularly if physical activity is restricted or reduced. As energy requirements decrease, older people may need more protein- rich foods in their diet, for example eggs, pulses , dairy foods and lean meat.

Key term

**Cartilage** - the soft tissue that protects the surfaces of the bone.



It is also important that older people's diets include foods containing vitamins and minerals. Minerals such as zinc, calcium, magnesium and sodium are found in dairy products, meat, eggs, fish, bread, cereals, fruit and vegetables. However, absorption of food, including minerals and vitamins, becomes less efficient in older people, meaning that some people can experience malnourishment even though they continue to eat the same diet that was adequate in early adulthood.

Vitamin D is important for good health and essential for absorbing calcium from food. It is largely obtained from sunlight so older people who are housebound, or in residential care, may be at risk of vitamin D deficiency leading to disorders such as osteoporosis and bone fractures. To prevent osteoporosis, some older people are

prescribed vitamin D and calcium sup plements. Older people may also lack vitamin C, iron and fibre in their diet. Vitamin C is essential for several body functions , including wound healing and forming and maintaining healthy tissues. Many older people do not eat enough fresh fruit and vegetables which provide vitamin C. Some older people find buying fresh fruit and vegetables difficult or expensi ve, and also have difficulty in preparing and eating them.

Iron absorption may be reduced in older people and, along with a low dietary intake, this can increase the risk of iron deficiency anaemia. Dairy Council research has shown that 30 per cent of older people have an iron intake below the recommended level for the general population . Water helps with digesting food and absorbing nutrient s. In older age, people may lose their sense of thirst and, as a result, become dehydrated.

This has been highlighted as a particular problem in hospitals where patients do not request drinks.

**Theory into practice** )

*r* '

Research the food groups essential for maintaining a healthy diet in older age.

Make a list of the sources of food containing them and what can happen if older people don't have enough of these food groups in their diet. Produce a leaflet about food groups and the sources of minerals and vitamins that support a balanced diet to offer to older people at your local day care centre.

### Dementia

Dementia is more likely to occur in older people. According to the Alzheimer's Society, more than 5 per cent of people over the age of 65 and as many as 20 per cent of people over the age of 80 are affected by dementia. However, the majority of people who live to extreme old age will never develop dementia.

**Key term)**

**Vascular dementia** - symptoms include problems with language, memory and thought processes caused by problems in the blood supply to the brain, for example through stroke.

Dementia is a brain disorder that seriously affects a person's ability to carry out daily tasks and activities. A person with dementia is likely to experience problems with understanding what is happening around them, communicating, reasoning, finding their way and remembering recent events. There are different kinds of dementia - two major types are Alzheimer's disease, and **vascular dementia .**

*r* **Link)**

*r*

You looked at the deterioration in intellectual abilities, particularly in relation to dementia, earlier in this unit.

60 Human Lifespan Development





Learning aim C

Alzheimer's disease



Alzheimer's disease is the commonest form of dementia. The onset of Alzheimer's disease is usually slow, initially involving parts of the brain controlling thought, memory and language. Individuals with Alzheimer's disease have trouble with short­ term memory and recalling the names of people they know. The symptoms gradually worsen . For example, an individual may not recognise family members and may begin to lose the ability to carry out particular tasks, like speaking, reading or writing. As the condition progresses, the ability to carry out simple everyday tasks, like brushing teeth or combing hair may be forgott en. Alzheimer's disease usually begins after the age of 60 and the risk of developing it rises as a person gets older. There is a higher risk of getting Alzheimer's disease if a family member has had the condition. At present, there is no treatment to cure or prevent the disease, but some medications may delay its progress for a limited time.

**Research** )

,,-

Research some of the major health problems that you expect older people to have and prepare notes for a class discussion . Historically, many older people have been negatively stereotyped as suffering from disease and dementia. Do you think this

is still the case? Provide examples from your research to back up your discussi on.

\.

Theory into practice )

Working in small groups, research the physical changes associated with ageing. Choose one condition and produce an information leaflet that could be given to care workers about it. Remember to add references to your leaflet.

**Effects of illnesses that are common in ageing**

Each of the conditions common in ageing brings its own symptoms, but each one can have wider effects on holistic development. Having a chronic condition in addition to the usual physical and psychological changes during the ageing process can worsen stress or depression for many older people (see Table 1.15). Depression affects an individual's mood and can lead to lack of energy, low motivation, interrupted sleep patterns, changes to appetite and headaches. Additionally, physical aches and pains, such as those associated with conditions like arthritis, can worsen .

Social development may be severely affected by chronic condition s. The effects of illness on mobility can restrict a person's social life as they may have difficulty getting out and meeting people. This will reduce their circle of friends causing further emotional str ess. The decline of senses or neural capacity can also impact

on friendships as they depend upon communicating with others. Individuals may be unable to hear or see sufficiently well to take part in interests and hobbies they used to enjoy, such as reading or going to the cinema. This can reduce motivation and increase isol ation.

Illness brings with it a number of physical changes that have been discussed in relation to each of the conditions in section Cl : The physical changes of ageing. Many of the conditions will result in losing mobility caused either by neurological problems or because of pain, stiffness of the joints or a reduction in stamina. This can be a *vicious* circle, as a lack of exercise or even movement can result in the onset or worsening of

-

conditions such as heart disease. A reduction in sensory awareness and neurological illness brings with it an additional problem of dizziness or difficulty in moving that results in an increase in falls in older people, often causing fractures.



A common problem in ageing is incontinence, which is a loss of bladder control. It can happen because of weakness of muscles, enlarged prostate (common in older men)

or neurological illness such as Alzheimer's. Whether it is temporary or chronic, it is unpleasant for the individual and can lead to embarrassment and emotional distress.

Many older people experience insomnia or disorders which can disrupt sleep patterns and cause fatigue, stress and anxiety. This can have an adverse effect on their attention span and ability to carry out everyday tasks.

**Depression**

**Table 1.15** Some of the effects of depression

|  |  |
| --- | --- |
| **Physical** | **Psychological** |
| Difficulty falling or staying asleep, oversleeping, or daytime sleepiness. | Fixation on death, suicidal thoughts or suicide attempts. |
| Increased use of alcohol or other drugs. | Loss of self-worth, worries about being a b rden, feeling of being worthless, self-loathing. |
| Weight loss or loss of appetite. | Social withdrawal and isolation, not wanting to be with friends, leave the house or take part in activitie s. |
| Fatigue. | Sadness. |
| Giving up or losing interest in hobbies and other pastimes. |  |

## C2 The psychological changes of ageing

The majority of people *over* state retirement age experience reasonable health, a satisfactory social life and a reasonable standard of living. A minority of older people experience poor health, poverty and isolation. It is important to guard against the stereotype that old age is always a story of decline and isolati on.

Old age is like any other life stage, whether or not you lead a happy and fulfilled life depends on a large range of individual issues.

#### Effects on confidence and self-esteem

Confidence and self-esteem are not fixed and people experience rises and falls in both during their lifespan. An individual's confidence and self-esteem may increase with older age, as they feel that their life is more settled and they may well have achieved many of their life goals. For example, they may have reached a certain level in their job, own their house, and have raised a family - maybe they have grandchildren, and are enjoying a fulfilling retirement. Conversely, older age can mean loss of confidence as the physical effects of ageing make daily tasks difficult or

impossible. Older people can feel marginalised by a society that places great emphasis on material possessions and position in life. If an older person had a high status job, they may feel less worthy now they no longer have that function. For some older people, their only income may be their state pension and they may be struggling to cope financially.

Human Lifespan Development





Learning aim C

**Effects of social change** I

C

How roles change

The majority of older people enjoy effective social networks with only one person in five experiencing a degree of isolation. For many people retirement provides more opportunity for contact with grandchildren and other relatives. Older people are more likely to vote than any other age group, suggesting involvement in politics and community issues. Conversely, an individual may have viewed themselves as the 'head of the family', the provider and the decision maker, and find it difficult to adjust to their

children maturing and taking over many of these function s.

Death of a partner

Loss, grief and bereavement can result in a range of changes, including change of status and result in anxiety and depressio n. The death of a spouse or partner will bring grief but also a sense of loss which impacts on a person's sense of safety and security. When a partner dies, there is also a loss of intimacy which can cause an additional sense of deep pain and despair. The loss of long-term relationships is particularly difficult as people may have a self-concept as a couple and have lost a sense of who they are as an individual. Being alone will impact negatively on self-image and self­ esteem which may result in not wanting to live on alone.

Death of friends

Losing friends is a source of grief and stress and losing social support networks can lead to a sense of isolation and of not being useful. It can also bring a sense of one's own mortality which can lead to depression.

Increase in leisure time

For many people, retirement provides freedom . Retired people may be seen as 'time rich' and free from work stress. But, for some people, retirement may result in losses of income, of purpose, of interest in life and contact with work colleague s. More free time may, however, enable many older people to engage in physical leisure activities such as walking and activity holidays. Gardening is very popular among people aged 50 to 70. Free time may enable many older people to engage in enjoyable social

and mental activities such as taking new college courses, maybe through the U3A (University of the Third Age) or Future Learn (free online courses) or they may decide to develop JCT skills. National Statistics Online (2006) reported that 51 per cent of people between 60 and 69 participated in some form of learning.

3

p.,

::l

r-

*V,*

-0

p.,

::l

0

ro

0

-0

3

ro

.:.:l...

#### Financial concerns

Some people over the age of 65 own their own property, have paid their mortgage in full and have sufficient income to live comfortably in their old age. However, there are many who rent, either local authority or privately owned property. For some, paying the rent, including rising rents, or maintaining their own property will cause financial concerns. Some people may have a private pension but others may only have a state pen sio n. Paying household bills, especially with rising costs for heating and other utilities, can be a source of stress for many older people.

#### Effects of culture, religion and beliefs

Some people can maintain a happy and positive outlook on life despite having serious physical health problems. Other people may appear to be depressed or withdrawn despite being relatively fortunate in terms of physical health. The way in which

people react to changes in later life depends on their attitudes and beliefs, which are influenced by social issues such as culture and religion.

##### 63







Older people, especially those with limited incomes and living alone, may worry about whether they have enough money to pay their household bills

Traditionally, family members have been responsible for caring for older people, providing care within an extended family environment. However, in contemporary society, care of older people is more often provided by the welfare state, or private or voluntary organisation s. Sheltered housing facilities enable older people to keep a sense of independence while providing individuals with the care and supervision necessary to stay safe. While care of older people in Britain often focuses on the importance of empowerment and independence, some Asian cultures place greater emphasis on respect and family care for older people. Older people's view of death

is also based on the values of their culture. In Britain, it is common to view death as a loss, something to be feared, as opposed to a tranquil and natural transitio n.

Although the Equality Act 2010 is intended to prevent ageism in society, it is a common form of discrimination in Britain, and negative stereotypes about older people are. often portrayed. This type of discrimination can have a negative impact on the care and wellbeing of older people.

**Social disengagement theory**

Disengagement means to withdraw from involvement. In 1961, psychologists Cumming and Henry proposed that older people naturally withdraw from social involvement as they get older. They concluded that older people have r stricted opportunities to interact with others (see Table 1.16). Cumming (1963) further argued that older people experience reduced social contact and become increasingly 'individual' and less concerned with others' expectations. She concluded that it is appropriate and healthy behaviour and that disengagement is a natural part of ageing.

The theory of disengagement was widely accepted in the past. For example, Bromley (1974) argued that 'although some individuals fight the process all the way, disengagement of some sort is bound to come, simply because old people have neither the physical nor the mental resources they had when they were young.'

64 Human Lifespan Development



Learning aim C

**Table 1.16** Issues that limit social interaction

I

|  |  |
| --- | --- |
| f  **Problem** | **Explanation** |
| ! Ill health  I  I | Poor mobility or problems with hearing or vision may make interaction with other people more difficult. |
| Geographical mobility  I  I  !  - | Moving to areas away from friends and relatives in retirement. Family members may move away from older people in order to seek better housing or employment. |
| i Retirement  I | Retiring from work may mean less contact with people. |
| I 111 health of friends and relati es  I | Friends or relatives may visit or contact less frequently if they have poor mobility or other disabilities. |

t

·- ·-·

:::r

C

3

Pl

::::i

C

*ro*

*V,*

-0

Pl

::::i

C:

ro

<

!:E

0

-0

3

ro

::::i

M

However, there is little statistical evidence to support this view. The majority of older people remain socially active and involved with family and friends. Many older people become even more involved with close family as they age. It may be that many older people choose to spend their time with people they feel close to, rather than seeking to make new friends. If people only interact with close friends, does this mean that they are disengaged?

In 1966, Bromley argued that older people needed to disengage but remain 'active' in order to prevent disengagement from going too far. He argued that providing facilities for older people was not enough and that they should be shown how to use them and encouraged not to have negative attitudes or fixed habit s. Bromley felt that it was important to remain mentally active, maintain an interest in life and enjoy the company of others.

While many researchers today do not agree with disengagement theory, it is important to remember that when Cumming and Henry first proposed the theory in 1961 there was no internet, no mobile phones or text messaging. Many older people had no access to? car and many would not even have had a phone in their home. Technology helps older people to keep in contact with a wider circle of family and friends.

**Activity theory**

Activity theory was proposed as an explanation to ageing by Robert Havighurst in the 1960s. His ill health study of older people showed that, rather than an inevitable d,ecline· irr interest in life and isolation, older people tend to adjust to the ageing process. His theory is based on the assumption that social and psychological needs of older people remain the same.

He recognised that this may involve adjusting to changes in health and/or mobility but theorised that older people's needs can be satisfied by taking on new roles following retirement such as charity work, joining social groups or learning a new skill. Research supports his theory. Many older people look forward to retirement, viewing this

part of their lifespan as an opportunity to pursue new hobbies and interests and to meet new friends. When people remain physically and socially active, their overall satisfaction and wellbeing is increased. This is important for reducing the risk of illness and increasing longevity .

One theory is that older people need to engage in telling their life story, reminiscing or reviewing their life to help create self-esteem a\_nd confidence. Coleman (1994) argued that some types of reminiscence therapy can be useful for helping individuals cope with the effects of ageing, but that there are wide differences in individual needs.

6:



**PAUSE POINT** Close the book and outline reasons why people in older adulthood may be more at risk of falls in their home.

Consider the conditions that can impact on mobility, the senses and on brain function.

Explain how injury caused by falls may impact on emotional and social development in older age.

**Case study** l

*V*

**Retirement**

Margery is 65 years of age and about to retire from her job in adverti sing. She enjoys her job and has many friends at work.

Margery plans to take up painting when she retires. She has already booked herself a painting holiday. She has also been asked by a friend to help out at her local

charity shop.

**Check your knowledge**

**1** Justify how Margery's plans when she retires may impact on her health and wellbeing with reference

to Activity theory.

## C3 The societal effects of an ageing population

### 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.

Health care

Health professionals provide a range of different service s. These can be thought of as primary or secondary care. The first point of call for older people is usually the primary care services such as their GP surgery, pharmacy or dentist. Those with conditions such as osteoporosis or mental health problems may be referred to specialist secondary health professionals or units to monitor and support their ongoing needs. Acute care

is health care that meets immediate needs, such as a broken hip, cancer treatment or specialist health care for chronic conditions. Acute care may be short term for many but, for older people, hospital stays may be extended as they require a longer period for recovery and recuperation.

Key term)

***r***

**Enabler** - someone who

delivers person-centred care in a domiciliary (home) setting, which encourages independence.

Social care

Social care services essentially exist to help and support people in need of practical help and/or personal care due to disability or illness. The type of services provided could include having a carer or support worker **(enabler)** to help around the home with practical tasks and personal care. There could also be structural changes to homes which could support an individual to live more independently. Although technically available to everyone , there has to be practical and financial assessment of physical, intellectual, emotional and social needs and abilities to assess how much support can, be provided. After completing the assessment, the local authority will decide how much of the care and support services they will provide. Social care

66 Human Lifespan Development



- ·· - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

'

Learning aim C

**..** \

*J* • \

**UN**

**Tl-**

services can take different forms, for example help to live at home, day centres, I

C

sheltered accommodation, respite care or residential care . Charities and private organisations can also be involved with delivering social care services.

Community equipment

One important aim of health and social care services is to enable people to stay in their own home and keep their independence. Community equipment services, based in each geographical area, do just that by providing support aids for daily living. These may range from large equipment that can be used by family or carers to *move* people, or walking frames to 'kettle tippers' that take the weight of a kettle to enable a person to make a cup of tea for themsel ves.

Financial support and entitlements

Many older people will have the advantage of an occupational pension as well as a state pension . Others may have to rely on their state pension only. Older people can claim pension credit to top up their pension to a minimum *level* and, depending on circumstances, may also claim housing benefit and council tax reduction. For people retiring after 5 April 2016, the minimum pension will increase to meet the minimum level necessary for all pensioners who have made sufficient contributions. Other financial benefits for over 60s include free NHS prescriptions, eye tests and eye care. Concessionary travel fares are available at pensionable age, as well as winter fuel payments, and, for those on low income, cold weather payments. By the age of 75, free television licences and other discounts can make for a comfortable old age, as long as people remain active and lead a healthy lifestyle. Unfortunately, for many older people, retirement years can mean relying on health and social care services for support.

Since the Griffiths report, Community Care, an Agenda for Action, and the introduction of the NHS and Community Care Act in 1990, there has been a *move* away from institutional care towards independent living. Griffiths was particularly concerned about long-term and continuing care of vulnerable groups within the community, including older people. The report focused on the different types of provision between health and social care services, and the way in which these services could work together in partnership to take responsibility for care in the community.

Social care services can take different forms, for example help to *live* at home, support for going out in the community, accessing day centres, sheltered accommodation, or even a place in a residential or nursing home. The majority of older people remain in their own home 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 where they can call for assistance if and when needed. Day Care Centres provide a social setting where people can meet and some NHS providers offer day care 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 aim to provide respect and choice for service users as part of their policy on quality assur ance. Many day and residential services 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.



The total population of the UK aged 65 or over has increased from 4.5 million in 1951 to 8.7 million in 2011 and is forecast to increase to 16.6 million in 2051.

3

PJ

::i

'

*V,*

-0

PJ

::i

0

Ci)

<

Ci)

0

-0

3

Ci)

.:.:.i..

67

**PAUSE POINT** Close the book. Note down different types of health and social care services that should be available for older people.

 List the main types, eg health service, social care services. Then break them down further, eg home care, residential care.

 Explain the importance of professionals working together to meet the needs of individuals with complex needs.

**Economic effects of an ageing population**

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 .

#### Reflect)

In 2012/2013, 20 per cent of people over 85 years old accessed NHS services compared with just 4 per cent of people under the age of 65. Why do you think this is the case?

Statistics from 2012/2013 identified that people over the age of 85 were more likely to access mental health services. General hospital admissions for people over the age of 85 were more than twice as likely to be emergency admissions (65 per cent), than for people in the 0-64 age group (32 per cent). Home-based services were mostly accessed by older people, who often required adaptations to their homes, for example, installation of stair lifts and wet rooms. These adaptations are very expensive so often the individual may be asked to pay for at least part of the cost. Additional costs may be incurred for other resources and equipment required to ensure that older people can live independently and maintain a good quality of life.

Recent research by Age UK identified that, due to an increasing ageing population and government cuts to welfare, there are about two million older people with identified care needs who cannot afford to access social care, health and support.

*r* **Reflect)**

*V*

People are living longer and, as the state pension age rises, they may need to work for longer.

What can local and national government do to support people to stay healthy in their later life?

68 Human Lifespan Development

