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CREATIVE RESEARCH PRACTICES POSSIBLE
IN THE WESTERN ACADEMY?

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ARE CARING, COLLABORATIVE, AND CREATIVE RESEARCH PRACTICES POSSIBLE IN THE WESTERN ACADEMY?

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Abstract

This paper reflects on a set of exploratory feminist research practices used by a cross-disciplinary group of adult education practitioners and academic researchers in a recent project funded by the Arts and Humanities Research Council in the United Kingdom (UK). The authors, one of whom is a paid home care worker, consider if caring, collaborative, and creative research practices are actually possible in the western academy (at least in the UK) based on their experiences in the current project. They conclude that while there are still significant changes needed, “mobilizing the feminist imaginary” from within the academy is one way to begin these experiments in creating moments of equality.

Résumé

Cet article constitue une réflexion sur un ensemble de pratiques exploratrices de recherche féministe utilisé par un groupe transdisciplinaire de professionnels en éducation des adultes et de chercheurs académiques dans le cadre d'un projet récent financé par le Arts and Humanities Research Council au Royaume-Uni (R.-U.). Les auteurs, dont une personne travaillant actuellement en soins à domicile, se demandent s'il est possible d'incorporer des pratiques de recherche axées sur les soins, la collaboration et la créativité dans l'académie de l'Ouest (du moins au R.-U.) en se basant sur leurs expériences dans le cadre du projet en cours. Les auteurs concluent que, s'il faut encore apporter des changements importants, il est tout de même possible de mettre à profit l'imagination féministe au sein de l'académie afin d'engendrer des expériences menant à des moments d'égalité.

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Keywords*home care, reimagining, feminist imaginary, collaboration, creative research***Mots clés***soins à domicile, réimaginer, imagination féministe, collaboration, créativité dans la recherche*

This paper provides a reflection on a particular set of creative, exploratory research practices used by a cross-disciplinary group of academic and practitioner researchers in the Care Aesthetics Research Exploration Project (CARE), funded by the Arts and Humanities Research Council in the United Kingdom. The overarching ambition of CARE was to explore and develop the concept of care aesthetics in a cross-disciplinary research context. In an effort to achieve that ambition, the project was organized around four strands of work. We write on one strand of the project titled Reimagining Homecare.

The aim of this particular project strand was to co-produce knowledges with paid home care workers for the purpose of directing attention to the everyday, embodied ways of knowing and practising home care that are often overlooked and not recognized and valued in the current organization of paid home care work in the UK (Hayes, 2017; Hayes et al., 2019; Tronto, 2017). A key objective was that this work would be undertaken using practices that encouraged less hierarchical knowledge production relations and avoided the ongoing division in the academy between those who “know” and those who are “known” (Harman, 2022; Nagar, 2019; Rancière, 1991). This reflection on our practices contributes to ongoing discussion in the area of feminist adult education on how creative practices might enable voices, deeds, experiences, and lives that are denied a public audience and intellectual credibility to become more visible and knowable (e.g., Clover et al., 2022).

We start the paper by introducing each of the Reimagining Homecare project team members and then providing an overview of the arts-based research approaches and processes used in the project. We describe the approaches used as *arts-based* because the emphasis was on developing imaginative ways of hearing from the paid home care worker-researchers, developing creative tactics and techniques for finding out more about their everyday practices, and really listening to what was important for them as they went about their work as paid carers. Poetry and video recording were two of the techniques used. We wanted to focus on the sensory dimensions of home care work and think about home care practices in relation to their affective dimensions. What does it feel like to provide paid home care? What sensory experiences do home care workers associate with the act of caring for patients/clients? We were all interested in exploring the embodied and sensorial dimensions of care aesthetics. According to Thompson (2022), these can be found in everyday acts of care: in the attention to touch, for instance, or in physical reassurance, or in attending to how the client is experiencing caregiving in the moment (e.g., Are they warm enough? Is there enough light in the room? Is the shampoo going into their eyes? If I move my body, can they see me better?).

The very partial reflections we share in this article focus on a particular research practice used during the project, where we role-played and filmed various routines identified by the home care workers as core practices in their everyday/every night care work. While our reflections centre on the experiences of various members of the project team, they gesture

toward the rich and creative terrain that we opened up when using arts-based approaches to explore aesthetic dimensions of care and make these more visible.

The Project Team

The Reimagining Homecare project team was multidisciplinary (applied theatre and psychosocial studies/adult education) and multi-institutional (higher education sector and the health and aged care sector). The team members also crossed the more typical academic practitioner divide that tends to be reinforced in and through funded research projects in the UK, whereby academic experts do the research *on* particular practitioners, rather than *with* them (Williams & Keady, 2021). The diverse researcher team could not be neatly categorized as “only academic” or “only care practitioners,” and we understood ourselves variously as dancers, clowns, visual artists, poets, carers, and researchers. This heterogeneity contributed to an experimental approach and an openness to trying things out. We did not feel constrained by a particular research design for exploring our ideas, although an ethnographic approach had originally been proposed. While we were not a homogeneous group, there were points of unification. One of these points was that our research practices were underpinned by a feminist ethics that values knowledges made in and through feminist praxis (hooks, 1989; Sedgwick, 2003; Tronto, 1994). In that spirit, the work of the Reimagining Homecare project was built on an existing research relationship that had been established between the two home care worker-researchers and one of the members employed full-time in the academy. A guiding principle underpinning the research relationships was that we worked collaboratively to direct attention to the aesthetic skills and knowledges of paid home care workers, which are so often unrecognized and ignored, and continue to be undervalued in the organization of domiciliary care in England (Harman, 2021).

Processes Used to Meet Challenges

A series of preliminary meetings was organized at the start of the Reimagining Homecare project to discuss how we would develop this strand of research. It was during these discussions that the original plan to have the home care worker-researchers collect data in their respective workplaces was abandoned. The constraint of meeting particular ethics requirements for the collection of personal physiological data from the care worker-researchers, as well as the collection of other ethnographic data in their respective workplaces, required a shift in approach. Furthermore, another constraint arose, more pressing and unanticipated by the researchers employed full-time in the academy: The care worker-researchers were reluctant to use their workplaces as sites of data collection. Each had existing long-term relationships with the people they provided care for, and neither felt particularly comfortable collecting data in their workplaces. As the planning meetings progressed and we discussed the experiences of providing care, centring the experiences of the care worker-researchers, an approach was developed for collecting data that group members felt comfortable with and that was approved by the university ethics committee.

We decided to make video recordings of the various care routines that the home care worker-researchers performed regularly in their daily work. This would allow us to better understand what paid home care workers do at work and how they do it, and would also convey sensorial dimensions of care. The following care routines were identified by the care worker-researchers: hair washing, showering, changing pads, and shopping to purchase

food for preparing meals. A plan for role-playing the routines was developed, with other members of the research team volunteering to be the person being cared for. We role-played and video recorded the care routines (see Figures 1 and 2). For various reasons, not all the care routines were performed, but enough data was collected to commence our collective analysis of the video recordings. Following on from these experimental “performances of care,” the home care worker-researchers decided that it would be useful to train the other members of the research team in performing various care tasks. The training sessions included giving medication, lifting a client, dressing a client who was confined to bed and had limited mobility, and assisting a client out of bed. The training sessions were also video recorded (see Figures 3 and 4).

Figure 1

Caroline Demonstrating to James How She Holds the Shower Head When Showering a Client



Figure 2

Organizing to Perform the Care Routines

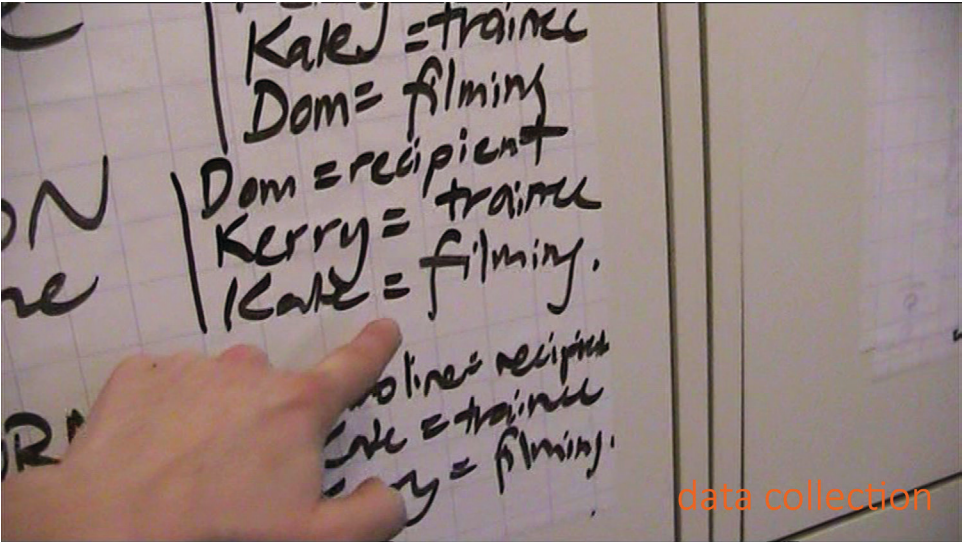


Figure 3

Performing Bathing

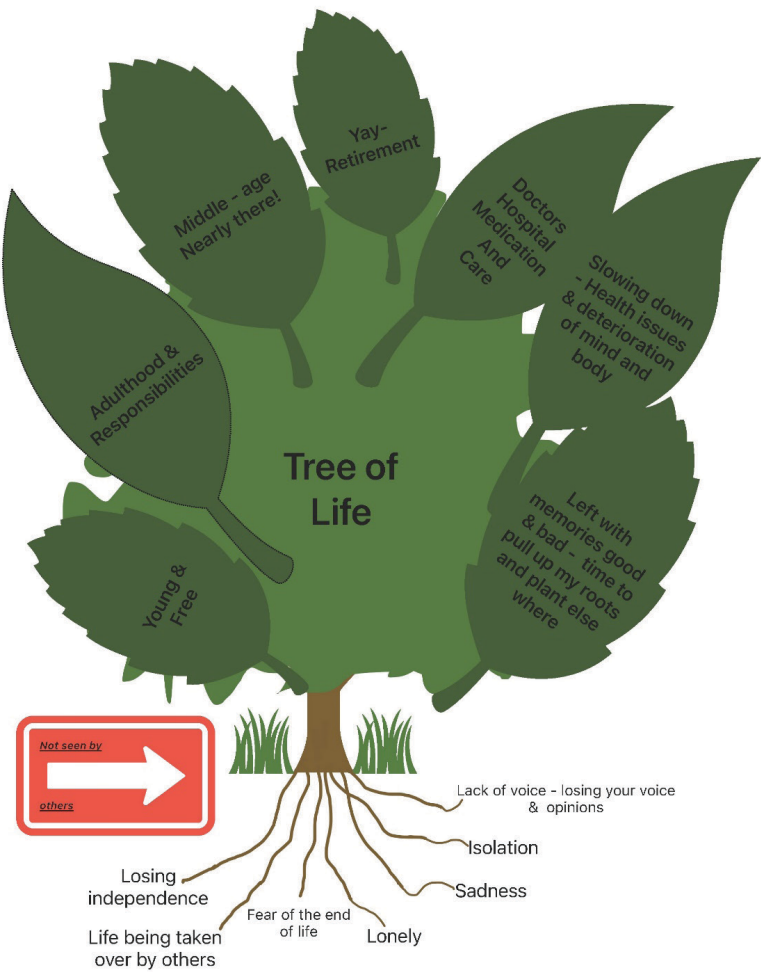


Figure 4*Training on Clothes Changing*

Many of the meetings and all the “performing care” sessions were carried out in the home of one of the full-time university-employed researchers, and we documented our interactions in various ways. There are recorded conversations, video recordings of care routines, audio recordings of the meetings where we reflected on and tried to make sense of the recordings and what it feels like to give and receive care, and emails where we continued the reflection process. We made short videos of various home care activities, including hair washing, bathing (see Figure 3), lifting, and dressing (see Figure 4); we wrote poems (see “A poem for and about C and D,” below); we wrote blogs; we drew (see Figure 5); we wrote experimental 100-word thought pieces; we co-wrote and presented seminars; we co-presented a conference paper (see Figure 6); and we are now writing co-produced journal articles. This has been an experimental and creative space.

Figure 5

Tree of Life Diagram Created by Caroline



A poem for and about C and D [by Kate]

In the bath,
Caroline chatted to Kerry cheekily
as she demonstrated bathing a person, together role-playing.
I held a camera,
pointed it at them
and giggled a lot.
Caroline, teasing Kerry about having a crush on a fictional bus driver,
turned out to be a bit of a comedian.

[As I sit and craft a phrase, a jumble of letters for you, it feels good to dwell on thoughts and words. It takes time. I wonder how you might feel and respond in turn. Do you like what I write? Are you engaged? Reading is creative too. Words can whack you between the eyes, lure you in, or hold your hand reaching you beyond your buzzing screen.]

On a bed,
D. taught us
how to turn
a body
with motionless limbs
gently.
She sighed audibly afterwards, and it surprised me.

[For a colleague and friend, Maurice, and his colleague Ce, poetry cultivates an ethic of care in you, its reader. What power do words have, I wonder—or any expressive sense, be it movement, touch, sound, smell, or sight—to hold you and me? To turn towards another in earnest attunement. How does this supportive sensibility manifest in our actions—yours, mine, and others again? Does this power to hold me, have the potential to harm you? What does a politics of poetry feel like?]

Caroline and D. made their efforts immaculately invisible,
like a ballet dancer
smiling
en pointe.

While the above are examples of imaginative project outputs produced individually by team members, rather than collectively, they were always in relation to our ongoing group discussions. We felt that it was important to work collaboratively and collectively on all the project outputs in order to avoid reproducing a knower-known binary, where the full-time academic researchers wrote up the project findings. There are many other examples of creative outputs produced throughout the project, and the ambition is to compile these, along with contributions from other carers, in a multimedia exhibition titled *The Compendium of Neglected Things*. The aim of the exhibition will be to direct attention to the often unnoticed and unrecognized aspects of care that we identified throughout the project. More on that below.

There are also examples of collective attempts at writing and re-presenting our project at academic seminars and conferences (see Figure 6). We tried various writing techniques, including writing short pieces of text (100-word limit) in response to various themes identified at a group data analysis meeting. This idea was adapted from Berlant & Stewart (2019). The 100-word texts on the theme of “hair washing” are being used in a co-authored paper currently being written and provisionally titled “The Hair Washing Paper.”

Figure 6

Caroline and Kerry Co-Presenting at the Caring Futures Conference, Paris, May 2024



Challenges Arising During the Project

While attempting to work in less hierarchical ways throughout the project to co-produce knowledges on care and care aesthetics has been creative and often fun, it has not been without tensions, and we were not always successful in our co-production practices. For example, the ambition of the larger CARE project to provide a multidisciplinary, multi-occupational, and creative space for ongoing dialogue, experimentation, and discussion between each of the project strands was not realized. A discussion of various constraints and reflections on processes follows and, in the collective and participatory spirit of the Reimagining Homecare project, we have tried to do this in a way that gives all project members the opportunity to speak about their experiences, particularly the home care worker-researchers. However, various constraints—the primary one being time—meant that not all members of the research team were able to contribute to this paper. Furthermore, one of the home care worker-researchers left the project partway through as she was unable to continue working in her role as a live-in carer. The ongoing demands of the job—physically, emotionally, and psychologically—were too much, and she needed to move into another field of work as she was burnt-out. We share personally some of our thinking about the project in the stories that follow from three of the project team members.

Caroline: On reflection for the Reimagining Homecare project, it was nice to get included, and at first it seemed fresh and exciting. I think it started off well but then became like a jigsaw puzzle, just couldn't find the corners to finish. For me the project became less about care and caring and more to do with how artful it can be. I felt disappointed that for every "beautiful," "wonderful," "graceful" word that was used there is a downside to those words: "awkward," "difficult," "worn." I think it's good, though, that someone else can see a more positive side to care. I think it may help with someone new receiving care. I don't think it's a problem, I think it's how we as individuals see things. It was also a shame that some of the things on the to do list for the project never got done. The shopping, cooking, going from client to client, these are all time-consuming tasks which I didn't think we addressed enough as time plays a major part in care. It's not a problem until you run out of time. It's neither good or bad, it's something we as carers have to manage. Sometimes stressful. I think we have to mention that care work is mostly done by women. Where I work majority of carers are black females. Why is care work still mostly done by females? Is it because it's seen as women's work? Men also receive care. Is it seen as a weakness and not very muscular for men? A man holds his newborn child with care and gently touches their fingers. Would they not apply the same to a person in need?

Kerry: The Reimagining Homecare project felt rich and exciting, as did the initial stages of the broader CARE project. However, as the CARE project progressed, the initial energy of the project team members diminished. It felt like the Reimagining Homecare project and the home care worker-researchers had become, almost, invisible in the broader work of the project. Was it something we said? The project team had initially

discussed the possibility of a verbatim theatre performance using texts produced by home care workers as a key output from the CARE project. However, funding and time constraints meant that resources were not available for that creative piece of work. This was disappointing as the home care worker-researchers felt that a performance piece that enabled the public to engage with the less visible aspects of home care would have provided a powerful and creative way of disseminating their often invisible knowledges. We hope that “The compendium of neglected things” exhibition can be organized, but again, this takes time and resources. I have left my full-time academic post at Birkbeck in order to progress the feminist, activist, and participatory research strand of my work. The constraints of working in a university environment in the UK, at least the university where I was working, made it extremely challenging to work on research-related activities. The increasing invisibility of the Reimagining Homecare strand of the larger CARE project feels symptomatic of the current policy environment in the UK, with home care always being put on the backburner (Booth & Dugan, 2024).

Réka: The project was exciting and experimental in exploring the craft-like qualities of care work. It was a privilege to work alongside co-researchers and share, learn, and collectively reflect, to get up and try things out in the space together, and all to better understand the vital, embodied skills care workers have that are so often unrecognized. I hear my colleagues’ frustrations. There were so many possible directions and questions brought up in our creative brainstorming and practices. There were crucial concerns brought up around labour rights, for instance, that go hand in hand with the desire to recognize and celebrate “invisible” skills. But these unfortunately went far beyond the scope of the project, which aimed to develop a theoretical framework for “care aesthetics,” or embodied and sensory care. And this was challenging—how to build a common interest in the direction the project took, without over (or under) promising what we could achieve? At the end of the day, what could we each hope to take away from this? It also became quickly clear that working with care work professionals across multiple case studies (in the overarching, general CARE project) didn’t necessarily make dialogue between these care practices easy—and showed how varied and complex embodied practices become in different contexts. But the most meaningful experience, by far, has been the ability to share our knowledges of care in a way that was playful, imaginative, adaptive, and attentive to every one of us. We listened, connected dots, shifted angles, tested variations; we held space for each other when our work situations lessened or degraded us; we celebrated victories and life changes; and we were determined to better understand the everyday work of care.

Creating Moments of Equality?

In summary, this critical reflection on our research practices illustrates the ways creative practices were used in the Reimagining Homecare project to continue the incredibly important feminist work of attending to the voices, deeds, experiences, and lives of paid home care workers, who are so often denied a public audience and intellectual credibility and visibility. The project raised many questions about how best to create adaptive and fluid methods of collaboration between researchers based in the academy and researchers with lived experience of care work in ways that are respectful, mutually nurturing, and that allow for collective curiosity and exploration. There are many ethical concerns, of course, that also need to be addressed: collaboration is not just a question of methods used, but is also about how we get to a research question in the first place, its ongoing objectives, and the dissemination of the project's findings. The question of who benefits, with what, and what is at stake for each person in the room, requires time and dialogue to untangle and negotiate. It is a process that is often beyond what institutionally time-stamped projects can afford, but there is also perhaps a rigidity in assuming we cannot move goalposts or adapt certain driving questions in the research.

What does research collaboration look like, after we've done the fun bits? In an academic world, where publication and conference papers are part of our everyday currency, how can we ensure that co-presentations with our fellow researchers are spaces of mutual understanding, rather than potentially experienced as tokenistic demonstrations of goodwill? How can we make sure that we hold space for transparency in each of our expectations and limitations—in what we bring to the table and what exactly we hope to gain? For instance, during the process of writing this paper, one of the project team asked, "Was the priority of the Reimagining Homecare project about theoretical exploration, or was it seeking direct political change—and what do we do with that uncomfortable space in between? Where we shrug and say our hands are tied by university protocols, funding, and resources?"

One possible response to the academy's ongoing separation of theory and praxis is to recognize that knowledge production and dissemination are inherently political (Ranci re, 2006). Academic researchers should be moving to engage with those entanglements, exposing them and working to change the "distribution of the sensible" in terms of what questions might be asked and by whom. As well, they should explore the use of creative, arts-based approaches to more expansive ways of knowing about care (Nagar, 2019). None of that is new for feminist researchers. What is new and exciting, though, is the ways these tools and techniques are making their way into funded research projects in the academy, and the fact that these conversations have started. There was also nothing particularly new about the role-playing, performing, and video recording work that we used on the Reimagining Homecare project. What was new were the changed relationships in terms of who could be understood as a "knower," even if at times it was only for fleeting moments.

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