

My Home Life Research Briefing No: 2

MAINTAINING IDENTITY

This briefing sets out the key findings of a research review on 'maintaining identity' undertaken by Jackie Bridges as part of the *My Home Life* programme. The briefing also provides examples of promising approaches for improving practice within this area.

The full review providing research references, further tools and examples of 'best practice' can be accessed at the My Home Life website (www.myhomelife.org.uk)

Introduction

Maintaining a sense of identity is linked with positive self-esteem and perceptions about quality of life. Intrinsic to this personal sense of identity are aspects of gender, occupation, ethnicity and sexuality. Yet living in a care home can undermine that sense. It is easy for long-term care facilities to be 'non-places' that afford few links with a resident's personal or cultural past. In addition, a number of other factors may impact on a person's ability to maintain a sense of identity including loss of health and/or cognitive ability restricting person's independence and self-realisation.

The process of moving into a care home can have several negative impacts on an individual's sense of self and personal identity, for example:

- The relative absence of private physical space in which to undertake intimate activities.
- The provision of communal facilities and institutional routines.
- The loss of the ability to attend their usual place of worship or other meaningful places.
- A sense of continuity and selfhood, which defines the person in their community, may also be lost in the transition into a care home resulting in a loss of the person's sense of identity.

Recognising the importance of maintaining the person's sense of identity and the risks that moving into a care home imposes, a number of good working practices have been developed to safeguard the older person's sense of self and personal identity. These include the use of the person-centred approach to care, biographical work, and the need to involve the wider community. These will be discussed in more detail below.

Quality of life in care homes

Person-centred care

Person-centred care aims to work in partnership with the old person, valuing them as individuals and providing care that meets their needs and not those of the institution. Fundamental to delivery of person-centred care is the establishment of effective relationships, which enable the individual to feel a valued member of the care home community. Person-centred care is one of the standards of the National Service Framework for Older People and encompasses four elements:

- *valuing people and those who care for them;
- *treating people as individuals;
- *looking at the world from the perspective of the individual; and
- *providing a positive social environment in which the person can experience relative wellbeing.

Biographical work

Understanding what matters to the individual, including his or her values and wishes, is key to person-centred care. Biographical work can be therapeutic for the resident while at the same time enabling staff to get to know individuals well and to work with them to tailor the care provided.

Many older people experiencing chronic illness and disruption of their former life patterns need help to reconstruct the past and find meaning for the present. It is therefore important to provide opportunities that allow them to establish themselves again as people. Taking a biographical approach aims to understand what matters to each individual.

A biographical approach is also about involving the resident and their family in the process of gathering and reviewing information about their needs and wishes in the care home, and in negotiating how this is to be delivered to ensure it is helpful and appropriate. It can include sharing memories, life stories or autobiographies, oral history or life review. Provided staff have the necessary time, skills and training to carry it out, reminiscence activity is powerful in maintaining identity in older people, as well as allowing a relationship to develop between residents and staff. In addition, everyday talk about the past benefits each generation, while enabling older people to preserve their identity.

Ways of achieving both a biographical approach and person-centred care include:

- Use of good communication skills, including actively seeking out the individual's ambitions and exploring how best to meet them. This is essential but not always straightforward. A dialogue can be developed with residents through listening, observing non-verbal signs, using other communication aids such as photographs or personal objects as cues, and having visitors to develop conversation and interactions.

- Consistent staff assignment has been found to be important in making it more possible for staff and residents to get to know each other. Staff will be able to observe the time of day when an individual expresses him or herself best and the activities that stimulate conversation. Paying attention to environmental conditions such as noisy rooms is particularly important for those with sensory impairment.

Involving the wider community

- Involving key people and groups from the local community is also valuable. In one home, community education workers were invited to meet residents to discuss their interests and to run community education classes in the care home that were open to residents and other members of the community.
- Ensuring the care home environment enables families to continue to maintain their relationship with the individual when they move into a care home.
- Exploring ways for residents to link with the wider community can also be achieved by enabling them to join relevant groups or participate in community activities that interest them. In addition, the internet allows an individual to reach out from a care home by enabling links with the wider community and maintaining relationships with family and friends. Many areas provide training for older people to develop their computer skills.
- Enabling individual residents to contribute to care home life and the local community, if they wish, is valuable in promoting identity. In one example, a resident offered to meet new residents as part of their orientation to the home. In the same home, it was proposed that residents should visit local schools to talk about their lives and that the home should produce a leaflet listing interests and topics that participating residents might offer.

Staff support

Developing person-centred care, while immensely rewarding, can also provoke anxiety and discomfort as staff come to terms with the emotional nature of their work. Care that is not person-centred can result from individual and organisational psychological defences to protect staff from the pain and anxiety associated with emotionally traumatic nursing work.

Establishing person-centred care must include a great deal of support for staff in addressing these anxieties and breaking down these defences. As well as training managers and staff to develop new knowledge and skills, other forms of support may be needed. In one study, this included group clinical

supervision for all staff, action learning for senior nursing staff and dementia care mapping.

Staff will need to be supported in taking on board psychosocial aspects of care, creating space for reflection, recognising and valuing the work they do and giving staff ways of dealing with the difficulties of the work they do.

Working participatively in this way may require greater support for those in a leadership position, because staff becoming empowered to voice their different views may lead to conflict that the manager may feel ill-equipped to resolve.

Good practice suggestions

*Residents should be able to decide how they dress, choose the items they will bring into the home and have control over personal space

*They should feel able to exercise choice and control and take on some of the tasks of the home such as showing around visitors

*An important role for staff is supporting residents to make new friendships and sustain current ones by introducing them to people from similar backgrounds or interests, welcoming existing friends when they visit, or supporting residents to write letters or telephone to stay in touch.

*Security, belonging, and self-identity for older people. It is essential to strike a balance between secure storage of personal possessions, such as jewellery, with residents' wishes to be able to use them when they want. This requires vigilance from staff and appropriate policies to be in place.

*Participating in meaningful activities is of great value. What counts as meaningful can range from engaging in the daily routine of the home, looking at the view from the window, taking up hobbies, religious observance, singing or playing music. In the case of organised activities, having the choice to opt out of them is just as important as the activities. One project used a 'wishing tree' to ask residents what they wanted; wishes ranged from access to audio books to visits to the Highland Show. In another project, staff identified and helped a resident who had always wanted to learn to play the piano, together with others who wanted to learn how to use a computer.

Other ways in which residents' hopes can be realised include:

*Establishing a forum for residents and their families. Outcomes from a forum in one home included setting up new services such as chiropody and environmental improvements, including an improved door entry system.

*Recognising ethnic and cultural needs. This could involve recruiting staff from different ethnic groups to reflect the local population; staff training on cultural diversity; availability of translation services; providing washing and

toilet facilities for particular purposes; potential for segregation of male and female quarters; considering areas relating to food storage, preparation and cooking.

*Recognising spiritual needs may mean providing places for prayer and meditation; arranging for clergy and others from different religious institutions to visit; enabling residents to attend places of worship or religious events outside the care home or staff training on spirituality. Spirituality may not be the same as following a religious faith, although for some people this is their path.

*Meeting more general spiritual needs can include involvement in reading, expressive arts, music, walking or gardening – activities that can provide ‘opportunities for creative meaning, gaining a sense of control and nourishing the soul’. Some reports argue that the spiritual needs of older people with dementia merit a particular focus. Involvement in creative arts can enable communication, expressiveness and continuation of personhood. For example, listening to classical music may touch a chord deep within a person.

*Offering couples space for intimacy and privacy and using skilled observation and emotional literacy to understand their needs will help residents feel they have the right to express their sexual identity. A sensitive and respectful approach will be needed from staff to ensure that one person’s need for sexual expression does not lead to coercion of vulnerable others.

*Communication with residents can be resource intensive. The use of external advocacy schemes to supplement the time provided by care home staff can be beneficial.

This summary was written by Christine Moss in partnership with Denise Forte for *My Home Life*.

The **My Home Life programme** is a UK-wide programme of work aimed at promoting the quality of life for those who are living, dying, visiting or working in care homes for older people. More information can be found on www.myhomelife.org.uk