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*Dress and Identity in the Care Home: An institution and carer perspective*

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# Dress and Identity in the Care Home: An institution and carer perspective

Claire Elizabeth Trelfa

A thesis submitted in partial fulfilment of the requirements of  
Sheffield Hallam University  
For the degree of Doctor of Philosophy

May 2025

## Candidate Declaration

I hereby declare that:

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2. None of the material contained in the thesis has been used in any other submission for an academic award.
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## Abstract

### **Dress and identity in the care home: An institution and carer perspective**

This study examines how carers support dressing for residents living with cognitive frailties in care homes, using a fashion and dress lens to foreground the material, relational, and institutional dimensions of this everyday practice. Dress is fundamental to identity, operating as both an internalised sense of self and an outward expression of personhood. Yet in care homes, increasing dependency shifts dressing decisions to others, reshaping how identity is negotiated and reducing residents' autonomy.

Dressing in institutional environments reflects the needs of both the wearer (the resident) and the dresser (the carer), mediated through organisational structures that prioritise safety, efficiency, and functionality. This study explores how carers navigate these competing demands, revealing the tensions between institutional priorities and the preservation of residents' identity.

Research was conducted across four care home organisations in the North of England, using semi-structured interviews with managers and 'suitcase conversations' with carers. Narrative data were analysed using reflexive thematic analysis and interpreted within the governance frameworks of the Care Quality Commission (CQC).

Findings show that carers' accounts foreground institutional definitions of care, often obscuring the relational and interpretive expertise they draw upon to uphold identity through dressing interactions. Dressing routines are formally structured by organisational expectations yet sustained through carers' informal, embodied, and tacit knowledge. The absence of formal wardrobe management systems positions carers as interpreters of residents' appearance biographies, navigating identity preservation through adaptive, relational practices.

By making visible the relational, sensory, and interpretive dimensions of dressing care, this study reframes dressing as both an institutional metric and a site of co-constructed identity work. Recognising carers' role in sustaining personhood offers opportunities to enhance training, strengthen reflective practice, and support identity expression and well-being for residents living with cognitive frailties.

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# Chapter one

## 1 Thesis introduction

Viewing the care home environment through the lens of a fashion professional offers a critical enquiry distinct from traditional health and social care frameworks. This perspective shifts focus to an ordinary yet profound activity: dressing. Often relegated to the backroom of care (Twigg 2006a), dressing practices play a crucial role in shaping identity, sustaining relationships, and fostering cultural engagement (Breward 1995; Craik 1994; Crane 2000a). By exploring these practices, this study uncovers their deep connection to individual biographies and their contribution to emotional well-being within care homes.

The prospect of entering a care home is seldom viewed positively (O'Neill et al. 2020), as it often signifies a loss of independence and an acknowledgment that self-management is no longer possible (Higgs and Gilleard 2014, 2021a). For many, this transition is precipitated by a crisis, leaving little time for individuals or their families to process the change or explore alternatives (British Geriatrics Society 2021; Morgan Brett 2023). To create meaningful living environments, care homes must prioritize holistic well-being, integrating physical health with emotional contentment to enhance residents' quality of life (O'Neill et al. 2020). Building strong relationships with residents and tailoring activities to their needs are pivotal steps in improving outcomes (Brooker 2003; Kitwood 1997). Yet, care home residents face complex challenges. Up to 75% of residents experience cognitive impairments such as dementia, and many live with frailty, multiple diagnoses, or chronic conditions (British Geriatrics Society 2021). These overlapping vulnerabilities demand nuanced approaches to care.

In England, the social care system has endured decades of crisis due to insufficient reform (UK Parliament 2024). Unlike healthcare, personal care, including assistance with dressing, eating, and washing, is not classified as healthcare and is thus subject to individual payments or contributions (Alzheimer Society UK 2024b). While state-funded care exists, it is means-tested, leaving many to shoulder the financial burden. Adding to the complexity, residents now enter care homes later in life with more advanced needs, requiring higher levels of support and innovative approaches to caregiving (British Geriatrics Society 2021). The limited time to build meaningful connections or learn about residents' personal biographies further compounds these challenges (British Geriatrics Society 2021).

This study examines the daily practices and tensions navigated by care staff, revealing how carers balance institutional priorities and resident identity needs. Previous research has engaged a range of care professionals, both external (e.g., social workers) and internal (e.g., managers, carers, support workers), alongside residents and their families. Buse and Twigg (2016) ESRC-Funded study 'Dementia and dress' conducted across three care homes in Kent, included one-third care staff, with the remaining participants equally split between residents and family members. In contrast, this study deliberately decentring the resident and their family, foregrounds the overlooked yet vital role of care staff in shaping clothing practices and person-centred care. By focusing on staff, the research reveals how clothing becomes a site of negotiation between institutional routines and personal histories.

This chapter delineates the research scope, presenting the aims, objectives, and key questions driving the study. It highlights the significance of the research, particularly in examining how dressing and clothing management intersect with caregiving. Additionally, it introduces the research methodology and theoretical framework, setting the stage for a deeper exploration in the

chapters ahead. This introduction provides a structured guide for the reader, facilitating navigation through the intricate layers of analysis and discussion to come.

## **1.1 Research aim and rationale**

### **1.1.1 Aim**

This research aims to explore how dress and dressing are perceived and managed by care professionals in care home environments, focusing on their role in supporting identity, well-being, and personhood for residents with cognitive frailties.

It seeks to address the following objectives:

- To investigate the influences shaping care home managers' perceptions of dress and dressing within the context of care provision.
- To examine how clothing is managed, organised, and processed in care homes, as experienced by care home managers and carers.
- To explore carers' accounts of how dressing practices contribute to preserving the identity, dignity, and well-being of residents with cognitive frailties.
- To identify the tensions carers navigate between institutional priorities and the identity needs of residents during daily dressing routines.
- To contextualise carer and managerial practices of clothing and wardrobe management within institutional frameworks and governance, assessing their alignment with person-centred care principles.

### **Research Questions**

1. How do care home managers organise and manage dress and clothing within the care home environment?

2. What factors influence care home managers' perceptions of the role of dress and dressing in the care setting?
3. How do professional care home carers describe their experiences of handling clothing and managing the wardrobes of residents with cognitive frailties?
4. How do carers perceive the process of dressing, and in what ways do these practices intersect with residents' identity, comfort, and well-being?
5. What challenges and tensions do carers navigate in balancing institutional priorities with supporting residents' identity during dressing routines?
6. How do institutional governance frameworks influence the management of dressing practices by care professionals?

### **1.1.2 Personal Motivation**

This research is grounded in a deeply personal experience that brought the relationship between memory, self-identity, and dress into sharp focus.

#### **Personal Account:**

In 2012, I became a familial carer, tasked with managing decisions and daily routines for someone living with significant physical and cognitive frailty. This dependency often felt like an "outsourcing" of cognitive functions as their abilities diminished. It was exhausting to think for someone else while supporting them in even the simplest tasks. However, one shopping trip reshaped my understanding of sartorial identity (this refers to a coordinated way of dressing, personal to the identity of the individual) and sparked the foundation for this research.

*During a visit to Marks & Spencer to purchase clothing for this individual - who had lost a significant amount of weight - we encountered a shift in their usual preferences. Historically indifferent to fashion, they would say, "It will do," or "I'm comfortable," and avoided indulgence in self-expression. Yet*

*on this occasion, they were drawn to red jeans and matching shirts - far removed from their usual blue denim and simple shirts. When assured they could purchase these items, they questioned whether it was their birthday or if they had won the lottery, underscoring their unfamiliarity with such choices.*

Despite their cognitive frailty preventing full awareness of physical changes, these clothes marked a departure from their usual self-imposed restrictions on preferences, practicality, and cost. The joy they experienced through this shift in sartorial identity was profound, as they frequently wore the chosen outfits. This incident highlighted that despite cognitive frailties personal choice can change, even be liberated from the normal family and social constraints. This illustrates how dress intersects with self-expression, dignity, and emotional well-being even amidst cognitive decline, forming the foundation for this study's exploration of dressing in care contexts.

## **1.2 Background**

The UK's ageing population presents significant implications for planning and delivering health and social care. In 2022, 12.7 million individuals aged over 65 accounted for 19% of the population, a figure projected to rise to 22.1 million, or 27% of the population, by 2072 (Barton, Sturge, and Harker 2024). This demographic growth underscores increasing concerns about frailty, with 1.8 million people over the age of 60 in the UK living with frailty in 2016 (Barton et al. 2024). Frailty, while a broad and contested term, is clinically recognised by the World Health Organisation (WHO) as a distinct entity, often overlapping with disability (impairments in activities of daily living) and comorbidity (presence of two or more chronic diseases) (WHO 2017). Frailty is a state of vulnerability affecting both physical and mental well-being (British Geriatrics Society 2017). It describes a person's overall resilience and their ability to recover from relatively minor health problems.

Cognitive frailty is increasingly recognised as distinct from dementia, though its definition remains contested. While the International Academy on Nutrition and Aging (IANA) and the International Association of Gerontology and Geriatrics (IAGG) (Kelaiditi, Eirini et al. 2013) initially defined it as the co-existence of *physical frailty* and *mild cognitive impairment (MCI)* in the absence of dementia, this framing has since been critiqued for being overly narrow and clinically rigid. [Timmons et al. \(2025\)](#) argue that the IANA/IAGG definition fails to capture the fluctuating, multidimensional nature of cognitive vulnerability in later life, particularly for older adults with multimorbidity and complex care needs.

Rather than anchoring cognitive frailty solely to MCI, emerging perspectives highlight its dynamic nature, shaped by comorbidities, environmental stressors, and psychosocial factors. A 2025 survey of European geriatricians found significant variation in how the term is interpreted and applied in practice, with some viewing it as a useful framework for early intervention, and others cautioning that it risks conflating distinct clinical pathways (Timmons et al. 2025).

Importantly, cognitive frailty is not necessarily neurodegenerative. Unlike dementia, which involves progressive decline and irreversible impairment, cognitive frailty may be reversible or modifiable through targeted interventions such as nutritional support, physical activity, and cognitive stimulation (Holland et al. 2025). Its fluctuating presentation, often exacerbated by multimorbidity, requires nuanced, person-centred care approaches that move beyond diagnostic labels to address the lived complexity of ageing.

While dementia dominates discussions of cognitive decline, this study centres on frailty as a broader, more fluid concept that is not confined to a single medical diagnosis. Frailty encompasses both physical and cognitive

dimensions, recognizing that residents in care homes may experience fluctuating vulnerabilities, with potential for periods of stability or further decline. Cognitive frailty affects information processing, memory, communication, and physical actions, yet much contemporary research frames these experiences within a dementia discourse due to its recognition as a global health crisis (WHO 2015). By adopting a frailty lens, this study moves beyond the rigidity of illness categorization, allowing for a nuanced exploration of dressing practices that align with the complexities of care home life rather than fixed diagnostic labels.

Frailty, whether cognitive or physical, significantly affects daily living activities and demands tailored caregiving approaches. As frailty becomes more prevalent, it has emerged as a dominant discourse in later life, aligning with the need for global social and political policies to address ageing populations (Grenier 2020). This growing prevalence adds increasing pressure to health and social care systems.

The care home sector plays a critical role in meeting the needs of frail and cognitively impaired individuals. The UK has approximately 16,566 care homes, accommodating nearly half a million residents, 70% of whom are estimated to have dementia (Alzheimer Society UK 2024a). The sector employs 787,992 individuals yet demand for care continues to rise. Predictions indicate an additional 144,000 care home beds will be needed in the next decade to keep pace with population growth (Berg 2025; Learner 2025). Despite the demand, new care home provision has predominantly scaled up in larger facilities to reduce operational costs, creating an environment where institutional practices may become increasingly rigid (Berg 2025). Since 2020, over half of all new care homes have been built in London and the South-East, while only 15% of new beds have been provided in Northern England, exacerbating regional disparities in care access (Berg 2025).

The trend toward larger care homes comes with challenges. While scaling up provision aims to lower costs, the emphasis on efficiency risks prioritising institutional frameworks over person-centred care (Berg 2025). Larger facilities may struggle to provide individualized attention, which is essential for preserving residents' dignity and well-being (Grenier 2020; O'Neill et al. 2020). Furthermore, people are entering care homes later in life with more advanced needs, leaving less time for care staff to build relationships and learn about residents' personal biographies (Berg 2025; O'Neill et al. 2020). This compressed timeframe places additional strain on staff, who must navigate complex care requirements while fostering emotional connections in limited periods (Berg 2025).

Recent years have also seen a reduction in care home capacity, with 1,033 care home beds lost in January 2022 alone (Learner 2025). Combined with population ageing, these reductions highlight a critical need for innovative solutions to address gaps in provision and ensure the holistic care of residents living with frailty and cognitive challenges.

### **1.3 Overview of thesis chapters**

This thesis is structured to explore the role of dress and dressing within care homes, examining their impact on identity, dignity, and relational care. The following chapters present the theoretical foundations, methodological approach, findings, and final reflections, building a cohesive narrative that addresses the study's research questions and contributions to knowledge.

### **Chapter 2, 3 & 4: Literature Review**

The literature review spans three chapters, each addressing different dimensions of dress in relation to identity, ageing, and institutional care.

Collectively, they frame dressing practices as central to the negotiation of selfhood, agency, and dignity in later life.

**Chapter 2:** examines the relationship between dress and identity, situating clothing as a material biography that carries emotional, relational, and cultural significance. It explores how dress mediates expressions of selfhood and autonomy, particularly in contexts where dressing assistance is required.

**Chapter 3:** focuses on ageing and frailty, analysing how dress navigates the challenges posed by physical and cognitive vulnerability. It considers the role of clothing in adapting to bodily changes, while exploring broader discourses of ageing that shape fashion consumption and personal style.

**Chapter 4:** contextualizes dressing within care homes, examining how institutional frameworks, regulatory mandates, and relational caregiving practices influence dressing routines. It critically assesses how care homes balance hygiene, efficiency, and personal expression, setting the stage for this study's investigation into carers' roles in dressing practices.

Together, these chapters establish the theoretical foundation for exploring dressing as a relational, material, and institutional practice, highlighting the gaps in research that this study addresses.

## **Chapter 5: Methodology**

This chapter outlines the methodological approach for the study, detailing the researcher's position, challenges faced, and ethical considerations. Grounded in an interpretivist and constructivist framework, the research is informed by the author's personal experience as both a fashion professional and familial carer for someone with cognitive frailties.

The study focuses on professional carers in care homes, examining their experiences with dress and dressing to understand management, organization, and the tensions within daily routines. Data collection occurred in two distinct phases: semi-structured interviews with care home managers and object elicitation sessions with carers (suitcase conversations). Thematic analysis was employed to interpret the data, identifying key themes such as the critical gaze, institutional perspectives on dress, clothing care, carers' tacit knowledge, upholding identity, and comfort.

The chapter provides insight into the rationale behind these methods and reflects on the impact of challenges like the COVID-19 pandemic, as well as the ethical considerations that guided the study throughout.

## **Chapter 6: Findings**

Chapter 6 presents the findings from both phases of the research, examining how dressing practices are understood, negotiated, and enacted within care home environments. Drawing on interviews with managers and suitcase conversations with carers, the chapter explores dressing as an institutional, relational, and reflective practice shaped by governance frameworks, organisational routines, and carers' embodied expertise.

The analysis is organised into five themes. The core themes - *Care Critical Gaze*, *Relational Practices*, and *Carer Tacit Knowledge* - reveal how dressing is framed through person-centred values, ethical reflection, sensory awareness, and intuitive, experience-based decision-making. Two supporting themes - *Role of Family* and *Wardrobe Management & Maintenance* - provide contextual insight into how external relationships and institutional processes influence dressing routines.

Together, these themes illustrate how dressing becomes a site of negotiation between autonomy, comfort, identity, and institutional expectations. The chapter highlights the complexity of dressing work, showing how carers balance risk, dignity, and personal expression while navigating the pressures of regulatory scrutiny and organisational demands.

## **Chapter 7: Discussion and Conclusions**

The final chapter draws together the findings of this research, situating them within the wider literature and articulating the study's conceptual contributions. It demonstrates how dressing operates as co-constructed identity work shaped by institutional governance, relational attunement, and carers' tacit knowledge. The chapter introduces the concept of the *Care Critical Gaze* to describe how risk, regulation, and personhood converge in dressing practices, and advances a relational aesthetic model of dressing that foregrounds the sensory, emotional, and interpretive labour of care.

The discussion highlights the undervalued expertise of carers, showing how they sustain identity and dignity through embodied, intuitive, and relational practices that often fall outside formal institutional frameworks. The chapter concludes by reflecting on methodological contributions, acknowledging limitations, and identifying implications for practice, policy, and future research. It positions dress as a central yet overlooked dimension of caregiving, offering new pathways for enhancing person-centred care in institutional settings.

## Summary of Chapter 1

In summary, Chapter 1 has provided the foundation for this study, outlining the context, aims, and research questions that drive the exploration of dress and dressing in care home environments. With the significance of identity, person-centred care, and the cultural and institutional dimensions of dress established, the next three chapters present the literature review. Chapters 2, 3, and 4 examine the key theoretical and empirical works that inform and frame this research, addressing identity, ageing and frailty, and the institutional context of care homes.

## Chapter two

### 2 Literature Review: Identity and clothes

#### Overall Literature Review Introduction

The literature review served to contextualize the research, determine the theoretical framework of the project, refine the research objectives, and inform the approach to data collection and analysis. The iterative process, characterized by the cyclical relationship (Corbin and Strauss 2015) between the literature review and research design, along with the interdisciplinary nature of the existing research literature, are crucial aspects of this review process. An iterative process was crucial to the reflective nature of this qualitative research study (Crotty 1998; Gilgun 2010; Silverman 2013; Woodward 2020). By continually revisiting the literature and refining the research design, the study ensures that the approach remains aligned with current theoretical developments and interdisciplinary insights (Corbin and Strauss 2015; Silverman 2013). This method not only enhances the depth and robustness of the research but also allows for a more nuanced understanding of the phenomena under investigation (Gilgun 2010). The omnipresence of clothing (Davis 1992a; Kawamura 2005) and everyday dress establishes the study as inherently interdisciplinary, connecting fields such as fashion discourse, gerontology, healthcare, sociology, psychology, and anthropology.

The initial scoping search of databases established the publication subject areas of fashion, dress and dressing, and fashion discourse within the fields of

gerontology, sociology, psychology, anthropology and healthcare. No record of number of papers identified was recorded at this stage. The main search categories were defined as dress and fashion, material culture, dress and popular culture, self-identity, dress and ageing, frailty and cognitive frailty, care provision and dress, methodology, with 558 publications identified. The papers reviewed were all in English and from a western perspective. The formal literature searches were enhanced by attendance at conferences networking with professionals in both the fashion and dress community and the healthcare community (see Appendix D – Summary of key Network events.) Discussions through my own network of fashion and dress academics and my own supervisory team also contributed developing knowledge of the field of study.

This literature review spans three interconnected chapters, each addressing critical aspects of the relationship between clothing, identity, ageing, and caregiving. Together, these chapters provide a theoretical foundation for understanding the complex dynamics of dress and its impact across personal, social, and institutional contexts.

Chapter 2 - Literature Review: Identity and Clothes, examines the relationship between identity and clothing, highlighting the role of dress in shaping selfhood, relational dynamics, and individuality. It identifies significant gaps in the literature, particularly the underexplored complexities of shared dressing and how assisting another in dressing, influences identity and emotional connections.

Chapter 3 - Literature Review: Dress and Ageing, investigates dress and ageing, exploring how clothing evolves with the ageing body, cultural narratives of youthfulness, and transitions into deep old age. It emphasizes the material and symbolic dimensions of dress, addressing the challenges and adaptations associated with ageing.

Chapter 4 – Literature Review: The Care Home, focuses on the care home as an environment where dress intersects with institutional norms, person-centred care, and individual identity. It explores how clothing practices can affirm dignity, choice, and comfort within caregiving contexts.

These chapters collectively inform the study's research questions, laying the groundwork for the methodology chapter 5, that follows. The methodology builds upon the insights and gaps identified in the literature, ensuring a focused and informed approach to addressing the nuanced intersections of dress, identity, ageing, and care.

## **2.1 Literature Review: Identity and clothing**

Literature Review: Identity and clothing examine the multifaceted relationship between self-identity and clothing, providing a foundation for understanding their cultural, emotional, and practical significance. It begins by ‘defining the concepts of dress and clothes’ (Section 2.1.1), outlining their distinct roles while highlighting their overlapping meanings in scholarly literature.

The discussion then turns to ‘identity’ (Section 2.2), examining why dress is crucial to self-presentation and individuality. Key subsections address the role of clothing in constructing selfhood (Section 2.2.2) and the relational challenges of shared dressing in caregiving contexts (Section 2.2.3). These perspectives emphasize the overlooked complexities of dressing assistance and its impact on identity.

The final section, ‘My Self Within My Wardrobe’ (Section 2.3), delves into the deeply personal and hidden relational aspects of clothing housed in the wardrobe. Subsections explore dress biographies as material narratives, the relational connections clothes forge across time, and the psychological tension between comfort and anxiety in wardrobe management.

This chapter not only highlights the symbolic and emotional dimensions of clothing but also exposes critical gaps in understanding the relational and practical complexities of dress. These insights pave the way for the next chapter, where the relationship between dress and ageing is explored in greater depth.

### **2.1.1 Defining the concepts of dress and clothes**

In this study, several distinct concepts emerge when discussing "dress," "clothes," "dressing," "dressed," and "dress assembly" (See Appendix A – Glossary of Terms). Clothes, dress, and fashion have nuanced differences but are interchangeable in the literature, often depending on the target reader (Kawamura 2005). In summary, clothes denote the physical garments themselves, while dressing refers to the act of wearing them. Dress merges these elements with a deeper exploration of cultural and symbolic dimensions. Sartorial identity further emphasizes the personal style of individuals, reflecting their approach to dress assembly and aesthetic preferences, which communicate aspects of personality and identity through clothing. Fashion, on the other hand, is a broad term that encompasses evolving trends, styles, and aesthetic expressions shaped by cultural, social, and economic influences. Fashion situates dress and clothing within a specific time frame and trend of popularity, with the French term 'à la mode' signifying being "*in fashion*" or "*in the modern style*." Fashion is widely regarded as a favourable term in much of the literature; however, it is not the preferred term for this study. Dressed captures the state of being clothed, and dress assembly emphasizes the intentional process of assembling an outfit. Together, these distinctions, combined with sartorial identity, provide a nuanced framework for studying the functional, aesthetic, and social dimensions of clothing.

In Western societies, clothing is typically constructed in three-dimensional forms, designed to align with the fashion trends of the time. Fabric is cut and stitched together to create the clothing item, which is then put on the body by manoeuvring the limbs into the clothing and fastening it securely around the body. In contrast, in other cultures, cloth is often wrapped and draped around the body in customary styles, requiring the body to move differently to secure the material in place. This study focuses on Western clothing styles.

The acts of dressing and undressing, are deeply private and hidden from view, which adds layers of complexity to understanding their significance (Corner 2014; Twigg 2006a).

*"We underestimate how difficult the physical act of dressing can be. While clothes may be central to who we are, all of us at certain points in our lives have needed, and may yet need, assistance dressing and undressing ourselves."*

**(Corner 2014:51)**

Dressing is not merely a practical act but a private process of identity construction. It intertwines the conceptual questions of "*Who am I?*" and "*How do I wish to express this?*" with the functional, protective qualities of the clothes. It is the private and hidden nature of dressing and undressing that makes it challenging to fully comprehend how these acts contribute to the maintenance of another person's identity. The next section examines the theory of dress identity and its importance to self-identity and social expression.

## **2.2 Identity**

This section explores the theoretical perspective of dress as a core element of self-identity. It examines why dress is important (Section 2.2.1), the relationship between selfhood and dress (Section 2.2.2), and dress as social expression (Section 2.2.3). Understanding dress as a crucial daily construction

of identity provides the foundation for how culture influences identity and social expression, ultimately impacting personal choices.

### **2.2.1 Why dress is important.**

Dress is universally relevant, whether consciously acknowledged or not. The choices we make about the clothes we wear highlight the ubiquitous role of dress in our daily routines. McDowell (1995) emphasizes the universality of dress as both a concept and a practice. Regardless of socioeconomic status, dress remains an integral aspect of human life, fulfilling both practical and symbolic functions. Even in the poorest communities, clothing and adornment hold significant roles in cultural expression, social identity, and personal dignity (Corner 2014; McDowell 1995).

Fashion, dress and clothing are broadly accepted synonymous terms (section 2.1.1) and therefore are generally assumed to be understood. The assumption that fashion is universally understood underscores what Davis (1992a) argues is its equivocal nature, as it oscillates between the ambiguity of its multiple meanings and the ambivalence created by its inherent contradictions. McDowell, (1995, p. ix) describes fashion as *“a nebulous affair, more a state of mind than anything else.”* Kawamura, (2005) argues that fashion is an immaterial object, a belief that is formed from the material object of dress items. As such fashion and dress are inextricably intertwined, fashion is a belief that is a socially constructed meaning from clothes and dress items à la mode. *“Fashion is not visual clothing but is the invisible elements included in clothing”* (Kawamura 2005:4) and Kawamura, (2005) argues that fashion is a belief that exists in people’s minds, this belief is manifested through the clothing and the dress practices. Corner, (2014, p. 4) defines fashion as *‘the most immediate and intimate form of self-expression’* where McDowell, (1995) argues fashion’s potency is its tangible outward expression of emotions through its materiality

expressionism. The physicality and sociopsychology of dress are intimately intertwined and neither takes precedence (Bancroft 2012; Corner 2014; Entwistle 2002; Mair 2018). For this reason, fashion and dress is a contested subject and has attracted much interest from multiple fields of research.

The importance of dress is evidenced through the multidisciplinary analysis of dress informing and expressing identity. Elliott's, (2008) scrutiny of the concepts of self, defines the sociological perspective of self to be in reference to the experience of agency within everyday life, it is the structure we give to our identities. In *'The presentation of self in everyday life'* Goffman, (1990) uses the metaphor of a theatrical performance to explain the multiplicity of self and the importance of the foregrounded performance of self before an audience. This public performance contrasts with the inner self of the backstage, but identity is dependent on the interaction between multiple selves in everyday life. Goffman, (1990) argues there must be continuous self-monitoring and management of the social performance. This is what Giddens, (1991) refers to as reflexivity of self, whereby awareness of social interactions reflected upon and then re-evaluated in the constant renewal of one's own concept of self in context. Goffman and Giddens conceptualisation of self is not referring to a naked body, it is a dressed body that is assumed. Entwistle, (2002) argues the body has become the site of identity and that fashion provides the 'raw material' of the daily construction of self-identity through actions with the body. The use of clothing in the hide and reveal aspects of self-identity and the associated tensions of performative self and the inner self runs through much of the literature on fashion and dress studies (Davis 1992b; Entwistle 2015). This literature refers to self-dressing in the construction of self-identity.

Clothing holds significance due to its connections with the concepts of fashion and dress. Its positioning within a cultural space that bridges traditional subjects makes it relevant to various disciplines, further amplified by its

ubiquitous presence. Tseëlon (1995) argues that cultural designation plays a crucial role in shaping individual identity, suggesting a dialectical relationship between cultural categories and people. From a gendered, female perspective, Tseëlon frames her work as "a story" about the cultural impossibilities faced by women. She describes a woman as someone *"who is given space and no space at all, who is offered a position while being denied that position, who embodies a thing and its opposite at one and the same time"* (Tseëlon 1995:2), this contradictory positioning of a woman is the very complexity of the relationship with dress. Tseëlon's analysis draws on an extensive theoretical foundation, encompassing social theory, psychology, cultural history, literature, semiotics, religion, feminist theory, and psychoanalysis. This broad foundation weaves the psychological, social and cultural practices with personal meanings to explore *"the ways in which the woman presents herself in Western culture"* (Tseëlon 1995:1), taking account of the woman's own ideas of self. This interdisciplinary approach is characteristic of much of the late 20th-century fashion writing, illustrating how fashion studies occupy a nexus of multiple traditional disciplines. While Tseëlon (1995) implicitly addresses the cultural impossibility of a woman, this study explicitly applies a fashion-focused lens. It builds on the extensive body of interdisciplinary work, each offering unique perspectives on fashion.

### 2.2.2 Selfhood and dress

An individual expects control over their appearance in front of others and for this they have their own supplies and tools for creating their representation of self and the equipment to maintain items of self-decoration, Goffman ([1961] 1991) describes this as their 'identity kit'. The dignity that clothes imbue upon the body allows the person to act physically, socially and culturally with society. Dress plays a pivotal role in shaping individual and collective identities. It is not merely a practical necessity but a central element of self-expression, cultural

communication, and social interaction. In a world of abundant choices and fragmented identities (Bauman 2007; Polhemus 1996), the act of dressing transforms the vulnerable naked body into a powerful statement of selfhood, reflecting personal decisions, societal norms, and cultural values (Craik 1994; Crane 2000b; Tseëlon 1995). Through its ubiquity and multifaceted nature, dress serves as an essential tool for constructing and comprehending both individual and collective human experiences. This section delves into the theoretical foundations underpinning the concept of selfhood, examining how dress acts as a medium for identity formation, cultural expression, and social interaction.

What we wear and how we wear it is a complex process of identification, expression, reflexivity and desire between the subject and their world (Bancroft 2012; Crane 2000b).

*"The problems of subjectivity are played out in the public arena as well as in the dark unknowable unconscious mind, and the question of what can be said and what can only be experienced, and how these may be reconciled, are questions that fashion addresses on an almost daily basis"*

**(Bancroft 2012:197).**

Whilst the dress items are visible the unconscious process of choice that determine self-identity remains hidden. Dressing is the process by which the intangible selfhood constructs are explored in the imagination to determine the acceptable construct of the expression of selfhood through the choice of tangible dress items.

Wilson, (2003) considers 'getting dressed' as a bricolage process of bringing together 'found items' (not made by oneself) sourced to create a contemporary installation a form of creative self-expression. *"We change our clothes we change ourselves"* (Wilson 2003:248). Postmodern fashion has been described as fragmented and ambivalent with the freedom to choose and invent

identities (Davis 1992b; Tseëlon 1995; Wilson 2003). Polhemus (2010) describes of the infinite choice now open to individuals as the ‘Supermarket of style’ and his ethnographic studies document the sartorial ‘innumerable micro-moments’ of everyday life and documents the multiplicity of identities emanated from individuals (Polhemus 1996, 2010). Selfhood is an individualised concept of identity where fashion and dress play a key role in expressing this. Identities are however socially meaningful and individuals also consider how they wish to ‘stand out’ through their dress choices or ‘blend in’ with the group (Entwistle 2015).

This social cohesion brings about shared tastes and exchanges of sartorial ideas. Dress in social context creates a sense of belonging and social connection, it combines the awareness of the gaze of the ‘Other’.

*“Tastes are themselves a product of experience; they usually develop from an initial state of vagueness to a state of refinement and stability, but once formed they may decay and disintegrate. They are formed in the context of social interaction, responding to the definitions and affirmations given by others. People thrown into areas of common interaction and having similar runs of experience develop common tastes.”*

**Blumer (1968) cited in (Davis 1992a:116)**

The gaze of the ‘Other’ emphasizes the relational nature of dressing (Tseëlon 1995). It is through mutual observation and recognition that shared tastes and sartorial exchanges emerge. This reflects a broader sociological understanding of dress as a medium for communication and a tool for establishing belonging within social groups. Blumer’s observation, as cited in Davis (1992a:116) underscores how taste is a socially constructed and dynamic concept. The refinement of taste over time, grounded in shared experiences and interactions, aligns with Pierre Bourdieu’s idea of habitus, how social structures shape individual practices, including sartorial preferences (Bourdieu 1984).

Tseëlon (1995), drawing on Mead's (Mead 1934) symbolic interactionism, emphasizes that self-awareness is contingent upon the recognition of the 'Other' gaze. This self-awareness, formed through viewing oneself as an object perceived from the perspective of others, is shaped by generalized rather than specific others. Consequently, self and society are deeply interconnected (Crane 2000b), as the self reflects and is constructed within social dynamics (Craik 1994; Crane 2000b; Tseëlon 1995). (Woodward 2007a) extends this by examining the role of the mirror in self-perception, where individuals not only see their reflection but also imagine how others may perceive them. As Mead (1934) (as cited in Tseëlon 1995:75) argues "*there is no self without self-consciousness*". It is by understanding the 'others' perspective through reflexive approach that generalised others view is internalised (Tseëlon 1995). This consciousness of the anticipated gaze influences the act of dressing, aligning personal identity with societal expectations. Woodward observes that the "*gaze is always multiple, shifting and contested. The gaze might be through a woman's eyes, the remembered opinions of others*" (Woodward 2007a:93).

In the context of old age, these processes of self-awareness and dressing take on new dimensions. The mirror and the anticipated gaze of others reveal the physical signs of aging, compelling individuals to navigate changing identities (Twigg 2013; Woodward 2007a). Older adults may experience tension between societal ideals of youthfulness and their evolving sense of self (Blaikie 1999; Faircloth 2003; Gullette 2017; Twigg 2013), discussed in more detail in section 3.1. For instance, dressing in old age becomes a site where selfhood is renegotiated, not only as an expression of personal identity but also as a response to cultural narratives surrounding ageing (Twigg 2013). Dressing for old age involves navigating visibility and invisibility (Twigg 2013). While some may strive to 'blend in' to avoid the stigmatization of ageing, others use dress to stand out, asserting vitality and individuality (Gullette 2017; Heti, Julavits, and Shapton 2014; Twigg 2013). For example, the brightly coloured and eclectic

fashion choices of individuals such as those featured in Cohen's (2016) "Advanced Style" demonstrate how older adults resist marginalization through creative self-expression. *"In my head I am still in my 20's, and I have no intention of ever growing up,"* Tao Porchon-Lynch aged 97 (Cohen 2016:11). However, this process is shaped by the anticipated gaze and the societal tendency to privilege youth (Gullette 2017), leading to unique pressures in the act of dressing. Woodward (2007a) highlights, the concept of an 'aesthetic fit' becomes more nuanced in old age. The desire for an outfit to reflect the 'self' must also contend with physical comfort, health needs, and cultural attitudes toward aging bodies. The act of dressing, thus, reflects not only personal identity but also how older individuals navigate their social roles, cultural expectations, and the shifting gaze of the 'Other.'

Woodward (2007) highlights the pivotal role of the mirror in the process of self-perception, observing how it brings together the experiences of seeing and being seen. The mirror not only reveals individuals to themselves as reflected forms but also enables them to imagine how others might perceive them. This awareness of the anticipated gaze shapes the choices made in dressing (Tseëlon 1995; Woodward 2007a). When an outfit aligns with the occasion and is reinforced by complimentary feedback from others, it creates an aesthetic fit. Woodward explains that while a woman seeks to find an outfit that reflects her sense of 'me,' this choice must also meet the expectations of the place, occasion, and the people she will encounter. This 'mirror moment' also influences perceptions of comfort in clothing (Woodward 2007a). Comfort, in this context, is not merely a tactile sensation but arises through a dynamic interplay between how clothing feels and how it looks to the individual. Woodward (2007) highlights that comfort is revealed through this dialectic, where clothing achieves congruence with one's sense of self. As Luuvas (2016) articulates, comfortable clothing allows for a continuous state of being, while uncomfortable clothing disrupts this state. However, discussed in Section 2.3.3,

Hidden wardrobe dress management systems: comfort and anxiety, this alignment between comfortable clothing and feelings of comfort can be fraught with tension (Clarke and Miller 2002; Porter 2023). Kang, Johnson, and Kim (2013) argue that clothing perceived as comfortable, such as loose-fitting garments with elastic waistbands, stretch fabrics like jersey knits, or soft cottons (e.g., denim), may unintentionally evoke negative self-perceptions. These garments, often chosen to conceal rather than reveal, may fail to enhance appearance or support a coherent sense of selfhood. This theme is further explored in Section 4.1, Building on the exploration of dressing and frailty, this chapter examines the care home as a conflicted space where institutional structures, regulatory frameworks, and relational practices intersect. Care homes operate at the confluence of competing priorities: the organisational imperative to deliver efficient, standardised care and the ethical commitment to uphold individuality, dignity, and citizenship. As dependency deepens within this environment, dressing practices emerge as both essential caregiving tasks and meaningful expressions of identity.

This chapter critically explores the care home's dual role as a site of care and as an institution shaped by governance, regulation, and managerial responsibility. It draws on sociological and gerontological perspectives to examine how residents and carers navigate tensions between autonomy and institutional dependency, and how these tensions are embedded within everyday practices such as dressing.

The chapter is structured around three interconnected dimensions. First, it considers the cultural and relational dynamics of care homes, including the challenges of crossing the threshold into institutional living and the negotiation of identity within environments shaped by frailty. Second, it examines the ethical and legal frameworks that govern care delivery, such as duty of care, the Mental Capacity Act, the Equality Act, and the Care Quality Commission's

regulatory standards, and how these frameworks shape the possibilities and constraints of person-centred practice. Finally, it explores how these institutional and regulatory pressures influence dressing as both a functional and symbolic act, establishing the conceptual foundation that informs the methodological approach outlined in the next chapter and the empirical analysis that follows.

The Care home as a conflicted space to live, where the challenges of dressing in later life are examined. These sections discuss how the balance between comfort and aesthetic fit becomes critically significant in environments where personal expression can be limited, and physical needs may take precedence.

### **2.2.3 Shared dressing: Identity in assistance**

Dress operates as a dynamic interface between the individual and the social world, embodying self-expression and the negotiation of cultural norms (Craik 1994; Crane 2000b; Tseëlon 1995). Entwistle (2015) frames this interaction as a compromise, where the individual's desires intersect with societal expectations. Lurie (1992) likens dress to a language, where garments function as "words" conveying meaning. However, the interpretation of these "words" is rarely straightforward. Barthes (1990) suggests that everyday dress does not directly articulate the written and visual messages promoted through fashion media, while Clarke and Miller (2002) highlight how women grapple with the tension and anxiety this dissonance can generate. Heti, Julavits, and Shapton (2014) celebrate these complexities in 'Women in Clothes', showcasing how individuals navigate contradictions in their relationships with clothing without necessarily resolving them.

For the individual, dress holds deeply personal meaning, rooted in selfhood and shaped by cultural and generational contexts. Crane (2000) describes dress as functioning through nuanced "dialects," informed by both personal experience

and collective histories. Importantly, within the existing literature, such analyses predominantly address the autonomous self, an individual navigating their own choices, preferences, and expressions. This singular focus overlooks the complexities introduced when dressing involves assistance from another, particularly within caregiving contexts.

It is argued that assistance with dressing introduces a profound shift in agency, creating potential tensions between the individual's intended self-expression and the helper's interpretations or assumptions. Barnard's (2002) observation that dress communication relies on shared cultural understanding becomes particularly relevant here, as differing cultural or generational perspectives may result in miscommunication. Yet, despite its significance, the role of dressing as a collaborative act, negotiated between two people, is markedly absent in the literature. While the fashion and culture studies emphasize selfhood as a solitary construct, they fail to account for the relational dynamics that arise when personal choices are mediated by another.

Bancroft's (2012) exploration of the mutual centrality of fashion and selfhood reinforces the importance of preserving agency in dress-related choices, emphasizing clothing as a vital expression of personal identity. Similarly, Foucault's (1988) concept of "Technologies of the Self" positions dress as an active tool for identity construction, shaped by societal constraints and individual possibilities (Elliott 2008). Together, Bancroft's focus on fashion as an extension of selfhood and Foucault's framework of identity formation underscore the tensions and negotiations inherent in dressing as a collaborative act. When dressing involves assistance, the balance of control over these "technologies of self" shifts, raising critical questions about whose identity is ultimately prioritized and expressed.

Frith and Gleeson's (2008) examination of clothing as a strategy for managing body distress highlights the intimate link between dress and personal well-being. When dressing requires assistance, this relationship becomes mediated, adding layers of complexity to how identity, physical realities, and social belonging are negotiated. The helper's role, while essential, demands sensitivity to the individual's unique connection with dress, ensuring that their selfhood is preserved throughout the process.

Ultimately, dressing in such contexts transcends practicality, becoming a communicative act that negotiates identities and cultural understandings (Bancroft 2012; Craik 1994; Crane 2000b; Tseëlon 1995). However, the absence of focused literature addressing these relational dynamics exposes a critical gap in understanding how dress can support selfhood in collaborative contexts. As this section has shown, existing analyses of fashion and dress privilege an autonomous selfhood, leaving unexamined the intricacies of shared dressing. These themes transition seamlessly into the next discussion, "My Self Within My Wardrobe," where clothing emerges as a repository of personal memory, identity, and biography.

## **2.3 My Self within My wardrobe**

The exploration of the body of research relating to the material items of dress that are housed in the wardrobe examines how the materiality of dress relates to a person's dress biography (Section 2.3.1) and the relationship connections housed in the wardrobe (Section 2.3.2). The final part of the examination of My Self within My Wardrobe explores the hidden wardrobe dress management systems: comfort and anxiety (Section 2.3.3).

Fashion and dress studies have primarily focused on women's engagement with fashion although there are now increasing contemporary texts focusing on men and non-gendered fashion. This body of research drawn on focused on what is

housed in women's wardrobes and how the clothing connects with a person's biography, supports relationships, systems and routines to uphold their identity.

### 2.3.1 Dress biography

There is a body of research that explores the significance of clothing over a lifespan, focusing on the personal history and experiences that shape an individual's clothing choices. It examines how memories, significant life events, and personal milestones are reflected in the items within a wardrobe, contributing to a unique dress biography. Here Sherry Turkle (Spivack 2014) reflects on how an item of clothing connects her to memories and emotions of the past, even embracing damage to the item and still wearing it today.

*“My purple sweatshirt, well, it’s not quite a sweatshirt at all. It is a cotton waffle weave. It has little holes where mice ate away at it. But that is why I love it. ... I’m wearing the purple sweatshirt now, twenty-one years later, and it still reminds me of the season when I had my life’s sweetest and saddest moments at the same time.”*

Sherry Turkle's Purple Sweatshirt (Spivack 2014:155)

It is not as simple as *‘out with the old and in with the new.’* Some women maintain sartorial continuity by wearing clothing items from the past and integrating them with contemporary fashion. This approach presents a seamless transition in style, appearing outwardly coherent and unchanged (Guy, Green, and Banim 2001; Woodward 2007a). This breaks the linear continuity of the clothing biography. Clothing also plays a role in reflecting a person's various roles in work life, social life, and home life. These clothes may be unique to each role or combined in different ways to facilitate transitions between roles and performative self (Woodward 2007a).

It is important to acknowledge the relationship to the present constituted self. An item from the past does not exist suspended in its original context but can connect the past with the present, or it may remain as a symbol of who they no longer wish to be (Guy et al. 2001; Woodward 2007a). Woodward (2007) identifies three key points regarding clothes and the memories of the women who own them. Firstly, the clothes that remain in the wardrobe from the past are used to order their biography from the perspective of the current identity.

*"When this self-narrative is engaged with through the wardrobe rather than just through verbal biographies, it is clear that having clothing that women no longer wear gives them a sense of having a past. Memories exist in a tangible form, and women can remind themselves of who they used to be as they feel the fabric on their skin again. In particularly vivid and sensual ways, they are able to reimagine themselves"*

(Woodward 2007a:65).

Secondly the sensual connection of clothing fabric and skin which Pajaczkowska (2007:148) describes this as the '*haptic gaze*,' the sensation of cloth in contact with skin that evokes meaning through touch and feel. Entwistle (2002) argues the consciousness of our dress and awareness next to our skin generates a cognitive narrative beyond the externally observed dress interpretation. This connection through skin and fabric allows women to vividly reimagine themselves and feel a sense of having a past (Woodward 2007a). Finally, as clothes are worn over time, their history becomes interwoven with the materiality of the item (Spivack 2014), transforming the biographical constituted self. Women draw on and reactivate aspects of past selves through the re-wearing of clothes. *"If clothing gives women a sense of having a past and a biography, it can never simply be relegated to the past if it is worn in the present"* (Woodward 2007a:66).

Woodward (2007) argues the clothes in the wardrobe connect self-identities of the past, present, and imagined future. Clothing biography differs from the

conventional chronologically ordered narrative life story, as clothing is ordered by function and aesthetic (Woodward 2007a). *"Women may keep certain items as memories of former aspects of the self, and on certain occasions of dressing, combine various pasts to create a new identity through clothing"* (Woodward 2007a:66).

Ordering clothes is not a simple task. The wardrobe contains items gathered over time and organized based on individual strategies (Guy et al. 2001; Woodward 2007a). Choosing what to wear is a very private process that takes place in a backstage environment. Heti, Julavits, and Shapton (2014) examined *'women in clothes'* by capturing the 600 conversations presenting the complexity of women's style decisions. The dress assemblage is intended for public performance, and presentation of a public persona must be imagined as part of the choosing process. Spivack (2014) found that clothes could be a universal storytelling device, *"My own closet is full of clothes; it is also an evolving archive of experiences, adventures, and memories"* (Spivack 2014:7).

Life transitions, from ongoing ageing rites of passage to changing jobs, moving house, starting a family, and retiring from the workplace, are times for reflecting on wardrobe contents and whether they continue to uphold self-identity (Woodward 2007a). Women recognize when particular clothing items no longer sustain their self-image and reconsider their placement in the wardrobe (Guy et al. 2001). During the transition from teenage years to adulthood, women may move on from defined subcultural style tribes of their youth, discarding clothing associated with those tribes (Polhemus 1996, 2010; Young 2016). As women settle into adult lifestyles, style transitions may slow as other life events take precedence over sartorial experimentation (Woodward 2007a).

Not all redundant clothing is removed from the wardrobe; it can remain there for its connections with a constantly evolving identity (Guy et al. 2001; Woodward 2007a). These biographical connections between clothing, memory, and evolving identity are further illuminated when appearance is considered across the wider life course. Campbell et al's (2015) work on appearance biographies further deepens the understanding of how clothing functions as a repository of personal history and identity. They argue that appearance is shaped across the life course through accumulated experiences, relationships, cultural influences, and embodied memories, making dress a key site where identity is narrated and maintained. Appearance biographies highlight how garments carry emotional and symbolic significance, linking present expressions of self to past identities and social roles. This perspective aligns closely with the concept of dress biography, reinforcing how clothing operates as a narrative thread across the life course.

The personal biography through clothes is dynamic, evolving, reflecting on memories, and inspiring imaginations of the future. It is a constant biographical oscillation through clothes, but while the stories may be individually unique, there is consensus that clothes in a person's wardrobe can provoke compelling and insightful stories of their life experiences and biography (Guy et al. 2001; Heti et al. 2014; Spivack 2014; Woodward 2007a).

A dress biography reflects an individual's life story through clothing, illustrating how garments hold memories, emotions, and connections to significant life events (Guy et al. 2001; Woodward 2007a). These items serve as tangible links between the past and present, blending historical continuity with evolving identities. Clothing not only embodies emotional resonance, allowing wearers to reimagine themselves through touch and texture (Entwistle 2015), but also transforms alongside life transitions, mirroring shifts in roles and self-perception (Woodward 2007a). Garments, whether cherished for their

sentimental value or repurposed in new contexts, enable a dynamic interplay between memory and identity. They simultaneously preserve a sense of the past and inspire new narratives, making the wardrobe an evolving archive of personal experiences and biographical storytelling (Guy et al. 2001; Spivack 2014; Woodward 2007a).

The examination of a dress biography naturally extends into understanding the relationships and connections housed within the wardrobe. These connections reveal how clothing not only reflects personal history but also symbolizes emotional and relational ties, creating a rich tapestry of meaning and identity.

### **2.3.2 Relationship connections housed in the wardrobe.**

The emotional and relational significance of clothing is examined in this section. It looks at how garments can symbolize relationships, hold sentimental value, and serve as tangible connections to loved ones and important social bonds.

The relationship women have with their clothes also combines and supports relationships women have with other people both from the past and in the present (Spivack 2014; Woodward 2007a). Banim and Guy (2001) researched the clothes that are no longer worn but reside in the wardrobe and Woodward (2007) investigated women's active relationships and decision making with the clothes in their wardrobes. Woodward (2007) advocates it is necessary to understand the long-term relationship a woman has with her clothing to understand her current clothing choices. The relationship women have with their clothes and their selfhood is dynamic and constantly evolving, both the physical connections and the psychological (Guy et al. 2001; Woodward 2007a; Heti et al. 2014). Woodward, (2019) reasons that clothing is how women negotiate relationships with others and that indeed they create and reinforce those relationships. The relationship is externalised by the items of clothing and their connections with other people materializing everyday human

connections. Emotional relationships are attached to objects (Miller 2008a, 2010), and these are connectives to people, place and experience of emotion. The objects are provocations of thought (Turkle 2007). As such it is important to respect the authenticity of the relationship and not dismiss it as superficial or inconsequential. *“Clothes are among our most personal possessions. “They are the main medium between our sense of our bodies and our sense of the external world”* (Miller 2010:23). Objects connect people and ideas and become emotionally charged, holding the experiential moment of when they came into stark view in the foreground in everyday life. Yet they may exist in the background or shadows of everyday life until touched again foregrounding the relationship connections (Highmore 2011; Miller 2008a, 2010; Spivack 2014; Turkle 2007).

It is considered a complex and ambiguous thought process women engage with when deciding to continue to retain unworn clothes within their wardrobe and the status they bestow on them (Guy et al. 2001). These may be connected to relationships with other people in some form. Woodward (2007) suggests gifted items have a further complexity imposed from the relationship with the gift giver and that may or may not be congruent with their own sartorial identity. Woodward (2007) identified the most important relationship that clothing items negotiated and conveyed was that of mothers and daughters. The agency of clothes is not just a visual connector but, the tactile tangibility of the clothes generates the agency through touch, evoking memories of past experiences and of associated emotions (Entwistle 2002; Miller 2010; Woodward 2007a). Some clothes are dormant in the wardrobe they represent a former self that is quite distant but they are there for their potential in an imagined future (Woodward 2007a:57). The duplicity in the agency of clothes passed down from one generation to another allows the biographies of several women to coexist in a single item of clothing (Woodward 2007a). This layering

of stories and connections may not be known to others; these clothes sit silently in the wardrobe, keepers of emotional threads to others.

This section has explored the dynamic and evolving relationship women have with their clothing (Guy et al. 2001; Woodward 2007a), which supports and reflects their relationships with others. Clothing items in the wardrobe are not just personal possessions but are imbued with emotional and relational significance (Miller 2008a, 2010; Woodward 2007a). These clothes can connect past and present identities, symbolize relationships, and evoke memories through touch and feel (Pajaczkowska 2007b; Spivack 2014). The process of retaining or discarding clothes involves complex decision-making (Banim and Guy 2001), influenced by the emotional and relational ties to those items (Miller 2008a, 2010; Spivack 2014). Relationships, particularly between mothers and daughters, are often negotiated and reinforced through clothing (Woodward 2007a). The agency of clothes, as both visual and tactile connectors, allows multiple biographies to coexist within a single item, highlighting the deep connection between clothing, identity, and relationships (Woodward 2007a).

### **2.3.3 Hidden wardrobe dress management systems: comfort and anxiety**

This section now turns to examine the often-unseen systems and routines individuals develop to manage their wardrobes. It explores how clothing choices are influenced by the desire for comfort and the need to alleviate anxiety, highlighting the psychological aspects of dress management.

Clothing is considered to represent who we are, serving as a signifier of identity, as discussed in section 2.2. Yet, if removed, it does not reveal a core self. It is the clothes and the dress assemblage that have “*made us what we think we are*” (Miller 2010:13). Without significance, clothing can only be thought of as

functional. The significance of clothing in the wardrobe is derived from memories, significant life events, personal milestones, and connections with others, as discussed in sections 2.3.1 and 2.3.2. This significance is personally attached to the clothing and is activated through seeing, touching, or wearing it (Pajczkowska 2007b; Spivack 2014; Woodward 2007a). Not all clothing has the same emotional significance. Some items may be kept in the wardrobe because they were gifted but do not align with personal aesthetics (Woodward 2005, 2007a), or they may exist simply because they are aesthetically pleasing. For instance, *“That’s my lovely dress that I love. I feel good in that. Don’t look at the price. £545. If anything happens to me just make sure my clothes are looked after, will you? Don’t put them in a bin bag,”* (Shapton 2014:317). This significance does not transfer to another person unless the story of attachment is shared. Without this significance, clothing remains purely functional. When support for dressing is needed, these clothes exist as functional for the carer unless the story is shared.

Schneider (2006) argues that the spiritual and material are inseparable in the minds of individuals. A clothing item that is gifted may be kept, treasured even, with the cloth and clothes taking on magical qualities, acting as a connection to another person, even one who has passed away (Küchler 2005; Pajczkowska 2007a; Spivack 2014). The clothing becomes a psychological comforter (Miller 2010; Pajczkowska 2007b). Worn items can also take on an emotional spirituality through the degrading of the cloth's surface, combining the feel of comfort through touching the worn fibres with the psychological sense of comfort (discussed in section 2.3.2) held in the mind (Küchler 2005; Pajczkowska 2007b; Woodward 2007a). Miller and Woodward (2012) conducted ethnographic research on blue jeans and found that comfort was considered to increase as the surface of the denim wore down, revealing broken white fibres. This degradation of the cloth alters the appearance, fit, and feel of the item, changing the individual's thoughts about it. *“For every*

*person who sees comfort as a precise fit to the body, there is another who sees comfort in the opposite idea*" (Miller and Woodward 2012:70). Miller and Woodward (2012) concluded from their research that comfort is defined as the absence of self-consciousness. Clothes that are deemed comfortable cannot be felt when worn; the individual is neither conscious of the item nor their body (Miller and Woodward 2012). Comfort is embodied through wearing the clothing item. Comfort is often described as a state where clothing does not cause physical or psychological discomfort. It varies greatly between individuals. Some people equate comfort with a precise fit to the body, while others find comfort in looser, less restrictive garments (Miller and Woodward 2012). The worn state of clothing, such as denim, can enhance comfort by conforming to the body's shape and becoming softer over time (Küchler 2005; Miller and Woodward 2012). Comfort, therefore, is not just about the physical aspects of clothing but also about the psychological ease and lack of self-consciousness it provides.

Anxiety sits in opposition to comfort. Miller (2010) argues that anxiety is at the *'heart of fashion,'* emanating from two key ontological questions: *"what it is they want and who they want to be"* (Miller 2010:38). Anxiety and choice associated with everyday clothing decisions are related to an internalized perception of an ideal self and an external awareness of the gaze of others (Tseëlon 1995; Woodward 2007a) and the need to fit in. Anxiety around clothing choices was the focus of Clarke and Miller (2002) ethnographic studies of women's shopping practices. They found that women's fashion and clothing choices are intertwined with managing the tensions that arise from personal and social anxieties. While the study focused on shopping decisions, individuals face the same basic question in their daily routine of dressing: *'what should I wear?'* Clarke and Miller (2002) found that women employed several strategies to mediate their clothing choice anxieties, which may become habitual. Aesthetic preferences emerge from relationships and routine connections with

family and are formed with an awareness of the gaze of others (Tseëlon 1995; Woodward 2007a). Some preferences arise from incompatibilities within relationships, and compromise is considered a means to manage the anxiety of perceived misaligned preferences of taste.

Guy et al. (2001) speculate that not all clothes in the wardrobe are for public presentation; some are retained as they represent a 'secret self.' The secret self may relate to personas known only to a few friends or a secret life played out in a different place (Guy et al. 2001). Elements of clothes retained unworn in a wardrobe may be the subject of fantasy or an imagined self (Guy and Banim 2000). These fantasies can be positive and liberating, encouraging the wearer to take risks, or negative and constraining, causing anxiety. Porter (2023:322) reflects on the tensions of clothes and the many forms it takes "*from the nature of the cloth itself and the construction of the garment, to its visual effects, contrasts and harmonies, and its interpersonal and societal messaging.*" Porter talks of his own tensions of dress, being comfortable with presenting as male, while backgrounding his femaleness, which he acknowledges spans 'a larger surface area.' "*Clothes are at the heart of how we experience ourselves,*" (Porter 2023:328). Porter goes on to argue that "*by considering the tension in the garments of others, we can get closer to the human beneath,*" (Porter 2023:329).

Clothing transitions from its original designated sartorial role as identity transitions occur throughout life, but not necessarily together (Guy et al. 2001). Some clothes may enter the wardrobe for a specific role or occasion, but as time moves on and the fabric wears, some items are retained while their purpose changes they may now be considered casual or designated for another role, such as gardening (Banim and Guy 2001). Both Guy et al. (2001) and Woodward (2007) explored women's complex relationships with their clothes in the wardrobe and the intertwined relationships and anxieties they navigate

in constructing their sartorial selves. The preparation of the public presentation of self-identity through sartorial dress negotiates multiple anxieties of identity and relationships, all of which are concealed by the final selection.

Clothing represents identity and gains significance from personal memories and connections (Küchler 2005; Schneider 2006; Spivack 2014). Comfort in clothing is tied to the absence of self-consciousness and varies among individuals (Miller and Woodward 2012). Anxiety in fashion stems from societal expectations and internal ideals (Clarke and Miller 2002). Strategies to manage this anxiety include habitual practices and aesthetic preferences shaped by relationships (Miller and Woodward 2012; Woodward 2007a). Clothing in the wardrobe may reflect both public and secret selves (Banim and Guy 2001), with significance evolving over time as identities change (Woodward 2007a). Dressing involves navigating multiple anxieties, with final choices concealing these tensions (Clarke and Miller 2002; Heti et al. 2014). The relationship between dress and identity is a complex web of ideas of selfhood, cultural and social influences, and relationships with the past, present, and imagined future self (Woodward 2007a). Clothing biography is not linear or ordered but overlaps, blends, and reinvents connections with the past and present (Woodward 2007a). Clothing is not always worn but exists in the wardrobe loaded with potential (Banim and Guy 2001) to reactivate past selves or reconstruct new identities while providing comfort through familiarity (Miller and Woodward 2012; Woodward 2007a).

My Self within My Wardrobe section synthesizes key literature within fashion studies and material culture to explore the wardrobe's role in shaping identity, relationships, and emotional systems, centring on dress biography, relational connections, and the hidden dynamics of clothing management.

## **2.4 Summary of identity and clothes**

This chapter has examined the interplay between identity and clothing, exploring how garments contribute to self-presentation, individuality, and relational dynamics. While the literature addresses the connections between clothing, selfhood, and dress biographies, a significant gap emerges in understanding the complexities of shared dressing and how assisting another in dressing disrupts traditional notions of identity. The relational and emotional challenges of such interactions, particularly within caregiving contexts, remain underexplored.

The exploration of wardrobes as private archives of memory and relational connections highlighted the hidden, deeply personal significance of clothing, as well as its capacity to bridge the past, present, and future. However, the literature offers limited attention to how these intimate aspects of clothing intersect with the psychological dynamics of comfort and anxiety in everyday dressing.

These gaps lay the groundwork for the next chapter, which shifts focus to 'Dress and Ageing', where the evolving relationship between clothing, identity, and the ageing process is explored. This transition examines how clothing adapts to the challenges of ageing, highlighting the material and symbolic dimensions of dress in later life.

## Chapter Three

### 3 Literature Review: Dress and ageing

This chapter is the second of three within the literature review and builds on the foundational exploration of ‘Identity and Clothes’. It examines the impact of ageing on dress and dressing practices, focusing on the transitions that occur as individuals navigate later stages of life. The discussion addresses how physical, social, and cultural changes, including the onset of frailty, influence clothing choices and practices.

Chapter 2 emphasized the integral role of clothing in mediating selfhood, relational dynamics, and emotional connections. It explored gaps in understanding how dressing another impacts identity, alongside the intimate, often hidden significance of wardrobes as archives of memory and aspiration. Building on these insights, this chapter investigates how dress adapts to the ageing body, the cultural narratives around youthfulness, and the progression into deep old age.

This exploration sets the stage for the final literature review chapter, ‘The Care Home’, which delves into the role of dress in institutional care settings, bridging the broader themes of identity, ageing, and caregiving.

#### 3.1 Dress and ageing in context

Building on the discussions of identity and wardrobe biography, this chapter turns to the critical intersection of dress and ageing. The importance of this focus is underscored by the global demographic shift toward an ageing population. By 2050, the number of individuals aged 60 and over is expected to double (WHO 2024), marking a significant cultural and societal transformation. This growing cohort challenges traditional perceptions of ageing, (Gilleard and

Higgs 2007, 2009; Holstein and Gubrium 2007). Individuals, in the post work phase of life which Laslett (1987) defined as the "third age," are living more active and independent lives than previous generations, redefining ageing as a period of agency and individuality.

Within this context, dress emerges as a vital medium through which older individuals navigate shifting narratives of ageing (Twigg 2013, 2019). Gichu and Harwood (2023) emphasize the contested and subjective nature of concepts such as "quality of life" and "successful ageing," underscoring the need to consider how dress contributes to these broader discourses. Clothing serves as a means for asserting identity, even as societal stereotypes often diminish the visibility and perceived relevance of older adults (Twigg 2013). Media representations, as discussed by Gullette (2017) and Porter (2023), frequently perpetuate youth-oriented ideals, associating vitality, desirability, and style with younger generations. These portrayals create a tension for older individuals (Gullette 2017), who must reconcile such narratives with their personal identities and lived experiences (Katz 2019). In this process, dress becomes both a tool of resistance and a site of negotiation, enabling older adults to challenge societal expectations while expressing their evolving sense of self (Twigg 2019).

### **3.1.1 Active older people as consumers**

This section explores the complexities of dress and ageing within the context of an ageing population and highlights the interplay between consumer culture, media narratives, and the lived experiences of older individuals.

Older people are increasingly recognized as economically active consumers, continuing their engagement with consumer culture beyond the working phase of life (Solomon and Rabolt 2009), facilitated by private and state pensions (Blaikie 1999). Resaerchers such as Solomon and Rabolt (2009) and Twigg

(2013, 2019) emphasize that this group remains integrated within contemporary cultural and consumer practices. However, the relationship between ageing and fashion is fraught, as Twigg (2013:1) notes, they “*sit uncomfortably together.*” In her seminal work ‘*Fashion and Age: Dress, the Body and Later Life,*’ Twigg examines the cultural agency of clothes, which intertwines fashion and ageing as lived, embodied experiences of self-identity across time. Twigg (2019) also argues that older consumers’ desires for material goods parallel those of younger generations, underlining their cultural inclusion within consumerist societies (Solomon and Rabolt 2009).

Fashion’s historical role in defining social standing (Hollander 1993; Veblen 2007; Wilson 2003) contrasts with the challenges presented by ageism, a pervasive form of oppression rooted in societal fears of ageing (Twigg 2006a). Gilleard and Higgs (2000, 2015) contextualize these dynamics within the ‘cultural turn’ of the late twentieth century, which emphasized greater individual choice and the fragmentation of traditional age-ordered cultures. This shift created a horizontal cultural engagement with fashion and style genres across age groups, clashing with vertical, age-based divisions imposed by traditional norms (Gilleard and Higgs 2015).

The ‘baby boomer’ generation, born between 1946 and 1965, exemplifies this cultural change. As Blaikie (1999), Gilleard and Higgs (2007), and Twigg (2013) note, baby boomers have carried their individualistic and activist values into later life, resisting stereotypes of ageing. This cohort, credited with driving the sixties’ cultural revolution (Blaikie 1999) embraced consumer culture and challenged hegemonic norms, shaping their approach to ageing as a period of continued cultural and social activity. Their influence extends into contemporary fashion, where older individuals demand visibility and agency in media and consumer culture.

However, media representations often perpetuate the ideal of youthfulness, reinforcing ageism and the invisibility of older individuals (Gullette 2017). (Gullette 2017) argues visual culture presents the cultural stereotype perspective of healthy youthful people reinforcing the invisibility of those outside the ideal of perfection. This Gullette argues is in part due to the creators of visual culture having developed their art and 'eye for the muse' in the "*youth ghetto of our visual culture*" (Gullette 2017:24) perpetuating the ideal and limiting representations of older bodies. Initiatives like British Vogue's 2020 cover featuring Judi Dench at age 85 (Enniful 2020) and its 2019 collaboration with L'Oréal Paris to showcase women over 50 (Kiefer 2019) mark progress in addressing ageism. Yet, these efforts risk promoting a narrow ideal of ageing, where even celebrated older bodies conform to disciplined, youthful standards (Jermyn and Holmes 2015).

Twigg (2013, 2019) highlights the internalization of age-related norms, with older women avoiding clothing perceived as inappropriate for their age, navigating anxieties of appearing "too young" or "too old." These tensions shape daily practices, from shopping to wardrobe selection (Clarke and Miller 2002; Woodward 2005, 2007a), underscoring how dress remains a site of both constraint and self-expression for older individuals.

### **3.1.2 Problems of the ageing body and clothing**

The literature highlights the complex challenges faced by older individuals in relation to dress and the ageing body, stemming from both physical changes and cultural perceptions of ageing. Twentieth-century industrialisation of fashion and the rise of mass production led to the development of standardised sizing, initially based on the youthful physiques of young adults (Wilson 2003). The UK's National Joint Clothing Council introduced standard sizing in 1957 (Warren 2015), but attempts to update these measures, such as the Size UK

study (2001–2002), revealed the extent of variations in body shape across age groups and ethnic cohorts (Brownbridge and Gill 2013; Pandarum and Yu 2015; Twigg 2013). Despite this evidence, contemporary fashion largely prioritises youthful body ideals, perpetuating systemic challenges for older bodies within fashion design and retail practices.

As individuals age, physiological changes such as thickened waists, lowered busts, expanded stomachs, and reduced height complicate the fit and comfort of clothing (Birtwistle and Tsim 2005; Twigg 2013, 2019). Retailers catering to older demographics often adapt garment designs to include higher necklines, looser silhouettes, and easier fastenings, addressing practical needs while attempting to retain stylistic appeal (Twigg 2013). However, such modifications frequently reinforce stereotypes that frame clothing for older individuals as “functional” but not fashionable. The inclusion of features like elasticated waistbands or Velcro (fabric tape hook and loop) fastenings often evokes negative associations with a perceived decline in style or elegance, deepening the cultural divide between youth-centric and age-inclusive fashion (Twigg 2019).

Cultural norms also influence how clothing is designed for older bodies, as garments often seek to “veil” the physical signs of ageing, particularly those linked to sexuality (Bytheway 2003; Twigg 2013). Colour emerges as a critical element in these discussions, with darker tones like grey and beige frequently associated with older women’s wardrobes (Lurie 1992; Twigg 2013). While these tones can signify sophistication, they are also tied to stereotypes of drabness and invisibility. Bold colours, by contrast, can serve as acts of resistance against age-based norms, though they may also risk being viewed as inappropriate or undignified (Hollander 1993; Twigg 2013). As Twigg (2013:139) notes, *“Older women are brighter-coloured and more visible than in*

*the past and enjoying the fact,”* challenging traditional conceptions of dress and ageing.

The invisibility of older individuals in fashion narratives remains a persistent issue. Twigg (2013:1) describes old age as *“a time of greyness, marked by retirement from display,”* where societal expectations push older individuals toward a *“backstage life”* and backstage identity (Goffman [1959] 1990). This marginalisation is reflected in the limited representation of ageing bodies in fashion media, which continues to privilege youthful ideals (Gullette 2017). However, older individuals, especially those actively resisting societal stereotypes are increasingly challenging these assumptions (Cohen 2016). Style icons like the late Iris Apfel and Vivienne Westwood have become emblematic of a growing movement to reclaim visibility and individuality through dress, demonstrating the capacity of older women to reshape cultural expectations (Bytheway 2003).

The literature highlights a complex interplay between physical changes, cultural perceptions, and retail practices that shape the experiences of older individuals in relation to dress. These studies highlight both the practical challenges of accommodating ageing bodies and the broader cultural narratives that continue to marginalise them. By critically examining these dynamics, the literature underscores the need for a more inclusive approach to fashion that respects the diversity and dignity of ageing bodies.

### **3.1.3 Ageing and the counter concept of youthfulness influencing dress**

This section examines the tension between ageing and the dominant cultural ideal of youthfulness in Western societies, challenging the assumptions underpinning consumer culture and the fashion system. Youthfulness is positioned as the aspirational norm, deeply ingrained in consumerist ideologies and sustained by cultural and economic narratives (Borland and Akram 2007)).

Blaikie (1999) argues that old age is frequently associated with a loss of economic productivity, perpetuating perceptions of irrelevance and societal burden. This narrative marginalizes older individuals, particularly those in the post-work phase, while overlooking their participation as active consumers.

Research into the concept of the "third age" reframes these assumptions, recognizing individuals in later life as economically active and culturally integrated through their engagement with consumption practices (Blaikie 1999; Featherstone and Wernick 1995; Solomon and Rabolt 2009). Twigg's (2013) study on ageing and dress underscores how consumption acts as a mechanism for cultural inclusion, enabling older adults to maintain their participation in mainstream consumer culture. By asserting their sartorial choices, older individuals challenge traditional notions of ageing as withdrawal and redefine agency in later life. Twigg (2019) positions dress as central to the debate on age norms, emphasizing its role in shaping cultural age-ordering and moral regulation.

The increasing disconnect between the ageing body and the youthful self-ideal emerges as a critical tension in this discourse. Twigg (2013) highlights how physical changes associated with ageing challenge individuals' self-perceptions, as their bodies diverge from internalized ideals of vitality and youthfulness. This disconnect is echoed by market research, which indicates that older adults often perceive themselves as 10–15 years younger than their chronological age (Solomon and Rabolt 2009). This discrepancy intensifies anxieties around dress and self-presentation, particularly as the fashion system continues to reinforce youth-centric ideals of renewal and agelessness (Clarke and Miller 2002).

While the fashion system is often positioned as a driver of cultural change, it simultaneously alienates older individuals by emphasizing youthfulness and marginalizing ageing bodies (Faircloth 2003). Twigg (2013) identifies three

common responses to these tensions: older adults may re-evaluate their clothing choices to embrace their ageing selves, resist ageing by adhering to youthful ideals, or discipline their bodies through exercise and diet to align with cultural expectations. These responses highlight the contradictions within fashion, where mechanisms of renewal clash with the realities of ageing.

The pervasive anti-ageing culture further complicates these dynamics, marketing products that promise resistance to the signs of ageing and idealize youthfulness as autonomy, choice, and self-expression (Gilleard and Higgs 2009; Solomon and Rabolt 2009). Twigg (2013) critiques how this ideology has transformed the experience of ageing, fostering anxieties tied to the desirability of youth and creating a lifetime of resistance to natural ageing processes.

By situating dress within broader cultural and societal frameworks, this section illustrates how older individuals actively engage with clothing as a means to navigate and counter ageist stereotypes. Despite the prevalence of youth culture, dress remains a relevant and powerful tool for self-expression, enabling older adults to assert their identity and maintain cultural visibility. Sartorial choices act as a form of resistance, challenging societal perceptions that equate ageing with decline and invisibility. At the same time, dress facilitates negotiation, reflecting the broader tensions between ageing, self-presentation, and cultural expectations.

These insights provide a foundation for the subsequent section, 'Deep Old Age and Frailty', where the focus shifts to the embodied realities of late-life ageing and the role of dress in mediating identity and care within contexts of dependency and vulnerability.

### **3.2 Deep old age and frailty**

This section transitions the discussion from the third age, characterized by active ageing and cultural participation, to the fourth age, where frailty becomes a central concept in understanding the experiences of ageing. Frailty is not only a clinical condition but also a cultural construct that shapes how ageing is perceived and navigated, particularly within care settings (Gilleard and Higgs 2000b). By focusing on frailty, this section examines the ways it influences carers' roles in supporting older individuals, especially through the deeply personal and practical act of dressing.

Frailty is critical to this discussion because it signifies a shift from independence to dependency (Laslett 1987), fundamentally altering how dress and dressing are experienced. As dressing evolves from an act of self-expression to one of care, adaptation, and vulnerability, carers become pivotal in maintaining the dignity, identity, and comfort of individuals living with frailty (Fetherstonhaugh et al. 2014). This dynamic emphasizes the nuanced interplay between caregiving practices and the lived experiences of frailty.

The literature positions frailty as a contested yet pivotal concept, with definitions spanning clinical and cultural perspectives (Badrasawi, Shahar, and Khas 2016; Gilleard and Paul Higgs 2010; Grenier 2020). By situating frailty within the context of carers' experiences, this section lays a foundation for exploring how frailty informs the interplay between dress, identity, and care. This discussion provides a critical precursor to the care home setting, where the relationship between frailty, dressing practices, and caregiving becomes even more pronounced.

### 3.2.1 Defining frailty

The concept of frailty is pivotal in understanding the transition from the third to the fourth age, often referred to as "deep old age" (Gilleard and Higgs 2011a, 2013, 2015; Gilleard and Paul Higgs 2010; Higgs and Gilleard 2021a). Gilleard and Higgs (2013) argue that frailty, as a social imaginary, has become the defining marker of this transition. Ageing is frequently framed through the biomedical lens of ill health, decline, and deterioration, leading to the 'biomedicalization of ageing,' with frailty as its central concern (Higgs and Gilleard 2021a). This framing aligns with the significant demographic challenge posed by global population ageing, with the number of individuals aged 65 and over projected to rise from 461 million in 2004 to 2 billion by 2050 (Clegg et al. 2013). Frailty, while not a static condition, is broadly recognised as a state of vulnerability that impacts an individual's physical and psychological well-being (British Geriatrics Society 2017). It encompasses both physical and cognitive dimensions, reflecting its role as a contested but critical concept across disciplines. Frailty is distinct yet often overlaps with disability, measured through impairments in activities of daily living (ADLs) (Katz 1983) and comorbidity, defined as the presence of multiple chronic diseases (WHO 2017).

The literature identifies frailty as a determinant for the transition from the third age of active ageing to the fourth age, characterised by dependency, decline, and, ultimately, death (Gilleard and Higgs 2015; Gilleard and Paul Higgs 2010; Higgs and Gilleard 2015). This transition is marked by a 'silent negativity,' wherein the vibrancy of the third age collapses into the void of the fourth age (Gilleard and Higgs 2015; Gilleard and Paul Higgs 2010; Higgs and Gilleard 2015, 2021a). Frailty's contested definition varies by disciplinary perspective, but it is widely understood as "*a progressive age-related decline in physiological systems that reduces intrinsic capacity*" (WHO 2015:63). This capacity, encompassing mental and physical reserves, diminishes with frailty, increasing

vulnerability to dependency and mortality (Vellas, Cesari, and Li 2016). Importantly, frailty is not limited to physical decline; it extends to cognitive frailty (Clegg et al. 2013), often studied within dementia-focused frameworks, highlighting its significance for global health challenges (Vellas et al. 2016), including the tripling of dementia cases by 2050 (WHO 2015).

The fourth age has been conceptualised as a 'black hole' within the cultural imaginary, a space of decline and dereliction, where individuals are perceived as existing outside the social world (Gilleard and Paul Higgs 2010; Higgs and Gilleard 2021b). This stage is dominated by biomedical discourses that foreground impairment and dependency while neglecting subjective, interpretive, and emotional dimensions (Grenier 2020). The result is a collapse of identity and selfhood into a hyper-reality of choice (Bauman 2007), governed by institutional frameworks and medicalised care practices (Fetherstonhaugh, McAuliffe, Bauer, et al. 2017; Foucault 2003; Gilleard and Paul Higgs 2010). This "medical gaze" (Foucault 2003) filters out the social and cultural contexts of individuals, reducing them to passive recipients of care. Grenier (2020) critiques this dominance of the decline narrative, which sustains professional power while overlooking the rich, subjective experiences of frailty. Katz et al. (2011) similarly argue that older individuals with high support needs are often viewed solely through their health conditions, reinforcing paternalist and ageist assumptions within institutional care.

Frailty is more than a clinical state; it is a cultural construct that profoundly shapes societal perceptions of late-life ageing (Clegg et al. 2013). While biomedical discourse predominantly frames frailty as a marker of inevitable decline, it simultaneously triggers the exclusion of older individuals from the social sphere (Gilleard and Higgs 2015). This framing reduces frailty to a lens of dependency and deficit, overshadowing the nuanced experiences and potential richness of this stage of life. Gilleard and Higgs (2011, 2015) argue that frailty

has become emblematic of the transition from the third to the fourth age, a phase often conceptualised as a void in cultural and social engagement. The fourth age, characterised by vulnerability and reliance on care, contrasts sharply with the ideals of ‘successful ageing’ associated with the third age. Grenier (2020) critiques this exclusionary narrative, emphasising how the complexities and subjective experiences of the fourth age collapse into what Higgs and Gilleard (2021) metaphorically describe as a “*black hole*.” This metaphor captures the pervasive societal neglect of frailty, where the individual is reduced to their perceived limitations, denying the potential for meaningful and culturally engaged ageing within this stage of life.

Frailty, as both a biomedical and cultural construct, marks the transition from the third to the fourth age, signifying vulnerability and dependency (Gilleard and Higgs 2015; Higgs and Gilleard 2021a). Predominantly framed through biomedical discourses of decline, frailty reduces individuals to their limitations, often excluding them from active social engagement. Critics, such as Grenier (2020), argue for greater recognition of the subjective experiences of frailty.

This provides a foundation for the next subsection, ‘Dress narrative shifts with onset of frailty’, which explores how frailty influences dressing practices and their role in maintaining identity and care.

### **3.2.2 Dress narrative shifts with onset of frailty**

The concept of cultural loss and the associated social and cultural dimensions of frailty is increasingly being challenged through initiatives aimed at humanising care and promoting dignity in ageing. Campaigns such as “#last1000days” (2017) and “#endpjaralysis” (2018) (Dolan and Holt 2024), led by Professor Brian Dolan, emphasize the importance of fostering autonomy and independence, shifting the focus away from frailty as solely a biomedical condition (Dolan and Holt 2024; The last 1000 days n.d.; Wai 2022). Fleetwood-

Smith (2020) and Fleetwood-Smith, Tischler, and Robson (2022a, 2022b) critique this biomedical framing, highlighting how frailty must be understood as a multidimensional experience encompassing social, cultural, and relational factors.

While these campaigns advocate for dressing as a mechanism to enhance dignity and recovery, practical implementation reveals persistent gaps. Goonan et al. (2024) observe that organizational constraints in geriatric rehabilitation often undermine these efforts, with outcomes showing limited functional improvements. Recommendations for “*comfortable, loose clothing*” unintentionally reinforce dependency, aligning with the ill-person mindset pervasive in healthcare settings. Fleetwood-Smith (2020) critiques this tendency, emphasizing the need to recognize dressing as an essential expression of identity and autonomy.

Adaptive clothing further illustrates the complexities of navigating frailty. Bragança et al. (2018) highlight innovations in smart textile technologies and end-user-focused designs, which aim to balance functionality with aesthetics. Such designs hold promise for supporting older individuals, including those living with frailty, in retaining their personal style and cultural integration. However, Bragança et al. (2018) also critique the prioritization of health-related functionality in adaptive clothing, which can inadvertently draw attention to the wearer’s frailty or disability rather than their individuality. These tensions are particularly relevant in care home settings, where carers and care managers must balance practical needs with emotional and psychosocial considerations.

Care homes represent a key setting where the gap between living well and the ill-person mindset becomes pronounced. The objects of care can overshadow seeing the person (Latimer 2018). Dressing practices extend beyond physical functionality, encompassing efforts to uphold dignity, identity, and emotional

well-being. [Fleetwood-Smith, Tischler, and Robson \(2022\)](#) identify a significant gap in understanding how carers navigate this tension, whether knowingly or unknowingly, within institutional frameworks. Bridging this divide is essential for fostering a person-centred approach to frailty care, where dressing serves as both a practical task and a meaningful expression of individuality.

This discussion establishes the foundation for the study's research questions, which aim to explore how dressing practices influence identity and dignity in frailty contexts, particularly within care homes. The next subsection, 'Dressing within frailty assessments', examines how dressing functions as both a practical and symbolic indicator within frailty evaluation frameworks, offering further insights into these tensions.

### **3.2.3 Dressing within frailty assessments**

Building on the discussion of dressing as an expression of identity, this section shifts focus to its functional dimensions, examining how dressing operates as a practical activity within frailty assessments and care planning frameworks.

The integration of dressing into frailty assessments underscores its dual role, not just as a practical necessity but as a bridge between identity and functionality within care planning frameworks. As frailty progresses, dressing transitions from a routine personal task to one requiring varying levels of support, making it central to care practices in residential settings where dependency often increases. Dressing is not only a measure of physical and cognitive capacity but also reflects emotional resilience, autonomy, and selfhood. By prioritizing this activity within frailty assessments, care planning can align with the broader goals of preserving dignity and identity.

Frailty assessment tools, such as the Rockwood Clinical Frailty Scale (Rockwood 2005), illustrate this critical relationship. For instance, individuals categorized

as ‘moderately frail’ may require occasional prompts or minimal assistance with dressing, while those in the ‘severely frail’ range depend on daily support for dressing and undressing (Rockwood 2005). These tools reveal how dressing evolves with increasing frailty, highlighting both practical challenges and changing needs. Similarly, dressing-related tasks feature prominently within broader frameworks like “*Activities of Daily Living*” (ADLs) and “*Instrumental Activities of Daily Living*” (IADLs) (Table 1). While ADLs focus on personal care tasks such as dressing and undressing, IADLs encompass clothing-related tasks such as laundry and shopping, capturing a wider functional context (Katz 1983; Lawton and Brody 1969).

<b>IADL</b>	<b>ADL</b>
INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE (IADL) M.P. Lawton & E.M. Brody	Katz Index of Independence in Activities of Daily Living
Ability to use the telephone	Bathing
Shopping	<b>Dressing</b>
Food preparation	Toileting
House keeping	Transferring
<b>Laundry</b>	Continence
Mode of Transport	Feeding
Responsibility for own medications	
Ability to handle finances	

Table 1: Instrumental activities of daily living and Activities of daily living

(British Geriatrics Society 2018)

In the UK, person-centred care is a cornerstone of modern healthcare, emphasizing alignment with individual preferences, values, and needs (NHS England 2024). Dressing thus becomes more than a functional activity, it is a nuanced practice central to fostering autonomy and preserving individuality. However, assessments such as ADLs and IADLs have faced critiques for oversimplifying dressing as a checklist task, overlooking its sociocultural and psychological dimensions. Giebel, Sutcliffe, and Challis (2015) argue that such

tools often fail to capture detailed insights into dressing routines and timely interventions, while Roper, Logan, and Tierney (1990) stress the need to account for physical, psychological, and environmental factors in dressing practices. Existing dementia care guidance reinforces this functional framing. For example, the Alzheimer's Society's advice on dressing is positioned within generic personal care, emphasising ease, safety, and the reduction of distress rather than the relational or identity-bearing dimensions of clothing (Alzheimer's Society 2021). This mirrors the limitations of ADL-based assessments, which capture the mechanics of dressing but overlook its emotional, cultural, and biographical significance. Without these considerations, carers risk making assumptions based on their subjective experiences rather than tailored, person-centred approaches (Holland and Jenkins 2019).

The tension between institutional priorities and individualized care becomes especially pronounced in transitions to residential care settings, where dependency increases, and dressing assumes greater significance (Baillie et al. 2014; Paddock 2016). For carers and care managers, dressing assessments provide essential insights into functional capacity, yet navigating the emotional, identity-related, and cultural dimensions of this activity requires deeper understanding (Paddock 2016). This gap forms a key focus of this study, highlighting the challenges carers face in reconciling practical support with the dignity and preferences of individuals living with frailty.

The following subsection delves deeper into these challenges, exploring how carers navigate the intersection of physical limitations, cognitive decline, and emotional well-being in supporting dressing activities within late-life care.

### 3.2.4 Frailty and dressing

Building on the discussion of dressing as a central activity within frailty assessments, this section examines how approaches to dressing within nursing care practices, often influencing broader care frameworks, focus primarily on functionality, while frequently overlooking its socio-psychological dimensions.

Discussions of dress and dressing in nursing care often emphasize interventions aimed at physical functionality, reflecting a predominantly medicalized perspective. Holland (2019) outlines strategies such as modifying fastenings, altering sleeve lengths, and using particular fabric textures to prevent skin irritation. While these interventions address practical challenges, they neglect the socio-psychological dimensions of dressing, such as its role in supporting self-expression, identity, and cultural values. Similarly, (Roper, Logan, and Tierney (1990)) briefly acknowledge the link between dress and self-satisfaction, but their work does not delve deeper into its broader significance.

Holland and Jenkins (2019) take steps toward recognizing the socio-cultural importance of clothing, highlighting the relevance of self-identity and appearance throughout life. They touch on factors like social norms, religious customs, and cultural influences on dress, but their examples, such as referencing Hindu and Sikh practices to illustrate cultural diversity, are limited in scope. This narrow focus overlooks the nuanced and diverse personal dressing practices found across various contexts, leaving the psychosocial aspects of dressing, particularly its role in maintaining dignity and autonomy, underexplored, despite mental frailty being recognized as a key aspect of ageing (British Geriatrics Society 2017).

Building on this critique, Twigg (2010) and Buse and Twigg (2016, 2018) provide critical contributions by connecting dressing practices to identity within care settings. Twigg's (2010) foundational scoping study challenged assumptions

that “*clothes no longer seem to matter*” for people with dementia (PWD). Her interviews with carers, social workers, and care home managers illuminated ethical complexities in dressing decisions, particularly when carers relied on past habits rather than evolving needs or preferences. This revealed important tensions around autonomy and representation, as decisions often overlooked the changing needs of the individual.

The ESRC-funded “Dementia and Dress” study (Buse and Twigg 2016) extended this work using innovative methods like “wardrobe interviews” and fabric-handling sessions to explore the relationship between clothing, memory, and meaning. The study introduced themes such as “kept clothes,” “discarded clothes,” and “absent clothes,” highlighting how clothing functions as a carrier of personal identity and social significance. While these studies illuminated the deep connection between dress and personhood, they largely focused on the perspectives of individuals with dementia, offering limited insights into the practical challenges faced by carers in negotiating these complexities.

Fleetwood-Smith (2020) adds a significant dimension to this conversation by emphasizing the dynamic and processual nature of clothing practices, particularly for people with dementia. Their work argues that the adoption or introduction of specific items of clothing can support individuals at embodied, affective, and material levels, reinforcing the idea that dressing practices are fluid and relational. This perspective highlights the importance of autonomy and representation in dressing decisions, urging carers and care managers to consider the evolving needs and embodied experiences of individuals living with frailty. Fleetwood-Smith's (2020) focus on clothing as a fluid process adds depth to the discussion by reframing dressing as an adaptive and co-creative practice, rather than a static task.

Froggatt, Davies, and Meyer (2009) critique the historical neglect of care homes as research spaces, emphasizing the need for greater attention to the dynamics of care within these settings. While their work underscores the institutional challenges of care provision, it does not address the specific role of dressing in supporting identity or dignity. Furthermore, their focus remains on broader structural issues, offering little insight into the lived experiences of carers navigating dressing practices in care homes. This gap underscores the importance of exploring how dressing intersects with physical, cognitive, and emotional dimensions of frailty within institutional care frameworks.

The reviewed literature points to persistent gaps in understanding dressing within care environments. While studies like Twigg (2010) and Buse and Twigg (2016, 2018) explore the identity-related dimensions of clothing, they do not sufficiently examine the practical realities faced by carers. Fleetwood-Smith (2020) provides a crucial framework for understanding dressing as a fluid and adaptive process but leaves open questions about its application in institutional care. Similarly, nursing-focused interventions prioritize functionality at the expense of dignity and self-expression. These omissions leave an incomplete picture of the interplay between clothing, care, and frailty, highlighting the need for further research into how carers navigate these complex dynamics.

### **3.3 Summary of Dress and ageing**

This chapter examined the evolving role of dress across ageing, beginning with older adults as active consumers engaging with clothing, before addressing the challenges posed by the ageing body and societal ideals of youthfulness. As deep old age introduces frailty, dressing transitions from an independent act to one increasingly shaped by care and dependency.

Key discussions focused on how frailty reshapes dressing practices, shifting their meaning from expressions of identity to functional necessities. Frailty

assessment frameworks such as ADLs and IADLs incorporate dressing as a measure of physical and cognitive capacity but fail to address its role in maintaining dignity and autonomy. Literature such as [Twigg \(2010\)](#) and [Buse and Twigg's \(2016, 2018\)](#) "*Dementia and Dress*" studies highlight clothing's significance in preserving personhood but leave gaps in exploring carers' lived experiences and the practical challenges they face in care settings. [Fleetwood-Smith \(2020\)](#) emphasizes the dynamic and relational nature of clothing practices, yet further research is needed to address how carers navigate the intersection of functionality and identity within institutional environments.

These gaps establish the foundation for exploring dressing practices in care homes, where frailty deepens dependency, and institutional frameworks intersect with everyday experiences of care. The next chapter investigates the care home as a conflicted space, examining its institutional duty, person-centred care approaches, and the lived realities of residents and carers.

## Chapter Four

### 4 Literature Review: The Care home

Building on the exploration of dressing and frailty, this chapter examines the care home as a conflicted space where institutional structures, regulatory frameworks, and relational practices intersect. Care homes operate at the confluence of competing priorities: the organisational imperative to deliver efficient, standardised care and the ethical commitment to uphold individuality, dignity, and citizenship. As dependency deepens within this environment, dressing practices emerge as both essential caregiving tasks and meaningful expressions of identity.

This chapter critically explores the care home's dual role as a site of care and as an institution shaped by governance, regulation, and managerial responsibility. It draws on sociological and gerontological perspectives to examine how residents and carers navigate tensions between autonomy and institutional dependency, and how these tensions are embedded within everyday practices such as dressing.

The chapter is structured around three interconnected dimensions. First, it considers the cultural and relational dynamics of care homes, including the challenges of crossing the threshold into institutional living and the negotiation of identity within environments shaped by frailty. Second, it examines the ethical and legal frameworks that govern care delivery, such as duty of care, the Mental Capacity Act, the Equality Act, and the Care Quality Commission's regulatory standards, and how these frameworks shape the possibilities and constraints of person-centred practice. Finally, it explores how these institutional and regulatory pressures influence dressing as both a functional and symbolic act, establishing the conceptual foundation that informs the

methodological approach outlined in the next chapter and the empirical analysis that follows.

#### **4.1 The Care home as a conflicted space to live**

Care homes occupy a deeply paradoxical space, striving to balance the institutional demands of efficiency and governance with the personal and relational needs of residents. This tension positions care homes as sites of conflict, both workplaces and homes, where competing priorities often lead to compromises in how care is delivered. Using Goffman's ([1961] 1991) concept of “total institutions” as a theoretical lens, alongside more contemporary perspectives from Higgs and Gilleard (2021), Grenier (2020), and Twigg (2010), this section explores how care homes navigate the complex interplay between structure, dependency, and individuality.

Goffman ([1961] 1991) described “*total institutions*” as self-contained environments where all aspects of life occur within a single authority, with routines and schedules that prioritize collective needs over individual autonomy. Care homes exemplify these characteristics, particularly in how operational structures regulate activities like dressing, eating, and socializing. Residents experience care homes as “total living” spaces, while staff encounter them as workplaces bound by institutional goals. This duality creates inherent conflicts between the organizational imperative for standardized care and the personal need for identity-driven living practices.

Gilleard and Higgs (2010); Higgs and Gilleard (2020) extend this framework, conceptualizing the fourth age as a “black hole” where individuals experience extreme dependency and a loss of agency. Within care homes, the metaphor resonates strongly, as frailty and cognitive challenges often lead to the erosion of identity under institutional pressures. Dressing practices, for instance, are shaped by a delicate negotiation between functional requirements and the

resident's personal expression. These practices exemplify the challenge of maintaining individuality within environments designed for efficiency, highlighting the tension between operational priorities and identity preservation.

Adding to this critique, Grenier (2012) argues that frailty is not merely a physical condition but also a socially constructed experience, shaped by the systems and contexts in which care unfolds. This perspective underscores the relational nature of care work, emphasizing that seemingly mundane tasks, such as dressing, carry significant social and emotional weight (Twigg 2006a). In this context, the institutional framing of care homes often marginalizes relational and identity-affirming practices, focusing instead on achieving functional outcomes.

The paradoxical interplay between "Care" and "Home" further complicates these dynamics. While "Care" signifies protection and oversight, "Home" evokes comfort, individuality, and belonging (Oxford English Dictionary 2024a, 2024b). Horton (2021) critiques the trend of privatized care homes adopting hotel-like models aimed at maximizing efficiency and profitability. While these spaces meet institutional demands, they frequently fail to create environments that reflect the unique identities and needs of residents. Dressing practices illustrate this paradox, serving as both deeply personal acts of self-expression and functional tasks governed by institutional priorities.

Twigg's (2006) concept of "bodywork" provides another layer of insight, framing caregiving as an embodied practice where the physical care of "uncontrolled bodies" intersects with cultural, social, and emotional dimensions. Within care homes, bodywork is part of the hidden, "dirty" labour of caregiving, involving intimate tasks that challenge societal taboos around bodily functions. Dressing, as a form of bodywork, exemplifies the dual role of

carers as both maintainers of physical functionality and facilitators of personal dignity. The demands of institutional efficiency often reduce these practices to their functional aspects, sidelining their relational significance.

Kitwood's (1997) critique of institutional care highlights how these dynamics undermine person-centred approaches. While dressing holds the potential to affirm individuality and resist the erosion of identity, institutional routines frequently constrain carers' ability to engage in meaningful, relational interactions. The result is a system that perpetuates what Gilleard and Higgs (2013) term "*social death*," where residents are alive physically but lose recognition as individuals with agency and unique identities.

These overlapping tensions, between institutional structure, personal identity, and relational care, highlight significant gaps in both practice and scholarship. Dressing, as a microcosm of care home dynamics, offers a lens through which to examine how operational systems intersect with the lived experiences of residents and carers. The following subsection explores how the ethical and legal framework of duty of care seeks to navigate these conflicts, considering its potential to support more individualized and dignity-affirming practices within institutional care settings.

These tensions between institutional structure and personal identity are not only shaped by cultural and relational dynamics but are also embedded within the legal and ethical frameworks that govern care delivery. The following subsection examines how the concept of duty of care is operationalised within care homes, and how it influences practices like dressing through regulatory expectations and managerial responsibilities.

#### 4.1.1 Institution duty of care

The concept of duty of care serves as both a foundational principle and a contested space within care home environments. Defined as “the legal obligation to safeguard others from harm while they are in your care, using your services, or exposed to your activities” (Collins Dictionary 2024) duty of care underpins the ethical and operational responsibilities of care providers. However, its application within care homes reveals significant tensions between institutional priorities and individualized care, particularly in practices like dressing, which are deeply tied to residents’ identity and dignity.

Care homes in England operate within a robust legal and regulatory framework aimed at safeguarding vulnerable individuals. The Health and Social Care Act 2008 (HM Government 2014) establishes key governance structures, designating the Care Quality Commission (CQC) as the regulatory authority responsible for overseeing standards. Care home managers, as accountable registered persons, must navigate these frameworks while balancing institutional goals with ethical care practices (Care Quality Commission 2023c). The CQC’s Key Lines of Enquiry (KLOEs) (Section 4.1.3 KLOE specific regulations relating to this study see Table 3, Table 4 and Table 5) (Care Quality Commission 2020a) framework provides a structured tool for assessing care services, prompting evaluations around five core questions: *‘is the service safe, effective, caring, responsive, and well-led?’* While these criteria aim to protect residents, their emphasis on standardization often reinforces operational priorities, limiting opportunities for personalization in care delivery.

Further complicating this dynamic are broader statutory requirements, including the Mental Capacity Act (Local Government Association 2023; UK Parliament 1983) the Equality Act (UK Parliament 2010a), and the Human Rights Act (UK Parliament 1998). These frameworks emphasize safeguarding, equality, and respect for individual rights, aligning with principles of person-

centred care. However, their implementation within institutional environments often reveals gaps, particularly in how care managers balance legal compliance with the relational and emotional aspects of care. Dressing practices, for example, are governed by guidelines designed to ensure efficiency, yet these guidelines frequently overlook the psychosocial significance of dressing as an act of self-expression.

The inherent tension between duty of care and institutional priorities becomes particularly visible in the privatized care sector. [Horton \(2021\)](#) critiques how investor-driven models prioritize profitability, emphasizing efficiency at the expense of personalization. Standardized care environments, while compliant with regulatory frameworks, often marginalize practices that affirm individuality, creating barriers to relational and person-centred care. [Twigg's \(2006\)](#) concept of bodywork further highlights the hidden emotional and physical labour embedded in caregiving tasks like dressing, revealing how carers must navigate the intimate and often stigmatized aspects of bodily care within institutional constraints.

Care managers, tasked with upholding duty of care within these conflicting frameworks, face significant challenges ([Evans et al. 2018](#)). The responsibility to protect residents' dignity and individuality often competes with operational goals, leaving managers to navigate competing stakeholder agendas. The Caldicott Principles, which emphasize privacy and collaboration in sharing health and social care information, highlight the complexities of managing data flow in ways that respect residents' autonomy while meeting institutional demands ([National Data Guardian 2020](#)). These tensions were amplified during the COVID-19 pandemic, where barriers between acute and social care settings complicated care delivery and information sharing ([Mahase 2021](#)).

Ultimately, the application of duty of care within care homes reveals a critical gap in how institutional frameworks support relational and person-centred practices. Dressing, as both a functional and identity-affirming act, offers a lens through which to examine these tensions, highlighting the need to reconcile operational efficiency with emotional and cultural care. Building on this regulatory framing, the next subsection explores the principles of personhood and citizenship, offering insight into how dressing practices can affirm identity and dignity within frailty contexts.

#### **4.1.2 Person-centred: Personhood and citizenship**

Person-centred care (PCC) is widely recognized as fundamental to delivering high-quality care and is a core evaluation criterion for the Care Quality Commission (CQC) (Care Quality Commission 2020b). It emphasizes individualized care, responsiveness, and respecting residents' preferences, agency, and autonomy (Brooker 2003; Hunter et al. 2016). The CQC describes this approach as making decisions "in partnership" with residents to ensure care reflects their evolving needs (Care Quality Commission 2024). However, the practical application of PCC in care homes often exposes the tensions between relational care and institutional priorities, with practices like dressing illustrating these dynamics in both practical and symbolic ways.

Carl Rogers' humanistic psychotherapy, which emphasizes empathy, congruence, and unconditional positive regard, provides the philosophical foundation for PCC (Brooker 2003). In dementia care, Kitwood (1997) built on these principles, emphasizing the relational nature of personhood. He defined personhood as a "*standing or status that is bestowed upon one human being by others in the context of relationship and social being*" (Kitwood 1997:8) underscoring the importance of recognition and respect in sustaining identity,

especially for those navigating cognitive challenges. Brooker's (2003) VIPS framework operationalizes PCC into care practices:

1. Valuing people with dementia and their carers (V).
2. Individualized care, recognizing each person as unique (I).
3. Seeing the world from the perspective of the person with dementia (P).
4. Creating a social environment that supports well-being (S).

Despite its prominence in policy and regulatory frameworks, several researchers argue that person-centred care risks becoming rhetorical when embedded within bureaucratic systems. Nedlund and Nordh (2018) show that in dementia care, person-centredness is often operationalised through standardised processes that prioritise organisational efficiency over individual preference. These critiques underscore the gap between the aspirational language of PCC and the realities of practice, where carers must interpret identity through relational knowledge rather than formal documentation.

While PCC focuses on the dignity of those receiving care, the emotional and physical demands placed on carers often go unnoticed. Twigg's (2006) analysis of bodywork reveals the hidden labour of intimate caregiving tasks, such as dressing, where carers navigate the vulnerabilities of the body within a highly relational context. Dressing, as an act of body care, involves both physical management and emotional labour, demanding that carers balance efficiency with sensitivity to residents' preferences and comfort. Twigg (2006) frames bodywork as "*dirty work*" because it involves physical proximity to bodily functions and vulnerabilities, yet she highlights its emotional and symbolic dimensions, positioning it as an essential form of relational care. Waerness (1984) reinforces this perspective by arguing that such embodied, relational

labour is systematically undervalued within institutional systems precisely because it is feminised, morally charged, and resistant to standardisation.

Building on Hochschild's (1983) foundational work on emotional labour, Hackman (2023) provides a contemporary critique of how this type of care work remains undervalued despite its centrality to societal well-being. Hackman argues that emotional labour, the regulation of emotions to meet professional expectations, is systematically invisible, particularly in caregiving roles disproportionately filled by women. Dressing practices exemplify this emotional labour, as carers must manage their own feelings while responding to residents' needs, comfort, and self-expression. This labour demands significant emotional intelligence, a competency described by Goleman (1996) as encompassing self-awareness, self-regulation, empathy, and social skills. Hackman and Goleman underscore the dual challenges of emotional labour (Goleman 1996; Hackman 2023), particularly the tension between relational engagement and institutional constraints. Twigg (2006) further examines these challenges in the context of caregiving, highlighting how carers navigate these complexities in their daily practice.

This invisibility of carers' embodied expertise echoes earlier sociological critiques. James (1992) argues that care work combines organisational, physical, and emotional labour, yet much of this labour remains unrecognised within institutional systems. Stacey's (2005) ethnographic work similarly highlights how frontline care workers' embodied knowledge and moral labour are undervalued despite being central to sustaining personhood in contexts of dependency. These insights resonate with Polanyi's ([1966] 2009) concept of tacit knowledge, the idea that practitioners draw on forms of knowing that are intuitive, embodied, and difficult to articulate and Schön's (1983) notion of reflection-in-action, where skilled practitioners make moment-to-moment judgements in response to unfolding situations. Such frameworks illuminate

the interpretive, sensory, and relational expertise carers bring to dressing, even though this expertise is rarely acknowledged within institutional systems.

Building on these perspectives, [Kontos, Miller, and Kontos \(2017\)](#) advance the concept of *embodied selfhood*, arguing that identity is not solely cognitive or linguistic but is expressed through gesture, movement, posture, and the sensory rhythms of everyday interaction. Even when verbal communication diminishes, individuals continue to convey preference, agency, and emotional presence through embodied cues. This understanding is highly relevant to dressing practices, where carers must attune to subtle bodily signals, such as resistance, relaxation, or patterned movements, that communicate comfort, familiarity, or distress. Integrating Kontos' notion of embodied selfhood highlights how dressing is not merely a task performed on the body but a relational encounter in which identity is co-created through touch, rhythm, and attuned bodily engagement.

These tensions create significant challenges for carers, who often experience what [Kadri et al. \(2018\)](#) term a "split identity," where task-oriented care frameworks reduce their role to functional outcomes while neglecting the emotional and relational dimensions of their work. [Kitwood \(1997\)](#) emphasis on the reciprocity of care relationships highlights how the dignity and well-being of both carers and residents are interconnected. Dressing, as both a relational and symbolic act, becomes a powerful site for affirming identity on both sides of the care relationship, transforming a routine task into a moment of dignity and connection.

Expanding PCC to include broader frameworks of citizenship enriches the understanding of care as a relational and rights-based practice. [Cahill \(2018\)](#) critiques traditional PCC for focusing on needs rather than rights, arguing that reframing dementia as a disability positions individuals as full citizens entitled

to participation, agency, and equality. Bartlett (2014) & Bartlett and O'Connor (2007) build on this perspective, suggesting that care practices must integrate personhood and citizenship to preserve dignity and ensure identity within care settings.

Dressing practices illuminate these principles in action. By enabling residents to participate in decisions about their clothing, carers uphold individuality, cultural identity, and autonomy, fostering a sense of agency within institutional routines (Fetherstonhaugh et al. 2014; Nedland, Bartlett, and Clarke 2019). Guided by Brooker's (2003) VIPS framework, carers value residents' preferences (V), tailor dressing practices to individual needs (I), adopt the resident's perspective by considering comfort and emotional responses (P), and create a supportive environment that views dressing as an act of affirmation rather than routine (S). Recognizing dressing as both a relational and symbolic act emphasizes its importance in maintaining dignity, fostering belonging, and resisting the standardization inherent in care home systems.

Foregrounding the emotional labour required in bodywork (Hackman 2023; Twigg 2006a), ensures a fuller understanding of the complexities of care. Recognizing carers' emotional intelligence (Goleman 1996; Hackman 2023) and relational labour highlights the systemic undervaluation of this work (Kadri et al. 2018) while reinforcing their indispensable role in creating person-centred care environments.

The discussion has established care homes as conflicted spaces where institutional frameworks and relational care often collide. Practices like dressing serve as illustrative examples, revealing the complexities of sustaining dignity, identity, and autonomy amidst systemic pressures. These dynamics are deeply intertwined with the transitions that individuals and families navigate

as they cross into care settings, shaping their experiences and challenges within this environment.

To understand how person-centred principles are enacted, or constrained in practice, it is essential to examine the governance structures that regulate care provision. The following subsection maps key legal standards and inspection frameworks, highlighting how dressing support is shaped by institutional policies, statutory duties, and the realities of cognitive frailty.

### **4.1.3 Governance Frameworks and Legal Standards in Practice**

The delivery of care within residential settings is not only shaped by interpersonal dynamics and institutional culture, but also by a complex web of legal and regulatory frameworks. These governance structures, anchored in legislation such as the Health and Social Care Act 2008, the Mental Capacity Act 1983, and the Equality Act 2010 (UK Parliament 1983, 2010b, 2022), establish the standards by which care is evaluated and delivered. While these frameworks aim to safeguard residents' rights and promote person-centred care, their implementation often reveals tensions between compliance, efficiency, and relational practice. This section explores how these legal standards intersect with dressing practices, highlighting the regulatory pressures and ethical considerations that shape daily care in the context of cognitive frailty.

The complex and controversial nature of the social care sector forms the backdrop to the current situation faced by care homes and their staff in delivering 'good care' as a foundational principle. The Health and Social Care Act provide the legislative framework, establishing the Care Quality Commission (CQC) as the independent regulator of all health and social care services in England (Care Quality Commission 2023b). The CQC oversees the implementation of these standards, yet the state of social care provision in the

UK has been described as ‘broken’ (CQC 2024). This creates a highly pressurised environment in which care homes must operate.

Research on organisational behaviour in social care highlights how such pressures shape everyday practice. Manthorpe and Martineau's (2011) analysis of safeguarding reviews shows how reputational risk and fear of regulatory criticism can drive defensive, documentation-heavy approaches to care. Similarly, Waring and Bishop (2010) describe how audit cultures encourage staff to prioritise visible compliance over relational or identity-affirming practices. These dynamics help explain why dressing support becomes entangled with inspection readiness, risk management, and the need to demonstrate “good care” through appearance and documentation.

As the healthcare regulator, the CQC provides detailed guidance on how it evaluates care quality, publishing a structured framework known as the ‘Key Lines of Enquiry’ (KLOEs), a term widely used by care home managers (Care Quality Commission 2020b). Central to the CQC’s approach are five fundamental questions, which underpin its assessment of all care services (Care Quality Commission 2022a). These five questions (Table 2), along with the established four-point rating scale, remain integral to the CQC’s revised assessment framework.

i.	<b>Are they safe?</b>	<b>Safe:</b> you are protected from abuse and avoidable harm.
ii.	<b>Are they effective?</b>	<b>Effective:</b> your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.
iii.	<b>Are they caring?</b>	<b>Caring:</b> staff involve and treat you with compassion, kindness, dignity and respect.
iv.	<b>Are they responsive to people’s needs?</b>	<b>Responsive:</b> services are organised so that they meet your needs.

v.	<b>Are they well led?</b>	<b>Well-led:</b> the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.
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Table 2: Five questions of CQC's assessment framework

The new assessment framework, implemented in 2023, updates the Key Lines of Enquiry (KLOEs) and is being rolled out in phases across England in response to the Health and Care Act 2022 (Care Quality Commission 2023a; UK Parliament 2022). Central to this framework are quality statements, which outline the commitments that providers, commissioners, and system leaders are expected to meet. Expressed as 'we statements,' these quality statements articulate what is necessary to deliver high-quality, person-centred care (Care Quality Commission 2023a).

The Health and Social Care Act 2008 establish the powers and responsibilities of the Care Quality Commission (CQC), detailing the duties of individuals who provide and manage care services. Although regulations stemming from the Act are revised and updated more frequently, the legislation serves as a foundational framework for governance (Care Quality Commission 2022b). Under the Care Quality Commission (Registration) Regulations 2009, it is mandated that services are managed by appropriate individuals to ensure the needs of service users are met. Regulation 7 specifically defines the characteristics required of a registered manager:

- They must be of good character.
- They must be capable of performing tasks intrinsic to their role.
- They must possess the necessary qualifications, competence, skills, and experience to manage the regulated activity.
- They must provide documentation to confirm their suitability

**(Care Quality Commission 2023b)**

While the CQC cannot prosecute for breaches of Regulation 7, it can impose enforcement actions, including the application of special measures (Care Quality Commission 2023b). The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 directly impact dressing support through three key areas: Regulation 9 (Person-centred care), Regulation 10 (Dignity and respect), and Regulation 12 (Safe care and treatment (Care Quality Commission 2020b). However, dress and dressing are not explicitly defined as regulated activities.

The Mental Capacity Act 1983 (UK Parliament 1983) is a foundational piece of legislation for care homes, particularly in supporting individuals with cognitive frailties. It establishes principles to safeguard individuals who lack the capacity to make certain decisions, with the Office of the Public Guardian tasked with overseeing their interests (GOV.UK 2023). The Act was most recently reformed in 2019 to address processes for authorising care arrangements that may deprive individuals of their liberty (GOV.UK 2023; UK Parliament 1983). This reform introduced the 'Liberty Protection Safeguards' (LPS), replacing the 'Deprivation of Liberty Safeguards' (DoLS) to create a simpler, more efficient system centred on the individual (CQC 2024). However, LPS implementation has faced significant delays, with reforms now expected to take several years (CQC 2024).

The current DoLS system has been widely criticised, with the CQC's "*State of Health Care and Adult Social Care in England 2023/24*" report describing it as inadequate. For example:

*"Only 19% of standard applications were completed within the 21-day timeframe, and the average application took 156 days, over seven times the statutory timeframe. As of 31 March 2023, more than 39,000 people had been waiting over a year for their DoLS application to be completed"*

Delays in reform and inadequate processes place additional pressures on care homes, as residents often arrive with increasingly complex needs. The challenge of 'getting to know the person,' especially those with advanced cognitive frailties, becomes even more pronounced. With an estimated 70% of care home residents living with dementia or severe memory problems (Alzheimer Society UK 2024a). This trend is expected to grow, highlighting the urgent need for long-term reform in adult social care.

People living with cognitive frailties are supported by the Mental Capacity Act (MCA), a vital framework that underpins care home practices. The MCA is guided by five key principles (SCIE.org.uk 2022)

- i. **Presumption of Capacity:** Every adult is assumed to have the capacity to make their own decisions unless proven otherwise. This principle prevents assumptions about a person's ability to decide based solely on a medical condition or disability.
- ii. **Support to Make Decisions:** All practicable steps must be taken to help individuals make their own decisions. Even when capacity is found to be lacking, it is important to involve the individual in decision-making to the greatest extent possible.
- iii. **Unwise Decisions:** Individuals have the right to make decisions that others may consider 'unwise.' Personal values, beliefs, and preferences must be respected.
- iv. **Best Interests:** Any action or decision made on behalf of a person lacking capacity must be in their best interests, considering their wishes, feelings, and unique circumstances.

- v. Less Restrictive Options: Decisions or interventions must be the least restrictive of a person's rights and freedoms, while still achieving the intended outcomes.

The first three principles focus on determining capacity, while the final two guide actions and decision-making when capacity is absent ([SCIE.org.uk](https://www.scie.org.uk) 2022). These principles are highly relevant in care home settings, where residents often face complex needs that challenge their independence and autonomy. Dressing, as part of personal care, involves navigating these principles to ensure dignity and person-centred support for residents with cognitive frailties.

In addition to the MCA, the Equality Act 2010 establishes protected characteristics that care homes must consider, ensuring equity and respect for diverse identities (GOV.UK 2013; UK Parliament 2010b). The nine protected characteristics, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation, require care professionals to avoid stereotyping and discrimination. In the context of dress and dressing, sartorial choices can reflect deeply personal expressions of identity, while also presenting challenges such as cultural misunderstandings or unconscious biases. Care professionals must navigate these complexities with sensitivity, upholding the individual's preferences and beliefs.

The '*Caldicott Principles*' also play a critical role in shaping care practices, particularly regarding the sharing of personal information. These eight principles emphasise the importance of maintaining privacy and engaging residents and their families as active partners in decisions about their data (National Data Guardian 2020). Within care home environments, the principles guide how carers and managers gather, store, and share information to ensure it is handled respectfully and ethically. This is particularly significant for

understanding residents' dressing preferences, as personal data often provides insights into their individuality, cultural background, and care needs.

By grounding dressing practices in these legal and ethical frameworks, care homes can better support the autonomy, dignity, and identity of residents, even in the face of cognitive and physical frailties. These principles collectively inform the institutional management of dress and dressing, ensuring that care is not only functional but also person-centred.

This governance framework influences the daily operations of care homes, shaping how care professionals manage tasks and support residents. The regulations that directly influence dress and dressing support are mapped below in; Table 3 Regulation 9: Person centred care, Table 4 Regulation 10: Dignity and respect and Table 5 Regulation 12: Safe care and treatment (CQC, 2020).

The following tables (3–5) present a targeted mapping of CQC regulations and Key Lines of Enquiry (KLOEs) that are most relevant to dressing support in care homes. While the full KLOE framework is extensive, this study extracts specific prompts that intersect with clothing, identity, and personal care. Each table corresponds to a key regulation, Regulation 9 (Person-centred care), Regulation 10 (Dignity and respect), and Regulation 12 (Safe care and treatment) and highlights how institutional standards shape the management and relational dimensions of dressing practices.

## CQC KLOE's Regulation 9,10 & 12

Health and Social Care Act regulations, CQC inspectorate KLOE's that directly impact dressing support.

Regulations (CQC, 2020)	CQC 5 Inspection Questions (Care Quality Commission 2022a)	KLOE prompts: Section Key line of enquiry (subsection questions not included see full <a href="#">KLOE's</a> (Care Quality Commission 2020b))
<b>REG 9: Person centred care</b>	<b>Safe</b>	
	<b>Effective</b>	<p><b>E1:</b> Are people's needs and choices assessed, and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?</p> <p><b>E2:</b> How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?</p> <p><b>E4:</b> How well do staff, teams and services within and across organisations work together to deliver effective care, support and treatment?</p> <p><b>(E6):</b> How are people's individual needs met by adaption, design and decoration of premises?</p>
	<b>Caring</b>	<p><b>C1:</b> How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed?</p> <p><b>C2:</b> How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible?</p> <p><b>C3:</b> How are people's privacy, dignity and independence respected and promoted?</p>
	<b>Responsive</b>	<b>R1:</b> How do people receive personalised care that is responsive to their needs?
	<b>Well-led</b>	<b>W3:</b> How are the people who use the service, the public and staff engaged and involved?

Table 3: Regulation 9: Person-centred care

Health and Social Care Act regulations, CQC inspectorate KLOE’s that directly impact dressing support.

Regulations (CQC, 2020)	CQC 5 Inspection Questions (Care Quality Commission 2022a)	KLOE prompts: <b>Section Key line of enquiry</b> (subsection questions not included see full <a href="#">KLOE’s</a> (Care Quality Commission 2020b))
<b>REG 10: Dignity and respect</b>	<b>Safe</b>	<b>S1:</b> How do systems, processes and practices safeguard people from abuse? <b>S2:</b> How are risks to people assessed and their safety monitored and managed, so they are supported to stay safe and their freedom is respected?
	<b>Effective</b>	<b>E1:</b> Are people’s needs and choices assessed, and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes? <b>E2:</b> How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support? <b>E4:</b> How well do staff, teams and services within and across organisations work together to deliver effective care, support and treatment? <i>(E:6): How are people's individual needs met by the adaptation, design and decoration of premises?</i>
	<b>Caring</b>	<b>C1:</b> How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed? <b>C2:</b> How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible? <b>C3:</b> How are people’s privacy, dignity and independence respected and promoted?
	<b>Responsive</b>	<b>R1:</b> How do people receive personalised care that is responsive to their needs?
	<b>Well-led</b>	<b>W3:</b> How are the people who use the service, the public and staff engaged and involved?

Table 4: Regulation 10: Dignity & Respect

Health and Social Care Act regulations, CQC inspectorate KLOE’s that directly impact dressing support.

Regulations (CQC, 2020)	CQC 5 Inspection Questions (Care Quality Commission 2022a)	KLOE prompts: Section Key line of enquiry (subsection questions not included see full <a href="#">KLOE’s</a> (Care Quality Commission 2020b)
<p><b><u>REG 12:</u></b></p> <p><b>Safe care and treatment</b></p>	<b>Safe</b>	<p><b>S1:</b> How do systems, processes and practices safeguard people from abuse?</p> <p><b>S2:</b> How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?</p>
	<b>Effective</b>	<p><b>E1:</b> Are people’s needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?</p> <p><b>E2:</b> How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?</p> <p><b>E4:</b> How well do staff, teams and services within and across organisations work together to deliver effective care, support and treatment?</p> <p><i>(E6): How are people's individual needs met by the adaptation, design and decoration of premises?</i></p>
	<b>Caring</b>	
	<b>Responsive</b>	<p><b>R1:</b> How do people receive personalised care that is responsive to their needs?</p>
	<b>Well-led</b>	

Table 5: Regulation 12: Safe care & treatment

These mappings offer a focused view of the regulatory landscape that shapes everyday care in residential settings. In England, the Health and Social Care Act 2008 provides the legislative foundation for care provision, with the Care Quality Commission (CQC) serving as the independent regulator. The CQC's assessment framework, known as the Key Lines of Enquiry (KLOEs), evaluates care services across five domains: safety, effectiveness, caring, responsiveness, and leadership. Within this structure, Regulations 9 (Person-centred care), 10 (Dignity and respect), and 12 (Safe care and treatment) are particularly relevant to dressing support, influencing how identity, comfort, and autonomy are managed in institutional contexts.

Together, these theoretical, ethical, and regulatory perspectives establish the conditions under which dressing practices are enacted in care homes. The next section turns to the lived experience of entering this environment, exploring how residents and families navigate the transition into care, and how identity, autonomy, and relational care are negotiated at the threshold of institutional living.

## **4.2 Crossing the threshold**

The transition into a care home represents a profound and often challenging shift for residents, involving changes to their physical environment, daily routines, and sense of autonomy (Baillie et al. 2014). For individuals with cognitive frailty, this transition poses unique risks to identity and selfhood, as the familiar structures that previously supported their sense of self may be disrupted or replaced (Paddock 2016). This part of the chapter examines how the interplay between institutional frameworks, caregiving practices, and residents' needs shapes this journey into care, with dressing emerging as a focal point for negotiating identity, dignity, and comfort amidst systemic tensions.

Through the exploration of these themes, the following subsections delve into the varied aspects of crossing the threshold into institutional care.

#### 4.2.1 Threat to self

On entering a care home, residents experience a profound shift in their sense of home, identity, and autonomy (Paddock et al. 2019). This shift is immediately manifested in the compression of their private living space, where personal belongings are reduced and must coexist with institutional care artifacts (Latimer 2018; Paddock et al. 2019). Artner (2018) argues that this compression emphasises the personal effects that remain, which balance against the functional and impersonal institutional items designed to support care. Latimer (2018) highlights the importance of researching materiality in care environments to capture the complexity of the objects present in these spaces. While institutional artifacts facilitate the care staff's task-oriented routines, they often take on a foregrounded role for residents, symbolising the unfamiliarity of their new environment. In contrast, the personal belongings that carry memories, attachments, and identity can be inadvertently backgrounded or overlooked (Artner 2018; Latimer 2018; Miller 2008b).

This reshaping of material and aesthetic harmony is crucial to maintaining a resident's sense of self. The way personal items are presented and organised, including clothing, plays a pivotal role in creating a sense of place and reinforcing identity. Goffman's ([1961] 1991) concept of the 'identity kit' the material objects, such as clothing, that allow individuals to maintain control over their appearance and self-presentation is particularly relevant here. On admission to a care home, residents often lose access to parts of their 'identity kit,' including items of clothing that once represented their personal style, cultural identity, or social roles. Goffman ([1961] 1991) describes this as

“personal defacement,” where the inability to maintain previous standards of self-presentation exacerbates the threat to self-identity.

Dressing is a critical aspect of this transition, as it is both a personal and relational activity deeply tied to self-expression and dignity. For residents, the loss of autonomy over dressing, such as the choice of what to wear and how to wear it can feel like an erosion of personhood. Surr (2006:1720) observes that *“Living in residential care brings additional threats to self,”* as the structured routines of institutional living often conflict with the resident’s expectations of autonomy. Dressing, traditionally a private and individualised activity, becomes a shared process, mediated by carers who must navigate the tension between institutional efficiency and the resident’s personal identity.

Goffman's ([1961] 1991) analysis of power dynamics in total institutions highlights this tension, where care homes operate both as workplaces for staff and as homes for residents. Institutional frameworks prioritise order, safety, and task completion, often requiring compliance from residents to maintain efficiency. Non-compliance, such as resistance to prescribed dressing routines, can label residents as ‘problems,’ requiring additional resources to manage (Goffman [1961] 1991). This balance of power shifts further in the fourth age, defined by frailty, as residents rely increasingly on carers for support in maintaining their appearance and identity (Fetherstonhaugh, McAuliffe, Bauer, et al. 2017; Foucault 1982; Surr 2006).

This loss of cultural cues and familiar routines disrupts residents’ frameworks of ontological security, those everyday rituals that provide a sense of stability and continuity (Giddens [1991:43–56], cited in Turner 1995:249). Katz et al. (2011) critique the pervasive assumption that residents with high support needs are passive consumers of care, reducing their identities to their health conditions. Such paternalistic and ageist assumptions often overlook residents’

broader interests and aspirations, focusing instead on meeting basic care needs through standardised routines.

Dressing remains a site of potential agency and expression for residents, even within the constraints of the care home environment (Entwistle 2015). While institutional frameworks structure dressing routines, carers have the opportunity to mitigate the threats to self that institutional living can pose by prioritizing residents' preferences and actively involving them in dressing decisions (Noorlandt et al. 2023).

This aligns with person-centred care principles, where dressing functions not only as a practical necessity but as a means of affirming personhood, fostering dignity, and bridging past identity with present circumstances. Twigg and Buse (2013) highlight that dress holds deep emotional and symbolic meaning in dementia care, reinforcing how clothing choices contribute to identity maintenance even when verbal communication diminishes. (Buse and Twigg 2018) later work extends this argument by emphasising the aesthetic and sensory dimensions of dressing within care, highlighting how touch, rhythm, gesture, and embodied interaction shape the relational experience of being dressed. Building on these understandings of dress as emotionally and symbolically meaningful, there has been a growing focus on the aesthetic and sensory dimensions of care itself.

Thompson's (2022) concept of Care Aesthetics offers an important extension to understandings of relational and embodied care within institutional settings. Care Aesthetics positions care as an aesthetic practice shaped through sensory engagement, emotional attunement, and the subtle rhythms of interaction. Rather than viewing care as a series of tasks, Thompson (2022) emphasises the affective, tactile, and performative qualities of care encounters, highlighting how carers use tone, humour, bodily presence, and sensory awareness to

create comfort and connection. This perspective aligns with, but also expands upon, earlier work by [Buse and Twigg \(2018;\)](#) and [Twigg and Buse \(2013\)](#) on the aesthetics of dressing, by framing care itself as an aesthetic mode of relational labour. Integrating Care Aesthetics into this study provides a valuable lens for understanding how dressing becomes a co-created, emotionally resonant practice shaped not only by garments and bodies but by the sensory and affective labour carers bring to these intimate interactions.

Understanding a resident's life story becomes critical in this process, providing a foundation for tailoring dressing practices to personal preferences, memories, and cultural experiences. When carers integrate life histories into everyday dressing decisions, dressing ceases to be merely a functional task and instead becomes a relational, identity-affirming interaction, strengthening dignity and connection within care environments.

#### **4.2.2 [Gathering a life's story](#)**

The process of gathering a life story is a critical aspect of care home admission, shaping how care is tailored to align with an individual's identity, preferences, and history. This practice informs the development of 'new' daily routines that accommodate the institutional framework while reflecting the resident's personal needs and experiences (Goffman [1961] 1991). Life story work, undertaken at the assessment stage of moving into a care home, allows care to be planned '*with*' the person rather than '*for*' them, fostering collaboration and respect for personhood (Jones and Drummond 2017).

Life story work provides care staff with a means to align individual goals with the resident's cultural and personal narratives. Kaiser and Eley (2017) offer an institutional perspective, defining life story work as: "*a process that involves having helpful conversations to elicit, capture and use stories about the person, in order to promote their personhood and their wellbeing and keep them*

*connected with family, friends and communities”* (Kaiser and Eley 2017:16). This process supports residents in orientating themselves within the care home environment by drawing on their life-course biography. It involves a dynamic interplay between past, present, and future, as individuals often reflect on experiences and relationships in ways that provide context and meaning to their current circumstances (Holstein and Gubrium 2007; Woodward 2007a). Although no universally agreed definition of life story work exists, it is widely recognised as a flexible, person-centred tool employed by multiple stakeholders for various purposes (Kaiser and Eley 2017).

Killick and Craig (2012) argue that life story work is not a finite task but an ongoing journey, continuously adapting to reflect the resident’s evolving identity and context. They describe it as: *“a dynamic portrait of the person which accurately reflects the changing nature of who they are, where the past is a part of this, and a means to give context to the present”* (Craig 2012:93–94).

Beyond capturing past experiences, life story work integrates aspirations for the future, encompassing hopes and desires (Holstein and Gubrium 2007; Kaiser and Eley 2017). Storytelling, as Kaiser and Eley (2017) note, is central to constructing and preserving a sense of self. It builds connections between the resident and their interpersonal relationships, whether with family, other residents, or staff, while maintaining their present status of self and supporting their identity within the institutional care context (Killick and Craig 2012; Surr 2006).

Surr's (2006) research into biographical storytelling among people with dementia (PWD) in care homes identifies three distinct storytelling forms:

1. **‘Constructed life story telling’**, where individuals recount personal histories to shape and preserve their identity.

2. **‘Storytelling constructed around epiphany events’**, which contextualise the present self by narrating moments of significant change.
3. **‘Storytelling with metaphorical interpretation’**, where metaphors are employed to make sense of current experiences and self-identity.

Despite cognitive frailty, Surr (2006) found that life stories provide PWD with a framework for situating present experiences within their past, fostering continuity and identity. Kaiser and Eley (2017) 5P’s framework, Person, Principles, Purpose, Product, and Process, further guides life story work, emphasising its role in supporting personhood, well-being, and a forward-looking perspective.

In the context of dress and dressing, life story work becomes particularly relevant. As explored in Section 2.3 My Self within My wardrobe, clothing plays a pivotal role in shaping and preserving identity through its biographical, relational, and emotional dimensions (Miller 2010; Miller and Woodward 2012; Woodward 2007a). Garments act as tangible links between past and present, encapsulating personal histories and memories. Shared or inherited clothing, as discussed by Guy et al. (2001), highlights how wardrobes mediate relationships and reinforce connections between individuals. These insights reveal that clothing is not merely functional but deeply intertwined with identity, materiality, and memory. By incorporating life stories into dressing practices, carers can ensure that clothing choices resonate with the resident’s past experiences while aligning with their present needs. For example, understanding a resident’s preferred styles, fabrics, or culturally significant garments enables dressing to become an act of connection, reinforcing identity and fostering dignity (Fetherstonhaugh et al. 2014). Life stories thus provide a foundation for dressing practices that are sensitive, individualised, and rooted in the resident’s identity. This link between life story work and dressing flows

into the next section, which explores how everyday decision-making and choices grounded in these personal narratives inform and shape care practices in the institutional context.

### **4.2.3 Everydayness, decision making and choice**

Everydayness refers to the seemingly mundane routines that form the rhythm of daily life, those small, ordinary processes that are foundational to human experience (Highmore 2011; Pink 2012; Saito 2019). Highmore (2011) describes the everyday as an accumulation of ‘small things’ that together create the ‘big thing,’ the harder-to-register structure of daily rhythms. These routines, as Pink (2012) notes, are not just human practices but include material and relational interactions that become interwoven into regular processes of life.

Among these everyday practices, laundry emerges as emblematic of the broader significance of routine. Often dismissed as drudgery, laundry involves intimate engagements with textiles, judging dirtiness and cleanliness through the senses of sight, touch, and smell (Shove 2003). Within the home, laundry connects deeply to the private rhythms of everyday life, moving through stages of gathering, washing, drying, folding, and storing in wardrobes or drawers (Pink 2012; Saito 2019). These processes, rooted in tactile and sensory interactions, maintain clothing's availability for dressing and thus support self-presentation and identity.

In care homes, however, laundry becomes institutionalised, shifting from a private, domestic activity to a communal process structured by organisational demands. This transformation removes the practice from personal control, as laundry is processed in bulk by staff rather than by the resident or their family (Armstrong and Day 2020). Such institutionalisation of a previously private routine can disrupt the everyday rhythms of residents, including their relationship with their clothing. Buse, Martin, and Nettleton (2018) report that

residents may hide soiled garments, illustrating the embarrassment and emotional sensitivity tied to clothing care in institutional settings. Furthermore, the need to label garments for redistribution in bulk processing often reduces clothing to a functional identifier, stripping it of its personal, biographical meaning (Armstrong and Day 2020; Buse, Twigg, et al. 2018).

This disruption reflects broader challenges in maintaining autonomy and personal identity within institutional care. Decisions regarding clothing and other personal possessions often shift away from residents, aligning instead with institutional routines and priorities. As Lee and Bartlett (2021) highlight through their concept of 'material citizenship', personal objects, including clothing, are crucial to supporting identity, agency, and autonomy in care environments (Kontos et al. 2017). Yet, care homes often lack clear guidance on how to manage residents' possessions in a way that upholds their selfhood, leaving such decisions open to subjective interpretation by carers or family members (Fetherstonhaugh, McAuliffe, Bauer, et al. 2017; Morgan Brett 2023).

The process of proxy or surrogate decision-making, often undertaken by adult children, further complicates this issue (Fetherstonhaugh, McAuliffe, Bauer, et al. 2017). Morgan Brett (2023) notes that family members must decide which clothing and possessions accompany residents into care, often without fully understanding the emotional or biographical significance of these items. This disconnection may lead to the unintentional disposal of garments that hold deep personal meaning, disrupting the resident's sense of self and continuity. These decisions are often influenced by external pressures, such as the sale of a family home to fund care and are compounded by limited professional support for navigating such complex choices (Fetherstonhaugh, McAuliffe, Shanley, et al. 2017; Morgan Brett 2023).

Clothing, as explored in section 2.3, My Self within My wardrobe, is imbued with layers of meaning that extend beyond its functional purpose. Garments form part of the resident's *'identity kit'* (Goffman [1961] 1991), serving as tangible links to their past selves, relationships, and memories (Miller 2010; Woodward 2007a). For residents with dementia, preferences often manifest through embodied responses to clothing, such as comfort with certain fabrics or emotional reactions to specific colours, highlighting the role of the body in expressing identity and agency (Fleetwood-Smith et al. 2022b; Kontos 2005). Recognising these embodied preferences underscores the importance of incorporating dress and dressing into frameworks like *'material citizenship'* to preserve autonomy and dignity.

Everyday decision-making about clothing also intersects with broader discussions of social citizenship. As Lee and Bartlett (2021b:1481) argue, residents have *"the right to be included in decision-making relating to personal possessions and the right to have opportunities to use functional objects to perform everyday tasks."* Dressing, as a daily practice, becomes a key site for exercising such rights. However, Noorlandt et al. (2023) point out that care staff attitudes often shape the range of choices residents are offered, with varying rationales for limiting these options (Fetherstonhaugh et al. 2014). While risk management may justify some restrictions, overly cautious approaches can inadvertently disempower residents, undermining their agency and citizenship.

Integrating material citizenship (Lee and Bartlett 2021a) into care home practices offers a way to reframe everyday routines, including dressing, as opportunities for fostering autonomy and well-being. By paying closer attention to the relational and emotional significance of personal objects (Miller 2008a, 2010), care homes can move beyond viewing routines as purely functional processes. This focus enables conversations about not only the lives

residents have lived but also the lives they wish to live, and how clothing and personal possessions support those aspirations.

Understanding how such practices contribute to comfort, both physical and emotional, transitions into the next section, 'Comfort in Care'. By exploring the tactile, sensory, and emotional aspects of care, the following section highlights how dressing practices can provide reassurance and maintain dignity within the care home environment.

#### **4.2.4 Comfort in care**

Cognitive frailty, often explored within dementia research, provides a valuable framework for examining the intersections of dressing, identity, and comfort. Beyond its functional purpose, dressing becomes a critical activity through which residents can express their individuality and maintain a connection to their sense of self. Wendy Mitchell's candid reflections on living with dementia reveal the complexities of navigating daily dressing routines and interacting with her wardrobe and home environment. She recounts moments of confusion around her wardrobe doors and mirrors, which no longer intuitively make sense to her (Mitchell 2018:207–11). Wendy describes one instance in which she could not locate her clothes despite their presence in the wardrobe, a moment resolved only after her daughter showed her the neatly arranged garments. The experience reveals how cognitive frailty can obscure intuitive navigation of even familiar objects, disrupting routines and contributing to feelings of disorientation.

To address this challenge, Wendy implements a creative solution: photographing the wardrobe's interior and affixing the image to the outside of the doors. This simple visual cue provides her with helpful stimulation, enabling her to maintain independence and a sense of control within her living space (Fleming, Zeisel, and Bennett 2020; Quirke et al. 2023). Wendy's actions

embody the concept of *'Everyday Citizenship'* (Nedland et al. 2019), discussed in the section 4.2.4 'Everydayness, decision making and choice'. This perspective emphasizes how individuals, even in the face of cognitive frailty, can actively shape their daily lives and maintain a sense of agency.

Wendy's reflections also extend to her decision to remove mirrors from her home, highlighting two distinct challenges. First, she describes the disorientation caused by mirrors, which blur the boundaries of rooms and spaces:

*"I find them confusing and disorientating. To me, a reflection doesn't signal where the room stops and starts"*

**(Mitchell 2018:210–11).**

Second, she shares the emotional discomfort of seeing her reflection, which reminds her of the changes caused by dementia and conflicts with her self-perception:

*"I don't want to see the change that's occurring in me. ...I didn't look how I remembered"*

**(Mitchell 2018:211).**

These examples highlight how Wendy reshapes her home environment to balance physical and emotional comfort. Her adaptations reflect homemaking as a process of maintaining equilibrium, a state of holistic comfort that integrates relaxation, familiarity, and well-being. As Ellsworth-Krebs, Reid, and Hunter (2019) describe, home comfort arises from a combination of companionship and control, allowing individuals to manage their living spaces as desired.

Comfort, however, is a contested concept that varies across disciplines and subjective experiences (Kolcaba 2003a). In healthcare and nursing, comfort is considered a critical aspect of care but lacks a universally agreed definition

(Tutton and Seers 2003). Kolcaba (2003a) categorizes comfort into three senses:

1. 'Relief', addressing specific sources of discomfort.
2. 'Ease', encompassing a state of contentment and well-being.
3. 'Renewal', signifying a return to strength or a reinvigoration of spirit.

These categories must be understood within the contexts in which they occur, whether physical, psychospiritual, environmental, or sociocultural. Importantly, comfort is not experienced exclusively by care recipients; carers, too, derive a sense of comfort and satisfaction through the act of providing care (Kolcaba 2003b; Kolcaba, Tilton, and Drouin 2006).

Wendy's experiences of adapting her wardrobe connect directly to discussions in Section 2.3 'My Self within My wardrobe', particularly Subsection 2.3.3 'Hidden wardrobe dress management systems: comfort and anxiety'. There, the emotional negotiations around clothing were explored, highlighting how the tactile and sensory dimensions of garments mediate between internal aspirations and external expectations (Guy et al. 2001; Woodward 2007a). Wendy's use of visual cues, for instance, not only supports her practical engagement with clothing but also mitigates the anxiety associated with cognitive frailty, fostering a sense of control and autonomy.

Buse and Twigg's 'Dementia and Dress' study further underscores the significance of dressing in maintaining identity and comfort for people with dementia. Their research highlights how clothing serves as a material and embodied extension of selfhood, enabling individuals to navigate frailty while preserving continuity of identity (Buse and Twigg 2015). In their later work, 'Dressing Disrupted' (Buse and Twigg 2018), they explore how the materiality of dress mediates care practices, revealing the tensions between garments that

support ease of dressing and those that sustain identity. This study emphasizes the physicality of dressing, where carers must navigate resistant bodies and fabrics, and the competing logics of care that prioritize either efficiency or personhood. These insights align with Kolcaba's (2003) framework, which considers how dressing practices can provide relief: reducing discomfort from ill-fitting garments, ease: fostering well-being through familiar clothing, and renewal: enabling self-expression and empowerment.

Dressing practices in care, informed by these insights, can contribute to holistic comfort by addressing both physical and emotional needs (Kolcaba 2003a). The choice of fabrics, colours, and styles can provide sensory comfort (Miller 2010; Pajczkowska 2007b), while personalizing dressing routines affirms identity and dignity (Guy et al. 2001; Woodward 2007b). These practices highlight how dressing and wardrobe management intersect with the broader pursuit of comfort in care, emphasizing the role of carers in navigating the emotional and material dimensions of clothing.

#### **4.2.5 Summary of The Care Home**

This chapter examines the care home as a complex space where institutional frameworks intersect with relational care and residents' lived experiences. It highlights the challenges faced by residents during transitions into care, emphasizing the compression of personal space and the impact on identity and autonomy. Goffman's ([1961] 1991) '*identity kit*' is used to critique how institutionalization disrupts self-presentation, while life story work is presented as a vital tool for preserving personhood and tailoring care to individual histories and preferences.

The chapter also explores how everyday routines, such as dressing and laundry, serve as sites for maintaining identity and agency despite institutional constraints. Concepts like 'material citizenship' (Lee and Bartlett 2021a) and

embodied responses to clothing (Kontos et al. 2017) underscore the importance of personal possessions in upholding dignity and autonomy. These practices are shaped not only by interpersonal dynamics but also by a complex web of legal and regulatory frameworks. The Health and Social Care Act 2008, the Mental Capacity Act, and the Equality Act 2010 provide the legislative foundation for care provision, while the Care Quality Commission (CQC) enforces standards through its Key Lines of Enquiry (KLOEs). Regulations 9 (Person-centred care), 10 (Dignity and respect), and 12 (Safe care and treatment) are particularly relevant to dressing support, revealing how institutional governance influences the delivery of relational care.

Finally, comfort is discussed as a multidimensional aspect of care, with dressing practices positioned as key to fostering physical, emotional, and psychosocial well-being. Drawing on [Kolcaba's \(2003\)](#) framework and personal narratives like Wendy Mitchell's, the chapter concludes that personalized, relational care, supported by ethical and regulatory structures, can mitigate the depersonalization often associated with institutional living, ensuring dignity and connection for residents.

### **4.3 Summary of literature review and the gap in research**

The three chapters of the Literature Review collectively frame dressing practices as central to the negotiation of identity, agency, and dignity across contexts of ageing, frailty, and institutional care. Chapter 2 'Identity and Clothes' introduce the foundational relationship between dress and identity, establishing clothing as a material biography that carries emotional, relational, and cultural significance. Chapter 3, 'Dress and Ageing' builds on this by situating dressing within the transitions of ageing, exploring how clothing adapts to the physical and societal shifts faced by older individuals, and addressing how frailty complicates autonomy and self-expression. Finally,

Chapter 4, 'The Care Home' contextualizes dressing within the dynamics of care homes, highlighting the tensions between institutional priorities and person-centred care and examining how legal and regulatory frameworks, such as the Health and Social Care Act and CQC standards, shape the delivery of dressing support in practice.

While the literature highlights how dressing practices uphold identity and personhood for residents, it offers limited insight into how care home managers and carers, those who shape these experiences, navigate them. Although [Buse and Twigg \(2018\)](#) 'Dressing Disrupted' paper addresses the carers' perspectives, particularly in curating residents' identities through dress, there remains a dearth of research that deeply examines carers' lived experiences ([Kadri et al. 2018](#)). Carers are uniquely positioned as both facilitators of person-centred care and negotiators of institutional demands. However, their own personhood often becomes obscured within caregiving frameworks, as [Twigg \(2006\)](#) argues this is due to the perception of care work as "*dirty work*." This invisibility contributes to a lack of scholarly focus on the emotional and relational labour they undertake.

By centring care home managers and carers this study addresses that gap, exploring how these stakeholders perceive, manage, and enact dressing practices. This emphasis aligns with [Kitwood's \(1997\)](#) assertion that personhood must be upheld not only for the resident but also for the carer, recognising the relational nature of dignity in care. This approach not only foregrounds the relational dynamics of dressing but also interrogates the systemic and regulatory factors that shape care environments. Through this critical lens, the research aims to illuminate the interplay of dress, identity, and care within the complexities of institutional settings.

The literature review has directly informed the research questions. The questions previously presented in chapter one are presented here as a reminder and point of reflection before progressing to Chapter Five Methodology.

## Research Questions

1. How do care home managers organise and manage dress and clothing within the care home environment?
2. What factors influence care home managers' perceptions of the role of dress and dressing in the care setting?
3. How do professional care home carers describe their experiences of handling clothing and managing the wardrobes of residents with cognitive frailties?
4. How do carers perceive the process of dressing, and in what ways do these practices intersect with residents' identity, comfort, and well-being?
5. What challenges and tensions do carers navigate in balancing institutional priorities with supporting residents' identity during dressing routines?
6. How do institutional governance frameworks influence the management of dressing practices by care professionals?

With this foundation in place, the following chapter outlines the methodological approach used to explore these questions, focusing on the lived experiences of care home managers and carers as they navigate dressing practices within institutional settings.

# Chapter Five

## 5 Methodology

### 5.1 Introduction

This chapter outlines the methodological process, approach, and analysis undertaken in the research. It examines the researcher's position within the study, addressing responsiveness to challenges, access to participants, and the ethical considerations involved. The methods of data collection and analysis are critically discussed and evaluated for their suitability in addressing the research aims and objectives.

The chapter is structured as follows: 'The Method Statement' (Section 5.2) provides an overview of the methods employed and their implementation, including the three stages of the research process. 'The Researcher's Stance and reflexivity' (Section 5.3) explores the researcher's positionality, reflective practice, and role as an *'expert outsider,'* while also discussing ontological and epistemological considerations. 'Gaining access and reaching participants' (Section 5.4) reflects on the challenges of conducting research in care home environments, detailing the process of engaging managers and carers and the criteria for selecting participating care homes. 'Responsiveness to challenges' (Section 5.5) addresses the impact of the global pandemic on the study and the adaptations made to navigate these difficulties. 'The Ethics Statement' (Section 5.6) provides an overview of ethical considerations and the approval processes undertaken. 'The Data collection' (Section 5.7) details the three stages of the research process, with particular emphasis on the rationale for the two-phase approach used in Stage Two for data gathering. Finally, Stage Three: 'Data

analysis' (Section 5.8) describes the thematic analysis process, reflecting on the complexities of data analysis and the identification of research themes.

### **Research motivation and positioning**

The research motivation arose from a deeply personal experience that brought together my professional perspective on fashion and my role as the primary family carer for an individual with significant cognitive and physical frailties. This experience created a nexus between sartorial study and care provision, forming the foundation of this research. My personal engagement with both fields established an affinity that shaped the study's focus and informed the methodological reasoning (Holloway and Biley 2011).

An incident in a clothing store (Chapter 1: Section 1.1.2) particularly highlighted the ways in which cognitive impairments can disrupt an individual's dress identity preferences. Cognitive frailties can alter the decision-making process, affecting how individuals select clothing and express themselves through dress. This shift can simultaneously liberate them from the usual self-imposed constraints of everyday narratives while also creating challenges that require support. Their criteria for choice-making become either simplified or more problematic, underscoring the need for understanding and assistance in this context.

This personal and practical motivational reasoning underpins the research rationale and informs its methodological approach. Kara (2015) argues that in social research, the formal process cannot be fully separated from the embodied experiences and informal learning that precede it, as these elements mutually inform one another. Similarly, just as it is impossible to detach ourselves entirely from the social world, it is essential to recognize informal research as a precursor to the formulation of formal inquiries. Informal

experiences often help identify the phenomena of interest, in this case, the context of care home environments (Kara 2015:17).

The study takes an interpretivist perspective, viewing social perspectives as constructed and understood through the meanings produced and reproduced by participants in their everyday activities (Blaikie 2010:99). A constructivist approach aligns seamlessly with this perspective, emphasizing the co-creation of meaning through interaction. The research focuses on the professional carers operating within care home environments and uses a fashion lens as a tool to explore the supported act of dressing within the provision of care.

The 'fashion lens' serves as an innovative approach, drawing on my professional expertise to provide a unique qualitative inquiry into dressing. While outside the core focus of care provision, this lens enables a nuanced exploration of how dress and clothing intersect with identity, agency, and support in the care setting. Dressing is not merely a functional task but also a deeply symbolic act tied to self-expression, dignity, and personal narratives. By integrating this perspective, the research seeks to reveal overlooked aspects of caregiving, particularly the ways in which carers facilitate or hinder the maintenance of identity through dress.

This methodological approach respects the professional expertise of carers within the care environment while positioning the researcher as an 'expert outsider.' As Gilgun (2010:Location 3) succinctly states, "*researchers influence research processes and research processes influence researchers.*". By employing a reflexive approach (Section 5.3), the study actively engages with and manages the power relations between the researcher and all stakeholders (Gilgun 2010; Mann 2016). Reflexivity further ensures that the methodology remains responsive to the complexities of the research context and ethical considerations. Ultimately, the research questions serve as the guiding

framework, shaping the methodological choices and maintaining focus on the study's aims.

## **5.2 Method Statement**

This is a qualitative research study, an inductive exploratory investigation. This section sets out what the method was and how it was conducted. There are three key stages to the research, **Stage one: Familiarisation of the care environment** (section 5.2.1), this preliminary informal research stage was conducted to inform and develop the formal stages of the research study. As the care home environment was an unfamiliar space to me it was therefore important to gain an understanding of the environment and how care is central to the institutional management of the home and the care giving context. Presented here is the overview of stage two and three. **Stage two: Data gathering method** (section 5.2.2), this was the active formal fieldwork of the research. The details of stage two approach are presented later in section 5.7. **Stage three: Data analysis approach** (section 5.2.3), this is the formal process of analysing the data gathered. The details of stage three data analysis are presented later in section 5.7.

### **5.2.1 Stage one: Familiarisation**

Familiarisation of the environment was the initial stage of the methodology. It was exploratory field work in the form of experience and observations in the locale. This stage also played an important part in developing the network of contacts which were to be instrumental in gaining access to the homes and participants. Details of gaining access are discussed later in this chapter in section 5.4.

As a family carer I engaged with various care institutions including two care homes. Prior to starting the research study, I gained some experience as a

volunteer in a care home when I was invited to run some fashion style reminiscence workshops. As a researcher and part of this research study five different care homes were visited in the process of familiarisation and orientation, there was more than ten visits across the various homes in total. This formal study familiarisation process was combined with reflection on experiences gained (Kara 2015) from five years as an family carer and informed the methodological thinking and experience of the care home environment and non-formal learning (Eraut 2000; Holloway and Biley 2011). These experiences informed my methodological sensitivity but were not treated as data. The formal study familiarisation allowed me to 'hang out' in the environment that was unfamiliar to me (Dewing 2009). This is part of the process of familiarisation of care home culture which Dewing (2009) argues researchers are a part of as soon as they enter the environment and therefore should be acknowledged as part of the research process (Gilgun 2010; Holloway and Biley 2011).

Familiarity of the environment enabled informal observations of the people who lived and worked in the homes. The fashion professional lens naturally homed in on the presentation of dress of all those people in the environment. Reflection on these early field experiences identified heightened attention to visual observations, conversations and story-telling that made reference to clothing and style. One resident greeted me in the reception area of the care home I volunteered in and commented that *'my socks did not look right'*. In another encounter with a cognitively frail resident, I talked to her about the beautiful blue blouse she wore. This conversation about her clothing focused her attention away from the person she said she was waiting for; she told me she didn't really like blue! These visual and verbal conversations of clothing were in every encounter with every person to some extent. Clothing and style aesthetics are often used as a conversation opener in many different social situations, such as *"you look nice today"* which is a statement that is about

more than your bodily features, but the whole assembled look that is being presented. *“I like your jumper”* this is a very specific clothing related conversation starter (Fleetwood-Smith 2020; Woodward 2005).

What stood out in this environment was the dynamic interplay between its role as a formal workplace for staff and an informal home for residents. To understand this duality, the method was designed to explore how clothing is characterized within these two dimensions, workplace and home. This informed the development of a two-phase chronological sequence methodology, where phase one directly informs phase two. The sequencing reflects a deliberate methodological decision rooted in the primary purpose of the care environment: to provide institutional support for individuals unable to live safely and independently. As a care service, the institution prioritizes safe care provision while aiming to enable residents to live their best lives.

Daily care provision governs the operational routines of the institution, while the living routines of residents shape the sequencing of care tasks. Phase one examines the institutional management of care and dressing practices through analysis of care home managers’ interview narratives and CQC governance guidance, specifically the Key Lines of Enquiry (KLOE's) (CQC KLOE’s Regulation 9,10 & 12) (Care Quality Commission 2020b). Phase two explores the carers’ understanding and perspectives on their daily tasks, focusing specifically on their role in supporting the dressing process of the resident. Details on how care homes were selected and recruited for the study are presented later in section 5.4.4 ‘Participating care home overview’.

Sampling and gaining access are highly challenging in social care (Froggatt et al. 2009). Care homes are integrated with communities but are highly governed closed institutions. The research focuses only on the staff, as it is about their professional role and perspective of dress and dressing support. This still

presented a complexity to the sampling process and getting to know the relevant gatekeepers to support access to the participants. Ethical considerations (section 5.6) were navigated as part of the development of the methodology and ethical approval was given by the university. In addition, the care home gate keepers were sent the university approved document which supported gaining access. Only one care home required further information to comply with their own corporate ethical approval process by a panel (see Appendix I – Care Home Own Ethics approval Emails). Part of the process of familiarisation was to develop a broad understanding of the healthcare environment.

### **Developing understanding of institutional frameworks**

My career experience in quality standards within higher education teaching and learning proved valuable in understanding governance frameworks, including those within healthcare settings. To support me financially during my studies I had a part time fixed-term contract as a Learning Development Advisor in the Human Resources department of a local hospice. While this employment supported me financially, it also contributed to broadening my knowledge of healthcare contexts, especially the relationships between management, nursing staff, and healthcare assistants (carers). One notable aspect of this role was supporting the development of ‘supervisions,’ which serve as evidence of critical reflection within healthcare organizations, as outlined in the Care Quality Commission (CQC) guidance KLOEs E2.2, E2.3; HM Government 2014 Regulation 18 (Care Quality Commission 2020b). These structured dialogues offered insights into professional mentoring in healthcare and reflective practices yet they often reinforced hierarchical structures that highlighted the lower professional status of carers.

This experience provided practical understanding of the working contexts of carers, particularly their contributions to healthcare dialogue and care delivery, whilst not part of my study it contributed to my informal learning of healthcare environments (Eraut 2000; Kara 2015). While hospice care differs from residential or nursing care settings, it allowed me to familiarize myself with the CQC quality standards framework, including the Key Lines of Enquiry (KLOEs), which remained consistent with care home governance until the April 2018 reorganization. Additionally, it deepened my understanding of institutional language surrounding 'good care' and 'person-centred care' as defined by the CQC.

It is essential to clarify that my reflections on this experience are not part of the study data nor a source of analysis. Rather, they provide a foundation for my reflexive practice, which shapes my engagement with the research process. As Hammersley and Atkinson (2007) highlight, reflexivity is critical in qualitative research, enabling the researcher to critically assess how their positionality influences data collection and interpretation. This reflexivity has allowed me to draw connections between my experiential understanding and the formal research conducted in phase one of the study (Braun and Clarke 2021; Holloway and Biley 2011). Specifically, my awareness of governance frameworks and caregiver hierarchies informs my analysis of care home managers' interview narratives and their articulation of daily care practices.

By maintaining transparency regarding the role of reflexivity in my research, I ensure adherence to ethical standards. This study does not involve covert observation or undocumented personal experiences as study data. Instead, reflexivity enhances my ability to critically engage with narratives and governance contexts, providing depth and insight into the formal research process. The integration of these experiential and academic perspectives is

further explored in section 5.3.1, which elaborates on the role of reflexive practice within qualitative methodologies.

### **5.2.2 Stage two: Data collection**

There is variance in management of workplaces and care homes are no different. Variance exists at the corporate level and the operational level. The study is within the homes themselves, but in order to get variance in care home management and organisation the homes were recruited to the study from different institutional corporations. The cultural influences of those living and working in the care homes also will vary depending on the home's location. The homes selected were all based in the North of England and located in different urban areas across the north from East to West. An overview of the participating care homes is presented later in the chapter in section 5.4.4.

The data collection comprised two distinct phases, each tailored to the specific focus of the study. Phase one involved semi-structured interviews with care home managers, conducted within their workplaces. This method enabled managers to reflect on their practices and insights while situated in their operational environment. Phase two adopted object elicitation conversations with carers, held in designated staff areas away from the daily care routine. The term "*conversation*" was chosen deliberately to emphasize a collaborative exchange between the object, the interviewee, and the researcher.

Traditionally, wardrobe studies connect interviewees directly with their own clothing (Guy et al. 2001; Twigg 2010; Woodward 2007a). However, in this context, creating a separation between the clothes and their owner was crucial, as carers interact with clothing belonging to others in their daily dressing tasks (Section 5.7.2 details the suitcase clothes). This separation provided the carers with an opportunity to reflect on their roles without the direct emotional or personal connection to the clothing itself. By framing the interaction as a

conversation, carers were encouraged to share their perspectives in a relaxed and open dialogue, using the object as a focal point to elicit deeper, reflective narratives.

**Phase one:** Fieldwork: semi structured interviews with managers in 3 care homes took place between February 2019 and April 2019. A 4<sup>th</sup> care home interview with a manager was conducted by digital video link (Zoom) July 2021 during the COVID-19 pandemic (after 3 national lockdowns).

**Phase two:** Fieldwork: 6 carer Suitcase discussion session (object elicitation conversations) took place between July 2021 and August 2021 during the COVID-19 pandemic (after 3 national lockdowns). Pandemic restrictions in care homes necessitated that all research sessions be conducted via digital video link (Zoom). Updated care home visitor guidance on 16th August 2021 provided some flexibility, but each care home was subject to local government policies specific to their organization (Local Government Association 2021). These policies varied across regions, with each care home setting its own guidelines for non-essential visitors in alignment with broader directives. As a researcher, I was classified as a non-essential visitor, which restricted my access to the care homes and prevented in-person data collection.

This limitation required adaptations to the research methodology, influencing how rapport was established, and participant engagement was encouraged in a digital format. Additionally, this shift raised important considerations regarding research ethics, as the original ethics application was revised to account for the remote nature of the interactions. These revisions ensured that participant confidentiality, consent, and comfort were upheld in this new context. Reflections on how these challenges were addressed are discussed in Section 5.5 'Responsiveness to challenges', while the ethical implications and adjustments are detailed in Section 5.6 'Ethics Statement'.

The methodologies for both phases are discussed in detail in Section 5.7.

### **5.2.3 Stage three: Data analysis**

Thematic analysis was adopted as the data analysis approach due to its flexibility, making it particularly well-suited for examining the narratives of both care home managers and carers (Braun and Clarke 2006, 2021). A detailed discussion of the data analysis process is provided in Section 5.8. This method acknowledges the active role of the researcher in identifying themes, emphasizing that themes do not simply emerge but result from an active and reflective process of engaging with the data. This process draws on the formal and informal knowledge and experience of the researcher (Anzul et al. 1997; Braun and Clarke 2021; Gilgun 2010; Kara 2015).

The data set from care home managers, gathered through semi-structured interviews, was analysed using a semantic approach in the initial phase to reflect their perspectives and realities. This analysis informed the development of the phase two methodology. The data was later revisited alongside the carers' data for further analysis. The carers' data, collected using the object elicitation method, was analysed along with the Care managers interviews with a latent approach to thematic analysis, which examines underlying ideas and assumptions beneath the surface (Braun and Clarke 2006).

Carers represent an underrepresented voice in care home research (Kadri et al. 2018), and the research method was intentionally designed to 'give voice' to their experiences in supporting dressing practices. However, it is acknowledged that the 'ordinary, everyday' nature of the dressing act often obscures the decision-making and thinking processes carers navigate daily (Law 2004). To address this, the data collection method aimed to provoke carer reflection on their role in dressing support. The analytical process required active interrogation of the data to identify and define themes, as themes do not

passively emerge but are constructed through active engagement (Braun and Clarke 2006).

This section has outlined the three stages of the research. Overviews of the data gathering and analysis processes for phases two and three have been presented, with detailed discussions provided later in Sections 5.7 and 5.8.

### **5.3 Researchers Stance and reflexivity**

This section reflects my positioning within the study and how this contributes to understanding and engaging with the data. Qualitative research is inherently situated within the social world, including the researcher's own context and perspective. Acknowledging this positioning requires reflexivity, a method for critically considering the influence of prior knowledge and experiential understanding on the research process. As Braun and Clarke (2021:5) explain, *"Reflexivity involves a disciplined practice of critically interrogating what we do, how and why we do it, and the impacts and influences on our research."*

Throughout this study, decisions were informed by reflexive practice, with my role as a researcher critically examined and discussed in this section. Reflexivity actively seeks to identify and manage bias, bringing it into the open as part of an ongoing conversation with the data. The following discussion explores reflexive practice, the insider or outsider positioning within the study environment, and the ontological and epistemological considerations of my researcher role.

#### **5.3.1 Reflexive practice**

Reflexivity draws on life experiences that inform research as much as research informs life experiences (Braun and Clarke 2021; Wilson 2011). It is not possible to separate oneself from the social world, and as a fashion professional, educator, family carer, and curious researcher, reflexivity allows for the

integration of formal research with experiential understanding (Braun and Clarke 2021; Hammersley and Atkinson 2007b; Holloway and Biley 2011; Wilkinson 1988).

My academic background is rooted in fashion studies, a field often perceived as highly subjective. Reflexivity serves as a tool to harness the value of subjectivity within this discipline (Braun and Clarke 2021; Hammersley and Atkinson 2007b). Rather than a continuous process, my reflexive practice has been drawn upon intermittently, which Kara (2015:73) identifies as a beneficial approach for navigating research with layered complexities (Braun and Clarke 2021). Reflexivity aligns with experiential learning practices (Kolb 1984) and is widely adopted across disciplines such as education, management, leadership, the arts, social care, and healthcare.

The creative practice of reflection first emerged during my undergraduate design studies, later formalized through my teaching qualification. This involved engagement with action learning sets, collaborative processes for critically discussing learning in practice (Pedler 1997; Revans 2011). Revans' (2011) action learning sets remain integral to the learning and development framework of the NHS (NHS England 2019), while reflective practice is a core requirement for nursing validation and evidence of professional skill (Bulman and Schutz 2013; NMC 2019).

My understanding of healthcare practice was further enhanced through attendance at several conferences as part of the stage one familiarisation process (Appendix D – Summary of key Network events). Below is an extract from my reflective notes following attendance at the 'Reflections on Arts in Health Conversation,' held on 17th January 2019 at the University of Cumbria.

## 'Theatre by the Lake project' Researcher and speaker Meghann Ward (Phd student, Lancaster University)

*In the project they talked of dressing up in costumes as this helped to communicate the theme – 'role play'. They talked of the importance of props to initiate conversations. – This is a cultural probe and exactly what I am saying clothing can do!*

**(CT Research diary, 19<sup>th</sup> January 2019)**

## Writing workshop – David Naphine

### Notes made during the workshop

*...they knew more than they thought.*

*He (David) uses prompts*

*"Honour what they say" Disclosure = trust*

*"They disclose – you disclose. It is about trust and people open up."*

*"In the moment the here and now."*

*"listen – Active listening"*

*"write down afterwards. Reflective on session not note taking during."*

**(CT Research diary, 17<sup>th</sup> January 2019)**

## Writing workshop – David Naphine

### My reflections after the workshop

*This was a helpful workshop to help me to reflect on my research workshops. Using a prompt to place somebody somewhere else – David used a picture and got them to place themselves in the picture. The writing game played with a dice helped to engage people as they quickly got drawn into the game.*

**(CT Research diary, 19<sup>th</sup> January 2019)**

As indicated in the extracts above from my reflective notes these healthcare conferences informed my methodological research thinking and decision making and allowed me to understand the context of the research study within

healthcare and wellbeing debates (Govconnect 2015, 2017; NHS England 2014, 2017; Ward 2019).

### **5.3.2 Insider versus outsider positioning**

Determining whether to adopt an 'outsider' or 'insider' position was a significant and challenging decision in defining my researcher stance. This debate has long presented difficulties for institutional researchers, who must decide where and how to position themselves to enable open dialogue and observation of the phenomena being studied (Hammersley and Atkinson 2007b; Wilson 2011). Initially, taking an 'insider learner' position through an ethnographic approach seemed a logical choice (Hammersley and Atkinson 2007b), influenced by my background in education, collective learning environments, and pedagogic research.

However, Goffman's ([1961] 1991) ethnographic study of the hospital inmate's social world prompted me to openly embrace an outsider position. In his covert study, Goffman took on the guise of an insider with a fictitious backstory known only to hospital management. While this approach offered insight, Goffman himself acknowledged its limitations, noting that it risked providing a partisan view of patient experiences (Goffman [1961] 1991). Reflecting on Goffman's critique, I recognized the importance of positioning myself as an outsider to critically engage with the professional carers' perspectives on the daily task of dressing other people.

This task takes place within the resident's deeply private and personal space. I deemed it both unnecessary and ethically inappropriate to explore carers' perspectives within the resident's bedroom, as my presence would inevitably alter relational interactions and compromise privacy. Instead, the research was intentionally conducted within the care home environment, the carers' workplace. This approach aimed to facilitate discussions centred on the

workplace context of the dressing task, enabling meaningful reflection without disrupting the delicate relational dynamics inherent in the caregiving process.

This reinforced my position as an outsider and highlighted the role of my sartorial expertise in shaping the research focus. My approach was therefore framed as that of an 'expert outsider.' However, this position brought challenges in establishing honest dialogue with care staff. Both my role as a researcher and my identity as a fashion professional contributed to a significant perceived cultural distance between myself and the carer participants.

To mitigate this distancing, I relied on an acute awareness of my own sartorial embodiment and how I presented myself in every interaction with care staff. Managing the power imbalance inherent in this dynamic required a deliberate and reflexive approach. This extended to consciously selecting my clothing (Figure 1: Outfit worn to all care professional encounters.) for every visit and interaction with care homes and care professionals, ensuring that my choices supported rapport-building and reduced perceived barriers.



Figure 1: Outfit worn to all care professional encounters.

Introduction to the carers was achieved through attendance at a staff meeting, allowing me to be present ‘in person,’ as well as through a participant recruitment poster designed to generate interest in the research study. To mitigate the perception of an outsider and reduce cultural distance, I adopted a muted sartorial presentation. For all care home visits, I wore the same outfit, ensuring consistency in my visual presentation to the care staff. This strategy standardized the sartorial communication I projected. The selected outfit was entirely navy blue, free of branding or symbols, and comprised a collared tunic top, a formal jacket, navy tight-fit jeans, and flat shoes (Figure 1: Outfit worn to all care professional encounters.). The intention was to avoid provoking stylistic judgment or influencing the research conversations in any significant way.

The participant recruitment poster featured five images of me, the researcher, at different ages and in varied sartorial styles, representing different social occasions and excluding formal professional dress (See Appendix F - Carers Recruitment Poster). This visual representation was designed to normalize my appearance using a 'life story' approach, familiar to carers through their experiences with photographs of those they care for.

Whether present in the care home physically or via video link, my role as a researcher temporarily made me part of the visual environment (Dewing 2009; Holloway and Biley 2011). The focus of my research on clothing heightened participants' awareness of my clothes and choices. Reflexivity informed the conscious construction of my sartorial presentation in every care environment encounter, ensuring alignment with the context and purpose of the research. My visual presence contributed to the already intricate cultural dynamics within the care home environment (Pauwels 2011).

This deliberate sartorial representation acknowledged my participatory role within the phenomena of dressing in the institutional setting (Blaikie 2007; Gilgun 2010). By adopting the position of an 'outsider expert,' I could consciously manage the potential power imbalance associated with my dual roles as a fashion expert and researcher. To achieve this, I intentionally toned down the stylistic indicators of my expertise and maintained a consistent, approachable appearance throughout the study.

### **5.3.3 Ontological positioning and epistemology**

This section explores my ontological position and how the ontological framing of clothing items informs my research direction and methodology. Clothing items, as material objects of dress, embody cultural perspectives within a socially constructed world. Woodward (2020:25) refers to this as a '*material-orientated ontology*,' which views materials as 'an integral and entangled part

of social relations.’ This paradigm has gained prominence in fashion studies, as it embraces the understanding of embodied practice within shared social spaces, with agency expressed through the materiality of clothing (Rocamora and Smelik 2016). Miller (2010:23) succinctly captures this perspective: *“Clothes are among our most personal possessions. They are the main medium between our sense of our bodies and our sense of the external world.”*

As humans, we exist in a social world shaped by shared cultural interpretations that inform how we make sense of the external world (Blaikie 2007). This social constructionist epistemology arises from encounters with the physical world and other people, with the process of assigning meaning being continuously updated. Therefore, there is no absolute truth, but rather an intersubjective and shared knowledge (Blaikie 2007; Crotty 1998). Blaikie (2007:23) further explains intersubjectivity in this context as *“the activities involved in constructing knowledge occur against the background of shared interpretations, practices, and language; they occur within our historical, cultural, and gendered ways of being.”*

Understanding and articulating my research stance required acknowledging my position in the social world as a researcher. Qualitative research, by its nature, is embedded within this social world, as is my place within it (Braun and Clarke 2021). Reflexive practice played a central role in shaping my research approach, enabling me to critically evaluate my decisions and perspectives as I engaged with care environments and participated in research and care-related debates.

This engagement was not only critical preparation for conducting data collection but also instrumental in building the networks required to gain access to participants and professionals in care. By positioning myself reflexively within this social and professional landscape, I was able to navigate the complexities of both research and care environments effectively.

## **5.4 Gaining access and reaching participants**

This section discusses the challenges of gaining access to a care institution that serves the local community but has increasingly become a closed institution closely guarded. Conducting research in care homes is challenging, gaining access is particularly so especially as an outsider to the care profession. It requires time to build familiarity of the environment and networks of people who act as gatekeepers. The data collection was enabled by the development of networks and was by a purposive sampling approach for phase one and snowball sampling for phase two. The following section explains the process of engaging with the gatekeepers (section 5.4.1), maintaining access (section 5.4.2) and the reasoning and rationale for the sampling approaches and reaching research participants (section 5.4.3). Finally, an overview of participating care homes is presented (section 5.4.4).

### **5.4.1 Gatekeepers**

Understanding the role of gatekeepers was critical in devising a strategy to enlist other care home organizations. The complexity and non-linear nature of navigating networks of gatekeepers were underestimated, requiring significant time to develop dialogue and negotiate access. Dewing (2009) notes that the culture of protecting the vulnerable often slows this process, with care staff perspectives rarely represented in detail within care home research. It was therefore important to establish clarity from the outset in all communications that the focus of the research was on care homes and carers. This clarity was particularly vital in light of the evolving shift in research toward inclusion, notably the involvement of ‘service users’ (Diaz-Gil et al. 2023).

Gaining access presented numerous challenges. Eldridge (2013) likens this process to a game of ‘snakes and ladders,’ highlighting the fluctuating dynamics of negotiation and the instability of gatekeepers’ positions or alliances with the

research. This ebb and flow were evident throughout the study, for instance, access was initially granted to a care home following volunteering experience, but later lost due to a management change. Attempts to reconnect with the organization were unsuccessful, as the relationship built during voluntary work appeared irretrievable. Eldridge (2013) observes similar challenges when dealing with contacts at lower managerial levels, where nominal agreement is often the starting point for accessing gatekeeping networks.

An alternative strategy was to engage care homes via the NIHR ENRICH (Enabling Research in Care Homes, part of NIHR - National Institute for Health Research) website ([www.enrich.nihr.ac.uk](http://www.enrich.nihr.ac.uk), accessed 3rd December 2018). The website listed care homes willing to participate in research, but direct contact with managers proved ineffective as a recruitment strategy. Managers were often unavailable, too busy, or had changed roles. Additionally, the list was outdated, requiring cross-referencing with the CQC website ([www.cqc.org.uk](http://www.cqc.org.uk)), which publishes care home manager details. These hurdles prompted reflection on the need to extend engagement beyond individual care home managers to more senior or regionally placed gatekeepers within the organization.

By identifying a 'Community Partnership Manager' in one organization, I was able to re-establish access. This role provided a more stable commitment to the study and a strategic link to care home management, turning the loss into a gain with a more influential gatekeeper. However, gaining access was not simply a matter of convincing gatekeepers to grant entry. It required navigating power dynamics and engaging in a process of negotiation (Clark 2011; Crowhurst 2013). Gatekeepers needed reassurance regarding the legitimacy of the research and its ethical grounding. In many cases, gatekeepers represented tiers of actors within an organization, requiring trust-building and dialogue across multiple levels (Crowhurst and Kennedy-MacFoy 2013; Eldridge 2013).

Awareness of the wider political and organizational context proved essential in fostering trust and empathy with gatekeepers. Demonstrating the potential strategic benefits of the research was key in transforming gatekeepers from allies into active advocates for the study (Clark 2011; Crowhurst 2013; Eldridge 2013). This alignment with broader shifts in healthcare from a focus on 'illness' to 'wellness' helped position the research within a wider strategic agenda, highlighting its relevance to care provision for an ageing population.

First contact with gatekeepers was crucial, as they often facilitated connections with other key actors within the organization (Clark 2011; Crowhurst 2013; Eldridge 2013). Dialogue was intentionally enthusiastic, respectful, and appreciative of the care providers and their roles. Trust and legitimacy were reinforced through follow-up emails from my university account, including details of the supervisory team (see Appendix B – Emails to Care Homes Appendix E – Sample of Email communications with Care homes) and a fully approved ethics document. These measures emphasized the ethical rigor of the study, helping to build credibility with gatekeepers.

Despite these efforts, challenges persisted. For example, one participating care home manager rescheduled an interview several times, ultimately taking annual leave on the agreed date. The interview was later conducted on 26th March 2019, but this experience underscored the need for flexibility and persistence as a researcher navigating care home environments. As Dewing (2009) highlights, tenacity is essential when pursuing research goals in such settings.

#### **5.4.2 Maintaining access.**

Maintaining access was an issue over the period of the study especially as the study was interrupted by the Coronavirus pandemic. A great deal of patience and perseverance was required to keep ringing. After a failed attempt to reach

the person, I would ask when the best time to call back was. Being mindful of the core nature of the care homes 'modus operandi' was important in managing the balance between the researcher's needs and that of the care provider. Each arranged meeting was confirmed by email and again by a curtesy phone call the day before to get final confirmation of the meeting taking place. The Coronavirus pandemic dramatically impacted the access to care homes; this is discussed in detail in section 5.5. It was not possible to access the care homes throughout 2020 through to the middle of 2021 for any non-essential projects. All care home managers were contacted again in 2021 with all in principle still agreeing to continue to participate in the research.

#### **5.4.3 Reaching participants**

This section outlines the strategies and processes undertaken to recruit participants for the study, focusing on care home managers and professional carers. It discusses the challenges and considerations involved in accessing participants within institutional care environments, highlighting the role of gatekeepers and the methods employed to foster trust and engagement. The section also reflects on the practical and ethical approaches used to navigate recruitment barriers and ensure meaningful participation in both phases of the research.

#### **Identifying Care Organisations**

The first stage of the research for phase one involved purposively identifying care organisations in the North of England. Four national care organisations were recruited to the study, with all selected care homes located in urban areas across different counties. This ensured that the homes were not concentrated in a single urban area, allowing for potential variations in cultural influences across regions.

Non-probability sampling was employed as it is particularly suited for in-depth qualitative methods that are time-intensive (Blaikie 2010). I purposefully chose national organisations rather than small private care homes. National corporate organisations typically exhibit similarities across their operations, making them representative of a broader population.

### Recruiting Care Homes and Managers

The organisations contacted all operated multiple care homes with no fewer than 40 residents and included facilities providing dementia specialist care. The care home organisations were then responsible for selecting specific care homes and managers to participate in the study.

This networked approach, while effective, has faced criticism. Heckathorn (1997) notes that such selection processes often favour subjects known for their cooperation and may prioritize those who best represent the corporate perspective. However, Dewing (2009) argues that this approach can also strengthen alliances with the research.

### Negotiating with Gatekeepers

During negotiations with gatekeepers, I requested that participating care home managers have several years of management experience. This criterion served three purposes:

1. To ensure managers had a secure understanding of their role and their management approach.
2. To enable reflective insights from managers with a broader career history, ideally involving multiple care homes.

3. To increase the likelihood of working with managers who were familiar with researcher engagement and therefore more likely to act as allies in the study.

### Engaging Professional Carers

Having the care managers 'on board' with the research study was a positive development, as they became valuable allies of the research. The care home managers took responsibility for recruiting professional carers from within their respective care homes. For this second phase of data gathering, a different non-probability sampling method, snowball sampling, was employed. This approach is particularly effective in accessing hidden populations (Goodman 2011; Heckathorn 1997). Professional carers are considered a hidden group, given their limited engagement with research and, consequently, their lack of familiarity with its potential benefits.

To support recruitment, a carer-focused poster (see Appendix F - Carers Recruitment Poster) was created with a friendly and inviting tone, encouraging carers to join the online 'suitcase discussion sessions' and share their stories. Additionally, I attended a staff meeting at one of the care homes to introduce myself in person, explain the research, and emphasize the importance of carers' participation. While some thoughtful questions were asked by the group, carers appeared generally hesitant to volunteer and self-conscious about participating.

Understanding carers' motivations for engaging in research was critical to recruitment efforts (Clark 2011; Crowhurst 2013; Eldridge 2013). Discussions with care home managers revealed their confidence in being able to recruit carers. For these managers, the research project was framed as a 'learning and development' opportunity for their teams. This managerial perspective not only facilitated participant recruitment but also supported the creation of

space and time for carers to engage in the study during normal work hours, without negatively impacting staffing levels (Dewing 2009; HM Government 2014). By integrating the research within the managerial framework, the strategy accounted for carers' time away from their daily duties while aligning participation with the operational needs of the care home. This potentially framed the activity as a 'task' of work, being aware of how Care managers were framing the research activity allowed me to manage this. The Suitcase and its contents immediately presented the activity as not being a standard training event this allowed me to explain it as a research 'conversation'. By using the term 'conversation' I was emphasising the 'chatty' the informality of the activity.

#### 5.4.4 Participating care home overview

The participating care homes were all integrated care providers commissioned by the local council, accepting a mix of private and state-funded residents. At the time of fieldwork, each operated at full or near-full capacity and provided care for older adults living with cognitive and physical frailties. Table 6: Participating Care Homes, offers an overview of the sites, with names changed to ensure anonymity for both the homes and the participants.

Care Home	Location description	Resident capacity	Description	Units operated
<b>Cedar Care Home</b>	Urban	60 Residents	Purpose-built care home with shared apartment-style layout; all bedrooms ensuite. Some units for higher care needs.	5 units

<b>Ash Tree Care Home</b>	Urban	45+ Residents	Purpose-built care home with hotel-style layout; all bedrooms ensuite.	3 units
<b>Pear Tree Care Home</b>	Urban	60+ Residents	Purpose-built care home, initially built as a hotel but converted prior to operation; all bedrooms ensuite.	2 units
<b>Hawthorne Care Home 1</b>	Urban	60 Residents	Purpose-built care home (c.1980s) with hotel-style layout; 2 ensuite rooms, others have a sink only.	2 units
<b>Hawthorne Care Home 2</b>	Urban	49 Residents	Refurbished 5 years ago; some ensuite rooms (sink and toilet only), others single rooms with a sink only.	3 units

Table 6: Participating Care Homes

All homes were situated in urban areas, though Pear Tree was located on the outskirts of a town adjacent to a ring road. The architectural design of the homes varied significantly, influencing both the organisation of care and the lived experience of residents. Two homes retained older, institutional-style layouts, with limited ensuite facilities, typically only a sink or partial bathroom in residents' rooms. In contrast, the other homes were purpose-built with fully ensuite bedrooms and more contemporary spatial arrangements. These design differences shaped the rhythm and efficiency of care delivery, particularly in relation to dressing routines, privacy, and personalisation. Homes designed specifically for residential care tended to support clearer spatial organisation and smoother workflows, while older layouts presented logistical challenges that impacted both staff and residents.

Cedar Care was operated by a charitable organisation and purpose-built as a dementia care facility. Its vision extended beyond residential care, offering a

public-facing café as a ‘safe place’ for community members living with dementia, although the pandemic had brought this initiative to an end. This ethos positioned the home as a continuum of support from community engagement through to end-of-life care. Cedar was also the only participating home with a no-uniform policy for care staff. This approach, described by the manager as allowing staff to “*bring their whole self to work,*” reflected a relational ethos that recognised the emotional demands of caregiving (Phone conversation with Manager 1, 10/8/21, CT Research diary).

The other homes were operated by national private care groups, with websites and marketing materials that emphasised comfort, lifestyle, and themed activities. Ash Tree and Pear Tree featured ‘*hotel-style*’ layouts with long corridors and lounge areas interspersed between residents’ rooms. Both implemented formal uniform policies, with care staff wearing brand-related colours intended to help residents identify staff members. However, in one home, the same colour was used on a dining room wall, reinforcing an institutional aesthetic rather than clearly distinguishing staff visually. These visual and symbolic choices reflect how organisational ethos is communicated through everyday material culture.

Some homes included themed communal spaces, such as a pub, sweet shop, or seaside pier complete with ice-cream cart, bunting, and nostalgic seaside imagery. These environments aimed to replicate familiar public settings, particularly from the past, though the visuals often blended eras in ways that could be disorienting for some residents. One home featured printed front-door facades on bedroom doors and a mock bus stop in the corridor. These features reflect the dual identity of the care home as both a residential space and a scaled-down community. However, their effectiveness was mixed; while some residents found them engaging, others experienced confusion (Lorey

2019). This highlights the subjective nature of environmental design and the tension between aesthetic innovation and evidence-based practice.

Across all sites, the carer workforce was predominantly female, with varied levels of experience and formal training. To meet Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, providers must ensure *“sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times”* (Care Quality Commission 2025). All homes used digital ‘dependency tools’ to calculate staffing levels, though formats and review practices differed. These tools collated data on residents’ physical and cognitive needs, preferred routines, and support requirements, alongside operational factors such as time for documentation, training, and administrative duties. Managers described monthly keyworker meetings and team discussions as mechanisms for adjusting staffing in response to residents’ changing needs.

When asked about policies relating to residents’ clothing, managers consistently stated that no formal policy existed, as clothing was considered the property of the resident. One manager noted, “We have a policy for lost property, like jewellery” (Manager 4), while Manager 2 explained, “We try and encourage people - don’t bring cashmere in, don’t bring lambswool in, it’s really not feasible in industrial machines.” These responses indicate that dressing support is negotiated informally through relational practice, rather than structured by formal policy.

I requested blank versions of admission documents and tools used to gather information about residents’ preferences. While all managers expressed willingness, only one provided a document. Most directed me to their websites, which included general information for families and invitations to visit. These materials, along with public-facing initiatives such as community lunches and

open visiting policies, reflect a marketing strategy aimed at presenting the home as both professional and personable. One home hosted a 'Spare Chair Sunday' initiative, inviting socially isolated older adults from the community to join residents for lunch. While these efforts promote social inclusion, the extent to which dressing practices are embedded in formal documentation remains limited.

These site-level differences, spanning ethos, layout, staffing, uniform policy, and documentation, shaped not only the delivery of care but also the cultural and operational context in which dressing practices were understood, valued, and enacted. For example, the presence or absence of ensuite facilities, the design of communal spaces, and the stability of the workforce all influenced how carers approached dressing support. My engagement with each home was shaped by these dynamics, from the tone of conversations with managers to the observational atmosphere of each setting. These contextual layers are not merely background, they inform the narratives and interpretations presented in later chapters, offering insight into how institutional environments mediate the relational and material dimensions of dressing in care.

### Summary

The section has explored the complex process undertaken in engaging with the gatekeepers of care home organisations (Crowhurst and Kennedy-MacFoy 2013; Eldridge 2013). The recruitment of participating care homes and professional carers was a negotiated process that involved building networked relationships to build trust and commitment to the research project (Dewing 2009; Heckathorn 1997). It also provided an overview of the participating care homes, highlighting key differences in layout, ethos, staffing structures, and documentation practices that shaped the context of the research. Key to building the trust of the organisation in the authenticity of the research project

was the detailed university ethics document (approval details Appendix C – Ethics Approval ER7763544), considerations for the ethics of this study are discussed in section 5.6.

## **5.5 Responsiveness to challenges**

This section presents a summary of the significant impact the global pandemic COVID 19 had had on my research and my response to this unprecedented challenge. The pandemic was declared in the early part of 2020 I had completed all my phase one interviews with care home managers. The pandemic suspended all non-essential work. This section presents the key information firstly about the pandemic and the impact that had on care homes. Secondly the impact it had on my research which resulted in redesigning my method approach to circumnavigate the restrictions on access to care homes national post lockdowns.

### **5.5.1 COVID-19 pandemic**

The Coronavirus global pandemic COVID-19 was declared on 11<sup>th</sup> March 2020 (WHO 2020b) and Prime Minister, Boris Johnson declared the first lockdown in the UK on 23<sup>rd</sup> March 2020 (GOV.UK 2020) this was to alter the healthcare landscape dramatically (link: [pandemic timeline](#)). I worked for a local Hospice during the first year of the pandemic. This gave me invaluable first-hand experience of how quickly the healthcare sector had to adapt to enable continued care. Hospices are charities and therefore like care homes were considered as outside of the NHS. This meant that I was witness to the enormous supply shortages of PPE (personal protective equipment) (BBC 2021; WHO 2020a) and the impact of the fast changing information and guidance by both the Government and Public Health England in 2020. The BBC reported in 2021 *‘the Commons Public Accounts Committee said care homes received only a fraction of the PPE needed compared with the health service. It said social*

*care "was only taken seriously after the high mortality rate in care homes became apparent" (BBC 2021)'.*

### **Devastation of COVID-19 to care homes**

The government strategy for managing the expected pressures of the pandemic was to protect the NHS. The NHS freed up capacity by discharging people many of whom required ongoing nursing and support passing this burden directly on to care homes. This moved the coronavirus from the acute settings into the care homes as little or no testing was done at the time. This combined with the chronic shortage of PPE, the long running underfunding of the sector, poor structural organisation, staff undertraining and under skilling, placed care homes in an unprecedented crisis of failing the most vulnerable members of society (Mahase 2021).

#### **5.5.2 Impact of COVID-19 on my research**

The restrictions on care home visitors have meant that I have had to significantly rework my research design and reconsider the care home context as a potential research site. This section explains the impact of the pandemic on my research process therefore setting the scene, detail of the data collection process is presented later in section 5.7. I resubmitted the amended research design along with a contingency plan to Sheffield Hallam University ethics committee (see Appendix C – Ethics Approval ER7763544 and section 5.6.2). My original research design involved several visits to three care homes to conduct interviews and workshops with managers and staff. I had completed 3 care manager interviews before the pandemic. The real impact was on the phase two of my data collection as the planned data collection activities of object elicitation workshops with carers face to face had to be abandoned. As the country returned to a different way of working governed by extra rules on

contact with people, testing and reporting of COVID symptoms, Care homes continued to operate protecting vulnerable people with strict contact rules with non-essential partners. Each care home had their own policies on professional visitors access so as a researcher I was not considered an essential visitor to the home.

Ordinarily care home staff are under tremendous pressure to manage their daily tasks and activities, the pressures resulting from the pandemic exacerbated this situation to the point of breaking. Staffing levels due to the pandemic, rules on self-isolation, issues of workplace stress and normal holiday and sickness absences continued to make it difficult to secure staff release from tasks to take part in any research activity. Staff were leaving the profession in great numbers and one of the care managers explained *'she was losing very experienced care staff who had worked there for a long time to less stressful jobs with better pay in supermarkets because of the enormous stress experienced in the first year of the pandemic'*. From my discussions with managers in March 2021 it was evident the enormous pressures they were still under to keep delivering good care in the continued global crisis. The anger over the way care homes had been treated in the early months of the pandemic was almost tangible in my conversations with managers. I had to carefully explore my options with managers to shape my phase two research.

With the help of a couple of the managers who were willing to talk to me, I reworked my research design method for conducting it remotely with the carers. Clothing was considered a low risk to carry the virus, however just as non-essential people were restricted from entering care homes, so were non-essential products. I agreed with the participating managers if I delivered a suitcase of items, they would quarantine the suitcase in the office for at least 2 weeks before I would conduct my research with the carers. I made a large luggage tag to put on the suitcase, so it was clearly labelled as a research

suitcase. I delivered the suitcases to the Care Homes personally, so I was sure they were delivered, and I sent an email to confirm delivery also. The managers agreed to be present on the research day. They also agreed to set up a laptop so I could do a digital video interview with the carers, and they would also make sure the suitcase was in the room with the laptop. The managers selected the carers to participate, but they could only spare one carer at a time so the session with carers had to be one to one with me. The managers all considered it to be a learning development activity for their care team, and this also allowed them a way to schedule the carer to be released from their care duties for an hour.

The suitcase contents had to be carefully considered in detail as I explain later in the chapter in section 5.7.2. Along with the clothing items I had to ensure a means to get the research consent agreed and the form signed. I put together a participant information pack as well as the consent form. I could not ask the manager to manage this on my behalf, so I created carer participant packs to be included in the suitcase. I also emailed these to managers prior to the research event for their information. Access to the care homes remained challenging during phase two data collection. I negotiated access for the data collection with carers in late summer early autumn of 2021 amidst the 'pingdemic' crisis (resulting from being 'pinged' by the NHS Covid Test and Trace app and being told to self-isolate) (Partington and Davies 2021; Pickard 2021). At this time there were concerns for another spike in coronavirus by the Omicron variant (Barnes, Burn-Murdoch, and Neville 2021) resulted in care homes closing their doors to non-essential activities. The professional carer phase two data was collected from two care homes, and I had 2 carer interviews cancelled at each home due to staffing issues on the scheduled day of the research interviews. The pandemic may have curtailed my ambition of gaining 10 carer interviews, but the trade-off was that the period gave a unique opportunity to shine a light on carer dressing practice in an unprecedented

period of total lockdown. At the start of the 'object elicitation interview' (suitcase conversations See Appendix K - Outline carer 'Suitcase conversation session') with carers I explained the project guiding them through all the information I had put in the pack (See Appendix H and Appendix P – Participant consent form ). I asked them all to take their time to consider if they were happy to consent to take part and if they were, I asked them to sign the consent form and put that in the plastic wallet in the suitcase, the information pack was for them to take away. I successfully conducted my carer object elicitation interviews in the most challenging times of a global pandemic. The suitcase conversations had limitations and was not as dynamic as I had hoped the clothing workshop sessions would have been but I was able to be even more flexible in the face of the unprecedented demands of a pandemic on the Care home organisation, a quality Dewing (2009) claims is essential in care home based research.

## **5.6 Ethics Statement**

This section presents a discussion on the ethical considerations and approval process that inform and validated the research project prior to recruitment and engagement with organisations and participants.

### **5.6.1 Reflections on ethical considerations**

The aim of this research project was to understand the positioning of dress and dressing and how these are perceived by care professionals in a care home. The intention was to conduct the research within their workplace, though not in the specific location of the daily dressing support act, the bedroom (discussed in section 5.3). The materiality of the components involved in dressing was central to the study. It was critical that the dressing conversations with carers were not influenced by a direct association of the material items with the identity or

personality of the cared-for person. While the research was conducted on care home premises, the focus was solely on the professional carers.

The research method sought to capture carers' personal stories to highlight their perspectives on the dressing process. Although dressing support typically occurs in the private space of the cared-for person's bedroom, it was considered neither necessary nor ethically appropriate to conduct the research in this context. Observations in such a space would not yield meaningful insight into the carers' decision-making. Instead, the research was conducted in a setting that provided carers with the space and time to reflect on their own experiences and viewpoints, rather than recounting a commentary of the act itself.

Qualitative research within care homes often combines interview methods with ethnographic observations. Ethnographic research typically involves observing subjects, with data collected through field notes or digital surveillance (Blaikie 2007:12; Dewing 2009; Goffman [1961] 1991; Sloane et al. 2007). In contrast, this study utilized interviews and object elicitation conversations, ensuring that professional carers were fully informed and able to provide consent. The right to withdraw from the study was explicitly detailed in the consent form (see Appendix P – Participant consent form).

To facilitate participation, all care home managers were sent a carer participant pack prior to the 'Suitcase Conversations.' Each suitcase contained a plastic folder with envelopes for individual carers, which included participant information detailing the study, contact information, and the right to withdraw. Before each session, I went through the participant information pack, allowing time for reflection before asking carers if they were comfortable proceeding. Those who agreed were asked to sign the consent form and return it in the

provided envelope. They were also encouraged to retain the participant information pack in case they decided to withdraw before the specified date.

Participants were assured, both verbally and through the consent form, that their identities would remain confidential. Pseudonyms were assigned to all participants, any individuals they mentioned, and the care home itself. The research was conducted away from daily care interactions to avoid involving cared-for people.

Ethical approval for the research was granted by Sheffield Hallam University Ethics Committee. The fully approved document was shared with all care organisations. One care organisation required additional information for their own ethics committee, which I provided by email, resulting in their subsequent approval (see Appendix I – Care Home Own Ethics approval Emails).

The ethical process was managed through Converis, the university's Research Management System, ensuring all studies adhered to rigorous ethical standards. The ethics document received approval with one minor advisory comment, which was addressed: *“Please add to the information sheet that participation is voluntary and that withdrawing from the study will not result in any penalty”* (For Ethics approval see Appendix C – Ethics Approval ER7763544). Two amendments were submitted during the COVID-19 pandemic, both of which were approved.

### **5.6.2 Ethical Approval**

The research was approved by Sheffield Hallam University Ethics committee, Table 7: Summary of Ethics submissions. The research subjects were all employed staff by the Care Home organisations and therefore they all were able to individually consent to taking part in the study.

Ethics Submission Review – with 1 advisory comment it was <b>approved</b> 14/12/2018
<ul style="list-style-type: none"> <li>• <b>Phase one:</b> Fieldwork: semi structured interviews with managers in 3 care homes took place between February 2019 and April 2019.</li> <li>• <b>Phase two:</b> Fieldwork: 3 Co-creation creative workshop days in each care home cancelled due to COVID-19 pandemic</li> </ul>
Post approval Ethics revisions due to COVID 19 pandemic <b>approved</b> 26/5/2021
<ul style="list-style-type: none"> <li>• <b>Post approval ethics: Amendment 1</b> – Amendments due to COVID -19 pandemic and contingency due to ongoing pandemic conditions – submitted 9/5/2021 <b>approved</b> 26/5/2021</li> <li>• <b>Post approval ethics: Amendment 2</b> – CONTINGENCY for Revision of the methodology due to COVID -19 pandemic and contingency due to ongoing pandemic conditions – submitted 9/5/2021 <b>approved</b> 26/5/2021</li> </ul>
Research conducted during COVID-19 pandemic (after 3 national lockdowns)
<ul style="list-style-type: none"> <li>• <b>Phase one:</b> Fieldwork: 4<sup>th</sup> care home semi structured interview with manager by digital video link (zoom) took place July 2021.</li> <li>• <b>Phase two:</b> Fieldwork: in COVID-19 pandemic (after 3 national lockdowns) 6 carer Suitcase discussion session took place between July 2021 and Aug 2021 pandemic restrictions in Care homes meant these sessions were all conducted by digital video link (zoom). Care home visitor guidance was updated on 16<sup>th</sup> August 2021 but all homes are subject to local policy guidelines for each Organisation (Local Government Association 2021) for non-essential visitors.</li> </ul>

Table 7: Summary of Ethics submissions

In this section the complex navigation of the care home environment as a place for conducting research has been discussed. Gaining access and recruiting participants required patience flexibility and great tenacity towards the

research goals. Careful consideration for the ethics of the study and external scrutiny by the university ethics committee contributed to the efficacy of the project. Details of the method approach of the study are presented in the next section 5.7.

## **5.7 Stage two: Data collection**

As outlined in the method statement (Section 5.2), the research was conducted in three stages. Stage one focused on preparation for data collection and included familiarisation with care home environments and relevant care debates, building networks of contacts, gaining and maintaining access, preparing ethics documentation and key research protocols, and defining my position as a researcher. This section, titled 'Data collection,' provides a detailed discussion of the qualitative research methods employed.

Stage two involved data collection, which was divided into two distinct phases. Phase one consisted of semi-structured interviews with care home managers. These interviews firstly informed phase two by guiding the selection of objects used in the subsequent conversations, secondly, they were revisited for detail Thematic analysis. The two phases were planned from the outset of the study and were integral to negotiations with the organisation's gatekeepers and participants. However, the two phases were further separated by the onset of COVID-19 restrictions, which significantly influenced the second phase of data collection (as discussed in section 5.5.2).

While the global pandemic was an unforeseen challenge, it presented a unique opportunity to examine carers' dressing practices during a restrictive period. These circumstances created a rare context in which carers could reflect on their daily dressing tasks with reduced influence and impact from visits by resident's family and friends. This environment allowed the study to uncover task-related issues that might otherwise have been obscured by the

assumptions and routines shaped by regular interactions with resident's family and friends.

### **5.7.1 Stage two: Phase one method: Semi structured interviews with managers**

Semi-structured, face-to-face interviews were selected as the primary data collection method with care home managers. Interviews are generally categorized into three frames: structured, semi-structured, and unstructured. Mann (2016:91) suggests that interviews exist along a continuum, ranging from structured to unstructured, formal to informal, directive to non-directive, and less conversational to highly conversational.

At one end of the continuum, structured interviews resemble a spoken questionnaire, adhering strictly to a predetermined script. This format is often associated with a quantitative approach. At the other end, unstructured interviews, due to their lack of planning, are described by Mann (2016) as essentially a 'chat.' Semi-structured interviews draw from elements of both ends of this spectrum, combining a degree of planning, such as framing topics, piloting questions, and revising the approach prior to execution, with the flexibility to encourage open conversation using prompts and open-ended questioning.

Semi-structured interviews provided the flexibility needed to explore how individual care homes operated and the role of dressing within their daily routines. It also allowed for points of comparison between the Care Homes. The goal of these interviews was to understand the managerial perspective on integrating new residents into the care home. This included examining how care practices upheld residents' identities, particularly through their clothing, and how clothing factored into the care home's organization and culture. (See Appendix J – Managers Semi structure interview guide).

Face-to-face interviews were deemed an appropriate method for engaging managers due to their formal education and management training. These attributes were expected to enhance their ability to articulate their professional insights in an interview setting, drawing on their expertise in both care practices and managerial responsibilities. It was anticipated that managers would be able to reflect on the care home's operations, articulate care practices, and provide a professional perspective on the broader care agendas influencing their roles.

The interviews ranged in duration from 50 minutes to over two hours. Three were conducted on care home premises in spaces identified as private. Two interviews took place in neutral, multi-purpose quiet rooms, while one was conducted in the manager's own office. A fourth interview, conducted during the pandemic, took place via video call from the manager's personal home office. Among these, the shortest interview was held in the manager's office, across a desk. This interview felt more time-conscious and formal, with less conversational depth compared to the others.

### Reflective summary notes on managers perspective in the interviews

<b>Manager 1:</b> Cedar	<i>Care is informed by knowledge of dementia care research and knowledge of "good dementia care" (Kitwood). Focus on the home but with reference to research &amp; engagement with Stirling University.</i>
<b>Manager 2:</b> Ash	<i>Experienced but focused on current home they manage. Draws on personal career confidence. Hard to get them to expand on topics</i>
<b>Manager 3:</b> Pear tree	<i>Draws on experience gives a broad address to question from career makes reference to dementia care research centre at</i>

	<i>Bradford University and has previously engaged with them. Explains home's take as well as broad picture</i>
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*(CT Research diary, 21<sup>st</sup> June 2019)*

<b>Manager 4:</b> <i>Hawthorne</i>	<i>Experienced and focused on current home managed. Confident relaxed influenced by COVID experience</i>
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*(CT Research diary, added 3rd September 2021)*

### Preparing the interview framework and piloting it.

When preparing the interview format, several practical steps were essential. First, it was important to develop the topics for discussion, carefully considering what areas these topics might encompass. Attention was given to crafting open questions (Mann 2016) to encourage interviewees to provide detailed explanations of their viewpoints, fostering deeper engagement in the conversation rather than prompting short, closed answers that might hinder dialogue.

The presentation of the interview framework (Mann 2016; Silverman 2013) was another critical step. This framework included prompts, such as examples of open question formats, serving as reminders to ensure I was fully prepared to encourage meaningful conversation. These prompts also helped steer the interviews away from becoming overly directive, allowing the interviewees to guide the conversation while maintaining focus on the intended topics.

A key aspect of the interview technique was ensuring interviewees had ample space for thinking, reflection, and responses (Mann 2016; Rapley 2001; Silverman 2013). This required conscious preparation prior to the interviews to avoid rushing the dialogue, giving space for the conversation to naturally evolve. From my teaching experience, I know that allowing room for participants to speak, and even leaving pauses longer than might feel

comfortable, can often lead to richer, more nuanced explanations from the interviewees.

### **Reflection on the preparation and piloting of the interview structure.**

*Last week I focused on prepping the interview questions. I identified the question areas to give myself a structure. I sent question format to supervisors for feedback, and I also sent it to a care manager outside of the study and I discussed it with them. Before feedback I continued working on the structure and wrote the header sections with margin notes of an informal way to capture the section focus. Feedback questioned the order of the questioning especially the first section but have discussed with a 'care manager' I felt this section was critical to identifying terminology I needed later in the interview. Other feedback on highlighting key questions I needed answering I had already adjusted with my margin notes.*

**(CT Research diary, 12<sup>th</sup> February 2019)**

### **The interview framework**

- 1) Managerial structure
- 2) Before living in care home transitioning into care home process
- 3) Biographical data gathering and continuing the story
- 4) Laundry and care of personal effects
- 5) Managing dressing
- 6) Personal biographical information dissemination and management
- 7) Issues/problems relating to dressing and clothing management
- 8) Managing your job and identity as a manager

### **The interview framework was divided into three key topics for discussion.**

- i. Managerial structure and identity of the manager in context of the workplace (Interview framework 1&8)
- ii. Processes of care, identity and clothing (Interview framework 2,3,4,5)
- iii. Communications (Interview framework 6&7)

The interviews were all digitally recorded, and I transcribed the interviews verbatim. This transcription process helped in the familiarisation with the data. I reflected on my own interviewing technique.

*Reflection on my own approach to interviewing – Allow for space to answer and explain and talk, I make encouraging responses to communicate active listening and engaging in the responses.*

*(CT Research diary 15<sup>th</sup> May 2019)*

All the interviews were interactions between the interviewer and interviewee. Whilst the interviewer was guided by the interview framework the interaction is a moment in the context of the interview event whereby both are involved in constructing the account. The interviewer and interviewee are involved in active listening, active analysis in the process of making meaning (Mann 2016; Rapley 2001; Silverman 2013).

Much of these encouraging vocal disfluencies such as ‘mm’, ‘yes’, ‘ok’, ‘ah’ were not transcribed or reduced as after reading an early transcribed section it was quite hard to read and gain the flow of the conversation when these speech disfluencies were included (Mann 2016).

As I transcribed the interviews all personal name references were changed and pseudonyms given. This is to ensure anonymity of all participants. No participants withdrew from the research study.

### **5.7.2 Stage two: Phase two method: Suitcase discussion session – object elicitation interviews with carers**

Object elicitation interviews utilize what Gaver et al. (2004) describe as ‘cultural probes,’ tools for visual self-exploration, by using dress items and adopting a visual thinking approach (Pauwels 2011; Woodward 2020). Woodward (2020) further explains that objects serve as anchors in research, not as the focus, but

as tools to better understand people and their relationships with objects. This method was selected for conducting qualitative data collection with professional carers. The object elicitation interviews were conducted via digital video link, with the interviewer based in a home office and the interviewees located in their respective care homes.

The method for data collection with carers was intentionally distinct from that used with managers, reflecting the differing nature of their roles in relation to clothing. Carers engage directly and routinely with residents' garments through the daily dressing task, developing embodied, sensory understandings of clothing practices. Object elicitation was chosen to surface these tactile and habitual dimensions, allowing carers to reflect on their work through material engagement. In contrast, managers typically adopt a more 'hands-off' approach, overseeing systems and policies that shape clothing management without engaging in its physical enactment. The methodological distinction honours these role-specific relationships to clothing, ensuring that each group's perspective was explored through an appropriate and resonant research method.

Photo elicitation interviews have proven to be effective in situations where power dynamics may feel imbalanced, such as when interviewing children or young people (Clark-Ibáñez 2004). Similarly, the object elicitation method serves to 'frame' the subject, helping carers reflect on their daily practices, which are often informed by subconscious or habitual decision-making. This method also acts as a medium of communication between the researcher and the participant (Clark-Ibáñez 2004). By using clothing items as tools or anchors, the interviewer can engage the carer quickly, maintaining focus on the subject while putting the interviewee at ease. Handling a tangible object allows carers to keep their hands busy, easing nerves and building rapport with the interviewer.

During the interviews, carers physically interacted with the clothing items, enabling sensory exploration that stimulated reflection and deepened connections (Clark-Ibáñez 2004; Nordstrom 2013). Twigg and Buse (2013) used a similar approach, 'wardrobe-based interviews' in their research on the everyday lives of people with dementia, building on a concept developed by Woodward (2007). In that study, the clothing came directly from participants' own wardrobes, closely tied to their identities. In contrast, the objects in this study were not linked to the identity of anyone known to the carers but were generic items of dress familiar to them. This separation enabled the clothing to act as neutral anchors for exploring care-related tasks in the care home environment (Woodward 2020). Details of the clothing items selected are discussed later in this section.

Six object elicitation interviews were conducted with carers across two care homes, Cedar and Hawthorne, representing two different care organisations. Each interview lasted approximately one hour and was digitally recorded and transcribed verbatim. The ongoing pandemic posed challenges for organizing these interviews, particularly related to staffing issues. Interviews were scheduled with the care home manager a week in advance, and all interviews were arranged in the afternoons. Managers indicated that afternoons were better suited for accommodating carers' participation without disrupting their care duties, as staffing issues were usually resolved by that time.

To confirm arrangements, I contacted managers at the start of the week and again at 9:00 a.m. on the day of the interview to ensure the sessions could proceed as planned. However, some interviews were cancelled due to staffing shortages, and one session was postponed because the care home could not establish a digital connection. Among the two homes that participated, one care home demonstrated digital competency, with the manager available to assist carers with access issues. The other home, less digitally confident,

experienced connection difficulties that reduced interview capacity from two carers in a single afternoon to one per session. No other homes were able to participate due to pandemic-related staffing pressures. Importantly, no carer participant withdrew from the study.

### **Object selection method**

The clothing items to be used as object probes needed to be carefully selected for their attributes to elicit narratives about the ordinary everyday task of dressing another. Due to the pandemic restrictions the object probes could no longer be managed in the care home by the researcher using a clothes rail. The object probes needed to fit a small cabin sized suitcase (approximately 34L – 48x35x20cm). Two suitcases were compiled with the potential of gathering a third suitcase each with approximately 20 items (Figure 2: Object elicitation research suitcase). The objects selected for the suitcases were catalogued, numbered and labels stapled to the item usually at the hem or in a position that did not interfere with any features, details or handling. The process of selecting the object probes for inclusion in the suitcases was developed in three stages.



Figure 2: Object elicitation research suitcase

### Initial gathering clothes

One of the most challenging aspects of selecting the clothes was ensuring they represented a typical Care Home resident. The limited capacity of the suitcase restricted the selection, making each item critically important. There was insufficient room to accommodate clothes reflecting gender-specific nuances of style, so the focus was placed exclusively on women, consistent with previous studies (Twigg and Buse 2013; Woodward 2007b). Undergarments were excluded, as all clothes were required to be previously owned, and undergarments presented potential hygiene and ethical concerns, particularly under COVID-19 restrictions.

The selection process involved gathering clothing items from women known to me, although none of the women knew each other. These women were

considered to be typical of a care home resident with various health issues. Three women, aged between 70 and 85 years, agreed to loan their clothes. I catalogued their outfits as case studies 1–14 (see Appendix M – Suitcase content catalogue). Additionally, a fourth woman contacted me via social media. Although she lived locally, she was not personally known to me and generously donated 15 sacks of clothing. Her life story remains unknown, adding a layer of anonymity to this portion of the collection.

This process resulted in an extensive assortment of clothing items and accessories. While some items were styled into cohesive outfits associated with the three case studies, others comprised individual pieces lacking obvious stylistic connections either to one another or to the individual they came from. The decision to source clothes from women who fit the frail elderly criteria helped mitigate my own aesthetic bias during the initial stage of creating this collection.

### First stage selection of clothes

The first stage of sorting through the clothes was aimed at gaining a deeper understanding of their materiality and potential as object probes. This process offered valuable insights into the carers' challenge of handling a stranger's clothing, interpreting its ownership and the identity of its wearer. Reflecting on this challenge helped sharpen the focus on the materiality of the clothing items, emphasizing their role as probes and anchors for conversation (Woodward 2020).

The clothes appeared as limp, inanimate objects, disconnected from embodiment and devoid of any connection to other material items or cultural sartorial contexts. Even the shape and appearance of a wardrobe convey significant information about how clothes are stored, organized, and presented for selection. In the absence of context, the selection method shifted toward

the intrinsic characteristics of each clothing item and its potential as a research probe. A noticeable observation was the lingering scent of laundry powder on the clothing, reinforcing the sense of their belonging to someone else and highlighting the '*otherness*' of the items.

There was no emotional connection to the clothes, no evocation of memories, just a pile of inanimate objects. At this stage, the clothes were recognized as having the basic forms associated with Western clothing, but their broader social and cultural narratives were largely absent (Ingold 2007; Woodward 2020). However, as the clothes were examined collectively, a partial narrative began to emerge through their categorization by size, style, colour, pattern, and evidence of wear.

Among the items, the four full-length capes stood out as unexpected. While one cape might be dismissed as a piece of character dressing, such as fancy dress or costume performance, the presence of four capes invited questions about their meaning and their connection to expressions of identity. Ultimately, it is the relationships between these clothing items that define them as cultural materials (Woodward 2020).

### **Second stage clothing selection edit**

The next stage involved revisiting the managers' interviews and reflecting on their clothing stories. This process helped refocus the subsequent sorting stage by aligning clothing selection with items the managers described as either providing 'dignity,' implying 'a lack of care,' or being sartorially problematic due to the health and physical needs of the cared-for person. At this stage, clothing items were categorized based on their potential as research probes in a care home environment, Table 8: Potential research probes categories.

<b>Category</b>	<b>Description</b>
<b>Light-coloured clothing</b>	Potential for visible stains.
<b>Tight-fitting clothing</b>	Items that could become ill-fitting—too big or too tight—due to physical changes in the body.
<b>Clothing with fastenings</b>	Items that might be difficult to fasten or require assistance.
<b>Accessories</b>	Ties, scarves, or belts that could be difficult to manage or pose health and safety risks.
<b>Worn or damaged clothing</b>	Items with evidence of wear, such as stains, holes, or tears.
<b>Draped clothing</b>	Items that are not immediately intuitive in how they should be worn.
<b>Surprising or unusual clothing</b>	Unexpected items that invite further exploration of meaning.
<b>Sheer clothing</b>	Items likely to be layered sartorially.
<b>Textured and tactile clothing</b>	Items with distinctive material qualities.
<b>Outdoor clothing</b>	Outerwear designed for external environments.
<b>Patterned clothing</b>	Items with designs or prints.

Table 8: Potential research probes categories

The clothes were initially sorted into these categories, followed by a secondary sorting process to select the items that would serve as the most effective

probes within each category. Some items, however, fell into multiple categories, adding complexity to the selection process.

An additional challenge arose from adapting the wardrobe-like collection of multiples typically indicative of aesthetic preferences for particular styles or colours to the limited space of the suitcase. While this visual representation could not be fully scaled back for the suitcase, it provided an opportunity to prompt reflections during the research on how wardrobes are experienced. Ultimately, 76 items were selected, catalogued, photographed, and documented as object probes. An example of these catalogue entries is shown in *Table 9: Extracts from clothing object probes catalogue* full catalogue in Appendix M – Suitcase content catalogue. The catalogue was later updated after the object elicitation interviews to track connections between carer transcriptions and the catalogued items.

Planning for the object elicitation interviews required careful consideration of the entire session, from the moment the suitcase was opened to the handling of the object probes. Key challenges included the physical remoteness of the object probes from the researcher, which placed greater emphasis on the edited selection of items. Each item's role as an individual object probe, as well as part of a cohesive collection, was critical, given that the items would be seen and handled together during the session.

As the researcher, I had no control over the order in which the items were viewed or handled. My remote status also prevented me from reorganizing the suitcase between sessions, increasing the likelihood that items might become tangled or poorly presented over time. This required careful forethought in ensuring that the selection and arrangement of the items could withstand the logistical challenges of remote handling while still fulfilling their intended purpose as research probes.










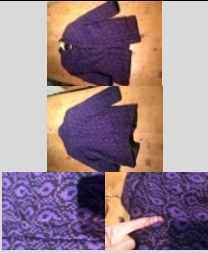
Item no.	Suitcase ID	ID	Image	Research prompt/Notes	Prompt conversation with carer
1	S2/32	White smart jacket		Smart aspect of this piece – <b>smart attire relevance?</b> <b>Whiteness</b> of this piece <b>Potential for stains</b>	<b>Carer 3: 26 – 87</b> <b>Carer 6: 116 - 176</b>
22	S1/21	Scarf		<b>Satin Scarf</b> – H&S risk strangulation?	<b>Carer 1: 81-105</b> <b>Carer 2: 24 - 52</b>
24	S2/27	Brim beret		Peak beret are hats even considered as part of the <b>style or are they function only</b>	<b>Carer 3: 89 - 105</b>
26	S2/34	Leggings with sheen		Shiny leggings – soft to touch but may have issues with getting them on - <b>physicality</b> . What is expectation with what to wear with them? <b>Perception of age appropriate clothing</b>	<b>Carer 3: 145 – 177</b> <b>Carer 6: 210 - 212</b>
45	S2/39	Patterned straight skirt Skirt lined zip fastener		Zip fastener skirt with lining. Layers may cause <b>physicality issues throughout day</b> herring bone weave <b>potential to cause visual disturbances</b>	<b>Carer 3: 191 – 194</b> <b>Carer 6: 214 - 304</b>
48	S2/31	Sequin leggings		<b>Sequins may be scratchy texture</b> may be liked smooth or rough depending on how stroked	<b>Carer 4: 94 – 129</b> <b>Carer 6: 54 - 56</b>
52	S2/33	White wide leg trousers		White – pale colour issue <b>potential for stains</b> .	<b>Carer 4: 131 – 241</b> <b>Carer 6: 210 - 212</b>
55/54	S1/20	Knitted jacket adjusted Knitted jacket adjustments		Knitted jacket with bad alteration on. <b>Suggests a loved garment</b> altered to fit. Lining is all messed up so could cause <b>physicality issues</b> . <b>Safety pin alteration</b> still in place also loose stitch <b>alteration</b>	<b>Carer 2: 114 - 116</b>

Table 9: Extracts from clothing object probes catalogue

The suitcase could not be overcrowded and overwhelming in the volume of content. I therefore restricted the items to approximately 20 of different sized objects. Each object had to be an object probe in its entirety therefore the case study styled outfits had to be separated and selected on the criteria as an individualised object. I put together a series of prompts for myself to help to guide the session and keep it to approximately one hour *Table 10: Suitcase conversation - Researcher self-guidance.*

<b>Introduction</b>	<ul style="list-style-type: none"> <li>• Introduce myself and the project</li> <li>• Talk through consent form</li> <li>• Direct where to place signed consent form</li> </ul>
<b>Seeing the clothes</b>	<ul style="list-style-type: none"> <li>• Seeing the clothes</li> <li>• First time of seeing</li> </ul>
<b>Influences on dressing</b>	<ul style="list-style-type: none"> <li>• Occasion/activities</li> <li>• People</li> <li>• Season</li> </ul>
<b>Handling the clothes</b>	<ul style="list-style-type: none"> <li>• Feel of clothes</li> </ul>
<b>Clothes and frailty</b>	<ul style="list-style-type: none"> <li>• Physicality issues of dressing/wearing/support needs during the day</li> </ul>
<b>You and another's clothes how do you connect?</b>	<ul style="list-style-type: none"> <li>• Likeability</li> <li>• Style confidence/just clothes and understanding dressing practice</li> </ul>
<b>Clothes and others</b>	<ul style="list-style-type: none"> <li>• Negotiating the wider onlooker</li> </ul>

Table 10: Suitcase conversation - Researcher self-guidance

## Interview pilot

I piloted the suitcase on 20/06/2021 with a friend of a friend which helped me to observe how the suitcase was managed and how the items were selected and handled. Notably the difference with me being in the room meant that the

handling was more dynamic with some degree of self-dressing (trying on of some items) as part of the exploration of the item. Items were handled and discussions had whilst handling. I also did a digital remote pilot on 23/06/2021 and these revealed the challenges of keeping within the frame of the camera and that this meant that the more dynamic self-dressing did not happen as they maintained the camera frame so only handled the items. The pilot also showed me that the suitcase could be repacked by others and closed again without being worried how to fold or place the items back in the suitcase.

### Object elicitation interviews with carers (suitcase conversations)

The interviews took place during July and August 2021. All interviews were started with me checking the research information sheet had been read and understood and that they were happy to sign the consent form. All participants were asked to put the signed consent forms in a plastic folder in the suitcase so they could be collected along with the suitcase. The interviews were approximately one hour each and most carers were conscious of the time they were away from their usual care duties even though all the managers were supportive of the session and present in the home on the day of the interviews. I reflected on the interview experience following each session *Table 11: Summary of reflections following Suitcase conversations.*

<b>Summary of Reflections following suitcase conversations</b>			
<i>(CT Research diary date as indicated)</i>			
<b>Carer 1</b>	27/07/2021	<b>Uniform worn</b>	<i>Interview felt guarded. Representing others. Felt like responding to an inspection and saying the right thing!</i>
<b>Carer 2</b>	23/07/2021	<b>Uniform worn</b>	<i>Self-conscious. Wanted to give the right answers. Friendly and relaxed if a little anxious</i>
<b>Carer 3</b>	17/08/2021	<b>No uniform</b>	<i>Immigrant carer with English their second language. Strong sense of self-style. Aware of how objects prompt</i>

			<i>thoughts and feelings. Confident and relaxed easy talking</i>
<b>Carer 4</b>	17/08/2021	<b>No uniform</b>	<i>Some confidence in bringing together outfits. Conversation closed quickly and needed prompting to explain more.</i>
<b>Carer 5</b>	24/08/2021	<b>No uniform</b>	<i>Talked of what was expected of carers. When relaxed in conversation more personal stories were told.</i>
<b>Carer 6</b>	24/08/2021	<b>No uniform</b>	<i>Quite confident. Gave more of a male PWD perspective.</i>

Table 11: Summary of reflections following Suitcase conversations

In the first interview I felt the carer was very guarded and telling me what they anticipated I wanted to know and telling me the homes story of ‘good care.’

*“Interview felt guarded she was friendly and engaged but felt like she was really trying. To tell you what she thought you wanted to hear and in a way that she was representing others and that this is what “we do”. It felt like she was responding to an inspection and she was to say the right thing! I tried to use the suitcase of prompts to steer her to give me her personal account and her own stories of working with PWD. It remained a challenge to steer away from what she felt was the party line.”*

**(CT Research diary 22<sup>nd</sup> July 2021)**

Following this reflection, I adjusted the introduction of the interview to include a question inviting the carer to reflect on their own wardrobe organization and selection practices for various occasions. This addition created an opportunity for the carers to situate themselves in the context of the discussion, helping them to connect personally with the ‘scene’ and facilitating a smoother transition into the conversation about dressing tasks.

*“This scene setting seemed to help the discussion focus more on the clothes and her personal account of supporting a resident to get dressed. The discussion felt more personal and I did not feel I was been told what she thought she was expected to say as a representative of a caring home.”*

**(CT Research diary 23<sup>rd</sup> July 2021)**

During the interviews, carers were invited to explore the suitcase by having a 'rummage' and selecting an item that either reminded them of dressing a person, appealed to them, or even one they disliked. The carers engaged willingly, and in most cases, their first selection was an item they 'liked.' The conversation began with prompts related to the chosen item and often revolved around an associated story of care. As the dialogue progressed, it frequently moved beyond the initial connection to the clothing object.

This conversational drift is a well-documented outcome of object elicitation methods. [Harper \(2002:22\)](#) describes this as mining *"deeper shafts into a different part of human consciousness than do words-alone interviews."* The departure from a direct association with the object highlights its role as an 'anchor' (Woodward 2020), facilitating deeper reflection and exploration through its use as a probe.

This section has outlined the research design for phase one, which involved semi-structured interviews with care home managers, and phase two, which utilized object elicitation interviews, or 'suitcase conversations' with carers. The process of data analysis is detailed in the next section.

## **5.8 Stage three: Data Analysis**

This section presents stage three of the research process data analysis. The data processing approach was reflexive thematic analysis. The interviews with both the managers and the carers were analysed using inductive Reflexive Thematic Analysis (RTA). It is argued that reflexive thematic analysis is a foundational qualitative method of analysis. RTA is flexible and potentially provides rich and detailed data. It acknowledges the active role the researcher has in identifying the themes through the data and the active engagement with the data as it is processed (Braun and Clarke 2006, 2021).

Buse and Twigg's Dementia and Dress study (Buse and Twigg 2018) employed thematic analysis to interpret ethnographic data on clothing in dementia care. My study builds on this foundation but adopts reflexive thematic analysis (Braun and Clarke 2021), which foregrounds the researcher's subjectivity as integral to meaning-making. As a fashion practitioner, educator, family carer, and researcher, I bring experiential knowledge that cannot be separated from the analytic process. Reflexivity enables the integration of formal data with lived insight, allowing for a nuanced interpretation of dressing practices shaped by emotion, materiality, and institutional context (Braun and Clarke 2021; Hammersley and Atkinson 2007b; Holloway and Biley 2011; Wilkinson 1988).

The flexibility of RTA to interpret and unpick the surface of data is its strength as well as acknowledging the reflexive iterative approach the researcher has with the data (Braun and Clarke 2006). The challenge within RTA is the process itself, it is messy leaving the researcher with a sense of disorder like a swan on a fast-flowing river presenting order and calm, yet beneath the surface the feet are paddling furiously to make head way! The process of my analysis and the disorderly messiness is discussed in this section.

### **5.8.1 Stages of Reflexive Thematic analysis**

The six stages of reflexive thematic analysis present a calm ordered structure for analysis,

- I. familiarisation
- II. generating initial codes
- III. searching for themes
- IV. reviewing themes
- V. defining and naming themes

VI. writing up.

The familiarisation stage was started as I transcribed the data myself. The process took three or four times longer than a professional transcriber (Silverman 2013). Mann (2016) suggests this is an active way to engage with the data and the early process of noticing and thinking about the 'interactional episodes'. As I completed the transcription I reflected on the discussion and made notes summarising how they had responded and how they had reflected on their own care professional experiences.

### Phase one reflective notes after transcribing the data

*Manager 1 Cedar: Care is informed by research and knowledge of 'good dementia care'. Focus on home and refers to research.*

*Manager 2 Ash: Experienced but focus on current home they manage – draws on personal career confidence*

*Manager 3 Pear Tree: Draws on experience gives a broad address to question from career makes reference to research centre of Bradford University. Explains the home's take as well as a broad picture*

**(CT Research diary, 21<sup>st</sup> June 2019).**

Following the transcribing I listened again and made any necessary amends to the transcriptions. I found differing local and foreign accents were not easy to transcribe and required several replays to get the words verbatim. The pauses for thinking were initially recorded verbatim, but this really slowed the process down and interrupted the reread and flow of the narrative. I opted to not be so attentive to exact recording of the disfluencies as this was not a linguistic analysis. When the managers interview conversations were transcribed I continued the process of familiarisation with the data by reading through and re-reading the data (Braun and Clarke 2021). I also reread the managers transcripts in different orders, so I was not merging one manager's voice into

another and allowing one voice to bias my thinking when reading the next. I made brief notes, *Figure 3: Example of my notes on transcription*, as I read through (Braun and Clarke 2021).

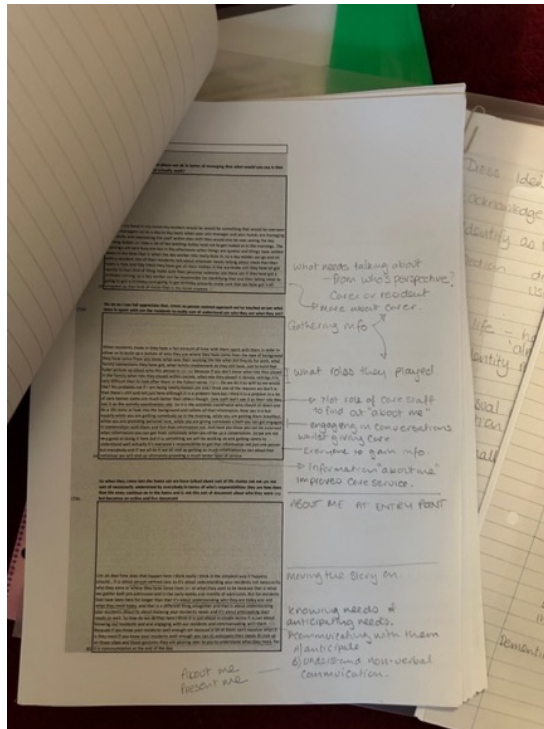


Figure 3: Example of my notes on transcription

The manager's semi structured interviews were coded at a semantic level informing the data collection framework with object probes for phase two object elicitation interviews with carers. By taking a phased approach, I was able to use the surface themes that were identified from phase one data set and use them to inform the specific object selection that was central to the object elicitation method.

Having familiarised myself with the data I then proceeded to code the data systematically. Coding is more than summarising and reducing the data it captures my analytical take on the data (Braun and Clarke 2021). The

transcripts were all typed up into a word document with a margin on the right-hand side for notes and coding.

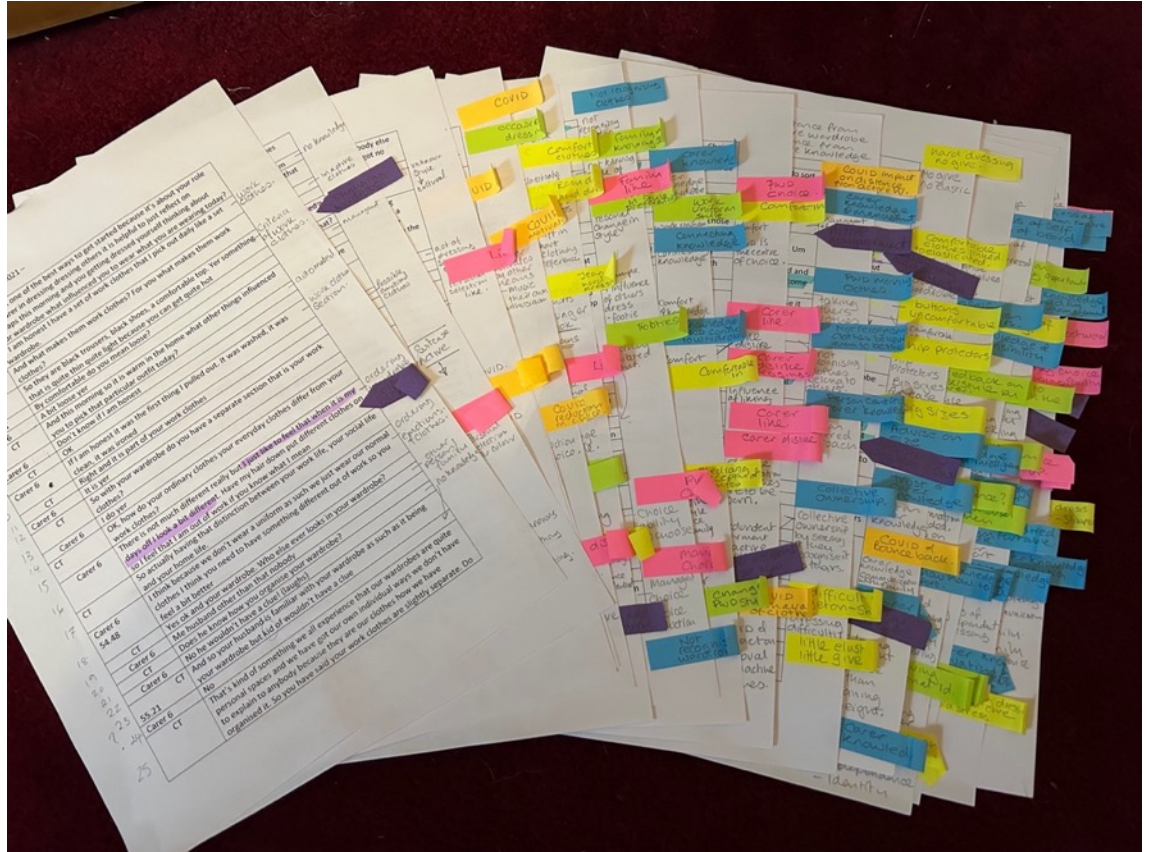


Figure 4: Example of Carer 'Suitcase conversation' coding

CT	Why do you find giving them a choice of two items what is it about ...?	
Carer 4	It's about giving them choice sometimes you can give more than two items it just depends on. If they say 'no, no' but then eventually you'll get a right top.	offering choice.
CT	Right	
Carer 4	It is just giving them that choice	
CT	Yes yes I mean do they ever just come with you to the wardrobe?	
Carer 4	Yer you know sometimes they are in the room I just take them out the wardrobe you know the wardrobe is there. I just give them a parade of a fashion show	Bringing them out to offer choice.
CT	But that is actually part of it isn't it. When you open up a wardrobe and it is somebody else's wardrobe if you don't pull the items out it is just a whole load of stripes of colour	
Carer 4	Yer	
CT	So it is as much important to your role of selecting those clothes	Carer self knowledge.
Carer 4	Yer comfortable	
CT	And what about how you select what goes with what how do you know about that?	drawing on own knowledge of style.
Carer 4	I think it is just using your own initiative isn't it not kind of putting bright pink leggings on with a purple top you find something that matches	colour matching.
CT	Right right and what do you – something that matches that's again it can be quite challenging can't it because what one person things matches another person doesn't	
Carer 4	Yer you try to get it close to the same colour as you can	
CT	Where else do you get that information from about the sort of clothes they might feel comfortable in other than just the wardrobe, do you talk to family do they tell you anything?	Knowledge building comes with family.
Carer 4	Yer yer or sometimes when they first come in they will tell you, you can communicate that way. We make a little note and it will go in the care plan.	learning from family.
CT	Right right so are some families quite particular about what their relative	
Carer 4	Yes some aren't some are.	changing views of how
CT	Do you ever find that that is actually quite challenging because the person you're caring for has perhaps their own views which are changing?	
Carer 4	Yes	
CT	Can you give me an example of that you don't give names but you know if you can give me an example about that?	
Carer 4	We have a lady that's upstairs the family insist on her wearing bra, vest jumper, scarf but when it is a hot day you can't always do that right because she'll be pulling it off but the family still want that on. You have to explain 'it is a bit warm today we have not put her vest on or we have not put the scarf on' 'but that is what she always used to wear, and what she needs to wear' So it's like at times you are fighting a losing battle with them.	— Now — Past. Carer knowledge Past style protecting what was.
CT	So actually again that is something that is quite challenging isn't it	
15.06		

Figure 5: Example of coding Carer 4 transcript

There were initially 41 codes assigned to the managers interviews. The Carers object elicitation conversations were coded separately to the managers

interviews. There were initially 76 codes assigned to the Carers conversations. I used coloured 'post it notes' and margin notes in the process of coding the transcripts (Figure 4: Example of Carer 'Suitcase conversation' coding and Figure 5: Example of coding Carer 4 transcript). The transcripts were read through several times adding to the coding. I would write the notes and coding information in pencil in the margin then I used Microsoft comments box as a process to secure the codes in a digital form (Figure 6: Example of Carer 5 layered coding).

24.	Carer 5	So you just want me to have a look through
25.	CT	Yes just pull something you think oh yer actually I quite like that and that reminds me of. Ok what is it about that that
26.		Interruption for carer
27.	Carer 5	I like this S2/22 (patterned fabric)
28.	CT	And what do you like about it?
29.	Carer 5	I like the colour, the design I think for a woman thinking of a woman of that age it would be comfortable on her skin I think it is quite age appropriate I think it would look very nice.
30.	CT	What do you mean by age appropriate?
31.	Carer 5	Well I don't know I can speak of women in their seventies that I have met me Grandma being one of them um I think it looks quite there is no age on it so a seventy year old could wear that a twelve year old could wear that and in there forties it is good for everyone. And it feels nice
32.	CT	It feels nice. Does that influence when you are selecting from a wardrobe to help somebody get dressed?
33.	Carer 5	Um I'd always look - because we get quite, get quite a - when someone comes in a view of what they like in their life history before it is always - if they like to dress nice, smartly. Um a lot of the time they would say for instance my Mum's always liked bright colours so don't ever put her in black and a lot there's a lot - everyone who lives here they don't really have clothes they feel uncomfortable in. there would be nothing like itchy fabric anything like that they usually got quite comfortable clothes.

Carer 5 CEDAR ORG

2



MO Microsoft Office User ...

Knowledge- Known/unknown recognition  
 Formal documentation of life history gathered and consulted.  
 all clothes comfortable/wearable (active wardrobe)

Reply

		you thinking about something just pull it out
24.	Carer 5	So you just want me to have a look through
25.	CT	Yes just pull something you think oh yer actually I quite like that and that reminds me of. Ok what is it about that that
26.		Interruption for carer
27.	Carer 5	I like this S2/22 (patterned fabric)
28.	CT	And what do you like about it?
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Carer 5 CEDAR ORG

2

24.	Carer 5	So you just want me to have a look through
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Carer 5 CEDAR ORG

2

Figure 6: Example of Carer 5 layered coding

I transferred the transcripts from the write up programme of Word into Excel this allowed me to use the coding to reveal and hide the data transcript sections

in their coded clusters as part of the process of the next stage, theme development (Figure 7: Example of Excel spreadsheet reveals coded cluster). Braun and Clarke (2021) described this as an active process by the researcher as ‘wrangling with data and codes’ the process evolves over time to construct the themes from the data set and the researcher’s knowledge and insight.





Transcript ID	ITEM ID	Item Image	Item image 2	VOICE	TRANSCRIPTION	WARDROBE MANAGEMENT
68.00				C2	(continues to search clothes handling them) It is a bit strange actually, very strange, it is very strange it is	WM
70.00				C2	(continues to search clothes handling them) Well it is it's just actually rummaging through and looking and you know and what's what kind of place you'd wear certain clothes and that. Whether the person liked their clothes or not	WM
74.00				C2	A lot of them aren't able to do that no so obviously we you know we would um help to choose clothes for people. When the clothes are laundered the laundry staff usually hang them up when been laundered. Uh yer and obviously if we're dressing people that have I don't know got a disability or stroke or anything like that you have to find something that's umm room, room to move you know for dressing somebody yer you wouldn't be able to put a tight top on somebody if you can't get an arm through. yer and yo wouldn't be able to have really skinny jeans on somebody who's difficult to put their legs through trousers and that you'd have to have something that a leggingly or wide trouser or something yer yer. I don't know really what else to say.	WM
82.00				C2	Probably. You always go directly for something you can get on easier. I do anyway personally I always look for something that is going to be easier and comfortable for that person to wear.	WM
124.00				C2	No not really um we used to have um a lady that did like to titivate in her bedroom maybe put things away by herself um but I don't think there was. I don't think a lot of them was able to tidy up wardrobes properly. The clients that we have had because a lot of them aren't really able, they got different needs you know I don't think a lot of them could do it for themselves	WM
126.00				C2	If they're in the room you can sort of say I just come you know to put these in your draw they don't mind you doing it quite ok. A lot of things is put away when they are out of the room in the lounge or something like that you know	WM
128.00				C2	Or things will be put - hung up on the wardrobe so they can see it has come back to them. Then we go in after then we can say oh look your laundry has been done we'll put it away	WM
132.00				C2	Some people actually, so people will say if you are getting them undressed or whatever for bed the clothes need to go to the laundry say 'oh where you taking them?' You know we'll say well they need to go to the wash you can get them back tomorrow you know just to reassure them.	WM
138.00				C2	Eh maybe have to show her something and say well can't you remember wearing this? Or something and try and prompt that memory back well these are yours Mary (changed from interview for confidence) its got your name on like that you know. This is your bedroom with your name on to kind of make her think oh yer they must be mine.	WM

Figure 7: Example of Excel spreadsheet reveals coded cluster

During this stage of searching for themes and reviewing themes I drew diagrams as a means of visualising my thoughts this is part of the interpretation process and sense making (Braun and Clarke 2021; Woodward 2020). Aspects that I wanted to move about as I considered how they connected, I used ‘post it’ notes see Figure 8 and Figure 9. I kept adding to the diagrams as I processed the data I would redraw and redraw and layer up with more annotation or even turn upside down to challenge my thinking taking apart and reassembling this is my conversation with the data. It is the crafting that takes place critically the conversation of moving a concept from one place to another where neither the place it was removed from or is subsequently placed that is important but the

space in-between the absence and otherness that is as Law (2004) describes (creative) method assemblage. This can be a performance as I stand up, stand back and physically move with my data feeling my clothes react to the process an embodied conversation, my clothes promoting the conversation further. The creative process engages the imagination (James 2014) with that space between (Woodward 2020).

As identified the themes I wrote summaries as part of the process of sense making, this brought to the fore some of the connectives between the themes and raised analytical questions. The revisiting and writing summaries of the themes is part of the 'to and fro' with the data positioning me as researcher 'in conversation with the data' (Law 2004; Woodward 2020). Writing is the process of sense making with the data refining and developing finesse of my analytical journey and the analytic story (Braun and Clarke 2021).

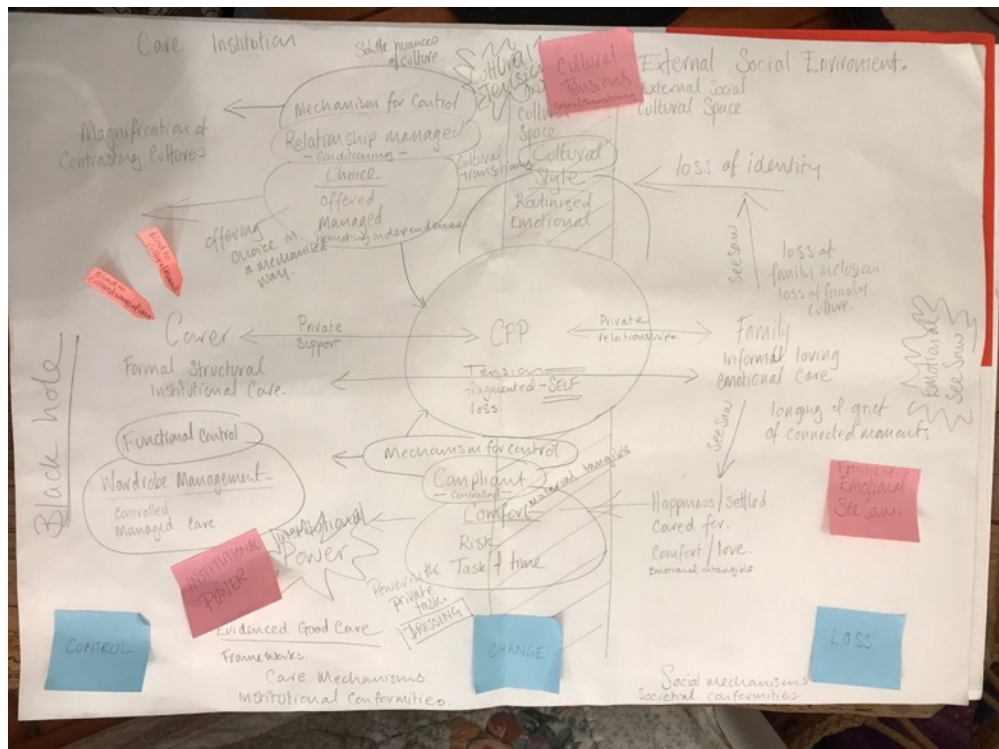


Figure 8: Example 1 of working diagram of theme development processing

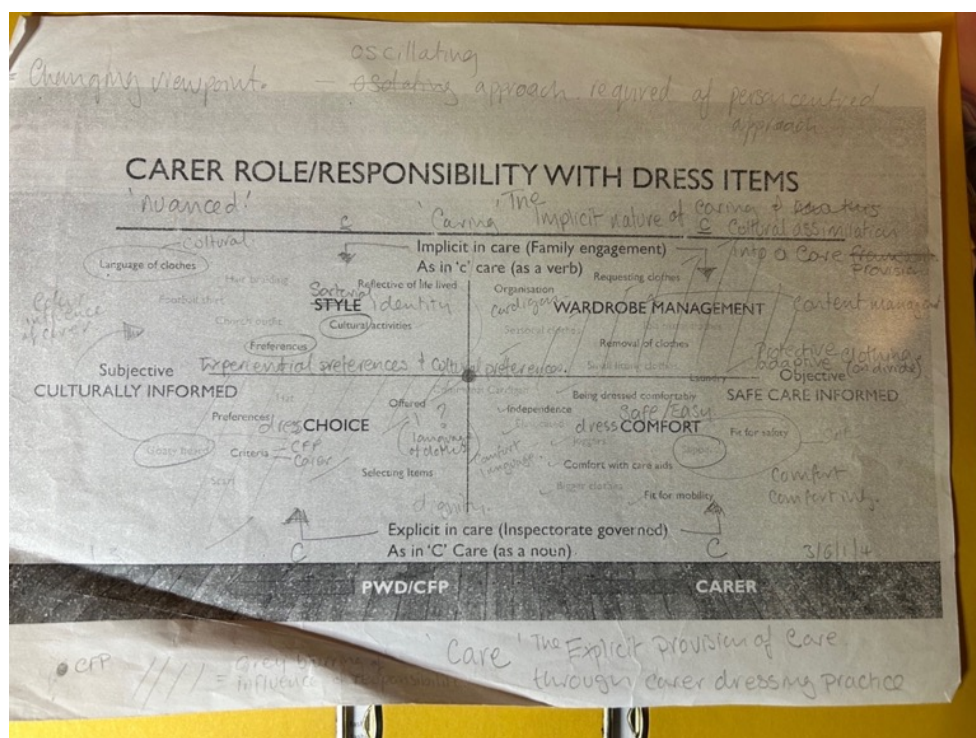


Figure 9: Example 2 of working diagram of theme development processing

## The initial themes identified in phase one were

**Dignity & Comfort** – Stretch/fit, ease of dressing, physicality (for dressing and daily activities), layering

**Person centred** – choice, layers/accessories, occasion, dressing practice  
**Knowledge (care/person)** – H&S, sartorial, dementia specialist (pattern and colour challenges) redundant clothing (unworn, stained, damaged/worn)

**Institutional organization/task** – laundry, task timing, Sartorial perception externally (communication of dress reflecting on perception of care)

These informed the process for developing the phase two of the research with the carers.

## Phase one notes after summarising themes

*Respect and dignity are words used related to care practice but 'person-centred' is related to care provision. Is there a difference in care provision that takes 'respect and dignity to the fore or 'person-centredness' to the fore?*

*(CT research diary 1<sup>st</sup> June 2020).*

### **5.8.2 The messiness of data analysis**

Reflexive Thematic analysis tackles the messiness of handling data and making sense of that data, Braun & Clarke, (2021) call this the wrangling which does describe process reflecting its complicated nature. Wrangling suggests a sense of taming, of drawing in it describes the messiness of the process of RTA but does not extend to necessarily acknowledging the data itself may feel messy even despite careful methodological planning. Law, (2004) uses the term 'gathering' as a metaphor for method which also describes the drawing together but does not define consistency or inconsistency. Trivelli, (2015) explores aspects of affectivity and the 'psyche-body-world entanglements' relating to remembering crisis and argues that the process of 'getting caught up' of listening and 'affective tuning' requires listening to the nonhuman the narrative beyond the textual language the aesthetic relations. The probes themselves were more than initiators of conversation but were part of the conversation, thus it is a three-way conversation, carer, researcher and clothing item. This three-way conversation demands 'affective tuning' listening beyond the framed words of the carer. My process diagrams layered up the data as I visualised it, it was not flat, it was sat on differing planes at different times (See Figure 10 and Figure 11).

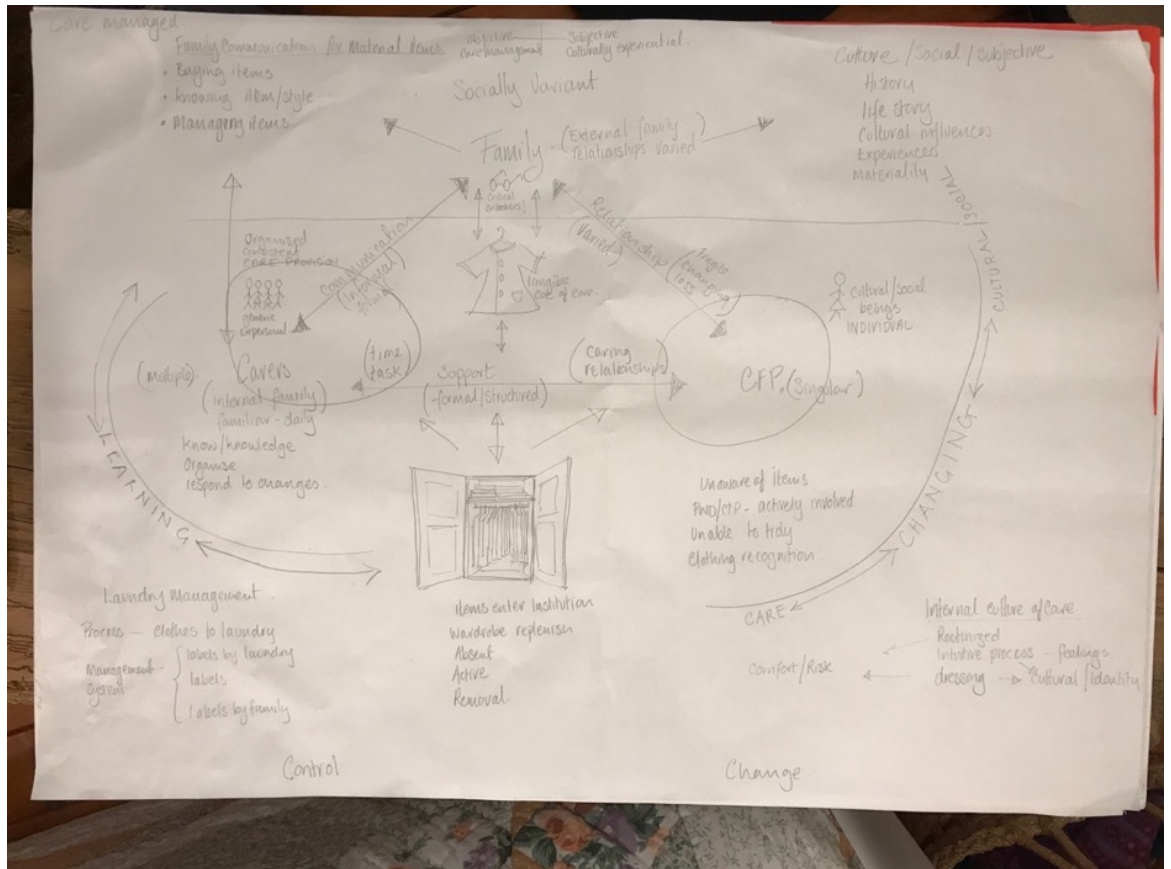


Figure 10: Layer one process diagram

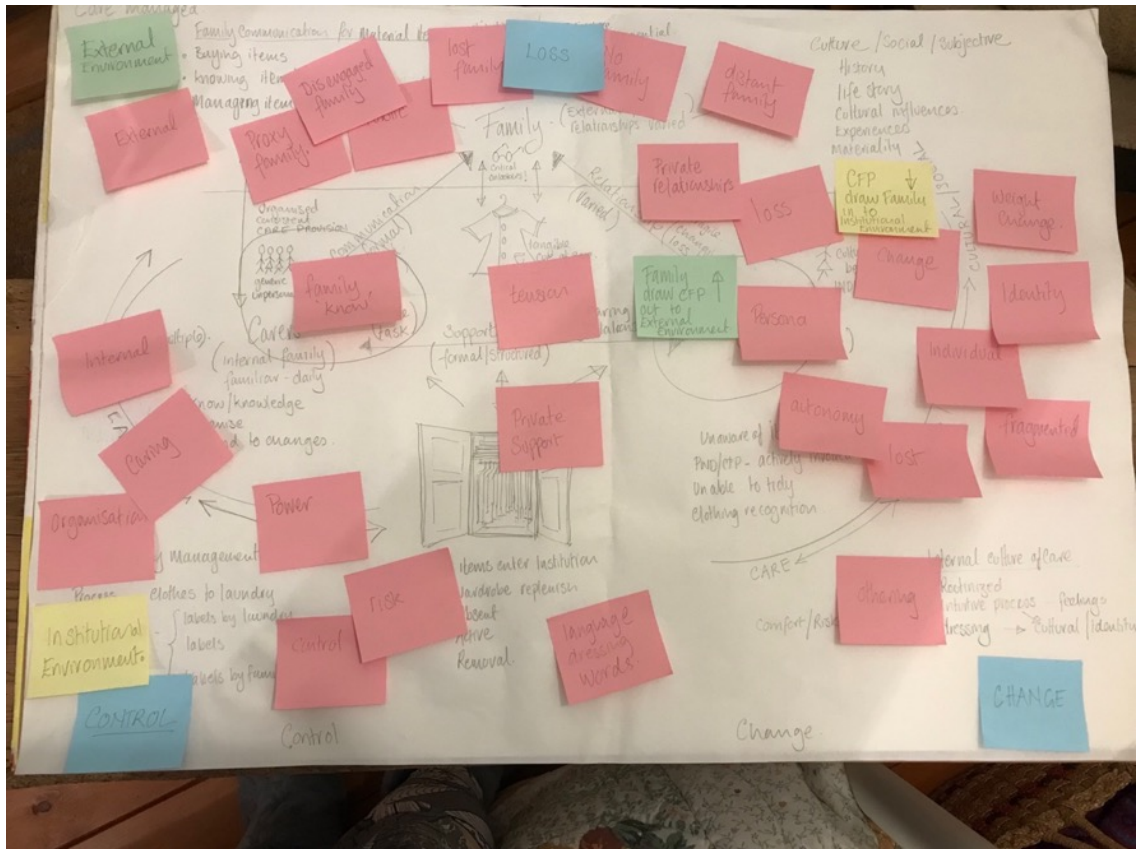


Figure 11: Layer two process diagram

The clothing item is framed in a care conversation by being present in the care environment. The clothing continues to be in conversation with me as researcher as it is present and handled during the processing of the transcripts coding and making sense. The clothing also presents a quietness when present but not handled nor seen. The carer is no longer present in this continued conversation, but their conversation is suspended. The carers and researcher's conversations are artificially 'freeze framed' captured from the normal release into the atmosphere, ethereal drifting to nothingness, recording it allows the capture. However, the conversation I have with the data continues as it does with the materiality of the clothing only the framing is now within the study environment of the data processing.

It is important to note and bring to the fore that my clothing is always present, and the process of my self-dressing is enacted every day. This I would argue I have attempted to position as 'Other' as outside my analytic process, but it is present and the act of dressing on the day when I am engaged with the research has relevance to my thoughts and bearing on my data conversations in a reflexive manner (Kara 2015; Mann 2016). This is evidence in a reflection I wrote on 4<sup>th</sup> September 2022 when I used my own dress selection to influence my thinking (Law 2004) about aspects relating to cultural exchange and how purposeful dressing was a means of embodying my own person-centredness, see Figure 12.

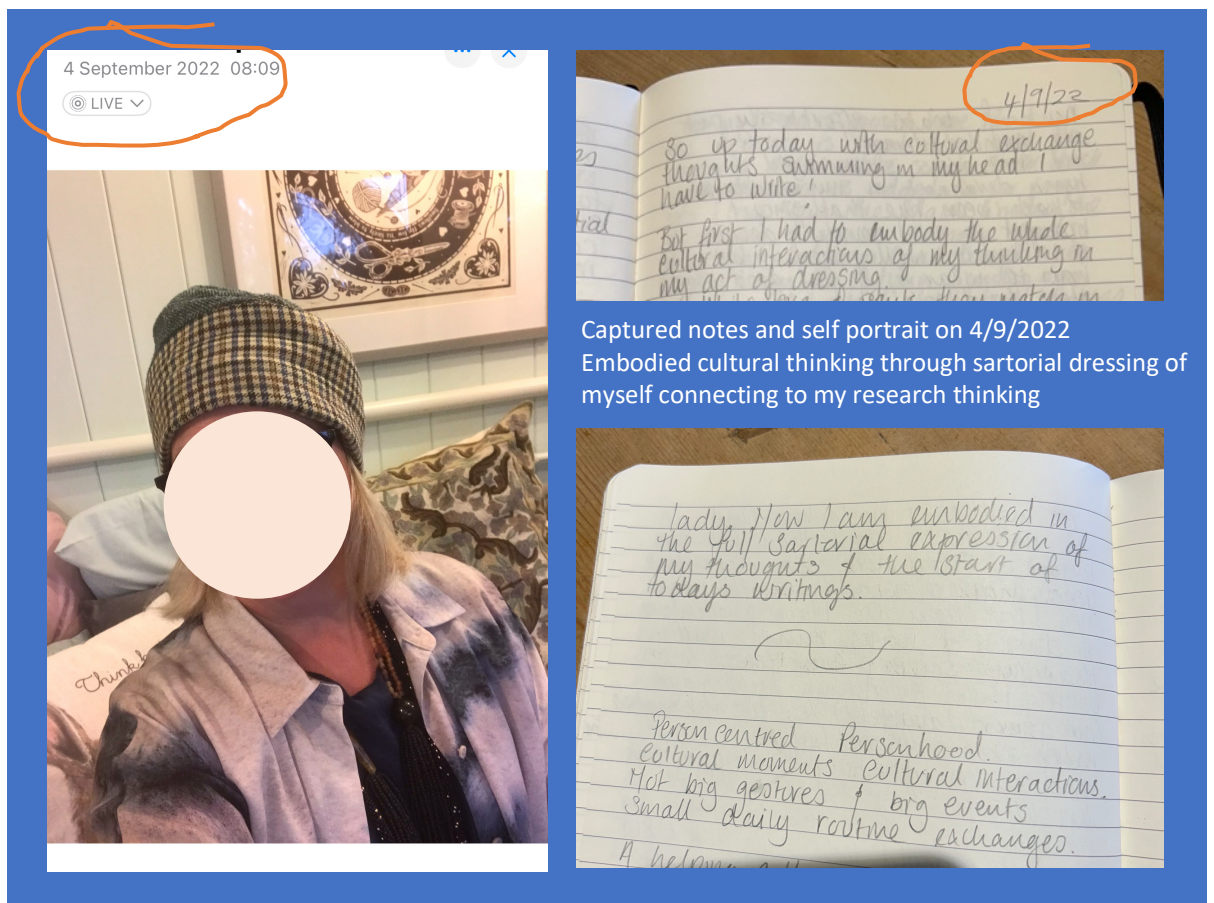


Figure 12: My thinking - embodying my own person-centredness

Reflexive thematic analysis gives some form but as Figure 13 depicts six key stages (Braun and Clarke 2021) can present as ordered but in wrangling with the data it is layered with messiness. The two phases connote an ordered staged approach to method but as

Figure 13 illustrates the phases are overlapped in processing the data and become increasingly messy as the data is analysed and layers of messy process are added by back and forth within the phase and across between the two phases.

TA stage	Summary of analysis actions
<b>Familiarisation</b>	<p>Transcribing myself a slow task but enriches the familiarisation.</p> <p>Multiple read throughs of manager transcripts in different sequences.</p> <p>Active listening</p> <p>Noting researcher thoughts.</p> <p>Read throughs noting clothing stories</p>
<b>Generating initial codes</b>	<p>As the familiarisation took place coding was added to the transcripts in the margins</p> <p>To and fro with the data looking for the nuggets</p>
<b>Searching for themes</b>	<p>Clothing themes informing Phase 2 – stains, dignity</p> <p>Damaged, pattern, colour, Culturally significant, unidealised</p> <p>Theme mapping diagrams</p> <p>Regulation mapping</p> <p>Dignity &amp; comfort, Person-centred, Knowledge, institutional organisation</p>
<b>Reviewing themes</b>	<p>Going back to the theme mapping and questioning it adding more layers of notes to reconfigure</p> <p>Reviewing the guiding Care governance shaping managers conversations</p> <p>Dignity and respect, person-centred, good care, liberty</p> <p>Protection of vulnerable, responsive accountable person, principles of care, information gathering/sharing/management</p>
<i>Paused reflective space</i>	
<b>Defining and naming themes</b>	<p><b>Care Critical Gaze – Role of Families – Wardrobe management &amp; Maintenance – Relational practices - Carer Tacit Knowledge</b></p>
<b>Writing up</b>	Writing, feedback, rewriting, editing, editing further

TA stage	Summary of analysis actions
<b>Familiarisation</b>	<p>Transcribing myself a slow task but enriches the familiarisation.</p> <p>Multiple read throughs in different sequences. Noting thoughts.</p> <p>Read throughs with clothing item handled by carer also handled by researcher.</p> <p>Tracking the influence of the probe on the conversation from direct references to the clothing item handled to the conversation that falls away.</p> <p>Noting the clothing language used by carers</p>
<b>Generating initial codes</b>	As the familiarisation took place code progressed this time with coloured post it notes
<b>Searching for themes</b>	<p>Visualisation of data – drawing working diagrams that I added to as I kept revisiting the data</p> <p>Handling the clothing items – visual language, tactile language</p> <p>Mapping out themes cut and pasting from transcripts making ‘word cloud like collages’</p> <p>Theme mapping diagrams</p>
<b>Reviewing themes</b>	Going back to the theme mapping and questioning it adding more layers of notes to reconfigure

Figure 13: Reflexive thematic analysis Six key stages - and the messiness of the process (Braun and Clarke 2021)

The analysis of the carers conversations prompts further analysis of the managers conversations and the published governance framework of CQC. Law, (2004) argues that normative methods in social science try to define boundaries and hold them tight. This he argues ignores the hinterland of method assemblage, of which he defines as having three parts 'a) what is in-here or present, b) whatever is absent but also manifest in its absence; and c) whatever is absent but is 'Other' because, while it is necessary to presence, it is not or cannot be made manifest. It is this normative approach to method thinking that amplifies the messiness of the data wrangling it to make sense of it.

Reflexive Thematic Analysis is a flexible approach it acknowledges the active role the researcher has in identifying the themes through the data and the active engagement with the data as it is processed (Braun and Clarke 2006, 2021). Reflexivity is critical to engaging with RTA and positioning myself as part of the research processing and theme developing. It is uncomfortable and messy wrangling and gathering the data as no soon is it forming a theme something pops out and challenges that order, Hinton-Smith and Webb (2016) suggest it is 'wrestling with an Octopus'. The six stages help to provide some order and structure but there is much toing and froing with the data seeking the 'shiny data' (MacLure 2013) the illuminating nuggets. This may be the expected challenge the researcher accepts as they set out on the research project but over the period of the study many other unexpected challenges arise.

Initial themes identified below were later considered as subjects (Braun and Clarke 2021).

<b>Initial themes</b>
Dressing choice evidenced choice
Dress & dressing Comfort
Personhood dignity and respect
Sartorial identity
Person-centred learning
Structure and processes
Wardrobe content management

In the process of reviewing the themes I went back to listen to the original recorded interviews. This process helps to reconnect with the raw data which can become distanced by the coding and searching for themes (Braun and Clarke 2021). After much 'toing and froing' the final themes (See Table 12) were identified and mapped out from theme to sub-themes to codes as shown in the example of Figure 14: Thematic map - Carer Tacit Knowledge (For other Thematic maps see Appendix N – Thematic Maps). To the right of the codes are the 'fine grain' codes that were considered on review as too narrow and brought under a broader code (Braun and Clarke 2021).

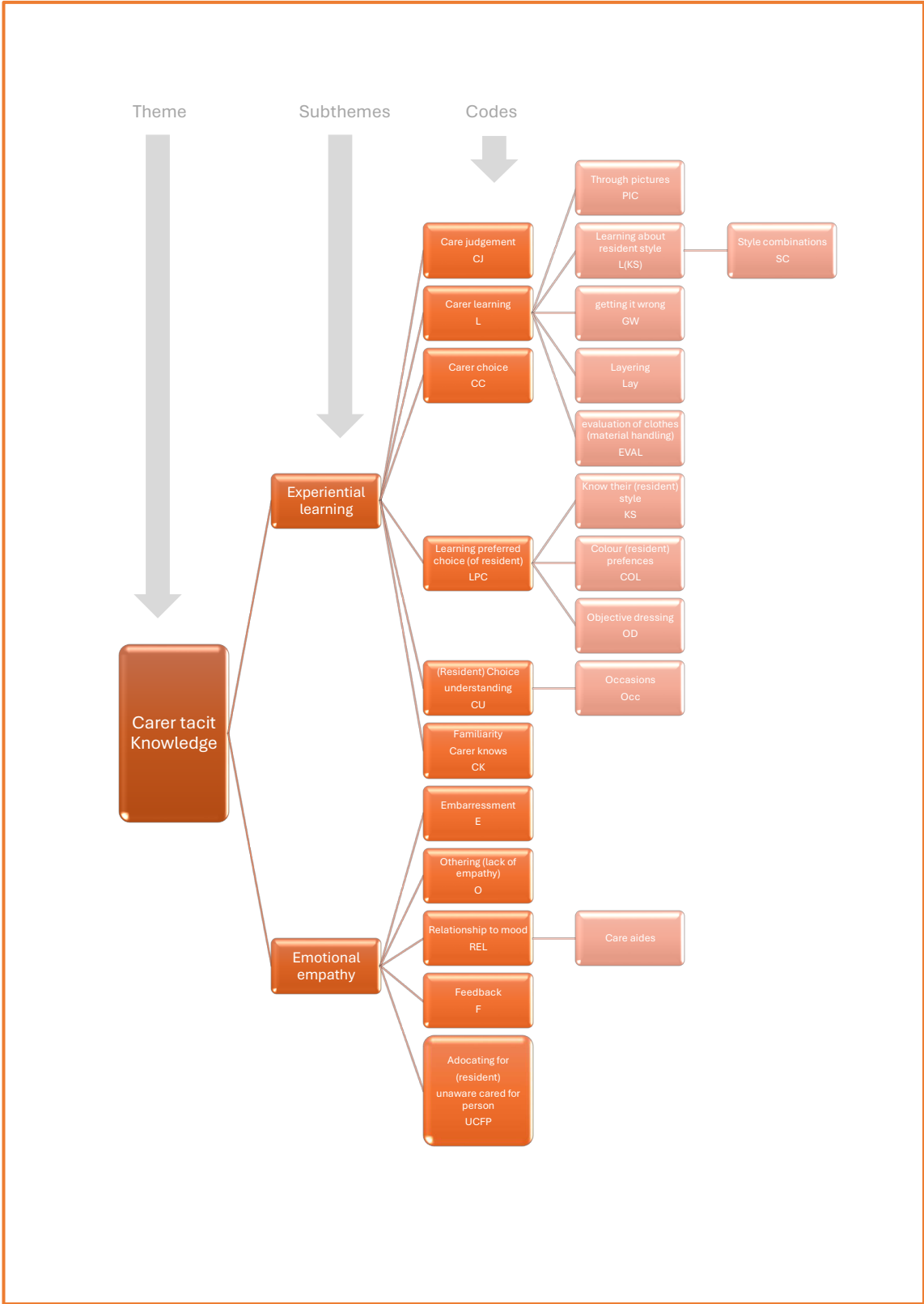


Figure 14: Thematic map - Carer Tacit Knowledge

The Final themes and subthemes are:

<b>Theme</b>	<b>Sub-theme</b>
<b>Theme 1: Care Critical Gaze</b>	T1.1: Person-centred Choice
	T1.2: Risk Management
	T1.3: Dressing with dignity and respect
<b>Theme 2: Role of Family</b>	T2.1: Expectations of Family
	T2.1: Family Choice
<b>Theme 3: Wardrobe Management &amp; Maintenance</b>	T3.1: Active Management of Clothes
	T3.2: Maintenance of Clothes
<b>Theme 4: Relational practices</b>	T4.1: Care Comfort
	T4.2: Upholding Identity
	T4.3: Carer guidance
<b>Theme 5: Carer Tacit Knowledge</b>	T5.1: Experiential Learning
	T5.2: Emotional empathy

Table 12: Final Themes and Subthemes

The next section 5.9 presents describe these themes from the reflexive thematic analysis.

## 5.9 Themes

This section presents the identified themes from the data analysis these themes will be discussed in detail in the following chapters 6.

### T1: Theme 1: Care Critical Gaze

This theme explores how care home managers and professional carers critically engage with dressing practices, drawing on both experiential knowledge and institutional frameworks such as the Care Quality Commission (CQC). Dressing is not treated as a neutral or routine task, but as a site of ethical reflection shaped by considerations of dignity, risk, and person-centred care. Carers and managers navigate complex decisions around clothing, balancing individual preferences with safeguarding responsibilities and organisational expectations.

#### **Subthemes:**

- **T1.1:** *Person-centred choice*: How carers interpret and support residents' clothing preferences, using personal knowledge, communication strategies, and ethical judgement to enable informed choices. This subtheme reveals the nuanced ways in which personhood is upheld through dress.
- **T1.2:** *Risk management*: How carers and managers assess and respond to perceived risks associated with clothing choices, including physical comfort, safety, and regulatory compliance. This subtheme highlights how dressing decisions are shaped by safeguarding concerns, material constraints, and the need to balance risk with respect for personal identity.
- **T1.3:** *Dressing with dignity and respect*: How carers respond to sensitive aspects of dressing, such as nakedness, embarrassment, and grooming,

while preserving dignity and comfort. These practices are shaped by relational attunement, cultural awareness, and regulatory standards, revealing dressing as a site of emotional labour and ethical care.

Theme 1 frames dressing as a relational and moral practice embedded within institutional care and governance. It offers insight into the ethical texture of care work, where carers must continually interpret, negotiate, and respond to the complex interplay between resident identity, organisational expectations, and the embodied realities of ageing.

## **T2: Theme 2: Role of Family**

This theme examines how families influence dressing practices through expectations, involvement, and direct wardrobe management.

### **Subthemes:**

- **T2.1:** *Expectations of Family*: How families shape carers' actions through communication, expectations, and ongoing involvement in dressing routines.
- **T2.3:** *Family Influence on Wardrobe Decisions*: How families select, label, and model clothing for residents, sometimes clashing with institutional norms or resident preferences.

This theme focuses on external influence from families, excluding internal team dynamics or resident-led decisions. It surfaces tensions between familial care and institutional practice, revealing how clothing becomes a site of negotiation and identity.

### T3: Theme 3: Wardrobe Management & Maintenance

This theme addresses the logistical and material processes of managing residents' clothing within the care home.

#### **Subthemes:**

- **T3.1: *Active Management of Clothes*:** Includes repair, seasonal rotation, donation, and shopping, often led by carers or families.
- **T3.2: *Maintenance of Clothes*:** Covers laundry routines, labelling, and clothing storage, revealing institutional systems and constraints.

This theme focuses on practical and procedural dimensions, excluding emotional or identity-based aspects of dressing. It provides insight into the invisible labour of care and how wardrobe systems reflect broader organisational priorities.

### T4: Theme 4: Relational Practices

This theme explores how dressing practices are shaped by emotionally attuned, identity-sensitive relationships between carers and residents. Dressing is not simply a task but a co-creative, interpersonal act that unfolds through shared time, sensory awareness, and relational understanding.

#### **Subthemes:**

- **T4.1: *Care Comfort*** – Carers draw on sensory cues, environmental awareness, and emotional responsiveness to ensure physical and psychological comfort during dressing. This includes attention to fabric

feel, layering, weather, and the resident's mood, revealing how comfort is relationally negotiated rather than procedurally defined.

- **T4.2: Upholding Identity** – Carers use personal histories, style preferences, and symbolic garments to preserve residents' sense of self. Dressing becomes a way to affirm biography, maintain continuity, and adapt to changing expressions of identity over time.
- **T4.3: Carer Guidance** – Carers guide residents through dressing using verbal prompts, embodied support, and intuitive techniques. This includes 'show and tell' strategies, offering choices, and reading non-verbal cues, highlighting how guidance is both practical and emotionally responsive.

Together, these subthemes reveal dressing as a relational practice shaped by empathy, attunement, and experiential knowledge. Carers respond moment-to-moment to residents' emotional states, bodily cues, and identity markers, making dressing a site of connection, affirmation, and care.

## **T5: Theme 5: Carer Tacit Knowledge**

This theme captures the unspoken, experiential knowledge carers draw on when dressing residents—knowledge that is intuitive, emotional, and ethically grounded. It emerged through carers' accounts of learning-by-doing, interpreting wardrobes as biographical archives, and attuning to residents' moods and preferences.

### **Subthemes:**

- **T5.1 Experiential Learning** – reflecting carers’ intuitive understanding, cultivated through repetition, improvisation, and material engagement.
- **T5.2 Emotional Empathy** – highlighting carers’ ethical commitment and advocacy, especially in moments of vulnerability.

Together, these subthemes reframe dressing as a skilled, emotionally intelligent practice, grounded in carers’ lived experience and shaped by relational depth, rather than by institutional systems that prioritise efficiency.

The following chapter presents the five themes developed through reflexive thematic analysis, each shaped by iterative engagement with the accounts of care home managers and professional carers. These themes reflect the complexity of dressing practices in care homes, revealing how clothing intersects with identity, institutional culture, relational care, and ethical decision-making. While families are referenced within the data, particularly in relation to wardrobe management and expectations, the study was designed to explore the perspectives of those directly responsible for delivering and managing care. The themes and subthemes introduced here offer a layered understanding of how dressing is negotiated within care environments, setting the foundation for a detailed discussion of findings in Chapter 6.

## **5.10 Conclusion**

This chapter has detailed the researcher’s positioning, forming the foundation of the methodological framework. It presented the method statement, the researcher’s stance, and the challenges of conducting research in care homes, including issues related to gaining access and engaging care professionals. The impact of the global pandemic on the research process was discussed,

particularly how phase two of the research design was adapted to address new access restrictions.

Key methodological considerations were outlined, with in-depth discussion of stage two of the research process in the context of data collection for phases one and two. The data analysis process, which utilised reflexive thematic analysis, was introduced alongside reflections on the challenges of managing and interpreting the data. The five themes developed through this process were presented in Section 5.9 and will be explored in depth in the following chapter.

This chapter has also demonstrated my adaptability in navigating methodology and my determination to continue the research in the face of significant challenges, particularly in the complex environment of care homes (Clark 2011; Crowhurst 2013; Dewing 2009; Eldridge 2013). Reflexivity was not only significant but integral to the research process, enabling me to critically evaluate and articulate my position within the care home environment (Dewing 2009).

Ethical considerations and the thoughtful revisions to the methodology were outlined, alongside the intricate process of systematically analysing the data using a reflexive thematic framework (Braun and Clarke 2021; Woodward 2020). This chapter has articulated the methodology employed to address the study's aims and objectives. The insights derived from the thematic analysis of care manager interviews and 'suitcase conversations' with carers will be presented and analysed in the following chapters, beginning with Chapter 6.

## Chapter Six

### **6 Chapter 6: Findings – Dressing Practices in Care: Institutional, Relational, and Reflective Perspectives**

Dressing within care homes is often framed as a routine component of personal care, yet it carries profound emotional, symbolic, and relational significance. Clothing mediates identity, dignity, and autonomy, particularly for individuals living with cognitive and physical frailty. While care standards increasingly promote person-centred approaches, the material and emotional dimensions of dressing remain underexplored in both policy and research.

The literature reviewed in Chapters 2 to 4 highlights this gap. Chapter 2 established clothing as a material biography, rich with emotional and relational meaning, but noted the limited attention to shared dressing and the disruption of identity when one is dressed by another. Chapter 3 explored how ageing and frailty reshape dressing from a personal expression to a care-dependent act yet found little engagement with carers' lived experiences. Chapter 4 examined the institutional context of care homes, revealing tensions between person-centred ideals and bureaucratic systems, but left unanswered how managers and carers navigate these tensions through dressing practices.

This study addresses these gaps by centring the voices of care home managers and professional carers, those who organise, deliver, and reflect on dressing within institutional settings. Drawing on interviews and 'suitcase conversations', the analysis explores how dressing is understood, managed, and embodied by care professionals. It reveals dressing as a site of ethical reflection, relational engagement, and institutional negotiation, where carers and managers balance autonomy, comfort, risk, and routine.

The findings are organised around five themes developed through reflexive thematic analysis. To support clarity and show how these themes interrelate, Figure 15: Conceptual diagram of Themes presents a conceptual diagram illustrating their positioning. It highlights the three core themes, **Care Critical Gaze**, **Relational Practices**, and **Carer Tacit Knowledge**, as central to the study's contribution to knowledge. The remaining themes, **Role of Family** and **Wardrobe Management & Maintenance**, are presented as supporting themes that inform and contextualise the core themes through relational and procedural influence.

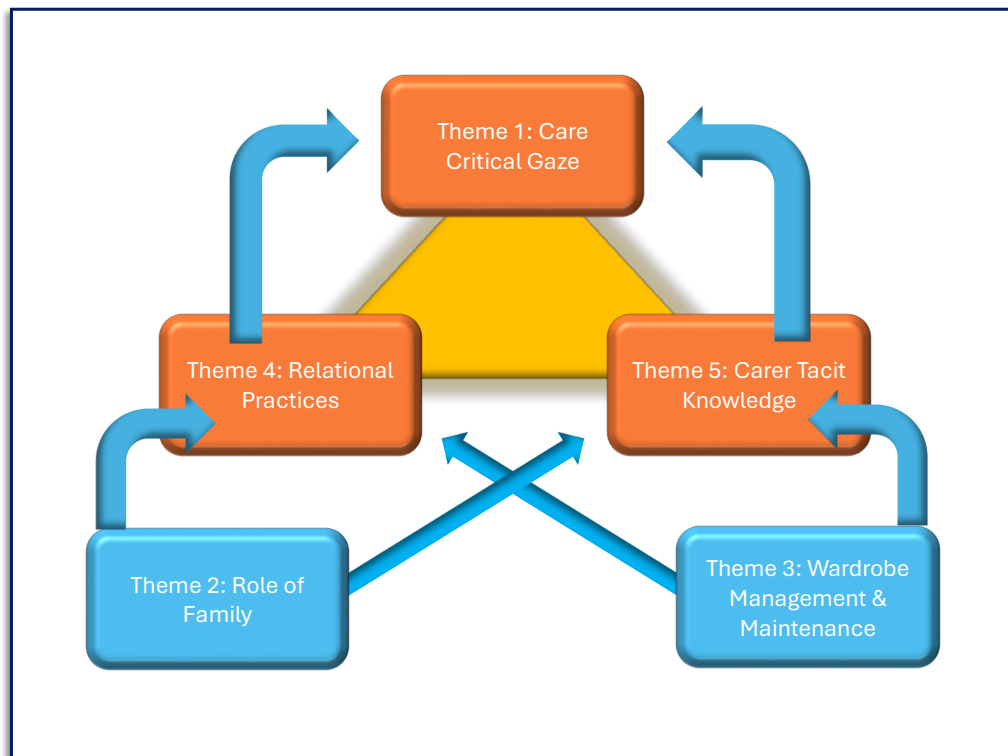


Figure 15: Conceptual diagram of Themes

To manage the scale of this chapter and maintain depth of critical scrutiny, the three core themes are presented in full detail. These are:

**Theme 1: Care Critical Gaze**, which explores how dressing is framed through person-centred care, dignity, and risk, shaped by experiential knowledge and governance frameworks such as the Care Quality Commission (CQC).

**Theme 4: Relational Practices**, which highlights how dressing becomes a co-creative act shaped by empathy, attunement, and relational knowledge, including sensory awareness, identity affirmation, and carer guidance.

**Theme 5: Carer Tacit Knowledge**, which captures the unspoken, intuitive expertise carers draw on when dressing residents, often bridging gaps in formal documentation through emotional insight and experiential learning.

The supporting themes, **Theme 2: Role of Family** and **Theme 3: Wardrobe Management & Maintenance**, are presented together in a concise subsection. While they do not directly underpin the study's original contribution, they offer important contextual insight into the external relationships and institutional routines that shape dressing practices.

Transcript excerpts are used throughout to illustrate how care professionals make sense of dressing within their everyday practice. While families are referenced in the data, particularly in relation to wardrobe management and expectations, the study focuses exclusively on the perspectives of care home managers and professional carers.

The chapter begins with **Theme 1: Care Critical Gaze**, which examines how dressing practices are shaped by ethical reflection, person-centred values, and institutional governance. This theme sets the foundation for understanding dressing as a moral and relational act within the care home environment.

## 6.1 Theme 1: Care Critical Gaze

This theme explores how dressing practices are shaped by a care critical gaze, where person-centred values, dignity, and safety intersect with institutional routines and regulatory expectations. Drawing on both managerial and carer accounts, the theme is organised into three interrelated subthemes: person-centred practice, risk management, and dressing with dignity and respect. Across these strands, dressing emerges as a site where identity, autonomy, and comfort are negotiated within the practical and organisational demands of care work. The theme highlights how decisions about clothing are informed not only by personal preference and relational knowledge, but also by safeguarding responsibilities, staffing structures, and the need to evidence good care. Theme 1 establishes the ethical and institutional foundations through which all subsequent dressing practices are understood.

### 6.1.1 T1.1 Person-centred

Person-centred practice was described by managers and carers as central to dressing support, yet the ways in which person-centredness was enacted varied across information gathering, everyday observation, and the offering of choice. This subtheme is presented in three parts to reflect these dimensions.

#### 6.1.1.1 Person-centred Information

Managers described gathering personal information from multiple sources during admission and early assessment. This included social work assessments, hospital notes, family accounts, and conversations with the resident where possible. Manager 1 explained how this information is built over time:

*“Usually if somebody has been in hospital there will be a social work assessment... some social history and then we will grow that over a period of time when we get to know somebody by speaking with their friends and family and the individual if they are able.”*

### **Manager 1**

This highlights the gradual nature of building a picture of the resident. Yet managers also described how information from acute settings is shaped by institutional pressures. Manager 3 reflected on the limitations of hospital discharge information:

*“If it does come from the social workers you tend to get quite a detailed plan*

*... or it can come from the hospital ward. But again you have got to be very careful with information received from a hospital ward because they are working from a different angle*

*... they will share information that will allow that person to leave that ward as quickly as possible, but they won't share information that would hinder discharge*

*... So when we go and do pre-admissions assessments*

*... it is not always about just talking to the nurse*

*... it is about looking at the notes, reading the notes, talking to family members*

*... because if you base it on what you purely hear, you'll slip up.”*

### **Manager 3**

Managers described collecting “About Me” information, but this tended to focus on general preferences rather than clothing or appearance:

*“...things they like, things they don't like*

*... do they like a bath, do they like bubble bath*

*... all of those things make it very person-centred, so we gather all that information when anybody is admitted.”*

### **Manager 2**

Manager 4 described how the keyworker system was intended to support person-centred knowledge, but in practice was inconsistent due to staffing patterns and workload:

*“It has been a bit [pause] to be honest not worked really well [pause] and it can be a bit hit and miss where it works really well for a while then sort of dacks off a bit... we have quite a few residents who have no family so for us those key workers take on that role to be able to identify if the resident needs toiletries or clothes... they will nine times out of ten go out shopping or make somebody aware it needs to be done... I have got one carer who literally only works one day a week so to have her allocated any residents potentially means she is going to completely miss out that they have not got any shower gel from the beginning of one week to the end of the next... that is why we have set it up as teams rather than just one key worker for a resident because it didn't work for us when we tried it with one key worker per resident.”*

**Manager 4**

This extract shows how organisational structures shape the consistency of person-centred information. Reliance on part-time staff and uneven workloads meant that keyworkers could miss changes in residents' needs, prompting the home to adopt a team-based approach. For residents without family, these structural gaps were particularly significant, as staff became the primary source of information about clothing and toiletry needs.

These descriptions show how person-centred information is framed broadly, with dressing rarely mentioned unless specifically raised. Managers emphasised that person-centred knowledge is shared across the whole staff team:

*“It isn't just aligned to the key worker or the carers*

*... it filters between everybody*  
*... cleaning, kitchen staff, admin, maintenance*  
*... everybody has some level of contact with residents."*

**Manager 3**

Care plans were described as detailed and person-centred, yet they functioned primarily as institutional documents:

*"They are very person-centred*  
*... about my life so far, what makes a good day, what makes a good night*  
*... who's in the family circle."*

**Manager 1**

Manager 3 emphasised the importance of care plans as evidence of person-centredness:

*"Care plans here are very person-centred, they are very detailed... the NHS came in and reviewed a number of them and one comment was that it was probably some of the best care plans she has ever read... and that is important because if we are going to offer a certain level of service we need to have that recorded down."*

**Manager 3**

Managers also stressed the importance of a stable workforce to maintain person-centred knowledge:

*"I don't use agency staff... they don't know your residents... they can't give the person-centred care that we can, because we know them."*

Together, these accounts show that person-centred information is shaped by institutional processes, documentation requirements, and the need for continuity. Dressing preferences, however, are rarely documented, leaving carers to interpret them through daily practice.

### 6.1.1.2 Person-centred Observation

Person-centred observation referred to how carers notice and interpret residents' physical, sensory, and emotional responses to dressing in ways that uphold dignity, comfort, and institutional expectations of safe care. These observations are central to the care critical gaze, informing decisions about clothing suitability, risk, and the protection of skin integrity.

Carers described how they monitor fabric, fit, and temperature to prevent discomfort or harm, particularly for residents with fragile skin. Carer 1 explained how these considerations shape everyday dressing decisions:

*“Unless they can’t speak then we got to do thinking for them. [pause] You know, that nothing going to scratch their skin. Yes, it is very thin and can easily tear, so you don’t want anything scratchy, you know. You can get materials that are quite harsh on the skin. You don’t want nothing too tight cos it is trying to get them out of it. If it’s hot, hot day like today. You try and stick to cotton stuff, but baggy stuff, so it doesn’t stick to them, to keep them as cool as possible. So, you look at the ways of [pause] what’s going to scratch their skin, what’s going to be easy to get out of so you not hurting that client [resident].”*

**Carer 1**

This extract shows how carers observed and anticipated physical vulnerability, adjusting clothing choices to avoid skin damage, overheating, or distress. These observations are not optional; they are shaped by safeguarding expectations and the need to prevent avoidable harm.

Carers also described observing mobility limitations and physical constraints that influence what clothing is safe or practical to use. Carer 2 explained how dressing decisions must respond to the resident's physical abilities:

*"Lot of them aren't able to do that. No, so obviously we, you know, we would help to choose clothes for people. When the clothes are laundered the laundry staff usually hang them up, when they've been laundered. Obviously if we're dressing people that have [pause] I don't know, got a disability or stroke or anything like that you have to find something that's [Pause] room to move, you know, for dressing somebody. You wouldn't be able to put a tight top on somebody if you can't get an arm through. You wouldn't be able to have really skinny jeans on somebody who's difficult to put their legs through trousers and that you'd have to have something that a leggingly or wide trouser or something ye."*

**Carer 2**

Here, observation is tied to safe manual handling and the prevention of injury. Carers must assess what clothing is feasible to put on without causing pain, strain, or distress, demonstrating how institutional expectations around safety shape dressing choices.

Observation also extended to identifying when clothing created marks or posed a risk of neglect, prompting carers to intervene. Carer 5 described how noticing skin changes required escalation and action:

**Carer 5** *"... if there was a pair of trousers for a lady that I was squeezing on and she said no keep them. From a*

*comfortable and a safe point of view I wouldn't, I'd probably speak to her daughter and say ...*

***'You know, what do you want to do because we are really squeezing her in here, she is getting marks on her skin'***

*I could get in trouble if I do that, if I left them, a mark on the skin and I carried on putting on something on somebody that was causing marks then that then becomes a neglect issue."*

**CT (interviewer)** *Ok, from your point of view as a carer do you find it better that it is not in the wardrobe, and its perhaps put to one side?"*

**Carer 5** *"Ye. If it was, the thing is we never throw anything out without permission, so I would never just say they need to go in the bin, even if they are ripped! I would say run it by them and just say*

***'Am I ok to throw these away?'***

*So, I would always run it by somebody. If I thought it was, If I thought people were going to continue to putting the tight clothes on somebody causing marks, I would remove it, put it to one side and then say...*

***'You know can we have something else.'***

**Carer 5**

This extract shows how observation is directly linked to governance and accountability. Carers must identify when clothing compromises safety, remove unsuitable garments, and involve families to prevent neglect. Observation here is not simply relational; it is part of the institutional responsibility to protect residents and comply with regulatory expectations.

Together, these accounts show that person-centred observation is a core component of the care critical gaze. Carers are expected to notice physical cues, anticipate risk, and adjust dressing practices to ensure comfort, dignity, and

regulatory compliance. These observations bridge the gap between formal care plans and the lived realities of dressing, revealing how institutional priorities shape everyday decision-making.

### 6.1.1.3 Person-centred action

Person-centred action refers to how carers act on information and observation to offer choice, adapt clothing, and support autonomy. Managers acknowledged that offering choice is expected, but not always consistently enacted. Manager 3 reflected on the pressures that shape dressing decisions:

*“Depends on your care team*

*... and the pressures and stresses they are working under*

*... it is all too easy on occasions for staff to open up a wardrobe and pull something out because that is easier than actually putting two items out and offering choice. I'd be fibbing if I said that doesn't happen here*

*... but I have seen good practice*

***‘Would you like to wear the red top or the blue top?’***

*It's a small choice, but it is a significant choice.”*

**Manager 3**

Manager 3 also reflected on overlooked areas of choice, particularly nightwear:

*“When we put residents to bed, we don't offer choice of what nightwear they would want to wear...”*

***‘What colour nightie?’...***

***‘These pyjamas or those pyjamas?’***

*That shouldn't be any different...*

*but I can't think of any occasions... that we do that*

*... we automatically assume identity is just with daywear.”*

### Manager 3

Carers described adapting dressing routines to respect personal habits and comfort. Carer 4 explained how night-time dressing required negotiation:

*“... he gets confused on a morning... why you are getting him undressed out of his pyjamas to put him back in more clothes*

*... So you know it is just encouragement*

*... We have got a gentleman upstairs that when we put him in the bath, we then put him in pyjamas, but when he goes to bed*

*... I say*

*‘do you want to take your pants off and leave your underpants on?’*

*That is how he is used to being so give him the choice.”*

**Carer 4**

Carers also described adapting clothing to reduce distress and maintain safety:

*“Sometimes we will end up asking the family to buy a big size*

*... because it is challenging to dress them when they are fighting, kicking out.”*

**Carer 3**

These examples show how carers enact person-centredness through moment-to-moment decisions that balance autonomy, comfort, and institutional expectations. Choice is offered where possible, negotiated where needed, and adapted when safety or dignity requires it.

Across information, observation, and action, person-centred dressing emerges as a practice shaped by institutional structures, documentation processes, and the embodied work of carers. While managers emphasise systems and care plans, carers enact person-centredness through everyday decisions that preserve comfort, identity, and dignity. Dressing becomes a site where institutional expectations and personal meaning intersect, revealing the complexity of delivering person-centred care in practice.

While person-centred dressing relies on knowing the resident, noticing their responses, and acting in ways that uphold dignity and comfort, these practices do not occur in isolation. Carers and managers described how dressing decisions are continually shaped by institutional expectations around safety, safeguarding, and regulatory compliance. The care critical gaze therefore extends beyond personal preference to include the assessment and management of risk. This next subtheme, **T1.2 Risk Management**, examines how carers navigate the practical and ethical tensions that arise when clothing choices intersect with physical vulnerability, organisational pressures, and the need to evidence safe care.

### **6.1.2 T1.2 Risk Management**

Risk management was described by carers and managers as a central influence on dressing decisions. Clothing was continually assessed for its potential to cause harm, create hazards, or compromise safety. These decisions were shaped by institutional expectations, safeguarding responsibilities, and the need to evidence safe practice. The care critical gaze therefore extended beyond personal preference to include the identification, negotiation, and removal of risk.

Footwear was a key area where risk was routinely assessed. During the suitcase conversation, Carer 1 immediately identified a pair of heeled shoes as unsafe:

*“For one none of our clients would wear shoes like this (Figure 16: Suitcase item S1/19 Kitten Heel shoes). Because of heels and them slipping off and falling, they either wear flat sandals, or they wear slippers ‘coz they seem to be more comfortable in slippers. Ye, ye, they’re very dangerous (laughing)”*

**Carer 1**



Figure 16: Suitcase item S1/19 Kitten Heel shoes

Here, the language of “slipping,” “falling,” and “dangerous” reflects workplace risk assessment rather than personal preference. The perceived comfort of slippers is reinforced in a person-centred way “they seem to be more comfortable in slippers”.

Carer 1 went on to describe how footwear is checked and, if necessary, removed from circulation:

**CT** *“What do you do when you have got a collection of shoes that has come in with them (the resident)”*

**Carer 1** *“We do try them on their feet [pause] you know, you see, they could look brand new [pause] we will try them on their feet. If we feel they are too small or too big we will suggest to the family, like, you know,*

***'These look too small or too big [pause] is there any way you could get any more or even slippers.'***

*Because obviously we can't have them rubbing or anything causing any red marks on their feet so or cutting in you know so ye, a lot of our clients do wear slippers"*

**CT** *"And are they comfortable in slippers?"*

**Carer 1** *"Yes, yes, they get the most comfortable slippers, and they fit better they got Velcro fastening because obviously these [pause] these shoes (referring to S1/19) will come off somebody they are a trip and falls hazard.*

*So, we have to look at trips and falls hazards as well with footwear, as well"*

**Carer 1**

This extract shows how carers assess footwear for size, stability, and skin integrity, and how unsuitable items are negotiated out of the wardrobe. The strategy extends to involving families, framed through familiar routines:

*"We say, you know...*

***'What did they wear when they were at home?'***

*And they would say...*

***'Slippers.'***

***'Well, if they are comfortable in slippers, then bring them slippers.'***

*you know, it's home from home."*

**Carer 1**

Here, risk reduction is softened through relational language (“home from home”), but the underlying aim is to remove hazardous footwear from the care environment.

Risk was not limited to physical hazards; carers also described how behaviour could transform ordinary clothing into a source of danger. Carer 3 reflected on a resident whose preferred shoes became unsafe:

*“...we have one lady... she enjoys wearing high shoes and then she goes buys her Mum the same shoes. Then we noticed that those shoes are so heavy. When she is aggressive, when she is upset, she will use the shoes to start smacking another resident*

*... when we are getting her dressed, she will be stepping on our feet. We said...*

***‘No, she can’t wear those kinds of shoes.’***

*It is true she likes it, but she can’t wear them, it is dangerous for another resident.”*

**Carer 3**

This example shows how risk management requires carers to anticipate unintended consequences and prioritise the safety of all residents, even when this conflicts with personal preference or identity.

Beyond footwear, carers identified belts as hazardous items. Carer 3 explained how past experience shaped current practice:

*“Most of our residents, we don’t let them wear belts because, you know, this is risky...”*

*One of my residents in Italy did hang himself with the belt. So, we don’t let them wear them. They do buy, like tracksuits for them, which is more comfortable.”*

**Carer 3**

Here, a single past incident becomes a rule that removes belts entirely from the care home. The alternative 'tracksuits' is framed as "comfortable," but also reflects an institutional preference for clothing that eliminates risk. This decision affects not only safety but also style, fit, and identity.

Carers also described how safety equipment altered residents' body shape and required adaptations to clothing. Hip protectors were commonly used for residents with a high falls risk, and Carer 5 explained how they affected dressing:

*"Where some [pause] if some of our residents are high falls risk with quite a number of recorded falls then the GP will normally recommend hip protectors so it is basically a pair of underpants... there are two pockets and you have [pause] they are like plastic discs that fit in either side."*

**Carer 5**

The added bulk made dressing more difficult and required changes to clothing size:

*"If they was to fall the hip is not directly hitting the floor, but with that problem is trying to put [pause] you have added kind of two sizes on to someone's hips so the clothes that were a size 10 you wouldn't get a size 10 over them*

*... we have had to say, due to the hip protectors can we have a size up in trousers if you are buying any because you have essentially added two dress sizes on to them*

*... getting them over them hip protectors is hard work."*

**Carer 5**

This extract shows how risk-management equipment reshapes the body and necessitates practical adjustments to clothing. Safety interventions such as hip protectors protect residents from injury but also limit clothing options, requiring looser or more elastic garments and adding complexity to the dressing process.

Risk was not only physical or behavioural; managers also described the pressure to meet external expectations from regulators and commissioners. Dressing became part of how the home demonstrated competence, safety, and care quality. Manager 2 explained how inspections shaped staff awareness and practice:

*“I think a lot of the staff do realise, you know, we got CQC coming in, we have the council coming in, and at the end of the day um if we don’t do things right if we don’t get good inspection reports back then we are not going to get people wanting to come into our home. And I say to them that reflects on us that says we are not a good home we are not caring, you know. They know that when I do my audits and I feedback to them in meetings and say, this is not right, this is not right, we have got to improve on this. They do understand why, because at the end of the day I say to them, you know, if we don’t get these things right and we haven’t got a good reputation, we are not going to be a viable home, and we are not going to stay open because people aren’t going to want to live here.”*

**Manager 2**

This extract illustrates how the external gaze shapes everyday decisions, including dressing. Clothing becomes part of the home’s public presentation, a visible marker of whether care is “right,” “good,” and “caring.” The risk here is reputational: poor presentation may signal poor care, threatening the home’s viability. Staff therefore dress residents not only for comfort and safety but also in ways that align with regulatory expectations and the need to maintain a positive inspection profile.

Across these accounts, risk management emerges as a decisive force in dressing practice. Carers and managers continually assess physical vulnerability, behavioural risk, and institutional expectations. Clothing choices are therefore not only personal but governed by the need to prevent harm, maintain safety, and evidence compliant care. These decisions often limit sartorial choice, revealing the complex interplay between autonomy, identity, and institutional risk.

### **6.1.3 T1.3 Dressing with Dignity and Respect**

Carers and managers described dressing as an intimate practice that requires sensitivity to residents' emotional responses, personal histories, and comfort. Dignity was understood as both an interpersonal and practical concern, shaped by the need to minimise embarrassment, maintain privacy, and support residents who may feel vulnerable during dressing.

Carer 6 reflections highlight the emotional impact of being dressed by someone unfamiliar, and how carers draw on their own perspective to empathise with residents:

*"I wouldn't want somebody taking my clothes off me that I didn't know. I think it is scary waking up in an environment you don't remember, you don't know why you are here, you don't know who I am. So, yeh, it is not nice. But once it's done, it's done, it is absolutely fine, it is just the initial getting them up and dressed."*

**Carer 6**

This extract highlights how carers recognise the vulnerability residents may feel during dressing, particularly when disoriented or unfamiliar with staff. Carers described using reassurance, conversation, and gentle pacing to reduce distress and maintain dignity.

Gender was another factor shaping how carers approached dressing. Same-gender interactions are considered to reduce embarrassment:

*“... it can be quite embarrassing can't it, obviously we are strangers to them, but they don't seem to be too bothered. I think they look at it we are all human, you know, especially women on women, we got the same bodies. So, they don't really get too embarrassed you know we both women! I think it is a bit more different when it's a man and a woman's doing personal care, it can be embarrassing on their part. You just talk to them... especially if they're new... you sit down tell them what your name is... they feel a bit more comfortable, you know, they don't feel too embarrassed with personal care.”*

**Carer 1**

Age differences are also considered as creating a dignity issue particularly when opposite genders are supporting personal care of residents.

*“I think because of [pause] residents age, to have a young girl help them with personal care [pause] in their day it was a no-no wasn't it? And a lot of men are old fashioned in that sort of way they don't like ... and would prefer you know to be helped by a male especially when it is to do with toilet things and bathing.”*

**Manager 2**

These accounts show how carers and managers navigate gendered expectations and generational norms to maintain dignity during dressing, adjusting their approach moment by moment.

Dignity was also understood as a visible indicator of care quality. Managers described clothing and appearance as markers of whether respectful care had been delivered. One manager explained how soiled or unchanged clothing signalled a lack of dignity and poor care:

*"I wouldn't sit at home in a dirty top after spilling food down myself, so why should residents be left like that? It shows a lack of respect."*

**Manager 3**

Here, dignity becomes entwined with institutional oversight: clothing is not only a personal matter but a public signifier of whether care is "good," "respectful," and attentive. This reflects the care critical gaze, where appearance becomes evidence of care quality.

Carers echoed these concerns, describing how they protected clothing during meals and negotiated changes afterwards while still respecting residents' preferences:

*"We can't stop them wearing white because they might mess it... but if it's completely dirty, I'll offer another top and explain I'll wash it and bring it back."*

**Carer 3**

This extract illustrates how dignity is upheld through relational negotiation. Carers balance autonomy with the desire to prevent residents from appearing "silly" or neglected, using reassurance and explanation to maintain trust.

Managers also described how clothing choices were adapted to protect dignity in communal spaces. Practical considerations sometimes conflicted with personal or family preferences:

*"...we suggested trousers for her just for her dignity... when she was being hoisted... but her daughter said she never wore trousers in her life. So, we just put a blanket over her legs."*

**Manager 2**

Similar tensions arose when residents' usual clothing did not align with what staff considered dignified in shared environments:

*"...if somebody has always worn a dress and they sit with their legs wide open it is not very dignified... we suggest trousers... most families say yes... but some families just won't."*

**Manager 2**

These examples show how dignity is negotiated between staff, residents, and families. When preferred clothing is incompatible with equipment such as hoists, carers adapt by using blankets, repositioning, or offering alternatives that preserve modesty while respecting personal history.

Across these accounts, dressing with dignity and respect emerges as a relational, negotiated, and institutionally shaped practice. Carers draw on empathy, communication, and awareness of personal and generational norms to support residents during intimate moments of care. Managers and carers work to balance dignity with personal preference, ensuring that dressing remains sensitive to individual identity while meeting the practical and symbolic expectations of communal living and care quality.

#### **6.1.4 Concluding Synthesis of Theme 1; Care Critical Gaze**

Across the accounts of managers and carers, dressing emerges as a practice shaped by the interplay of personal knowledge, relational sensitivity, and institutional expectations. Person-centred information provides a starting point, but gaps in documentation and the limits of formal assessments mean that carers rely heavily on observation and everyday interaction to understand residents' preferences and needs. These observations are closely tied to risk management, as carers continually assess clothing for safety, comfort, and feasibility, adapting garments or removing items that pose hazards. At the same

time, dressing is experienced as an intimate act that requires attention to dignity, modesty, and emotional reassurance, particularly when residents feel vulnerable or disoriented.

Together, these subthemes show how the care critical gaze operates across multiple layers of practice. Dressing is not a straightforward task but a negotiated process in which autonomy, identity, safety, and institutional accountability must be balanced. The theme reveals how carers navigate these tensions in real time, drawing on both formal systems and embodied knowledge to support residents in ways that uphold comfort, dignity, and organisational standards.

Before turning to the next core theme, the chapter briefly outlines Themes 2 and 3. These supporting themes illuminate the relational and organisational context within which dressing takes place. Together with Theme 1, they form the foundation for understanding the more nuanced relational and embodied practices explored in Theme 4.

## **6.2 6.2 Contextual Influences on Dressing Practices**

While Theme 1 is presented in full to establish the foundations of the care critical gaze, Themes 2 and 3 are summarised here to provide contextual grounding for the detailed analysis that follows in Theme 4. These themes illuminate the relational and organisational structures that shape dressing practices, highlighting the wider systems within which carers' embodied and relational work takes place.

### **6.2.1 Theme 2: Role of Family**

This theme presents how care home managers and professional carers negotiate and manage relationships with families in order to support residents' dressing and wardrobe needs. The data reflects care professionals' perceptions

and experiences; families themselves were not included in the study. The theme is organised into two subthemes:

- **T2 Subtheme 1: Expectations of Family**, which captures how families influence carers' actions through communication, emotional investment, and ongoing involvement in dressing routines.
- **T2 Subtheme 2: Family Influence on Wardrobe Decisions**, which reflects how families select, label, and style clothing for residents—sometimes clashing with institutional norms or residents' evolving preferences.

Managers and carers described families as actively involved in wardrobe management: buying clothes, labelling garments, and replenishing wardrobes. These actions often carried emotional significance, reflecting familial memory and identity preservation. However, tensions emerged when families interpreted mismatched or unconventional dress as neglect, rather than expressions of autonomy or comfort. Carers frequently mediated these moments, balancing residents' embodied preferences with familial expectations of presentation.

Wardrobe replenishment was often shaped by informal communication networks between carers and families. These exchanges, typically “snatched” during visits or daily routines, played a vital role in maintaining clothing relevance. Carer 3 reflected on the importance of securing family consent before discarding or reorganising wardrobe items:

*“We don't bin the clothes easily like that ... We will first ask the consent of the family, tell them that these clothes are not relevant ... So, what do you think to do?”*

**Carer 3**

For some families, replenishing clothing was a natural extension of care—monitoring fit, style, and seasonal needs. For others, wardrobe management felt intensely private or outside their remit. Carers had to navigate these dynamics with sensitivity, balancing practical needs with respect for emotional ties.

The role of family within the care home context was described as negotiated and ambiguous. While managers often expected families to be involved in clothing provision and wardrobe upkeep, there was little evidence of structured support or guidance to facilitate this. Instead, the assumption that families would “know” what to do appeared to shift responsibility away from the care home, leaving staff to navigate these relationships informally.

In contrast, when residents had no family and a legal representative was appointed, a clearer framework for financial decisions was available. However, when families were geographically distant or inconsistently engaged, clothing needs could be delayed or unmet, creating a gap between the point of need and the point of provision. This left care homes vulnerable, particularly when they lacked the authority to make purchases independently.

These findings highlight how dressing becomes a site of relational complexity, where family involvement—whether present, partial, or absent—shapes the material and emotional landscape of care. Carers occupy a crucial yet often invisible role, bridging functional needs with identity-based significance. Their ability to maintain wardrobes that reflect residents’ preferences depends not only on observational skill but also on relational diplomacy and institutional support.

### 6.2.2 Theme 3: Wardrobe Management & Maintenance

This theme presents how care professionals manage residents' clothing through structured routines and institutional systems. It focuses on the practical and procedural dimensions of dressing, excluding emotional or identity-based aspects. The theme is organised into two subthemes:

**T3 Subtheme 1: Active Management of Clothes**, including seasonal rotation, donation, shopping, and wardrobe organisation, often led by carers or families.

**T3 Subtheme 2: Maintenance of Clothes**, covering laundry routines, labelling, and clothing storage, shaped by infection control protocols and institutional constraints.

Managers and carers described wardrobe management as a continuous, often invisible labour. Clothing was regularly reviewed, replenished, and rotated, with carers responsible for identifying missing items, managing seasonal changes, and organising garments. These tasks were embedded in daily routines but rarely foregrounded unless disruptions occurred, such as lost items or complaints about laundering.

Wardrobes often became overloaded, particularly when families did not visit regularly to remove unsuitable or surplus garments. Carer 6 described how carers quietly managed this accumulation:

*"...if the wardrobe is getting ram-packed ... we have kind folded up and put it to the bottom, ready for when families come in."*

**Carer 6**

In the absence of formal inventory systems, carers relied on observational knowledge to assess what was worn frequently versus what was neglected. This

intuitive labour was relational and responsive yet rarely acknowledged in institutional documentation.

Laundry was central to clothing maintenance, governed by standardised systems designed for hygiene and efficiency. Garments were routinely washed after wear and processed collectively, limiting personal autonomy and sometimes compromising textile quality. Contaminated clothing required high-temperature sluice washes, which met infection control standards but accelerated fabric wear. Managers advised families to choose machine-washable garments, yet tensions remained between hygiene requirements and garment durability.

Labelling was described as a practical necessity, often carried out by staff or families to prevent loss. However, the process could feel impersonal, especially when labels altered the appearance or texture of clothing. Families occasionally laundered select items themselves, either to preserve delicate garments or maintain emotional connection, but institutional protocols ultimately governed how clothing was handled.

For residents without family involvement, carers or key workers assumed full responsibility for wardrobe replenishment. These responsibilities extended beyond practical need, requiring carers to interpret clothing as symbols of identity and emotional connection. Their interventions ensured that dressing routines continued to uphold the resident's individuality and comfort, even in the absence of familial support even in the absence of familial support, though gaps in biographical understanding of the wardrobe inevitably remained.

These findings reveal how clothing care is embedded in institutional routines, shaped by logistical demands and hygiene protocols. Wardrobe management reflects broader organisational priorities, providing the material backdrop for

the next theme, *Relational Practices*, which explores how dressing becomes a co-creative act shaped by empathy, attunement, and embodied knowledge.

### **6.2.3 Summary of Theme 2 and 3**

Together, Themes 2 and 3 reveal the infrastructural and relational scaffolding that supports dressing practices in care homes. They show how carers navigate family expectations, institutional systems, and practical constraints to maintain wardrobes that are safe, functional, and reflective of residents' identities. These contextual influences form the foundation for the more nuanced, relational, and embodied dressing interactions explored in detail in Theme 4.

With this organisational and relational context established, the chapter now turns to Theme 4, which examines the moment-to-moment relational and embodied practices through which dressing is enacted.

## **6.3 Theme 4: Relational Practices**

This theme explores how dressing practices are shaped by emotionally attuned, identity-sensitive relationships between carers and residents. It marks a return to detailed findings presentation, following the concise treatment of supporting themes in Section 6.2. Drawing on interviews and suitcase conversations, the data reveals dressing as a moment-to-moment, co-creative act, guided by empathy, attunement, and shared time.

Relational practices are not governed by formal protocols but emerge through sensory awareness, emotional responsiveness, and interactive care. Carers described, through reflective accounts, how dressing unfolds as a dynamic interaction, guided by bodily cues, mood, and shared presence. Unlike the tacit knowledge explored in Theme 5, which focuses on carers' internalised

expertise, Theme 4 centres the relational immediacy of dressing, how care is enacted between people through gesture, rhythm, and negotiated choice.

The theme is organised into three subthemes:

**T4.1: Care Comfort**, which captures how carers respond to physical comfort, emotional states, and environmental cues in dressing decisions.

**T4.2: Upholding Identity**, which reflects how carers use personal histories, style preferences, and symbolic garments to preserve residents' sense of self through shared dressing interactions.

**T4.3: Carer Guidance**, which explores how carers guide residents through dressing using verbal prompts, physical gestures, and intuitive support in shared time.

Together, these subthemes reveal dressing as a form of relational labour, where care is not only about task completion, but about emotional insight, shared agency, and the co-creation of comfort and dignity.

### **6.3.1 T4.1 Care Comfort – Sensory, Emotional, and Environmental Responsiveness**

This subtheme explores how carers respond to residents' bodily cues, emotional states, and environmental conditions during dressing. Dressing is not enacted as a fixed or procedural task, but as a dynamic, relational process shaped by physical comfort, psychological wellbeing, and moment-to-moment responsiveness. Carers described how they read residents' posture, mood, and skin temperature, adapting clothing choices accordingly. These interactions were rarely documented, yet they carried deep significance, enacted through proximity, touch, and shared presence.

Comfort was consistently described as a guiding principle. Carers attended to the sensory reality of how garments felt against the skin, how they moved with the body, and whether they supported ease of movement. Layering was used to regulate temperature and offer flexibility, while sensitivity to nakedness reflected an attunement to dignity and exposure. Clothing choices were guided not only by practicality, but by an empathetic reading of the resident's embodied experience.

*"Unless they can't speak then we got to do thinking for them. You know, that [pause] nothing is going to scratch their skin. Yes, it is very thin and can easily tear, so, you don't want anything scratchy, you know, you can get materials that are quite harsh on the skin. You don't want nothing too tight, cos it is trying to get them out of it! If it's hot, hot day like today [pause] you try and stick to cotton stuff, but baggy stuff, so it doesn't stick to them, to keep them as cool as possible. So, you look at the ways of [pause] what's going to scratch their skin, what's going to be easy to get out of so you not hurting that client."*

**Carer 1**

This extract shows how carers interpret fabric and fit as central to safeguarding fragile skin. The carer moves from observation *"skin can easily tear"* to practical adaptation *cotton, loose clothing*, and finally to ethical positioning *"not hurting the client"*. By analysing this progression, we see comfort framed as both a resident-centred priority and a carer's responsibility to prevent harm.

*"Some of these people can't tell you if they have got tummy ache and the last thing we would want to put them in is a pair of un-comfy trousers. If they have got tummy ache, they probably want pyjamas on for the day. So, that is a bit of a struggle sometimes."*

**Carer 5**

Here, the carer highlights the difficulty of interpreting comfort when residents cannot communicate. The solution, allowing pyjamas as daywear, shows how carers negotiate cultural norms to prioritise wellbeing. Analysing this account reveals comfort as a relational judgement, requiring carers to balance embodied cues with social expectations.

*People who are on unfortunately end of life we always say to the families or whoever is in charge of buying the clothes, please don't be buying [pause] I don't know how to explain the material. Like polyester buttoned, you know, something that would be very fiddly to get off them, because a lot of time at end of life, repositioning and changing them can hurt them. We always ask for bigger and cotton and stretchy. So, all we have to do is that (acts out pulling on over the head) rather than trying to get their arm out of a full set pyjamas we'd ask for cotton and stretchy so there not. Number one so they are comfortable but so we are not hurting them when we are trying to get it off because it is hard work sometimes"*

**Carer 5**

This extract illustrates how carers extend comfort into end-of-life care. Analysing the account shows three priorities: resident comfort, safeguarding against pain, and recognition of carer workload. Comfort here is relational, negotiated with families and enacted through fabric choice and garment design. The analysis highlights how carers' ethical attunement shapes dressing decisions in contexts of vulnerability.

Emotional comfort was also supported through humour and positive affirmation. Carers described using light-hearted comments to ease embarrassment, build confidence, and create a sense of ease during intimate moments of dressing. As Carer 5 explained,

*"I tell them that they look **bloody gorgeous!** (laughs)."*

**Carer**

This playful reassurance reveals the carer's human warmth and emotional intelligence, transforming a potentially exposing moment into one of connection and affirmation. Such interactions demonstrate how comfort extends beyond physical ease to include emotional uplift, relational presence, and the co-creation of dignity.

Beyond fabric and fit, carers also recognised how familiar textures and accessories offered emotional continuity, linking residents to past relationships and routines. The following extract illustrates how tactile qualities and memory converge in dressing:



Figure 17: Suitcase item S1/8: Black leggings with sheen

*“We got a lady... she loves her leggings (handling Figure 17: Suitcase item S1/8: Black leggings with sheen)... she wears them with fluffy socks... she feels the cold quite a lot... she'll always have a fluffy blanket across her knees... because she*

*used to have a dog that would sleep across her knee... it's home from home."*

**Carer 1**

Here, leggings and socks are read as tactile preferences, while jumpers and blankets are framed through thermal need. Yet the blanket also carries symbolic meaning, evoking the memory of a dog and sustaining emotional continuity, deepening the relational connection between carer and resident. The carer's final comment, "*it's home from home,*" shows how comfort is linked to autonomy while also signalling awareness of external scrutiny under the care critical gaze. Comfort is both physical and psychological, co-created through materiality, memory, and relational sensitivity.

Taken together, these extracts demonstrate how carers interpret and negotiate comfort through material sensitivity, embodied cues, and symbolic continuity. Across contexts - from fragile skin to end-of-life care, and from tactile fabrics to nostalgic blankets - comfort emerges as a relational practice that sustains dignity and emotional connection. Dressing, in these moments, becomes a choreography of care, co-created through bodily sensitivity, emotional resonance, and ethical attunement.

### **6.3.2 T4.2 Upholding Identity – Recognising Resident Style and Choices**

This subtheme presents carers' accounts of how they recognised and supported residents' style and clothing preferences during dressing. Carers described learning about residents' style through everyday observation of clothing combinations, noticing repeated choices, and responding to familiar garments that residents preferred. They also spoke about how conversations with residents and relational interactions during dressing helped them to understand what felt comfortable or appropriate.

Carers emphasised the importance of recognising style as part of the resident's sense of self. They explained how they supported choices and combinations that reflected individuality, and how they adapted when preferences shifted due to changes in health, mood, or ability. Dressing was described as a shared process, where carers worked alongside residents to maintain continuity with familiar styles while also responding to changes in the present moment.

Carers frequently referenced their role in interpreting style preferences, drawing on insights developed through repeated relational interactions. This included recognising familiar silhouettes, preferred colours, and culturally coherent combinations. Carer 4's account below illustrates how such recognition is grounded in everyday observation and relational sensitivity:

*"We have got a lady upstairs who wears skirts and loose tops. I would never dream of putting a pair of leggings on her, that is not her. She came in with the skirts and the bubble tops (blouses)."*

**Carer 4**

This quote highlights the carer's attention to the type and combination of clothing the resident wears. This understanding extends to maintaining dignity through person-centred stylistic coherence, which can be difficult to articulate. Carers often used metaphor to express the subtlety of these observations:

*"You are not going to put somebody in bright pink cycle shorts when they've got a nice ball gown on. It is their dress sense."*

**Carer 4**

This metaphor, though deliberately exaggerated, reinforces the carer's sensitivity to stylistic coherence. By stating *"It is their dress sense,"* the carer affirms the resident's right to aesthetic continuity, even when preferences

differ from normative expectations. These decisions were not made in isolation—they were shaped by relational sensitivity, where carers balanced practical needs with respect for identity.



Figure 18: Suitcase items S2/30 tunic & S2/39 skirt

*“So, this one (holds up S2/30 (tunic) Figure 18: Suitcase items S2/30 tunic & S2/39 skirt). It is true, like I said anyone can have different style. Some people they enjoy, like - wearing [pause] being free, they don’t want something that is just tight. So, in this case you have to respect the person, it’s their style or choice! Not everyone enjoys wearing tight (clothes) you know. Some people they enjoy wearing like, loose clothes, comfortable. Then like I said, about skirt S2/39 some of our residents they wear skirts only. They can’t wear trousers, they will say ‘no trousers, never!’ But maybe we as a carers we think ‘**oh that is old fashioned**’ we have to wear trousers!”*

**Carer 3**

Carer 3's account highlights how carers honour residents' preferences for fit and comfort, even when these diverge from their own stylistic norms. The statement "we as carers we think 'oh that is old fashioned'" reveals a moment of stylistic distancing, where the carer sets aside personal judgement to uphold the resident's identity. This respectful separation between carer and resident style reflects a commitment to person-centred support.

Frailty is not a static condition—either physical or cognitive—and it directly impacts the task of dressing. Carers described how residents' abilities fluctuated across the day, with dressing sometimes more difficult after waking and more manageable later. These shifts required carers to remain attuned to changing needs and to support dressing as a flexible, responsive practice.

**CT (Interviewer)** *It is important to them about the activity they are doing and what they are wearing. Is there anybody you do find that likes to change halfway through the day?*

**Carer 6** *"(little giggle) Ye, we have a lot of people that you help them get dressed in the morning, by dinner time they have got something completely different on, by teatime they have gone in again and got changed, a lot of them like to layer up. A few t-shirts on a few jumpers, ye, they're definitely like that!"*

**Carer 6**

This extract highlights the fluidity of dressing routines and the evolving sense of the dressed self. Carers observed changes not only in behaviour but in visual presentation, noting how residents layered garments or changed outfits multiple times a day. While layering may reflect personal style or a desire for warmth, it can also signal cognitive frailty, such as difficulty recognising what one is already wearing. These moments required carers to balance support with

respect for autonomy, interpreting cues with sensitivity and offering gentle guidance.

Clothing also carried cultural and social meaning. Football shirts and team colours were particularly powerful identity markers, prompting connection, humour, and shared belonging. Carer 6 described how two residents would insist on wearing their Manchester City shirts when they saw the other dressed in theirs:

*“If we bring one gentleman out in his City top, the other will say, ‘Take me back, I want to put my top on.’ They have a bit of competition... it gives them something, and it’s all because of a t-shirt.”*

**Carer 6**

Similarly, carers used team colours to support cooperation and emotional engagement during dressing. As Carer 3 explained:

*“She always has a blue scarf... if you want to make her happy, just choose a blue colour so she lets you get her washed and dressed.”*

**Carer 3**

These examples show how carers recognise and respond to culturally meaningful clothing, using fandom and team colours to uphold identity, foster engagement, and sustain emotional connection.

Cognitive frailty disrupted continuity of thought, leading to interrupted visual cues and repetitive dressing behaviours. Yet through attuned support, carers helped residents navigate these disruptions, using sensory prompts and emotional resonance to sustain identity and agency. Dressing, in this context,

became a choreography of care—where sensory experience and self-perception were co-constructed in shared time.

**Carer 3** *“We have to a man who enjoy always I think he used to be a lecturer he enjoy wearing suit and then this suit he is not wearing one he is wearing two three doesn’t matter if it is summer winter he say ‘it is very important to me’ so if we manage to get him in the shower or bath we will hide those suits we hide them we will always send them to wash then that day maybe he will cause trouble for two, three days because if you give it back he will wear all of them three four even if he wear one he will still find another one and add on it”*

**CT (interviewer)** *“That is quite difficult to manage, isn’t it? It is obviously about them seeing things.”*

**Carer 3** *“Yes, that is why dementia people are not easy to give them choice for example open the bag like that ok which colour do you like you make them confused so the best way to do is to choose one two clothes and then show which one do you want this one or this one”*

**Carer 3**

This extract reveals the complexity of relational interactions when identity is sustained through material attachment. The resident’s insistence on wearing multiple suits—regardless of season—served as a tactile and symbolic anchor to his former role and self-image. These haptic connections through fit, movement, and texture allowed him to maintain continuity amid cognitive disruption. Yet this disrupted institutional routines, placing the carer in a relational tension: negotiating between the resident’s emotional attachment and the practical demands of laundry and care.

Carer 3’s account also highlights how choice must be carefully scaffolded. Open-ended options caused confusion, so carers adapted by offering limited, visually supported choices. This approach reflects a relational strategy for

upholding identity while managing cognitive frailty, supporting agency through simplified, emotionally attuned prompts.

The findings in T4.2 show how carers uphold identity through recognition of style and adaptation to residents' preferences. Yet as frailty increases, residents may experience disruptions in how they engage with dressing, particularly in cognitive, visual, and tactile processing. These disruptions contribute to a sense of broken oneness, where continuity of self becomes harder to sustain.

### **6.3.2.1 How frailty disrupts dressing**

The following figures (Figure 19, Figure 20, Figure 21) synthesise carer accounts to show how frailty disrupts dressing activity across three domains: thinking, seeing, and touching. Each of the figure presents the impact of disrupted processing on dressing activity, as described by carers in the extracts above.

### **Cognitive frailty and its impact on dressing**

Carers described how cognitive frailty disrupted residents' ability to engage with dressing. Difficulties in remembering, sequencing, and imagining clothing combinations led to fragmented dressing routines and repeated behaviours. These disruptions reflect a breakdown in cognitive processing that affects how residents perceive and enact their dressed identity.

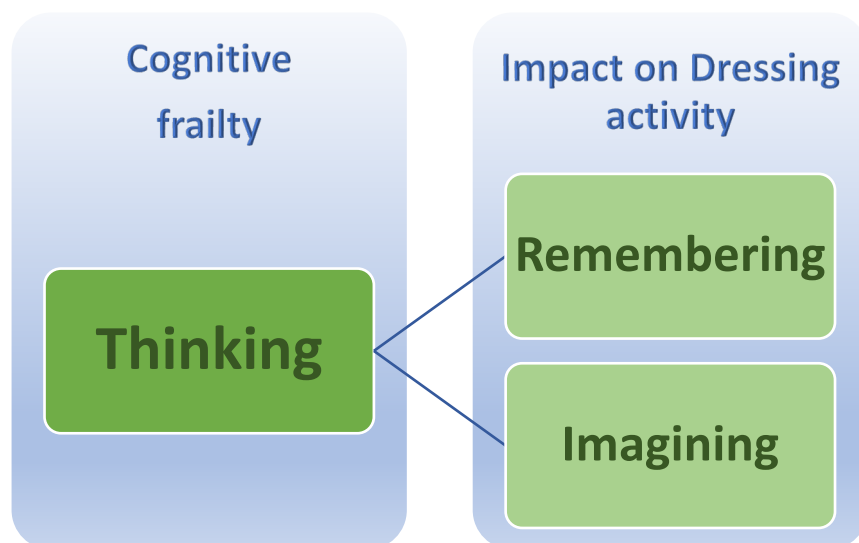


Figure 19: Cognitive frailty and its impact on dressing activity.

This figure illustrates how disruptions in cognitive processing - such as memory loss or difficulty imagining clothing combinations - affect residents' ability to engage with dressing.

### **Visual frailty and its impact on dressing**

Visual processing was also affected by frailty. Carers noted that some residents struggled to recognise garments, misinterpreted visual cues, or became overwhelmed by choice. These disruptions impacted how residents selected and coordinated clothing, requiring carers to interpret and scaffold visual engagement.

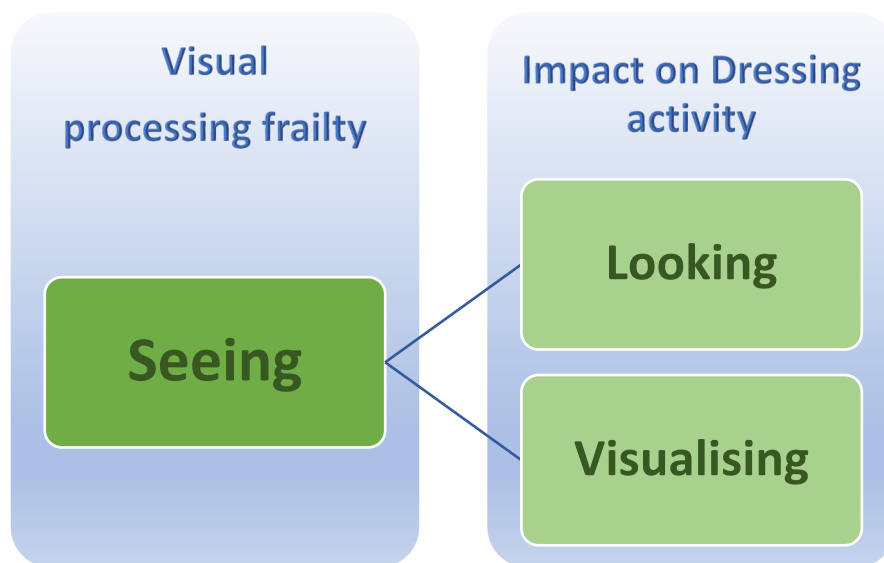


Figure 20: Visual frailty and its impact on dressing activity.

This figure shows how visual processing difficulties - such as misrecognition or confusion - impact clothing selection and coordination.

### **Tactile and haptic frailty and its impact on dressing**

Tactile and haptic processing also played a role in dressing. Carers described how residents responded to the feel, weight, and movement of garments, sometimes layering excessively or rejecting unfamiliar textures. These sensory disruptions affected how residents experienced their dressed body and interacted with clothing.

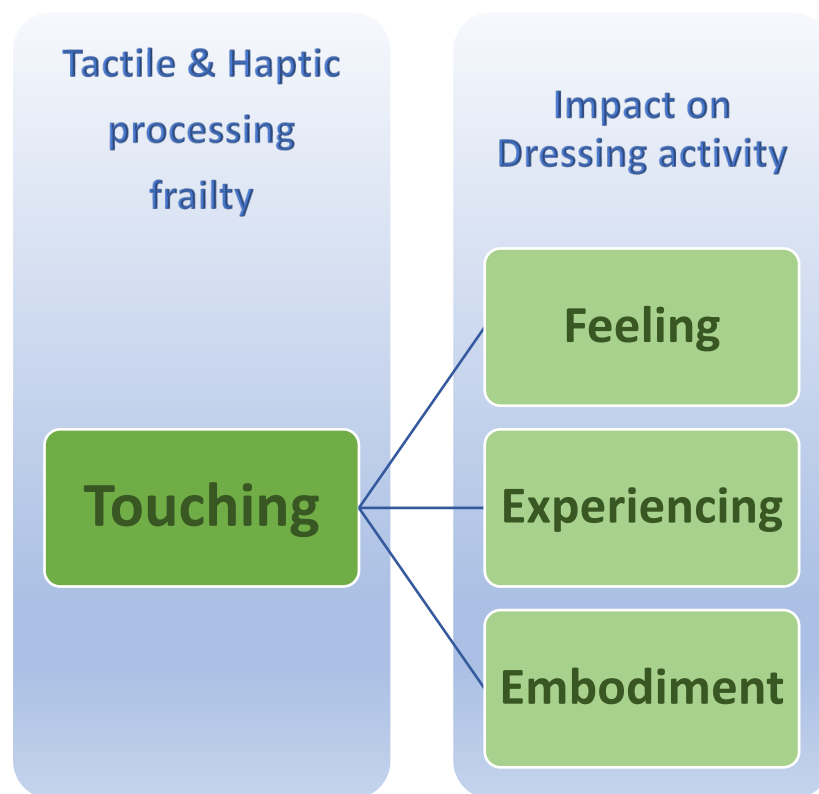


Figure 21: Tactile and haptic frailty and its impact on dressing activity.

This figure highlights how changes in sensory processing - such as discomfort with textures or excessive layering - affect residents' embodied experience of dressing.

Taken together, these findings show how carers uphold identity through relational recognition of style, while also responding to the disruptions caused by frailty. Dressing becomes a shared, adaptive practice, one that requires sensitivity to cognitive, visual, and sensory changes. In the next subtheme, T4.3 Carer Guidance, the focus shifts to how carers actively support residents through these disruptions, using prompts, scaffolds, and co-creative strategies to sustain agency and coherence.

### 6.3.3 T4.3 Carer guidance

Carers described dressing as a co-creative relational practice shaped by attunement to residents' cognitive, visual, and sensory needs. Rather than completing the task *for* residents, carers worked with them, using verbal prompts, visual cues, tactile engagement, and embodied support to scaffold participation. These interactions were responsive to mood, memory, and physical ability, enabling residents to remain involved in dressing even as frailty disrupted familiar routines. Carer guidance therefore operated as a form of relational scaffolding, sustaining autonomy, comfort, and identity through moment-to-moment adjustments that honoured the resident's preferences and evolving capacities.

Building on this relational foundation, carers first described how they supported residents' *cognitive engagement* during dressing, helping them remember familiar routines, imagine upcoming events, and make present-moment decisions despite the disruptions caused by cognitive frailty.

#### 6.3.3.1 Carer Support for the impact of cognitive frailty

Sustaining identity through dressing also involves cognitive and sensory engagement, where carers support residents in remembering past experiences, imagining future scenarios, and making present decisions. These processes are central to maintaining personhood yet are often disrupted by cognitive frailty. Carers adapted their interventions with verbal, tactile, and visual prompts, fostering continuity and autonomy through relational care. In these moments, dressing becomes more than a practical task, it becomes a relational practice that scaffolds memory, imagination, and choice, enabling residents to remain connected to their sense of self.

### Remembering Past Experiences

Memory enables residents to associate clothing with personal history or intended use. When memory is disrupted, carers offer gentle cues to reconnect meaning and function, as the following extract illustrates:

*“We have got a gentleman upstairs, I passed him his socks, and I said you know ‘they’re for your feet’ and he put them on his hands. So, you know and he said...”*

***‘I don’t understand you’***

*I helped him then he said...*

***‘ye, ye, I know what you mean now’***

*It is little things we take for granted – a sock. He got a bit confused with that thinking it was for his hand.”*

**Carer 4**

These seemingly simple moments of reconnection are vital for bridging cognitive gaps and preserving a sense of familiarity. Carers described how such prompts helped residents re-establish meaning and re-engage with the dressing task.

## Imagining Future Scenarios

Imagination also played a significant role in how residents anticipated events and expressed aspirational identities. Clothing often served as a material anchor for future-oriented thinking:

**CT (Interviewer)** *“Can you think of any residents that know, that have got an item in there (wardrobe) they like to talk about but they will never wear it”*

**Carer 4** *“A few of them have got dresses long, like a going out dress”*

*“Something like that, but you will never see them in it.”*

***‘it’s me going out dress’***

*"We have got a lady upstairs that it is what she wears for church, but she has not been to church since before lockdown (COVID 19 pandemic). But it is still there in the back of the wardrobe waiting to go to church. And I have said once we are allowed out, I am taking her to church."*

**CT (Interviewer)** *"Do you think for them it is actually quite comforting and important to know that item is there"*

**Carer 4** *"Ye, it is part of them it is what they remember what they associate it with."*

**CT (Interviewer)** *"How do you make reference to it because obviously dementia you know what is in a closed door wardrobe"*

**Carer 4** *"I just call it a 'fancy outfit' a fancy outfit"*

**CT (Interviewer)** *"From time to time do you find when you are looking through 'oh there's your fancy outfit' do you bring it out just to say 'oh look there's you fancy outfit'"*

**Carer 4** *"Ye, ye, because I have said to her before (acting out holding up a coat hanger) oh you'll wear that when I take you to church. So, she knows because that is what she likes."*

**Carer 4**

Here, the carer uses the garment as a relational cue, sustaining the resident's anticipation and emotional connection to meaningful events.

The following quote highlights remembering and imagining and how anticipation becomes a powerful emotional motivator, with clothing defining both the sense of occasion and the emotional build-up. It highlights how the carer responds to frailty of temporal perception, where the resident's sense of time becomes disrupted, affecting how they prepare for events.

*"Not long ago it was this ladies hundredth birthday and another lady quite sweet really she got up early in the morning"*

*put all her white posh trousers on and a blouse and a jacket and she said she was ready for the party when does it start and this was like 7 in the morning bless her she had got herself already it is not really happening yet until the afternoon she had to go back and get changed which obviously she was thinking about it. You know I will make myself presentable and that with nice clothes on. It was quite sweet of her”*

**Carer 2**

This quote highlights how temporal perception affects both resident and carer, as the carer responds to early dressing with a decision to change the outfit. By changing the resident at this point, the carer may unintentionally draw attention to their frailty, however being ready too soon may intensify cognitive frailty, as the outfit acts as a tangible cue of an impending event.

These examples illustrate how dressing enables residents to imagine and enact future selves, even amid cognitive decline. Alongside memory and imagination, carers also supported residents in making present-day decisions. They described using relational prompts, visual cues, and simplified choices to help residents navigate dressing when cognitive processing was disrupted. These strategies enabled residents to participate meaningfully in the moment, maintaining agency even when decision-making became challenging.

The findings above illustrate how carers support residents in remembering, imagining, and making decisions during dressing. These relational strategies help bridge cognitive gaps and sustain identity. Figure 22 below synthesises these findings, showing how carers respond to cognitive frailty with targeted support strategies.

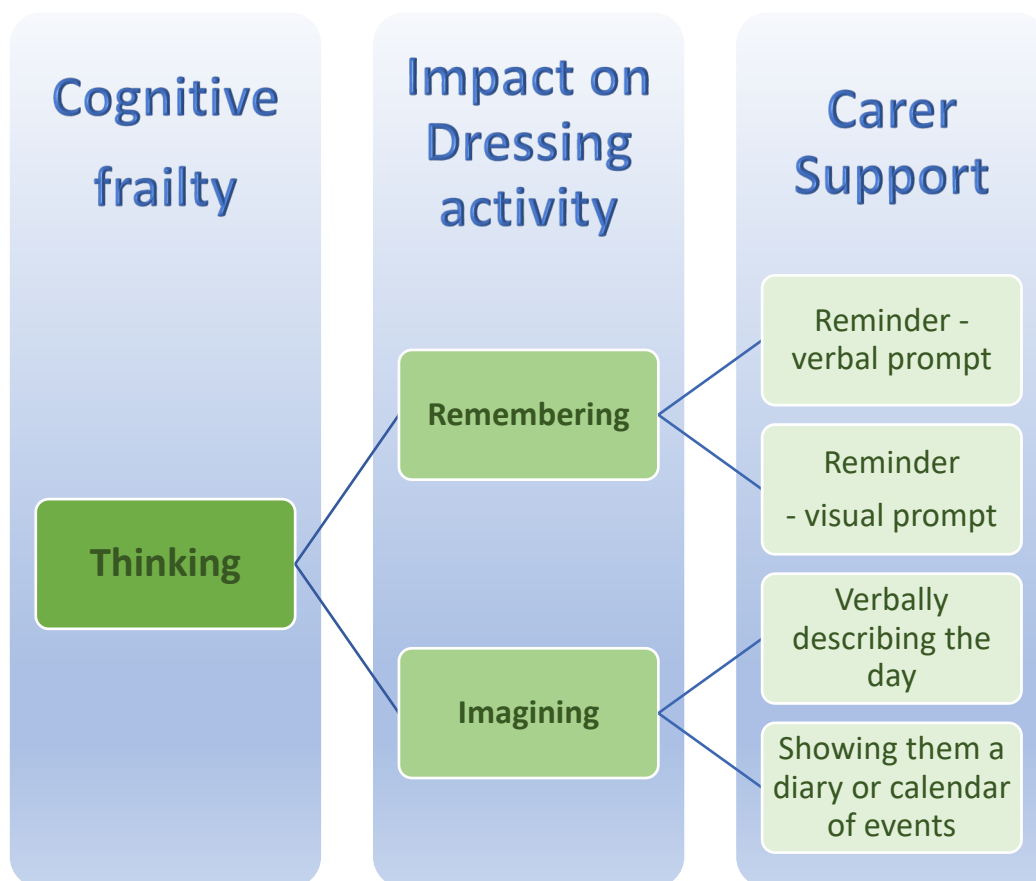


Figure 22: Carer support for cognitive frailty in dressing.

This figure illustrates how carers respond to disruptions in memory and imagination caused by cognitive frailty. Support strategies include verbal and visual prompts, describing the day, and referencing calendars - each helping residents reconnect with meaning, anticipate events, and make present-day choices.

These findings show how carers scaffold cognitive engagement through relational strategies that uphold identity. The next section explores how carers respond to visual processing challenges during dressing.

Having explored how carers support cognitive engagement through memory, imagination, and decision-making, carers also described how they responded

to the visual challenges of dressing, helping residents to look, recognise, and visualise clothing when visual processing became disrupted.

### 6.3.3.2 Carer Support for the impact of visual processing frailty

Building on cognitive processing, this section explores how carers support residents in navigating the visual dimensions of dressing. Visual processing involves two key activities: *Looking* - the act of observing and recognising clothing items - and *Visualising* - the imaginative assembly of garments into a complete outfit. These processes are essential for meaningful engagement with clothing, yet are often disrupted by frailty, leading to confusion, misrecognition, or difficulty interpreting visual patterns.

Carers described how they adapted their practices to support residents' visual engagement, using simplified choices, descriptive and visual prompts, and creative interventions to uphold autonomy and dignity.

#### Looking

Carers played a critical role in guiding residents through visual engagement with clothing. Simplifying choices was key to avoiding overwhelm, especially for residents living with dementia:

*“Dementia people are not easy to give them choice, for example open the bag like that ok which colour do you like? You make them confused. So, the best way to do it is to choose one two clothes and then show which one do you want this one or this one.”*

**Carer 3**

Even with simplified options, recognition could fluctuate. Carers often described retrieving and re-presenting items until familiarity emerged. It was

the *momentary familiarity*—created through repetition and relational attunement—that enabled residents to engage with their clothing:

**CT (Interviewer)** *“What happens when they don’t recognise some of their clothes?”*

**Carer 1** *“...there is a couple that say,*

***‘No that is not mine’***

*“Alright then I will say,*

*‘I will put that back in the wardrobe I will get something else out’.*

*Then, later on you probably find that you are getting the same item of clothing that they didn’t recognise back out, and they go*

***‘Oh, ye that one’.***

*But ye, sometimes they will, they will first time won’t recognise it but then going back they will recognise it after a little while. It’s just...*

***‘What else would you like to wear?’***

*they might go to the wardrobe*

***‘Oh, I will wear this!’***

*Oh, I just pulled that out, they didn’t recognise it! It just depends on how they feel.”*

**Carer 1**

## Visualising

Visualising builds on *‘Looking’*, allowing residents to imagine how garments come together, both in style and emotional resonance. Carers enhanced this process through playful and empathetic interactions as this quote highlights.

*“Sometimes they (resident) are in the room, I just take them (clothes) out the wardrobe, you know, the wardrobe is there. I just give them a parade of a fashion show!”*

**Carer 4**

By being animated with the clothing, moving it about, these moments fostered engagement and self-expression, allowing residents to see themselves reflected in their clothing choices. It allows residents time to consider the clothing.

Carers also used verbal cues to link garments to anticipated events, reinforcing identity through imagined futures:

*“...he was poorly, but on the few weeks leading up to the wedding he’d become - you know we had begun to talk about it each day with him, and you know, and he’d become a bit stronger and kind of rallied, ye, even. So, we worked with his daughter to if we could surprise everybody at the wedding so we got his suit cleaned we got all his medals out and his beret yer and on the day of the wedding the staff you know got him ready and took him in the car to church”*

**Manager 1**

Through Looking and Visualising, carers supported residents in making intentional, identity-affirming choices. These visual prompts helped connect residents to their clothing and supported their visible self-identity. The diagram below synthesises these findings, showing how carers respond to visual processing frailty with targeted support strategies.

These interventions combined visualisation, empathy, and practicality, enabling residents to interact meaningfully with their clothing and maintain a coherent visual representation of themselves despite frail visual processing.

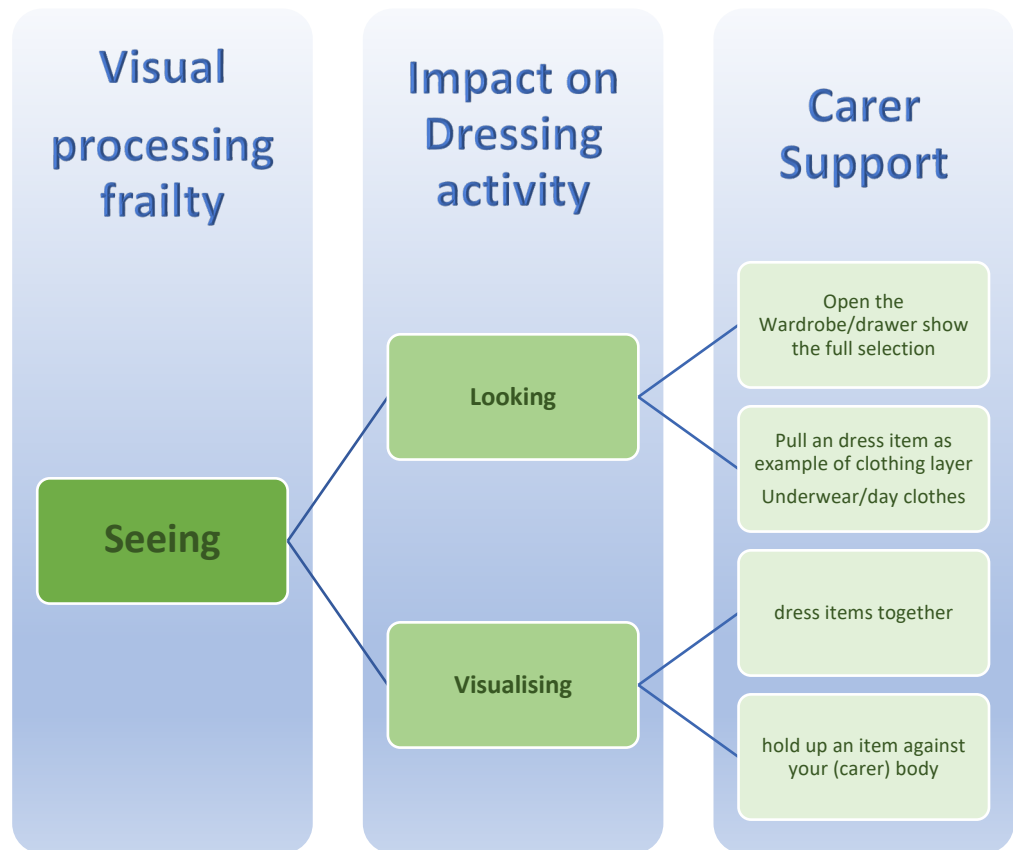


Figure 23: Carer support for visual processing frailty in dressing.

This figure illustrates how carers respond to disruptions in Looking and Visualising caused by visual processing frailty. Support strategies include showing full selections, layering garments, and holding items against the carer’s body, each helping residents engage visually with clothing and make identity-affirming choices.

Alongside cognitive and visual guidance, carers also engaged residents through touch, movement, and embodied sensation, offering tactile and haptic support that helped residents feel, experience, and inhabit their clothing in ways that sustained comfort and identity.

### 6.3.3.3 Carer Support for the impact of tactile and haptic frailty

This final sensory dimension explores how carers support residents through tactile and haptic engagement with clothing. These interactions encompass three activities:

**Feeling** – the direct experience of textures and fabrics

**Experiencing** – how clothing interacts with the body in motion

**Embodiment** – the integration of garments with the resident’s sense of self

These processes are central to maintaining identity and emotional continuity, yet frailty can disrupt them, requiring carers to intervene with sensitivity and attunement.

#### Feeling

Tactile preferences offer comfort and reassurance, especially when garments align with familiar textures. Soft, stretchy fabrics and accessories often become anchors of sensory stability. Soft, smooth texture assumes a sense of comfort through the tactile feeling of cloth on skin.

*“We got a lady that these black leggings S1/8 she loves her leggings she’s got so many pairs. She’s quite new to us actually, she’s got so many pairs they just lovely and comfortable she wears them with um fluffy socks”*

*“She doesn’t wear slippers or anything, she wears fluffy socks so she likes her leggings and fluffy socks (laughs).*

*It is really weird what they will put with their clothes”*

**Carer 1**

This extract is pivotal, the phrase *“they just lovely and comfortable she wears them with fluffy socks”* highlights how tactile texture reinforces perceived comfort, elevating the emotional significance of the outfit. Emotional, physical and embodied comfort is reinforced by the pairing of the stretchy leggings and fluffy socks.

For some residents, accessories like hats provide emotional and physical comfort. Beyond tactile comfort, carers also supported residents in experiencing how garments move and fit in relation to the body.

### Experiencing

Experiencing refers to how residents sense the movement, weight, and bodily feel of garments, and carers described supporting this process by attending to how clothing interacts with the resident’s body in motion. Carer 3 selects and handles a hat from the suitcase (Figure 24)



Figure 24: Suitcase item S2/27 (hat)

**Carer 3** *“We have a resident who enjoys wearing a hat.”*

**CT (interviewer)** *“I think hats can be quite challenging for family to appreciate they might still want to wear hats when they are moving into a care home. Families sometimes don’t think they particularly would need to wear it if they are not going to go out much. It is an accessory isn’t it!”*

**Carer 3** *“Ye, so really like I said, in care home, the more they get [pause] the more dementia, things like hats they won’t keep it for long anyway they won’t. But some people [pause] we have one lady who does wear a hat) because it feels like she hasn’t got bald head, so she always go to bed with it, you can’t take it off for her, (for) the lady the hat is very important.*

*But another resident it is just to use when they are going out or (in the) garden things, like that.*

*One of the residents has a watch, this watch I think is very important to her, very important even when you want to give her a bath, she still wants the watch on, not want to take it off. So, I think it is very important to the lady.”*

**Carer 3**

This extract highlights how carers are attuned to residents’ tactile engagement with specific clothing and accessory items, recognising their importance in supporting emotional security and continuity of self. While the carer suggests that the hat may replace the feeling of hair, its significance may equally lie in warmth, reassurance, or simply the familiar sensation of fabric against the skin. The attachment to the hat and the watch is understood, but the precise reasoning remains speculative; what is clear is that the absence of these items can create a felt sense of loss or incompleteness.

Carers also supported residents in *experiencing* garments, how they feel, move, and fit in relation to the body. Hats, for example, were understood not only as accessories but as purposeful items connected to identity and activity. Experiencing involved allowing residents to handle garments, feel their

textures, and sense their connection to the self, with carers often holding items against the resident's body to support familiarity and fit. These sensory encounters frequently deepened into embodiment, where clothing became integrated into the resident's emotional memory and sense of self.

## Embodiment

Embodiment captures how clothing becomes integrated into a resident's sense of self, and carers described moments where fit, feel, and familiarity shaped whether a garment was accepted or rejected.

**Carer 5** *"So, we look after a gentleman that was in the army for many years and he hasn't dressed any different really from when he was a young man so. Pressed trousers always like suits and trousers always a shirt always a vest underneath only as of recent he would wear a cardigan he would wear may be I don't know how to say not so much as a waistcoat but a smart jacket to go over and that is how he has always dressed that is how his family have said that is how my Dad wants to look, so nothing really he would never wear joggers put it that way. He doesn't own a pair of joggers"*

**CT (interviewer)** *"No. So what was the change that brought about the cardigans then?"*

**Carer 5** *"I think his family thought he is not as active as he was so if he is sitting down the majority of the day lets maybe move to something a little bit more comfortable than say a suit jacket. And a bit more weather appropriate in the winter something a bit more comfy for him"*

**CT (interviewer)** *"And how did he adapt to that because that is family deciding"*

**Carer 5** *"Ye, [pause] I think there is a few of them he wouldn't wear he didn't like the fit of them. The ones a bit more fitted and darker in colour that go with his trousers he is ok with, but the more looser ones he said"*

*'oh no, no, no, that doesn't fit me that's, that's not right for me'*

*he wouldn't wear them."*

**CT (interviewer)** *"Did he acknowledge they were his?"*

**Carer 5** *"The smaller ones that were a bit more fitted yes, the other ones he said no that's a woman's cardigan*

*He said that's not mine that looks like a woman's cardigan so he wasn't keen on that."*

**CT (interviewer)** *"No ok so what did you do with those items?"*

**Carer 5** *"We didn't put them on him, and we told his family and said the more slim fit ones as opposed to the more baggy ones that is what we continued to buy him."*

**Carer 1**

This extract is pivotal in the way it highlights not only the experience of the garment, but how its fit and feel on the body create a sensory dialogue between clothing and self, supporting comfort and freedom even when mobility is compromised. As the quote captures: *"the more looser ones he said 'oh no, no, no, that doesn't fit me, that's not right for me,' he wouldn't wear them."* Experiencing the clothes closely connects to embodiment, reinforcing the resident's sense of selfhood and identity. These sensory experiences often deepen into embodiment, where clothing becomes an extension of identity and emotional memory. Embodiment reflects the integration of clothing into the resident's sensory world, where garments become extensions of identity, reinforced by family members and the experienced embodiment of smart formal presentation of self-confirmed through a close-fitting clothing item fitting close to the body. The residents rejection and evaluation of the loose

fitting cardigans reinforces the importance of fit and feel on the body as a process of creating the sense of self embodied in the clothing.

While the gentleman's rejection of loose cardigans highlights how fit and feel shape embodied identity, other garments, such as coats, carried symbolic weight, prompting emotional continuity and imagined movement.



Figure 25: Suitcase item S1/20 Knitted jacket adjusted

**Carer 2** *“Well you got a coat S1/20 (**Error! Reference source not found.**)ye, that reminds me of a couple of ladies that we have here that have dementia and they often go to their rooms put their coats on and then they come down and say ‘Oh I am waiting for my mother we are going out we are going home’ things like that so seeing a coat on somebody reminds me of that situation. Because obviously they are not wearing the coats in the home, are they?”*

**CT** *“To them it is a signifier of going somewhere”*

**Carer 2** *“Of going out yes, ye but, no they used to just go and put their coats on and come and sit and say*

*'I'm waiting for my mother she is taking me home'*

*and things like that."*

**Carer 2**

The coat acts as a tactile anchor, reinforcing continuity and emotional reassurance. The coat holds the promise of going somewhere - a promise embodied in the act of wearing it. For residents, putting on a coat often prompted a state of expectancy, as if preparing to leave. This tactile engagement triggered associated memories and emotional scripts: waiting, anticipating, imagining movement. The coat became a tangible cue for 'going out', even when no departure followed.

The diagram below synthesises these findings, showing how carers respond to tactile and haptic frailty with targeted support strategies.

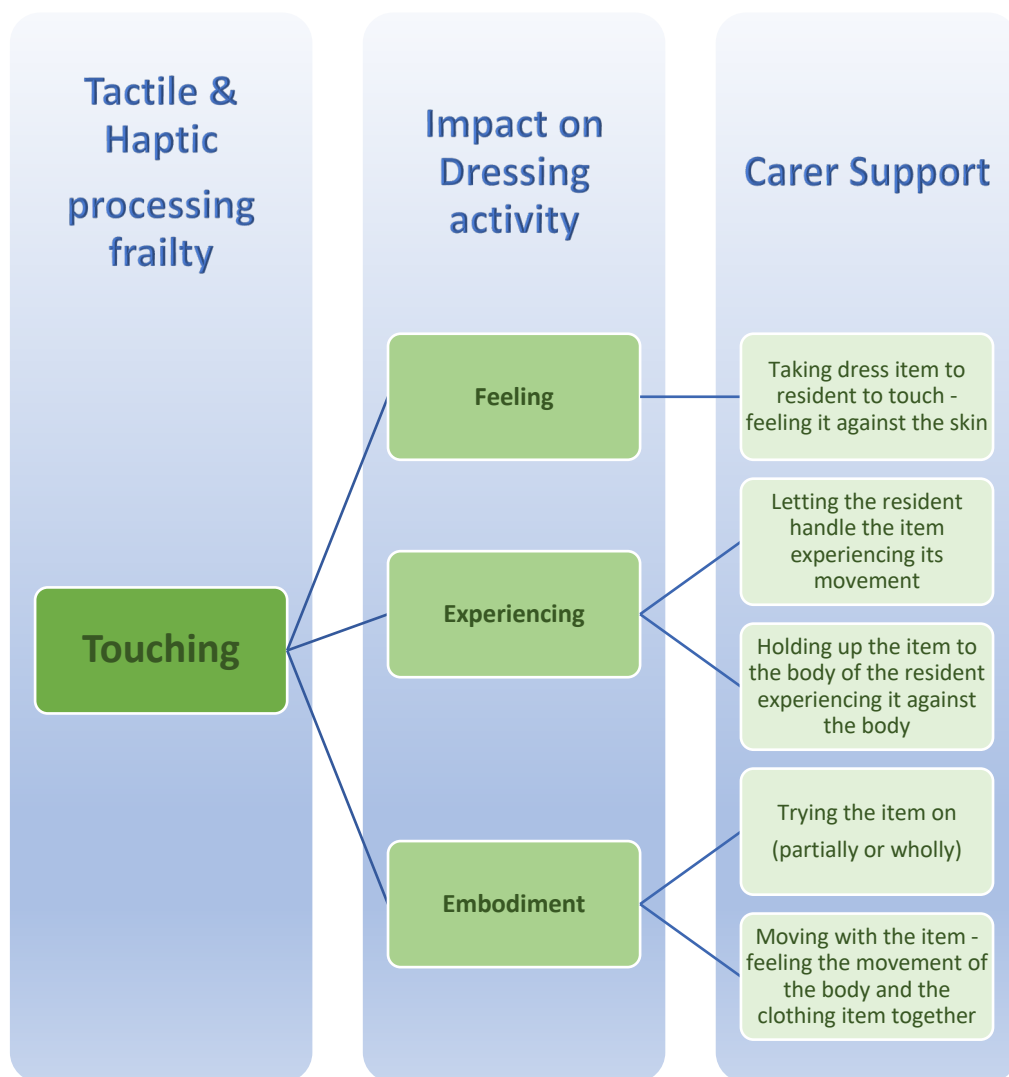


Figure 26: Carer support for tactile and haptic frailty in dressing.

This figure illustrates how carers respond to disruptions in Feeling, Experiencing, and Embodiment caused by tactile and haptic frailty. Support strategies include offering familiar textures, enabling movement with garments, and respecting fit preferences -each helping residents maintain sensory engagement and embodied identity.

These findings reveal how tactile and haptic processing reinforces autonomy and self-expression. Carers interpreted and responded to residents' sensory preferences, ensuring that dressing remained a site of comfort, movement, and emotional resonance. Together with cognitive and visual processing, these

tactile and haptic dimensions formed a foundation for embodied identity and relational caregiving, enabling dressing to become a co-creative practice shaped by attunement, emotional resonance, and shared time. Alongside these tactile and haptic forms of guidance, carers also described how broader environmental cues shaped dressing decisions, requiring a different kind of relational negotiation.

### Environmental Attunement and Seasonal Negotiation

Alongside sensory and cognitive guidance, carers also described how environmental cues shaped dressing decisions, adding another layer to the relational work of co-creating comfort. Weather, temperature, and seasonal changes required carers to negotiate comfort, safety, and personal preference in ways that were both relational and responsive. These moments revealed dressing as a co-navigated process, where carers balanced physical needs with residents' embodied habits and sensory experiences.

Carers often began with open prompts such as, *“What would you like to wear today?”* before gently steering choices in line with the day's conditions. As one carer explained:

*“And I will tell them it is warm outside maybe a jumper is a bit too much, why don't you put a cardigan on instead over a top just encourage it”*

**Carer 4**

Here, guidance is offered through suggestion rather than instruction, maintaining the resident's agency while supporting comfort. This relational negotiation was equally evident when residents preferred multiple layers, even in warm environments:

*“We have a couple of ladies that put a number of layers on and then you have to try and encourage them you don’t need that on today maybe just put a t-shirt with a shirt on or like you know. We have one that will put vest on like a bra a vest a t-shirt another vest on top for the cold because they do feel the cold even though the building is stifling. I get swoosh sweat boiling! But it is what they know”*

**Carer 4**

This extract highlights how carers attune not only to environmental conditions but also to the resident’s embodied history - the familiar comfort of layering, the habitual response to feeling cold, and the sensory reassurance of certain garments. Carers negotiate these preferences with sensitivity, recognising that dressing is shaped as much by memory and habit as by temperature. Through gentle persuasion, humour, and shared decision-making, carers co-create dressing choices that honour both comfort and identity.

### Negotiating Dressing “Correctness” and Autonomy

Alongside sensory guidance, carers also described moments where residents combined or layered garments in unconventional ways. These situations required carers to balance respect for autonomy with gentle correction, responding to the resident’s comfort, mood, and sense of self. Such moments highlighted the relational negotiation at the heart of dressing, where carers judged when to intervene and when to allow personal preference to stand.

**CT (interviewer)** *“What about when they get it a little muddled up?”*

**Carer 6** *“Do you mean like colour coordinated and stuff?”*

**CT (interviewer)** *“Colour coordinated, put their nightie on over their leggings...”*

**Carer 6** *“So, we will tell them so...”*

***'You still got your nightie on shall we go and change?'***

*if they don't want to, they don't want to. It is what they want to wear so that is fine by us. We will try and encourage them to dress correctly. What's correctly if they feel comfortable then?"*

**CT (interviewer)** *"Absolutely. What about when perhaps they have got it half on? Because there must be a transition into them becoming less able to get dressed themselves and that kind of awkwardness "*

**Carer 6** *"Trousers back to front, t-shirt back to front. We just go back, and we help them take them off and put them back on."*

**Carer 6**

This extract illustrates the subtle balancing act carers perform in guiding residents through dressing. The phrase *"We just go back, and we help them take them off and put them back on"* captures the gentle, relational nature of this support. Carers respected residents' choices while offering corrective help when needed, ensuring that dressing remained both comfortable and dignified. These interactions reveal how guidance is negotiated rather than imposed, shaped by attunement to the resident's preferences, abilities, and emotional state.

#### **6.3.4 Concluding Synthesis of Theme 4: Relational Practices**

Taken together, the findings across Theme 4 show that dressing is not simply a task to be completed but a relational practice shaped through emotional attunement, sensory awareness, and shared presence. Carers responded to residents' physical comfort, stylistic identities, and sensory needs with a sensitivity that transformed dressing into a moment-to-moment negotiation of autonomy, dignity, and selfhood. Whether interpreting subtle cues, honouring

long-held preferences, or guiding residents through cognitive, visual, or tactile challenges, carers enacted care through gestures, rhythms, and interactions that upheld the resident's sense of who they are.

Theme 4 therefore positions dressing as a form of relational labour: a co-creative process in which identity is preserved, comfort is negotiated, and connection is maintained through the smallest of embodied acts. These findings illuminate the immediacy of relational care in practice, providing a foundation for the exploration of carers' internalised expertise and tacit knowledge that follows in Theme 5.

#### **6.4 Theme 5: Carer Tacit Knowledge**

This theme explores the unspoken, experiential knowledge carers draw on when dressing residents, knowledge that is intuitive, emotional, and ethically grounded. Tacit knowledge emerges through repeated exposure, sensory familiarity, and emotional insight. It is not formally taught or documented, but developed through practice, reflection, and relational depth. Unlike Theme 4, which focuses on co-creative dressing interactions, Theme 5 centres on the **internalised expertise** carers carry, how they come to know what matters, what fits, and what comforts, often without needing to ask.

The theme is organised into two subthemes:

**T5.1: Experiential Learning** – Learning through repetition, improvisation, and sensory engagement. This includes carers' ability to interpret wardrobes as biographical archives, anticipate dressing patterns, and adapt creatively to material gaps.

**T5.2: Emotional Empathy** – Ethical attunement developed through experience. Carers learn to read emotional cues, advocate for residents’ preferences, and prioritise symbolic meaning over institutional norms.

Together, these subthemes reveal tacit knowledge as a form of quiet expertise—one that enables carers to uphold dignity, comfort, and identity through dressing, even in the absence of explicit guidance or relational cues.

#### 6.4.1 **T5.1: Experiential Learning**

This subtheme explores how carers develop tacit knowledge through repeated dressing routines, material handling, and intuitive problem solving. Carers described how they “just know” what works, drawing on accumulated experience to make dressing decisions that uphold comfort, dignity, and identity.

**CT (interviewer)** *“In terms of you helping somebody to get dressed, you have talked about how they look when they are dressed and we have talked about the wardrobe as a space that when you first go into it, it is somebody else’s, it is a strange space.*

*How do you feel about you helping somebody to get dressed?*

*It is part of personal care, it is something I suppose nobody imagines they are going to need?”*

*How do you feel about giving that support?*

*What is it to you?*

**Carer 2** *“I think it is nice to give somebody that support where it is needed. I tend to talk to people when I am doing things, you’ve chose your outfit, so you know, what you are putting on. And I’ll say*

*‘oh this looks nice, it really looks nice on you, really’*

*And talk my way getting them dressed and feel better really.”*

**CT (interviewer)** *“Do you think that process of talking also helps to sort of take away some of the anxiety?”*

**Carer 2**

*“Yes, I think so, because I often say...*

***‘tell me if I hurt your arm when its going through your sleeve’***

*or whatever, you know, because, you know, I want to know if I am hurting somebody, if you get something caught, but, no they’re pretty good,*

***‘No’** they say,*

***No you’re alright’***

*ye!”*

**Carer 2**

This extract illuminates the carers reassurance approach through talking to the resident as they dress them and the ongoing ‘checking’ process *‘tell me if I hurt your arm when its going through your sleeve’*. This verbal reassurance carers discuss as ongoing through the process of supporting getting dressed and continues to confirm and focus on the outcome *‘oh this looks nice, it really looks nice on you, really’*. This illustrates that dressing is not simply a task but a co-creational process, where resident and carer actions influence each other through ongoing checking and feedback. The personal satisfaction to the Carer is in helping someone to feel better and this is an act of giving comfort. It leaves the undressing as unspoken that the comfort giving follows discomfort of undressing

Through this ongoing feedback, carers learn how to adjust their approach to different residents, especially when frailty affects communication and emotional expression. Some residents become upset or defensive when their independence feels threatened, and carers come to recognise these non-verbal cues and adapt their support accordingly.

*“A lot of them can get quite upset because they want to be independent and they want to do it themselves and it’s I think it’s quite sad, you know, when they realise that they can’t do that anymore, and they are reliant on somebody else. A lot of them can become quite feisty quite aggressive during personal care. The thing about water a lot of them hate a shower which obviously comes with personal care. So, we try and limit the time, sometimes we have to go in and do the bare minimum, you know, wash, dress, otherwise we will end up black and blue.*

**Carer 6**

Lack of independence is a central concern for carers, whose role is to provide support where frailty impedes dressing. Rather than focusing on the intimate act of undressing, carers emphasised the loss of independence and the need to manage the risks that arise during dressing. The quote is pivotal in showing how emotionally charged experiences shape learning. First, the carer expresses empathy - “it’s quite sad... when they realise that they can’t do that anymore” - revealing a person-centred understanding of the resident’s distress. Second, she describes how her approach has adapted: “we try and limit the time... sometimes we have to go in and do the bare minimum,” a strategy that protects both resident and carer. Finally, she acknowledges the personal impact of these encounters - “otherwise we will end up black and blue.” These reflections illustrate how carers’ approaches are shaped through experience, with difficult interactions prompting them to adjust their practice. Rather than formal training, it is these emotionally charged moments that teach carers how to modify their support in ways that protect both the resident and themselves. Dressing and undressing thus become managed processes, balancing safety, dignity, and emotional sensitivity.

Tacit knowledge also develops through material interpretation, where carers learn to read wardrobes as biographical archives. Carers described how wardrobes reveal clothing as deeply personal and symbolic, offering insight into

the resident's history, preferences, and sense of self. Through noticing how garments are worn, combined, or cared for, carers piece together connections between clothing and lived experience. In this way, they come to understand that garments are not merely functional items but carriers of emotional meaning and identity.

**Carer 6** *"So, there is like a gentleman upstairs who had his own business, and he still likes wearing his uniform."*

*"So, you wouldn't know that just by looking at his wardrobe you have to go through his life so far to know that."*

**CT (interviewer)** *"And is that written, the fact that in the life story it is written that he likes to wear his uniform or is that something that actually you've pieced together?"*

**Carer 6** *"Possibly what we have pieced together, it is what he feels comfortable in. He still believes he has got his business, so we give him odd jobs to do round the home, you know, he has a little toolbox and stuff. He still feels like he is working! I think if we put a suit on him or you know, trousers and shirt he wouldn't feel comfortable. He still believes he is working."*

**CT (interviewer)** *"So, it is very important to him, how he feels and his identity?"*

*"By what he is wearing? And what do the family think of that?" "Have you had to ask for more work clothes?"*

**Carer 6** *"Very happy, they are very happy with how things are going"*

**Carer 6**

This extract is pivotal in how it highlights the carers learning about the resident's life story and the relationship of his biography to the way his clothes and material accessories uphold his selfhood that makes sense to him within

this care home environment. *“Possibly what we have pieced together”* highlights how the process of learning how material items, clothes and lived experiences intertwine and inform selfhood of a resident is not linear or constructed for the carer, it is reliant on their ability to draw the information together and make the connections. To understand how the residents clothing helps him to feel a sense of purpose in the care home environment that does not make sense as being ‘home’

This process of piecing together meaning is also evident in carers’ reflections on residents whose clothing routines were highly patterned.

*“...fashion was her identity, and she would change her wardrobe regularly and would spend a lot of money on clothes because that was who she was. That was what she liked to do. And I remember she had certain dresses for certain days of the week. She would only wear a certain dress on a Wednesday for example, and a certain dress on a Friday. And I remember she had dementia, but she would tell you in no uncertain terms if you got the wrong type of dress for the day of the week, she would tell you so! She couldn’t recall what day it was, but she would ask you what day it was, and if you then picked the wrong dress without checking with her what dress, you knew about it! Because that was important to her, that was really important to her.”*

**Manager 3**

This reflection of a manager’s own experience as a carer highlights how carers learn by doing, experiential learning, through the daily tasks of dressing support and in conjunction with the resident. The reflection illuminates the dynamics in the learning experience *“And I remember she had dementia, but she would tell you in no uncertain terms if you got the wrong type of dress for the day of the week”* The carer learns through a process of getting it wrong and is punished by the resident making it clear *“she would tell you in no uncertain terms”* that you had got it wrong, negative reinforcement. These insights were not

documented in care plans but developed through observation, repetition, and emotional resonance, of learning how the resident is using clothing to manage their own cognitive frailty. Carers navigate emotionally charged uncertainty and through the experiential process of supporting a resident in dressing, carers are learning and developing their own tacit knowledge although they do not see it as learning but more as managing risk.

Cultural practices introduced a different kind of tacit learning, where carers had to move beyond their own embodied experience and seek guidance from colleagues or family members. This quote illuminates the impact of experiential learning through daily routine of dressing.

*“So you place it on almost flat then you pull you pull the edges around (acting out this with an imaginary scarf) and then turn it back on itself and tie it here (indicating her right temple) and I found that quite interesting because if no one had shown me I would never have known I know it is not necessarily the clothes but it is someone’s identity.”*

**Carer 5**

This example shows how carers recognise when a dressing practice sits outside their own embodied repertoire and begin learning through watching, copying, and asking questions.

A second reflection deepens this point, showing how carers navigate culturally specific hair and clothing practices that carry significant identity meaning.

**Carer 5** *“This same woman has her hair braided so we’d showered her and her family came and said...”*

*‘Oh, you know we want her hair doing stuff like that’*

*“And one of the African girls who I work with showed me how to braid properly. I couldn’t do it, I couldn’t get the hang of it you have got to be very – what is the word – coordinated maybe, but that is a big part of her*

*identity as well it is not just clothes it's the styling of her hair. Like, if we ever tied it in a bobble, she'd be mortified like it is not how she has ever had worn her hair. That played a big part (in the identity)."*

**CT (interviewer)** *"And how did you know? You said she would be mortified. Was it when she caught sight of herself in the mirror?"*

**Carer 5** *"Yes, yes, she did and she's like,*

*'Oh my hair!'*

*'Oh I'm sorry'*

*'I want it braiding'.*

*And I said 'Oh, I can't do that!'*

*And one of the girls said. 'I can do it'.*

*And it is very particular even the family came in after that and said.*

*'Oh that's not how she has her hair'*

*"And we had a discussion in that we are not trained in hair but still it is very important to her. What can we do to make sure that is done? And it ended with every Sunday her niece would come and braid it for her and that would last the week. So that is how we got around that one."*

*"Ye, really big part of her identity."*

**Carer 5**

This extract is pivotal because it highlights how some dressing practices are culturally embedded and not part of the carers' own embodied experience. The learning deficit is recognised by the carer, who takes positive action to learn - first through colleagues, then through collaboration with family members. Through this trial-and-error process, carers find ways to uphold the resident's

identity even when the skills required fall outside their own cultural or professional background.

These examples show how tacit knowledge is built not only through repetition but through conversation, observation, and cultural humility. Carers learn from residents, families, and colleagues, piecing together meaning in ways that align with experiential learning theory Kolb's, (1984).

Photos carers discussed helped to inform them about the resident helping them to make connections to the residents biography.



Figure 27: Suitcase item S1/1 Sari

As Carer 2 selects and handles the sari from the suitcase (Figure 27)

*Very bright and pretty it just reminds me of a young lady we had who was, I would say Indian, ye. And I think [pause] it just*

*reminds me of her because she used to have [pause] in her room pictures of things. You know the elephant and photos. A picture of her mother wearing... (using hand in sweeping motion over chest), I can't remember what you call them [pause] sari is it?*

**Carer 2**

This quote highlights the impact of resident's photos of their family have on the learning and understanding a carer builds of the resident's biography.

**Carer 4** *"Sometimes you can speak to them about it (their clothes) you know I have pulled out stuff before and said,*

*'Oh, when did you wear this fancy piece?'*

*it is interacting"*

**CT (interviewer)** *And if they can't communicate?*

**Carer 4** *Pictures as well. Sometimes they will have an outfit on that you have seen them wear in a picture from years ago. We have got a lady who has got a picture of when she went on a cruise. And just things like that and I have said to her before*

*'Oh, have you still got that outfit?'*

*'No no, I got rid of that years ago!'*

**Carer 4**

This extract poignantly highlights how carers use clothing and pictures as resources of information about the resident. Pictures are not part of the formal documentation about a resident. Carers use pictures of their resident to build a understanding of who they were and how this may influence who they are today.

These findings reveal experiential learning as a form of relational intelligence, cultivated through doing, sensing, and reflecting. Carers learn through reassurance, biography, trial and error, and cultural adaptation, coming to know residents through

garments, gestures, and emotional cues. In this way, tacit knowledge enables carers to uphold identity and dignity, even when explicit relational signals are absent. While experiential learning shows how carers come to know residents through repetition, observation, and material engagement, the next subtheme, T5.2 Emotional Empathy, explores how this tacit knowledge deepens into ethical attunement—where carers read emotional cues, advocate for preferences, and prioritise symbolic meaning in moments of vulnerability.

#### 6.4.2 T5.2: Emotional Empathy

Emotional empathy emerges as tacit knowledge, an internalised capacity to recognise, interpret, and respond to residents' emotional states during dressing. It is not innate or procedural, but cultivated through repeated exposure, reflection, and relational practice. Carer 1 reflects on how independence and choice.

*"If they are comfortable then that's what they want to wear ...*

*...We're here to promote independence... Why would you want to upset them say oh no you can't wear that!*

*... you might have to change a top or something so ye, you know, if that is what they want to wear they are going to wear"*

**Carer 1**

This reflection highlights how carers balance independence, choice and direction by responding to the emotional state of the resident *"Why would you want to upset them say oh no you can't wear that!"* This reflection illuminates how emotional empathy is drawn on in advocating for the residents own independence through choice. This highlights carers' ethical attunement: prioritising comfort and autonomy over aesthetic judgement. Emotional empathy here is expressed through respect for personal choice, even when it conflicts with institutional norms.

Emotional states of being are heightened as a resident is nearing the end of their life.

*"Its things like putting their favourite pyjamas on or their favourite nightie combing their hair. We've got things like we have a little cap you can put on then you just massage it and it washes somebodies hair so you don't need the pouring of the water. Things like that we can still manage to do.*

*For instance a gentleman that died recently he'd become really difficult to support with his grooming, and he wouldn't have his hair cut and he was quite difficult to do. We even tried to get his old hairdresser to come, and we still didn't achieve it.*

*He ended up with some sideburns. He never had any sideburns in his life, and it was really, really troubling two of his daughters, his wife was ok but two of his daughters. And some time ago they had brought in a beard trimmer for him. So, the staff said let's put a towel round him and lets do him now so he went to God with no side burns and that was really important to his daughters."*

**Manager 1**

Carers are not just attuned to the resident but also balance emotional empathy between the resident and their family's emotional needs. This quote highlights carers' sensitivity in supporting selfhood and family expectations, even when residents are frail or unconscious. Emotional empathy is expressed through small acts - attending to grooming, preserving familiar appearance - that uphold dignity and relational continuity. Carers work sensitively with the resident to find ways for him to express his selfhood without undue stress on his frail state of being. Developing emotional empathy involves learning the resident's emotional rhythms and advocating for their comfort and dignity. This advocacy reflects respect for the individual and an understanding of the influences that shape their selfhood in the present moment.

Emotional attunement was central to dressing routines. Carers described how mood influenced clothing choices, noting that certain garments could soothe, uplift, or agitate. This extract from Manager 1 is pivotal in illuminating how carers recognise the emotional embodiment of clothing and its power to transform a resident's sense of self:

*"A chap we were caring for, who had progressed significantly in his dementia and had become quite poorly, and was not up every day, and was becoming more frail and tired. That was the progression. And his grandson was getting married. And they really didn't think that granddad would be there. And they had all resigned themselves to the fact that he wasn't going to be there, because he was poorly."*

*"But on the few weeks leading up to the wedding he'd become [pause] you know, we had begun to talk about it each day with him, and you know, he'd become a bit stronger and kind of rallied even. So, we worked with his daughter to if we could surprise everybody at the wedding. So, we got his suit cleaned, we got all his medals out and his beret. And on the day of the wedding the staff, you know, got him ready, and took him in the car to church. Two of the staff, and he was there, and he arrived and his grandson and none of the others or his son, it was his daughter-in-law we worked with."*

*"And you know, he stood, and he was proud, and was in his suit, and he was with his family. He was head of the family. And he is in his war medals and his beret. And know, that must have been so important to him and so powerful. And for all the family really. That we were able to do that, but without our support and my staff's determination. And getting him ready and the build-up and the talking to him about it, talking about his own wedding and things like that. The build up to it, they kind of rallied him and so we got him to a place where you know. And there are selfies with him in the car with him, Alison's driving, he's in the front and Sally is coming through back and his selfies in the car on the way there. And he is just brimming, ye! And he was only there for the service and then he came home, but you know, that must have been a memorable day for him, at the kind of coming to the end of his journey and a memorable day for lots of reasons for his family, ye so that is absolutely lovely!"*

**Manager 1**

This account shows how carers understood not only the significance of the event, but the emotional potency of the garments associated with it. Engaging the resident in remembering their own wedding was supporting the imagining and anticipation for the event. Preparing his suit, medals, and beret was not simply about dressing him appropriately; it was about activating identity, pride, and belonging. As the manager reflects, *“he stood, and he was proud... he was head of the family... that must have been so important to him and so powerful.”*

Here, emotionally attuned dressing becomes a form of relational care that enables presence, dignity, and connection at the end of life. Through their determination, preparation, and gentle emotional scaffolding, carers co-created a moment in which the resident could embody his history, status, and familial role. This example exemplifies emotional empathy as tacit knowledge: carers draw on relational insight, biography, and sensory understanding to create opportunities for pride, continuity, and meaning, even in the final stages of life.

Carers described how they came to “read” residents’ moods and emotional needs without verbal cues. This emotional attunement and intelligence enables carers to anticipate discomfort, resistance, or confusion before it was expressed. It guided decisions about when to pause, redirect, or offer reassurance.

**CT (interviewer)** *“And putting clothes on another person that is not easy to do is it?”*

**Carer 3** *“It is not easy at all. It is not easy at all, because you know it depend on their mood”*

**CT (interviewer)** *“Yes, their mood so if you can get them to help you”*

**Carer 3** *“Yes, then they will. If they are not in the mood of helping it is quite difficult. That is why sometimes we will end up asking the family to buy a big size which I will never agree with but big size for them because you know it is challenging to dress them up especially when they are like fighting kicking out so if they have small sizes it is very hard to dress them up”*

*“You can tell especially the ones who say lack capacity you know you get them up in the morning you give them a bath, blow their hair the mood brightens all day, or they’ll eat better, drink better and even when they can’t tell you, you know, they feel good so that is rewarding.”*

**Carer 6**

Beyond managing moods and daily routines, carers also learn to respect symbolic attachments to garments.

Understanding the emotional and symbolic value of clothing is vividly illustrated by the story of a tatty cardigan.

*“We have one resident, one day, I was tidying in their room and said to the laundry staff*

*‘I think this cardigan is not nice anymore, he has (a wardrobe) full of clothes ...”*

***‘Be careful, be careful! No that’s his cardigan it is very, very important to him!’***

*“So, I didn’t know. And this cardigan is, very damaged, it is very important to him, the family did say it is very important to him, I didn’t know, I could have binned it and then get into trouble!”*

**Carer 3**

This moment shows how emotional meaning is often invisible to outsiders, requiring carers to develop sensitivity to attachments that are undocumented yet deeply felt. Although visibly worn, the cardigan carried profound emotional resonance, acting as a tangible link to memory and biography. Because such attachments rarely appear in care plans, carers learn to recognise them through reflection and practice. Emotional empathy here lies in understanding that even damaged garments can hold continuity, comfort, and identity.

This extract shows how carers draw on emotional empathy to interpret clothing-related behaviours that might otherwise be viewed - particularly by families - as confusion or poor care. Rather than enforcing ownership or correcting residents, carers respond with attunement, recognising these moments as expressions of comfort-seeking, familiarity, or sensory reassurance. The “communal cardigan” offers a vivid example of this ethical sensitivity in practice.

**Carer 6** *“Yer there are some residents that like to go around and take other people’s clothes or maybe got lost up in laundry and not come back down that happens”*

**CT (interviewer)** *“So when they go round and take somebody else’s clothes is it because it was there in the room in the main living area or have they wandered”*

**Carer 6** *“No, they go into the bedrooms and they go into the wardrobes and put on somebody’s clothes”*

**CT (interviewer)** *“Do you think they are just confused?”*

**Carer 6** *“Ye, absolutely, it is not done on purpose they are not trying to steal the clothes”*

**CT (interviewer)** *“That must be quite difficult to manage?”*

**Carer 6** *“Well usually we will just let them walk around with the clothes wait until they have been put down somewhere then*

*we will take them. Rather than distress the resident at the time taking them we will wait then wash them and put them back"*

**CT (interviewer)** *"They must pick it out for a reason they must – do you have somebody who always seems to find the red cardigan?"*

**Carer 6** *"We do have a communal cardigan that goes around it is actually Ada's (name changed) but everyone seems to try it on!"*

**CT (interviewer)** *"It must be a very comfortable cardigan?"*

**Carer 6** *"The comfy cardigan!"*

**Carer 3**

This moment shows how carers interpret clothing-related behaviour through emotional empathy rather than rule enforcement. The "communal cardigan" illustrates how garments can acquire shared meaning within the care home, circulating among residents who respond to comfort, colour, or familiarity rather than ownership. To outsiders, this may appear as confusion or even neglect, but carers understand it as an in-the-moment search for warmth, reassurance, or aesthetic pleasure. Their decision to avoid confrontation - "we just let them walk around with the clothes" - reflects ethical attunement, protecting residents from distress while quietly restoring order later. The cardigan becomes a shared object of comfort and identity, revealing how carers navigate the emotional, symbolic, and relational dimensions of clothing in communal life.

### **Biographical disconnect**

However, emotional empathy is also tested when clothing no longer aligns with biography, creating tensions between institutional routines and personal identity. Carer 3 reflected on a resident who always wore suits:

*“He never touched the shirts or t-shirts in the room*

*‘It is not mine, I am not wearing them.’*

*So, the best way we did was to remove the old clothes and put new ones on top. It caused confusion.”*

**Carer 3**

This extract highlights how carers learn through relational practice and through handling the material contents of residents’ wardrobes. The intervention, intended to resolve repetitive behaviours, instead risked alienating the resident from his sense of self. Though clean and presentable, the replacement garments lacked the emotional resonance of his suits, disrupting symbolic connections and undermining autonomy. This example illustrates the tensions carers navigate when institutional routines conflict with deeply embedded identity cues.

### **Finishing Touches and Emotional Completion**

Carers come to recognise accessories as dressing cues - interpreted either as signs of readiness or as aesthetic touches - reflecting the tacit knowledge shaped by experience.



Figure 28: Suitcase item S2/40 Hat (with gold stitch trim)

*“Hat (Figure 28). We have a lady who loves hats all different types, colours, feelings, shapes. And it is a big part of her outfit if I am honest. I think a lot of it is to do with culture she’s a Jamaican lady and she always has either a wig on or we’d put head scarfs on or she would use hats. There is always something on her head for her outfit to be complete”*

*“... she’s quite keen on she likes knee high socks so she will always ask*

***‘Where are my socks?’***

*and if you were to put a short pair on her she’ll say*

***‘No, I don’t want them I want knee high ones on’***

*“She likes to see from here (indicates with her hand mid chest upwards) upwards so she likes her bathroom mirror for that. So, we will go into the bathroom to see what she looks like. Touch is a big thing. If she doesn’t like the feel of a certain hat, she’ll say get me another one. Ye, it is kind of the finishing point for her.”*

**Carer 5**

This extract shows how emotional empathy is expressed through recognising how accessories complete not just an outfit, but a sense of self. Hats, socks, and

other adornments act as sensory and symbolic anchors that support identity, cultural meaning, and emotional readiness. Through these small but significant choices, carers uphold dignity, continuity, and personal expression.

Emotional empathy emerges as a quiet, intuitive expertise that carers cultivate through experience, reflection, and relational practice. It enables them to recognise subtle emotional cues, anticipate resistance, and respond with sensitivity that upholds dignity and autonomy. Whether expressed through everyday choices, symbolic garments, or the finishing touch of accessories, this tacit knowledge allows carers to preserve continuity of identity and foster belonging. Operating beneath formal routines, emotional empathy guides carers in knowing when to act, when to pause, and how to protect the emotional resonance of clothing as a medium of comfort, memory, and connection.

#### **6.4.3 Concluding Synthesis of Theme 5 – Carer Tacit Knowledge**

Theme 5 has shown how carers develop tacit knowledge through the everyday work of dressing, revealing it as a form of quiet expertise that operates beneath formal routines. In T5.1 *Experiential Learning*, carers described how repeated practice, bodily familiarity, and adaptive routines enabled them to anticipate residents' needs and respond with skill. This learning was iterative and embodied, emerging through doing, sensing, and reflecting.

In T5.2 *Emotional Empathy*, carers demonstrated how this tacit knowledge deepens into ethical attunement. They learned to read emotional cues, recognise symbolic attachments, and balance family expectations with the resident's embodied reality. Everyday choices, cherished garments, and accessories became conduits of memory and identity, requiring carers to navigate tensions between institutional norms and personal meaning.

Together, these subthemes show that tacit knowledge is both practical and ethical. It is cultivated through lived experience, emotional sensitivity, and relational depth. Through this quiet expertise, carers preserve identity, dignity, and belonging in moments where residents may no longer be able to articulate their needs. Dressing becomes not just a task, but a site of continuity, comfort, and connection - a place where carers quietly uphold personhood through the intuitive, experience-shaped knowledge of what matters most.

## **6.5 Chapter 6 Synthesis**

Across the five themes, dressing emerges as a complex practice shaped by institutional structures, family relationships, material routines, and carers' embodied knowledge. Theme 1 showed how dressing is framed through a care critical gaze, where person-centred values, dignity, and risk are continually negotiated. Themes 2 and 3 highlighted the relational and organisational scaffolding that surrounds dressing: the expectations and involvement of families, and the institutional systems that govern wardrobe management and maintenance. Themes 4 and 5 then revealed the relational and tacit dimensions of dressing, showing how carers draw on empathy, attunement, and experiential knowledge to support residents in ways that uphold comfort, identity, and safety.

Taken together, these themes show that dressing is not a simple task but a negotiated, relational, and materially grounded practice. It is shaped by the interplay of personal preference, institutional routines, family involvement, and carers' intuitive expertise. These findings provide the foundation for the Discussion chapter, which examines how the study contributes to existing scholarship on materiality, embodiment, and care, and considers the implications for policy, practice, and future research.

# Chapter Seven

## 7 Chapter 7: Discussion and Conclusion

### 7.1 Introduction to the Discussion

This chapter critically discusses the findings presented in Chapter 6 in relation to the existing literature, addressing the research questions and articulating the study's contribution to knowledge. The research questions guiding this enquiry are:

1. How do care home managers organise and manage dress and clothing within the care home environment?
2. What factors influence care home managers' perceptions of the role of dress and dressing in the care setting?
3. How do professional care home carers describe their experiences of handling clothing and managing the wardrobes of residents with cognitive frailties?
4. How do carers perceive the process of dressing, and in what ways do these practices intersect with residents' identity, comfort, and well-being?
5. What challenges and tensions do carers navigate in balancing institutional priorities with supporting residents' identity during dressing routines?
6. How do institutional governance frameworks influence the management of dressing practices by care professionals?

The chapter begins by returning to the gap in the literature identified in Chapters 2–4, demonstrating how this study addresses the limited understanding of dressing as a shared, relational, and institutionally shaped practice. The discussion shows how dressing becomes a site where institutional governance, risk, and identity intersect, and how it operates not merely as a care task but as a relational aesthetic practice shaped through tacit, sensory, and emotional labour. In doing so, the chapter positions carers as skilled interpreters of material biography rather than task-oriented workers, highlighting how dressing is embedded within the systems, relationships, and material environments of care homes.

The chapter then articulates the study's contribution to knowledge. It proposes a new conceptualisation of dressing in care homes as co-constructed identity work and introduces the concept of the *Care Critical Gaze* to describe how risk, governance, and personhood converge in dressing practices. It further advances a relational aesthetic model of dressing, emphasising the crafted, sensory, and emotional dimensions of care. Central to this contribution is the recognition of carers' tacit knowledge and embodied expertise, and the importance of material-relational understandings of wardrobes, clothing, and appearance biographies in upholding residents' identities.

The chapter concludes by reflecting on the methodological approach and its contribution, identifying the study's limitations, outlining implications for practice and policy, and offering recommendations for future research before presenting the final conclusion of the thesis.

## **7.2 Returning to the Literature Gap**

The literature review established that dressing is deeply connected to identity, biography, and self-expression, yet the existing research offers limited insight into how dressing is negotiated when it becomes a shared, supported, and institutionally shaped practice. Chapters 2–4 highlighted several intersecting gaps. First, while clothing is widely recognised as a material biography (Guy et al. 2001; Woodward 2007a) and a medium through which identity is expressed, the literature overwhelmingly focuses on autonomous dressing. The relational, negotiated, and emotionally charged nature of ‘assisted’ dressing remains underexplored, particularly within the context of cognitive frailty. The complexities introduced when another person becomes responsible for assembling, selecting, and interpreting clothing have received little sustained attention.

Second, although research has examined ageing, frailty, and the cultural narratives surrounding later life, there is limited understanding of how frailty reshapes dressing practices in everyday care. Much of the literature frames frailty through biomedical or cultural lenses (Grenier 2020; Katz et al. 2011), often overlooking the practical, sensory, and relational labour involved in dressing those who can no longer dress themselves. The transition from the third to the fourth age and the associated risks of dependency, decline, and identity erosion is well documented (Gilleard and Higgs 2011b; Gilleard and Paul Higgs 2010) yet little is known about how carers actively mediate these tensions through dressing. Existing research rarely considers how embodied vulnerability alters the material and relational dimensions of dressing, or how carers work to sustain continuity of self within the constraints of cognitive and physical frailty.

Third, while care homes have been theorised as conflicted institutional spaces shaped by governance, risk, and efficiency, the specific implications for dressing

have not been examined in depth. Existing studies acknowledge the pressures of regulation, inspection, and duty of care, but they do not explore how these frameworks shape the material and relational dimensions of dressing. The institutional management of clothing, laundering, labelling, storage, replenishment, remains largely invisible in the literature, despite its centrality to residents' daily lives.

Finally, carers' perspectives and lived experiences are notably absent from the existing literature. Although carers perform the majority of dressing support, their experiences, tacit knowledge, and emotional labour are rarely foregrounded (Buse and Twigg 2018; Twigg 2000). Their interpretive work; reading bodies, anticipating discomfort, negotiating dignity, and maintaining identity through clothing, has been largely overlooked, reflecting the broader invisibility of care labour within institutional settings (Hochschild 1983; James 1992; Stacey 2005). This absence mirrors wider critiques of how frontline care workers' embodied expertise is undervalued and under-documented, despite being central to sustaining personhood in contexts of dependency (Polanyi [1966] 2009; Schön 1983).

This study directly addresses these gaps by centring the voices of care home managers and professional carers. It reveals dressing as a site where institutional governance, risk, and identity intersect, and where carers engage in relational, sensory, and aesthetic labour that is both skilled and largely unacknowledged. By examining dressing as co-constructed identity work, the study extends existing literature on dress, ageing, and care, offering new insights into the material, relational, and organisational dimensions of dressing within care homes.

## **7.3 Discussion of Findings in Relation to Literature**

The following discussion situates the three analytic themes within the wider literature, demonstrating how the findings both affirm and extend existing scholarship on dress, frailty, and institutional care. By examining each theme in turn, this section highlights the study's original contributions and the new conceptual insights generated through the analysis.

### **7.3.1 Theme 1: Care Critical Gaze — Institutional, Ethical, and Risk-Driven Dressing**

Theme 1 demonstrated that dressing in care homes is shaped by a care critical gaze in which institutional priorities, regulatory frameworks, and risk-based decision making intersect with personhood and identity. This section situates these findings within the wider literature, showing how dressing becomes a site where institutional logics and ethical tensions are negotiated in everyday practice.

The findings align with longstanding critiques of care homes as environments shaped by institutional routines and regulatory oversight. Goffman's ([1961] 1991) concept of the “total institution” provides a useful lens for understanding how dressing becomes embedded within organisational structures that prioritise efficiency, safety, and standardisation. Although contemporary care homes are not total institutions in the strictest sense, the findings echo Goffman's observations: residents' daily routines, including dressing, are shaped by institutional timetables, staffing patterns, and managerial expectations. This resonates with Gilleard and Higgs (2011, 2015) theorisation of the fourth age as a space where dependency and frailty risk collapsing individuality into institutional categories. The care critical gaze identified in this study reflects this dynamic, as carers and managers continually assess clothing through the lens of risk, safety, and regulatory compliance.

Risk management emerged as a dominant influence on dressing decisions, confirming the literature on the medicalisation of ageing and the rise of risk-averse cultures in care (Grenier 2020; Higgs and Gilleard 2021a). Decisions about footwear, belts, and hip protectors illustrate how clothing becomes reframed as a potential hazard rather than an expression of identity. This mirrors Foucault's (2003) notion of the “medical gaze,” where bodies are viewed through frameworks of surveillance, vulnerability, and control. In the findings, carers’ removal of unsafe items, negotiation with families, and reliance on equipment such as hip protectors demonstrate how risk discourses shape the materiality of dressing. These practices extend Twigg's (2006) analysis of bodywork by showing how carers must balance physical safety with the preservation of dignity and identity, often under conditions of institutional scrutiny.

A particularly revealing example of this risk-based reframing concerns the use of slippers. Slippers were routinely presented by carers as familiar, comfortable, and “home-like,” yet this rhetorical framing masked their institutional function as a risk-minimisation tool (Highmore 2011). This safety-first logic aligns with broader frailty discourses (Gilleard and Higgs 2011b; Katz et al. 2011), prioritising fall prevention over residents’ sartorial preferences. While such adaptations reduce immediate risks, they also narrow the scope of autonomy and self-expression available to residents. The contrast between residents’ slippers and carers’ shoes subtly reinforces power dynamics: carers retain mobility and the ability to leave the institution, while residents’ footwear symbolically and materially anchors them within it. Moreover, prolonged slipper use can weaken mobility and encourage shuffling (Alzheimer’s Society 2021), illustrating the trade-offs inherent in risk-elimination strategies where immediate safety concerns overshadow long-term wellbeing. These decisions inevitably reduce residents’ choices (Fetherstonhaugh, McAuliffe, Bauer, et al. 2017) and may diminish autonomy

and identity (Buse and Twigg 2015). The slippers example therefore exposes how institutional logics shape everyday clothing decisions, revealing the subtle ways risk culture becomes embedded in the materiality of dress.

The findings also highlight the influence of governance frameworks, particularly the Care Quality Commission's (CQC) regulatory standards. Managers' emphasis on documentation, audits, and inspection readiness reflects the broader shift towards audit culture in social care, where evidence of compliance becomes a central measure of "*good care*." This aligns with [Horton's \(2021\)](#) critique of how privatised care systems prioritise efficiency and accountability, sometimes at the expense of relational and identity-affirming practices. Dressing becomes implicated in these dynamics: clothing must not only be safe but also presentable, appropriate, and aligned with expectations of what a "*well cared for*" resident should look like. The findings therefore extend existing literature by showing how reputational risk, including fear of negative inspection outcomes or family complaints, shapes everyday decisions about residents' appearance (Manthorpe and Martineau 2011; Waring and Bishop 2010).

At the same time, the findings provides additional insights to person-centred care. While the literature positions person-centredness as a core principle of high-quality care (Brooker 2003; Kitwood 1997), Theme 1 shows that institutional structures often constrain its enactment. Managers described person-centred care plans and assessment processes, yet dressing preferences were rarely documented, leaving carers to interpret identity through observation and relational knowledge. This gap between policy and practice echoes critiques that person-centred care can become rhetorical rather than relational when embedded within bureaucratic systems (Nedlund and Nordh 2018). The care critical gaze therefore reveals a tension between the aspiration

to uphold individuality and the operational pressures that shape what is possible in practice.

A further illustration of the marginalisation of dressing within formal care planning emerged in one manager's reflection on nightwear. While daywear was often framed as a site of choice, identity, and presentability, this manager described nightwear as rushed, assumed, or overlooked. Although not universally articulated, this observation reveals an implicit hierarchy in which identity is associated with daytime appearance, while night-time dress is treated as purely functional. Such a distinction reflects the care critical gaze: institutional routines shape which aspects of dress are recognised as identity-bearing and which fade into the background. The neglect of nightwear choice therefore exemplifies how institutional priorities subtly delimit the scope of person-centred care, even when staff are committed to upholding residents' individuality.

Importantly, the findings extend the literature by demonstrating how carers navigate these tensions in real time. Their decisions reflect a constant negotiation between institutional expectations, ethical responsibilities, and the embodied realities of residents' frailty. Carers' vigilance in monitoring skin integrity, anticipating discomfort, and preventing neglect illustrates how risk and dignity are intertwined, echoing broader analyses of the ethical complexity of frontline care work (Twigg 2000; Waerness 1984). These practices show that carers operate within a complex ethical landscape, where safeguarding responsibilities coexist with the desire to preserve identity and comfort. This nuance is largely absent from existing research, which tends to treat risk and personhood as opposing forces rather than interdependent considerations (Gilleard and Paul Higgs 2010; Grenier 2020).

Overall, Theme 1 contributes to the literature by conceptualising dressing as a site where institutional governance, risk culture, and identity work converge. It shows that dressing is not a neutral or purely functional task but a practice shaped by competing ethical, organisational, and relational demands. The care critical gaze offers a new way of understanding how carers and managers interpret and enact dressing within the constraints of institutional life, revealing the subtle negotiations through which identity is upheld, or compromised within the everyday routines of care.

### **7.3.2 Theme 4: Relational Practices — Dressing as Co-Creative, Embodied, and Emotional Work**

Theme 4 in the analysis identifies dressing as a relational, co-creative practice shaped through embodied attunement, emotional labour, and sensory awareness. These insights resonate strongly with, and extend, the most significant existing scholarship on dressing and dementia, particularly the work of Twigg and Buse (2013, 2018), whose studies remain foundational in understanding the relational and aesthetic dimensions of dressing in care.

Twigg and Buse (2013:10) established that dressing is not merely a functional task but an aesthetic, sensory, and relational encounter in which carers “*feel their way*” through the process, using touch, intuition, and bodily presence to negotiate vulnerability and maintain dignity. Their concept of the aesthetics of care captures the subtle, often unspoken forms of judgement and attunement that carers employ when dressing residents. The findings of this study strongly affirm and deepen this perspective. Carers described adjusting pace, tone, bodily positioning, and sensory cues to create a dressing experience that felt safe, dignified, and emotionally attuned. These practices demonstrate that dressing is a crafted relational performance, shaped moment by moment in response to the resident’s embodied cues.

Joanne Entwistle's theorisation of the dressed body (2000, 2015) further strengthens this interpretation. Entwistle argues that dress is always produced through the interaction of body, garment, and social context, and that the dressed body is inherently relational shaped through proximity, touch, and the negotiation of norms and expectations. Her work provides a powerful conceptual foundation for understanding why dressing in care homes is so deeply relational: it involves two bodies in close proximity, negotiating vulnerability, comfort, and identity through sensory and embodied interaction. The findings extend Entwistle's insights by showing how the dressed body becomes co-constructed when cognitive frailty limits residents' ability to dress themselves. Carers do not simply place clothing onto passive bodies; they interpret embodied cues, adjust their movements to the resident's pace, and co-create an aesthetic presentation that aligns with the resident's embodied history.

Thompson's (2022) concept of Care Aesthetics also aligns closely with these findings. Thompson positions care as a form of aesthetic labour involving sensory, affective, and relational skill. Carers' use of humour, reassurance, gentle negotiation, and sensory awareness reflects this aesthetic dimension. Yet, by situating these practices within the institutional context of the care home, this study extends both Thompson's and Twigg & Buse's work. It shows how relational dressing unfolds under the pressures of risk management, time constraints, and regulatory oversight, conditions that shape, constrain, and sometimes intensify the aesthetic labour required.

Emotional labour is central to these relational practices. Drawing on Hochschild (1983) and Hackman (2023), the findings illustrate how carers regulate their own emotions while responding to residents' distress, confusion, or embarrassment. This emotional intelligence (Goleman 1996) is not peripheral but essential to enabling cooperation, reducing anxiety, and preserving dignity

during intimate care. Buse and Twigg (2015, 2018) acknowledge this emotional dimension, but the present study extends it by showing how emotional labour is amplified in environments where institutional routines and risk discourses intersect with the intimate vulnerabilities of dressing.

Relational practices also intersect with Kitwood's (1997) concept of personhood, which emphasises the relational nature of identity in dementia care. Carers enacted this relational personhood through dressing by offering choices, acknowledging habits, interpreting non-verbal cues, and adapting routines to align with the resident's embodied history. Even when residents could not articulate preferences, carers drew on relational knowledge, how someone typically responded to touch, what fabrics they preferred, how they reacted to certain colours or textures, to preserve continuity of self. This relational attunement echoes Buse and Twigg's (2015, 2018) emphasis on dressing as a site where identity is negotiated and maintained, but the findings here show how this negotiation is shaped by institutional pressures and governance frameworks.

Importantly, the findings challenge deficit-based models of frailty that frame the fourth age as a collapse of agency Gilleard and Higgs (2010). Through co-creative dressing, carers enabled residents to participate in ways that affirmed autonomy, even when physical or cognitive limitations restricted independent action. This demonstrates that relational care can sustain agency within dependency, a nuance that extends Buse and Twigg's (2015, 2018) work by showing how agency is co-constructed through relational and aesthetic labour.

Taken together, these insights reveal dressing as a deeply relational, emotionally charged practice. The emotional transitions embedded in dressing and undressing further illuminate this complexity.

### 7.3.2.1 The Emotional and Moral Landscape of Dressing

The relational nature of dressing becomes particularly visible when considering the emotional and moral tensions carers navigate as they move residents between states of nakedness and being dressed. This transition is not simply functional; it is a deeply affective process shaped by vulnerability, exposure, dignity, and the reconstruction of self. visualises this cyclical movement between comfort and discomfort, highlighting how dressing and undressing generate shifting emotional states for both residents and carers.



Figure : Emotional Transitions in Dressing and Undressing

*This figure visualises the cyclical movement between comfort and discomfort as residents transition between states of nakedness and being dressed. It illustrates the emotional and moral tensions carers navigate during these intimate processes, highlighting how dressing and undressing involve both vulnerability and the reconstruction of identity.*

Undressing often marks a moment of heightened vulnerability. It involves the removal of clothing that forms part of what Goffman ([1961] 1991) describes as the “*identity kit*,” stripping away the material markers through which residents express selfhood. In the institutional context of the care home, this exposure can provoke fear, resistance, or distress, particularly when cognitive frailty limits residents’ understanding of what is happening or why. Carers described these moments as emotionally charged, requiring sensitivity, reassurance, and careful negotiation.

Through reflexive thematic analysis, three interpretive personas emerged that help conceptualise the emotional and moral labour carers undertake during these transitions. These personas, *Invader*, *Villain*, and *Hero*, are not terms used by carers themselves, but analytic constructs developed to capture the shifting relational positions carers inhabit.

The **Invader** persona reflects the unavoidable intrusion into intimate bodily space during undressing. Even when performed with care and respect, the act of removing clothing can feel invasive to residents who may not recognise the carer, understand the context, or feel prepared for the exposure.

The **Villain** persona captures moments when carers must prioritise functional or institutional requirements over residents’ immediate emotional preferences. These actions, though necessary, can be perceived by residents as controlling or punitive, placing carers in a morally uncomfortable position.

In contrast, the **Hero** persona emerges during dressing, when carers help reconstruct comfort, identity, and emotional equilibrium. Dressing becomes a restorative act: a moment where carers reassemble the resident’s appearance, support their sense of self, and create opportunities for pride, pleasure, or social connection.

These personas illuminate the moral landscape of dressing as a practice that oscillates between the deconstruction and reconstruction of identity. They function as interpretive tools, helping to conceptualise the emotional and moral labour embedded in dressing rather than describing fixed roles or identities. Undressing exposes the resident's vulnerability, while dressing restores dignity and re-establishes their place within the social world of the care home. This cyclical movement underscores the emotional labour inherent in dressing routines and the relational skill required to navigate them.

### 7.3.2.2 Dignity as a Relational, Embodied Practice

Carers also described dignity as something enacted through touch, timing, and tone rather than through formal procedures or visible indicators. They adjusted garments, offered familiar items, and responded to residents' discomfort with attunement, demonstrating how dignity is co-constructed through relational care. These micro-practices required carers to read embodied cues, anticipate emotional responses, and adapt their approach moment by moment. This aligns with Kitwood's (1997) emphasis on dignity as something upheld through relational presence rather than procedural compliance, and with Twigg and Buse's (2015, 2018) observation that dignity in dressing is preserved through subtle, embodied adjustments rather than through outward appearance alone.

This relational enactment of dignity contrasts with the managerial emphasis on visible indicators such as clean clothing, coordinated outfits, or the absence of stains. Managers frequently assessed dignity through presentability, drawing on outward appearance as evidence of respectful care. While these indicators are not unimportant, they reflect a more surface-level interpretation of dignity that can overlook the sensory, emotional, and embodied dimensions carers navigate in practice. The contrast between managerial and carer perspectives highlights how dignity is differently understood across organisational roles: for

managers, it is something to be seen; for carers, it is something to be felt, negotiated, and co-created in the intimate moments of dressing.

While managers often assessed dignity through visible signs such as clean clothing or appropriate presentation, carers enacted dignity through sensory and relational practices that preserved comfort, autonomy, and emotional wellbeing. These distinctions highlight how dignity in dressing is not a static condition but an ongoing, embodied negotiation shaped by the quality of interaction between carer and resident. In this sense, dignity becomes part of the aesthetic and emotional labour of dressing, emerging through the relational expertise carers bring to these intimate encounters.

These emotional and relational dynamics sit alongside the cognitive and identity-based processes carers navigate during dressing. Figure 17 visualises these dual dimensions, illustrating how practical and identity-related considerations intersect in carers' everyday work.

### 7.3.2.3 Visualising Dual Dimensions of Dressing: Practical Processes and Identity Work

Visualising the dual dimensions carers navigate when supporting residents to connect with their sense of self through clothing. The diagram below (Figure 29) highlights two interlinked domains: **practical processes** (green circles) and **self-identity processing** (pink circles). These dimensions reflect the cognitive, sensory, and emotional terrain of dressing in the context of frailty, and illustrate how carers intervene to uphold intentional sartorial identity

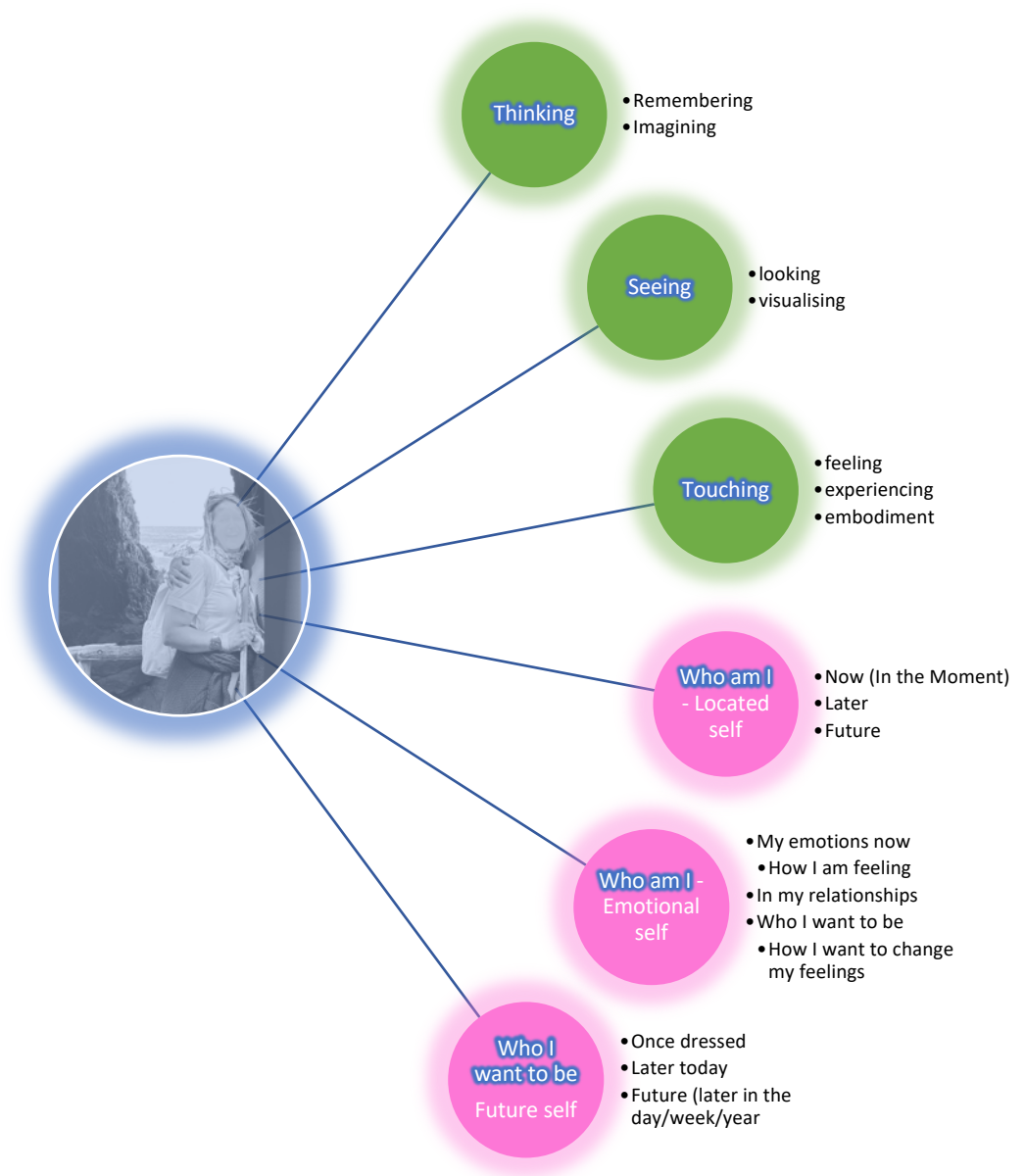


Figure 29: Dressing as Transition and Transformation: Dual Dimensions of Practical and Identity Work.

*This figure illustrates the dual dimensions carers navigate when supporting residents through dressing: practical processes (green) and self-identity processing (pink). It visualises how cognitive and physical frailty disrupt both domains, and how carers intervene through relational and interpretive labour to uphold intentional sartorial identity.*

The green circles represent the cognitive and physical processes required for dressing, thinking, seeing, and touching. These are often disrupted by frailty, making dressing a complex and effortful act. Cognitive decline can impair sequential thinking, visual processing, and the ability to understand relationships between garments. Physical frailty further complicates these tasks, as limited mobility and fatigue reduce residents' capacity to engage with the physical act of dressing. Carers' narratives reveal how they adapt their practices to ensure clothing choices remain accessible and meaningful. This relational approach foregrounds carers' ability to balance practical challenges with sensitivity to embodied limitations.

The pink circles focus on the processing of self-identity, which is equally shaped by cognitive and physical frailty. Residents may struggle to maintain continuity and emotional resonance with their clothing, disrupting their connection to familiar garments as identity markers. Entwistle (2002) describes clothing as a "second skin," highlighting how dress functions as an extension of selfhood, both materially and socially. Similarly, Buse and Twigg (2018) explore clothing as a material anchor in dementia care, showing how garments preserve continuity of self even as cognitive decline progresses. This interplay between clothing, memory, and identity underscores how frailty alters residents' engagement with their wardrobe, making carers' interventions critical in sustaining a sense of self.

Physical frailty further disrupts this encoding, limiting residents' ability to actively participate in dressing decisions. Carers' reflections highlight their role in bridging these gaps, offering relatable suggestions, interpreting embodied cues, and creating opportunities for engagement. These interventions demonstrate how dignity and identity are upheld within dressing routines, even when verbal articulation is limited.

Through the perspectives shared in carers' narratives, Figure 29 captures how carers interpret and respond to these dual dimensions. Their role extends beyond practical facilitation; they actively shape how residents experience selfhood through clothing. The diagram thus serves as a visual synthesis of the relational and interpretive labour explored in Themes 4 and 5, illustrating how carers navigate transitions and transformations in both body and identity to support meaningful dressing.

While Theme 4 highlighted the relational and emotional dimensions of dressing, Theme 5 turns to the interpretive and embodied expertise that enables carers to enact these practices in everyday routines.

### **7.3.3 Theme 5: Carer Tacit Knowledge — Embodied Expertise and Interpretive Skill**

Theme 5 highlighted the central role of tacit knowledge in dressing practices, revealing how carers draw on embodied expertise, intuitive judgement, and interpretive skill to support residents whose cognitive and physical frailties limit their ability to articulate preferences or participate fully in dressing. Situating these insights within the wider literature demonstrates how tacit knowledge forms a critical yet undervalued dimension of care work and contributes to the preservation of identity in institutional settings.

Tacit knowledge, as conceptualised by Polanyi (1966), refers to the forms of knowing that are difficult to articulate but enacted through skilled practice: “*we know more than we can tell*” (Polanyi 1966 pp4). The findings strongly align with this understanding. Carers' ability to anticipate discomfort, recognise subtle emotional cues, interpret bodily resistance, or sense when a garment “feels right” for a resident reflects a form of knowledge that is embodied rather than codified. This extends Schön's (1983) notion of the “reflective

practitioner,” who draws on experiential understanding to make moment-to-moment decisions in complex, unpredictable situations. Dressing in the context of frailty exemplifies such complexity: carers must continually adjust their approach in response to the resident’s physical state, mood, sensory sensitivities, and embodied history.

Kontos’ (2005) theory of embodied selfhood provides a powerful lens for understanding this dimension of tacit knowledge. Kontos (2005) argues that identity is not solely located in cognition but is expressed through embodied habits, sensory preferences, and pre-reflective ways of being in the world. The carers in this study demonstrated a deep attunement to these embodied expressions of selfhood. They recognised how a resident typically moved, how they responded to touch, which fabrics soothed or irritated them, and how their body signalled comfort or distress. Even when residents could not articulate preferences verbally, carers interpreted subtle embodied cues, shifts in posture or familiar gestures to guide dressing decisions. This alignment with Kontos’ work underscores that tacit knowledge is not merely intuitive but grounded in an attunement to the resident’s embodied identity, enabling carers to uphold personhood through the sensory and physical dimensions of dressing.

Carers also highlighted how cultural differences between themselves and residents shaped the interpretive work required during dressing. Several carers described supporting residents whose clothing histories, sartorial norms, or generational expectations differed markedly from their own. These differences complicated the process of recognising what “felt right” for a resident, particularly when verbal communication was limited. In these moments, tacit knowledge became even more critical: carers relied on embodied cues, emotional responses, and trial-and-error adjustments to interpret preferences that were culturally unfamiliar. This extends Kontos’ (2005) account of

embodied selfhood by showing that carers must not only attune to residents' bodily expressions but also navigate cultural distance, translating unfamiliar dress histories into meaningful, identity-affirming choices.

The findings also resonate with Twigg's (2006) analysis of bodywork, which emphasises the intimate, skilled, and relational nature of caring for another's body. Twigg argues that bodywork requires carers to develop a deep familiarity with the bodies they support, enabling them to recognise subtle changes and respond appropriately. The tacit knowledge demonstrated in this study extends this argument by showing how carers also develop a familiarity with residents' *dress biographies*, their habitual styles, preferred fabrics, sensory tolerances, and aesthetic identities. This interpretive skill allows carers to maintain continuity of identity even when residents can no longer articulate their preferences, thereby countering the identity erosion associated with frailty and institutionalisation.

Woodward's (2007, 2015) work on *wardrobe biographies* further illuminates the interpretive labour undertaken by carers. Woodward conceptualises wardrobes as repositories of memory, identity, and emotional significance, where clothing carries traces of past selves and relational histories. Although carers in this study did not have access to residents' full wardrobe biographies, they nonetheless engaged in a form of biographical interpretation, drawing on tacit knowledge to identify what "felt like" the resident or aligned with their habitual style. Their decisions about which garments to keep in circulation, which to retire, and how to assemble outfits reflect a material-relational understanding of clothing as biography. This extends Woodward's insights by showing how wardrobe biographies are not only lived by individuals but can also be *interpreted and enacted on their behalf* through carers' embodied and tacit expertise.

The concept of *appearance biographies* (Campbell et al. 2015) provides a further lens through which to understand carers' interpretive work. Appearance biographies refer to the accumulated meanings, memories, and identity narratives embedded in a person's clothing choices over time. While residents with cognitive frailty may no longer be able to express these narratives verbally, carers in this study drew on tacit knowledge to interpret and honour them. Their decisions about what "looks like them," what aligns with their past self-presentation, or what might feel familiar and comforting demonstrate a form of biographical attunement that is largely absent from formal care documentation. This extends Campbell et al.'s work by showing how appearance biographies can be enacted *on behalf of* residents through carers' interpretive labour.

Tacit knowledge also plays a crucial role in navigating the tensions between institutional priorities and identity-affirming care. Formal care plans rarely capture the nuanced preferences that shape dressing, how a resident likes their collar folded, whether they tolerate tight sleeves, or how they respond to certain textures. Carers' tacit knowledge fills these gaps, evident in the way staff recognised one gentleman's preference for a close-fitting cardigan and adjusted their choices accordingly. Such attunement enables carers to uphold dignity and comfort while still meeting institutional expectations of safety and efficiency. This interpretive labour is particularly important in the context of cognitive frailty, where verbal communication may be limited and behavioural cues become the primary means through which preferences are expressed.

Despite its centrality, tacit knowledge remains largely invisible within institutional frameworks. As Kadri et al. (2018) argue, carers often experience a "split identity," where their relational and interpretive skills are overshadowed by task-oriented expectations and hierarchical structures that undervalue their expertise. The findings of this study reinforce this critique:

carers' tacit knowledge is essential to delivering person-centred dressing support, yet it is rarely recognised, documented, or formally supported. This invisibility contributes to the broader undervaluation of care work, particularly the emotional, sensory, and relational competencies that underpin high-quality care.

By foregrounding carers' tacit knowledge, this study extends existing literature on embodiment, identity, and care (Kontos 2005, 2011; Twigg 2006; Woodward 2007, 2015; Campbell et al. 2015). It demonstrates that dressing is not simply a technical task but a skilled interpretive practice that requires carers to draw on embodied understanding, emotional intelligence, and biographical insight. Tacit knowledge enables carers to uphold identity, maintain comfort, and navigate the complexities of frailty in ways that formal systems cannot fully capture. Recognising this expertise is essential for developing more holistic, relational, and identity-affirming approaches to care.

#### 7.3.3.1 Person-Centred Care, Documentation, and the Limits of "Choice"

The findings also highlight a tension between how person-centred care is formally documented and how it is enacted in everyday dressing routines. Managers described person-centred care primarily through the lens of assessment and documentation, emphasising the importance of gathering information and producing care plans that demonstrate compliance with regulatory expectations. Yet dressing preferences, closely tied to identity, comfort, and emotional expression, were rarely documented in detail. This raises questions about how effectively formal care planning translates into the relational, moment-to-moment decisions involved in dressing.

Carers, by contrast, enacted person-centred care through micro-practices: offering options, interpreting non-verbal cues, and encouraging participation in ways that responded to residents' embodied and emotional states. These

interactions reflect a dynamic understanding of identity that evolves through relational engagement rather than static documentation. They also align with Regulation 9 of the Health and Social Care Act, which mandates that care be personalised and responsive to individual needs and preferences, including those expressed through everyday routines such as dressing.

Despite these expectations, dressing decisions were rarely framed as meaningful acts of self-expression or autonomy. Managers and carers spoke of “offering choice,” but the language of choice often reduced dressing to a discrete moment rather than a relational, sensory, and emotional process. This abstraction risks overlooking the deeper meanings embedded in clothing preferences and the embodied ways residents communicate comfort, familiarity, or distress. As a result, carers rely heavily on tacit knowledge to interpret and enact dressing preferences that remain largely undocumented.

#### **7.4 Integrating the Supporting Themes (2 & 3)**

While the three core themes illuminate the conceptual heart of this study, revealing dressing as a site where institutional governance, relational aesthetics, and tacit knowledge intersect, the two supporting themes, **Theme 2: Role of Family** and **Theme 3: Wardrobe Management and Maintenance**, provide essential contextual grounding. These themes demonstrate how dressing practices are embedded within wider relational and material systems that shape, constrain, and enable the work of carers. Integrating these supporting themes enriches the interpretation of the findings by highlighting the broader ecology within which dressing takes place.

**Theme 2: Role of Family** underscores the relational networks that surround residents and influence dressing practices. Families act as custodians of biography, bringing clothing into the care home, interpreting identity, and expressing expectations about appearance. Their involvement can support

carers by providing insight into residents' past preferences, styles, and appearance biographies (Campbell et al. 2015), yet it can also introduce tensions when family expectations conflict with institutional priorities or residents' embodied needs. This dynamic reflects Woodward's (2007, 2015) argument that clothing carries emotional and biographical significance, and that wardrobes are relational spaces shaped by multiple actors.

Morgan-Brett's (2023) work on crisis-driven transitions into care further illuminates these dynamics. She argues that families often enter care homes under conditions of urgency, emotional strain, and limited preparation time, leaving little opportunity to curate wardrobes, communicate appearance preferences, or transfer biographical knowledge. This aligns with the findings of this study, where carers frequently inherited wardrobes assembled in haste, lacking coherence or connection to the resident's past identity. Morgan-Brett's insights help explain why clothing often arrives in bulk, inconsistently, or without contextual information, shaping the material conditions within which carers must interpret identity. Her work reinforces the argument that dressing practices are embedded within broader relational and transitional processes, where family expectations, emotional pressures, and the practical realities of crisis transitions shape what is possible in everyday dressing support.

Theme 3: Wardrobe Management and Maintenance highlights the material infrastructures that underpin dressing practices. Laundry systems, labelling procedures, storage arrangements, and clothing circulation routines all shape what is available to wear and how identity can be expressed. These institutional systems often operate invisibly, yet they profoundly influence the possibilities for person-centred dressing. Buse and Twigg's (2018) analysis of laundry in care homes demonstrates how clothing moves through institutional processes that can disrupt ownership, continuity, and the material integrity of garments. Shove's (2003) work on infrastructures and everyday practices further

illuminates how these systems structure what is possible, constraining or enabling the routines through which dressing occurs. Within this context, wardrobes become unstable material environments: clothes may be lost, damaged, or replaced with generic items, fragmenting the continuity that Woodward (2007, 2015) identifies as central to wardrobe maintenance. This theme therefore reinforces that dressing is embedded in material environments that can either support or undermine identity work.

Together, Themes 2 and 3 demonstrate that dressing is situated within a complex interplay of relationships, material systems, and institutional routines. They provide the structural and relational backdrop against which the core themes unfold. The care critical gaze (Theme 1) is enacted within these material constraints; relational practices (Theme 4) are shaped by the availability, condition, and emotional significance of clothing; and tacit knowledge (Theme 5) is exercised in navigating the gaps left by incomplete documentation, fragmented wardrobes, and fluctuating family involvement. These supporting themes therefore deepen the interpretation of the findings by showing how identity work in dressing is distributed across people, objects, and systems.

By integrating Themes 2 and 3 into the broader discussion, the study highlights that dressing in care homes cannot be understood solely through interpersonal interactions. It must also be viewed through the material and relational infrastructures that shape what carers can do, how identity is maintained, and how residents experience themselves within the institutional environment. This holistic perspective reinforces the study's central argument: dressing is a co-constructed, materially mediated, and relational practice that unfolds within the everyday systems of care.

Together, these findings address the six research questions by showing, first, that managers organise and manage dress within systems shaped by

governance, risk, and institutional priorities; second, that their perceptions of dressing are influenced by regulatory pressures, reputational concerns, and assumptions about dignity and presentability; third, that carers experience clothing management as a complex, relational, and materially constrained practice shaped by wardrobe systems and institutional routines; fourth, that dressing intersects with identity, comfort, and wellbeing through carers' embodied attunement, sensory awareness, and emotional labour; fifth, that carers navigate significant tensions between institutional demands and residents' identity needs during dressing routines; and sixth, that governance frameworks and audit cultures profoundly shape how dressing is enacted, documented, and valued within care home environments.

## **7.5 Contribution to Knowledge**

This study makes a significant contribution to knowledge by advancing theoretical, empirical, and conceptual understandings of dressing within the context of residential care for people living with cognitive frailty. While existing research has explored dress, identity, embodiment, and care, this study brings these strands together within the institutional environment of the care home, revealing dressing as a complex, relational, and materially mediated practice shaped by governance, risk, and tacit expertise. The contribution to knowledge is articulated across four interrelated domains.

### **A new conceptualisation of dressing as co-constructed identity work in the care home**

The study demonstrates that dressing is not a unidirectional task performed on passive bodies but a *co-constructed form of identity work* involving residents, carers, families, and institutional systems. This extends existing literature on dress and identity (Entwistle 2000; Woodward 2007; Twigg & Buse 2013) by showing how identity is negotiated through relational, embodied, and material

practices when cognitive frailty limits autonomous self-presentation. The concept of *co-constructed identity work* captures how carers interpret embodied cues, draw on tacit knowledge, and engage with fragmented wardrobe biographies to sustain continuity of self for residents who can no longer articulate their preferences.

### **The Care Critical Gaze: a new conceptual lens for understanding institutional dressing practices**

A central contribution of this study is the development of the *Care Critical Gaze*, a conceptual framework that illuminates how institutional governance, risk discourses, and regulatory expectations shape dressing practices. While previous research has examined risk cultures and institutional routines in care (Higgs & Gilleard 2011; Grenier 2020), this study extends these insights by demonstrating how risk and governance become materially expressed through clothing decisions. The Care Critical Gaze captures the tensions carers navigate between safety, efficiency, and personhood, revealing how institutional logics shape the possibilities for identity-affirming dressing. This framework offers a new way of understanding how the dressed body is regulated, interpreted, and evaluated within care settings.

### **Recognition of carers as skilled interpreters of embodied and material biography**

The study foregrounds the sophisticated tacit knowledge and embodied expertise that carers bring to dressing practices. While tacit knowledge has been acknowledged in broader care literature, its specific role in dressing has remained underexplored. This study demonstrates that carers act as *interpreters of material and embodied biography*, drawing on sensory attunement, emotional intelligence, and experiential understanding to assemble outfits that align with residents' histories, preferences, and

embodied identities. This extends Kontos' (2005) theory of embodied selfhood and Woodward's (2015) wardrobe biographies by showing how carers enact these biographies on behalf of residents. The study therefore challenges reductive task-based understandings of care work and highlights the skilled, interpretive, and aesthetic labour embedded in dressing.

### **A material-relational understanding of wardrobes and clothing in institutional care**

The study contributes a new material-relational perspective on wardrobes and clothing within care homes. It demonstrates that wardrobes are not neutral storage spaces but dynamic sites where identity, institutional processes, and family relationships converge. Laundry systems, labelling practices, storage arrangements, and crisis-driven transitions into care all shape the material conditions of dressing. By integrating insights from material culture studies with empirical evidence from care homes, the study reveals how clothing circulates through institutional systems in ways that can support or undermine identity. This contribution extends existing work on clothing and care by situating wardrobe management within the broader ecology of institutional life.

Taken together, these contributions advance understanding of dressing in care homes as a relational, embodied, and institutionally shaped practice. They challenge dominant narratives that position dressing as a routine task and instead conceptualise it as a site of identity negotiation, aesthetic labour, and ethical decision-making. The study offers new theoretical tools, the Care Critical Gaze and the concept of co-constructed identity work, that can inform future research, practice development, and policy discussions about care, embodiment, and materiality in later life.

## **7.6 Implications for Practice and Policy**

A further implication of these findings relates to the shifting landscape of adult social care described in Chapters 1 and 4. As national policy continues to prioritise ageing in place and “home first” approaches, people are remaining in their own homes for longer and entering residential care later in life, often with more advanced cognitive and physical frailty. This pattern, highlighted in earlier analyses by Age UK (2023), the King’s Fund (2024), ONS (2021), and DHSC (2024), means that many residents arrive with limited capacity to articulate their preferences or participate in dressing decisions. These later-life transitions intensify the importance of gathering meaningful, identity-relevant information at the point of entry, rather than relying on carers to “pick it up” over time. The findings show that while carers’ interpretive labour is skilled and relational, it cannot compensate for the absence of foundational knowledge about a resident’s clothing history, sensory preferences, or embodied habits. Strengthening admission processes and supporting carers through training that foregrounds material biography and relational dressing practices are therefore essential.

### **7.6.1 Recognising dressing as skilled relational work**

The study demonstrates that dressing requires emotional intelligence, sensory attunement, and tacit knowledge. These skills are central to maintaining identity and dignity, yet they remain largely invisible within current training and competency frameworks. Practice development should therefore:

incorporate training on relational and aesthetic aspects of dressing

support carers to develop embodied and interpretive skills

create reflective spaces where staff can share tacit knowledge and relational strategies

Recognising dressing as skilled relational work would elevate the status of carers' expertise and strengthen the quality of everyday care.

### **7.6.2 Strengthening communication and collaboration with families**

Families play a crucial role in shaping wardrobe content and conveying appearance biographies, yet crisis-driven transitions often limit the transfer of this knowledge. Care homes could:

introduce structured conversations with families about clothing, style, and identity

develop simple tools for capturing appearance preferences during admission

encourage families to curate wardrobes collaboratively with staff

provide guidance on selecting appropriate, meaningful clothing

These practices would help bridge the gap between residents' past identities and their present care environment.

### **7.6.3 Improving wardrobe systems and material infrastructures**

Wardrobe management emerged as a significant factor shaping dressing possibilities. To support identity-affirming dressing, care homes should consider:

reviewing laundry and labelling systems to support smooth circulation and timely return of clothing

ensuring adequate storage that allows clothing to be organised meaningfully

maintaining clear processes for replenishing worn, ill-fitting, or missing items

involving carers in decisions about clothing circulation and organisation

These improvements would help preserve wardrobe biographies and reduce the material disruptions that undermine identity.

#### **7.6.4 Embedding identity-focused dressing within care planning**

Care plans rarely capture the nuanced preferences that shape dressing. Policy and practice frameworks should:

include appearance, style, and sensory preferences as core components of assessment

document embodied cues and tacit knowledge that support dressing

ensure care plans reflect both functional needs and identity-related considerations

Embedding identity within care planning would support continuity of self and reduce reliance on informal knowledge alone.

#### **7.6.5 Supporting carers' emotional labour and wellbeing**

The emotional labour involved in dressing, managing distress, maintaining calm, and sustaining dignity, requires organisational recognition and support.

Care homes could:

provide supervision and reflective practice sessions

acknowledge emotional labour in workload planning

create supportive team cultures that value relational care

These measures would help sustain carers' wellbeing and enhance the quality of relational work.

### **7.6.6 Aligning regulatory frameworks with relational and identity-affirming care**

Current regulatory standards emphasise safety, documentation, and compliance, often overshadowing relational and aesthetic dimensions of care.

Policymakers and regulators could:

incorporate relational and identity-focused indicators into inspection frameworks

recognise the importance of clothing, appearance, and embodied identity in wellbeing

evaluate how institutional systems (laundry, storage, routines) support or constrain person-centred dressing

Aligning regulation with relational care would encourage organisations to prioritise identity-affirming practices alongside safety and efficiency.

### **7.6.7 Addressing workforce development and retention**

The study highlights carers' sophisticated tacit knowledge, which develops over time through close relationships with residents. Workforce stability is therefore essential. Policy initiatives should:

support career progression pathways for care workers

improve pay and conditions to reduce turnover

recognise and reward relational expertise

A stable workforce enables continuity of identity work and strengthens the relational foundations of dressing.

Taken together, these implications emphasise that dressing is not a peripheral task but a central component of identity, dignity, and relational care. By recognising the aesthetic, emotional, and embodied dimensions of dressing, practice and policy can better support carers, enhance residents' wellbeing, and create care environments that honour the complexity of later-life identity.

## **7.7 Methodological Reflections**

This study adopted a qualitative, interpretivist approach to explore how dressing is understood, negotiated, and enacted within residential care. The methodological choices shaped the depth, texture, and relational quality of the data, and it is important to reflect on how these decisions influenced the knowledge produced.

### **7.7.1 Reflexive Thematic Analysis**

Reflexive thematic analysis (Braun & Clarke 2006, 2019) provided a flexible yet rigorous framework for interpreting the data. Its emphasis on researcher subjectivity as a resource rather than a threat aligned with the relational and embodied nature of the topic. The iterative movement between coding, theme development, and reflexive questioning enabled a nuanced interpretation of carers' accounts, particularly in relation to tacit knowledge, emotional labour, and institutional pressures. This approach supported the development of themes that were not merely descriptive but conceptually generative, allowing the analysis to move beyond surface accounts to illuminate the relational, material, and organisational dynamics of dressing.

### **7.7.2 Suitcase Conversations as an Innovative Method**

The use of *suitcase conversations*, a method involving curated clothing objects and prompts, proved to be an effective and innovative way of eliciting rich, embodied, and practice-based insights. The tactile and visual nature of the

suitcase created an accessible entry point for participants, enabling them to speak concretely about dressing practices, material challenges, and emotional responses. This method helped bridge the gap between abstract discussion and lived experience, grounding the interviews in the materiality of clothing. It also supported participants to articulate tacit knowledge that might otherwise remain unspoken. While unconventional, the method aligned closely with the study's focus on dress, embodiment, and identity, and contributed to the depth and specificity of the data.

### **7.7.3 Positionality**

My positionality as a researcher with a background in creative practice and dress studies, and with experiential familiarity with care environments, shaped both the data collection and interpretation. This interdisciplinary grounding enabled me to recognise the significance of material details, embodied cues, and aesthetic considerations that might be overlooked in more traditional care research. At the same time, my proximity to care settings required ongoing reflexivity to ensure that assumptions about practice did not overshadow participants' own meanings. Building rapport with carers was facilitated by shared creative and relational sensibilities, yet I remained attentive to the power dynamics inherent in interviewing staff within their workplace. Reflexive journalling and supervisory dialogue supported a critical awareness of how my interpretive lens shaped the themes.

### **7.7.4 Strengths and Limitations**

A key strength of the study lies in its methodological coherence: the combination of reflexive thematic analysis, object-based elicitation, and a relational interpretivist stance produced rich, nuanced insights into dressing as an embodied and institutional practice. The innovative use of the suitcase conversation method generated data that was grounded, sensory, and

materially informed, offering perspectives that may not have emerged through conventional interviews.

However, the study also has limitations. The sample was small, comprising four care homes across different counties in the North of England. While this provided organisational and geographical diversity, with each home belonging to a different private provider and located in distinct localities, the findings may still have limited transferability to other national or international contexts. The reliance on staff perspectives means that residents' voices, particularly those living with cognitive frailty, are mediated through carers' interpretations. While this reflects ethical and practical realities, it also highlights the need for future research to explore creative, inclusive methods for engaging residents directly. Finally, as with all qualitative research, the findings are shaped by the researcher's interpretive lens; although reflexivity was integral to the process, complete neutrality is neither possible nor desirable within this methodological paradigm.

## **7.8 Recommendations for Future Research**

The findings open several promising avenues for future inquiry.

### **1. Family perspectives**

Future research could explore how families understand dressing, identity, and wardrobe management during transitions into care. This would illuminate the emotional, practical, and biographical labour families undertake and how this intersects with institutional routines.

### **2. Resident perspectives**

Developing creative, inclusive, and sensory-based methods to engage residents, particularly those living with cognitive frailty, would offer invaluable insights into embodied preferences, comfort, and identity. This remains an underexplored but ethically important area.

### **3. Cross-cultural comparisons**

Comparative studies across different cultural, organisational, or regulatory contexts could reveal how norms of dress, dignity, and care aesthetics vary internationally, and how these differences shape dressing practices in care homes.

### **6. Care aesthetics in other care tasks**

The relational and aesthetic insights developed here could be extended to other forms of intimate care, such as bathing, hair care, or mealtime support, to explore how embodied identity is negotiated across the wider ecology of care.

Together, these directions would deepen understanding of identity, embodiment, and materiality in later-life care and support the development of more relational, dignifying practices.

## **7.9 Conclusion**

This study has examined dressing in care homes as a material, relational, and institutional practice, revealing how clothing becomes a site where identity, risk, governance, and care intersect. By centring the perspectives of care home managers and professional carers, the research has illuminated the complex negotiations that underpin everyday dressing routines for residents living with

cognitive frailty. What emerges is a picture of dressing not as a simple task, but as a form of co-constructed identity work shaped through embodied attunement, tacit knowledge, and institutional constraint.

Across the thesis, dressing has been shown to occupy an ambiguous position within care homes: simultaneously visible as an indicator of “good care” and yet largely absent from formal documentation, policy frameworks, and organisational planning. This paradox reflects the broader tensions between person-centred ideals and the operational realities of institutional life. While managers emphasised regulatory compliance, safety, and presentability, carers enacted dressing as a relational, sensory, and emotional practice that required moment-to-moment interpretation of residents’ embodied cues. These findings highlight the gap between the rhetoric of person-centred care and its lived enactment, demonstrating how identity is upheld not through documentation but through the skilled, often invisible labour of carers.

The study makes several key contributions to knowledge. First, it introduces the concept of the **Care Critical Gaze**, offering a new way of understanding how institutional logics shape dressing practices and how risk, governance, and identity converge in everyday care. Second, it conceptualises dressing as **co-constructed identity work**, extending existing scholarship on dress and dementia by foregrounding the relational, negotiated, and emotionally charged nature of assisted dressing. Third, it advances a **relational aesthetic model of dressing**, showing how carers draw on sensory awareness, emotional labour, and embodied attunement to create dressing experiences that preserve dignity and continuity of self. Finally, the study foregrounds carers’ **tacit knowledge** as a central, yet undervalued, dimension of care work, demonstrating how interpretive skill and embodied expertise sustain identity in contexts where verbal communication may be limited.

**In summary, this thesis contributes new knowledge by:**

- **Introducing the Care Critical Gaze**, a conceptual lens that explains how risk, governance, and identity converge in dressing practices.
- **Reframing dressing as co-constructed identity work**, extending material culture and dementia scholarship.
- **Advancing a relational aesthetic model of dressing**, foregrounding sensory, emotional, and embodied labour.
- **Foregrounding carers' tacit knowledge**, revealing interpretive and embodied expertise that is largely absent from policy and research.

Taken together, these contributions challenge dominant narratives that frame dressing as a functional or peripheral aspect of care. Instead, the study positions dressing as a critical site of identity, relationality, and ethical decision-making within the care home. It underscores the need for greater recognition of the material and relational dimensions of dressing within policy, training, and organisational practice, and highlights the importance of supporting carers in the interpretive and emotional labour that dressing entails.

## **7.10 Final Thesis Conclusion**

This thesis set out to understand what happens when dressing becomes a shared, supported, and institutionally shaped practice in the context of cognitive frailty. Through the perspectives of care home managers and professional carers, the study has shown that dressing is far more than a routine element of personal care: it is a daily site where identity, risk, institutional priorities, and relational labour intersect. By examining clothing through the narratives of managers and carers, the study has illuminated how material practices reveal the cultural, organisational, and emotional textures of care.

Across the thesis, dressing emerged as a practice that is simultaneously ordinary and deeply consequential. Its familiarity renders it almost invisible within policy frameworks and care plans, yet it is through dressing that residents' histories, preferences, and embodied identities are most tangibly expressed. The study has shown that carers hold a central role in sustaining this continuity of self, drawing on tacit knowledge, sensory attunement, and emotional intelligence to interpret residents' needs as shaped by cognitive, physical, and sensory frailty, particularly when conventional forms of communication or participation are limited. Their work demonstrates that identity is not simply preserved through documentation but enacted through everyday relational encounters.

At the same time, the thesis has highlighted how institutional structures shape what dressing can be. Regulatory frameworks, audit cultures, and risk-averse practices influence decisions about clothing, often narrowing the scope for autonomy and self-expression. Managers' accounts revealed how dressing becomes implicated in organisational priorities from presentability to safety, and how these pressures can overshadow the more subtle, identity-affirming dimensions of care. The concept of the *Care Critical Gaze*, developed in this

thesis, captures this dynamic by showing how institutional logics frame the dressed body as both a site of scrutiny and a marker of care quality.

Methodologically, the study demonstrates the value of attending to material practices within care research. By focusing on clothing as it surfaced in participants' accounts, the research has revealed the relational and organisational complexities that shape life in care homes. This material-cultural lens offers a productive way of understanding how identity is negotiated in contexts of dependency, and how carers' embodied expertise becomes central to sustaining personhood.

The findings have important implications for practice and policy. They suggest that dressing should be recognised as a meaningful component of person-centred care, deserving of greater attention within care planning, training, and regulatory frameworks. They also highlight the need to support carers in the interpretive and emotional labour that dressing entails, acknowledging this work as skilled, relational, and central to residents' wellbeing.

Ultimately, this thesis argues that dressing in care homes is a form of everyday identity work, a collaborative, embodied, and emotionally charged practice that unfolds within the constraints and possibilities of institutional life. Recognising the significance of this work is essential to understanding how people continue to express selfhood in the context of cognitive frailty, and to ensuring that care practices honour the dignity, history, and humanity of those who rely on them.

In closing, this thesis has shown that dressing in care homes is not a peripheral routine but a daily reconstruction of selfhood, enacted through the skilled, relational, and emotionally attuned labour of carers working within the constraints of institutional life. Recognising dressing as co-constructed identity

work invites a reimagining of care that values the material, sensory, and embodied dimensions of living with frailty. As care homes continue to navigate the pressures of governance, risk, and resource limitation, the insights offered here call for practices and policies that honour the dignity, histories, and humanity of those who rely on others to dress them. Dressing, in this light, becomes not simply a task, but a profound expression of what it means to care and to be cared for.

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## 8 Appendices

### Appendix A – Glossary of Terms

To provide clarity and consistency throughout this study, the following definitions establish a shared understanding of key terms used within the research. These terms are integral to framing discussions on dress, identity, and care practices in the care home environment.

**À la mode:** *Of the moment; a current fashion style. Reflects the temporal nature of dress.*

**Apparel:** *Refers to clothing, often used within the clothing manufacturing industry.*

**Assemblage:** *A collection of dress items.*

**Attire:** *Dress considered formal.*

**Carers:** *Individuals who provide care support and are employed as a professional carer within the care home. The Care Home is their place of work.*

**Clothes:** *Refers to individual items of dress; a colloquial term commonly used. These are the physical garments, such as shirts, trousers, dresses, and jackets, that are produced and worn. They represent the tangible items one can see and touch.*

**Cognitive Frailty:** *A specific form of frailty affecting cognitive abilities, often associated with dementia. Preferred in this study due to its focus on both physical and cognitive dimensions of frailty, cognitive frailty draws upon the body of research in dementia to explore how cognitive impairments intersect*

*with everyday activities like dressing. It encompasses the challenges faced by residents in maintaining their identity, independence, and well-being within care settings.*

**Daywear:** *Clothing intended to be worn during daytime activities. This term is rooted in Western fashion and apparel industry classifications, where garments are traditionally divided into categories such as daywear, eveningwear, and loungewear.*

**Dress:** *A collective term describing all items involved in dressing, including underwear, clothes, outerwear, and accessories. This is a broader and more nuanced concept. It encompasses not only the physical garments but also the social, cultural, and symbolic meanings associated with them. "Dress" examines how clothing can express identity, status, and cultural values, serving as a medium to communicate who we are within a specific societal context.*

**Dressing:** *The physical act of putting on items of clothing (getting dressed). Referring to the act or process of putting on clothes, this term emphasizes the practical and performative elements involved in selecting, arranging, and wearing garments in various contexts.*

**Dressed:** *This term describes the state of being clothed, focusing on the result of the dressing process. It reflects not just the act of wearing garments but also the social and cultural norms that shape how individuals present themselves. Being "dressed" implies readiness or adornment for a particular purpose, occasion, or environment.*

**Dress Assembly:** *This refers to the deliberate process of combining various elements, such as garments, accessories, hairstyles, or makeup, into a cohesive and intentional appearance. It highlights the choices and considerations*

*involved in creating an outfit, influenced by personal preferences, cultural practices, and situational demands.*

**Fashion:** *A collective term for items of clothing, including underwear, clothes, outerwear, and accessories. Fashion situates dress within a specific time frame and reflects popularity. This is an overarching term that encompasses trends, styles, and aesthetic expressions across time and cultures. Fashion reflects the collective preferences of a society or group at a given moment, often influenced by designers, cultural movements, and economic conditions. It operates as a dynamic system, continually evolving and shaping how individuals and communities' express identity and values through dress (Corner 2014; McDowell 1995).*

**Frailty:** *A broad and contested concept clinically recognised as a distinct entity. Frailty reflects reduced physiological resilience and increased vulnerability to adverse health outcomes, often overlapping with disability and comorbidity.*

**Garment:** *An individual item of clothing.*

**Nightwear:** *Clothing designed for sleeping or for use during night-time routines. This term reflects Western fashion and apparel industry classifications, where garments are traditionally divided into categories such as daywear, nightwear, and eveningwear.*

**Old:** *A social construct defining the roles and responsibilities of an older person. Often stereotypes and is frequently used in a pejorative sense.*

**Older Person:** *Refers to an individual aged 60 years or older.*

**Resident:** *The person who lives in the Care Home as their main place of residency*

**Sartorial:** *Refers to a coordinated way of dressing.*

**Sartorial identity:** *A coordinated way of dressing, personal to the identity of the individual. This refers to an individual's personal style, including their approach to assembling outfits and their aesthetic preferences, which communicate aspects of their personality and identity through clothing.*

**Style:** A distinctive appearance.

## Appendix B – Emails to Care Homes

Claire Trelfa student number: REDACTED

C/O Director of Studies Dr Kerry McSeveny  
Email: [REDACTED]

Communication and Computing Research Centre  
Sheffield Hallam University  
Cantor Building, 153 Arundel Street  
Sheffield S1 2NU

November 2018

Dear XXXXXXXX

Thank you for agreeing to participate in my research study; **Developing a method to elicit & utilise sartorial biographies to inform care support in the act of dressing & the process of self-identity expressionism**

As discussed the study is conducted in two phases as outlined here

1. **Phase one:** Semi structured interviews will be conducted on a one to one basis with the care home manager and will be audio recorded. The interview is expected to take approximately 45 minutes. Any follow up questions will be conducted by telephone or email as preferred by the individual.
2. **Phase two:** Three Co-creation creative workshops with carers. They will take part in workshop activity sessions of 15minutes per session and 3 different ones will be held on each of the 3 creative workshop days. Carers can participate in one activity session or all three in the day. These will take place on the care homes premises in a meeting room. The workshops will be recorded by a combination of generated activity sheets, field notes and photographs.
3. Approximately one month after participation in the workshop the carers will be asked to evaluate the impact engagement in the workshop has had on their daily care duties. The evaluation will be conducted by phone.

In summary the study is about style identity and how to elicit and utilise style biographies to inform care support in the act of dressing.

Making the transition into care is very challenging and very often is the result of a person living with dementia getting to a crisis point. Crisis by its very nature is upsetting in every way and not just for the person living with dementia (PLWD) but those who have been supporting them. The relationships a person has with dress style in the past informs their future identity. It is the role of the care home to support the transition to living in a care home environment and assist in the curation of a person's identity. Carers need information to help them in the process of supporting the act of dressing. Our choice of dress can say a lot about us and it can help us to feel good too.

This study does not look at the crisis itself but at the care environment the PLWD will enter and specifically the act of dressing in personal care support.

Details of how the research data will be anonymised is in the attached documents

- Care manager participant information sheet
- Carers participant information sheet

All participants will receive the information sheet at least one week before the research activity. All participants will be required to sign a consent form and they can withdraw from the study up to 30<sup>th</sup> November 2019.

My supervision team is detailed here should you wish to contact them.

Director of studies: Dr Kerry McSeveny - [REDACTED]

Supervisor: Dr Claire Craig - [REDACTED]

Please do not hesitate to contact me by email if you have any further questions

Yours Sincerely

Claire Trelfa  
PGR PhD Researcher in C3RI  
Sheffield Hallam University

## Post COVID Email to Care Homes

Claire Trelfa student number: REDACTED  
[REDACTED]

C/O Director of Studies Dr Kerry McSeveny  
Email: Dr Kerry McSeveny [REDACTED]

Communication and Computing Research Centre  
Sheffield Hallam University  
Cantor Building, 153 Arundel Street  
Sheffield S1 2NU

April 2021

Dear XXXXXXXX

Thank you for agreeing to continue to participate in my research study; **Exploration of the role the care provider has in the act of dressing & the process of supporting identity expression for people living with dementia**

As discussed the study is conducted in two phases as outlined here

1. **Phase one:** Semi structured interviews will be conducted on a one to one basis with the care home manager and will be audio recorded. The interview is expected to take approximately 45 minutes. Any follow up questions will be conducted by telephone or email as preferred by the individual. **This is complete.**
2. **Phase one:** Follow up interview post COVID-19 pandemic lock downs
3. **Phase two:** Suitcase discussion sessions with carers approximately 60 minutes. 3 carers participating over the course of a day. These will take place on the care homes premises in a meeting room and I will join by online platform zoom. A minimum of 48hours before the workshop I will deliver a suitcase for the workshop to the care home. The workshops will be recorded by video link.

In summary the study is about style identity an exploration of the role the care provider has in the act of dressing & the process of supporting identity expression for people living with dementia. The research does not involve people living with dementia only care professionals.

As a care professional you have a challenging role to support people living with dementia to live in a manner that has meaning to them in the moment. This can be particularly challenging in the early days of getting to know a person living with dementia. It takes time to get to know people and understand how best to support them but there is an expectation that you should know enough about them and how they think and express themselves to support them. This research focuses on the task of helping another person to get dressed for the day or for an occasion or an event. As a professional carer you have many tasks to get completed and of those tasks dressing is a very ordinary task yet supporting somebody else to choose what to wear and help them dress is a very extraordinary activity in a very private space.

Details of how the research data will be anonymised is in the attached documents

- Care manager participant information sheet
- Carers participant information sheet

All participants will receive the information sheet at least one week before the research activity. All participants will be required to sign a consent form and they can withdraw from the study up to 30<sup>th</sup> September 2021.

My supervision team is detailed here should you wish to contact them.

Director of studies: Dr Kerry McSeveny [REDACTED]

Supervisor: Dr Becky Shaw - [REDACTED]

Supervisor: Dr Claire Craig - [REDACTED]

Please do not hesitate to contact me by email if you have any further questions

Yours Sincerely

Claire Trelfa  
PGR PhD Researcher in C3RI  
Sheffield Hallam University

Appendix C – Ethics Approval ER7763544

Thesis chapters	Research study	Ethics review reference	Approval date
Chapter 5	<p>REVISED STUDY TITLE:  <b>Dress and Identity in the Care Home:  An institution and carer perspective</b></p> <p>WORKING TITLE ON ETHICS SUBMISSION:  Developing a method to elicit and utilise sartorial biographies to inform care support in the act of dressing and the process of self identity expressionism.</p>	ER7763544	14/12/2018
Chapter 5	<p>REVISED STUDY TITLE:  <b>Dress and Identity in the Care Home:  An institution and carer perspective</b></p> <p>WORKING TITLE ON ETHICS SUBMISSION:  Developing a method to elicit and utilise sartorial biographies to inform care support in the act of dressing and the process of self identity expressionism.</p>	Post Approval AMENDMENT ER7763544	26/5/2021

## **Refined Scope of Participant Engagement**

The original ethics documentation outlined engagement with care home staff who care for people living with dementia. While this remains contextually accurate, the study's focus has since refined to centre specifically on the practices of care home staff, particularly carers and managers, in relation to dressing and clothing management within residential care settings. This shift reflects a methodological decision to decentre the resident and foreground staff perspectives, enabling a deeper exploration of the organisational, sensory, and embodied dimensions of clothing-related care. The research continues to be situated within environments where dementia is prevalent, and the ethical considerations outlined remain fully applicable to the revised scope.

From: converis@shu.ac.uk  
Subject: Converis - Ethics Review - Amendment Outcome  
Date: 26 May 2021 at 14:28:15 BST  
To: "Trelfa, Claire" <[REDACTED]>

• Dear Claire

Title of Ethics Review: [Developing a method to elicit and utilise sartorial biographies to inform care support in the act of dressing and the process of self identity expressionism.](#)

Ethic Review ID: ER7763544

Amendment 1 Title: Revision of the methodology is in response to the COVID 19 pandemic

The amendment to the Ethics Review named above has been reviewed and the outcome is:

Amendment Approved

Please log back into the P12 tab to see any feedback.

If you have a query regarding this, please contact your Faculty Ethics Administrator in the first instance.

HWB - [REDACTED]  
STA - [REDACTED]  
SBS - [REDACTED]  
SSH - [REDACTED]

Kind regards,  
Ethics Research Support

\*\*\* This is an automatically generated email, please do not reply \*\*\*

From: converis@shu.ac.uk  
Subject: Converis - Ethics Review - Approval with Advisory Amendments  
Date: 14 December 2018 at 12:32:20 GMT  
To: "Trelfa, Claire" <[REDACTED]>

Dear Claire

Title of Ethics Review: [Developing a method to elicit and utilise sartorial biographies to inform care support in the act of dressing and the process of self identity expressionism.](#)

Ethics Review ID: ER7763544

The University has reviewed your ethics application named above and can confirm that the project has been approved.

The following advisory amendments were suggested, which you may wish to address:

**Please add to the information sheet that participation is voluntary and if participants decide to withdraw from the study there will be no penalty.**

If this is a second resubmission, the Lead reviewers comments will appear below:

You are expected to deliver the project in accordance with the University's research ethics and integrity policies and procedures: <https://www.shu.ac.uk/research/ethics-integrity-and-practice>.

As the Principal Investigator you are responsible for monitoring the project on an ongoing basis and ensuring that the approved documentation is used. The project may be audited by the University during or after its lifetime.

Should any changes to the delivery of the project be required, you are required to submit an amendment for review.

If you have a query regarding your application, please contact your Faculty Ethics Administrator in the first instance.

HWB - [REDACTED]  
STA - [REDACTED]  
SBS - [REDACTED]  
SSH - [REDACTED]

## Appendix D – Summary of key Network events

Summary of key Network events for HEALTHCARE & FASHION		
Date	HEALTHCARE/FASHION	External Engagement/Networking Event details
2 <sup>nd</sup> 3 <sup>rd</sup> June 2015	HEALTHCARE	The National Dementia Challenge conference London. Overview of various progress to improving living with dementia
25 <sup>th</sup> February 2016	HEALTHCARE	visited Wellcome exhibition 'Sense of Consciousness'
14 <sup>th</sup> March 2016	HEALTHCARE	online course 'The many faces of dementia' UCL open access course 4weeks
6 <sup>th</sup> to 7 <sup>th</sup> September 2016	FASHION	The Fashion Project: Exploring Critical issues: 8 <sup>th</sup> Global meeting at Oxford Mansfield college UK
21 <sup>st</sup> October 2016	FASHION	The Vulgar: Fashion redefined. Barbican Art Gallery
6 <sup>th</sup> December 2016	FASHION	Research Conference Fashion and costume at Huddersfield
13 <sup>th</sup> April 2017	HEALTHCARE	Dementia 2020 conference London
26 <sup>th</sup> April 2017	HEALTHCARE	attended School of Human and Health PGR conference session on dementia research.
23 <sup>rd</sup> June 2017	Pre-study Private invite HEALTHCARE	First of 3 creative reminiscent workshops (1950's) at Care home as volunteer
21 <sup>st</sup> July 2017	Pre-study Private invite HEALTHCARE	Second of 3 creative reminiscent workshops (1960's) at Care Home as volunteer
22 <sup>nd</sup> September 2017	Pre-study Private invite HEALTHCARE	Third of 3 creative reminiscent workshops (1970's) at Care Home as volunteer
14 <sup>th</sup> & 15 <sup>th</sup> October 2017	FASHION	LCF Fashion and psychoanalysis conference organised by Professor Carolyn Mair, Keynote speaker Valerie Steele. (self-funded attendance and fee)
1 <sup>st</sup> December 2017	FASHION	visited 'Fashioning Identity' exhibition London. Somerset House. (self-funded)
26 <sup>th</sup> January 2018	FASHION	BRILL chapter submitted 'The borrowing of emotive connotation between fashion and music' C.Allen
25 <sup>th</sup> June to 29 <sup>th</sup> June 2018	HEALTHCARE	25/07/18 Professor Davina Porock inaugural lecture: Death, dying, dementia & delirium. Good quote on everyday activity research – in notebook. Sheffield Hallam University
17 <sup>th</sup> January 2019	HEALTHCARE	Arts in Conversation at University of Cumbria
Feb 2020 to March 2021	Non Study Employment	Employment in Hospice – L&D HR

## Appendix E – Sample of Email communications with Care homes

REDACTED

Sheffield Hallam University Mail - Research project on the act of dressing

**Hallam University** CLAIRE TRELFA <REDACTED k>

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**Research project on the act of dressing**  
10 messages

REDACTED 14 January 2019 at 11:19

Dear REDACTED

Following our conversation this morning about my research project and working with [REDACTED] here is an outline of the project please call me if you require any further information my home number is [REDACTED] and mobile [REDACTED]

My research study is titled; **Developing a method to elicit & utilise sartorial biographies to inform care support in the act of dressing & the process of self-identity expressionism**

I am looking to work with a Care home manager and their team of carers. The home has to be a minimum of 40 residents with priority care for people living with dementia. I will be working with 3 separate care homes all located in the north of England and each one from a different care provision organisation. All the organisations have signed up to 'Enrich; enabling research in care homes' and I would really like to work with the Anchor care organisation. I have found that it is the more experienced care home managers that can inform the research in the best way and help me to engage with carers in their teams. My research does not involve people living with dementia but it is with the carers of people living with dementia and I hope to give the carers a voice to express their knowledge and understanding of supporting the act of dressing. I hope you can introduce me to an experienced Care home manager who would be interested in participating in my research. I will attach the research information sheets and a pdf of the Ethics committee submission at Sheffield Hallam university (includes the approval).

Initially I would like to meet with the care manager and explain my research and discuss with them the best way to engage the carers in research activities. I come from a creative arts background and I would be conducting creative workshops with the carers as a method for gathering the research. My research is conducted in two phases firstly interviewing the manager and using the analysis of this to inform and develop the detail of the second phase the creative workshops with carers.

**The study phases**

1. **Phase one:** Semi structured interviews will be conducted on a one to one basis with the care home manager and will be audio recorded. The interview is expected to take approximately 45 minutes. Any follow up questions will be conducted by telephone or email as preferred by the individual.
2. **Phase two:** Three Co-creation creative workshops with carers. They will take part in workshop activity sessions of 15minutes per session and 3 different ones will be held on each of the 3 creative workshop days. Carers can participate in one activity session or all three in the day. These will take place on the care homes premises in a meeting room. The workshops will be recorded by a combination of generated activity sheets, field notes and photographs.
3. Approximately one month after participation in the workshop the carers will be asked to evaluate the impact engagement in the workshop has had on their daily care duties. The evaluation will be conducted by phone.

In summary the study is about style identity and how to elicit and utilise style biographies to inform care support in the act of dressing.

Making the transition into care is very challenging and very often is the result of a person living with dementia getting to a crisis point. Crisis by its very nature is upsetting in every way and not just for the person living with dementia (PLWD) but those who have been supporting them. The relationships a person has with dress style in the past informs their future identity. It is the role of the care home to support the transition to living in a care home environment and assist in the curation of a person's identity. Carers need information to help them in the process of supporting the act of dressing. Our choice of dress can say a lot about us and it can help us to feel good too.

This study does not look at the crisis itself but at the care environment the PLWD will enter and specifically the act of dressing in personal care support.

Details of how the research data will be anonymised is in the attached documents

- Care manager participant information sheet
- Carers participant information sheet

All participants will receive the information sheet at least one week before the research activity. All participants will be required to sign a consent form and they can withdraw from the study up to 30<sup>th</sup> November 2019.

REDACTED

[REDACTED]

Sheffield Hallam University Mail - Staff meeting

**University**

[REDACTED]

CLAIRE TRELFA [REDACTED] <[REDACTED]>

**Staff meeting**

3 messages

[REDACTED] 6 March 2019 at 16:26

Hi [REDACTED]

Have you a date for your end of March staff meeting that I can attend to introduce myself to the carers?

I am just keen to get it in the diary.

Thanks

Claire

[REDACTED] 6 March 2019 at 17:00

Sorry its next Tuesday at 6pm

I had forgotten, its been so busy of late, my apologies

[REDACTED]

[REDACTED] 6 March 2019 at 17:12

Hi [REDACTED]

I should be able to make that, might not be there on the dot of 6pm due to traffic at that time of night.

See you then

Claire  
[Quoted text hidden]

[REDACTED]



REDACTED

CLAIRE TRELFA

REDACTED

uk>

**Research meeting on 30th July zoom LINK**

3 messages

REDACTED

23 July 2021 at 16:08

Hi REDACTED

Thanks for agreeing to help with my research, the zoom link for next Friday is at the bottom of this email.

Attached is the consent form for your part as a manager which I need completing and signing and sending back to me please. Also attached is the information sheet about the study and your involvement as a manager which is for you to read and keep.

I will send the carers information in a separate email.

Best wishes  
Claire

Claire Trelfa is inviting you to a scheduled Zoom meeting.

REDACTED

**2 attachments**

**Manager Participant Consent Form REVISED ER7763544.docx**  
44K

**Care managers Participant Information Sheet REVISED ER7763544.docx**  
48K

REDACTED

28 July 2021 at  
13:55

Hi Claire

Please find attached my signed consent.

I have not got my staff meeting until this evening, so will keep you posted.

Kind regards

REDACTED

## Appendix F - Carers Recruitment Poster

**Sheffield  
Hallam  
University**

Faculty of Science,  
Technology  
and Arts

# Do you work as a care assistant?

Are you involved in helping a person you care  
for to get dressed?

If your answer is **YES** you can help by joining the research  
workshop activities running here at XXXXXXXXXX

### Who am I?

My name is  
**Claire**



I am a researcher in  
fashion and style

And a research student at  
Sheffield Hallam University

My research is investigating how carers support  
individual styling choices of the people they care for.  
Our choice of dress can say a lot about us and it can  
help us to feel good too. I want to hear from you and  
understand your role in helping a person to get  
dressed.

Suitcase discussion sessions



**Wednesday 23<sup>rd</sup> June 2021**

Please join me in the meeting room here  
This is an online discussion exploring the  
contents of the suitcase and telling your  
caring stories

(session will be approximately 60minutes.)

For the purpose of the research study all data gathered at the workshop will be anonymized (your name will be changed so you cannot be identified).  
One week before the workshop you will be sent a copy of the information sheet outlining the project and how the data will be used along with a consent form.

## Appendix G - Managers Information sheet (3pages)



### CARE MANAGERS PARTICIPANT INFORMATION SHEET

#### **Developing a method to elicit & utilise sartorial biographies to inform care support in the act of dressing & the process of self-identity expressionism**

*Taking part in the study is voluntary and no penalty is incurred for not taking part.  
You may withdraw from the study at any point up to the 30<sup>th</sup> November 2019*

#### **Summary of the research study**

Please will you take part in a study about style identity and how to elicit and utilise style biographies to inform care support in the act of dressing.

Making the transition into care is very challenging and very often is the result of a person living with dementia getting to a crisis point. Crisis by its very nature is upsetting in every way and not just for the person living with dementia but those who have been supporting them. The relationships a person has with dress style in the past informs their future identity. It is the role of the care home to support the transition to living in a care home environment and assist in the curation of a person's identity. Carers need information to help them in the process of supporting the act of dressing. Our choice of dress can say a lot about us and it can help us to feel good too.

This study does not look at the crisis itself but at the care environment the PLWD will enter and specifically the act of dressing in personal care support.

#### **Why have you asked me to take part?**

I want to hear from you as a care manager working in a care home supporting people living with dementia to understand your role in providing support for a person to get dressed.

It is up to you to decide if you want to take part. A copy of the information provided here is yours to keep, along with the consent form if you do decide to take part. You can still decide to withdraw at any time up to 30<sup>th</sup> November 2019 without giving a reason.

#### **What will I be required to do?**

The interview is a one to one interview with the researcher. In the interview you will be asked to discuss your managerial role in supporting the act of dressing for people your care home supports.

#### **Where will this take place?**

In the meeting room or office in the care home you work in.

#### **How often will I have to take part, and for how long?**

The interview is expected to take approximately 45minutes.

Any follow up questions will be asked by email or phone as you prefer.

#### **Are there any possible risks or disadvantaged in taking part.**

No

**What are the possible benefits of taking part?**

By taking part you may find you reflect on the experience and incorporate some of the ideas in your own practice as you manage other in support in the act of dressing. The debriefing presentation may present you with ideas you can incorporate into managing your care provision service.

**When will I have the opportunity to discuss my participation?**

After the interview

**Will anyone be able to connect me with what is recorded and reported?**

- Each Care home will be given a pseudonym as will the corporate group they belong to.
- All manager participants will be given alternative names so they cannot be identified.
- Participating carers will be given alternative names so they cannot be identified.
- Audio recordings of the interviews will be digital MP3 files however these will be transcribed as Microsoft word docs to be anonymised as audio files carry a potential for voice recognition. The audio files raw data will be removed before depositing the data in the SHU research data archive (SHURDA).
- Activity sheets from the co-creation carer workshops will not include any individual names of participants.
- Field notes will have names anonymised by assigning carers alternative names.
- Photographs of the workshop will have all identifying features of the individuals and the location blurred out to anonymise the image.

**Who will be responsible for all of the information when this study is over?**

Sheffield Hallam University and the University's Research Data (SHURDA) repository.

**Who will have access to it?**

All non-electronic data and/or paper copies will be converted to electronic format and hard copies disposed of using the University's confidential waste disposal route. All raw and anonymised electronic data will be stored in SHURDA, allowing data to be shared where necessary (and with participants' consent).

Any publications arising from the research project will state that data are available from SHURDA. The thesis generated from this project will be made available to others through Elements (e-thesis).

**What will happen to the information when this study is over?**

All data (raw and analysed) will be deposited in the University's Research Data (SHURDA) before the end of the research project. The data will be retained in the archive for a period of 10 years since the last time any third party has requested access to the data. When depositing the data, no further changes to data formatting will be required as all necessary actions will have been conducted as the research progresses.

**How will you use what you find out?**

Written thesis, publications, presentations

## How long is the whole study likely to last?

Two years

## How can I find out about the results of the study?

There will be a presentation to your care home in May/June 2019 as an interim debriefing of the research. And a final results presentation will be given in the autumn of 2020 at the participating care home.

## Legal basis for research for studies

The University undertakes research as part of its function for the community under its legal status. Data protection allows us to use personal data for research with appropriate safeguards in place under the legal basis of **public tasks that are in the public interest**.

A full statement of your rights can be found at <https://www.shu.ac.uk/about-this-website/privacy-policy/privacy-notices/privacy-notice-for-research>. However, all University research is reviewed to ensure that participants are treated appropriately and their rights respected. This study was approved by UREC with Converis number ER7763544.

Further information at <https://www.shu.ac.uk/research/ethics-integrity-and-practice>

---

Details of who to contact if you have any concerns or if adverse effects occur after the study are given below.

### **Researcher/ Research Team Details:**

Researcher: Claire Trelfa – [REDACTED]

Director of studies: Dr Kerry McSeveny - [REDACTED]

Supervisor: Dr Claire Craig [REDACTED]

<p><b>You should contact the Data Protection Officer if:</b></p> <ul style="list-style-type: none"><li>• you have a query about how your data is used by the University</li><li>• you would like to report a data security breach (e.g. if you think your personal data has been lost or disclosed inappropriately)</li><li>• you would like to complain about how the University has used your personal data</li></ul> <p>[REDACTED]</p>	<p><b>You should contact the Head of Research Ethics (Professor Ann Macaskill) if:</b></p> <ul style="list-style-type: none"><li>• you have concerns with how the research was undertaken or how you were treated</li></ul> <p>[REDACTED]</p>
---	---

Postal address: Sheffield Hallam University, Howard Street, Sheffield S1 1WBT  
Telephone: 0114 225 5555

## Appendix H – Carers Information sheet (4pages)

### **Exploration of the role the care provider has in the act of dressing & the process of supporting identity expression for people living with dementia**

*Taking part in the study is voluntary and no penalty is incurred for not taking part.  
You may withdraw from the study at any point up to the 30<sup>th</sup> September 2021*

### **Who am I and what is my research about?**



**My name is Claire**

I am a research student at Sheffield Hallam University.

I am interested in people and how they tell their stories and experiences. I have combined this with my interest in what people wear and why they like to dress that way.

I am interested in hearing about your daily routine tasks in getting residents living with dementia dressed. I really want to hear about your job and how you help people to get ready for the day and feel good about themselves. Getting dressed is a very private thing we all do every day, helping someone else to do this is quite a different experience and I want to understand your views and experiences on this.

### **Why have you asked me to take part?**

- I really want to hear your stories and views as a professional carer in care home and understand your role in helping another person to get dressed.
- It is up to you to decide if you want to take part.
- A copy of the information provided here is yours to keep.
- You can still decide to withdraw at any time up to 30<sup>th</sup> September 2021 without giving a reason.

What will I be required to do?

The talking session is with a suitcase of clothes and we will use the items to explore some of your own experiences as a carer in helping a person with dementia get dressed.

Where will this take place?

In the meeting room in the care home you work in and I will be there via video link.

How often will I have to take part, and for how long?

The workshop will take approximately 60minutes.

Are there any possible risks or disadvantaged in taking part.

No, it will not impact you personally or professionally in your role as a carer.

What are the possible benefits of taking part?

You can tell your own personal stories of how you help people get dressed. Taking time to think about your daily routines may help you to understand all the little ways that you help to provide good care and even have some ideas for ways some of those tasks could be made better or done in a different way.

Taking time out from your busy day to tell your own stories of good caring practices.

Will anyone be able to connect me with what is recorded and reported?

I will

- Change the name of the Care home you work for.
- Change all participants names to reduce identification.

For example: *Mary Smith* will be renamed as *Fiona Mattison* (made up by the researcher)

- Record the session by zoom ONLY to help me make sure I can understand your stories. I will write up what is said and I will not be using the video or any images of the session or pictures of you at all in any publication or presentation **I will only use your words.**

As your stories are personal to you only people who also know your stories will possibly be able to connect you to the research but as your name is changed and the name of the care home you work for are changed this is a low risk.

Details of who to contact if you have any concerns  
or if adverse effects occur after the study are given below.

**Researcher/ Research Team Details:**

Researcher: Claire Trelfa - [REDACTED]

Director of studies: Dr Kerry [REDACTED]

Supervisor: Dr Claire Craig - [REDACTED]

<p><b>You should contact the Data Protection Officer if:</b></p> <ul style="list-style-type: none"><li>• you have a query about how your data is used by the University</li><li>• you would like to report a data security breach (e.g. if you think your personal data has been lost or disclosed inappropriately)</li><li>• you would like to complain about how the University has used your personal data</li></ul> <p>[REDACTED]</p>	<p><b>You should contact the Head of Research Ethics (Professor Ann Macaskill) if:</b></p> <ul style="list-style-type: none"><li>• you have concerns with how the research was undertaken or how you were treated</li></ul> <p>[REDACTED]</p>
---	---

Postal address: Sheffield Hallam University, Howard Street, Sheffield S1 1WBT  
Telephone: 0114 225 5555



REDACTED



REDACTED

CLAIRE TRELFA

REDACTED

kk>

**Research proposal**

3 messages

REDACTED

Hi Claire,

Many thanks for your patience. I have just received confirmation that the research can go ahead at [REDACTED] as discussed.

[REDACTED] can you let [REDACTED] know please?

Kind Regards

REDACTED

Associate Director of Nursing

REDACTED

REDACTED

REDACTED

24 January 2019 at 22:16  
p.com>

Thank you for your positive response to my research I am replying only to you and including [REDACTED] as you are known to me and I would ask you forward my response to the other people who need to know. I have put my answers to your 3 questions below in as much detail as I can but feel free to ask me for any further information or explanations.

1. I am interested in working with one home based in the North of England and part of your Elderly Care provision with dementia care specialism. The criteria for the study is that the home should be a minimum of 40 beds. Experienced managers are a preference because of the depth of knowledge they have especially as the study is investigating an everyday process that is an automatic act to us all. I feel as an organisation you are best placed to know your homes and which ones will not only contribute well but that they will benefit from participating in the research. I am very sensitive to the pressures on care organisations to provide good care and each home has its own challenges. I do not want the project to be burdensome as this could impact on the engagement I get from staff. Here is a wish list of homes that I have compiled from your website that are possibilities, I only need one from your organisation to work with.

- REDACTED
- 
- 
- 
- 
- 

2. This is the explanation of how the staff participating in the workshop sessions will have identifying features remove. By identifying features I mean the head including hair and any personal identifying marks that can potentially identify them such as name badges, jewellery, tattoos and specific marks on skin that are unique to the individual. Also any home specific features will be blurred too such as logos on uniforms or in the background.

On my ethics form this is covered in P3 Q12 (attached is a cropped section highlighting this)  
*'The workshop activities will be recorded by a combination of generated activity sheets which will not include any identification of individuals, field notes will have names anonymised by assigning carers alternative names, photographs of the workshop days will have all identifying features of the individuals and the location blurred out to anonymise the image!'*

3. To clarify what processes that are in place to mitigate against bias as you rightly note the researcher is the person gathering the data.

The sampling criteria was part of the process to manage the integrity of the data gathering. All the care organisations selected to participate [REDACTED] care homes' organisation. It is specific to this study that the care homes belong to different organisations and the care home participating from each organisation has been sign posted by organisations senior executives and not by personal relationships to ensure care staff do not know the researcher.

REDACTED

REDACTED

My methodology requires a reflexive approach and transparency to my position and impact on the fashion and style identity academic (15 years experience in HE) and I have selected to use this lens to investigate the act of dressing in a care home environment. My PhD study is not funded by any third party and my PhD supervisory team is interdisciplinary which is deliberate and integral for process that requires critical evaluation of methodology and overseeing of the validity of the data generation. Details below include links to their research profiles and publications.

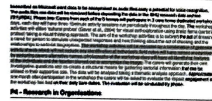
Director of studies: **Dr Kerry McSevery** Research fellow in the Communication and Computing Research Centre. Her research uses a range of qualitative approaches and encompasses a wide variety of topics, but her main research interests include the relationship between food and identity, regulation of the body, the discursive construction of social issues, and identity in interaction.  
aceskm4@exchange.shu.ac.uk  
<https://www.shu.ac.uk/about-us/our-people/staff-profiles/kerry-mcsevery>

Supervisor: **Dr Claire Craig** Reader in Design and Creative Practice in Health; Co Director of **Lab4Living**, Art & Design Research Centre, Sheffield Hallam University. Editor Design for health  
c.craig@shu.ac.uk  
<https://www.shu.ac.uk/about-us/our-people/staff-profiles/claire-craig>

REDACTED

Best wishes

Claire  
[Quoted text hidden]



screen shot P3Q12.png  
275K

REDACTED

18 February 2019 at 10:29

REDACTED

Claire

Thank you for your detailed answers. We would like to receive feedback on the results of the research by way of offering a presentation on the results to any sites involved, and also submission of a copy of the final research report to the Priory research group? Is this something you will be happy to do?

Providing this is acceptable to you, then I am pleased to say that all the permissions are in place, and we would like to invite you to contact [REDACTED] arrange access to start your research activity as detailed in your proposal. If this is unacceptable, please telephone me and we can discuss the issues directly.

REDACTED

## Appendix J – Managers Semi structure interview guide

*Guidance Notes for Semi structured Interviews with managers*

*Remember open questions!*

*RESEARCH QUESTION: What is the managerial strategy that impacts on personal care provision and support in the dressing process provided by carers?*

*The study about style identity and how to elicit and utilise style biographies to inform care support in the act of dressing.*

*Making the transition into care is very challenging and very often is the result of a person living with dementia getting to a crisis point. Crisis by its very nature is upsetting in every way and not just for the person living with dementia but those who have been supporting them. The relationships a person has with dress style in the past informs their future identity. It is the role of the care home to support the transition to living in a care home environment and assist in the curation of a person's identity. Carers need information to help them in the process of supporting the act of dressing. Our choice of dress can say a lot about us and it can help us to feel good too.*

*This study does not look at the crisis itself but at the care environment the PLWD will enter and specifically the act of dressing in personal care support.*

### Managerial structure

1. Can you tell me about how the care provision is managed?
2. How do you manage and support your care staff?
3. How do you discuss/train a person centred approach?

### Before living in care home

1. When a **new client (service user)\*insert their term of reference** is to join you what is the **process** of managing them into the care home?
2. How much space do they have for clothes and accessories?
3. Who decides what accompanies your **client** in terms of personal effects?
4. Is dressing specifically discussed with **the client** and current care support in addition to personal care needs?
5. Do you gather any information from family about how they think their loved one should be dressed of any occasion or visit?

6. Do you talk about a 'person centred approach' to caring? Do you explain what 'person centred care' is? Do you explain how you provide care and support for the PLWD and the care providers view of supporting ongoing personhood/self identity?
7. In your opinion what percentage of people come to you in a crisis situation?

### **Biographical data gathering and continuing the story**

8. What personal biography information is gathered before coming into the home?
9. Is information on the clients style preferences gathered prior to joining the home?
10. How is biographical information used in planning their care support?
11. Do you do life story work with client (service user) *\*insert their term of reference*
12. How do you use biographical information in supporting them in daily activities or support carers to?
13. How do you help them to keep their story active and use it to support them to engage with their families?

### **Laundry and care of personal effects**

14. What is discussed about clothing care with family/carer prior to living at care home?
15. Are there any home policies that impact on clothing?
16. Is laundry process discussed before entering the home?
17. Impact of infection control on management of clothes?
18. Dirty to clean cycle management.

### **Managing dressing**

19. How is it determined how long is allocated for dressing support? Or is this included in personal care support?

### **Personal biographical information dissemination and management**

20. How is personal information about your clients shared with carers?
21. How is information communicated with agency staff?

### **Issues/problems relating to dressing and clothing management**

22. What are the main issues raised by carers in relation to **clothing or dressing**?
23. How would you describe your priorities in the **care of a client**? *\*insert their term of reference*
24. How do you discuss/train a person centred approach? – is dressing in this context discussed?
25. Who replenishes the wardrobe? How do you communicate the need for more clothes?
26. What issues do family raise relating to clothes or dressing?
27. Clothes can give clues to others and indicate time of day.

### **Managing your job and identity as a manager**

28. What are the pressures as a manager do you find challenging in managing a care staff team?
29. How does the demands of CQC impact on your management?
30. What motivates you in doing your job?
31. Do you do a care shift at any time?
32. How do you think carers see you?
33. What do you find rewarding in managing care of PLWD?

## Appendix K - Outline carer 'Suitcase conversation session'

### Outline carer 'Suitcase discussion session'

- Discussion topics are in RED
- Examples of questions used along with Identified clothing items or sets to prompt narrative discussion
- Clothing items will have a number stapled to them for identification in the suitcase.
- Sartorial case study set will be in a separate envelope

### SEEING the clothes

#### Reveal

- On opening the Suitcase what are your first thoughts about what you see?
- What do you feel towards the clothes you see?
- What are your feelings towards touching somebody else's clothes?
- As the suitcase presents new clothes to you that belong to somebody else can you tell me how you first approach a persons wardrobe and what you do to try to understand about the clothes within it?

#### Sense making

- What do you think the clothes themselves tell you?
- What do the clothes say about the person who owns them?
- How do you feel about clothes on folded in a suitcase or drawer or in a wardrobe?

### Reflecting on the last person you dressed

#### Process

- Before you enter rooms to support people in getting up and ready for the day what information do you find out about them and their day that helps?
- Where do you find this information?
- What do you do if you do not have this information?
- When you enter a room in the morning what is the order of tasks you have to do?
- How do you plan the timing of your tasks?
- How long does it take to get somebody dressed – the quickest to the longest?
- How do you involve the person you support in the routine of the morning tasks?
- How do you involve the person in the selection of clothes to be considered?
- Do you select items for the person to choose from?
- How much choice do you give them?
- Is there anybody you do not give choice to and why?
- What do you do if a person is not allowing you to help them get dressed?

#### Construction

- How do you start to plan what to dress somebody in for the day?
- What do you think is important to consider in planning the days clothes?
- How do you help somebody to select the appropriate clothes for the day's activities?
- What do you do if a person selects clothes that you think are not right for the day's activities?

#### Identity issues

- How important is it to you that the person you support is feeling comfortable and happy in what they wear?
- If the person has selected the clothes themselves but has selected 2 shirts to wear or a skirt and trousers how do you deal with this?
- Do you think it is wrong to wear 2 shirts? Or to wear trousers and a skirt?
- If they are very happy with their choice do you help them to get dressed?
- If you feel this is not right what do you feel is not right and why?

### **Handling the clothes**

#### Exploring the Sartorial case studies

- Selecting the outfit and locating the personal profile that links
- Does a profile give you any information that helps you connect this to their clothes?
- Why have you selected the clothes that you feel should connect with the profile?

### **Emotional connectivity, clothes and frailty**

#### Physicality issues

- If a person has selected a shirt to wear and wants to do up the buttons themselves but finds it difficult how would you support them?
- What if they don't want your support and push you away?
- Will you let them wear the shirt that is buttoned up wrong and shows their underwear?
- What if they choose to wear trousers that are in their wardrobe but now don't fit them?
- There are dungarees or a jumpsuit in the wardrobe the person loves them and really wants to wear them how do you support them?
- What problems are there with clothing that is all in one?
- What problems do you feel these clothes have for the person throughout the day?
- Will the problem that the clothes might cause be a reason to not support them to wear that item?
- After dealing with a problem item of clothes what do you do to try to avoid this problem again?
- A person gets dressed then starts to take off their trousers how do you support them?

### **You and another's clothes how do you connect?**

### Likeability

- Are there clothes here you find you don't like?
- If you don't like the clothes does that matter?
- Do you select clothes you like?
- In the clothes a person has chosen they have holes in will you still help them to put them on?
- What does it make you feel when a person is dressed in clothes you like?
- A person has selected to wear a nightie, leggings and a jumper will you help them to wear their chosen clothes?
  - Why would this be a problem or not?

### Style confidence/just clothes and understanding dressing practice

- Steam punk/Punk/Goth/Rocker/Ethical/uniform/Sari
- Long gown/smock
- Short skirts shows off legs and everything else
- Doesn't recognise their clothes so won't get dressed
- Wants to wear somebody else's cardigan?
- Wants to get dressed for work?
- Clothes and ritual/routine

### Clothes and others

#### Negotiating the wider onlooker

- Do you know what particular family likes to see them wear?
- Do you think dressing a person to please a family member is acceptable?
  - Why?
- Are there family visiting that make you feel anxious about supporting a person to select their clothes and support them in dressing?
- Have you experienced being told by a family member what the person is wearing is not right but you helped them get dressed in what they chose to wear?
  - How did you deal with the questions/criticism from the family member?

## Appendix L – Narrative flow conversation examples

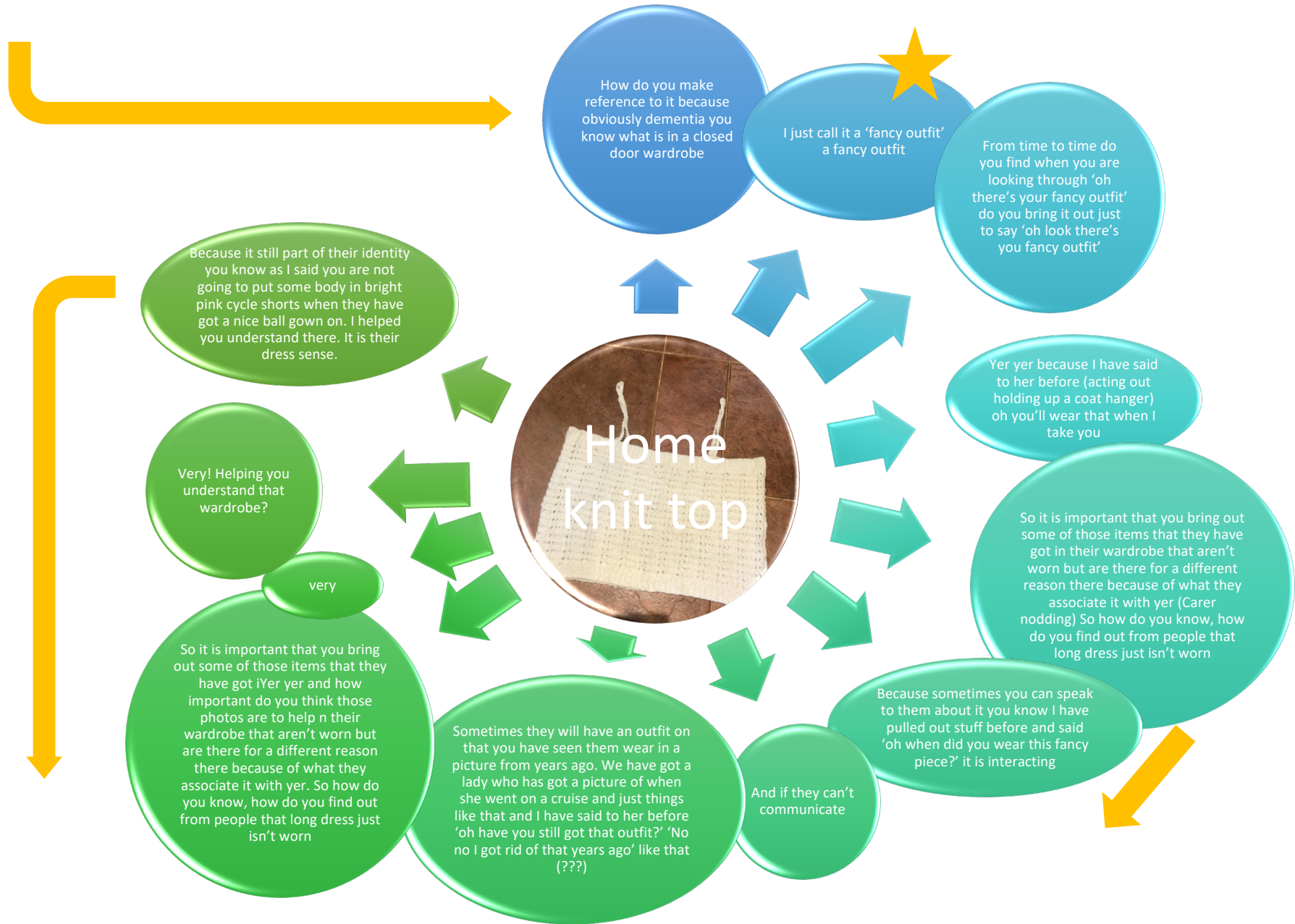
Narrative flow Conversation from Home knit top – Carer 4 (over 6 pages)

Narrative flow Conversation from satin sheen leggings - Carer 3 (over 4 pages)

**Narrative flow Conversation**  
**from Home knit top – Carer 4**

- Ovals = Carer narrative
- Circles = CT researcher narrative





Have you ever come across somebody that their sense has started to – their choices have started to get confused as with the dementia itself?

Yes we have a couple of ladies that put a number of layers on and then you have to try and encourage them you don't need that on today maybe just put a t-shirt with a shirt on or like you know. We have one that will put vest on like a bra a vest a t-shirt another vest on top for the cold because they do feel the cold even though the building is stifling. I get swoosh sweat boiling! But it is what they know

Do you think when they are selecting those things they almost stuck in that beginning part of dressing outfit'

Yer yer and then it becomes behavioural as well

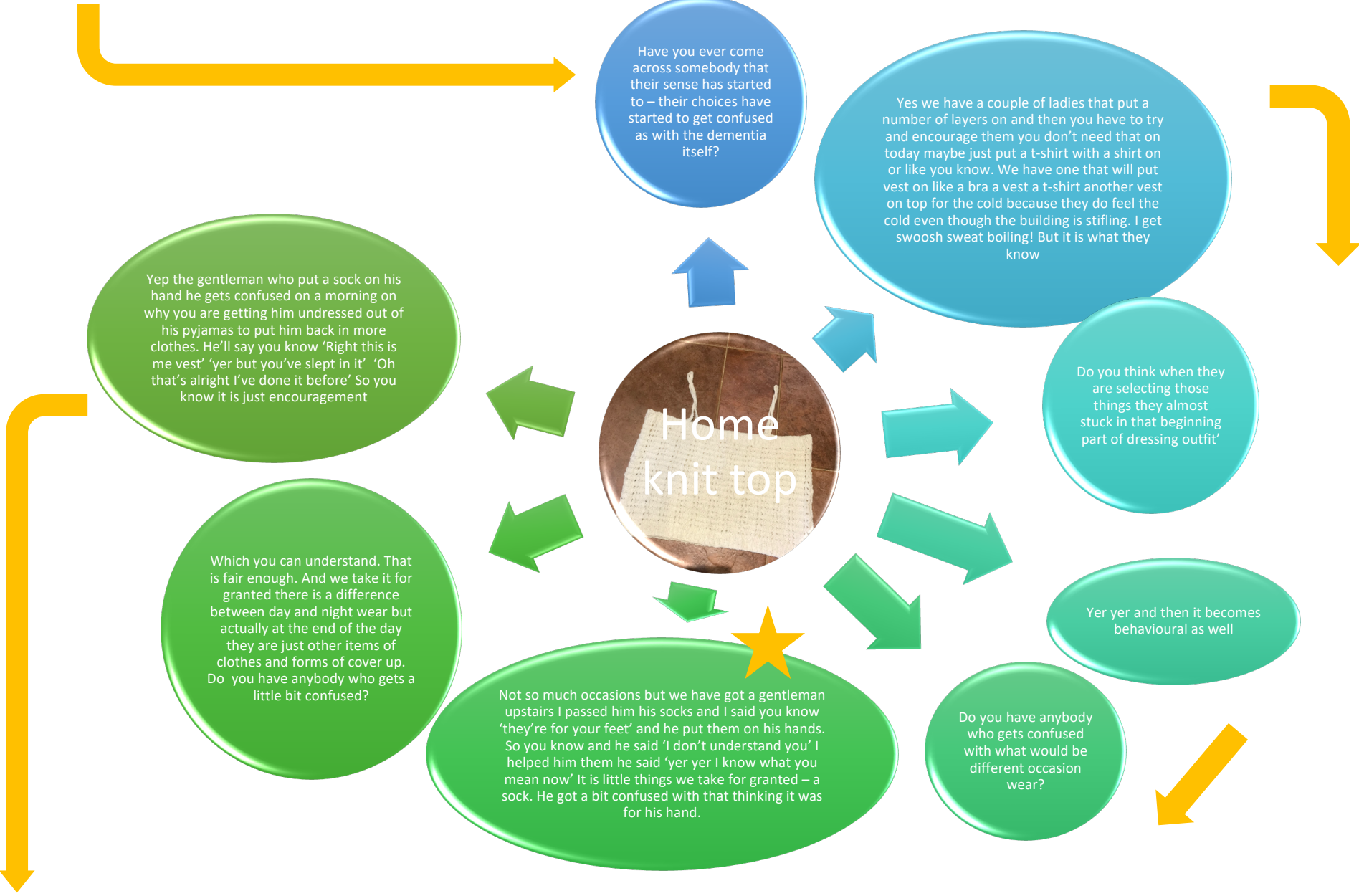
Do you have anybody who gets confused with what would be different occasion wear?

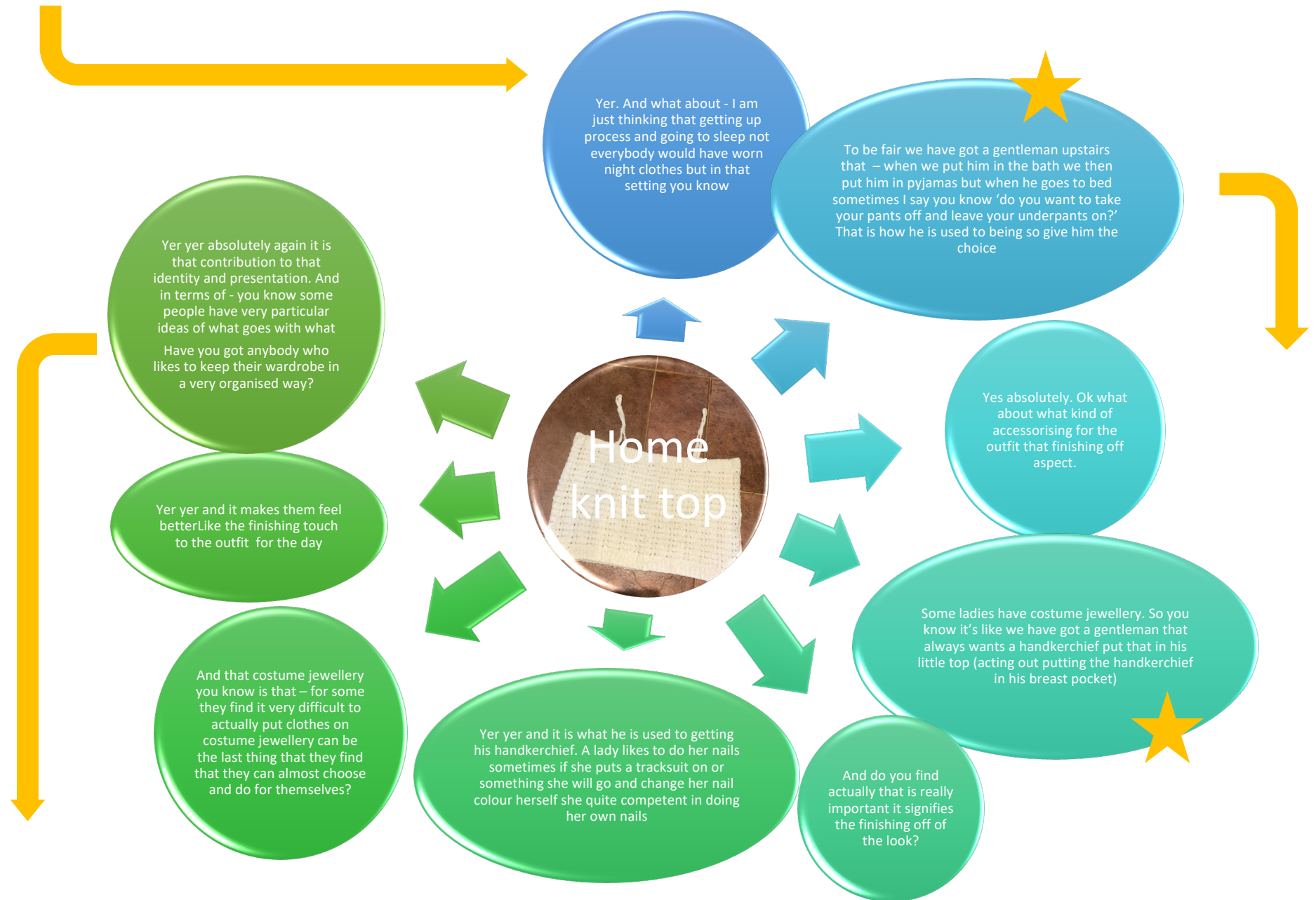


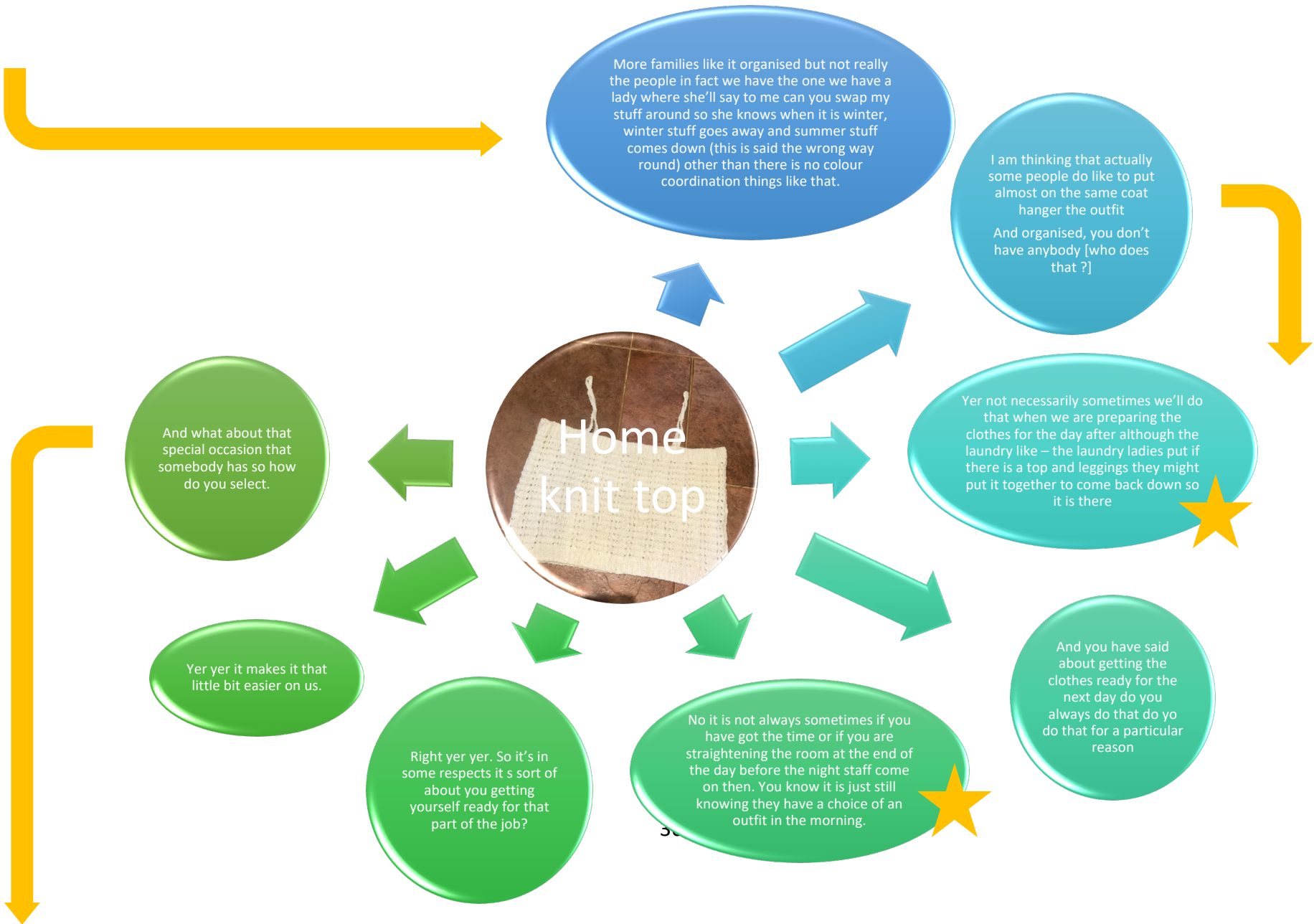
Not so much occasions but we have got a gentleman upstairs I passed him his socks and I said you know 'they're for your feet' and he put them on his hands. So you know and he said 'I don't understand you' I helped him then he said 'yer yer I know what you mean now' It is little things we take for granted – a sock. He got a bit confused with that thinking it was for his hand.

Which you can understand. That is fair enough. And we take it for granted there is a difference between day and night wear but actually at the end of the day they are just other items of clothes and forms of cover up. Do you have anybody who gets a little bit confused?

Yep the gentleman who put a sock on his hand he gets confused on a morning on why you are getting him undressed out of his pyjamas to put him back in more clothes. He'll say you know 'Right this is me vest' 'yer but you've slept in it' 'Oh that's alright I've done it before' So you know it is just encouragement









We had a lady who was going on an appointment a couple of weeks ago so her daughter brought in an outfit that the daughter had put together at home. With a tag on it don't put on until Wednesday. So we knew that was the outfit of the day for Wednesday, for this appointment.

How do you manage though, bringing something in from home that is no longer familiar to them how do you manage that or new items in the wardrobe.

You just explain to them you know he family member such as your daughter that they brought it in for you. And it is left there, it is left there for them to recognise

Right so hanging it on the outside of the wardrobe helps with the process of getting them kind of familiar with them for a few hours before they have to put it on  
OK so that is supporting that. Are there any items that you wouldn't put on somebody because they would – would cause them difficulty

I think it would be just be an item of clothing that I know would make them uncomfortable. Something too small you don't want them to feel they were fat or you know they have got an incontinence aid on or you know because then it is the carers who struggle when we try to take them to the toilet again it goes back to comfort. You don't want them uncomfortable in anything that was too small for them.

No so it becomes this – it is about this balance between the care staff supporting them to be comfortable and to be that person but also allowing them the choice. Yer and that in Yer and that in itself is quite difficult to maintain

Yer it is when you get a pair of leggings on someone then you realise they are about two sizes too small then you got get them off then yo got to get another (laughing)  
If there is something I know is too small then I put it in the top of the wardrobe out of the way so we wont get them a gain

We just tell the family and then they say 'oh just throw it away' you know if it is only a little pull, snag then they'll take it or even the laundry ladies before they've try to fix it themselves  
There are ways around it

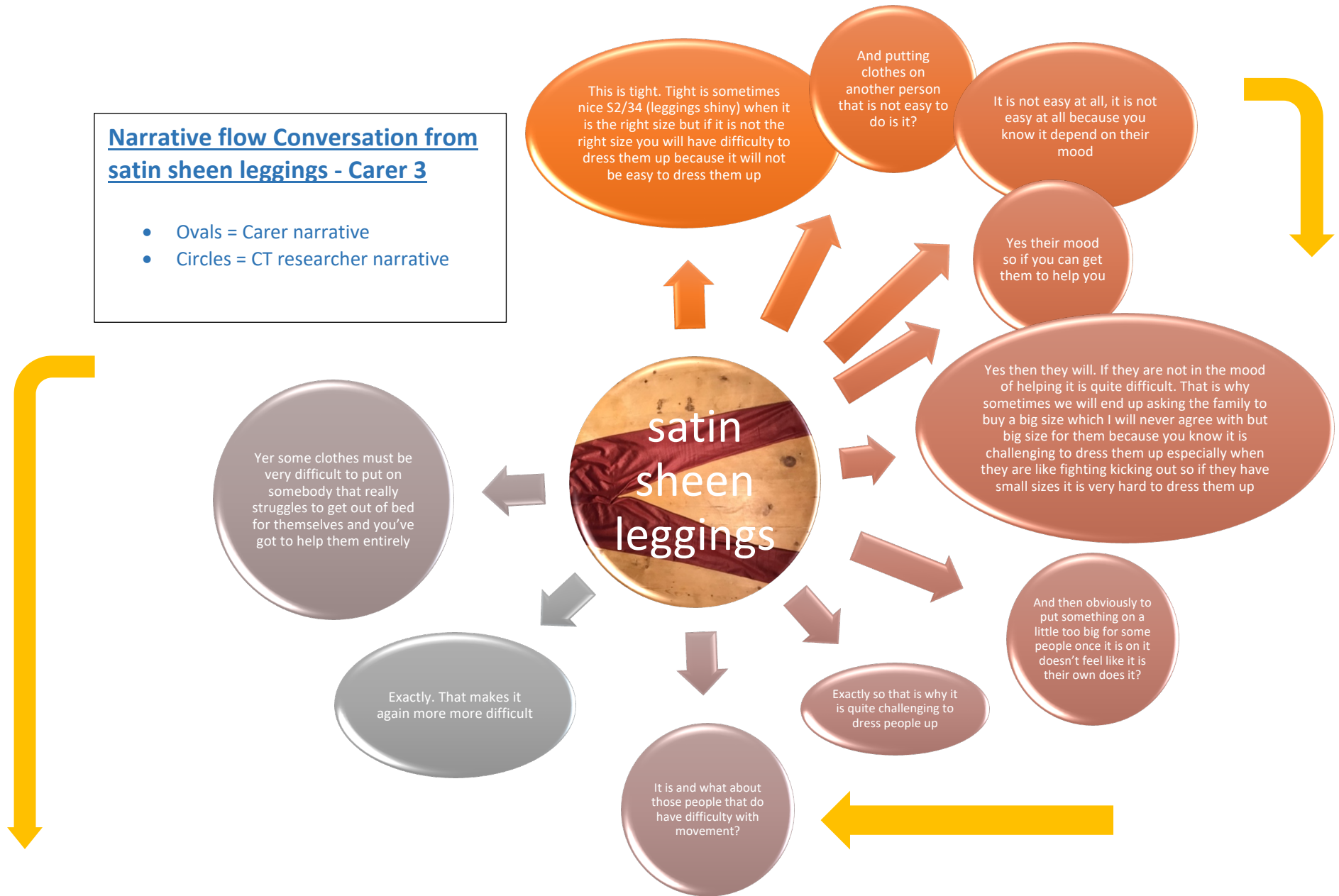
Yes yes and what about those items that get a little bit worn or tatty or have got a hole in?

Yer sometimes we do you know and other times it just goes there (acts out putting on top shelf) so its out the way. So it is up there because it has gone too small then they have that choice if they want to take it back

Do you let family know or is that just something if we can just put it out of the way?

**Narrative flow Conversation from satin sheen leggings - Carer 3**

- Ovals = Carer narrative
- Circles = CT researcher narrative



In that case we need you know like comfortable clothes like sport clothes you know loose clothes things like that.

Do you think when you talk to family family can find that quite difficult. To make that change to their wardrobe?

Exactly some of the family will find it difficult you know they will kick off by saying 'oh my mum or my dad wear like that then my husband always wear like that' yes they used to wear it like that but now he is not able to help dressing may be size S that is why we are asking for M or Large so and then they will understand why, why we need that kind of clothes

So you have to explain why it is difficult

Yes because when the clothes are tight you can cause harm by dressing because if you try to stretch somebody's arm you might cause more harm than good because the clothes is tight

I think the size of clothes for some people is quite important because um if they – size is an indicator of change isn't it so if you are asking for a bigger size you know that the family are struggling to accept that – an element of loss really an element of losing a little bit more of that person they were that's why clothes can be quite important to them can't they?

Yes but that is why in this case that's why we always have a 'best interest' meeting with the family to explain exactly that there will be the manager the nurse in charge you know to make the decision why the reason we are trying to change this the reason is relevant the family will agree.

Right so it comes in the formal part of that yer In terms of getting somebody dressed um you talked about (I am trying to think) you talked about things that matched. How do you make a judgement of something that matches? Do you have an idea of what colours go together or patterns?

Yes you know like I said first of all I will think if I am the one dressing can I wear red with yellow something like that, choose to try and find the colour which is matching

So sometimes it is difficult to explain to other people what matching clothes are but what are the colours you wouldn't put together then? Are you saying that red and yellow are too strong in themselves to sit side by side



# satin sheen leggings





Yes to me yes some people will think that is nice but to me it will be like it is too much or maybe let's say you have black and then you match with this green colour to me I think it is dark colour it doesn't look nice on me but for someone else it might match pretty good so depend on the style of the person and then the colour

Yes so in some ways you start with your idea your preference then you work with them to try and get their understanding of what they like yes yer

Exactly!

Do you make sure that when they are dressed you said how important compliments are but when they are dressed do you make sure that they have an opportunity to see what they look like.

Yes yes people who are still you know like capable to say something they have choice to go in the mirror and then know prompted them 'look how you are looking very smart you looking nice' then they say 'oh you are winding me up or sometimes we will make a joke 'today I like you are going to get a new boyfriend in this place!' or something like that

Do you think it is quite important for people to have that conversation once they are dressed? To kind of get them ready for going out then?

Yes it is very important you know especially for woman it is like that behaviour is still following us even in care home a compliment for woman is very important very important to them so

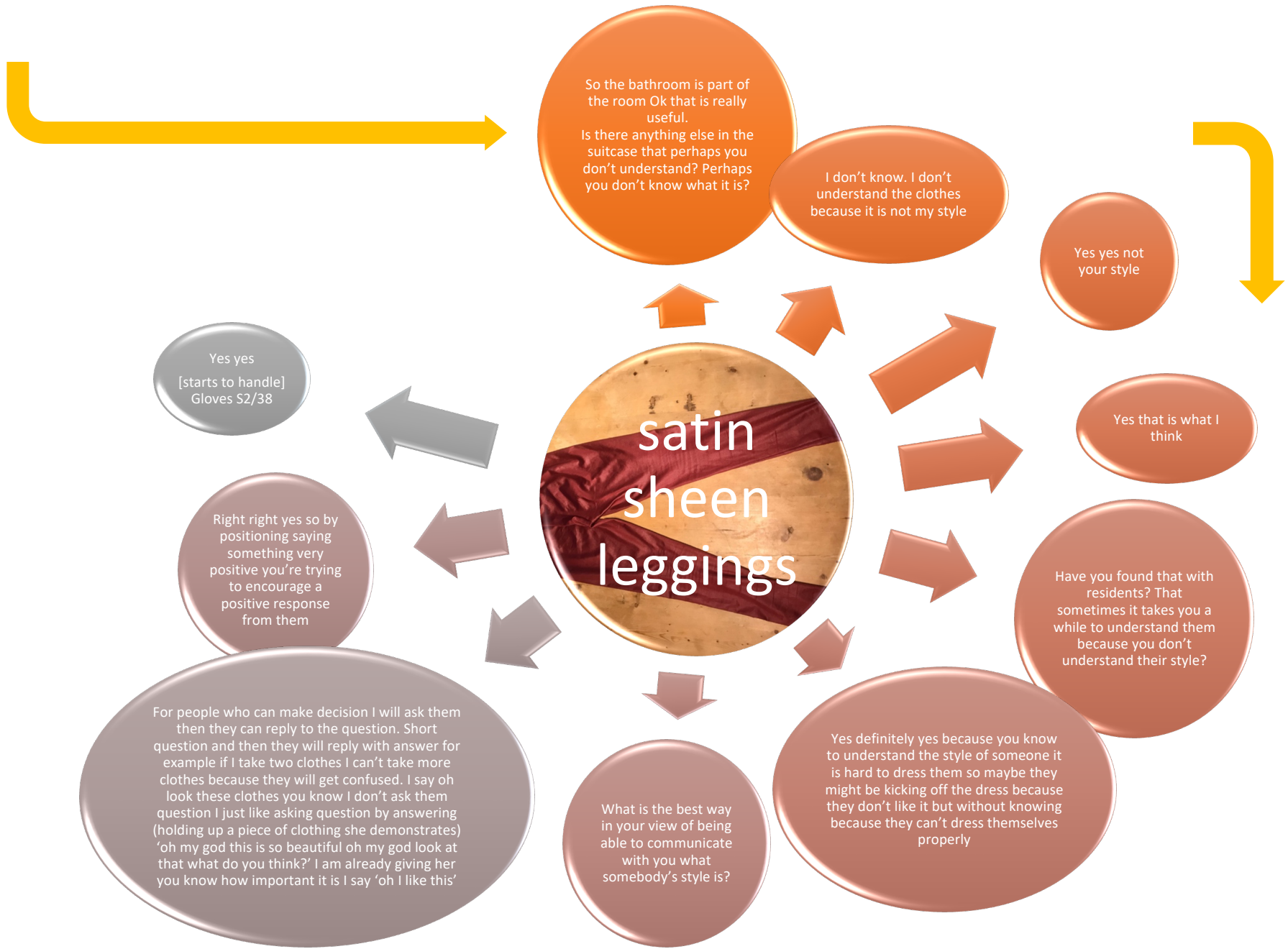
And do they have a mirror in their room is there a mirror in every room?

Yes yes they have in the bathroom so

Right right they all have ensuite bathrooms haven't they?

Yes they have.





## Appendix M – Suitcase content catalogue

**Case study:** presents items that have been connected to each other to become an sartorial presentation. This collection of items when put on then connects to emotions and may stimulate emotions or recall of emotions that when recalled may create other emotions of the here and now. An outfit of the past may have happy memories embedded but when put on and do not fit create feelings of frustration or disgust or loss or sadness.

**Suitcase:** Cabin size - Approximately 34Litre (48.5x35x20cm)


Suitcase items in total 40.



Carer information and consent packs



Content form completion plastic wallet



Suitcase 1: S1 – Contents S1 to S21




Suitcase 2: S2 – Contents S22 to S40


	Suitcase ID	ID	Image	Research prompt	Notes	Prompted conversation with carer
1.	S2/25 S2/26 S2/28	Bea Case Study Farmers wife Still lives on farm looks after orphan lambs each season Heart frailty Full of life, loves to chat and know about people		Relationship to personal profile What if any are there clues to identity in the clothes as empty vessels	Layered outfit with lace blouse – <b>stylistic to cover upper arms?</b> <b>Elasticated</b> skirt Separates but of the same cloth Busy pattern Polyester with stretch Lined in white same polyester make up Cloth <b>generates static</b>	<b>Carer 6: 106 - 114</b>


2.	S1/16	Bea Case Study		Do accessories alone connect to identity. Do these accessories pose other dressing concerns of carers	<b>Style</b> - Accessories matched to outfit Heals issues in <b>comfort</b> and walking	<b>Carer 1: 1-45</b> <b>Carer 2: 116</b>
3.	S1/13 S1/14	Bea Case Study (1972 outfit)		Historic dress relates to a memory but as clothes alone may not be understood as linked to historic/memory narrative	Could be worn and styled to be worn today VINTAGE <b>redundant clothing – memory prompt only</b>	<b>Carer 1: 169 - 199</b>

4.	S2/37	Bea Case Study (1970's shoes)		Worn shoes no indicator of age or link to historical narrative. High platform	Could be worn and styled to be worn today High platform may cause <b>H&amp;S concern.</b>	<b>Carer 5: 125 – 133</b> <b>Carer 6: 306 - 316</b>
5.		Mary Case Study Health frailty life limiting Full of life loves talking to people Former college tutor love for fashion and clothes Great charity shopper			Colourful selection <b>Colourful style</b> challenges subjectivity of taste.	



6.	S1/17	Mary Case Study			<p>Necklace talking point of <b>H&amp;S of necklaces?</b></p> <p>Tee shirt long sleeve has stretch so may be <b>easy to dress</b> in</p>	<b>Carer 1:107-119</b>
7.		Mary Case Study			<p>Jeans with stretch <b>-easy dress, easy move, easy to be seated</b></p>	




8.		Joan Case Study			<p>Neutrals colour palette</p> <p><b>Style - Tuck in blouse or not?</b></p>	
9.		Joan Case Study	 		<p>Striped short sleeve blouse layered with white short sleeve cotton cardigan.</p> <p><b>Style - Would short sleeve be layered with short sleeve</b></p> <p><b>Tightly positioned buttons for fastening blouse many buttons</b></p>	




10		Joan Case Study			<p>Neck scarf or head scarf Was styled with necklace – would 2 neck accessories be worn? <b>H&amp;S issue of neck tie?</b></p>	
11		Joan Case Study			<p>Jeans no stretch – <b>how easy to sit for long and move?</b> Belt Style - <b>Belt to be seen as accessory or worn to hold trousers in at waist? Adds another fastening to outfit</b></p>	




12		Joan Case Study			<p>Layered outfit Long sleeve blouse with tabs to hold sleeve roll up - <b>fiddly feels like something in sleeve</b> Short sleeved knitted top Handbag as accessory</p>	
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13		Joan Case Study			Necklace as accessory	
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14	Joan Case Study				<p>Wedge shoes sling bag with Velcro fastening. <b>Easy on/off</b></p>	
15	Black sheer blouse				<p>Sheer top can see through Interpretation of <b>dignity</b> as under clothes can be seen.</p>	

16	S2/32	White smart jacket			<p>Smart aspect of this piece – <b>smart attire relevance?</b>  <b>Whiteness</b> of this piece  <b>Potential for stains</b></p>	<p><b>Carer 3: 26 – 87</b>  <b>Carer 6: 116 - 176</b></p>
17		Coat			<p>Outdoors  <b>What different coats mean?</b></p> <p>This is a coat for fell/dog walking</p>	
18		Sequin jumper			<p><b>White potential for stains</b>  <b>Sequins outwardly scratchy</b>  Are sequins everyday or <b>special occasion?</b></p>	



19	S1/11	Cream shear knit jacket			<b>Light colour - stains</b> Light weight <b>more style than function</b>	
20		Jumper (New wool)			New wool jumper Very soft <b>Potential laundry issues</b> Label states it is machine washable. <b>Will carers look at labels or even recognise wool?</b>	
21		Scarf			<b>Scarf – H&amp;S risk</b> strangulation?	

22	S1/21	Scarf			<b>Satin Scarf – H&amp;S risk strangulation?</b>	<b>Carer 1: 81-105 Carer 2: 24 - 52</b>
23		Woolly hat			Woolly hat for outdoor winter days – <b>seasonal dress</b>	
24	S2/27	Brim beret			Peak beret are hats even considered as part of the <b>style or are they function only</b>	<b>Carer 3: 89 - 105</b>

25	S2/36	Shear vest top			Sheer vest – what would be worn underneath – <b>dignity?</b>	
26	S2/34	Leggings with sheen			Shiny leggings – soft to touch but may have issues with getting them on - <b>physicality</b> . What is expectation with what to wear with them? <b>Perception of age appropriate clothing</b>	<b>Carer 3: 145 – 177</b> <b>Carer 6: 210 - 212</b>
27	S1/8	Leggings with sheen			Black sheen has potential to be not seen or make legs disappear issues to do with changes in <b>perception of colour especially black</b>	<b>Carer 1: 121-157</b>



28	Sleeveless dress				<p>Sleeveless animal print what to wear with this. This is quite modern in style and print does this pose any incongruence <b>with perception of age?</b></p>	
29	Zip jacket				<p>Zip front jacket. Provides <b>minimal warmth but layered for style.</b></p>	
30	Tunic top				<p>Tunic layer <b>modern in style</b> but very busy <b>pattern that might move/dance before the eyes</b></p>	



31	Tunic over top				<p>Tunic pinafore type  <b>requires under garment for layering.</b> Dark spots may appear has holes  <b>perception issues with pwd</b></p>	
32	Sleeveless knit tunic				<p>Sleeveless long knit layer/tunic <b>requires layering up</b></p>	
33	Tunic top leopard print				<p>Modern knit tunic with <b>leopard print pattern may dance before eyes</b></p>	



34	S1/9	Spot design sleeveless dress with tie			<p>Spotty sleeveless dress  <b>spots small so can dance before eyes</b> potential to cause dizziness. <b>Dress tie H&amp;S issue potential.</b>  <b>Physicality of dressing</b></p>	<b>Carer 1: 201 - 213</b>
35		Sleeveless dress with back tie			<p>Sleeveless dress needs <b>putting on over head with arms up.</b> <b>Physicality of dressing</b></p>	



36		Sheen hooded cape			Cape/cloak has <b>potential meaning linked to ritual and performance 1 of 4</b>	
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37	Fleece hooded cape				Cape/cloak has <b>potential meaning linked to ritual and performance</b> 1 of 4 fleece winter version	
38	Knitted sleeveless top				Well worn front fastening tank top <b>Tired worn</b>	




39	Sleeveless tunic				Sleeveless tunic up requires dressing with arms up and over head. <b>Physicality of dressing</b>	
40	Stretch skinny jeans				Skinny jeans physicality of dressing. Depending on <b>tightness of fit could add to physicality issues</b>	



41	S1/6	Print skinny jeans			<p>Print jeans. <b>Print may dance before eyes.</b> Rolled up several times suggesting <b>ill fit in length</b></p>	<p><b>Carer 1: 71-79</b> <b>Carer 2: 162 - 188</b></p>
42		Fleece shirt			<p>Fleece shirt on own or layering up or alternative to cardigan – <b>multi-functional</b></p>	

43	S1/15	Side zip pants			<p>Side zip pants (capri pants)  <b>physicality of dressing and support for toileting during the day</b></p>	<p><b>Carer 2: 162 - 188</b></p>
44		Skinny stretch jeans			<p>Skinny jeans <b>physicality of dressing</b>. Depending on tightness of fit could add to physicality issues.  <b>Dark colour purple same as uniform colour and walls in restaurant so may blend into surroundings</b></p>	


4\$ S2/39	Patterned straight skirt Skirt lined zip fastener				Zip fastener skirt with lining. Layers may cause <b>physicality issues throughout day</b> herring bone weave <b>potential to cause visual disturbances</b>	<b>Carer 3: 191 – 194</b> <b>Carer 6: 214 - 304</b>
4€	Stretch skinny jeans				Skinny jeans <b>physicality of dressing</b> . Depending on tightness of fit could add to physicality issues. <b>Dark colour purple same as uniform colour and walls in restaurant so may blend into surroundings</b> suggests a <b>favourite colour</b> .	



47		Skirt			Elastic waist warm fleece skirt easy on - <b>functional</b>	
48	S2/31	Sequin leggings			<b>Sequins may be scratchy texture</b> may be liked smooth or rough depending on how stroked	<b>Carer 4: 94 – 129</b> <b>Carer 6: 54 - 56</b>
49	S1/5	Shear net print leggings			Sheer leggings would <b>require layering</b> and used like footless tights. Under garments can be seen - <b>dignity</b>	




50		Sleeveless top			Sleeveless top with sewn on details that can be <b>fiddled with – physicality issue.</b>	
51	S1/12	White sheer trousers lined			White – <b>pale colour issue potential for stains. Lined so physicality issues dressing and wearing</b>	
52	S2/33	White wide leg trousers			White – pale colour issue <b>potential for stains.</b>	<b>Carer 4: 131 – 241 Carer 6: 210 - 212</b>




53		Cardigan with pockets			Navy cardigan <b>small buttons - physicality</b>	
54	S1/20	Knitted jacket adjusted			Knitted jacket with bad alteration on. <b>Suggests a loved garment</b> altered to fit. Lining is all messed up so could cause <b>physicality issues.</b>	<b>Carer 2: 114 - 116</b>

5£	Knitted jacket adjustments				<p><b>Safety pin alteration</b> still in place also loose stitch <b>alteration</b></p>	
5£	Sequin elasticated belt				<p>Elasticated belt <b>H&amp;S issue</b> potentially fiddly to do up may pose <b>physicality issues</b></p>	




57	S1/3	Sheer cape glitter fleck with hood			Sheer glitter cape/cloak one of 4 suggests importance of none standard garment <b>possible</b> <b>links to rituals of past</b>	
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58	S2/35	Black cape with pointed hood			<p>Black pointed hood cape/cloak one of 4 suggests importance of none standard garment</p> <p><b>possible links to rituals of past</b></p>	<p><b>Carer 4: 325 – 337</b>  <b>Carer 6: 96 - 103</b></p>
59	S1/10	Sleeveless white top			<p>Pale colour <b>potential for stains</b> over the head dressing – <b>physicality issues</b></p>	<p><b>Carer 1: 159-167 (combined with S1/21)</b></p>

60	Fleece jacket				<p><b>Worn and stained.</b></p>	
61	Knitted drape long cardigan				<p>Knit drape cardigan close neck fastening. <b>Difficult to see how it fastens and drapes on a person from hanger.</b>  <b>Close neck fastening</b></p>	
62	Cream tunic				<p>Colour potential for stains  Arms up and over-head dressing but has half way button opening.  <b>Physicality of dressing.</b>  Fiddly buttons needs support - <b>physicality</b></p>	

63	Fake fur lined waistcoat		No washing label	Layering. Provides some extra body warmth. <b>Potential for stains in colour and wash ability</b>	
64	Knitted cardigan			Knitted cardigan. Small buttons and hidden buttonhole tape – <b>issues of physicality in dressing</b>	
65 S2/24	Home Knit top			Home strappy top white - <b>difficult to know how to style perhaps layer or other reason for being present?</b>	<b>Carer 4: 243 – 323 Carer 5: 135 – 206 Carer 6: 182 - 208</b>

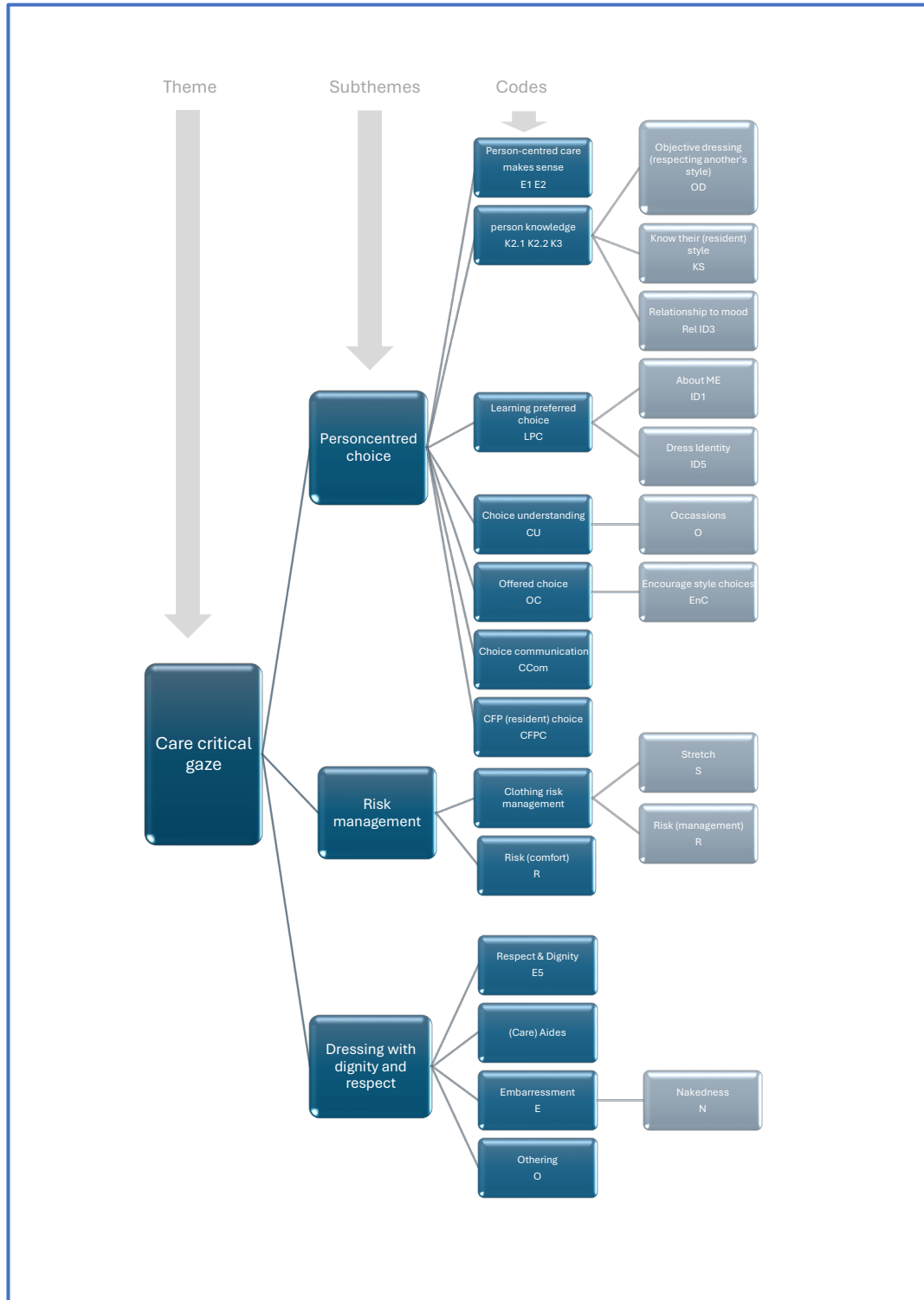
66	S1/7	Home knit dye tank top			Home spun, dyed and knitted tank top Harsh wool - <b>scratches</b>	
67	S2/30	Tunic			Tunic worn with worn holes – <b>worn out clothing/scruffy</b>	<b>Carer 3: 191 - 194</b>
68	S1/1 S1/2	Sari	 		Drape, dressing knowledge – <b>understanding fabric in wardrobe as being a sari</b> <b>Dressing unfamiliar clothing</b>	<b>Carer 2: 58 - 64</b>

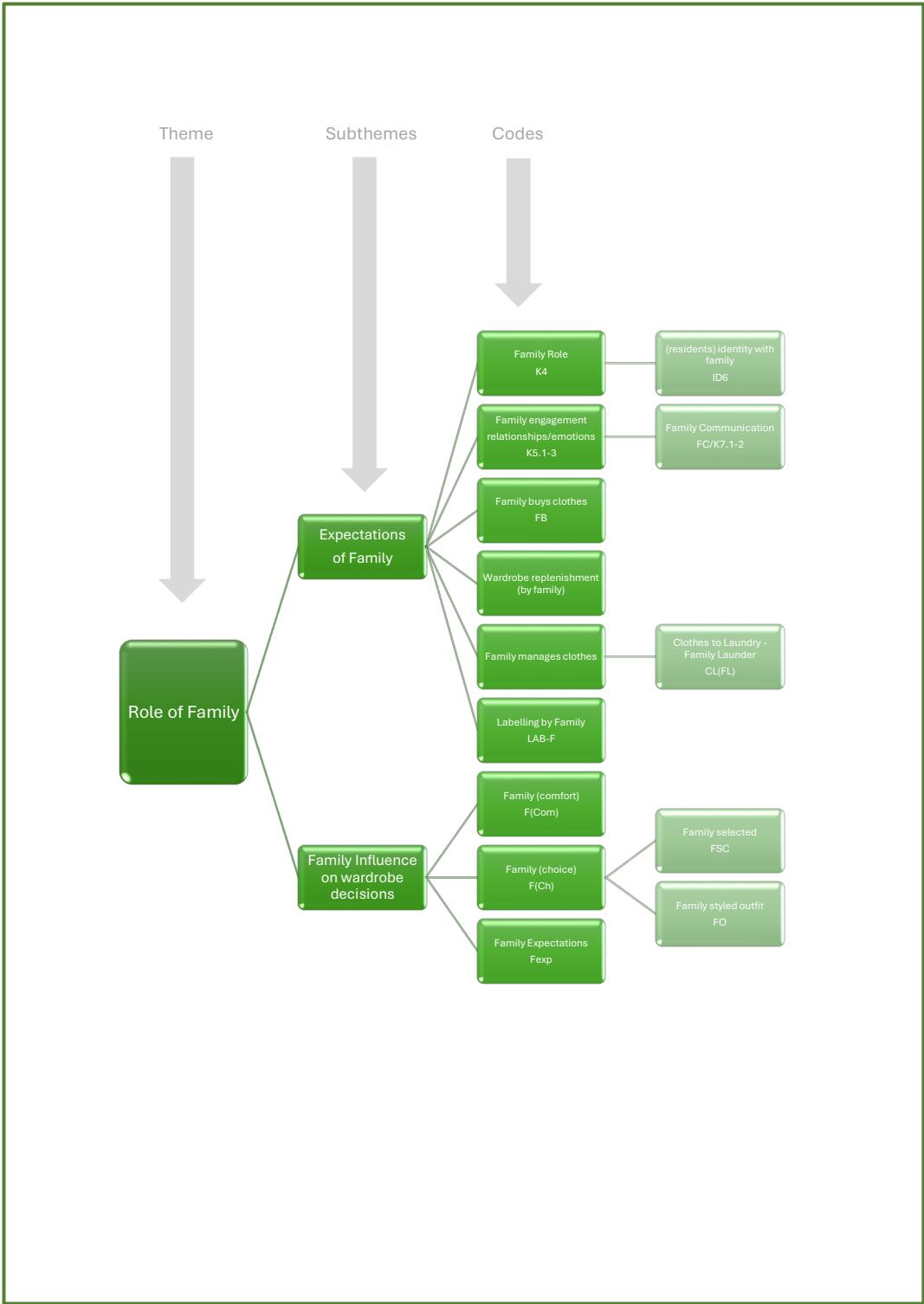
69	S2/22	Fabric			Patterned – not formed into clothing <b>Busy pattern</b> Satin - <b>Smooth to touch</b>	<b>Carer 3: 109 – 143</b> <b>Carer 4: 28 – 93</b> <b>Carer 5: 27 – 103</b> <b>Carer 6: 40 - 52</b>
70	S1/4 S2/29	Fabric mask			COVID -19 pandemic – pandemic related accessory	<b>Carer 6: 58 - 94</b>
71	S2/38	Gloves			Only one glove – lost pair accessory	<b>Carer 3: 187 - 189</b>

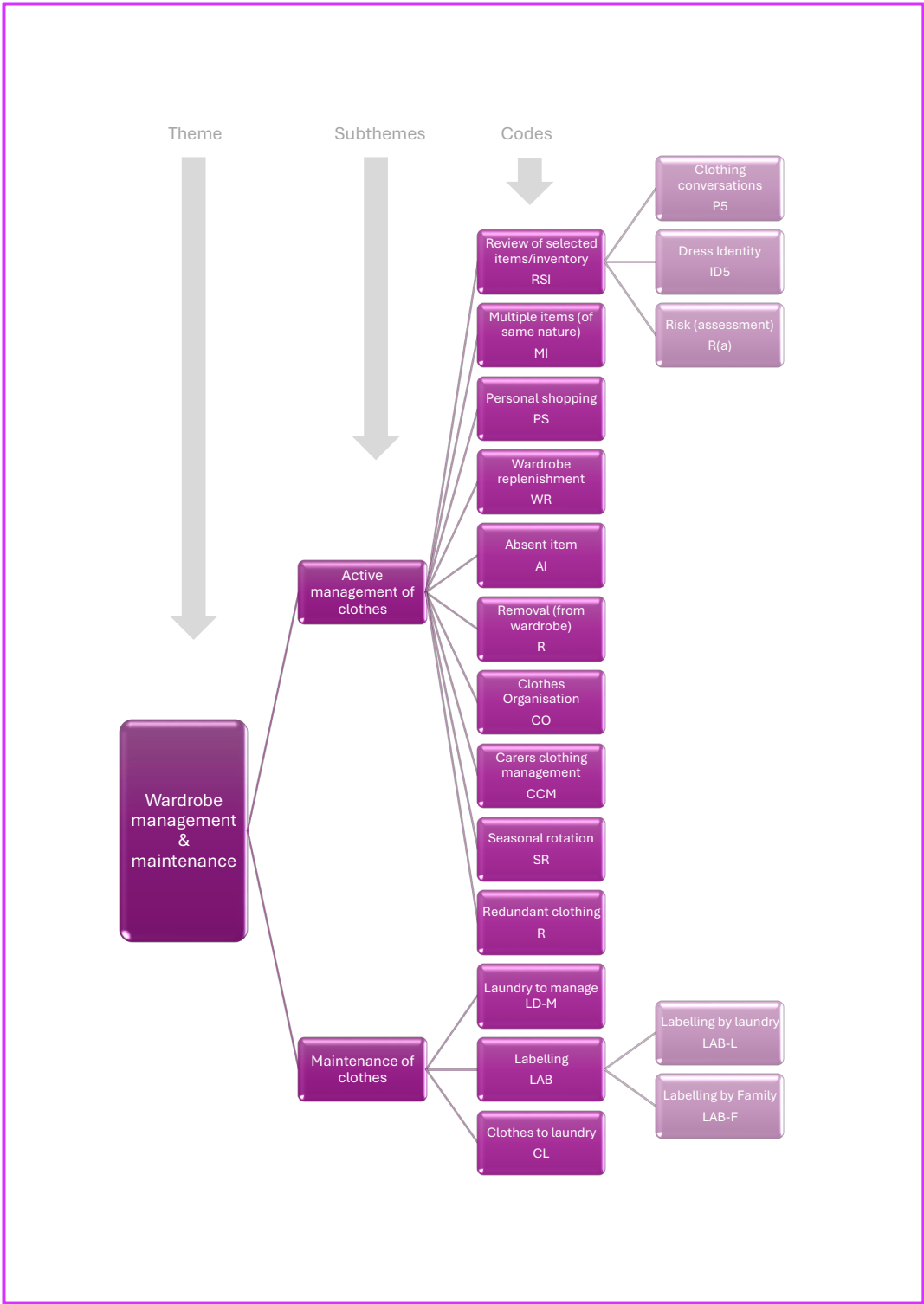
72	S2/23	Cotton pants			Elastic – light cotton tight ankle seam – <b>non western</b>	
73	S1/19	Black and red kitten heel shoes			Kitten heel – <b>H&amp;S heel potentially unstable for walking</b> <b>Sling back fastening not secure</b>	<b>Carer 1: 47-69</b>

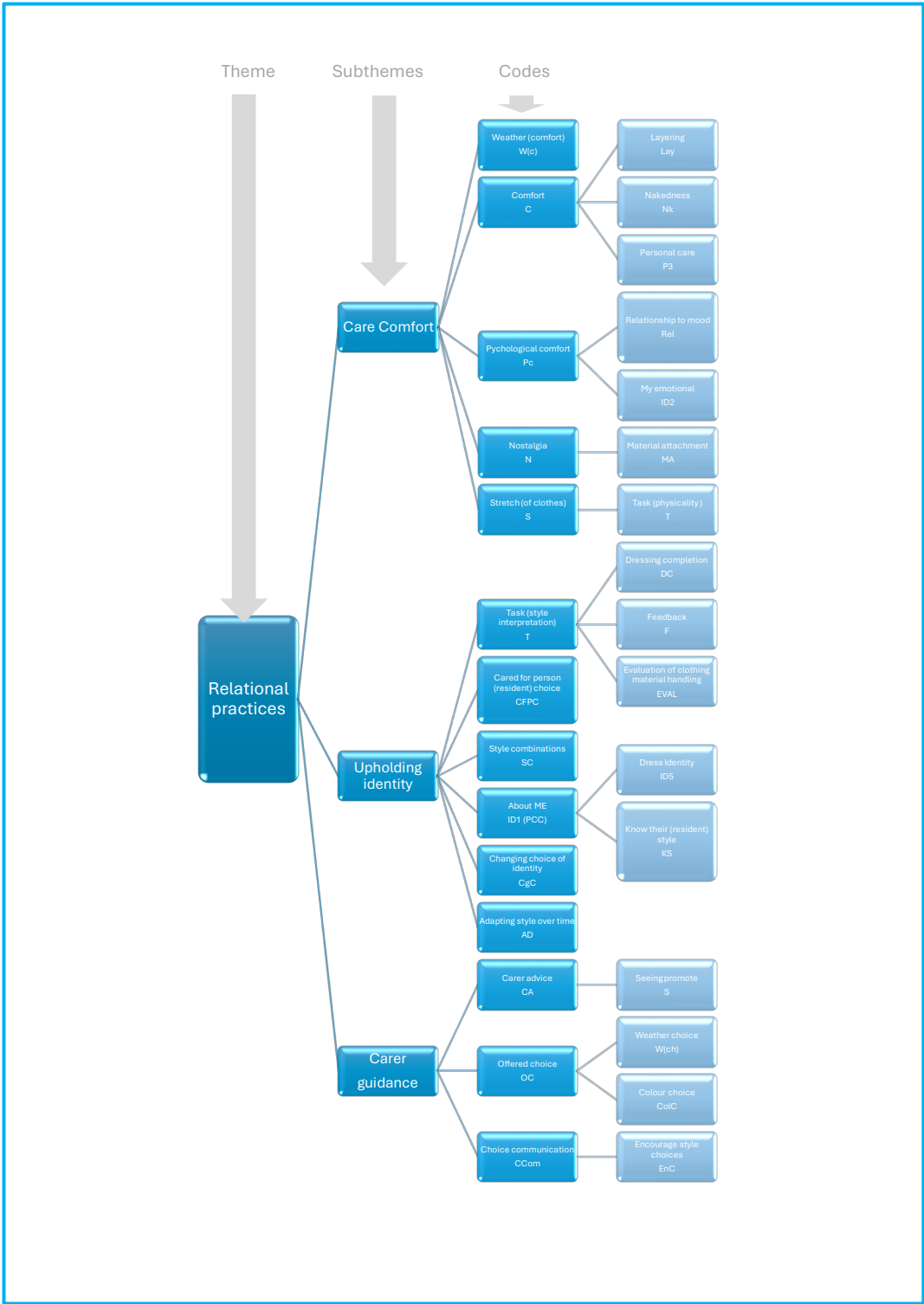
74	S1/18	Navy hat					
75	S2/40	Silver Grey sun hat					<b>Carer 5: 105 - 123</b>

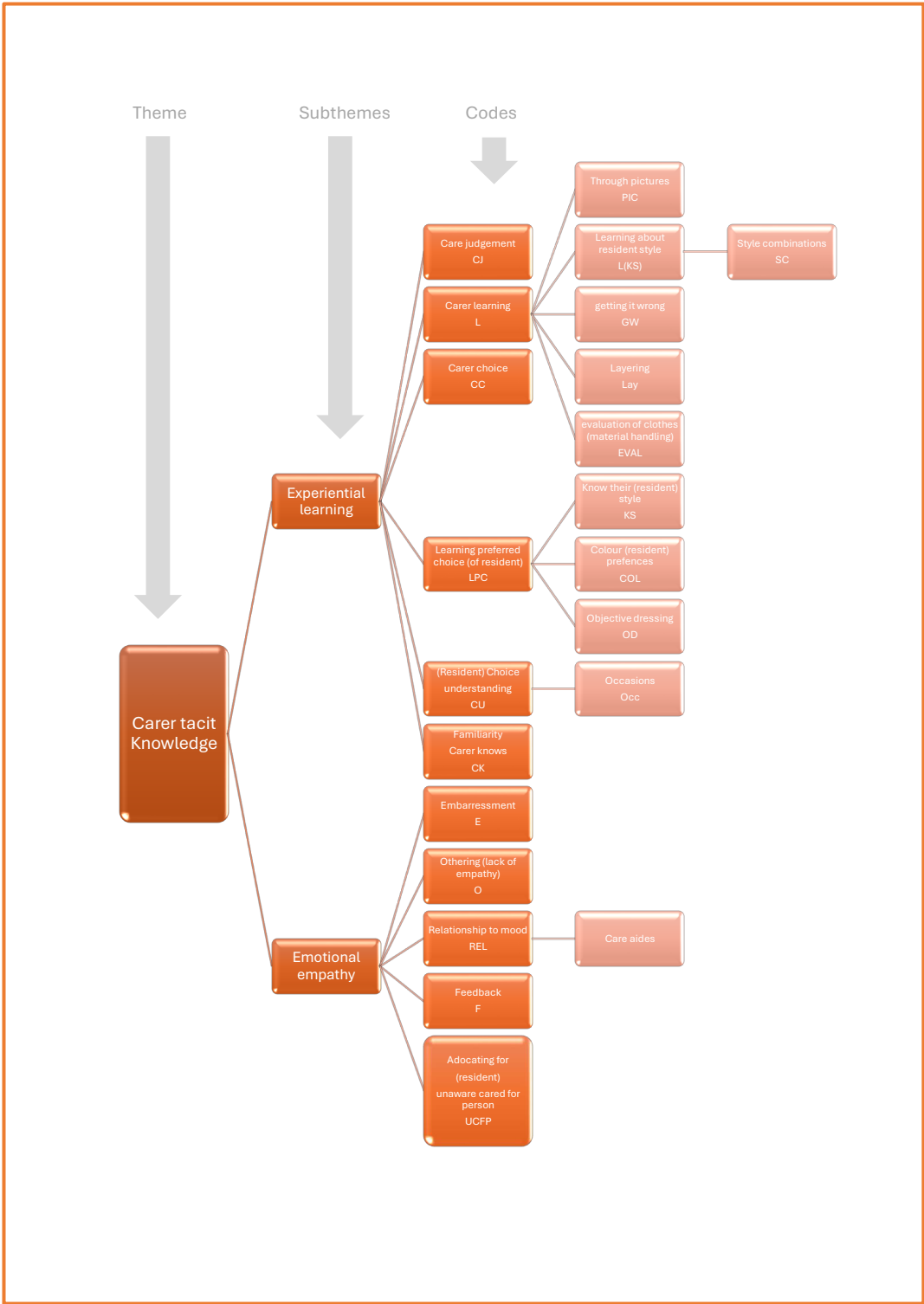
## Appendix N – Thematic Maps











## Appendix O – Story coding cluster

	Story coding cluster				Qualitative interpretation	
	1st	2nd	3rd			4th
Carer 1	Learning (Know their style)	Action	Family preference		Demonstrated preference	Carer 1 recognises resident style learning through doing the job of Care takes action with clothes for Care reasons. Influenced by family. Presented an objective approach a lot of responsibility placed with family.
Carer 2	Demonstrated preference	Emotional Learning	resident recognition (visual prompts)		Action	Carer 2 focus is on resident preference reinforced by emotional feedback to develop style learning. Observes behaviour of resident but does not initiate action. Start point for style is Carers own opinion.
Carer 3	Emotional learning	Action	Resident recognition (visual prompts)		Demonstrated preference	Carer 3 is an emotional learner learns through the combined emotional impact of person (resident) and clothes (resident). Values the preferences of resident
Carer 4	Learning (Know their style)	Demonstrated preference	Action			Carer 4 recognises through doing the job of caring and handling the clothes with respect and awareness of preference. Recognises dress completer and encourages resident
Carer 5	Action	Emotional learning	Resident preference	(expected family input)		Carer 5 action dressing acknowledges dress completer and adaptations of style. Emotional and visual learning, expects family input.
Carer 6	Action	Demonstrated preference	Learning (Know their style)			Carer 6 action dressing acknowledges dress completer and adaptations of style. resident preference and learning from the resident through their occasion dressing.

## Appendix P – Participant consent form



### CARER PARTICIPANT CONSENT FORM

**TITLE OF RESEARCH STUDY:** Developing a method to elicit & utilise sartorial biographies to inform care support in the act of dressing & the process of self-identity expressionism

*Taking part in the study is voluntary and no penalty is incurred for not taking part.  
You may withdraw from the study at any point up to the 30<sup>th</sup> November 2019.*

Please answer the following questions by ticking the response that applies

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. I have read the Information Sheet for this study and have had details of the study explained to me.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. My questions about the study have been answered to my satisfaction and I understand that I may ask further questions at any point.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I understand that I am free to withdraw from the study within the time limits outlined in the Information Sheet, without giving a reason for my withdrawal or to decline to answer any particular questions in the study without any consequences to my future treatment by the researcher. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I agree to provide information to the researchers under the conditions of confidentiality set out in the Information Sheet.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I wish to participate in the study under the conditions set out in the Information Sheet.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I consent to the information collected for the purposes of this research study, once anonymised (so that I cannot be identified), to be used for any other research purposes.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I consent to being photographed participating in the workshop activities for the purposes of this research study.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I consent to the photographic evidence collected to be used in the study once it has been anonymised (so that I cannot be identified or the surrounding environment identified), to be used for any other research purposes.  | <input type="checkbox"/> | <input type="checkbox"/> |

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant's Name (Printed):** \_\_\_\_\_

**Contact details:** \_\_\_\_\_

\_\_\_\_\_

**Researcher's Name (Printed):** Claire Trelfa

**Researcher's Signature:** \_\_\_\_\_

**Researcher's contact details:** Claire Trelfa – Student number

PGR student in C3RI

Email: [REDACTED]k

**Director of studies:**

Dr Kerry McSeveny Email: [REDACTED]k  
Communication and Computing Research Centre  
Sheffield Hallam University  
Cantor Building, 153 Arundel Street  
Sheffield S1 2NU

**Please keep your copy of the consent form and the information sheet together.**

**MANAGER PARTICIPANT CONSENT FORM**

**TITLE OF RESEARCH STUDY:** Developing a method to elicit & utilise sartorial biographies to inform care support in the act of dressing & the process of self-identity expressionism

*Taking part in the study is voluntary and no penalty is incurred for not taking part.  
You may withdraw from the study at any point up to the 30<sup>th</sup> November 2019.*

Please answer the following questions by ticking the response that applies

- |  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
| 1. I have read the Information Sheet for this study and have had details of the study explained to me.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. My questions about the study have been answered to my satisfaction and I understand that I may ask further questions at any point.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I understand that I am free to withdraw from the study within the time limits outlined in the Information Sheet, without giving a reason for my withdrawal or to decline to answer any particular questions in the study without any consequences to my future treatment by the researcher. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I agree to provide information to the researchers under the conditions of confidentiality set out in the Information Sheet.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I wish to participate in the study under the conditions set out in the Information Sheet.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I consent to being audio digitally recorded in the research interview for the purposes of this research study.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I consent to the information collected for the purposes of this research study, once anonymised (so that I cannot be identified), to be used for any other research purposes.   | <input type="checkbox"/> | <input type="checkbox"/> |

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant's Name (Printed):** \_\_\_\_\_

**Contact details:** \_\_\_\_\_  
\_\_\_\_\_

**Researcher's Name (Printed):** Claire Trelfa

**Researcher's Signature:** \_\_\_\_\_

**Researcher's contact details:** Claire Trelfa – Student number

PGR student in C3RI

Email: [REDACTED]

**Director of studies:**

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Sheffield S1 2NU

**Please keep your copy of the consent form and the information sheet together.**