



## CareVisions ethical statement

### Re-envisioning care in Ireland: embodying feminist ethics of care principles in our research practice

#### Aim

We aim to develop our ethical research practice and relationships in the CareVisions project based on a feminist ethics of care approach that is underpinned by the following ideas:

- that care has a central place in sustaining societies and human and planetary life;
- that care relations are interdependent;
- that care is personal and political.

This ethical statement establishes how this approach will shape how we work on the project, from the decisions we make about the design of methodologies, through to how we interact and engage with individuals and groups on the research journey.

As researchers based in a university, we are bound by formal ethics procedures as set down by UCC's Social Research Ethics Committee. Through this process, we are committed to principles of informed consent, to minimising harms to research participants, respecting participants' privacy, and developing inclusive research practices. However, we recognise that ethics is broader than the formal process of university ethics approval, and that it requires constant reflection about how we 'take care' in carrying out research and in the relationships we form within and across the project: with participants, advisors to the project and other stakeholders.

#### CareVisions: Ethical starting points

CareVisions takes as its starting point a number of interrelated understandings of care which will guide our thinking and practice: *care as value*, *care as relational* and *care as practice*.

**Care as value** recognises that we need to pay attention to values of mutuality, relationality, reciprocity, trust, solidarity and understanding in how we enact care and, more broadly, in our human, societal and environmental relations.

**Care as relational** interprets care relations and practices as made up of dynamic multiple, interconnected relationships and interdependencies. We recognise care as a multi-directional process, which disrupts the binary categories of care giver and care receiver. Interdependence in terms of care relations means paying attention to the multiplicity of diverse care relationships that

exist – not just in one-to-one personal relationships, but within and between different groups, formally (through care services) and informally, and across different places and spatial scales.

**Care as practice** recognises the work and labour (both paid and unpaid) involved in care, and draws attention to the social, economic, emotional, political and environmental contexts in which this work takes place. Understanding care as practice draws attention to the power relations and inequalities which shape the dynamics of ‘who does’ care work, and the gendered, classed and racialised dynamics which are evident in care provision.

On the basis of these understandings, CareVisions aims to:

- make care a visible and valued aspect of human endeavour.
- pay attention to the complex and diverse nature of care relationships and networks; and challenge assumptions about who is a carer/care receiver.
- acknowledge the harms that have often been done in the name of care and those whose work and lives have been devalued and/or marginalised as a result of either requiring care or working as a care giver.
- maintain an intersectional perspective that facilitates the voices of those who have been marginalised in discourses around care and commit to inviting, enabling, hearing, and amplifying diverse perspectives and experiences of those who provide and receive care.
- recognise care as both a personal and political issue and develop mechanisms to place the issue of care on policy/political agendas.

### **What this means for how we do our research: deliberative research practice**

One of the implications of a care ethics approach is its focus on ‘a dialogic and narrative form of practice’ (Barnes et al., 2015: 238). An ethics of care means paying attention to the need to create deliberative and participative spaces to enable debates about care to take place in a way which includes a wide and diverse range of voices, participants in care networks, and those involved in the spheres of policy and service provision. To this end, CareVisions will:

- seek to develop participatory research approaches, methods and spaces for deliberation which engage diverse groups and voices in sharing experiences and re-imagining care in Ireland. Recognising the diverse contexts that shape participants’ lives and the different ways in which they may wish to be involved, approaches may include: a) inviting participants to work with us in designing and undertaking the research, where they wish to; b) involving participants in co-created outputs from the project, and c) providing attribution to participants for their engagement.
- reach out to welcome, and engage with, diverse groups of care givers, receivers and other stakeholders in the design and conduct of the research.
- recognise that people may require specific supports to enable them to get involved in the research and facilitate participation in the project to the greatest degree possible, including through budgetary supports for access.

- be cognisant of the emotional and material impacts that COVID-19 has had on research participants and partners, and of the challenges the pandemic has created in terms of engaging in research.
- use inclusive language throughout the project and acknowledge the tensions that can exist around the language of care.
- ask participants what they need in order to take part, and as far as possible, meet those needs.
- as a team, recognise the impact of being care researchers and advocates, encourage and prioritise self-care and collective support throughout the project.

### **Communicating in CareVisions**

We recognise the importance of communicating about the project in clear and transparent ways with research participants, our advisory group and other stakeholders - both in terms of our day-to-day communications, but also in disseminating and communicating about our research. To this end, we will:

- communicate clearly and transparently the aims of the project via the website and other media.
- in engaging participants, we will be explicit about what participation in CareVisions involves and provide clear, accessible information in different formats to enable groups and individuals to make informed decisions about their involvement.
- provide sufficient time for communication, and provide communication supports where necessary.
- develop creative and accessible ways of disseminating and sharing the findings from CareVisions, in conjunction with our participants and advisory group.
- actively invite feedback from those involved in the project and respond to this feedback in the best way we can. We welcome perspectives that challenge our ways of thinking in terms of re-imagining care, ways we communicate, and how we approach the research.

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