

Care, reciprocity and being valued.

Author: Heather Draper
Contact information: h.draper@bham.ac.uk

Much is known about the way in which older people want to be cared for or treated more generally,¹ and there is unanimity on the central characteristics and these overlap with the ingredients for flourishing generally and the promotion of health. [Age UK](#), for instance, regard adherence to the six senses as necessary to ensuring an “enriched environment of care” for older people (and their carers formal and informal). These are security, belonging, continuity, purpose, achievement and significance.² These could be further condensed to the principles of security, respect for autonomy and social inclusion; principles by which all competent adults should arguably be treated no matter what age they are. We can be forgiven, however, for being concerned about how the frail older people are being cared for. During the life-time of this Commission various scandals related to nursing homes,³ the abuse of the older people in their own home⁴ and even treatment in hospital by doctors and nurses⁵ were reported. This includes questionable practices at the very end of life, with the Liverpool End of Life Care Pathway being misapplied to those who were not dying but were simply old and ill.⁶ We also received evidence from [Ann Gallagher](#) (University of Surrey) that the way in which secondary and tertiary care is organised is failing to take account not just of the needs of older individuals but also the ageing population, and that there would be some considerable justification for placing care of older people at the heart of all but specialist services

¹ See for instance, in their oral and written evidence to the Commission from [Philip Tew and Nick Hubble](#) (Brunel University) described the results of their ‘Fiction and Cultural Mediation of Ageing’ Project; [Lorna Warren](#) (University of Sheffield) presented the images elderly people had generated as part of her ‘Representing self, representing ageing’ project.

² Age UK *Improving later life: understanding the oldest old*. 2013 p. 30
<http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Improving%20Later%20Life%20%20WEB.pdf?dtrk=true>.

³ Carter, H Six arrested over alleged mistreatment of elderly care home residents. *The Guardian* 10th October 2012 <http://www.theguardian.com/society/2012/oct/10/six-arrested-alleged-mistreatment-elderly>; Donnelly, L Record numbers of care homes warned over illegally poor standards. *The Telegraph* 19th August 2013. Care Quality Commission. *Not Just a number: home care inspection programme*. Care Quality Commission CQC-192-1000-WL-022013 February 2013

http://www.cqc.org.uk/sites/default/files/media/documents/9331-cqc-home_care_report-web_0.pdf

⁴ Equality and Human Rights Commission. *Close to Home: an inquiry into older people and human rights in home care*. Equality and Human Rights Commission November 2011

ISBN 978 1 84206 426 9

http://www.equalityhumanrights.com/uploaded_files/homecareFI/home_care_report.pdf

⁵ *Report of Mid Staffordshire NHS Foundation Trust Public Inquiry* (Francis Report) February 2013 London, TOC (The Stationary Office). <http://www.midstaffspublicinquiry.com/report>

⁶ Department of Health *More Care, Less Pathway: A Review of the Liverpool Care Pathway* (Neuberger Report) July 2013 Crown Copyright
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212450/Liverpool_Care_Pathway.pdf

such as paediatrics and maternity care. Our main focus, however, was on healthy ageing, and as such it was beyond the scope of the Commission to delve into the healthcare per se. We were aware, however, that on a broad understanding of health, and particularly in relation to individuals' perceptions of their state of health, the need for some care and support is compatible with healthy ageing.

Much of the evidence we received about ageing well emphasised the need to recognise the value of older people and the positive aspects of ageing. The contributions made to the economy, family and voluntary sector by older people is outlined elsewhere [see paper on '[Behaviour for healthy ageing](#)']. In relation to care and support, however, the Commission has grappled with the issue of how best to conceptualise support in the context of health ageing, and how to balance the obligations of individuals and the welfare state.

Evidence from [National Development Team for Inclusion](#),⁷ [Office for Public Management](#)⁸ and the [International Longevity Centre-UK](#)⁹ all suggested that one way forward is to emphasise the potentially reciprocal nature of caring relationships. On one interpretation, reciprocity is the antidote to dependence on the welfare state, as it could be interpreted as ensuring that those with the means - broadly interpreted - of providing for themselves are 'encouraged' to do so. 'Encouraged' in this context may take the form of nudges, or perhaps even more persuasive measures, to work for longer, save for care needs in later life and generally take greater responsibility for one's health. But it need not be so interpreted. Reciprocity might also be regarded as a manifestation of mutual respect, which recognises that there is the potential for virtually all kinds of caring relationship to be of mutual benefit. Recent feminist writing on relational autonomy, for instance, recognises that autonomy develops out of relationships.¹⁰ This may be especially true of long-term relationships of care. As Parks comments:

Although nursing home and home careworkers may not be involved in the early formation of elderly persons' lives, they are nevertheless an important part of the maintenance of selves. Like those with familial caretakers, their relationships with their elderly charges can also be understood from a model of relational autonomy. As what can reasonably be termed "intimates" with elderly care recipients, such caretakers have the power to support or destroy the selves of those who are receiving their care. Indeed, even formal (paid) caretaking relationships can become personal to the degree that the caretakers may be treated as fictive kin, feeling deep connections to the elderly persons for whom they are caring.¹¹

There is even greater scope for mutual benefit in the case of the healthy older people than that of the very frail older people. To take a very simple example; an elder family member who needs help with tasks that require heavy lifting, use of step-ladders or of unfamiliar technology may be giving

⁷ National Development team for Inclusion. [Widening Choice for People with High Support Needs](#). January 2013 Joseph Rowntree Foundation <http://www.ndti.org.uk/uploads/files/older-people-support-choices-full.pdf>

⁸ Office for Public Management [written evidence to the Commission](#)

⁹ International Longevity Centre-UK [written evidence to the Commission](#)

¹⁰ See for example Mackenzie, C., Stoljar, N. (Eds) *Relational autonomy: Feminist perspectives on autonomy, agency, and the social self*. New York: Oxford University Press 2000

¹¹ Parks, J.A. Lifting the burden of women's care work: should robots replace the "human touch"? *Hypatia* 2010: 25(1): 100-120

financial support to his or her family, providing childcare¹², completing domestic tasks (including being the 'key-holder' for repair men and deliveries during working hours), be the repository of a family's history, be helping with homework, providing emotional support to grandchildren during parental separation and so forth.¹³ One is more likely to be an informal care-giver the older one becomes, with the "highest levels of care giving commitment in people age 80-89 years."¹⁴

There are ethical reasons to explore the potential of reciprocal care arrangements that go beyond those associated with directly with economic advantage or a reflex desire to 'return the favour'. Free-riding is generally regarded as unfair. Other things being equal, being in a position to trade, either in kind or with money, is a means of maintaining equality and mutual respect in our dealings with others as we strive to satisfy our own needs. Work – or, more specifically, productive and variously fulfilling ways of occupying our time - is dignifying; it is a means of social integration and interaction, is a demonstration of our value, and can be important to how we define ourselves. Relationships within which only one party is regarded as having something to give can erode dignity and independence and lead to feelings of an ever-growing debt that can never be repaid, even where help is willingly provided with no expectation of anything in return. **Reciprocal relationships, on the other hand, willingly entered into, may promote autonomy, independence, dignity.**

Local initiatives where older people formed reciprocal relationships where informal care and support are exchanged for benefits in kind, for example, home-sharing, car pooling and time banking are working, but in geographical pockets which are subject to ebb and flow. Such initiatives have the added bonus of reducing social isolation. We heard how older people not only contribute to their families, communities and society, but actively want opportunities to contribute, and rightly want their existing contribution to be recognised and to feel valuable and valued. **Reciprocal relationships may enable older people to build or maintain their resilience, independence and sense of being in control of their lives.** As well as providing a welfare safety net, the state should invest more in schemes that encourage and facilitate reciprocal relationships to be organised and formed from the social assets of older people.

¹² Smith, P. et al. Childcare and early years education survey of parents 2010 Official Statistics Release OSR 12/2012 Research Report DFE-RR221 <http://www.education.gov.uk/rsgateway/DB/STR/d001073/osr12-2012main.pdf> ; J. Statham. *Grandparents providing care; a briefing paper Department for Education* November 2011 <http://www.education.gov.uk/publications/RSG/EarlyYearseducationandchildcare/Page1/CWRC-00083-2011> ; Buber & K. Hank. Grandparents caring for their grandchildren: findings from the 2004 survey of health, ageing, and retirement in Europe. *Journal of Family Issues* 2009 30(10) 53-73

¹³ Tan, J-P., Buchanan, A., Flouri, E., Attar-Schwartz, S. & Griggs, J. (2010). Filling in the parenting gap? Grandparental involvement with UK adolescents. *Journal of Family Issues*, 31 (7), 992-1015

¹⁴ Lena Dahlberg, L, Demack, S., Bambra, C. Age and gender of informal carers: a population-based study in the UK. *Health and Social Care in the Community*. 2007; 15(5): 439-445 Open access <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2524.2007.00702.x/full>