

**RCARE\_1**

**Introducing relational care**

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# Contents

* [Introduction](#Session1)
* [Learning outcomes](#Session2)
* [1 Understanding relational care and why it matters](#Session3)
  + [1.1 Developing your understanding of relational care](#Session3_Section1)
* [2 The practice of relational care](#Session4)
  + [2.1 What kinds of relationships are involved in the practice of relational care?](#Session4_Section1)
  + [2.2 Key components, principles and features of relational care practice](#Session4_Section2)
* [3 Deepening your learning](#Session5)
  + [3.1 Every relationship matters](#Session5_Section1)
* [Conclusion](#Session6)
* [Further resources](#Session7)
* [References](#Session8)
* [Acknowledgements](#Session9)
* [Solutions](#Solutions1)
* [Descriptions](#Descriptions1)

## 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.

Start of Figure



[View description - Uncaptioned Figure](" \l "Session1_Description1)

[View alternative description - Uncaptioned Figure](" \l "Session1_Alternative1)

End of Figure

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.

Start of Study Note

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.

End of Study Note

## 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.

Start of Figure



[View description - Uncaptioned Figure](" \l "Session3_Description1)

[View alternative description - Uncaptioned Figure](" \l "Session3_Alternative1)

End of Figure

## 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.

Start of Activity

**Activity 1 Relational care in a resident’s own words: Nina’s story**

AIlow 15 minutes

Start of Question

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?

Start of Media Content

Video content is not available in this format.

**Video 1** Nina and Kay

[View transcript - Video 1 Nina and Kay](" \l "Session3_Transcript1)

Start of Figure



[View alternative description - Uncaptioned Figure](" \l "Session3_Alternative2)

End of Figure

End of Media Content

End of Question

*Provide your answer...*

[View discussion - Activity 1 Relational care in a resident’s own words: Nina’s story](" \l "Session3_Discussion1)

End of Activity

Start of Activity

**Activity 2 Phil and Jacqui’s stories**

Allow 20 minutes

Start of Question

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?

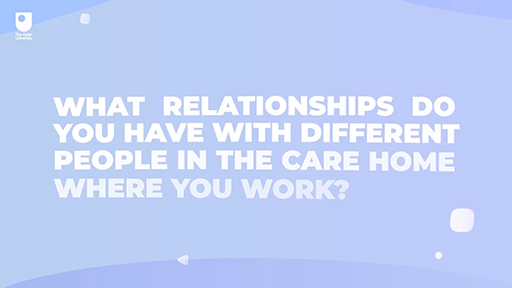
Start of Media Content

Video content is not available in this format.

**Video 2** Phil and Jacqui

[View transcript - Video 2 Phil and Jacqui](" \l "Session3_Transcript2)

Start of Figure



[View alternative description - Uncaptioned Figure](" \l "Session3_Alternative3)

End of Figure

End of Media Content

End of Question

*Provide your answer...*

[View discussion - Activity 2 Phil and Jacqui’s stories](" \l "Session3_Discussion2)

End of Activity

Start of Activity

**Activity 3 A care home manager’s reflections on relational care**

Allow 15 minutes

Start of Question

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?

Start of Media Content

Video content is not available in this format.

**Video 3** Asa

[View transcript - Video 3 Asa](" \l "Session3_Transcript3)

Start of Figure



[View alternative description - Uncaptioned Figure](" \l "Session3_Alternative4)

End of Figure

End of Media Content

End of Question

*Provide your answer...*

[View discussion - Activity 3 A care home manager’s reflections on relational care](" \l "Session3_Discussion3)

End of Activity

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

Start of Figure



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[View alternative description - Uncaptioned Figure](" \l "Session4_Alternative1)

End of Figure

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.

Start of Media Content

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

End of Media Content

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.

Start of Activity

**Activity 4 Thinking about where you work**

AIlow 20 minutes

Start of Question

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

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

End of Question

*Provide your answer...*

[View discussion - Part](" \l "Session4_Discussion1)

Start of Question

1. Why might these relationships be important and for whom?

End of Question

*Provide your answer...*

[View discussion - Part](" \l "Session4_Discussion2)

Start of Question

1. Who do you think should be responsible for initiating and maintaining these relationships?

End of Question

*Provide your answer...*

[View discussion - Part](" \l "Session4_Discussion3)

End of Activity

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.

Start of Table

Table 1 A model of relational care

|  |  |  |
| --- | --- | --- |
| **An atmosphere of respect trust and inclusivity that nurtures belonging** | **A purposeful focus on relationships** | **A physical environment that facilitates relationships and autonomy** |
| Leaders and managers create a home-like environment in which all those in it can flourish and thrive. | Between staff and residents, e.g.   * 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. | 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. | Amongst residents, e.g.   * Residents have opportunities to support one another and develop friendships. * Mealtimes are protected and valued as opportunities for conversation. | Recognition and encouragement of meaningful objects and activities. |
| Visitors experience the setting as welcoming and accommodating. | Amongst staff (including staff and management), e.g.   * 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. | 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

End of Table

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

Start of Activity

**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**

Start of Question

Read or listen to the the case study.

Start of Media Content

Video content is not available in this format.

**Video 4** Fairview House case study

[View transcript - Video 4 Fairview House case study](" \l "Session4_Transcript1)

Start of Figure



[View alternative description - Uncaptioned Figure](" \l "Session4_Alternative2)

End of Figure

End of Media Content

Start of 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.

End of Case Study

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

Start of Table

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** |
| *Provide your answer...* | *Provide your answer...* | *Provide your answer...* |

End of Table

End of Question

[View discussion - Part A](" \l "Session4_Discussion4)

**Part B**

Start of Question

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].

Start of Table

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** |
| *Provide your answer...* | *Provide your answer...* | *Provide your answer...* |

End of Table

End of Question

[View discussion - Part B](" \l "Session4_Discussion5)

End of Activity

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

Start of Figure



[View description - Uncaptioned Figure](" \l "Session5_Description1)

[View alternative description - Uncaptioned Figure](" \l "Session5_Alternative1)

End of Figure

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.

Start of Activity

**Activity 6 Elaine’s vignette**

Allow 30 minutes

Start of Question

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.

Start of Case Study

**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.

End of Case Study

* 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?

End of Question

*Provide your answer...*

[View discussion - Activity 6 Elaine’s vignette](" \l "Session5_Discussion1)

End of Activity

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

Start of Activity

**Activity 7 Reflecting on your learning**

Allow 15 minutes

Start of Question

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?

Start of Media Content

Video content is not available in this format.

**Video 5** Joanne and Shaun

[View transcript - Video 5 Joanne and Shaun](" \l "Session5_Transcript1)

Start of Figure



[View alternative description - Uncaptioned Figure](" \l "Session5_Alternative2)

End of Figure

End of Media Content

End of Question

*Provide your answer...*

[View discussion - Activity 7 Reflecting on your learning](" \l "Session5_Discussion2)

End of Activity

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.](http://www.open.edu/openlearn/ocw/mod/oucontent/olinkremote.php?website=RCARE_1&targetdoc=Relational%20care%20toolkit) 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](http://www.open.edu/openlearn/ocw/mod/oucontent/olinkremote.php?website=RCARE_1&targetdoc=Relational%20care%20toolkit).

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*](https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/promoting-positive-mental-wellbeing-for-older-people)(2020), Social Care Institute for Excellence.

[National Activities Providers Association (NAPA)](https://napa-activities.co.uk) offers ideas and advice on activities and outings.

## Community support and wellbeing

[*As Time Goes By: Thoughts on wellbeing in later years*](https://www.brighton.ac.uk/ssparc/research-projects/older-people-wellbeing-and-participation.aspx)is a booklet based on the reflections of five older researchers.

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

[The Almshouse Association](https://www.almshouses.org).

## Companion animals

[The Society for Companion Animal Studies (SCAS)](http://www.scas.org.uk?human-animal-bond?pets-and-older-people/) 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](https://cinnamon.org.uk) 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](https://www.unitedforallages.com) 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*](https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/rb_june15_lonelines_in_later_life_evidence_review.pdf).

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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).

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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).

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## Solutions

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

#### 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.

[Back to - Activity 1 Relational care in a resident’s own words: Nina’s story](" \l "Session3_Activity1)

## Activity 2 Phil and Jacqui’s stories

#### 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.

[Back to - Activity 2 Phil and Jacqui’s stories](" \l "Session3_Activity2)

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

#### 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.

[Back to - Activity 3 A care home manager’s reflections on relational care](" \l "Session3_Activity3)

## Activity 4 Thinking about where you work

### Part

#### 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.

[Back to - Part](" \l "Session4_Part1)

### Part

#### 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.

[Back to - Part](" \l "Session4_Part2)

### Part

#### 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.

[Back to - Part](" \l "Session4_Part3)

## Activity 5 Fairview House and relational care

### Part A

#### 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.

Start of Table

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. |

End of Table

[Back to - Part A](" \l "Session4_Part4)

### Part B

#### 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.

Start of Table

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** |
| 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. | 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. | 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. |

End of Table

[Back to - Part B](" \l "Session4_Part5)

## Activity 6 Elaine’s vignette

#### 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.

[Back to - Activity 6 Elaine’s vignette](" \l "Session5_Activity1)

## Activity 7 Reflecting on your learning

#### 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.

[Back to - Activity 7 Reflecting on your learning](" \l "Session5_Activity2)

## Descriptions

### Uncaptioned Figure

Four elderly ladies sat around a table in a communal area

[Back to - Uncaptioned Figure](" \l "Session1_Figure1)

### Uncaptioned Figure

Four elderly ladies sat around a table in a communal area

[Back to - Uncaptioned Figure](#Session1_Figure1)

### Uncaptioned Figure

An elderly woman walking arm in arm with a care worker down a corridor whilst both smiling

[Back to - Uncaptioned Figure](" \l "Session3_Figure1)

### Uncaptioned Figure

An elderly woman walking arm in arm with a care worker down a corridor whilst both smiling

[Back to - Uncaptioned Figure](#Session3_Figure1)

### Uncaptioned Figure

[Back to - Uncaptioned Figure](" \l "Session3_Figure2)

### Uncaptioned Figure

[Back to - Uncaptioned Figure](" \l "Session3_Figure3)

### Uncaptioned Figure

[Back to - Uncaptioned Figure](" \l "Session3_Figure4)

### Uncaptioned Figure

Three sketches side by side: 1. Three people quilting, 2. People chatting in the garden, 3. Someone leaving a room saying ‘Bye’.

[Back to - Uncaptioned Figure](" \l "Session4_Figure1)

### Uncaptioned Figure

Three sketches side by side: 1. Three people quilting, 2. People chatting in the garden, 3. Someone leaving a room saying ‘Bye’.

[Back to - Uncaptioned Figure](#Session4_Figure1)

### Uncaptioned Figure

[Back to - Uncaptioned Figure](" \l "Session4_Figure2)

### Uncaptioned Figure

A sketch of two people sitting outside and a careworker standing by them talking

[Back to - Uncaptioned Figure](" \l "Session5_Figure1)

### Uncaptioned Figure

A sketch of two people sitting outside and a careworker standing by them talking

[Back to - Uncaptioned Figure](#Session5_Figure1)

### Uncaptioned Figure

[Back to - Uncaptioned Figure](" \l "Session5_Figure2)

# Video 1 Nina and Kay

## Transcript

KAY:

Hi, my name is Kay. And this is my mom, Nina. And we're here in Ballyholme, Abbeyfield and Wesley. And mom's going to tell you a little bit about why she's here and how she feels about it. And do you like the fact that you don't need to cook anymore, or your laundry, or things like that?

NINA:

That is a real blessing, that all meals are provided, even break time, the tea and the coffee are brought up on a trolley for us. And we can all sit around and chat. Everybody is very, very friendly and caring here. The only time it's quiet is at meal time when we're chewing our meal. But in between courses or waiting for the tea to be poured, the chat starts up again. And people are very, very friendly here.

KAY:

Yeah. On that note, obviously everybody was strangers at the beginning. And you've lived here now for, my goodness, 15 months? Now you've been here.

NINA:

Wow.

KAY:

How are your relationships with people here now?

NINA:

Oh, very good. Even the new ones in, we've had three, four new ones since I came in. And once again, they're all very chatty and nice. And Maureen, that sits next to me at the table at meal times, she is very helpful. Because she knows there are things, you know when there's a tea bag left in the cup of tea, I have-- there's another thing. John brought me.

KAY:

Oh, the tea bag squeezer.

NINA:

Tea bag squeezer. But with the arthritis in my hand, I couldn't manage it. And I apologised to him and said, John, I think I'm going to have to give these back to you because I can't manage them. And Maureen says, oh no, you don't. I'll manage it for you.

KAY:

And that's what we love.

NINA:

And she takes the tongs and the cup over, squeezes it out for me. And there, everybody is very, very helpful.

[Back to - Video 1 Nina and Kay](" \l "Session3_MediaContent1)

# Video 2 Phil and Jacqui

## Transcript

[TEXT ON SCREEN: What relationships do you have with different people in the care home where you work?]

JACQUI:

I see my residents most days and will be either supporting them to get to activities, talking to them about activities, or actually leading activities with them. And then relatives when they're when they're in the home, yeah, we talk and and I email relatives as well because I can't plan engagement without knowing what it is that gives them sense of well-being and what works for them. So you know, my role is to understand their needs, but also the day to day experiences that they're having. If they're unhappy because something's gone wrong with their care or their illness has progressed, then they're not going to be able to do engagement. So if I'm not there to see them, to see what's happening, how they're feeling, then I won't know-- I won't be able to help them engage and to have those.

And also, it's about being-- we kind of-- I think of us as a kind of family. If you don't see people, you don't know how they are. I can't support them. That contact's important. It's two-way.

And it's about-- encouragement to attend things can be the hardest part, actually helping people to get to the things. Because they might be feeling low or they don't feel they want to get up or they might feel, oh, I don't want to ask for help. So if I go and see them, if they're in their rooms or waiting, I can find out what's happening, what they need.

We talk about it a lot about care and about institutions and relationships. And for me, it is about getting to know people and we do become a Nightingale family. We're a group of staff and residents in one area of the home on Ronson floor. I get to know those residents really well. I spend time with them. I spend time liaising with their families.

And it is caring. It's not a cold, clinical, you know, process. You get to know people. You're there to care for them. You're there to help them. And so, yeah, and you're there for the emotional needs.

So it's really important that I can respond to that and give them emotional support. Because without that, all the other stuff doesn't mean anything if they don't feel connected. And it's about the connections between residents as well, helping them to make friends, relationships with volunteers, really important, and people are coming in regularly. And I think we do get to feel like a family. And at the times when things are good, that's what it feels like; sharing meals together, discussing how we feel together, supporting each other, sorting out problems for each other.

That contact with people each day, that's really important to me. That's what gives me a sense of well-being and seeing good results from the work that I do. We have people that are upset, so they're dealing with physical things or with dementias, and yeah, there has to be some boundaries. So you know, I also get a satisfaction from being able to do that.

And people die. So I'm not I can't be immune to feelings of sadness when we lose people and how that affects me and also other residents. We want to be able to express that we miss someone. And also, we share that with the family, share part of their grief.

It gives me-- it's not-- yeah, it's a sense of having a place in society. My working life has not contributed to anyone in terms of wealth. I've not produced a thing. I don't make things. I don't-- but I've given something to other people that I hope on the whole is useful.

PHIL:

I'm the head gardener here. And we also do intergenerational with the children and residents. So most of them are through coming to the garden club or just even in the garden because they come out and chat to me that way.

It's an open group. They just come along as and when they feel like it. But also, when they're in the garden and having a walk in the sunshine, they always have a chat to me. Obviously, everybody knows me here, I'm the gardener. So yes. So if there's any plant that they don't know, it's always like, oh, what's this? And obviously, the family as well. So you know, when they're pushing residents around, they'll always have a chat and ask about plants and fruit.

JACQUI:

There's never enough time to give people the time that they want. We're very lucky to have a wonderful group of volunteers who can give time, but there's always-- you know, people always need more time. We all need more time to spend with other people.

And yeah, the communication within an organisation can be challenging. To talk in more depth about individuals, to share our experiences, to share our knowledge. Again, that's time. Time to sit and talk, and you know, in a more meaningful way about what we could do to support. Lots of just trying to respond to the current issues. So that's always a challenge.

It is about consistency. So if people are coming in, like volunteers, we need to know what the commitment is. Yeah, consistency. People tend to thrive on knowing who's come in and who's there and who how they can-- how they can have consistency. Trust, building up trust. Takes a lot of time.

PHIL:

I think rather than the residents just staying in their rooms, they come out, they want to do things, which is why we do all the different activities for them, from honey making, spinning. You know, we do demonstrations for the residents, the children, the families come along, all the regular ones that come to the garden with the family. So they now all know me and they're asking me questions, and what's the plant. They buy the honey as well because we do have the honey for sale here.

French lady, she's blind. So she comes to garden club. So I always buy her herbs so she has the sensory smell. And then when we go on gardening trips. We did one to Kensington Park recently because I used to work there. Go through the park and pick everything so she smells it.

Until two years ago, so we never had any blind people. So obviously, it was a visual, from spring bulbs and plants that were flowering. But now with Colette here, we kind of do the sensory side as well.

As they get older, it's more of a supporting them while we're doing gardening. And obviously, they used to be able to walk around the garden. Now they're obviously either in a wheelchair or they're being supported by someone, so maybe they don't get around the whole garden as they used to. Which is why we've put a lot of herbs on the arts and crafts terrace so that if they do come down and with support, they can just sit out there and enjoy the herbs and flowers rather than they can't get to the whole garden like they used to.

So it's more of a supporting role as they get older, rather than just going, you can't come to gardening club. You can't do nothing anymore. It's like, well, you know, you can pick the flowers, you pick what you want, and I'll plant them and then you take them out of the pots. And so it's changing as they get older.

We do intergenerational with residents and children once a month and then with the residents once a week during growing times. So they're getting the residents down. I'm preparing everything ready for that activity. I can come up with a project idea and go to Alistair, who's head of activities, obviously, see if he's got any budgets. But same with the bees. You know, come up with that idea, we went through with the CEO, people come up with a donation.

I think with myself, I kind of do it because I think when I get older I would want someone to, wherever I am, to do some gardening with me. So I think it's such an important idea. Because they do then come out with what they used to do when they-- before they come to the care home. You know, oh, with my husband, we planted this. And so it kind of gives them memories from when they used to be able to do gardening, and then they tell us about their grandchildren. And so it takes their mind off things. You know, they're going back and then obviously discussing things. So it's not just all about the care home.

[Back to - Video 2 Phil and Jacqui](" \l "Session3_MediaContent2)

# Video 3 Asa

## Transcript

ASA JOHNSON:

Hello. My name is Asa Johnson. I'm the service improvement manager for Anchor, who are a care home provider. And my role is to look at ways in which we can really develop and enhance that experience for our residents across 'activities' - which I'm sure we'll talk about in a moment - food, nutrition, the environment they live in, and dementia care practise.

[TEXT ON SCREEN: What does relational care actually mean to you in your role?]

I see relational care as really day-to-day interactions that we all have as human beings, both family, friends, acquaintances, people you might bump into in the street or in the shop. It's just about having that human contact and building up those relationships with people and really making sure that what we do is in line with what the person receiving care wants and vice versa. So it's working together, rather than having this hierarchy of caregiver and care receiver.

[TEXT ON SCREEN: What would you say relational care feels like both for those giving and receiving?]

I think relational care very much feels like those interactions going somewhere and being meaningful. So when the person that's providing the support and the care and the person that's receiving that support are actually working together to achieve those everyday life goals and actually the care is very much built around what that person's experience is and what that experience that they want-- how they want that experience to be.

[TEXT ON SCREEN: So would you say it involves everyone in a care setting?]

Absolutely. You have to bring everybody together. Everybody has to work on this. No matter what their role in that care home may be, how often they may be working in that care home, everybody really has to live and breathe that relational care ethos and really see it as a community of people coming together to make sure that the experience of the people that are receiving that care is the best it possibly can be and is very much in line with how that person expects to live their life.

[TEXT ON SCREEN: What difference do you think relational care makes to everybody in the care setting?]

I think people coming together and having this experience together and letting their personalities shine through their life experiences, their day-to-day goings-on actually, A, builds on that community feel within that care setting, and the person who's giving that care, actually they're bringing themselves to work every single day. It's not about being driven by task. It's about being driven by people and you, as a person, and the person receiving that care as a person. So it's just about being more human with each other. And really, relational care-- the framework and the guidance that's been provided-- is absolutely fantastic.

But if we really look at it, it's not radical. It's everyday life. Outside of the care sector, what relational care talks about is the norm, whereas sometimes, within the care sector and in particular in dementia care, what is seen as radical is just the norm everywhere else. And it's almost about understanding that and taking a step back and thinking, let's get out of this care bubble for a moment and really think about what we're trying to achieve here. I'm not saying it's easy, but it's not radical. And I think that's the kind of mentality we have to go into this with. Actually, it's just about being human with each other.

[TEXT ON SCREEN: So if somebody was thinking about adopting relational care, what would you say to them?]

First of all, don't overthink it. Really look at it as a framework for everyday life. And break it down into manageable chunks. Look at-- across the whole home-- if it's in a care home setting across the whole home, in those different areas, whether it's through the lifestyle, the wellness, the activity, the engagement, the living life piece-- what does that look like-- that formalised plan and programme of clubs and experiences-- for residents? The food and nutrition, how is that driven by residents, but also by the people that are producing that food and serving that food? The environment-- does the environment really feel like a place that people can call home? And what I call home may be very, very different to what you call home. It's about having those conversations.

Really break it down into manageable chunks and look at how it can weave across the whole home. And don't look at people's individual role, but look at people's individual personality and skill to determine how this is driven because, actually, there may be some areas that somebody would work on that perhaps traditionally didn't work in that department, if you like, within the care home. So somebody that maybe doesn't work in the catering team would have a really good understanding around how to drive a great food experience for residents in that care home based on those relationships, having those conversations. So utilising people's skills, interests, hobbies, personalities, to really help this be achievable within your care setting.

[Back to - Video 3 Asa](" \l "Session3_MediaContent3)

# Video 4 Fairview House case study

## Transcript

SPEAKER:

First of all, we're going to look at a short case study describing a care home, Fairview House. This case study is actually made up from a number of real homes that we visited and draws together some of their most important features. You've got the description and I'm going to read it out.

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 1990's. 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's also a separate room for staff to relax in and have as their own private 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 is comfortably settled on a small sofa. He greets visitors with a welcoming smile. The manager Jean has worked here for over 30 years, having joined as a care attendant and then been supported through a journey of formal and informal learning to reach her current post.

The retention and longevity of Fairview 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's known and respected. Additionally, staff may have friends or family already working 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 to 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 doesn't 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 big, 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's a collection of laptops and iPads for those residents who want to use them with or without 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 decor so everywhere reflects the family that lives there. Like the sofas in the entrance hall, the decor and 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 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 on-- I'll start that again. Time is built into staff 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'd bring everything out to them into the dining room 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, not only of emotional but also of 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 their 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 their meals in, and providing solace if it is wanted. Staff are also enabled to go to funerals.

Now, please think about the various ways in which Fairview care home is enabling and sustaining relational care. Complete the table below, writing in one thing about Fairview in each column. One thing they do that helps to nurture trust, one way in which they purposefully focus on relationships, and one aspect of the environment that helps relationships to flourish.

[Back to - Video 4 Fairview House case study](" \l "Session4_MediaContent2)

# Video 5 Joanne and Shaun

## Transcript

PROFESSOR MANIK DEEPAK-GOPINATH:

Thank you Joanne and Sean for joining me today. Now, we've been talking and thinking about how everyone in a care setting, whether that is a care home, a sheltered housing, or maybe even a day care facility, can feel themselves to be part of a mutually supportive group. Do you think you have been or are in this situation? And what does it feel like? Joanne.

JOANNE:

Yes, I think I'm in that situation now. I have worked my way up, actually. I started as a cleaner in a small care home near where I lived, actually, because my cousin used to work there. And then I moved to a bigger group. And they're a charitable organisation and they like to invest in people and train them and promote them. And I'm now actually one of the deputy managers. And I feel very much part of a family. We all look out for each other and we all get on really well and are very supportive.

PROFESSOR MANIK DEEPAK-GOPINATH:

Thank you. Sean.

SEAN:

I'm the on-site manager in a sheltered housing complex and have my own flat there. I actually moved into the care sector from hospitality from working in hotels. I do feel I know most of the residents really well. And we have get-togethers and events in the communal lounge. I also have a good supportive relationship with the regional manager. When we meet, it's business first, then a personal chat.

PROFESSOR MANIK DEEPAK-GOPINATH:

So what you are describing there is getting to know your team and getting to know the older people so that you form a community. This must add time to your work. Is that a problem? Joanne.

JOANNE:

It was in the first place I worked. When I was a cleaner, I actually got told off for talking to the residents. But I don't see how you can not do that if I can't go into a room and just say good morning or not take on with someone if they look distressed. So at the time, I think it was just a rule and that was that.

The thing is that most of the talking gets done when you are doing the tasks. And when I'm in someone's room, sometimes I have to sit down and listen to them if they're looking distressed so that they can offload. My manager says that it's people first and task comes later. And we can do that if we've got a good team around us where there is slack built in and people can rally around and pick up the extra work.

SEAN:

Yeah, being with the residents, helping them to sort out problems or get professional assistance is what my job's all about. I have all sorts of tasks, like checking safety alarms, arranging repairs, and so on. But basically, I'm there for them. That means I get to know them and care about them, but only if they want. Some older people just don't want that sort of intimacy, especially if they have family living nearby.

PROFESSOR MANIK DEEPAK-GOPINATH:

That's right. So what about your own needs? I mean, who do you turn to if you are having a hard time in your life or you are anxious about the people you are caring for?

JOANNE:

It depends on the situation. I get a lot of support on a daily basis from my team members and that's two-way. And then in certain situations, I'll get support from my line manager. For example, like when one of my children was diagnosed with a medical condition. And on a daily basis, the older people will look out for me and say, are you all right, Joanne, do you need a cup of tea, and they'll give my hand a squeeze. And that's really nice.

And there's a lot of affection in the care home. We're always hugging each other. And that means so much. And if someone passes away, there's a lot of two-way support for us and the family. The rotas will be adjusted to allow anybody who wants to go to a funeral and even the lounges will be used as a wake.

SEAN:

It's a bit different for me, as we have rules about not favouring one over another, or at any rate, being seen as equally caring about all residents. So for example, I'm not allowed into individual flats for a coffee and chat, only to deal with a problem. And I do get that. Older people ask me how I am, how my family is, and so on. And I do chat about that, but not too much. If I'm down for personal or work reasons, then I talk to my regional manager and get help from her and vice versa. So I guess that's where the mutuality comes in.

PROFESSOR MANIK DEEPAK-GOPINATH:

I see. So just linking that conversation to the vignette that we read earlier on about Elaine and she was thrilled with Preeti in fact in the way that Preeti had shown her how to use the iPad. Can you relate to that vignette?

SEAN:

Very much so. Our residents contribute enormously to the life of the complex. For example, Bill and Marjorie have more or less taken over the garden. Although, not the heavy jobs, which we pay a local person to do. They consult about where to plant what, have created hanging baskets and flower beds. Just done an amazing job. They love it because they moved from a place with a big garden that they even let people see under the Open Garden scheme. And we all love the results. And another resident has taken on the job of consulting about the colour scheme when we redecorate the lounge. But this can only happen if the older people genuinely want to do it. No one can be made to get involved.

JOANNE:

Exactly. We aim to let every older person contribute to community life as they want. They might be helping with flowers or running a craft club, but it is exactly what they want to do. It's about choice and autonomy. If someone living with dementia wants to do something, then we do a risk assessment and then we get alongside them to help them do that task, such as preparing vegetables. It's amazing how much the residents help each other, particularly at mealtimes.

You asked at the beginning, what does this feel like, and I'd say it feels like a home, like a family. And that's why I'll be staying here for a while. And perhaps one day, when Carol retires, I might even be manager.

PROFESSOR MANIK DEEPAK-GOPINATH:

So then are there no downsides, Joanne?

JOANNE:

There are downsides. Where there's loss, there's loss. And it can be very hard if someone passes away that you've grown very close to who you've been caring for. And I suppose when there's lots of older people, that's going to happen more frequently. But you have to deal with that loss. We get support for each other and for the family.

And I wouldn't have it any other way. I wouldn't want to do just a task-focused job. This one makes me feel alive.

SEAN:

Exactly. That's why I moved into this job and will probably stay in it. I'm more known and more valued, more alive.

PROFESSOR MANIK DEEPAK-GOPINATH:

Thank you, both of you, Joanne and Sean.

[Back to - Video 5 Joanne and Shaun](" \l "Session5_MediaContent1)