Building Sustainable Dementia Care through Reciprocal Support Systems: A Social Work Perspective

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Abstract

The rapid ageing of populations has intensified the demand for sustainable dementia care, simultaneously exposing the structural and ethical limitations of conventional unidirectional caregiving models, which frequently result in caregiver burnout, psychological distress, and social isolation. Grounded in a social work perspective, this study conceptualizes care reciprocity as a sustainable and ethically responsive framework for dementia care, emphasizing mutual exchange, shared responsibility, and co-production among caregivers, persons living with dementia, communities, and institutional actors. Adopting a qualitative research design, the study undertakes a secondary analysis of academic literature, policy documents, case studies, and organizational care frameworks developed by the Dementia India Alliance. The findings reveal that sustainable dementia care is most effectively facilitated through multi-layered reciprocal support systems that integrate community engagement, digital innovations, and professional services. Core components include multilingual caregiver support groups, online memory clinics, and national helplines that enhance accessibility across socio-economic and geographic contexts. These models foster emotional support, capacity building, advocacy, and resource sharing, thereby mitigating caregiver burden and strengthening community resilience. The study highlights co-production as central to sustainable dementia care and underscores its implications for social work practice, policy, and education in the context of demographic ageing.

Keywords: Care Reciprocity; Dementia Care; Sustainable Care Models; Community-Based Care; Social Work Perspective

Introduction

Population ageing is a defining global trend, with the number of people aged 60 years and above projected to double by 2050 (World Health Organization [WHO], 2021). Dementia, a leading cause of disability among older adults, poses significant social, economic, and health challenges (Alzheimer's Disease International, 2022). In India, dementia care is largely family-based, placing considerable physical, emotional, and financial strain on informal caregivers (Shaji et al., 2018). Traditional dementia care models are predominantly unidirectional, positioning caregivers as providers and persons living with dementia as passive recipients. Such models often result in caregiver burden, burnout, and social isolation (Brodaty & Donkin, 2009; Livingston et al., 2020).

Care reciprocity emerges as a promising framework grounded in social work principles of empowerment, participation, and social justice. It redefines caregiving as a collaborative process involving caregivers, care recipients, communities, and institutions. This study aims to examine care reciprocity as a sustainable model for dementia care, with particular attention to community-based and digitally mediated interventions.

Significance of the Study

This study advances dementia care discourse by conceptualizing care reciprocity as a sustainable, ethically grounded framework within social work. It integrates reciprocity, co-production, and person-centred care to reframe care giving as a mutual and relational process, addressing limitations of unidirectional models. The study offers practical insights by identifying multi-layered care systems that combine community participation, digital interventions, and institutional support, including caregiver support groups, online consultation platforms, and helplines. It holds policy relevance, particularly in resource-constrained settings, by emphasizing support for informal caregivers and the expansion of accessible, community-based and digital care infrastructures. Additionally, it highlights the need to strengthen gerontological and digital competencies in social work education. By recognizing persons living with dementia as active participants, the study reinforces dignity, agency, and inclusion in care practices.

Theoretical Framework

This study is grounded in an integrative theoretical framework that conceptualizes care reciprocity as a multidimensional and co-productive process within dementia care. The framework draws upon three

complementary theoretical perspectives—Reciprocity Theory, Co-production Theory, and Person-Centred Care—to situate dementia care within relational, participatory, and systemic contexts.

Reciprocity Theory provides the foundational basis for understanding care giving as a process of mutual exchange and interdependence rather than one-sided provision. In the context of dementia care, this perspective challenges the dominant view of persons living with dementia as passive recipients of care. Instead, it recognises their retained capacities, such as emotional expression, relational engagement, and experiential knowledge, as meaningful contributions to care giving relationships. Consequently, care reciprocity reframes care giving as a dynamic interaction in which both caregivers and care recipients actively participate.

Co-production Theory further strengthens this framework by emphasizing the active involvement of service users in the design, delivery, and evaluation of care. Within dementia care, co-production extends beyond formal service systems into everyday caregiving practices. Care reciprocity operationalises co-production across multiple levels, including the micro level of family interactions, the meso level of community networks, and the macro level of institutional and policy frameworks. This multi-level engagement fosters shared responsibility, collaborative decision-making, and inclusive care practices.

The framework is additionally grounded in the principles of Person-Centred Care, which foreground dignity, autonomy, and the recognition of individual identity within caregiving processes. From this perspective, persons living with dementia are not defined solely by cognitive decline but are understood as individuals with unique life histories, preferences, and capabilities. Care reciprocity builds upon this approach by enabling continued participation and relational engagement, thereby reinforcing personhood, inclusion, and overall well-being.

These interconnected domains collectively contribute to reduced caregiver burden, improved psychosocial well-being, enhanced dignity and participation of persons living with dementia, and the development of resilient and sustainable care systems. The proposed framework thus positions care reciprocity as a bridging concept that connects individual caregiving practices with broader social, institutional, and policy contexts. Overall, this theoretical framework advances social work scholarship by extending co-production into everyday caregiving relationships, integrating relational and systemic dimensions of care, and offering a scalable model for sustainable dementia care in the context of population ageing.

Methodology

This study adopts a qualitative research design based on systematic secondary data analysis to examine care reciprocity as a sustainable framework for dementia care. A qualitative approach is particularly appropriate given the exploratory and conceptual nature of the study, which seeks to synthesize existing theoretical and empirical knowledge rather than generate primary data.A purposive sampling strategy was employed to select relevant literature published between 2010 and 2025, with particular emphasis on recent contributions to ensure contemporary relevance. Inclusion criteria comprised of relevance to dementia care or caregiving models, focus on community-based, participatory, or digital interventions, and alignment with concepts of reciprocity, co-production, or person-centred care. The study draws upon a diverse range of secondary data sources to ensure analytical depth and triangulation. Sources lacking methodological clarity or academic rigor were excluded.

Data were systematically identified through academic databases such as Scopus, Web of Science, PubMed, and Google Scholar. Policy reports and organizational documents were retrieved from official institutional websites. Relevant documents were screened in two stages: first through title and abstract review, and subsequently through full-text assessment.

The study employs thematic analysis, following the approach outlined by Braun and Clarke (2006), to identify, analyse, and interpret patterns across the dataset. The analytical process involved:

(I) Familiarization with the data through repeated reading

(II) Generation of initial codes related to caregiving practices, reciprocity, and support systems

(III) Identification and categorization of themes,

(IV) Refinement and consolidation of themes into broader conceptual categories,

(V) Development of an integrative framework linking reciprocity with sustainability in dementia care

The analysis was guided by sensitizing concepts derived from Reciprocity Theory, Co-production Theory, and Person-Centred Care, enabling both inductive and deductive interpretation. To ensure

methodological rigor and trustworthiness, the study employed multiple strategies, including data triangulation through the use of diverse sources, theoretical triangulation by integrating multiple conceptual perspectives, and transparency in documenting the research process. Reflexivity was also maintained throughout the analysis to critically engage with the data and minimize interpretive bias.

The study is subject to certain limitations inherent in secondary data analysis, including reliance on existing literature and the absence of primary empirical validation. Consequently, the findings are conceptual and interpretive in nature. Future research may build upon this work by incorporating primary data and empirical testing to further validate and refine the proposed framework.

Findings and Discussion

This section presents the key findings derived from the thematic analysis of the selected literature and situates them within relevant theoretical and empirical contexts. The analysis critically examines the limitations of conventional dementia care models and explores the emergence of care reciprocity as a sustainable and participatory framework. The discussion integrates these findings with existing scholarship to highlight the role of multi-level support systems, including community-based, digital, and institutional interventions, in shaping more inclusive and resilient dementia care practices.

- **Limitations of Unidirectional Dementia Care Models**

The analysis reveals that conventional unidirectional models of dementia care are increasingly inadequate in addressing the complex and evolving needs of both caregivers and persons living with dementia. These models, which position caregivers as primary providers and care recipients as passive dependents, tend to reinforce asymmetrical relationships and overlook the residual capacities and agency of individuals with dementia. As a result, such approaches contribute significantly to caregiver burden, emotional exhaustion, and social isolation, while simultaneously limiting opportunities for meaningful engagement and participation among persons living with dementia. These findings align with existing literature that critiques deficit-oriented care paradigms and calls for more inclusive and participatory approaches.

- **Conceptualizing Care Reciprocity in Dementia Care**

In contrast, the study identifies care reciprocity as a transformative framework that reconfigures dementia care as a relational and co-productive process. Care reciprocity emphasizes mutual exchange, shared responsibility, and the recognition of retained abilities among persons living with dementia. This shift from a provider–recipient model to a collaborative care paradigm enhances both the quality and sustainability of care. The findings suggest that when caregiving relationships are grounded in reciprocity, they foster emotional connection, mutual respect, and a sense of shared purpose, thereby improving psychosocial outcomes for both caregivers and care recipients.

- **Multi-Level Reciprocal Care Systems**

A key finding of the study is the emergence of multi-layered reciprocal support systems, which operate across individual, community, and institutional levels. At the micro level, reciprocal caregiving relationships within families promote emotional bonding and reduce perceived burden by redistributing care responsibilities. At the meso level, community-based interventions such as caregiver support groups play a critical role in facilitating peer learning, emotional validation, and collective problem-solving. These groups not only provide psychosocial support but also function as spaces for knowledge exchange and empowerment, thereby strengthening community resilience.

At the macro level, institutional mechanisms, including helplines, care coordination services, and formal support networks, enhance accessibility and continuity of care. These systems act as critical connectors between caregivers, professionals, and service providers, enabling more integrated and responsive care delivery. The findings highlight that the effectiveness of reciprocal care models is contingent upon the alignment and interaction of these multiple levels, underscoring the relevance of a social ecological perspective.

- **Digital Technologies as Enablers of Care Reciprocity**

Another significant dimension identified in the analysis is the role of digital technologies as enablers of care reciprocity. Digital platforms, such as online memory clinics, teleconsultation services, and virtual support groups, expand the reach and accessibility of dementia care, particularly in resource-constrained and geographically dispersed settings. These technologies facilitate real-time interaction, continuous support, and access to expert knowledge, thereby enhancing both caregiver competence and confidence. Moreover, digital tools contribute to the democratization of care by enabling wider participation and reducing barriers to service access. However, the study also acknowledges challenges

related to digital literacy, access disparities, and ethical considerations, which must be addressed to ensure equitable implementation.

The findings further indicate that reciprocal care models contribute to a range of positive outcomes, including reduced caregiver burden, improved mental health, enhanced dignity and autonomy for persons living with dementia, and increased community engagement. These outcomes demonstrate that sustainability in dementia care is not solely a function of resource availability but is deeply embedded in the quality of relationships and the distribution of care responsibilities across social systems.

From a theoretical perspective, the study extends the concept of co-production by embedding it within everyday caregiving practices rather than limiting it to service design and policy frameworks. Care reciprocity operationalizes co-production at multiple levels, thereby bridging the gap between theory and practice. Furthermore, by integrating principles of person-centred care, the framework reinforces the importance of dignity, identity, and relational engagement in dementia care.

Overall, the findings underscore that sustainable dementia care requires a paradigm shift from individualized and burden-centric models to relational, participatory, and system-oriented approaches. Care reciprocity emerges as a unifying concept that links micro-level caregiving interactions with macro-level institutional and policy frameworks. This integrated approach not only enhances the well-being of caregivers and persons living with dementia but also contributes to the development of resilient and inclusive care systems.

Conclusion & Recommendations

The study highlights the growing need for sustainable and inclusive approaches to dementia care in the context of global population ageing. By critically examining the limitations of conventional unidirectional caregiving models, the study demonstrates how such approaches often exacerbate caregiver burden, reinforce dependency, and overlook the agency of persons living with dementia. In response, the study advances care reciprocity as a transformative and ethically grounded framework that redefines caregiving as a relational, participatory, and co-productive process.

Based on the findings, the study proposes the following recommendations for practice, policy, and research:

- ✔ **Practice-Level Recommendations**

Social work practitioners should adopt strengths-based and participatory approaches that recognize the capacities and agency of persons living with dementia. Efforts should be made to facilitate caregiver support groups and peer networks that promote shared learning, emotional support, and collective resilience. Additionally, practitioners should integrate digital tools, such as teleconsultation and online support platforms, to enhance accessibility and continuity of care.

- ✔ **Policy-Level Recommendations**

Policymakers should prioritize the development of comprehensive dementia care frameworks that incorporate principles of care reciprocity and co-production. This includes strengthening community-based care systems, expanding national helplines, and investing in digital health infrastructure to ensure equitable access to services across diverse socio-economic and geographic contexts. Formal recognition and support for informal caregivers, including financial assistance and respite services, are also essential.

- ✔ **Education and Training**

Social work education should incorporate specialized training in gerontology, dementia care, and digital practice. Curricula should emphasize participatory and co-productive approaches, equipping future professionals with the skills required to implement reciprocal care models in diverse settings.

- ✔ **Research Recommendations**

Future research should focus on empirical validation of the proposed care reciprocity framework through primary data collection and longitudinal studies. There is also a need to explore culturally specific caregiving practices and assess the effectiveness of digital and community-based interventions in different contexts.

The study contributes to social work practice by extending the application of co-production and person-centred care into everyday caregiving practices, while also offering a conceptual framework that bridges micro-level interactions with macro-level policy and institutional structures. Overall, care reciprocity emerges as a viable and scalable approach for building resilient and sustainable dementia care systems.

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