

Thick care: Designing for an ethic of care and complexity in community aged care services

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Keywords

Ethic of care, complexity, home care, older people, designing for service

Introduction

This paper examines the links between complex service systems and care and the idea of *thick care* is introduced. Thick care is a term coined by the author and its context lies in research that investigates what it means to design for services where the foremost virtue is an ethic of care and when service systems are becoming ever more complex. The paper contributes to the efficacy of complex service systems that deliver care to older people in Australia. It summarises the argument underpinning thick care with a focus on how the concept ensures better outcomes for peoples' experience of community aged care.

Community aged care in Australia

Aged care in Australia happens through a collaborative system based on various levels of federal and state government, service providers from the for profit and not-for-profit sectors, and informal community and family support. In addition to residential aged care, the aged care system provides assorted services to elderly people within their own home or in other community settings (Wells & Regan 2014, 103-106). Most older Australians live at home, not in residential care and during the 2010-11 period, 719, 300 received some form of in-home or community care service (Australian Institute of Health and Welfare 2013, 238). Structural changes in Australia's population will see its aged population continue to increase in size and heterogeneity. The Australian Bureau of Statistics (2013, 3-44) projects this group as a percentage of the total Australian population will be 22 percent by 2061. It further expects the number of people aged 85 years and over to grow rapidly, projecting they will be 5 percent of Australia's population by the same period. Recent sector reforms seek to respond to these projections with service changes that ensure older people remain independent and living in their own homes for longer.

Independence, dependence and interdependency

Independence is a widely held ideal associated with older people and is a promised outcome of community aged care. Care is a constant detail of being human (Held 2012, 1-28) and over the life course it takes many forms, but these variations obscure how prevalent care is. This masks dependence, and independence is assumed. Old age is an undeniable period for greater need and inevitable dependency (Hale, Barret & Gauld

2012, 271-275). Independence is a myth (Albertson Fineman 2004, 31-44) that misrepresents the interdependency inherent in care and the service systems that deliver it. In the case of community aged care, shifting from promising more independence toward ensuring *better interdependence* aligns community aged care services with the nature of care *and* complexity, resulting in better service outcomes for older people.

Service system complexity

Community aged care services require equivalent understanding of care *and* complexity. Services are increasingly framed as a type of system (Ng, Maull & Smith 2011, 13-35); however, typical methods of designing for service have inadequate scope for interrogating the non-linearity of complex systems, limiting services development accentuating linear processes and dyadic interactions. Complex service systems behave simultaneously and at varied system scales (Cilliers 1998, 1-24). Owing to the interdependency of system parts the critical variables of care are affected.

Thick care

My idea of *thick care* is conceived from an overlooked association in the literature about care, design for service and systems thinking theory. Care and complex systems have a common ontology that is based on relationships and interdependence, both being central to producing meaningful service outcomes for older people. Thick care combines key systems thinking concepts (Checkland 1999) with an ethic of care (Tronto 1993, 125-155) (Table 1).

System elements	Care elements
purpose	Attentiveness
equifinality	Responsibility
regulation	Competence
interconnectivity	Responsiveness
boundary	Solidarity
emergence	

Table 1. Thick Care elements

Thick care is possible only when complex systems note the affects and effects of system structure on older people’s experiences of care. The benefits of combining these theories when designing for services that deliver care is twofold. First, the care elements provide a way to plan and monitor for the presence or absence of care at any stage of an older person’s experience at any scale of the service system. Next, systems thinking concepts make room for a causal understanding of this presence or absence of care by

interrogating system structure effects. The idea of thickness in care indicates a form of care that is viewed as a whole system concern. Thick care extends past the dyadic of a care giver and care receiver and fine tunes care as an approach to service delivery that spans macro, meso and micro system scales. Applying thick care for understanding peoples' experiences of community aged care highlights where a service delivers sufficient or insufficient care (Figure 1).

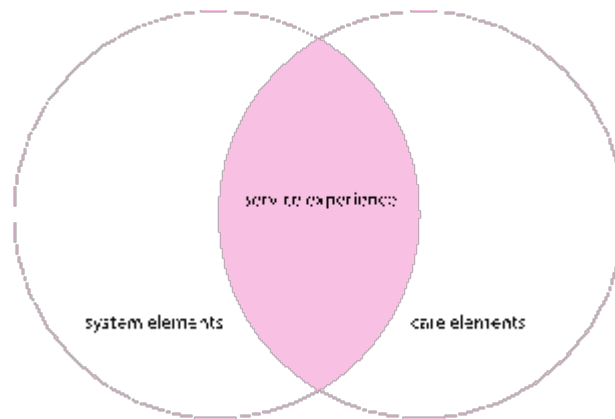


Figure 1. Meta-representation of thick care

Conclusion

In the provision of community aged care, a thick care framework contributes heuristic value to design and health for ensuring better interdependency. Design for service benefits from the framework's potential to create experiences of care informed by an awareness of whole system interdependencies and relationships. Service providers will gain from using the framework retrospectively to monitor whole system alignment to care to ensure better service outcomes for older people.

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