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Sensory ways of knowing care – possibilities for reconfiguring ‘the distribution of the sensible’ in paid homecare work

Introduction

The professionalisation of the care workforce, including the training and development of homecare workers, arises frequently in policy discussions on providing ‘good care’, both in the UK (Care Quality Commission, 2013; Hayes et al, 2019), and beyond (Egener et al, 2017; Hart et al, 2019; Home Healthcare Forum, 2014). There has been extensive research on training and development in the care sector (eg. Kuske et al, 2009; Long and Gummelt, 2020; Rycroft-Malone et al, 2014; Stevens-Roseman and Leung, 2004; Williams et al, 2016) and a number of courses and programmes have been developed for carers.¹ This includes induction training courses and training at tertiary education institutions, including in further education colleges (FE) and in higher education. However, the development of training curricula, as well as the way training is organised and delivered, derive from a particular set of assumptions about what ‘good care’ is and who knows and who does not know about ‘good care’. Furthermore, while there has been a shift to more participatory models for the development of curricula in the care sector (eg. Caswell et al, 2019; Hengelaar et al, 2018; Iliffe and Manthorpe, 2004; Sunde et al, 2018), in much of the literature, this is based on a standard understanding of what knowing is and how knowledges are produced. This standard understanding is underpinned by a prevailing view of knowing, including knowing in and through experience as a cognitive process of making sense of sense (Gherardi, 2006; Harman, 2018).

This article proposes alternative ways of understanding and exploring ‘good care’ that take as their starting point a very different set of assumptions about knowing, knowledge, and how, as researchers, we might produce knowledge. The starting point is that the ways homecare workers ‘know’ how to provide ‘good care’ incorporates more than a cognitive dimension. Hamington (2004), drawing on Merleau-Ponty, has written on ‘embodied care’ and these other ways of knowing care, including sensory ways of knowing (Howes, 2005), open up ways of knowing ‘good care’ which are different from those available in most training and development programmes. It is proposed that an approach to ‘knowing care’ underpinned by the notion of sensory ways of knowing directs attention to aspects of care that are often invisible and taken-for-granted in this work.

The argument is developed, first, by providing an introduction to feminist literature on the invisibility of care. This literature points to the fact that little is known about the knowledges and skills of homecare workers, as the work they do, and the knowledges produced in and through homecare practices, are largely ‘invisible’. Drawing on Hamington’s notion of ‘embodied care’ (2004), I contend that this invisibility is related to how knowing and knowledge has been understood in western philosophy, and the ongoing privileging of cognitive over sensory ways of knowing. Furthermore, understanding knowledge and

¹ See Skills for Care for courses in the UK: <https://www.skillsforcare.org.uk/Home.aspx>; myskills for courses in Australia: <https://www.myskills.gov.au/industries/health-community-services>

knowing as embodied and sensory opens-up a vast research terrain in terms of the underexplored embodied knowledges and skills associated with homecare work. Next, and drawing on recent scholarship on sensory ways of knowing (Harris, 2007; Howes, 2005; Pink, 2009), examples are provided of how homecare workers' multi-sensory ways of knowing in and through their everyday practices might be attended to in research.

A 'sensory ways of knowing' framework also raises important questions in relation to knowledge hierarchies and the performativity of academic practices in the social sciences. An overview of two contrasting political perspectives on 'doing' critical theory is then provided and the effects of particular research approaches examined. This underpins the subsequent argument, that academic researchers need to 'take care' when conducting research on embodied knowing and the knowledges of homecare workers. Following Rancière (2017), it is proposed that, rather than making homecare workers the objects of academic research on sensory ways of knowing, the 'verification of equality' needs to be the starting point for research practices. This is an approach that potentially contributes to changing the current 'distribution of the sensible' (Rancière, 2004) in healthcare, where homecare workers' knowledges are generally invisible, particularly in policy discussions and in decision-making on the professionalisation of care (McFarlane and Turvey, 2017), and links with emerging literature on 'sensing policy' (Wiebe, 2020).

This is not to discount the importance of professional care education nor more standard ways of understanding knowledge production and learning, including reflection on practice. This is particularly salient at a time when knowledge of hygiene and infection control have become essential for the wellbeing of both homecare workers and those who receive care. Furthermore, it is important that the emphasis in the paper on embodied and sensory ways of knowing not be understood as a return to essentialist ways of understanding care, whereby carers are understood as endowed with natural skills based on their gender and bodily capabilities. Rather, the aim is to expand how 'good care' might be known and understood, particularly in a homecare context, using knowledge production approaches that are less extractive than often used in the academy.

The invisibility of care

There is a long tradition of feminist scholarship on the invisibility of care work (see DeVault, 2014) and it is beyond the scope of this paper to cover all of this literature. Therefore, and in keeping with the focus on other ways of knowing care than are available in current policy discourse on the professionalisation of homecare, literature on 'body work', 'embodied care', the 'materialities of care' and sensory hierarchies will be introduced. An argument is developed that prevailing ways of understanding knowing and knowledge in western philosophy contribute to the continuing invisibility of homecare workers' knowledges.

Several studies of care work have used 'body work' as a conceptual frame for making visible paid work that involves touching other people's bodies (eg. England and Dyck, 2011; Twigg, 2000; Twigg et al, 2011; Wolkowitz, 2006). Much of the body work literature draws on a

Bourdieuian notion of habitus (2000) to examine the relationships between occupational status, skills, bodies and identity and the ways these are held together in, and reproduced through, workplace practices. For example, Wolkowitz (2006) uses the concept of habitus to draw attention to dualisms that organise working life, such as the taken-for-granted distinction between manual (body) and mental (mind) labour, and the ways this distinction works to make unequal pay, status hierarchies and particular working conditions appear seemingly natural in a care work context. An important theme in this literature is the notion that care work is understood as ‘dirty work’ and that social norms on dirt and gender, which are integrally entwined with class (Cox, 2007; Wolkowitz, 2007) contribute to making this work invisible.

However, while these studies have directed attention to workplace practices and institutional structures that work to reproduce the seemingly natural notion of homecare work as low skilled (Wolkowitz, 2006), little is known about the embodied knowledges produced by homecare workers in and through their everyday practices at work. For example, England and Dyck (2011: 218), in a study on the experiences and practices of homecare workers and their clients in Canada, called for analyses that direct attention to ‘the embodied knowledge of both those providing and receiving care’ as well as the body work associated with care. Their study revealed that homecare workers needed to ‘transgress’ personal boundaries and enter the most intimate of spaces in the home and the body, leading them to conclude that the requirement for ongoing negotiation is an often overlooked aspect of homecare work.

According to Hamington (2004) very little is known about the embodied knowledges and skills associated with care. His work on ‘embodied care’ contributes to theorising the invisibility of care by pointing to the fact that, in western philosophy, the body and embodied knowledges have been almost entirely neglected as a way of understanding knowledge and how it is produced. Drawing on Merleau-Ponty’s work on embodiment, he argues that perception, ‘caring habits’ (habitual actions that we may not necessarily be aware of) and caring knowledge are integrally interrelated. For example, he proposes that:

The information my body garners when confronting others—knowledge of their expressions, mannerisms, gestures, smells, and sounds—far exceeds what is available to my consciousness and allows me to know others as perceptual wholes. Our perceptions are rich and complex, providing an enormous amount of information and making it possible for us to care.

(Hamington, 2004: 48)

Moreover, our bodies develop habitual ‘activities of care’, whereby ‘(t)here are arms that know how to comfort, hands that know how to share joy, and faces that know how to express rapt attention’ (Hamington, 2004: 57), and these actions are learned. In directing attention to the knowledges produced in and through everyday acts of caring, and the non-cognitive dimensions of experience and knowing, Hamington’s work provides a useful

resource for exploring ways of knowing care that move beyond a traditional privileging of the cognitive over sensory ways of knowing.

Furthermore, recent literature on the 'materialities of care' has argued that material practices of care are often made 'mundane', 'immaterial' and 'inconsequential' and thus often remain invisible (Buse et al, 2018). In other words, care work contains many elements that do not count, and do not get counted, as skills, knowledge and dimensions of care. This literature points to the urgent need for 'different imaginaries of care' to those that currently dominate healthcare policy and the organisation of care (Latimer, 2018: 379).

There is now an emerging scholarship on sensory ways of knowing that foregrounds the relationships between touch, taste, textures, sounds and seeing (eg. Bull et al, 2006). This literature explores alternative ways of knowing to those available in the prevailing understanding of knowing as a purely cognitive activity. This literature also directs attention to sensory hierarchies in western philosophy. For example, Classen (1998) argues that the senses of smell, touch and taste have traditionally been associated with women and proposes that this has led to these being understood as the 'lower' senses. Conversely, sight (and then hearing) are understood as the most rational ways of knowing the world, with sight often equated with notions of transparency, objectivity and 'truth'. Classen describes modern western culture as 'a culture of the eye' (1998: 1) and points out that the current dominance of visual culture is not neutral but integrally related to a privileging of particular senses associated with gender.

Scholarship on the gendered, raced and classed aspects of particular ways of perceiving and ordering the world and associated sensory hierarchies is useful for better understanding the invisibility of sensory ways of knowing, including many care knowledges. For example, the prevailing ordering of the senses in western philosophy is further explored by Classen in later work on touch and smell. She contends that touch has been largely overlooked in academia: 'Like the air we breathe it has been taken for granted as a fundamental fact of life, a medium for the production of meaningful acts, rather than meaningful in itself' (Classen, 2005: 2). She also asserts that the physicality of touch has resulted in it being positioned in opposition to intellect and that this hierarchical separation has been entrenched in class distinctions between those who work with their heads and those who work with their hands. Classen has also explored hierarchies related to smell. In a book titled 'Aroma' (1994) she draws attention to a relationship between racial inequalities and sensory hierarchies by providing an account of scientists and psychologists from the nineteenth and early twentieth centuries who believed that 'the suppression of the sense of smell' was what distinguished 'civilized man' (*sic*) (Classen, 1994: 89) from what they understood as less-civilised societies.

In summary, the above sets of feminist literature point to the ongoing invisibility of care and to deeply embedded thinking and practices associated with a taken-for-granted understanding of knowing as a cognitive process. This literature suggests that homecare

workers' skills and knowledges are invisible not only because their everyday practices and what they actually do is performed in the home, and thus out of public view, but also because of how knowing and knowledge are understood, and the ongoing privileging of the cognitive over sensory ways of knowing. Furthermore, Classen's work on a hierarchical ordering of the senses linked with gender, race and class further illustrates the necessity of reconfiguring what might count as skill and knowledge in the field of care. It points to the politics of knowledge and the importance of making other ways of knowing 'good care' visible. So how might we begin to attend to and better understand sensory ways of knowing in homecare?

Sensory ways of knowing as another way of knowing 'good care'

Emerging scholarship on sensory ways of knowing has been used to explore care practices, particularly in the 'materialities of care' literature. Studies in this field have begun to enable previously overlooked dimensions of care to come into view. For example, Pink et al (2014: 426) use 'the hand' as an analytical tool for better understanding 'safety' and how it is enacted by community healthcare workers as they move between different settings in their work. They argue that 'the caring hand' is central to their ways of knowing. While the practices of homecare workers are not examined in their study, the analytic framing, which includes the concept of 'contact' and focuses on the 'tactile, sensory, and affective engagements' (Pink et al, 2014: 426) associated with the everyday experiences of occupational therapists at work might also be relevant in exploring the sensory dimensions of knowing of homecare workers. Buse and Twigg (2018: 341) also use a sensory framing to highlight the 'tactile and multi-sensory' aspects of care practices and how the materiality of dress and bodies mediates and shapes care in care homes and homecare settings. Their study, which focuses on clients with dementia, explores the sensory elements of dressing, including how particular fabrics feel, as well as the positive interactions enabled through dressing.

An increasing number of studies in nursing focus on embodiment. However, according to Draper (2014), and echoing the argument in the previous section, the notion of embodiment and embodied care have not become mainstream in nursing literature because of the privileging of scientific ways of knowing in the medical profession. Draper proposes that the increased use of technology in nursing has contributed to a loss of embodied skills, including touch. She argues that much research is needed on the embodied skills and knowledges of nurses, as the hands of nurses can be read as instruments for knowing the bodies of others and can be understood as an essential tool in skilful nursing. This suggests that the everyday provision of personal care by homecare workers will provide a rich space for exploring sensory ways of knowing care, as homecare workers typically do not have access to the more sophisticated technologies available in nursing homes and hospitals.

Scholarship on embodied care and sensory ways of knowing underscores the fact that changes are required, both in terms of how knowing is generally understood (ie that it is

assumed to be a cognitive process) and in how knowledge is produced. These changes have the potential to enrich current understanding of what care is, and how care might be imagined, and to make previously invisible aspects of care visible. Furthermore, this more expansive way of understanding knowing has implications in terms of who can be understood as 'knowers', when examining sensory knowing in homecare. The philosophical system based on an understanding of knowing as a cognitive process is deeply embedded in the ways knowledge is understood and produced in the academy (Rancière, 1991), yet literature on sensory ways of knowing questions conventional ways of understanding knowing as a purely cognitive process of making sense of sense. It is therefore also important to consider how academic researchers 'take care' when conducting research on embodied and sensory ways of knowing. How might the sensory knowledges of homecare workers be researched in ways that enable academics to move beyond the position of 'the knower' in their research practices and make space for other ways of knowing 'good care' that move beyond an overly cognitivist understanding? As Tronto reminds us: '...it is not for social scientists to decide the best way to care...' (Tronto, 2017: 38).

An overview of a recent debate in the literature on radical democracy is introduced at this point, as it has implications for how academics might go about researching sensory ways of knowing homecare. The main issue this debate highlights is the performativity of particular academic research approaches, and the political importance of starting from a position of an 'equality of intelligence' in research. I propose this is an approach that enables academics to take seriously the fact that homecare workers are producers of knowledge on care by enacting an 'equality of intelligence' in their research approaches.

From one side of the debate, McNay (2014) argues that those interested in issues of democratic participation and 'emancipatory social change' (2014: 216) require a 'different way of going about the job of theorizing' (p218) than is available in what she argues are 'socially weightless' models of radical democracy. For McNay, the oppressed cannot be conceived of as moving beyond the subject positions made available by the system of domination. Therefore, it is necessary for academics to produce knowledge that reveals this hidden operation of power. She suggests a form of 'disclosing technique' as an approach that can enable ongoing oppression to be challenged. The key elements of this approach include 'that it is dialogical, interdisciplinary, problem – rather than model-centred and it includes an interpretive element' (McNay, 2014: 218, my emphasis).

McNay draws heavily on Bourdieu's notion of habitus, which points to the realisation of subjectivity in and through everyday practices. For Bourdieu (eg. 1998), objective social structures become embodied and form 'dispositions', or habitual and unconscious ways of operating. As already indicated, this has been a widely used approach to studying embodiment. However, the notion of habitus is intricately linked with the notion of 'misrecognition', in which the oppressed are understood as active in their own oppression. For example, Bourdieu argues that when a person moves from one social milieu to another, such as moving from a working class family to a middle class educational setting, the

dominant (and arbitrary) rules of the middle class cannot be recognised (or understood) by working class students as they belong to another culture. For Bourdieu, there is little space to be other than in the social position that is made available through pre-existing social hierarchies, and we are never able to fully renounce membership of our group (Pelletier, 2009). In other words, knowing is necessarily tied to identity and place (or position) in existing social hierarchies. Thus, the political task for the academic is to point to oppression and its relationship with power:

[sociology is]... alone in a position to bring these mechanisms [of domination] to light, must choose now more than ever between putting its rational instruments of knowledge at the service of an increasingly rational domination, or rationally analyzing domination and especially the contribution that rational knowledge can make to domination.

Bourdieu (1998: 91)

Similarly, McNay argues that it is the responsibility of academics to reveal inequality as the oppressed are often unable to speak for themselves. For example, using Honneth's notion of social suffering, which is also underpinned by a Bourdieusian conceptualisation of the interiorisation of the social by individuals, she argues that:

social suffering denotes a phenomenal substrate of misery that, because it is largely unarticulated, falls below the register of democratic theorizing but is central to an explanation of widespread dynamics of uncertainty, disempowerment and injustice in contemporary societies

McNay (2014: 21).

Furthermore, she goes on to state that 'emancipatory theory must show that the explanation for this suffering and inequality lies in the specific properties of social institutions and structures' (p. 212, my emphasis). In other words, for McNay, theory should have an explicatory goal or purpose, whereby knowledge provides the pathway to freedom. In this view, emancipation (or freedom) is an end point and a goal to be achieved as people progressively become aware of how things 'really' are (Harman, 2017).

In contrast, some political theorists draw attention to the performativity of academic practices and the subjects and objects these practices work to produce. For example, Rancière (1991; 2004) argues that this 'distribution of the sensible', in which academics continue to have the authority to speak for others, is part of the problem. It is part of a particular ordering of knowledge, where knowledge equates with freedom and ignorance equates with oppression, and contributes to producing a knowledge-ignorance binary. To think that the oppressed do not recognise and understand their oppression and its relationship with power, and need academics to point this out, assumes a relation of inequality between 'the academic' (knower) and 'the ignorant' (oppressed). For Rancière, rather than academic knowledge being used to mobilise action for democracy in the future (by drawing attention to the truth of inequality) it should be used to verify equality and acts of democracy in the present (Harman, 2019). In other words, an assumption of an 'equality of intelligence' must be the starting point for academic research rather than its goal, and

academics need to take seriously the idea that the marginalised groups we work with are active producers of knowledge, rather than reproducing them as knowledge objects in our research accounts.

Following Rancière, it would be ironic if an approach directing attention to other ways of knowing in homecare and non-cognitive dimensions of knowing started from a position of inequality in the research relationship underpinned by prevailing ways of understanding knowing in the academy. I contend, therefore, that the starting position for research on embodied and sensory ways of knowing should be an 'equality of intelligence', underpinned by the view that paid homecare workers are active in the production of knowledges on care. Furthermore, I propose that attending to other ways of knowing care and making these visible contributes to reconfiguring the 'distribution of the sensible' in policy making on the professionalisation of care, thus opening up the possibility for different imaginaries of care.

This political strategy of reconfiguring 'the distribution of the sensible' is echoed in Wiebe's work on 'sensing policy' (2016). Working with the Aamjiwnaang people living in Canada's Chemical Valley she has sensitively explored the ways they take care of themselves and their homes to offer an alternative view on how the ecological crisis in Canada might be approached. The 'sensing policy' approach she employs for working collaboratively with indigenous scholars to co-produce knowledge and enabling their voices not only to be heard but also listened to in policy discussions provides insight into how academics might work collaboratively with homecare workers and policymakers in homecare to better understand other ways of knowing 'good care'.

Reconfiguring the 'distribution of the sensible' in knowing 'good homecare'

If we start from the position of an 'equality of intelligence', the academic no longer needs to be 'the knower' and interpreter of power and its operation in workplaces; the approach used by Bourdieu (and others) when researching embodiment. Instead, the research itself is an intervention and contributes to reconfiguring 'the distribution of the sensible' (what is, and what is not, able to be sensed, and thus attended to) in homecare. As literature on the materialities of care suggests, this involves attending to the routine and often unnoticed actions of caring – the 'mundane' practices and everyday acts which contribute to 'good care', and making this work visible. This might include making a cup of tea, having a chat, taking time to make people feel good about themselves and taking care with dressing, toileting, washing, and so on.

It is proposed that more expansive ways of knowing care, including sensory ways of knowing in a homecare context, will work to verify an 'equality of intelligence' and the common capacity that all humans have for learning and knowing. The sphere of meaning is open rather than closed and we all create meaning and knowledges in and through sensory experience (Rancière, 1991). An analysis of sensory ways of knowing in care could include the exploration of connections between tools, people, what they do, and what is able to be said, felt, smelt, seen, touched, tasted and heard. In other words, the knowing produced in and through sensory connections with material things, and the translations resulting from

this engagement. What do connections with: bandages, beds, food, creams, wheelchairs, hoists, 'clients', 'service users', 'friends', dirt, vacuum cleaners, assessment packages, urine, home, showers, faeces, communication books, towels, incontinence pads, photographs, commodes, family, bodies, prescriptions, sheets, hair, shampoo, brushes, combs, clothes; enable? And what translations are produced through these connections? In other words, 'what has been learnt?', but in the broad sense of learning suggested by Papastergiadis (2014), who describes it as a process involving creativity, experimentation and the working through of sensory perception through connection and translation.

Moreover, how does good care 'feel'? Classen's reminder of the underexplored examination of 'touch' in western philosophy opens up a vast research terrain in the area of sensory ways of knowing 'good homecare'. What is the relationship between touch and 'good care'? For example, how much pressure should be applied when bathing, dressing wounds, applying cream or washing and combing another person's hair? What knowledges are drawn on and what knowledges are produced when engaging in intimate labour with care recipients? What are the effects of touch when working with those requiring personal care? Does touch calm, soothe, irritate? When and where is it appropriate and inappropriate to touch and to be touched? What bodily knowledges are required to ensure that care recipients are not hurt or injured when being moved, dressed, fed? How are these bodily knowledges developed in and through everyday homecare practices?

And what of taste, smell and sound? How is taste used in the preparation of food for care recipients and how is this related to 'good care'? Are there other aspects of 'good care' connected with taste? What are the sounds of 'good care'? The skill of listening to care recipients and responding appropriately is well documented in training and development literature, but does homecare work involve other auditory sensing work? Moreover, what is known through smell, and what is the relationship between smell and the provision of 'good care'? Do particular smells indicate illness, and how is illness known? When is it time to seek a doctor or medical advice? And how do homecare workers manage the smells when working with body waste? What do clean bodies smell like, and when does a body need to be washed?

These questions begin to direct attention to the skilful work of homecare workers and areas of exploration for making the often taken-for-granted sensory knowing in and through homecare practices visible. They also suggest ethnographic approaches for observing homecare workers as they engage in their everyday practices at work. While ethnography is certainly not new to exploring care practices in healthcare, in general, research which focuses on the sensory knowing of homecare workers is rare. However, do ethnographic approaches revert to an active (subject-researcher-knower) – passive (object-researched-known) binary, and thus slip into prevailing modes of knowing in the academy? Are there ways of doing ethnographic work on sensory ways of knowing with homecare workers that start from the position of an 'equality of intelligence'? This is an unresolved question in current work with homecare workers in the UK with the aim of examining their sensory ways of knowing (Harman, 2021).

I have proposed that, as well as verifying ‘an equality of intelligence’ in research inscriptions of ‘knowing’ (by directing attention to sensory ways of knowing in care and making less visible homecare workers’ knowledges visible), academics also have a role to play in reconfiguring the knowledge-ignorance binary inherent in research relationships. Recent examples of participatory action research (PAR) provide an example of a less extractive approach to research on care, in which research questions are driven by the community the researcher is working with (eg. Pratt et al, 2017; Tungohan et al, 2015). For example, Francisco-Menchavez’s (2018) study of the negotiations of care work in transnational families, and her collaborative work with a community of Filipino domestic workers and their families in the Philippines to understand transnational care, illustrates a caring approach to using PAR to address inequalities in research relationships. While sensory ways of knowing in care were not the focus of her project, knowledges other than traditional academic reports and journal articles were produced throughout the project through staging plays and political organising. Furthermore, the book, another knowledge product from the project, re-presented this group of workers as active in political struggle, rather than as passive victims of oppression. Nevertheless, did the traditional separation of project tasks (whereby the academic contributed to theorising transnational care while the research participants got on with their daily struggle to improve their working conditions) revert to a more conventional understanding of how knowing might be done in the academy? Are there other positions available to academic researchers that enable them to move beyond a position of explication and of saying how things ‘really’ are? Francisco-Menchavez acknowledges limitations in the method when she notes that PAR is ‘not the solution to the problematic nature of social scientific research methods’ (2018: 19).

With specific reference to sensory ways of knowing homecare, are there other ways that the knower (academic) – ignorant (researched) binary might be reconfigured when producing knowledge on sensory ways of knowing? Can homecare workers play an active part in re-ordering knowledge on sensory knowing or do they, yet again, remain objects of knowledge on sensory knowing produced in the academy? How might academics take the now often overused term ‘co-researcher’, and the equality implied in this relation, seriously? For example, who are included as paid researchers on projects, and how? Would employing homecare workers as researchers, including them from the outset and at each stage of projects as knowledge about their sensory ways of knowing in a homecare context is developed, produce greater equality in the research relationship? Would it enable homecare workers to be actively involved in knowledge production on sensory ways of knowing in homecare and in the dissemination of research, shifting the relationship away from the researcher as active subject (producing knowledge) and homecare workers as passive knowledge objects? These are currently unanswered questions but issues to consider when proceeding with research on sensory ways of knowing care.

Following Wiebe’s notion of ‘sensing policy’ (2020), it appears methods employing storytelling may have the potential to reconfigure who is invited to participate in policy discussions on the professionalisation of care, at all levels of government. Wiebe (2020: 3) offers sensing policy as a way of moving from extractive to relational research, whereby

academics play a role in 'documenting, deepening understanding, building relationships, and translating lived experiences for wider audiences'. Storytelling is used as a method in this approach and academics document the experiences and knowledges of the communities they work with as they tell their stories. They also facilitate spaces where these often invisible accounts can be communicated and shared with policy makers. Wiebe argues that this enables community voices and stories to be 'centred' in decision-making processes. This approach not only points to sensory ways of knowing how to care for land and environment, but also employs these ways of making knowledge to reconfigure policy discussions. A similar approach could be used when working collaboratively with homecare workers to document their sensory ways of knowing.

In summary, it has been argued that accounts of sensory ways of knowing in homecare, which move beyond a prevailing way of understanding knowing in western philosophy, contribute to more expansive ways of knowing and understanding 'good homecare'. I have proposed that this way of knowing homecare has the potential to reconfigure the existing 'distribution of the sensible', whereby homecare workers are generally understood as 'unskilled' and requiring training and development, as homecare workers can be re-presented as active subjects in knowledge production on homecare. Furthermore, rather than remaining within a knowing (researcher) - not knowing (researched) binary that works to maintain the knowledge hierarchies that contribute to making care work invisible, it is proposed that research on sensory ways of knowing should start from a position of 'equality of intelligence'. In attending to and documenting the sensory knowledges produced in and through their everyday practices at work, and their relationship with good care, the logic of 'good care' provided by homecare workers can be brought on to the 'same stage' as policymakers and academics. This political strategy will contribute to homecare workers themselves, as well as their care knowledges and skills, existing in the field of care, rather than remaining unseen and unheard.

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