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**From Care in the Home to the Transformation of Other
Care Environments in Homes
Belén Zárate, Consuelo León and Remei Agulles**

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Abstract

Human beings have a vital need of being cared by the others. Human fullness is not independence but rather a personal development that includes a balanced relation with the environment, a continuous enrichment that emerges from the relationships we establish with those around us. In other words, there is no personal fullness without the development of our social dimension.

There is a model of care which is especially valued and sought by the person: the care we receive at home. It is based in acknowledging each person's dignity and seeking the flourishing of each one's potential. This care has specific traits that make it the paradigm of human caring relations. It is an informal and disinterested type of care, which is taken for granted in our legal systems regarding the attention of persons in vulnerable situations — disabled, sick, elderly, children; in short, dependent people. Therefore, it is not sufficiently considered and supported by public authorities so it can continue being provided in our society, in which work-family balance is problematic.

In fact, the wishes of families to take care of their loved ones in the unique way it is done in the home are constantly challenged by several difficulties typical of our society: lack of time, massive presence of women in the workplace, reduced family nuclei and so on. These difficulties are at the root of the feelings of ambivalence and frustration families often experience toward what is, paradoxically, one of the most enriching tasks a person can undertake. Such circumstances often make it necessary for the families, for example, in order to care for elderly people, to resort to residences in which several services and health care are guaranteed and where an atmosphere similar to that of a home is also sought. However, the families and residents' wishes often clash with the reality of institutionalisation, which is a highly regulated field. The Spanish legislation does not always facilitate a personalised attention, and this has given rise to several initiatives seeking to provide residents with an attention as much tailored as possible to their needs and likings.

In this paper, first of all, based on the authors who have studied the ethics of care, we will draw a decalogue of interpersonal care. Second, we will describe

some initiatives in different sectors that are already implementing these principles, ingredients and attitudes proper to family care to their residential activities in the health care and social work field. These are attempts to humanise the task of formal care and can make a relevant contribution by analysing their common traits to extract a replicable model for a more satisfactory and suitable attention to the person.

The great challenge ahead is to make public policies to achieve a balance between guaranteeing the safety of the users of these services and a model of care that promotes in them the flourishing and freedom in many facets they value. This often requires promoting the participation of the users and their families in these institutions.

Full Paper

See Book: “People, care and work in the home”

<https://homerenaissancefoundation.org/resource/people-care-and-work-in-the-home/>