

Patricia

K100

TMA 04

Course Code	K100	TMA No.	TMA 04
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Assignment Handing Over Date

8/7

Question Grades/Scores																				Overall Grade/Score
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
04	08	05																		77

TUTOR'S GENERAL SUMMARY:

Many thanks for sending me this, your fifth assignment of the course. For my detailed comments please refer to your script. As usual 'Specimen' are enclosed. Thanks for your letter. I hope I've answered your queries.

1. An interesting and discursive essay. Have a look at 'Assignment Book 2002 Presentation' p8 which sets out the overall criteria for essays. Back to your essay, you demonstrated an understanding of the issues raised, in the question using analysis, synthesis and providing a well supported presentation. You have clearly taken on board previous TMA comments to obviously beneficial effect - including personal experience and anecdotal evidence. This has resulted in a 'tighter' essay which keeps to the issues raised in a more objective manner. So, all in all, a much improved essay reflected in your score.

In summary, an improving essay... but I do believe you capable of gaining even higher score in the remaining assignments. Any queries on these points, please phone me at home or an evening

2. Reasonable analysis translated into a good presentation. However do see my script comments and check your answers against 'Specimen Answers' for maximum benefit from this exercise.
3. A reasonable set of answers here, for a full score - well done.

In summary, a reasonable assignment TMA 04 - evidenced by your score.

You are now over half way through K100 and thinking about revision strategies. To this end I have enclosed 'A Revision Strategy' which summarises hints set out in 'Good Study Guide' and 'Assignment Book Presentation' which I hope you will find of help when revising.

Now look forward to receiving TMA 05. You might wish to give some thought to writing this assignment, or TMA 06, by hand in preparation for the final examination. Worth thinking about?

Could you have any questions, queries or concerns about this assignment, or indeed the course as a whole, please contact me at home, preferably, an evening.

Regards

K100 Understanding Health and Social Care
P.I. Number

Why is identity an issue for someone living in a residential setting? How can care workers help individuals maintain their identity and what dilemmas can this raise?

- 1 Identity as a concept is personal to everyone. The Chambers English Dictionary describes identity as "a state of being the same; sameness, individuality; personality; who or what a person or thing is." From this it can be seen that identity is both what draws us to others who are similar and conversely what makes us different from everyone else; what informs our lifestyle or responses and how our peers see us.

An interesting
introduction

- 10 Individual or self identity (Giddens, quoted Unit 14, p.19) is constructed from a multiplicity of influences and experiences; the effect of childhood, school, work, relationships, responsibilities etc. It is maintained through life by the reinforcement of various personal signposts; memorabilia, photographs, recordings, writings, hobbies, and relationships – the list is almost endless and all contributes to self-perception and identity. Bornatt (Unit 14, p.19) describes identity as "whatever someone thinks or feels they are."

good supporting
reference here

- 20 Ascribed identity defines the way we are viewed by others and relates not only to positive interpretations but negative stereotyping e.g. the way older people are viewed by one attribute- their age (with resulting labelling and ageism). According to Rashid (Study Unit 1 K111 Social Work Practice Learning) self and ascribed identity are inextricably linked; with our views of ourselves being necessarily informed by other people's views of us.

The way in which others see service-users becomes increasingly important at the point of admission into any form of institutional care. The process of admission can adversely affect individual uniqueness and identity, with the potential for blurring and loss of identity being reinforced thereafter by the constraints and control of communal living and the attitudes of residential care staff.

good point

- 30 Erikson (Unit 14, p.21) suggests that identity is formed by exposure to experiences over eight developmental stages, as individuals search for 'personal meaning' through infancy to old age. Erikson's theory provides a useful tool, but one it is said which couldn't be applied universally. In Chapter 7 of the Reader Robinson argues that "traditional psychological theories (such as Erikson's) do not have sufficient explanatory power to account for the behaviour of black people." (p.78) Erikson's work, although influential at the time of writing has been described as euro-centric and of limited application in multi-cultural Britain. Giddens (Unit 14 p.27) criticises Erikson's enthusiasm for compartmentalising the life cycle into neat stages. He suggests the life cycles by definition are more

good discussion
here

2

- 1 of a continuum, with identity changing and developing as part of a more 'fluid process.'

For older people the transition from independent to communal living can have a detrimental effect on identity. The loss of familiar surroundings, belongings, financial independence/autonomy, contacts/networks and established routines can create feelings of grief and helplessness. Residents are at risk of losing their individuality and uniqueness. As a result of their lost role and purpose, personal and social identity can be altered or lost.

- 10 Goffman's (Unit 8 p.116) model of life in an institution (based on a study of Lennox Castle- traditional closed institution- Block 4 Video) gives some insight into why identity can sometimes go awry for service users living in residential care settings. Goffman's theory of institutionalisation identified four characteristics of institutional living:

good use of
example here

*
This is memory
as you have experienced
in point - as a brief
ment would suffice

20 →

- Batch living, where residents are treated as a homogenous group
- Dual management, with staff exercising power over residents by minimising contact and familiarity
- The inmate role, where residents lose their previous identity, are encouraged to forget the past and assimilate the prescribed role of inmate.
- The institutional perspective; over time through the process of institutionalisation inmates begin to accept the new regime and conform.

- 20 Exponents of Goffman's influential model suggest that institutionalisation erodes the core of identity and can result in residents experiencing a lack of privacy, personal choice and dignity. From my own experience I can see that, although residential/nursing homes may have changed in respect of their appearance, increases in allocated space per resident etc. little has been done to improve the "long wastes of unstructured time" (Killick, chapter 15, p.131) spent by residents who continue to sit around the perimeters of residential home lounges, the television their only stimulation, waiting for death or tea whichever comes the quickest.

- 40 Preparation is a key issue in respect of residential admissions, particularly in relation to service users with symptoms of dementia and/or significant sensory impairments. If residents are to retain a sense of 'personhood' (Kitwood, Unit 4 p.47) care staff require as much biographical information as possible, not only relating to individual physical health needs but about preferences, lifestyles, relationships, interests, personal achievements and priorities. This information becomes a resource, and can provide valuable insight into why a resident reacts/responds in a particular way to specific stimuli. Residents can be encouraged to personalise their living space, bring with them into residential homes their pictures, photos, sentimental

- i. memorabilia and even pets! Identities can become dislocated when residents are unable to associate their immediate living space with any memory of their life before admission. Staff struggle to see beyond the presenting picture of the resident and their behaviour within the home and forget (or perhaps never learned) that Mr X was once a Bank Manager or that as a young woman Mrs Y swam the Channel in record time.

This can be a complex issue!

Norman in Chapter 9 (Reader, p.75) acknowledges, "the loss of one's home can be experienced as a form of bereavement." He claims that older people who are moved into residential care are only able to work through the loss of their homes if they make a "positive identification with their new life."

well argued here

Care staff have an invaluable role to play in helping residents to reaffirm self and social identity by approaching their care with empathy. Egan (1986, Aids to Practice cards) describes empathy as "the ability to enter into and understand the world of another person and to communicate this understanding to him or her." An empathetic approach encourages sensitive and responsive care. Killick in Chapter 15 (Reader) describes most care in institutions as "regrettably reactive in nature (where) everyone relaxes into a status quo that is routinely un-stimulating" when there are no crises to be dealt with. Killick expresses enthusiasm for the concept of 'proactive care' (Reader p.131) and the importance of life history (particularly in work with children) and reminiscence work (with older people) as tools for assisting individuals to retain/regain their personal identities.

nice phrase

Reminiscence work involves helping residents to remember information about their lives. For people growing old in a country where they did not spend their formative years is problematic. Plaza (1996, quoted Unit 14) claims that those residents born and raised in the Caribbean, residential care in Britain represents an isolating experience. Residential care staff (and management, in planning) should take a 'proactive' approach to addressing issues in relation to the cultural diversity within their service user group (also relevant for day care provision) to prevent cultural identity from being further diluted. Lack of knowledge and understanding within staff groups may be misinterpreted as lack of interest.

Encouraging residents to explore their life stories raises issues of confidentiality. Situations may arise when residents may disclose information of an illegal or immoral nature (of past crimes, assault or abuse or of being an abuser). The carer is faced with the dilemma of having to share information with others; a breach of confidentiality- and subsequently may be significantly affected by the nature of the information disclosed to them. There must be adequate support available from appropriate sources to support both the service user who has made the disclosure and also the carer who has received it. Gaining residents permission to share information is no easy task for the carer who may be

working with residents who have some degree of cognitive impairment. Dementia can have a significant impact upon memory and the ability to organise basic thoughts and assimilate information. Reminiscence work with this service user group may produce disjointed accounts and dislocated histories but is no less relevant as residents search for purpose and meaning in their lives. (Killick, Chapter 15, Reader)

Identity is an issue for someone in a residential setting because it can easily be lost. The retention of identity is of most paramount importance because it reaffirms for the resident a feeling of value, of worth, of meaning in life. Efforts to assist residents to achieve a greater sense of their self and social identity can be problematic. However, adopting a holistic approach in relation to the past and present histories of residents will provide a basis for the sensitive development of anti-oppressive, individualised care practice for the future.

A strong conclusion in which you draw together the main strands of your essay.

SMS/1470 words

A strong, generally well constructed and supported essay. Good discussion points, written in an interesting and flowing style. Be careful not to fall into 'Note Style' - see * above together with my scope comments.

But avoid a reasonable discussion of the issues raised in the question

60/