

The tragic deaths of residents and workers in long-term-care homes have exposed deep, long-standing problems with the organization and delivery of eldercare. In many instances, our long-term-care system reduces older people to their most basic bodily and medical needs; needs which are met through a series of assembly-line tasks performed by underpaid and overworked staff. This system strips workers and older people alike of the dignity to engage in care relationships that support their personal and social identities.

Rebuilding a sustainable care system means thinking about care as a relationship that prioritizes the deep interconnections between people who give and receive care. All too often, care workers are simplistically cast as "independent" providers of care while older people in need of support are placed in the position of "dependent" recipients of care. This dichotomy fails to recognize that all people are dependent on others in many ways at different points in their lives.

Within the academic research on care, feminist scholars have argued that rather than a relationship of independence to dependence, care is best understood as a form of interdependence or reciprocity. Workers, for example, may turn to the cared-for for advice and moral support, even as they help an older person with the most intimate forms of personal care. These interdependent relationships allow workers and older people to see each other as whole persons with complex identities and lives that transcend the care encounter, such as the moment of giving a bath or helping someone to eat.

Re-centring care on relationships, rather than on tasks, prioritizes the humanity of older persons and care workers alike. Relationship-centred approaches challenge the ageism that marginalizes older people as well as the invisibility and harsh working conditions facing care providers, many of whom are racialized women. Yet, these relationships are only possible under conditions where workers have the support and resources to give care in ways that reflect the needs and desires of the older person. These relationships are rarely achieved within our current long-term-care system, where workers are held accountable for completing quantifiable tasks for an overwhelming number of residents under rigid timelines.

Rebuilding an eldercare system that prioritizes relationships requires deep attention to the environments in which older people live and workers are employed. In their current and historical form, Ontario's long-term-care homes have functioned as institutions that depersonalize, standardize, and control residents in a custodial manner. This institutional culture trumps meaningful reciprocal relationships. It is not surprising that many older people prefer to receive care in their own home (or "age in place") because the home environment, at its best, signals autonomy, identity, interests, family, friends and personal beliefs; offering abundant opportunity for relational care to bloom.

And yet, factors such as domestic conflict or abuse and housing insecurity mean that many older people lack homes in which they can comfortably receive care and in which workers can safely

provide care. Years of experience in the disabled persons' sector provide some indication of the approaches that can support relational care for these individuals, including small, personally appointed and shared homes and individualized supported living arrangements. For example, non-profit organizations may facilitate accommodation in a large accessible three-bedroom apartment or home for a few older people in need of care. Possessions that create a sense of personal space and opportunities for workers to understand and reflect on a person's life story in addition to their support needs, along with effective managerial leadership that builds a trusting and respectful environment for care providers, all create a context for relational care to grow.

Interdependent care relationships in supportive environments foster the mutual well-being of workers and older people alike. These relationships extend beyond the urgency of everyday needs behind the closed doors of our homes or institutions. Researchers who study the ethics of care see it as more than private forms of help; care is a key aspect of our citizenship that unites all people. Moving care relationships from the margins to centre of policy-making is essential to building a more just, ethical society.

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