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The value and practice of relational care with older people: Summary Report of a research project carried out by the Open University

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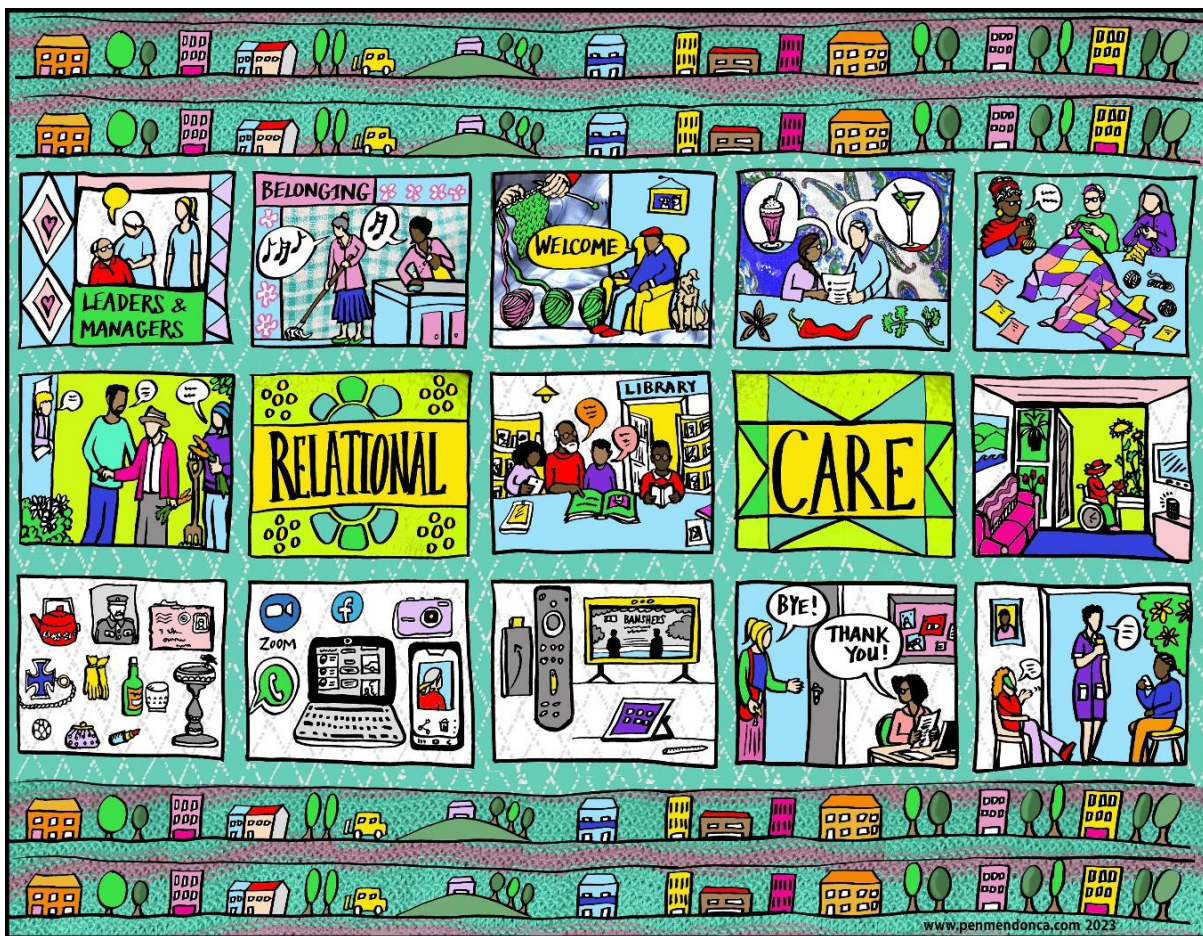
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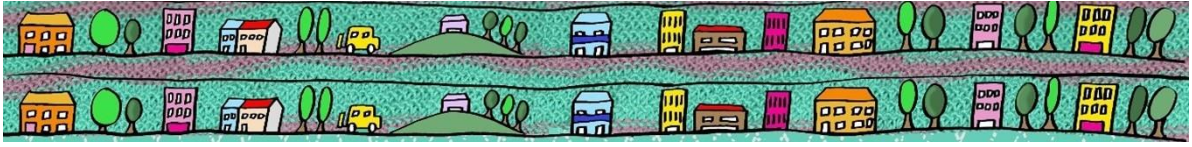
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The value and practice of relational care with older people

Summary Report of a research project carried out by the
Open University
May 2023





Introduction

Right now, there are just under half a million adults living in residential care and over half a million in sheltered housing across the UK [1]. Many more use day care facilities. The number of people working in formal, paid adult care is some 696,000, around 2.5% of the total active workforce [2]. While statistics do not show the proportion of people over 65 receiving these different types of adult social care except by government funding breakdown [3], those in this older age group represent a substantial number of people in communities of care. All these people would like to be living and working somewhere that they feel they belong, are accepted, listened to, have some control, and can support one another to live life fully.

Yet so much of the news about care of older people is grim. For the sector: a soaring level of turnover – 25% – in the workforce, with at least 160,000 vacancies; 18% of care settings having to close in 2022 [4]; budgets eroded by inflation. For staff: rushed and unable to give of their best, low retention affecting the formation of settled relationships, often low pay, and a lack of recognition of their skills and commitment. And most importantly for older people affected by these issues: crisis transitions into unfamiliar care; a feeling that their lives have lost worth and purpose, sometimes a disastrous disempowerment that at the worst can lead to abuse.

The seminal research outlined in this report offers the foundation for a way forward by taking a different, much more positive approach. The Open University team who conducted this research asked: what does it look and feel like when things go right? What is happening when it does? How easy is it to replicate?

The way forward we have explored is based on ‘relational care’ – an under-researched yet developing approach to supporting older people gaining traction as part of a wider movement towards new attitudes to, and a re-visioning of, adult social care.

How the research was carried out

The project aimed to extend existing knowledge about relational care, enabling recognition of its presence and identifying what supports its practice with older people, with an Open University team of two leading academics in the field, a relational care expert, two research associates and an Advisory Group.

While there are publications [5] about the practice of relational care, some of them deliberately prioritising the voices of older people and care staff to create an understanding of what good, life enhancing care feels like, there are fewer academic, peer-reviewed papers that focus on the subject. Our ethnographic field research, informed by a rapid review of this existing literature, involved one-day observational visits to each of the five care settings for older people across the four UK nations in which relational care was already being practised. These included three residential homes, one day centre and one sheltered housing complex which varied in terms of size and ownership.

During the visits to each of the selected care settings, the emphasis was on talking and listening to all concerned, paying attention to their voices, joys, concerns, and day to day lives; semi-structured interviews with managers, members of staff, residents or day centre users, volunteers and family members were conducted. A total of 19 interviews were carried out. Detailed observations of the overall environment and relational care in practice were also made through field notes. Additionally, the research team interviewed people from provider organisations about structural changes favouring relational care.

The observational notes were written up and the interviews were professionally transcribed. The notes and interview transcripts were then coded and analysed. Follow-up audio-recorded semi-structured interviews with four of the five care managers previously interviewed in the first stage were carried out online (on Microsoft Teams) to ask questions arising from the initial interrogation of the data. These interviews were also transcribed and analysed and used, alongside the feedback from the Advisory group, to refine findings from the first stage of the field research.



What the research discovered

A definition of relational care

The project team developed a way of describing relational care to reflect its central tenets identified during the course of the project: interdependence, the mutuality of relationship, the environment, and the multidirectional flow of care.

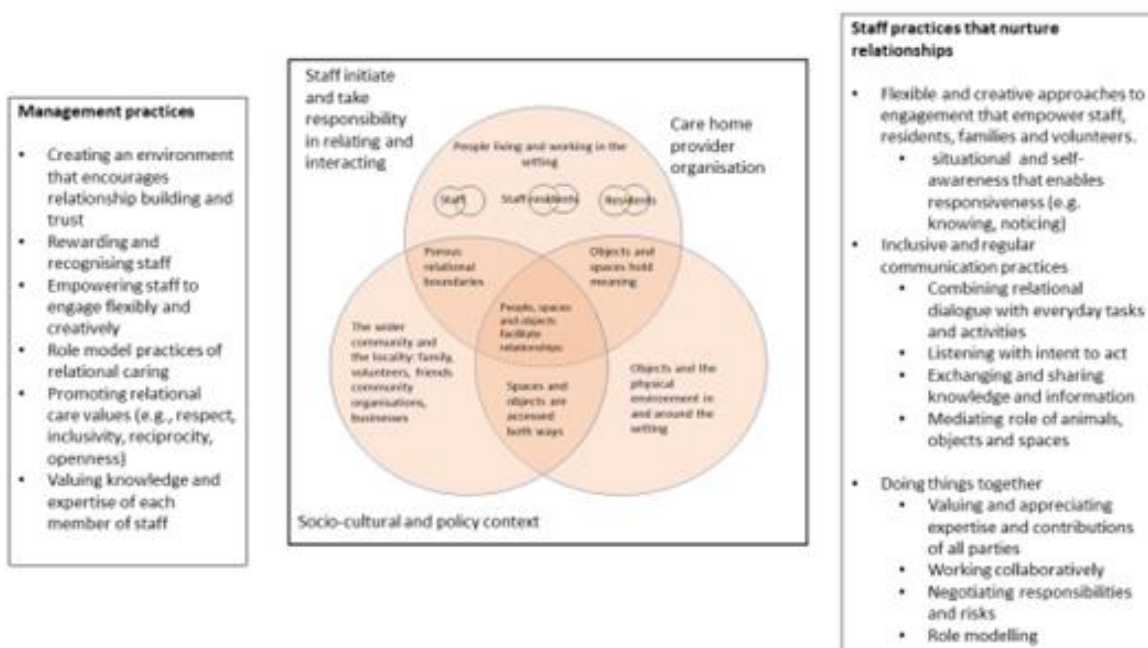
Relational care is based on the recognition that human wellbeing requires interdependence; it represents a move away from seeing individuals as a collection of needs to be met by others towards mutuality in caring relationships whereby no one is solely a 'giver' or 'receiver'. Central to relational care is the role of emotional, physical, social and spiritual environments. These facilitate relationships where there is a multidirectional flow of care and create supportive networks, enabling all those involved to contribute as much as they can and wish to the lives of their peers and communities.

What supports this way of living?

We found that relational care flourishes in an environment where there is: an **atmosphere** of respect, trust and inclusivity that nurtures belonging; a purposeful focus on **relationships**; and a **physical environment** that helps to nurture relationships and autonomy. We also identified a number of often interrelated features – some reliant on practice, some on physical space, and some on both – that contribute to these three key components.

Relational care in practice

The research team produced the first diagram of relational care and its practice that encompasses the concept of multidirectional relationships, showing the dynamics between the people who live and work in a care setting, their physical environment and objects within it, and the wider community and locality.



A model of relational care

The study enabled the production of a model of relational care. This is based on the key components and features we identified. It is not intended to be a definitive model, but more to inspire ideas for a range of care settings.

An atmosphere of respect, trust and inclusivity that nurtures belonging	A purposeful focus on relationships	A physical environment that facilitates relationships and autonomy
<ul style="list-style-type: none"> • Leaders and managers create a home-like environment in which all those in it can flourish and thrive • Residents feel a sense of belonging and sufficiently 'at home' to enjoy freedom of expression and find meaning in their lives • Visitors experience the setting as welcoming and accommodating 	<ul style="list-style-type: none"> • Between staff and residents e.g. <ul style="list-style-type: none"> ➢ Staff undertake activities 'with' rather than 'doing for' residents ➢ Residents can take active roles and are involved in decisions and planning ➢ There is mutual togetherness, reward, mourning, and fun • Amongst residents e.g. <ul style="list-style-type: none"> ➢ Residents have opportunities to support one another and develop friendships ➢ Mealtimes are protected and valued as opportunities for conversation • Amongst staff (including staff and management) e.g. <ul style="list-style-type: none"> ➢ Communication systems support effective practice and teamwork ➢ Trusting relationships and flexibility ease the management of actual or potential conflict ➢ Work-life balance is supported and respected amongst the staff ➢ Staff feel respected and valued, which empowers and enables them to nurture others • Between the care setting, the family and the wider community e.g. <ul style="list-style-type: none"> ➢ Family relationships, friendships and relationships with significant animals are fostered ➢ The setting acts as a focal point for the local community ➢ The community/locality outside the setting is accessed/accessible ➢ There are regular celebrations of national events and local milestones 	<p>Examples include:</p> <ul style="list-style-type: none"> • Room layouts allow for private and communal spaces (inside and outside) • Recognition and encouragement of meaningful objects and activities • Use of communication and other technologies to release staff time • Use of assistive technology to support autonomy and foster relationships such as mobility aids, gadgets and entertainment equipment • An 'Open door' to the manager's office • Private spaces for staff

Empowerment and guidance

In essence, relational care extends current good practice by emphasising the primacy of relationships and human interdependence, the need to give as well as receive, and to be recognised as having an intrinsic value, rather than seen as a collection of needs and demands to be met by others. Physical environments and day to day practices can become facilitators of interdependence and the multidirectional flow of care central to relational care. These practices are already happening in many good care settings, perhaps without even being recognised or named, but nevertheless encouraged by good leadership and giving individuals the freedom and confidence to be their best. Our research has generated materials that can be used for guidance and inspiration.

A relational care toolkit

The research has resulted in a toolkit for staff teams, leaders and providers, based on the experience of others, that can be used to support the move to relational care. It offers practical and easy-to-use guidance to successfully realise the full potential of relational care. In addition, it can help steer any changes to, or expansion of, facilities. It is a concise description of the key components of relational care, with a diagrammatic overview, case study, reflective exercises based on real-life situations, and answers to some of the challenges that can arise. Access the [toolkit online here](#) free of charge.

Online professional development resources

Plans are being progressed to develop freely accessible professional development and training resources about the value of the relational care model and use of the toolkit. These materials will be available on The Open University's world-renowned and award-winning [free learning platform OpenLearn](#) from October 2023.



Potential of this research

As the first empirical study to address what relational care looks and feels like from the perspective of older people, care teams, managers, family members and volunteers, these findings have considerable potential for future change. It is a seminal work in that it identifies the key features of relational care to assist implementation and assessment, and as such it represents a critical part of the vision for better adult social care.

The authors are not advocating relational care as a panacea to all the critical sectoral issues but do believe that these findings offer a practical and achievable way of realising the vision for change; and hope that the insights presented in this report can encourage and inform the developments required for everyone involved in the care of older people to reap the benefits of relational care.

Most importantly, this study concludes that a greater emphasis on relational care has the potential to inform and influence debate and policy about adult social care provision in the UK, on a number of critical issues. These include:

- recruitment and retention of the social care workforce: good reputation attracts staff, improves job satisfaction, and increases length of service
- workforce skills and training: staff empowered and trusted to embody an approach that benefits all
- the wellbeing of older people: mental, physical and emotional health improved by being trusted, accepted and enabled to contribute
- planning and design of facilities: changes to environment and possession of objects enhance confidence, interdependence and greater enjoyment of life
- statutory regulation: safety considerations balanced against personal wishes with suitable risk assessment to enhance autonomy; innovation best practice recognised and disseminated

Access the full [report here](#).



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The Research team: Dr Manik Deepak-Gopinath; Dr Joseph de Lappe; Jenny Kartupelis MBE; Professor Mary Larkin; Dr Anthea Wilson

May 2023



“[This] study graphically illustrates that whatever challenge a person faces, and whatever service they receive, the thing that remains important is the relationships that they have with others, and particularly the people who support them.” **Professor Martin Green, Chief Executive, Care England**

“Hallmark Care Homes have been implementing relational care for years because we know it works. Relational care supports happier older people, it makes our homes happier places, and it makes for happier team members. A real win-win-win which I recommend to all care providers.” **Avnish Goyal, CBE, Chair Hallmark Foundation and Hallmark Care Homes; Chair, Care England**

“The need to be recognised for your value and contribution to communities and people does not stop as you become older. There is no arbitrary age-related cut off point for the give and take that characterises the interdependence underpinning human relationships. Yet the care of older people is often represented as one-way set of wants and needs. Relational care recognises this and offers an approach that highlights the importance of building the key elements of respect, trust and inclusivity in a care system fit for the future. This report speaks to the primacy of human relationships and encourages a re-balancing of the lives of older people.” **Professor Vic Rayner OBE, CEO, National Care Forum**

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3. The Kings Fund: Key Facts and Figures about Adult Social Care, 2021
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