

People in need of
care may spend their
lives in public spaces



How can people in need of care that live in public spaces maintain their privacy, choice and independence? Initially, the way privacy and public space is defined will be considered. Secondly, an example of a local residential setting will be used to ascertain whether those in care environments can achieve any privacy and whether they have any control over their own space. We will then examine a further example of a residential setting, examining how privacy, choice and independence can be maintained.

Finally, we will explore the role played by the development of core values, codes of practice and National Standards in relation to residential care. Many differing types of care take place in a variety of spaces such as private homes, day care centres, nursing and residential homes and hospitals. Each of these examples may have both private and public spaces within them, for example the ward of a hospital could be seen as a public space, but the desk or office where the nurses sit or complete paperwork could be seen as a private space. Public and private space can be defined on the basis of who has access to space and the activity being undertaken within it' (Unit 7, p. 66).

'Willcocks et al. (1987) report on findings from a national consumer study of local authority residential homes for older people carried out in 1980/81' (Unit 7, p. 66). 'They comment on the variety of ways where privacy may be difficult to achieve due to the lack of single rooms as a private space, that residents could not lock their rooms and the public and communal environment of lounges and dining rooms lead to visiting taking place in public areas' (Unit 7, p. 7). In contrast to this view Ittelson et al. defined <https://assignbuster.com/people-in-need-of-care-may-spend-their-lives-in-public-spaces/>

privacy as 'the freedom of individuals to choose what they will communicate about themselves and to whom they will communicate in a particular situation (1974, P. 152) (Unit 7, p. 68).

Consequently, privacy could be defined by how people feel about themselves and others, how they behave in public spaces and whether there is any access to private space. Whilst exploring space for care, it would be prudent to look at the control aspect of residential living space. Caring relationships often demand that people allow other people access into their space (Twigg, 2001)' (Unit 7, p. 69). The space mentioned by Twigg could be interpreted as either someone's own personal space or someone's physical space, perhaps a bedroom. In a nursing home a carer would possibly need to wash and dress those they are caring for, therefore accessing their personal space, these types of tasks would generally take place in a private bedroom or bathroom, and as a result carers would be accessing the physical space too.

The variance with regard to availability of private living space among different residential homes would be subject to how the space was designed and organised, whether there were private bedrooms, the number of bathrooms and toilets or en-suite facilities. To illustrate, Applecroft, a nursing home, with a total of 60 beds, where all residents have a private bedroom with en-suite facilities, allowing them a great deal of privacy will be looked at.

When residents are in their rooms, all bedroom doors are left wide-open by care workers and each resident can be seen, quite clearly, by anyone in the vicinity of the corridor. This example serves to evidence that although

residents in this nursing home have their own private bedrooms, they do not appear to have control over their privacy. Despite this fact, residents are able to furnish their bedrooms with personal belongings, giving a sense of control of their own space and self-identity.

It could be said that in this particular case that despite a great deal of private space in the care home, it is the care workers that have control over the residents' privacy. Another residential setting is Pembroke Court, a building consisting of 32 self contained studio flats and 10 one bedroom flats. Pembroke Court will be used to exemplify an environment that is designed to enable residents to have as much control over their daily lives as possible. Pembroke Court is a sheltered housing development, it is controlled and maintained by a private housing company 'Anchor Housing' and was opened in 1975.

Each flat has its' own front door and each resident their own front door key; a security entry system has also been installed to enable residents to allow visitors entry to the building independently. Residents are also responsible for paying their own utility bills and for the decoration of their flat. This serves to provide each resident with a sense of territory, personal space and independence. There is a lift and stairs that service the building with large, open, bright communal areas situated at the lift entrance on each of the three floors.

The ground floor has a community living room, with a well equipped kitchen and lounge area with comfortable chairs and coffee tables, there is also a piano and radio and all residents have access to this space at any time. The

warden of Pembroke Court has a small office close to the front entrance and a small flat at the back of the property. The warden is on duty each week day, with another member of staff covering the weekend shift. If there is no manager on duty an emergency number is displayed clearly outside of the managers' office, along with a 'Charter of Care'.

Although each resident lives in an independent setting, support is on hand, giving a sense of security to those living in this environment and their families. Activities, both on and off site are arranged for the residents, these and services such as chiropody and hairdressing are advertised on a large notice board outside the lounge area. This allows residents to have a choice whether to attend these activities or whether to use the services, giving them a sense of independence. Notices are also displayed detailing residents birthdays, thus providing a sense of community.

Each element of this environment, the building design, the warden and the residents, along with the sense of community and choice serve to evidence that privacy, choice and independence can be maintained in a caring environment. The development and improvement of core values, codes of practice and national standards in relation to residential care are now more regulated and mandatory. As mentioned earlier with regard to Pembroke Court, residential settings will possibly have their own 'Charter of Care'.

Five principles of care were outlined by The Wagner Report, Caring: This should be personal, and residents should feel valued, safe and secure.

Choice: Each resident's right to exercise choice over their daily life should be respected. Continuity: This includes both consistency of care from staff, and

the maintenance of links with a resident's previous life. Change: For residents, the opportunity for continued development; for staff, a commitment to respond to changing needs. Common values: Ensuring that practice is based on a shared philosophy and values. (Adapted from NISW, 1988, p. 60) (Unit 8, pg. 23).

These five principles are underpinned by core values including, privacy, autonomy, choice, dignity, self-determination and integration. (Unit 8, pg. 123). Codes of practice from the Centre for Policy on Ageing contain discussions on all of these core values. The Care Standards Act 2000 has developed National Minimum Standards to ensure that service users' requirements are being met. Further changes have taken place to form the 'Commission for Social Care Inspection' by merging the National Care Standards Commission and the Social Service Inspectorate, this was operational in 2004. (Unit 8, Pg. 150)

In conclusion, privacy could be defined by how people feel about themselves and others around them, how they behave in public spaces and also whether they have access to any private space. The nature and type of care environment can also have a large bearing on whether privacy, choice and independence can be maintained and whether the residents have any control over these elements. Regulations are also improving the quality of residents care and their environments, with a national standard of care. These are just some of the factors that can decide whether privacy, choice and independence can be maintained in a care environment.