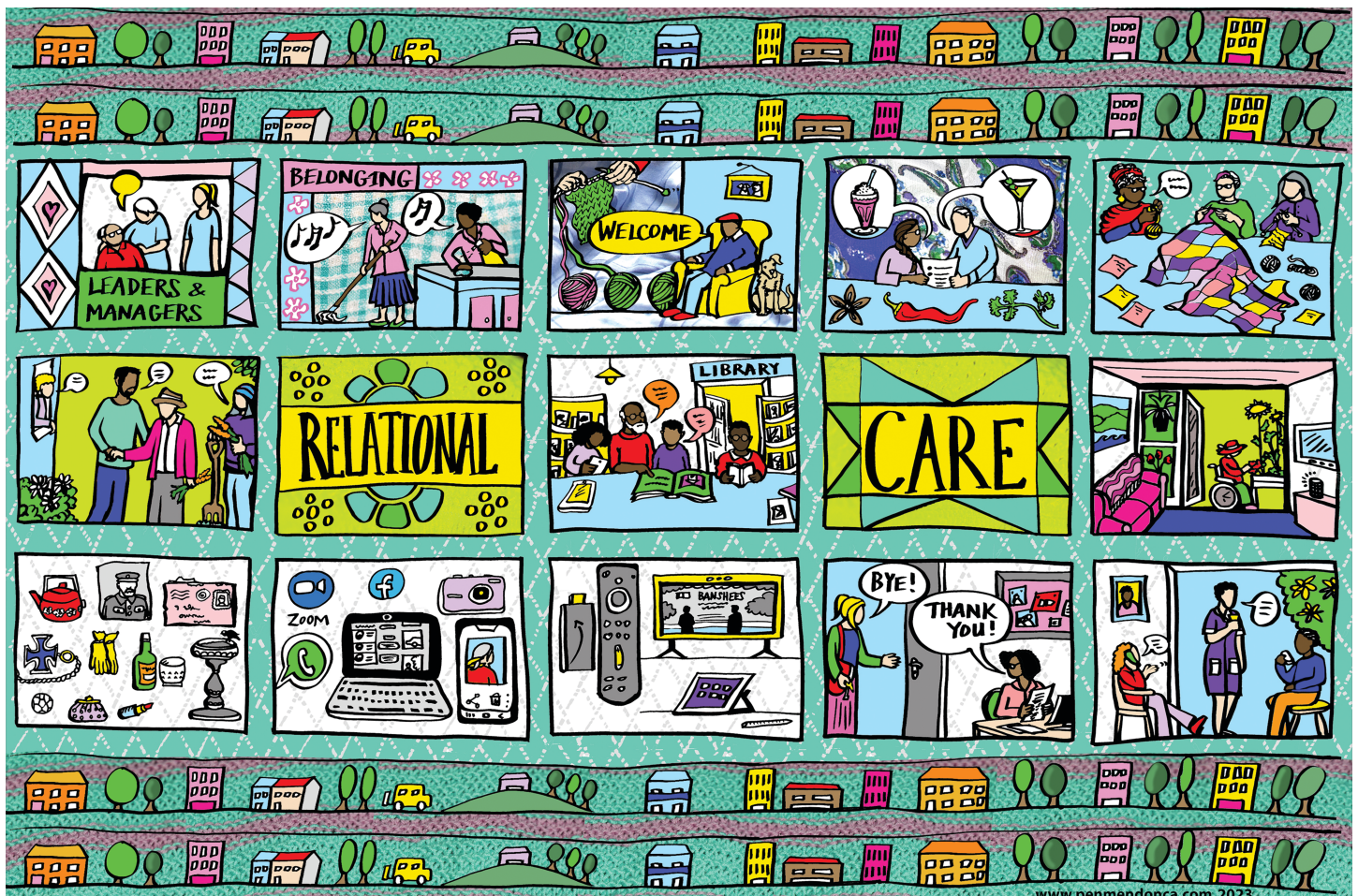


## Introducing relational care



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## Introduction

Much of the news about communities of care for older people is grim. For the sector: a soaring level of staff turnover – 25% – with at least 152,000 vacancies; 18% of care settings having to close in 2022; and budgets eroded by inflation (HfT and Care England, 2023). For staff: rushed and unable to give their best; low retention affecting the formation of settled relationships; often low pay; and a lack of recognition of their skills and commitment. Most importantly, too, for the older people affected by these issues: crisis transitions into unfamiliar care; a feeling of disempowerment; and loss of worth and purpose.

This free course is based on ground-breaking research (Gopinath *et al.*, 2023a, b) that offers a way forward using ‘relational care’ – a developing approach to supporting older people that is gaining traction as part of a wider movement towards new attitudes, and a re-visioning of adult social care.



Relational care represents a natural progression from person-centred care, taking it to a new level and shifting the emphasis from the individual alone to the person as part of a network of supportive and mutual relationships. Research shows that relational care is more effective in improving the wellbeing of those living and working in care settings and enabling them to enjoy a much fuller life. In essence, it represents a move from a one-way flow of care towards mutuality in caring relationships whereby people are not solely ‘givers’ or ‘receivers’. It prioritises the creation of an environment that people can feel is truly their home, where they contribute as much as they can and wish to the lives of their peers and communities.

These networks, in turn, improve wellbeing and increase autonomy, providing more purpose and meaning in life for everyone concerned (Baylis, 2017; Woodward & Kartupelis, 2018; Kartupelis, 2021). You may well already be using aspects of relational care or particular models of care (e.g. Montessori, or models for managing confused behaviour) that embody relational care.

This course is designed to introduce residential and day care setting providers, managers and staff to the concept and headline benefits of relational care and what contributes to its practice. A toolkit, ‘Making every relationship matter’, developed from research (Larkin *et al.*, 2023) and available as part of this course will give you the knowledge, motivation and confidence to apply what you have learnt about relational care in your own care settings.

During the course you will use case studies, vignettes and audio-video material developed through the research to bring alive the value and application of the toolkit. Unless specified otherwise, the generic term ‘care setting’ is used. Similarly, the term ‘resident’ is used to refer to all older people receiving any kind of personal care in any care setting.

This course can be studied at any time and at a pace to suit you. You do not need to complete it in one go. By enrolling on the course your progress will be tracked, and you can return to it at any point through the ‘In progress’ section in your OpenLearn profile.





## Learning outcomes

After studying this course, you should be able to:

- understand the basic concept of relational care and why it matters
- identify what supports the practice of relational care
- recognise what the practice of relational care looks like
- use the course and associated toolkit for guidance, training and implementation in day-to-day practice.

# 1 Understanding relational care and why it matters

Relational care practice can benefit those living and working in care settings. Whether you feel you know something about relational care or if the concept is new to you, this section will help you develop your understanding by giving you the opportunity to hear from people living and working in care settings where relational care is practiced.



## 1.1 Developing your understanding of relational care

In the activities below you will hear from a resident in a care home (Activity 1), two members of care home staff (Activity 2) and a care home manager (Activity 3) about what relational care means to them.

### Activity 1 Relational care in a resident's own words: Nina's story

 Allow 15 minutes

Watch the video of Nina and her daughter Kay talking about living in a care home and think about the following questions. Note down your thoughts in the box below.

- What relationships does Nina have in the care home?
- What do they mean to her?
- How do these relationships support her?

Video content is not available in this format.

**Video 1** Nina and Kay




Provide your answer...

### Discussion

Nina emphasises the importance of her relationships with other residents to her happiness at the care home in which she is living. She also mentions how some of the other residents help her with things that she is no longer able to do for herself.

## Activity 2 Phil and Jacqui's stories

 Allow 20 minutes

In Video 2, Jacqui, a member of the care team, and Phil, the head gardener at a well-established home called Nightingale Hammerson chat about relational care. Read the questions below and, as you watch Jacqui and Phil chatting, make a note of your answers to the questions in the box provided.

- What relationships do they have in the care home?
- Why are these relationships important and to whom?
- What do they do to keep these relationships going on a daily basis?
- What are the challenges?

Video content is not available in this format.

**Video 2** Phil and Jacqui






## WHAT RELATIONSHIPS DO YOU HAVE WITH DIFFERENT PEOPLE IN THE CARE HOME WHERE YOU WORK?

Provide your answer...

### Discussion

Both Jacqui and Phil talk about the importance of the relationships they have with the residents and their families. Whilst Jacqui also refers to the value of relationships with volunteers, Phil talks about the relationship with the community in terms of bringing children in to engage in shared activities with the residents. It is clear that Jacqui and Phil invest a lot of time in connecting with residents and getting to know them as individuals, and their needs, experiences and emotions. They obviously feel a sense of self-fulfilment in then adapting and planning what they do to support the residents for whom they care, which in turn enhances their wellbeing and makes them feel valued. Jacqui emphasises the mutuality of relationships – likening them to those in a family – particularly those relationships between residents and between staff and residents. However, she does make the point that it is sometimes necessary to set boundaries and having enough time to develop and sustain relationships is an ongoing issue.

### Activity 3 A care home manager's reflections on relational care

 Allow 15 minutes

You will now hear from Asa – a manager in an Anchor group care home – about what relational care means to him. As in Activities 1 and 2, keep in mind the questions below and put your thoughts in the box provided.

- What kinds of relationships does Asa mention as being important for delivering good quality care?

- Does he see himself as a giver of care or a giver and receiver of care? How does this happen?

Video content is not available in this format.

### Video 3 Asa



Provide your answer...

### Discussion

Asa emphasises that relational care is very much based on the everyday human and family interactions in which we all engage. To this end, relational care means that everyone has a role and is valued; using their skills, everyone in a care setting should work together as a community in ensuring that the care environment and experience are meaningfully shaped by both residents and staff.

A key message that emerges from the videos in the three activities that you have just completed is that relational care is very much about creating a sense of 'home' in a care setting, in which all those who live and work there feel they are part of a family. The connectedness integral to being part of such a community involves mutually enjoyable and beneficial relationships in which all parties are both givers and receivers of care. However, it's important to remember that not all families are happy all the time, and that relational care also means acknowledging and working with challenges.

Another key message is that within relational care each person is respected, and everyone works together to achieve 'everyday life goals'. Relational care means that residents and staff are not defined by set roles but are enabled to use their skills, hobbies, interests and personalities in different ways to contribute to the relational care ethos.

All those in the videos talk about the importance of relationships. Some important points are made about the nature of these relationships, for example that they are two-way and need to be based on good communication and meaningful interaction. More specifically, relational care means that, while tasks and time are essential, they are part of the process of forming relationships, rather than impeding them. Older people in a care setting are also given opportunities to be involved in decisions and planning.

Jacqui and Phil also talk about the importance of relationships (including, importantly, inter-generational relationships) between the care setting and residents' families, volunteers and the local community. Nina and Jacqui provide examples of the value of facilitating relationships between residents (e.g. through protected mealtimes) and how the friendships that they develop can lead to residents knowing and helping each other.

Up to this point in the course you have explored the concept of relational care. You have heard from people living and working in care settings about the significance of relational care and its benefits. So, how can this practice be developed, nurtured and supported in care settings? You will explore this in the following section.

## 2 The practice of relational care



The concept of relational care is oriented towards the wellbeing of all people involved in care interactions/encounters, for instance, residents, relatives and staff, thereby, emphasising mutuality and reciprocity.

How then can mutual and reciprocal relationships be encouraged, nurtured, and sustained in practice, and in ways that are realistic and attentive to the wellbeing of all concerned? In this section you will examine this further. You will reflect on the different kinds of relationships that are fundamental to the practice of relational care. In addition, using a case study, you will explore the key components of relational care and how it can be put into practice.

### 2.1 What kinds of relationships are involved in the practice of relational care?

Relational care involves multiple interconnected relationships. Click on the hotspots in the interactive below to see how each type of relationship interacts with and supports another.

Interactive content is not available in this format.



**Interactive 1** Conceptualising relational care and its practice

Very broadly the practice of relational care prioritises building and sustaining an environment comprising at least three different kinds of multidirectional, interconnected relationships, namely:

- relationships within the care setting: between staff and residents, between staff, and between residents. When reference is made to 'staff' this includes *all* staff involved, i.e. not only those who are in caring roles but also, for example, cleaners and maintenance staff (**denoted by circle A**)
- between the care setting and the wider community and locality, including families, volunteers and other organisations (**denoted by circle B**)
- between everyone living, working in, and visiting the care setting and the physical and natural environment within and around the setting (**denoted by circle C**).

Where these three kinds of interrelationships are attended to, people, spaces and objects dynamically come together and interact, facilitating multidirectional relationships and flows of care (Gopinath *et al.*, 2023a).



Reflecting on the care setting you work in, you will explore the presence and relevance of the interrelationships identified above in the following activity.

### Activity 4 Thinking about where you work

 Allow 20 minutes

Spend a few minutes thinking about the following questions and make a note of your thoughts in the text boxes below.

- a. Which of the relationships described in Interactive 1 can you identify in the care setting you work in?

Provide your answer...

#### Discussion

You may have recognised the presence of several of the important relationships as outlined in Interactive 1 in the care setting where you work, including relationships between the physical environment and people.

- b. Why might these relationships be important and for whom?

Provide your answer...

#### Discussion

- *Positive staff–resident relationships* are critical to everyone’s quality of life, shaping how comfortably residents and staff can settle into a new environment; increasing opportunities to experience good care; and allowing residents to participate and contribute flexibly to their own care and the daily life of the community.
- *Staff-care manager relationships and relationships between staff members* matter for the wellbeing of staff and managers, and by extension, for the delivery of good care. Working conditions not only affect recruitment, retention and continuity of staff but also influence whether staff are encouraged and supported to spend time building and maintaining relationships with residents.
- *Relationships between the care home and the wider community* enable residents and relatives to maintain continuity in their relationships and family life, and in daily activities (e.g. going shopping, visiting the local pub, or going to clubs where they may have been members). These relationships also support socialising where families cannot visit often (e.g. with volunteers). Furthermore, welcoming the wider community into the care setting (e.g. in form of interactions with school children, organising sales and open garden events, inviting gardening or crafting help) helps to break down stereotypes, change perceptions about people living and working in care settings, and encourages learning about them to help reduce anxiety and smooth transitions when moves to day or residential care are needed.

- In addition to residents' relationships with significant others, acknowledging and supporting their *relationships with other residents, and valued objects* is seen as vital to upholding a sense of autonomy, as an expression of a valued identity, and to participating in meaningful activities.
  - *An accessible and welcoming physical and natural environment* can play a huge role in facilitating these different kinds of relationships. This can be through private spaces to which staff can retreat during breaks; overnight accommodation for relatives; room layouts which encourage communal interaction as well as allow residents to enjoy peace and quiet, and access to outdoor spaces. An overall atmosphere of 'home' rather than a clinical or 'hotel' vibe is very important.
- c. Who do you think should be responsible for initiating and maintaining these relationships?

Provide your answer...

### Discussion

On a day-to-day basis, the responsibility for initiating and maintaining relationships with older people and their families may lie primarily with the care staff and possibly volunteers. However, creating an environment and culture that encourages staff to foreground and centre relationships in their day-to-day work requires active support from managers and from care providers.

A care setting that nurtures relationships (as identified in Interactive 1) can favour and sustain human flourishing and build resilience. In the next section you will explore how these core relationships can be developed and sustained in practice.

## 2.2 Key components, principles and features of relational care practice

The three main requirements of relational care practice are:

1. An atmosphere of respect, trust and inclusivity that nurtures belonging
2. A purposeful focus on relationships
3. A physical environment that facilitates relationships and autonomy.

Although not exhaustive, the model of relational care shown below in Table 1 sets out how these three requirements interact and are supported by specific activities, practices and features of the environment.

**Table 1 A model of relational care**

<b>An <i>atmosphere</i> of respect trust and inclusivity that nurtures belonging</b>	<b>A purposeful focus on <i>relationships</i></b>	<b>A <i>physical environment</i> that facilitates relationships and autonomy</b>
Leaders and managers create a home-like environment in which all those in it can flourish and thrive.	<p>Between staff and residents, e.g.</p> <ul style="list-style-type: none"> <li>• Staff undertake activities ‘with’ rather than ‘doing for’ residents.</li> <li>• Residents can take active roles and are involved in decisions and planning.</li> <li>• There is mutual togetherness, reward, mourning, and fun.</li> </ul>	Room layouts allow for private and communal space (inside and outside).
Residents feel a sense of belonging and sufficiently ‘at home’ to enjoy freedom of expression and find meaning in their lives.	<p>Amongst residents, e.g.</p> <ul style="list-style-type: none"> <li>• Residents have opportunities to support one another and develop friendships.</li> <li>• Mealtimes are protected and valued as opportunities for conversation.</li> </ul>	Recognition and encouragement of meaningful objects and activities.
Visitors experience the setting as welcoming and accommodating.	<p>Amongst staff (including staff and management), e.g.</p> <ul style="list-style-type: none"> <li>• Communication systems support effective practice and teamwork.</li> <li>• Trusting relationships and flexibility ease the management of actual or potential conflict.</li> <li>• Work-life balance is supported and respected amongst the staff.</li> <li>• Staff feel respected and valued, which empowers and enables them to nurture others.</li> </ul>	Use of communication and other technologies to release staff time.

Between the care setting, the family and the wider community, e.g.

- 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.

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.

Source: Gopinath et al., 2023a

You are probably wondering how this model translates into practice? The next activity involves looking at an example of the model in action.

### Activity 5 Fairview House and relational care

 Allow 25 minutes

This activity has two parts and involves you reading and/or listening to a case study about a care home called Fairview House, a fictional care home based on empirical research with care settings across the UK.

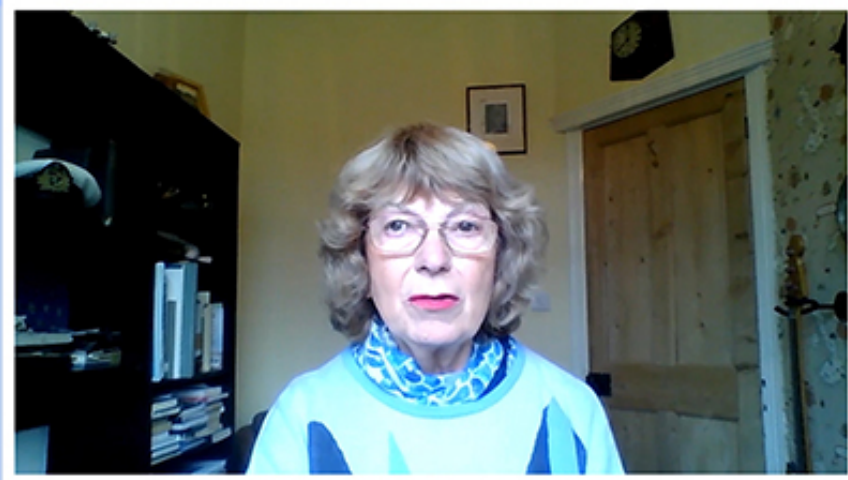
#### Part A

Read or listen to the the case study.

Video content is not available in this format.

**Video 4** Fairview House case study





### Fairview House

Fairview House is in an English market town on the Scottish borders and has around 40 residents, about half of whom are living with dementia. Originally a very large, old vicarage, it was converted to its current role in the 1970s and has since been fully repurposed and redecorated by a large care group in the voluntary sector, which bought it in the early 1990s.

It still has quite a quirky interior, with nooks and crannies rather than straight corridors, and a variety of accessible bedrooms for individual occupancy. Good natural light is evident all around, and the repurposing of the building – which included the addition of a conservatory – has brought much more light into the dining room. There is also a separate room for staff to relax in and have as their own ‘space’. The square entrance hall is furnished with sofas, which are similar in style to that which residents may have been used to before they moved in. It also has a large noticeboard with information about activities and requests for residents’ views.

To the right of the entrance hall a door stands open to the manager’s office. A resident comfortably settled on a small sofa, greets visitors with a welcoming smile. The manager, Jean, has worked here for over 30 years – having joined as a care attendant and been supported through a journey of formal and informal learning to reach her current post. The retention and longevity of Fairview’s staff is something of which they are proud.

The home’s place in its community has played a role in this: it benefits from being able to recruit from nearby because it is known and respected. Additionally, staff may have friends or family already here. Some residents know the staff from previous lives too, having been their teachers, parents’ friends and so on. The philosophy is that ‘It’s important to include all the relationships that surround a resident’. Fairview House aims to be part of its locality in every sense, by opening its doors and large garden to people nearby who may enjoy the facilities.

Residents can also help to maintain the garden if they wish. Similarly, it's easy for residents to go into the town for shopping, to see friends, or go to a place of worship. Some may need to be accompanied in which case the view is that this should be a shared pleasure for them and the carer who goes with them.

The two large lounges have been split into four distinctive areas, with chairs and coffee tables that are easy to move and arrange into different groups. The TV is contained in one area such that it does not dominate. Another of the areas has tea and coffee making facilities so residents can sit there with their guests. Whilst the whole arrangement encourages interaction, conversation and small group activities, the areas can be rearranged to create a more open space for music or watching the TV together for a special programme.

Just off one of the lounges is a small alcove where there is a collection of laptops and iPads for those residents who want to use them with or without the help of a member of the staff team. Another feature of Fairview House is its 'personalisation'. Residents' photos, pictures, and ornaments are part of the communal spaces and the décor, so everywhere reflects the 'family' that lives there. Like the sofas in the entrance hall, the décor and the furniture has been chosen to reflect residents' tastes, rather than the bland luxury of a hotel. This is achieved in part by consulting all concerned when changes are made – residents and staff – and also by understanding the local culture.

The well-used garden, with carefully laid paths, various resting points and a covered gazebo for the summer, is accessed through a conservatory designed to 'bring the outside in'. The conservatory is a warm, light, comfortable place giving views over the open country in which many of the residents would have been brought up and some would have farmed.

Marie, the activities champion, aims to get residents and staff alike involved in craft groups, music, talks, celebrations and outings. All the activities are planned together, as a community, so everyone can look forward to them. She helps steering groups of residents to put on celebrations for national and sporting events. Time is built into rotas to allow for some staff participation, and to give as much flexibility as possible to accommodate residents' hobbies. In Marie's words, an example of the latter is: "If there's something they want to bake we would bring everything out into the dining room for them, if they were making a cake or something like that." Similarly, residents are able to contribute to their care home community as they wish to and can, for instance by gardening, sorting the books and puzzles and so on.

Meals are an important part of the day, with lunch in particular bringing most people together. Those living with dementia are helped by the staff, and also by their fellow diners. The meal arrangements and variety of the rooms give a choice of environment, privacy, quiet or company. Access to objects of both emotional and practical significance is also very important to autonomy and to forming relationships. The staff at Fairview House are given the flexibility and time to recognise these individual needs.

As with all care homes, or community facilities, Fairview House has to deal with loss, and the inevitability that members of that 'family' will pass away. Staff are supported in bereavement, and family members are helped to be with their loved ones by rearranging rooms, adding a small bed, bringing in meals and providing solace if it is wanted. Staff are also enabled to go to funerals.

Now, using the table below, make a note of the various ways in which Fairview House is enabling and sustaining relational care.

**Table 2 Enabling and sustaining relational care at Fairview House**

An atmosphere of respect, trust and inclusivity that nurtures belonging	A purposeful focus on relationships	A physical environment that facilitates relationships and autonomy
<i>Provide your answer...</i>	<i>Provide your answer...</i>	<i>Provide your answer...</i>

**Discussion**

A part-completed version of this table is set out below. Have a look at your own table and see if there are any other points you would like to add.

**Table 2 Enabling and sustaining relational care at Fairview House (part completed)**

An atmosphere of respect, trust and inclusivity that nurtures belonging	A purposeful focus on relationships	A physical environment that facilitates relationships and autonomy
Fairview House encourages residents' views and the manager has an 'open door' policy so that everyone feels welcome and can come in with ideas or complaints. However, staff do have a private space as well.	Fairview House helps people maintain current relationships as well as create new ones, by making sure the local community feels welcome to visit and also enjoy the garden.	Staff are given flexibility and time to understand what surroundings and objects are important to people. Residents are also encouraged to share these special objects by having them in communal areas to make them part of everyone's home.

**Part B**

Thinking about your own work, what might be difficult or challenging about putting the three main requirements of relational care in place?

[Tip: Consider the list above that you have just written for Fairview House and note down one difficulty that might arise and add one suggestion to overcome the difficulty for each of the three items].

**Table 3 Challenges to putting relational care practices in place**

An atmosphere of respect, trust and inclusivity that nurtures belonging	A purposeful focus on relationships	A physical environment that facilitates relationships and autonomy
<i>Provide your answer...</i>	<i>Provide your answer...</i>	<i>Provide your answer...</i>

**Discussion**

As in the first part of this activity, here is a part-completed version of Table 3. This should help further develop your thinking about the issues involved in putting the three main requirements of relational care in place and overcoming any challenges involved.

**Table 3 Challenges to putting relational care practices in place (part completed)**

An atmosphere of respect, trust and inclusivity that nurtures belonging	A purposeful focus on relationships	A physical environment that facilitates relationships and autonomy
<p>This could be challenging if the manager needs to have private conversations and people feel excluded or anxious about what's happening. This could probably be overcome if she sets aside a time for 'closed door' say, once a day, so it doesn't arouse comment.</p>	<p>Most people would enjoy the open welcome Fairview House offers and not misuse it, but it would be important to make sure that people didn't just wander in and disrupt mealtimes or activities. Staff could look out for anyone like this and have a quick welcoming chat, but also explain if it wasn't a good time.</p>	<p>If residents wanted to have unsuitable objects in communal areas – for example, a very large and dominant painting that most people weren't keen on, or something that was a trip hazard (such as a huge planter) – this would need to be discussed between manager and resident and a compromise reached, e.g. a different object or place.</p>

In this section you examined how relational care can be encouraged and sustained in your day-to-day practice. This first requires recognising and being aware of the different kinds of (inter)relationships within and beyond the care setting that make a difference to the wellbeing of those living and working there. Through a case study of a care home, you also explored the key components of relational care and how these can be operationalised in practice.



## 3 Deepening your learning




This section will help you to reflect further on what you have learnt about relational care and ways in which you can apply this learning to your practice. Through engaging with vignettes and a group conversation amongst care staff, you are invited to reflect upon your own practice to help prompt thinking and discussion about making changes/doing things differently; for instance, acknowledging and appreciating staff members and/or thinking carefully about teamwork and training.

### 3.1 Every relationship matters

A vignette is like a little snapshot from a film of real life: it tells you about what a particular situation looks like and gives insights into what it might feel like for those involved. The vignette in the following activity will help you deepen your understanding of relational care practice.

#### Activity 6 Elaine's vignette

 Allow 30 minutes

The following vignette is an extract from an interview with a cleaner called Elaine. She works in a sheltered housing setting, Holly Trees, which, like Fairview care home, enables and sustains relational care. Read what she says about life in Holly Trees and then answer the questions below. If you're working as a group, discuss your answers with the group.

#### Elaine on life at Holly Trees

Whenever we get a new resident, I always show them how to use the washing machine and the easy way to make their bed. When we have done that – it might happen over a few weeks – I ask them to show me something they can do. I have been very surprised about what I have learnt from the residents! Last week Priti (a new resident) showed me how to use an iPad which I couldn't do before. She was over the moon when I grasped it.

It's also my job to talk to them about what's on the menu and help them choose. I often tell them what I would like to eat and would not like to eat – we have a lot of fun when that happens!! I feel having the time to talk them through the menus helps me to get to know them and for them to know me.

Myself and the other cleaners, as well as the gardeners and maintenance staff, are all routinely included in all team meetings and training like any other member of the care staff.

- To what extent do you think Elaine is empowering the residents and giving them a sense of value?
- What are the benefits to everyone in Holly Trees of Elaine having the time to spend with residents in this way?
- Are there any problems that you think might arise when staff and residents take a mutual interest in each other?
- Is including everyone in staff meetings a good practice or could there be some problems?

*Provide your answer...*

### Discussion


Transitioning into a new environment can be difficult for older adults. In familiarising Priti with her new home, Elaine is helping her settle in well. Spending time with the residents during her work shift means that she is getting to know them as a person including their likes and dislikes. Importantly she approaches her work – her ‘job’ – in a way that encourages a two-way flow of interaction, exchange, and learning. This has allowed her to build a relationship of trust with the resident that both are comfortable with. However, a challenge might be pressure from managers and resulting constraints on time. But as you can see, it is important to invest in relationships for long term wellbeing of residents and staff. When people know and trust each other, challenges that arise might be easier to solve as insights into triggers and solutions (that come through knowing) are also available.

Staff and residents being interested in each other as ‘persons’ can become problematic where, for instance, the continuity of staff is threatened, a resident’s escalating need for care requires a move to a different care setting, or if a resident dies. Close relationships can make staff and residents vulnerable too, which in turn can impact on their wellbeing. For example, care workers may experience grief and distress, or residents may hesitate to develop close relationships with staff or other residents for fear of losing them. There is also the potential for allegations of abuse when relationships are close. Developing adequate support mechanisms and strategies that equip staff with skills to support each other and the residents are important and form a part of relational care.

Cleaning work is often associated with maintaining hygiene and health and housekeeping but rarely with providing relational care (Muller, Armstrong and Lowndes, 2018). Unusually, in this care setting the cleaners’ responsibilities do include personal care in relation to menus and the vignette illustrates how much the interaction and the contact is valued by the resident and Elaine. It gives them both a sense of self-worth. Time that Elaine spends with residents while cleaning and discussing menus is critical for developing the relationship. Being included in staff meetings on a regular basis means that Elaine can readily share the knowledge she has about residents with other members to create good conditions for care. The challenges involved with organising meetings that all staff can attend means that creative ways of allowing staff to share information with the wider team need to be found, e.g. daily short shared briefings.

The next activity encourages you to reflect and summarise your learning from this course.

## Activity 7 Reflecting on your learning

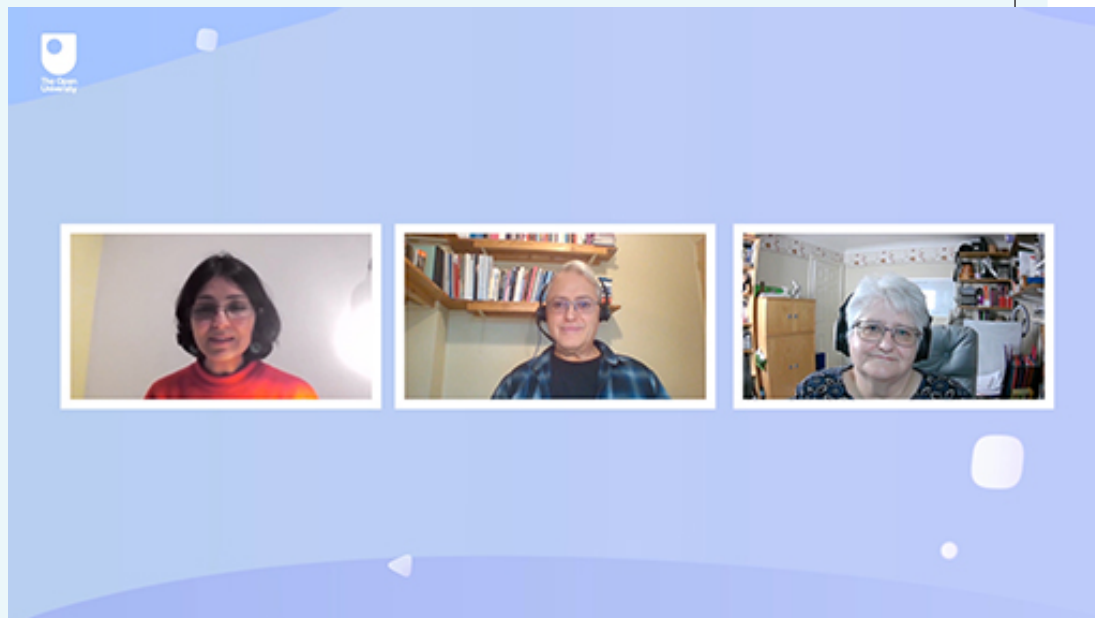
 Allow 15 minutes

Watch the conversation with members of a team from a care setting and a sheltered housing setting in Video 5, reflecting on their experiences and thoughts about care work practice. As you listen think about the question below and make notes in the text box provided.

What key things about relational care that you have learnt so far in this course are reflected in this video?

Video content is not available in this format.

**Video 5** Joanne and Shaun



*Provide your answer...*

### Discussion

Depending upon your role, you may have identified some of the following:

- The importance of feeling acknowledged and valued.
- The importance of acknowledging and appreciating staff.
- Staff having the freedom to relate with residents.
- Satisfaction gained from mutual engagement and learning with residents.
- Significance of support from care manager and other staff.
- Staff having opportunities to grow in the role.

In this section, you have had the opportunity to deepen your learning and understanding of relational care practice. Many more useful vignettes about the different ways in which you can use relational care in practice are in the toolkit written specifically for practitioners entitled [Making every relationship matter: a practitioner toolkit for relational care with older people](#). This toolkit will help you find out more and further understand how relational care can become part of your practice and be embedded in your care setting. As well as practical examples, it offers food for thought and answers some of the questions often raised about relational care.

You may well already be doing some or most of these things, and some other shifts to relational care can easily be introduced by making changes to existing practice. Others may seem more complicated to introduce. For instance, in shaping practice where relationship building is more difficult (e.g. where people are living with dementia, have challenging behaviour or are very distressed) and may require a change of direction in practice, management, and ultimately, from the provider running the care setting.

## Conclusion

In introducing relational care and its practice, this course has covered a lot of ground! You will now have an understanding of what it means, its benefits and the importance of relationships within a care setting. Importantly too, you have explored the requirements of relational care practice and how these can be supported by, for example specific activities, management practices and features of the environment. The course will also have helped you to apply your new learning to your own community, which you can expand further with additional help from the [toolkit](#).

Whether you are a residential or a day care provider, a manager or a member of staff in a care setting we hope you now feel better equipped in terms of understanding relational care and how its practice can be introduced or extended. We wish you every success.

## Further resources

You may have particular areas of interest that you would like to follow up. The list of resources below is not by any means exhaustive but should give you some useful signposting.

### An overview of relational care

Kartupelis, J. (2021) *Making Relational Care Work for Older People: Exploring innovation and best practice in everyday life*. Routledge.

### Care home resources for bringing people together

[Promoting positive mental wellbeing for older people: A quick guide for registered managers of care homes](#) (2020), Social Care Institute for Excellence.

[National Activities Providers Association \(NAPA\)](#) offers ideas and advice on activities and outings.

### Community support and wellbeing

[As Time Goes By: Thoughts on wellbeing in later years](#) is a booklet based on the reflections of five older researchers.

[Wellbeing Teams](#): gives information on providing professional community-based care in the context of relationships.

[The Almshouse Association](#).

### Companion animals

[The Society for Companion Animal Studies \(SCAS\)](#) is a charity that provides scientific evidence for the benefits of animal–human interactions and promotes the benefits of pet ownership throughout changes in life and accommodation.

[The Cinnamon Trust](#) is a charity that provides practical assistance and advice to older people about retaining and caring for their pets, even under difficult circumstances.

### Intergenerational living

[United for All Ages](#) is the UK body for information, news, advice and advocacy.

### Listening to older people

There are a number of books based on conversations with older people and thoughtful listening, for example:

Barnes *et al.* (2018) *Re-imagining Old Age*. Vernon Press.

MacKinlay, E. (2002) *The Spiritual Dimension of Ageing*. Jessica Kingsley.

Woodward, J. (2008) *Valuing Age*. SPCK.

### Loneliness

Davidson, S. and Rossall, P. (2015) [Evidence Review: Loneliness in later life](#).

## References

- Baylis, A. (2017) *Enhanced health in care homes*. London: The Kings Fund.
- Gopinath, M., de Lappe, J., Kartupelis, J, Larkin, M. and Wilson, A. (2023a) *The value and practice of relational care with older people: a research report by The Open University*. Available at: <https://doi.org/10.21954/ou.ro.00015a63> (Accessed 30 January 2024).
- Gopinath, M., de Lappe, J., Kartupelis, J., Larkin, M. and Wilson, A. (2023b) *The value and practice of relational care with older people: Summary Report of a research project carried out by the Open University*. Available at: <https://doi.org/10.21954/ou.ro.00015a66> (Accessed 30 January 2024).
- HfT and Care England (2023) *Sector Pulse Check*. Available at: <https://www.hft.org.uk/get-involved/public-affairs-policy-and-campaigns-sector-pulse-check/> (Accessed: 30 January 2024).
- Kartupelis, J. (2021) *Making Relational Care Work for Older People: Exploring Innovation and Best Practice in Everyday Life*. New York: Routledge.
- Larkin, M., Gopinath, M., Kartupelis, J. and Wilson, A. (2023) *Making every relationship matter: a practitioner toolkit for relational care with older people*. Available at: <https://oro.open.ac.uk/88663/> (Accessed: 30 January 2024).
- Müller, B., Armstrong, P. and Lowndes, R. (2018) 'Cleaning and Caring: Contributions in Long-term Residential Care', *Ageing International*, 43, pp. 53–73. Available at: <https://doi.org/10.1007/s12126-017-9290-x> (Accessed: 30 January 2024).
- Woodward, J. and Kartupelis, J. (2018) *Developing a Relational Model of Care for Older People: Creating Environments for Shared Living*. London and Philadelphia: Jessica Kingsley Publishers.



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## Audio/Video

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