

Kant, Bentham, Aristotle and my Grandmother: Developing the ‘caring being’ in social work

The M.C. "Terry" Hokenstad International Lecture 2017

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Abstract: Reflecting on the author’s life and work experiences, the bases of social work and the overall contemporary societal context, this paper considers whether social work, and we as social workers, has reduced the necessary focus on caring. This has been caused by various factors, such as codes, rules, procedures and the market. Are we thus missing vital care-giving and care-receiving in social work, in our lives, and in the whole society? In particular, the growing ageing population in some parts of the world and similarly dependent vulnerable groups appear to be seriously missing out on essential care. This growing phenomenon suggests a need to critically re-examine the evolving social processes and the bases of social work. The paper argues that the current balance within social work must be consciously modified towards a greater emphasis on human caring in all its pervasiveness. If we do not create opportunities and incentives to develop caring practices and do not contribute to creating caring societies, we shall not only allow our practice to leave much to be desired, but also may find a deep sense of emptiness in social work’s and social workers’ hearts.

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Sisters and brothers of the social work fraternity, society’s global binding glue! Ladies and gentlemen! Good morning to you! I am not able to fully express what it means to me to deliver this 11th M.C. "Terry" Hokenstad International Lecture 2017. I am really humbled and not at all sure whether I deserve such an uncommon honour. However, I am grateful to those who nominated me and played a role in selecting me to deliver this prestigious lecture. I had the great privilege of working with Prof. Terry Hokenstad when we co-edited the Sage

Handbook of International Social Work under the leadership of Professor Karen Lyons. Knowing Terry's outstanding contributions to national and international social work, I deliver this lecture in honour of his transformative and inspiring work as a great honour and privilege. I reflected long and hard on what to speak about and chose a topic that I think would be close to Professor Terry Hokenstad's heart as well as my own.

My general concern in this paper is on the role of caring in social work practice and on how to inculcate a focus on caring among social workers. Rather than give an academic presentation on this topic, I am selecting one example of the many more vulnerable groups in society where caring practice is, I believe, critical. My focus will be on the elderly, but other comparable examples would be the disabled, children, mental health sufferers, refugees and displaced persons, and some sections of indigenous communities.

So I am going to speak about caring for the elderly, and specifically a lack of such care, as a major global issue. I believe that social workers, along with other professionals, have the potential to develop 'caring beings' in societies where all vulnerable people, like the elderly, are cared for and not marginalized. To address such a topic, it is important to clarify what I mean by caring as the term 'care' like 'welfare' has been vulgarised or had negative meanings attached to it. We all care for each other. Generally, doctors, nurses, social workers, teachers, volunteers and other professionals do care for the people they work with; however, caring has different connotations and categories.

We can care for people through demonstrating genuine love, affection and warmth, or we can provide a distant and unemotional service. We can care for people by providing only material assistance, or we can also provide spiritual support. We can care for people by providing medical assistance, and employment services, and so on. And we often care for people who are dependent, sick and vulnerable. Care may be attended to directly by the concerned people or can be arranged through third parties. All such categories of and approaches to care are important and needed. But there is a difference between caring with genuine emotions of love, affection, warmth and concern and without such. I am concerned about how to develop and sustain the former, along with other types of care, rather than the latter. In our world with its increasing elderly population, significant numbers of people disabled physically or by mental health issues or drug addiction, massive numbers of displaced persons, and so on, it is imperative that we raise significantly the existing level of care, and so the numbers of caring people.

I would like to develop my thesis on caring inductively through reflecting on some of my life and work experiences. We all, or most of us, need and like to receive loving care, affection and warmth, but do we offer similar care to others, both generally and professionally? There are some who only keep offering care and do not receive it. Caring is an asymmetrical phenomenon in our societies and I would argue that we can do better. I shall touch specifically on the phenomenon of dispossession and marginalization globally; the need for the transfer of basic technology at local levels, the essential commitment to caring, the centrality of the best interests of such as elderly people, and the need to create or cultivate caring communities and societies.

The title of my paper is “Kant, Bentham, Aristotle and my Grandmother: Developing the ‘caring being’ in social work”. Kant (1724-1804) is from Germany, Bentham (1748-1832) is from Britain, and Aristotle (384 to 322 BC) is from Greece, all great philosophers, and my late grandmother (unknown – 2012) is from India and was illiterate. You all may wonder what my illiterate grandmother has to do with these great philosophers.

My grandmother

I was raised by my grandmother from the age of 10 to 16 years. I was also significantly influenced and shaped by the usual societal processes, and later by professional social work’s philosophy, values and ethics, some aspects of which stem from Kant’s and Bentham’s philosophical positions. Perhaps, you all know about Kant, Bentham and Aristotle, but you do not know about my grandmother’s life and my experiences with her. Please allow me to share some aspects of her life story and its lasting impact on me.

I came to realise that my grandmother had led a tough life, with her struggle continuing till the end. At a relatively young age, she became a widow and single mother. My mother was the only daughter and supported my grandmother. My grandmother farmed on her own and lived independently. After all the harvesting was done, during one summer, she came to visit my mother in our village. After a month or so when she returned to her village, she found that her house was occupied by her brother-in-law. He had moved her belongings to another small place. He dispossessed her of her legitimate house and also part of the farm land, for which there was no redress. So she led her life for several decades without access to her own legitimate property.

Every day she walked 7 to 8 kilometres, often with some weight on her head, and did hard work on her farm in all harsh weather conditions. Despite this situation, her care, love and affection for me were uncompromising, and while her body permitted, she continued working.

During her ageing process, she suffered from chronic toothache without any locally available treatment. She had no toileting facilities and one night she fell going outside to urinate and could not get up till next morning, to then realise that there was some fracture that was not allowing her to stand up. From then on she had to be physically lifted by others to perform day to day basic activities. A doctor suggested a hip operation but my grandmother refused the surgery. Her leg was straightened and plastered, but she was not able to keep the leg still and her leg turned, became short, and the fractured area maladapted and the tissue grew on it. She also suffered from prolapse, which was treated with some initial resistance. She was unable to walk and became bedridden. A rope was tied to the wall to help her walk by holding the rope to access the bathroom, or two people lifted her to the bathroom.

Knowing of all this suffering and agony, when I travelled from my home in Australia I took a walking frame hoping that it might help her to walk. This simple walker made a big difference to her life. With its help she managed to walk short distances on her own. I organised other basic materials such as a cot, pots, a toilet chair, a wheel chair, just to facilitate possible mobility and comfort. My mother was so much committed to taking care of her, she refused to go anywhere. When necessary, if she had to go, she returned on the same evening, knowing well that no one is there to look after her mother. Unfortunately and unexpectedly my mother passed away and this devastated my grandmother. She had been unaware of her daughter's condition but knew something was wrong. Losing her only care provider challenged us to organise alternative care for my grandmother, as the rest of us were living away due to our own work commitments.

We deliberated about admitting her to a nursing home or similar aged care facilities, but were conscious of the further emotional, psychological and social damage removing her from her existing social and physical milieu, her comfort zone, might cause. Her bed was in the front room and from there she was able to watch familiar people walking on the street and people were able to see her. It was not the best arrangement, but it helped to reduce her isolation. We organised paid care in the home, but that was mostly bereft of love, warmth and affection, and my sibling visited her weekly to supply rations. She refused to take meals and lived on

just a breakfast a day. We also organised a village doctor to attend to day to day health issues. Whenever I visited her, which was only possible occasionally and for short durations, I assured her that I would come back again. Mostly she led the life of lying on her bed, for over a decade, even not able to lie normally, experiencing isolation and a lack of emotional and loving care.

We knew that her body was obeying the laws of nature and that she was gradually declining. In 2012, while on sabbatical with several academic commitments and appointments, I deliberated in my mind on going and staying with my grandmother during what would be her last days. Emotionally, I wanted to be with my grandmother and care for her. Rationally, I was committed to implementing my sabbatical commitments and appointments in the USA. My decision was influenced by my professional sense of responsibility, my commitment to keeping my appointments in the US and achieving the objectives set in the sabbatical application. My decision was thus influenced entirely by organisational rules and procedures.

As part of my sabbatical, while in New York with my family (wife and two children), I received a call from the village doctor advising me that these may be the last few days to see my grandmother. My body was then in New York but my heart and mind were with my grandmother. Paradoxically, I attended the United Nations NGOs' working group meeting that was making a case for human rights of the elderly, while feeling that in a way I was one of the violators of their rights. I was divided and emotionally drained. I did not feel confident to abruptly start on an unplanned journey and leave my wife and children in a strange place. We travelled to Washington, and I settled the family with a kind-hearted colleague, Prof. Frederick Ahearn, and attended to all my appointments. But my grandmother's situation was worrying me, and I received one more call from my village doctor that now my grandmother was in a critical stage. Still I pursued my appointments with knots in my stomach and a heavy heart. In the American Catholic University's Cathedral, I sat and prayed for my grandmother. Finally, leaving my family in Washington, I travelled to Mumbai, only to read in an email the sad news that my grandmother was no more. I had failed by 36 hours to see her alive, a promise I failed to keep.

Ladies and gentlemen, this life experiences with my grandmother may not be unfamiliar to you, particularly if your work focuses on the elderly, but what is its global relevance? This narrative is not just my grandmother's story; it is perhaps the story of a majority of grandmothers, grandfathers and elderly people, especially in developing countries.

I wish now to consider the broad question of caring and the elderly from several perspectives. The first concerns the dispossession, marginalization and/or deprivation of the members of such vulnerable populations as the elderly.

Dispossession, Marginalization and Deprivation

Dispossessing and marginalizing people is a global phenomenon that has been occurring at an increasing rate. It is not only limited to land and property; it extends to all facets of the lives of people like my grandmother. A great majority of women in the world are marginalized and often dispossessed and, through that process, often discriminated against, oppressed and suppressed. They are removed from basic and genuine caring and love, and deprived of human dignity. If we genuinely love and care for such people, we will not be witnesses to their oppression and subjugation and violation of their rights and dignity, without acting. A large number of women in some parts of the world do not have access to decent sanitation and safe water. Over fifty years of our social development efforts, various social and legislative measures, so many international and national policies and programs, millennium and sustainable development goals (MDGs, SDGs), and much theorising in the pursuit of equal status and equality for women globally, we have made only incremental progress. Why is progress so slow? Is it that men are not willing to share power and resources with women? Women continue to be discriminated against and dispossessed in their home, in organisations, in communities and in the corporate world. They are often used as instruments. Transformative and swift change is needed to achieve equal status, if not higher, for all women in the world. I believe the practice of genuine caring has that transformative power.

Some elderly people are left without a safe home, trustful relationships, safety and a peace of mind even by their own kith and kin who compel (often through abusive and or violent methods) the elderly to hand over their assets, or they acquire them without their permission, especially in vulnerable circumstances. There are also cases of utter neglect, revealing uncaring and untrustworthy practices by those who are supposed to be most dependable and responsible for taking care of their own elderly.

A dispossessing culture has prevailed for centuries. A small number of countries have colonised most of world and dispossessed the local people of their culture, language and lands. For example, Aboriginal peoples in Australia and other indigenous peoples in various countries have been victims of this global dispossessing phenomenon. In a way, we are all

products of the dispossessing culture and advertently or inadvertently and or directly or indirectly contributing to such a culture, which continues to prevail in contemporary times. Moreover, whether it is in the name of religion, politics, ethnicity, a desire to dominate, or drought and poverty, people continue to be dispossessed of their lands and homes. Mass refugee movements from Iraq, Iran, Afghanistan, Syria, many countries in Africa, and again recently Myanmar (the Rohingya people) show the practise of uncaring cultures and individuals, especially in relation to children, women and the elderly, who are the most affected.

Globally, many people are deprived of a clean environment due to such as the over-use of fossil fuels and over-consumption of material goods causing climate change - global warming, pollution, drought, famine and floods - affecting the elderly and other more vulnerable people. There is a dire need to care for the environment and eco systems as a critical aspect of caring for such as the elderly, among others.

Moreover, one form of dispossession often leads to others. Having been dispossessed of their land and culture, some people become dispossessed of their identity, their meaning making, their spirituality, and their peace of mind. Do we care for them? Do we love them? Do we meaningfully connect with them?

Today, the most powerful dispossessing and marginalizing force affecting the elderly is the market. Some state approved market policies, banking and financial institutions, and unscrupulous aged care sector operators, together or individually, have created a market that entices elderly people insidiously into certain arrangements that lead ultimately to dispossession or a significant reduction of their finances, property and social networks, leading to more dependency on the market. The motive, while ostensibly providing care, is often more geared to generating a profit, and in many instances it is bereft of genuine care and love for the elderly. Although there are many instances of neglect and inadequate or inappropriate care, using these market mechanisms and provisions has become almost the norm rather than the exception. Once the elderly are caught in this market system, they have found it hard to get out of it. Having dispossessed people of their most loved and last resort assets, are market forces antithetical to providing genuine love and care for the elderly? What roles can social workers play in humanising the market for the elderly?

Transfer of technology

Turning to a second issue, an alternative to displacing elderly people from their homes is to offer them care where they are and when they need it most. A great majority of elderly people, when their circumstances allow, would like to lead an independent and dignified life. This may, however, become impossible, for example, after experiencing a fall that leads to disability and dependency. According to the World Health Organisation (WHO, 2017), approximately 37.3 million falls, severe enough to require medical attention, occur each year. About 80% of fatal falls occur in low and middle income countries. Further, the WHO (2017a) states that approximately 28-35% of people aged 65 and over fall each year, increasing to 32-42% for those over 70 years of age. Where possible and practical, and where ready access to medical and technological facilities and services is available, most of these falls are effectively treated and rehabilitation follows. But, some elderly people continue to suffer and are unable to cope or adjust to the effects of falls, particularly in the technologically underdeveloped world and in rural and remote areas. In the contemporary digital era, a lot of technological advancements have occurred in terms of the design of products that are useful to the elderly, enabling them to lead independent lives and enhancing their comfort, dignity and quality of life. Here, I am not referring to sophisticated digital technology, patent rights, etc. Simple equipment such as a walking frame or a toilet chair or frame, can greatly contribute to the independence and dignity of the elderly. Unlike the issue of technology transfer in the general field of development, I am of the view that basic simple technological support can be transferred and shared, with necessary adaptation if required, to all the needy elderly across the world. To demonstrate our commitment to caring for the elderly, we should be able to facilitate the transfer and sharing of technology without any market-profit forces preventing this. I know that in most cases this will make a difference to the quality of life of the elderly. As global social workers, it is fair and just to initiate such technology transfer and sharing, within and between countries, to aid the elderly. However, such technology transfer and sharing is not occurring today, despite our globally well-connected world, and that is simply unjust because it is possible. Is it largely not happening because we don't really care?

Commitment to caring

So often the exploring of needs and the necessary caring responses bring us back to the question of a commitment to caring. Even the process of technology transfers, including

simple and basic aids for the elderly, cannot replace the care, love, affection, respect and warmth that the elderly require, because both material and emotional care are critical. Some do have access to both emotional and material care, some only to one of these, and some to neither. Often it is only elderly people who end up caring for the elderly within the family and informal care contexts.

We need to recognise that the philosophy and practice of caring is not easy or straightforward. Although caring is often a most pleasant and satisfying activity, regular, consistent and long-term caring can be tiresome, stressful and painful. The human beings' enthusiasm for caring can diminish day by day, despite carer policy provisions such as carer payments and carer respite arrangements in some countries. It is human to experience stress and burnout while providing long-term care. We should recognise that it is easier to arrange material care than emotional care.

A serious and concerning situation is where people withhold or refuse to provide emotional care due to relationship issues and other circumstances. This can involve emotional abuse and stress on all sides.

Caring policy provisions are available only in a small part of the world. What is available to the majority of the elderly globally is emotional care provided by the informal family and extended family contexts. How do the majority of families and communities in some parts of the world cultivate this commitment to the often relentless care for the elderly, and usually with great resilience? In most parts of the world, formal caring provisions and respite are unheard of. However, there is also a gender element as most of such caring responsibility falls unfairly on women. Where do they draw their caring strength from? Is it their belief system, religion or their spirituality? Is it their sense of responsibility? Or simply, is it not really there and only a romanticised version of the caring for the elderly in so-called less developed environments?

In some other parts of the so called developed and urbanised world, intergenerational care transfer seems to be occurring asymmetrically. Generally, most of the adults or elderly care for children. But when children become adults and adults become elderly, care transfer from young adults to the elderly appears to be lacking, although often much desired. Many elderly

people seem to be empathetic about their daughters/sons' circumstances and learn to live without expecting any care from them for as long as is possible. Of course, this analysis does not apply to single elderly people who do not have children and relatives, which is today in many countries an important consideration given lower than previous marriage rates.

There are also technological advancements that may replace some aspects of human care provided to the elderly. For example, research in robotics is making significant progress. Robots are produced to provide companionship, improve safety in the home, prompt reminders for medication or meals, and help with therapy. For some elderly people in some nation-states (for example, Japan), due to their demographic situation, this approach may be realistic and practical. Hay (2017) argues that robots may be inevitable and the best option for servicing the elderly; however, there are many who believe in the importance of the human touch.

This is a real challenge for social workers and the helping professions. While engineers, information technologists and artificial intelligence specialists are undertaking significant research to replace certain human activities, social workers also need to undertake significant research on families, groups, communities, cultures and societies where they work to clarify how people cultivate caring qualities, so that they can use that knowledge to develop caring (beings) people in communities. The need and demand for the human touch and emotional care will not diminish, but what is likely to diminish is both people's capacity to understand the human need for caring and the willingness to offer care for the elderly and others. Social workers can thus thwart this threatening danger from impersonal technological responses to need.

Keen observers may not find it difficult to see a process of some new generations being deprived of love, caring affection and warmth, which are innate qualities or needs of human beings. If they are continuously exposed to an uncaring culture and process, they may become accustomed to it, as human beings are highly adaptable. It appears that, combined with the market forces, as argued earlier, the process of dispossessing is not limited to land, property and other materials, but extends to innate human qualities of love, care and affection. This may not be an exaggeration. For example, providing today a warm hug or other forms of affection and love does not seem to make some people as happy as providing

them with an Ipad or Iphone. Then, when a friend comes to visit, their focus stays on the electronic screen (smart phone or tablet). This makes me wonder whether people are or will be gradually dispossessed of the qualities of love and human emotional caring for others? It is possible, at least in some societies that young adults may buy robots for their ageing parents and be happy that they have then met their caring responsibilities, like they do now by admitting them to nursing homes.

It is important that social workers be innovative in building knowledge and skills for developing caring beings in societies. Practising human touch, a genuine expression of emotions of love, and care and warmth, and developing caring compassion, responsibilities and relationships, are necessary if we are to do justice to human nature. Social workers have the great opportunity to rescue human basics. The emerging elder care robots cannot be allowed to compete with or substitute this human caring power.

Best interests of the elderly person

Assuming that such human caring potential exists in families and communities, and I do believe it does in most parts of the world, it is critical to make care arrangements for the elderly in their own familiar and natural environment, which is their home as far as this is possible. Given a choice, most people do not like to leave their homes in the last phase of their lives. Doing so might cause psychological and physical discomfort just as dispossessing people from their land is traumatic and has lasting effects on them. Dispossession breaks social networks and the physical and spiritual attachment to the land/home. Most elderly people wish to breathe their last in their own homes. While providing or/arranging care for the elderly, the greatest convenience and comfort to the greatest number of family members is not a useful guideline or principle, if applicable at all. The best interests of the elderly should be the main focus. Many a time, arranging care in their homes may appear as illogical and inappropriate to some family members and relatives, and be not supported by the evidence in social workers' assessments. Relatives, doctors and others may suggest or push for alternative care arrangements outside the home. Despite many seemingly compelling arguments against, it is critical to consider what is the genuine wish of the elderly person and to respect that wish, though it may have hurdles and appear problematic and even neglectful in some sense. For social work practitioners, all this is basic knowledge and you may wonder why I am ranting on like this?

I repeat this mantra of caring for elderly people in their homes, unless there are health and safety issues involved, because this is the reality for elderly persons and their families in most parts of the world. This approach naturally educates family members, their children, neighbourhoods and communities about what care is, what pain is, what suffering is, what neglect is, what abuse is, and what care giving and receiving is. It provides opportunities to pass on improved care practices, if done appropriately, to the next generation of care takers. In essence, it helps to prepare caring beings. Many government policies and programs are encouraging this approach, although perhaps more because of economic and budgetary issues. Most importantly, this purposeful practice and culture of caring in homes are needed to fight against the trend of increasing numbers of unnecessary and low quality nursing homes and other aged care facilities. This trend is there, because there is a demand and market forces in play in the name of providing services to generate employment, income and profit. Offering quality care may not be the market's first priority. Even if that be so, it is important to acknowledge the necessity of nursing homes and other aged care facilities, as these have a place, and there are some good providers, including the non-profit ones.

On the other hand, the culture of nursing homes and aged care facilities in some countries is a great obstacle to cultivating and developing caring beings. Many people, who are socialised into this culture, believe that nursing homes and aged care facilities are the only ways for caring for the elderly. In fact, some begin saving money in advance to follow this approach. In some other cases, as argued earlier, market institutions create what are in effect conditions for dispossessing, and diminishing the assets of the elderly. This narrow tunnel approach of caring for the elderly overlooks caring issues, remains insensitive to multicultural needs, and in some respects relinquishes family members' and citizens' caring responsibilities and contributes to suppressing caring feelings often with guilt involved, and ultimately wipes out caring practices within families and cultures, because everybody believes that nursing homes and aged care facilities are the only ways to care for the elderly. It also creates dependency on the aged care market sector. To exploit this dependency and in anticipation to the growing ageing population, the market is poised to build ever more nursing homes and aged care facilities. Institutionally arranged care is mostly bereft of the human touch and emotional care. In addition, like sometimes happens in families, there is abundant evidence of neglect, abuse and regulatory lapses in aged care institutions. These and similar issues present great

opportunities for social workers to invent new approaches to caring for the elderly. To me that approach lies in the challenge of cultivating caring beings, families and communities.

Creating caring communities

I am sure that social workers, along with other helping professionals, can significantly contribute to cultivating caring beings, families and communities. Towards that end, when and where socioeconomic circumstances allow, we should encourage people to stay with their elderly, demonstrating their genuine love and care. Caring value-oriented professional codes and policies and programs can be purposely designed to create socioeconomic circumstances that will facilitate caring practices by individuals, families and communities. Already some favourable policies exist in relation to paid parental leave, primary carer leave, work from home provision, carer payment provisions, work-family balance policies, etc - in some countries, mostly developed ones. Similar policies focusing specifically on caring for the elderly may be developed for all countries. Policies have the power to change caring behaviour.

It is critical to look at the social work profession's values and see whether they incorporate caring values and practices or constrain us from building caring beings and societies. Generally, social work codes of ethics, though many countries where professional social work exists do not have their own code of ethics, appear to be heavily influenced by Kant's and Bentham's philosophical theories, which focus on reason/rationality, objectivity, impartiality or unbiasedness, duty and respect for others, and outcomes such as hedonism (maximizing pleasure and minimising pain) and utilitarianism (greatest happiness to greatest number of people), respectively (see Pawar, 2014). Although these have some strengths, it is time for us to examine critically whether in any way they are limiting our action and relevance globally, for there are other important theories such as Aristotelian virtue ethics, ethics of care, faith and spirituality which need to be reflected in social work's practice codes and value-bases to enhance our caring action and global relevance.

I am of the view that rationality and outcomes are important, but too much emphasis on these may skew our practice and instrumentalise our processes and decisions. Most of our work is measured by market mechanisms. Whether it is taking decisions in child protection, mental

health, hospitals, nursing homes and aged care facilities, and social protection agencies, our practice generally focuses on objectivity, reason and rationality. But social work is a subjective profession that must encompass also emotions, feelings, love and care. Both head and heart are vital in our practice. If most of the practice is dominated by the head, I just wonder whether we are missing on vital care-giving and care-receiving in our lives, in families, communities and society as a whole. This issue becomes increasingly relevant in societies where the ageing population is growing fast and disrupting the demographic balance.

Ambiguity, uncertainty, subjectivity and uniqueness of circumstances are the nature of the social work profession, and we need to rejoice and honour this nature in our practice. Good decisions and right decisions are critical in practice. Following only head-based decisions or following only heart-based decisions do not ensure good and right decisions. Under the unique circumstances of ambiguity and uncertainty, had I listened to my heart, I would have gone to my village, cared for my grandmother and seen her passing away while surrounded by caring. That decision might have satisfied her and certainly made me guilt free by fulfilling my promise to return. But, I followed the head and achieved other outcomes and outputs. In hindsight, it was neither a right nor a good decision. In my case, I had abundant opportunities to achieve the same outcomes and outputs later, but I had no other opportunity to care for my grandmother. This was the last one and I tragically lost it.

In no way am I suggesting that social workers are not caring in their practice. I believe most social workers are caring, or try their best to care for the people with whom they work. However, there is a potential to compromise caring-oriented practice because of market forces and the routinization of practices. As it is an emotionally demanding profession, it is important to ensure that social workers not only care for themselves and others, but also receive care from others. In any reckoning, unfortunately, care-oriented practice within the social work community, though so very relevant, seems to me to be today quite limited.

In view of the growing ageing population in many countries and societies and the high demand for caring for them, along with adverse market forces that are displacing caring practices, my question is can social workers and the social work profession contribute to creating or cultivating caring individuals, families and communities, so that they can care for the elderly and other vulnerable groups, by themselves – that is beyond the kith and kin

relationships? This ambitious approach not only helps to overcome one of the critiques that caring is parochial, but also addresses the gaps created by intra- and international migration, as many migrants, though willing, are not able to provide direct care for their elderly relatives. The purposeful creation of caring communities and societies will be able to address this gap.

If this gap is not proactively addressed, the social work fraternity, both globally and locally needs to think about the critical issue of a poverty of caring. Like ideas of universal basic income, floated and tested in some parts of the world, it is important to contemplate and conquer universal basic care for all elderly people, wherever they are and whenever they need it. It is not unrealistic to visualise this caring future. If technological disruption, as predicted, creates 35 to 40% unemployment, and if universal basic income becomes a reality, people will need to creatively and constructively engage in irreplaceable human caring for others. Despite the influence of robots and electronic monitors, and before they forget human caring practices, we need to create attractive opportunities for people to articulate and ventilate emotional caring practices with humans. If we do not do it now, people will be forced to live with robots and with a sense of emptiness in their hearts! For social workers and similar professionals, this is an opportunity that may not long be available, to create human caring communities and societies.

Conclusion

As stated in the introduction, my lecture in honour of Professor Terry Hokenstad, has taken you through an inductive journey of my life experiences of caring for my grandmother and reflections on them. Based on that journey, I have tried to expose you to the complex phenomenon of dispossession, at both personal and political levels, in terms of dispossessing women, the elderly, some nations and cultures through various processes, and considered its implications for caring for the elderly. Second, I have argued for basic technology transfer at the local level to enhance the comfort, caring and dignity of the elderly. Third, I have pointed out the significance of emotional and material care and commitment to caring, and the threat or challenges to sustaining caring, and the need for innovations to enhance human caring. Fourth, I have emphasised focusing on the best interests of the elderly when choosing the place and space for caring arrangements. Finally, regarding creating caring individuals, families and communities, I have suggested examining, and altering where necessary, the values-base of professional codes and policies, by integrating reason and emotion or

compassion when making decisions about caring. I believe that social workers and similar professionals can contribute to creating caring communities and societies to meet the challenging needs of growing ageing populations in the world. I must admit that, as my lecture is based on my personal experiences and reflections on them, it is not scholarly, and I have made statements and assertions without using supporting evidence, although I know that such evidence exists. The intention of my reflections is not to reduce the vast nature of the caring issue to my personal story, but to critically and meaningfully expose the issue of caring for the elderly so that it can be constructively addressed. I hope my contemplation may contribute to enhancing caring for the elderly globally. Personally, I have gained a lot from my own reflections and hopefully it has offered some insights to you to think about caring, giving and receiving, and in imagining what is involved in creating and living in caring societies.

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