

## APPENDIX GA36a

| LEVEL 4 ASSESSMENT SPECIFICATION |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                 |
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| STUDENT ID:                      | 2437565                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                 |
| Programme:                       | Certificate of Higher Education in Health and Social Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                 |
| Module:                          | Psychology in Health and Social Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                 |
| Module code:                     | LCHS4010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Contribution to Overall Module Assessment (%): | 50%             |
| Module lead:                     | Neale Haddon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Internal Verifier:                             | Besty Jose      |
| Assignment Title:                | Assessment 2: Bibliography & report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Word count (or equivalent):                    | 1500 words      |
| Submission                       | To be submitted via Turnitin by <b>Tuesday, 24th March 2026, 10 am</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Return date of                                 | 27th April 2026 |
| Submission method:               | <p>All written assessments, where practical and possible, must be submitted via Turnitin unless otherwise instructed by the Lecturer. (Please DO NOT put this assessment specification into Turnitin or it will match many similarities with other students' submissions.)</p> <p><b>Alternative submission method (if applicable):</b></p> <p><b>Late submission of the assessment will result in a late penalty mark:</b></p> <p>Work which is submitted up to 1 week late will be capped at 40% for the first attempt and will be awarded a mark of 0% for re-assessment. Late submission penalties may be lifted only if there is an approved extenuating circumstances claim.</p> <p>Work submitted more than 1 week late will be considered as a non-submission and will not be marked. The work may be considered as a submission for reassessment if offered by an Examining Board or if there is an approved extenuating circumstances claim.</p> |                                                |                 |
| Academic honesty / referencing:  | <p>Academic honesty is required. In the main body of your submission you must give credit to authors on whose research and ideas your work is based. Append to your submission a reference list that indicates the books, articles, etc. that you have used, cited or quoted in order to complete this assessment.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                 |

The aim of this module is to develop understanding of the psychological factors which influence human behaviour throughout the lifespan and how these apply to health and social care settings.

Upon the successful completion of this module, the student should be able to demonstrate the ability to:

1. Understand and analyse how theories of lifespan development are applied to health and social care practice.
2. Examine the social and biological determinants of human behaviour in relation to the contexts of health and social care and working with children and young people.

## TASK DESCRIPTIONS

You are required to complete a two-part assessment. Both parts need to be submitted as **a single MS Word document**:

### **Part A: Annotated Bibliography (750 words)**

Select four academic sources (journal articles or book chapters) that explore psychological theories relevant to adult development and wellbeing in health and social care. These must include at least two of the theories learned in the module – (1 theory from weeks 1-5 and 1 theory from weeks 7-9).

For example:

Erikson's psychosocial stages and Havighurst's Activity theory  
Bowlby's attachment theory and Positive psychology approaches to ageing

For each source, provide:

1. A full reference in UWTSD Harvard style
2. A concise summary of the source's key arguments or findings
3. A critical comment on its relevance to supporting older adults in health and social care settings

### **Part B: Short Report (750 words)**

Write a report aimed at health and social care professionals working in an older adults care home that:

- Explains how one of the theories from your bibliography can be applied to improve psychological wellbeing in older adults living in residential care
- Includes one real-world example or case scenario to illustrate the application

- Discusses one challenge professionals may face when applying this theory and suggests a strategy to overcome it

#### **General Submission Guidance**

1. All of your submissions must include **a title page** that clearly states **your name, your student number, the module code and title, your lecturer's name, and your assignment title.**
2. All of your submissions should be typed in Arial font, size 11.
3. All of your submissions should be **typed with 1.5 line spacing.**
4. All of your submissions should have an appropriate structure, include page numbers, **and** have a reference list.

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## Part A

### Source 1 – Erikson's Psychosocial Theory

Erikson, E. (1982) *The Life Cycle Completed*. New York: W.W. Norton & Company.

#### Summary

Erikson's psychosocial theory explains human development through eight stages across the lifespan (Erikson, 1982). The final stage, known as integrity versus despair, occurs in older adulthood. During this stage, individuals reflect on their life experiences and evaluate their achievements and relationships. When older adults feel satisfied with their life and accept both successes and failures, they develop a sense of integrity. However, if individuals focus mainly on regrets or missed opportunities, they may experience despair, which can lead to sadness and reduced life satisfaction (Erikson, 1982). Research on ageing also suggests that life reflection and meaning-making are important factors in maintaining psychological wellbeing among older adults.

#### Critical Comment

Erikson's theory is highly relevant to health and social care professionals who work with older adults in residential care homes. Supporting residents to reflect positively on their life experiences may help them develop a sense of meaning and acceptance. Care professionals can apply this theory by organising activities such as reminiscence therapy, storytelling sessions, or life review discussions. These activities can improve emotional wellbeing and strengthen residents' sense of identity. However, some individuals may find it difficult to discuss past experiences, particularly if they have experienced loss or trauma. Therefore, care professionals should provide emotional support and ensure that these activities take place in a respectful and supportive environment.

### Source 2 – Activity Theory

Havighurst, R. (1961) 'Successful ageing', *The Gerontologist*, 1(1), pp. 8–13.

#### Summary

Havighurst's Activity Theory suggests that older adults achieve higher levels of wellbeing when they remain socially active and engaged in meaningful activities (Havighurst, 1961). According to this theory, staying involved in social relationships, hobbies, and community activities can help older adults maintain a sense of purpose and life satisfaction. The theory argues that ageing successfully is linked to maintaining roles and activities that individuals enjoyed earlier in life. When older

adults lose social roles, such as employment or family responsibilities, they may experience loneliness and reduced wellbeing. Therefore, continuing participation in meaningful activities is considered an important factor for maintaining psychological health in later life.

### **Critical Comment**

Activity Theory is particularly useful in health and social care settings that support older adults. Care home staff can apply this theory by encouraging residents to participate in social and recreational activities such as group exercises, creative hobbies, or community events. These activities can help maintain social connections and provide residents with a sense of purpose. However, some residents may face physical or cognitive limitations that make participation difficult. In such cases, care professionals should adapt activities to suit individual abilities and ensure that all residents have opportunities to remain socially engaged.

## **Source 3 – Bowlby's Attachment Theory**

Bowlby, J. (1988) *A Secure Base: Parent–Child Attachment and Healthy Human Development*. London: Routledge.

### **Summary**

Bowlby's Attachment Theory emphasises the importance of emotional bonds and secure relationships for psychological wellbeing throughout life (Bowlby, 1988). Although the theory originally focused on childhood development, later research suggests that attachment relationships continue to influence emotional wellbeing in adulthood and old age. Secure attachments can provide individuals with emotional support, stability, and a sense of safety during stressful life events. In older adulthood, maintaining close relationships with family members, friends, and caregivers may help protect against loneliness and depression (Bowlby, 1988)

### **Critical Comment**

Attachment theory provides useful insights for professionals working with older adults in residential care homes. Moving into a care home may involve separation from familiar environments and relationships, which can negatively affect emotional security. Health and social care professionals can apply attachment principles by promoting stable and supportive relationships between residents, family members, and care staff. For example, consistent caregiving and regular family contact can help older adults feel safe and supported. However, high staff turnover or limited time for interaction may make relationship-building difficult in some care settings. Therefore, care organisations should prioritise person-centred care and continuity of staff

## Source 4 – Positive Psychology

Seligman, M.E.P. (2011) *Flourish: A Visionary New Understanding of Happiness and Wellbeing*. New York: Free Press.

### Summary

Positive psychology focuses on understanding the factors that contribute to happiness, wellbeing, and life satisfaction (Seligman, 2011). Rather than focusing only on mental illness, this approach highlights the importance of strengths, resilience, and positive emotions. In the context of ageing, positive psychology suggests that maintaining optimism, meaningful activities, and strong social relationships can improve psychological wellbeing among older adults. Research on wellbeing in later life also indicates that positive emotional experiences and social engagement can enhance quality of life in older adulthood (Seligman, 2011).

### Critical Comment

Positive psychology has practical applications for professionals working with older adults in residential care homes. Care organisations can promote wellbeing by encouraging positive experiences, meaningful engagement, and social interaction among residents. Activities such as creative hobbies, group discussions, and community involvement can help older adults develop a sense of purpose and belonging. These approaches may reduce loneliness and improve emotional wellbeing. However, implementing wellbeing programmes may be challenging when care homes face limited resources or staff shortages. Therefore, organisations should provide training and support for staff to integrate wellbeing-focused practices into daily care.

## Part B – Section 1

### Introduction

Older adulthood is an important stage of life that presents psychological as well as physical challenges. Many older adults living in residential care homes may experience loneliness, loss of independence, and reduced social connections. Psychological theories of lifespan development can help health and social care professionals understand the emotional needs of older adults and support their wellbeing. One useful theory is Erikson's psychosocial theory, particularly the final stage known as integrity versus despair. This report will explain how Erikson's theory can be applied in residential care settings to improve psychological wellbeing among older adults. It will also provide a practical example and discuss a potential challenge in applying this approach.

## Explanation of Erikson's Theory

Erikson's psychosocial theory explains human development across eight stages throughout the lifespan, with each stage involving a psychological challenge that influences personal growth (Erikson, 1982). The final stage, **integrity versus despair**, occurs in older adulthood and focuses on how individuals reflect on their life experiences. During this stage, older adults evaluate their achievements, relationships, and life choices. If individuals feel that their lives have been meaningful and worthwhile, they develop a sense of integrity, which is associated with acceptance, wisdom, and emotional stability. In contrast, if individuals focus on regrets or feel that their lives lacked purpose, they may experience despair, which can lead to feelings of sadness, dissatisfaction, or fear about the future.

In the context of ageing, developing a sense of integrity is important for maintaining psychological wellbeing. Research suggests that reflecting on life experiences and recognising personal achievements can support emotional wellbeing and life satisfaction in later life (Westerhof and Bohlmeijer, 2014). Therefore, Erikson's theory provides a useful framework for understanding the emotional needs of older adults and for guiding supportive practices in health and social care settings.

## Application in Residential Care

Erikson's theory can be applied in residential care homes to support the psychological wellbeing of older adults. Health and social care professionals play an important role in helping residents develop a sense of integrity by encouraging reflection on their life experiences. One effective approach is the use of **reminiscence therapy**, where older adults are encouraged to share memories, stories, and significant life events. These discussions allow residents to reflect on achievements, relationships, and meaningful experiences, which can strengthen their sense of identity and self-worth.

Care homes can also organise structured activities such as storytelling sessions, memory groups, or creative projects that allow residents to express personal experiences. These activities not only support life reflection but also promote social interaction among residents. Social engagement is important because many older adults in care homes may experience loneliness or isolation after leaving their previous homes and communities.

Additionally, staff can adopt **person-centred care approaches**, where residents' personal histories, preferences, and life experiences are recognised and respected. By acknowledging each resident's life story, care professionals can help individuals feel valued and understood. Research suggests that life review activities and supportive relationships can improve emotional wellbeing and reduce feelings of depression among older adults (Westerhof and Bohlmeijer, 2014). Therefore, applying Erikson's theory in care settings can help professionals create supportive

environments that promote dignity, purpose, and psychological wellbeing for older residents.

## Real life example

In a residential care home, an older resident may begin to feel dissatisfied with their life after experiencing several major changes, such as retirement, loss of a partner, or moving away from their previous home. For example, an older adult named Mr Ahmed may feel regret about past decisions and may express sadness when reflecting on his life. According to Erikson's theory, these feelings may indicate movement towards despair rather than integrity (Erikson, 1982). Care staff could support Mr Ahmed by introducing reminiscence activities, where he is encouraged to share positive memories and life achievements with others. Research suggests that life review and reminiscence therapy can improve emotional wellbeing and help older adults develop a stronger sense of meaning in later life (Westerhof and Bohlmeijer, 2014).

## Challenge in Applying Erikson's Theory

One challenge when applying Erikson's theory in residential care settings is that some older adults may find it difficult or emotionally distressing to reflect on past experiences. Individuals who have experienced trauma, loss, or regret may feel uncomfortable discussing their life history. As a result, they may avoid participating in reminiscence activities or conversations about their past. This can limit the effectiveness of interventions designed to support life reflection and the development of a sense of integrity. Health and social care professionals must therefore recognise that not all residents will feel ready to openly discuss their personal experiences.

## Strategy to Overcome the Challenge

To address this challenge, health and social care professionals should adopt a **person-centred approach** when supporting older adults. Staff should allow residents to share their experiences at their own pace and avoid forcing them to discuss sensitive memories. Creating a supportive and trusting environment can help residents feel safe and respected. Activities such as guided reminiscence, creative storytelling, or memory books may allow individuals to reflect on positive experiences in a comfortable way. Research suggests that supportive environments and respectful communication can improve emotional wellbeing among older adults in care settings (Westerhof and Bohlmeijer, 2014).

## Conclusion

In conclusion, Erikson's psychosocial theory provides a useful framework for understanding the emotional needs of older adults living in residential care homes. The stage of integrity versus despair highlights the importance of life reflection and personal meaning in later life. By encouraging reminiscence activities and supportive relationships, health and social care professionals can help residents develop a

sense of integrity and emotional wellbeing. Although challenges may arise when discussing personal experiences, person-centred care strategies can help create supportive environments that promote psychological wellbeing in older adulthood.

## Reference

- Bowlby, J. (1988) *A Secure Base: Parent–Child Attachment and Healthy Human Development*. London: Routledge.
- Erikson, E. (1982) *The Life Cycle Completed*. New York: W.W. Norton & Company.
- Havighurst, R. (1961) 'Successful ageing', *The Gerontologist*, 1(1), pp. 8–13.
- Mikulincer, M. and Shaver, P. (2016) *Attachment in Adulthood: Structure, Dynamics, and Change*. 2nd edn. New York: Guilford Press.
- Rowe, J.W. and Kahn, R.L. (1997) 'Successful aging', *The Gerontologist*, 37(4), pp. 433–440.
- Seligman, M.E.P. (2011) *Flourish: A Visionary New Understanding of Happiness and Wellbeing*. New York: Free Press.
- Step toe, A., Deaton, A. and Stone, A.A. (2015) 'Subjective wellbeing, health, and ageing', *The Lancet*, 385(9968), pp. 640–648.
- Westerhof, G.J. and Bohlmeijer, E.T. (2014) 'Celebrating fifty years of research and applications in reminiscence and life review', *Journal of Aging Studies*, 29, pp. 107–114.