

INTRODUCTION

The Cultures of Care team at King's College London hosted a gathering of participants to address the topic of Cultures of Care in Higher Education. The guiding question was

How do we care at work?

Those present were invited to share their thoughts and responses to this over-arching question, not in the pursuit of abstract theory-making, but as the beginning of a shared search for what meaningful care in our daily working contexts might involve, and how this could be embedded, recognised and resourced. Three presentations offered different approaches to the subject; three responses drew in wider experiences and concepts, and a brief time of question and answer led to a reflection on what next...

THE PRESENTATIONS - SUMMARY

The Care Collective - Jamie Hakim

Jamie's commitment is to care as the guiding principle in living together globally. Jamie, who has recently joined the department of Culture, Media and Creative Industries (CMCI) at King's, spoke on behalf of the Care Collective. He shared the Care Manifesto (2017) – a document exploring how to 'place care front and centre of every scale of human and non-human life'. This document, co-produced in a team of activists and academics, focuses on the total interdependence and interconnectedness of all life. It explores the profound tension between this reality and neoliberal market economies which tend to promote and celebrate individualism and have a 'contempt for dependency'.

This presentation introduced several themes that then recurred throughout the meeting: care is often seen as women's work, and this gendered attitude results in the low value status of care work; care is challenging and those who give care can feel ambivalence; caring and being cared for involves vulnerability and carries an emotional cost.

Whilst the Care Manifesto does not offer a strategy for caring and interdependent living, the vision it shares is powerful and detailed. On the 'scale' of communities, the manifesto suggests that there are various social infrastructures that are necessary for care: shared public space, shared resources, shared activities, community wealth building, mutual aid, in-sourcing as opposed to out-sourcing, and a commitment not to profit from pain.

THE PRESENTATIONS - SUMMARY

Chiltern Music Therapy - Rosie Axon and Jessica Atkinson

The work of Chiltern Music Therapy (CMT) has come to the notice of the Cultures of Care research team through Jessica's PhD studies in CMCI. CMT is a non-profit social enterprise company which Rosie started in 2011 from her front room, and which has now grown into a national organisation with 58 staff members.

This presentation explored the question - how do we create, sustain and allow to thrive a culture of care in a music therapy non-profit social enterprise? Whilst many people have now heard of music therapy, it is not well known, and audio and verbal examples were used to illustrate how this work depends upon listening, deep attention, respect and belief in personhood: the therapist responds to participants from this position, and personal development, healing and well-being grow from the shared music making. In essence, this is a caring activity and therapists recognise their own and their clients' ambivalence and vulnerability.

Whilst music therapy is itself an example of giving and taking care, the presentation focussed on CMT as an organisation and Jessica explored the challenges in generating a culture of care, as opposed to simply a caring environment. Drawing on Wilson's definition of culture as the product of shared systems of value recognition, she described the difficulties of achieving agreement as to what constitutes the organisation's values and the act of recognition.

Chiltern has grown to meet the huge need for music therapy support, but the growth has put pressure on the organisation. Recently, Rosie and her co-director Rebecca Atkinson, made the decision to move to self management and employee ownership. Rosie described the journey and how the decision was firmly rooted in care for clients, for team members, and for wider social wellbeing. She shared Frederic Laloux's research into organisational structure and CMT's aspiration to become a 'teal' organisation, characterised by creative potential and evolutionary purpose.

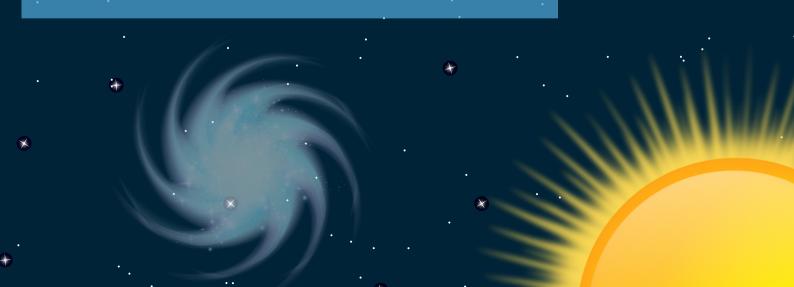
THE PRESENTATIONS - SUMMARY

We're trying to do things differently - Laura Nehez-Posony and Freya Aquarone, KCL

In 2019, the Education Department at KCL became the home of a new BA Social Sciences programme in which Laura was a student and Freya a tutor. This presentation described how, together, staff and students 'tried to do things differently' through the programme's aims of social science for social justice, student-staff partnership, and relationship-building. At the same time a team of students and staff attempted to capture the process through a participatory action research project which resulted in a co-written book, funded by the London Interdisciplinary Social Science Doctoral Training Partnership.

Both Freya and Laura emphasised the challenges that the programme's approach presents - challenges which were highlighted in the book's analysis - from the need to un-learn hierarchical student-staff relationships, to trust a form of pedagogy that de-emphasises traditional achievement grades, or to find the time and physical, emotional and mental space for the regular, in-depth meetings that became essential.

Much of the presentation explored Laura's chapter in the book (Chapter 2) which focuses on 'Recognition as Love, Care and Kindness'. It was significant for cultures of care gathering, that in Laura's research positive, caring relationships between all involved in the course – staff and students alike – emerged as the most important feature in doing things differently. Laura described four core findings: (i) by explicitly emphasising mental health, all involved experienced enhanced mental health during the year (ii) by understanding the details of one another's lives and truly knowing one another trust was effectively built (iii) cocreating a working agreement is core to trying to resolve conflict compassionately (iv) creating a structure for decision making open to participation by all students and staff (rather than just relying on traditional representative systems) can help support egalitarian relationships and participatory democracy.



QUESTIONS ARISING FROM THE THREE PRESENTATIONS

- Is it possible to form a strategy to achieve any of the scales of care we need for a caring world? Or is care so situation-specific, that understanding will come through learning from and comparing examples?
- What is the relationship between the culture of care and the activity it exists to support? Are there some activities (e.g. transactional business) which would compromise any culture of care that aimed to support it?

THE RESPONSES

KCL Centre for Humanities and Health – Patrick Ffrench and Neil Vickers

It was timely, following the Care Manifesto and two presentations focusing on an allied health profession and social science, to be given insights into the concept of care in the medical humanities. Patrick introduced the KCL Centre for Humanities and Health and located its philosophical and conceptual framework within the second wave of medical humanities: critical medical humanities. This field draws on writers such as Judith Butler and Bruno Latour to explore the underlying paradigms which shape the experience and understanding of illness and health, as well as those concepts of the normal and the pathological which prevail.

Patrick described how critical medical humanities tend to deny the experience of care within medical experience, and outlined the problem that this creates. For this reason the King's Centre is seeking to shift focus to the 'existential' dimensions of care and an understanding of the pathological world. Three significant themes re-emerged in this presentation: the quintessential role of active listening in caring; the ambivalence experienced by care givers; the central contradiction and tension between the human drive to give care and 'normalised and invisible neoliberalism'.

Neil shared his particular interest in two forms of care – health care and infant care. He illuminated a central disparity between these two phenomena: in healthcare, the aim is to address some temporary deficit through support; in infant care the purpose is to form a 'synergistic system with the needy other with the view to create something new'.



THE RESPONSES

<u>Developing Inclusive and Sustainable Creative Economies (DISCE) – Jonathan Gross, Tamsyn Dent, Roberta Comunian, CMCI, KCL</u>

Central to this presentation was the connection between creativity and care. DICSE is a far-reaching project, funded by the European Union Horizon 2020 research and innovation programme, that is investigating creative economies across ten European cities (through a collaboration between King's and universities in Finland, Latvia and Italy) with a view to identifying inclusive and sustainable practice.

Opening the presentation, Jonathan linked care to creativity by emphasising the impossibility of creativity in the absence of care. Drawing on Joan Tronto's definition of care as paying attention to others' needs, taking responsibility for meeting those needs, applying skill and being open to feedback, he represented these qualities as essential to the creative process.

However, good examples of care can become bureaucratised or co-opted in problematic ways and this is also seen in the creative sphere. Tamsyn's presentation of 'Creative Dundee' – one of the case studies within the DICSE project – asked, in particular, how innovative practice that is pioneered by a single caring individual can be replicated and sustained beyond the input of that individual. The question of the difference between a feeling of belonging and a feeling of ownership, among individuals engaged in a particular experience, was discussed by Roberta.

KCL Arts and Health and Wellbeing Programme - Nikki Crane

Although Nikki condensed her presentation because of time constraints, it offered a powerful and additional insight into the concept of care and cultures of care. As a performer herself, and an experienced practitioner in the field of arts and health and wellbeing workshops in the criminal justice and health systems, Nikki emphasised the role of challenge and inspiration within caring. In the criminal justice system, for example, she explained the need for 'robust' care which challenges people towards an aspiration (in the arts).

In addition, Nikki linked leadership and care in her field – without clear, caring leadership, participants will not know what they are belonging to, nor what the vision is. The 'tough love' that this involves can be seen as coaching, rather than teaching, and could offer a model for higher education.

However, Nikki identified a theme that had previously emerged – the need for time. Artists cannot work without time to do so, indeed nobody can, and stillness is needed to balance activity.



QUESTIONS ARISING FROM THE THREE RESPONSES

- Why am I/are you not yet embedding a culture of care?
- Who is the needy other?
- Which comes first robust leadership x or shared vision?
- What must be in place for a culture of care to be sustainable and not dependent on the influence of an individual?

NEXT STEPS

As evidenced from the short summaries above, there was a great deal of common ground in what was shared across the event. On the one hand, this encourages synthesis and working towards a blue-print for cultures of care in Higher Education; on the other hand, the nature of what was shared about cultures of care also cautions against developing any single knowing framework or 'best practice' approach.

