Careful Thinking Episode 1 Transcript

[00:05] **Martin Robb:** Hello and welcome to this episode of *Careful Thinking*, a new podcast exploring ideas about care. My name is Martin Robb and I'm the host of the podcast. *Careful Thinking* is inspired by a passionate belief that thinking critically about care can both deepen our understanding and improve the day-to-day practice of care. In each episode of the podcast, you'll hear either a reflection on a key issue connected with care or an in-depth conversation with a researcher, writer, or practitioner at the cutting edge of current thinking about care. For this episode, I'm really pleased to be joined by Mary Larkin and Manik Deepak Gopinath. I'm particularly pleased to welcome Mary and Manik, as they're both colleagues of mine in the School of Health, Wellbeing and Social Care at The Open University. Mary is Professor of Care, Carers and Caring at the OU, where her research has focused principally on carers and caring, whether paid or unpaid, and adult social care. Mary is a member of a number of national and international bodies focusing on care. She was the co-founder of the *International Journal of Care and Caring*. She co-produced the Social Care for Excellence Carers Hub and also set up CAREN, the Care-Related Knowledge Exchange Network. Mary is the author, most recently, of *Family Carers and Caring*, published last month by Emerald. Manik is a Lecturer in Ageing, also at the OU, and describes herself as a critical gerontologist with research interests in the intersections of aging, place and wellbeing, and in the intimate and family ties of older adults. She co-leads CABS, the Centre for Ageing and Biographical Studies at The Open University, and is a co-editor of the journal *Families, Relationships and Societies*. Mary and Manik have been working together, most recently on a project focusing on relational care, and I was keen to talk to them to find out more about the project and to explore what relational care is and why it matters. So, Mary and Manik, welcome to the podcast.

[02:16] **Manik Deepak Gopinath:** Thank you, thank you.

[02:19] **Martin Robb:** Before we come on to your work on relational care, I wonder if you could each tell me a little bit about your own backgrounds, both personal and professional, including the kinds of things you've worked on before and how all that led up to and influenced your interest in relational care. Perhaps Mary first?

[02:37] **Mary Larkin:** Okay, well, thank you, Martin. I've had a very long-standing research interest in, interest in care and caring, and it really goes back to the 1980s ,when I was at home with my first child and I did some voluntary work which involved organizing a rota for people in the community who perhaps couldn't get out or needed extra, extra help. And what I realised at the time, although it wasn't part of public discourse, that we were actually, as much as we were helping those who needed the help, we were helping the carers out. And I remember seeing how absolutely worn out many of the carers were with the actual caring tasks. For example, I visited an old lady myself who been relocated from Birmingham, where she lived, down south to be near her son and his wife, and his wife would come every evening to cook her meal and bring her laundry after a full day's work, and they'd got four children themselves. And there was another carer who cared for her mother with dementia and lived with her, and just one afternoon just burst into tears. So the whole area, that intersection between the needs of the cared for and people caring for

them fascinated me right from the 1980s. And then I got into academia and pursued a PhD within the caring field. And since then my career, my career trajectory has focused on translating and exchanging and extending knowledge, research and expertise internationally and nationally, institutionally and within my faculty to offer evidence-based solutions to the pressing societal and global challenge of improving outcomes for and supporting the ever-increasing number of unpaid family carers. And this has included Open University staff and students. And also I've been working with carers and carers' organisations as partners. The research projects that I've led over the years have advanced international knowledge on critical under-researched, carer support issues and particular groups, for example, older carers, dementia carers, student carers, carers of older people with learning disabilities that challenge - and I've also contributed to the development of new conceptualisations of care. Hence my interest in relational care and different areas of knowledge. And at both universities I worked at, I've set up carer research groups where I've configured new areas in each university's research portfolio. And at The Open University, the Carer Research Group has recently started to work much more closely with CABS, which is the group that Manik chairs, and working on areas that overlap, such as conceptualisations of care. So this - us both working together on, on this project was the perfect match of expertise and knowledge.

[05:57] **Martin Robb:** Thanks Mary. How about you, Manik?

[05:59] **Manik Deepak Gopinath:** So my interest primarily stems from being interested in research that explores how place, and I talk about place very broadly to mean the physical, the social space, the physical environment and the symbolic dimensions of it, as well as when we talk about homes, neighbourhoods, care setting, any kind of housing - so my interest is in how place shapes experiences of growing older, of ageing and wellbeing of older people, and equally how people can or have opportunities to shape the places they live in. So that's my central interest. And in thinking about place and wellbeing, I am particularly influenced by relational ideas of place and wellbeing, and Doreen Massey is one of my favourite human geographers that I often turn to, including health geographers who have written a lot about relational notions of place. Through my work, looking at different environments of ageing, for instance, mainstream housing, care homes, supported housing, I have begun to explore the making and unmaking of home, and whether people are living in the domestic environments they've always lived in, or whether they are now moving in later life because there are health and care needs or the housing is more unsuitable, and also how places can become enabling and disabling over time, thereby affecting wellbeing. So during my PhD work, I came across a few older couples living in care homes and it was new for me because the literature didn't sort of pick up on these things. My perception was I would find mostly women living on their own, and this piqued my curiosity and led to successful funding exploring how couple relationships are experienced and sustained in later life, especially when only one partner moves into a care home and the other lives in the community. And following on from then, now I'm working with different groups of people, more recently with people from minority communities looking at their housing circumstances. But I think this whole idea of place and wellbeing is quite central to my work.

[08:25] **Martin Robb:** Thanks, Manik, and thank you both. That was really interesting background to the project you've been doing on relational care and sort of helped to

understand how you came to be doing that work. So, moving on to relational care, I wonder if one of you would like to offer a brief definition of what relational care is. I mean, how does it differ from other ways of thinking about care? How does it move on from person centred care, for example? I don't know which of you would like to take that first. Maybe Mary?

[08:54] **Mary Larkin:** Yeah, I'm happy to kick off, and I'm sure Manik will add too, I don't know how brief we can be, but we'll try. Well, you mentioned person -centred care, Martin. Relational care is essentially an approach which builds on - it's almost a natural progression from person-centred care. It takes it to a new level in that it shifts the emphasis from the individual alone to the person as part of a network of supportive and mutual relationships. And relational care has been shown to be more effective in improving the wellbeing of those living and working in care settings and enabling them to enjoy a much fuller life. In essence, it represents a move from a one-way flow of care towards mutuality in caring relationships, whereby people aren't solely givers or receivers, and it prioritises the creation of an environment that people can feel truly at home in and where they can contribute as much as they can and wish to the lives of their peers and communities. And these networks, in turn, improve wellbeing and increased autonomy, providing more purpose and meaning in life for everyone. And as you can see, relationships are critical to relational care. And I know Manik has something to say to elaborate on that point in particular.

[10:27] **Manik Deepak Gopinath:** Yeah, I just wanted to add that when you talk about this progression from person-centred care, it is well known, and I think we all agree that relationships are very crucial to delivering good person-centred care, because nothing happens without first knowing the person and knowing about their life. But what happens is when you shift, or even the use of language itself, when you talk, say, relational care, relationship-centred care, you are explicitly foregrounding relationships here. And then that is a very different starting point in care, because then the questions you are asking is, which relationships, whose relationships, and for what purpose? So it sort of broadens that base of care from one person to a number of people who are linked in some way into this care relationship. And it makes you just think a bit more about, yes, the older person, the staff member who's there, then the staff member's care manager. It makes you think about the family and then you think about, you know, who, which relationships are significant for whom to give, to encourage care, as well as to give care. And I think that's, that's one of the big things, the big shifts when we talk about relational care. The other thing, which is more political in that sense, is that it allows us to think about the wellbeing and welfare of people who do care work and sort of pull it out from that devaluation, invisibility. So I think those are the two things that I wanted to add.

[12:22] **Martin Robb:** Yeah, thanks both very much. I know it's a difficult task to try to sum up something as complex as relational care in just a few minutes. But thank you both for trying. And we will link to your project report and other papers in the show notes for this so people can follow up and read more extensive explanations of relational care. So, shall we now move on to the project that you've completed on the practice of relational care? And maybe, Manik, I could ask you if we could start with some practical questions, like when and where did the project take place? Who was involved and who were you working with?

[13:00] **Manik Deepak Gopinath:** So the project has been funded by the Hallmark Foundation. It's a charitable organization, and we worked with, of course, Mary and myself, co-led the project, but we worked with an external consultant, Jenny Kartupelis, who has done some initial work on relational care, working in a variety of settings. So this was a project born out of her coming into, coming to us and saying, you know, this is an area which needs more empirical work. And were we interested, and with our backgrounds, we were interested. So that was the start of it, and we applied for funding and the work - it was a short study, it was a very short study, so nine months, we wrapped it up in nine months. And what we found when we reviewed the literature was that while relational care is, you understand it intuitively, our questions were, so what does it look like in practice? And what does it feel like in practice? There was less on those kind of things. So those were the main sort of questions we were working with is, yes, we know relational care, or we have an idea that relational care has the ability to enhance the wellbeing, autonomy and self-worth of older people, but also it can address the issues of wellbeing for the social care workforce. But then, if it has to be implemented in practice, what does that practice look like? That is where we started. We had two research associates supporting us both at the OU, and we took an appreciative inquiry angle to our methodology. As far as the care sector is concerned, it is easy to look at what is going wrong all the time, but we wanted to find out about things which were going well and which work and which we can take forward, and then ask other people to say, do these work in, within your setting and why, if not? So, we worked with five - we carried out one-day observational visits to five care settings for older people across the UK, so, including the four nations, and we had an advisory group who worked with us and we talked to these people about - and this advisory group was composed of practitioners, people from the care sector, and of course, a few academics. And we talked to them and said, okay, and said, including Jenny, and we said, you know, where should we go to look for these good practices or where people are practising relational care? And based on that, we identified five settings. We asked these people whether we could come in and observe what they were doing. And so our postdocs went around, did one-day observational visits to five care settings, which included three care homes, one day care centre, and one supported sheltered housing complex. And during these visits, it was a rapid ethnography. So, observing the environment inside and outside, looking at, observing people, doing things, both staff and residents, and as well as interviews with few managers, members of staff, residents or day centre users, volunteers, and any family members. So these were the kind of people we interviewed. Mary, would you like to come in with the outputs and, you know, the –

[16:45] **Mary Larkin:** Sure and well, Martin, you've already alluded to our report and we produced, we produced a project report as well as a summary report. And we also produced a relational care toolkit for care providers to use to implement relational care. And we launched those at an event at the House of Lords in May, but also as part of the project, as well as those so practical resources, we have produced the first diagram of relational care that shows all the multidirectional relationships and the dynamics between the people that work in a care setting and their physical environment and the objects within it, as well as with the wider community and the locality. And we've also developed a definition of relational care. There have been various attempts to define relational care up so far, but we managed to put a much more decisive definition of relational care forward and we identified the critical components of relational care that we then developed into a model of

relational care as well. And those critical components are the physical environment of a care setting, the atmosphere, and we found that an atmosphere of respect, trust and inclusivity nurtures that, nurtures belonging and focus on relationships too. So those three, the atmosphere, relationships and physical environment, were all critical components of relational care. So those are the key outputs we've had so far. We're currently working on an OpenLearn module that is for care providers and key stakeholders, that is about relational care and the use of the toolkit as well.

[18:54] **Martin Robb:** Thanks, Mary, and thanks both. And just to say, for non-OU people watching this, OpenLearn is The Open University's free learning platform and we'll provide a link to that as well. Is that actually out yet, Mary? Is that being published?

[19:07] **Mary Larkin:** No, it should be available in March 2024. Yeah, we're currently working on it.

[19:13] **Martin Robb:** Okay, we'll put a link into OpenLearn and people can find that when it comes out. So just to say a bit more about the toolkit, who do you imagine that being for? Mary?

[19:23] **Mary Larkin:** It's for care providers and those working in care settings. So, for example, we have got a care provider who is now actually testing it out for us in one of their care homes. So that is for the managers to actually introduce and work with staff in order to implement the use of relational care in different care settings.

[20:00] **Manik Deepak Gopinath:** Yeah, and I think just to come in there, I think what we have done there is we have produced vignettes from the research we have carried out and situations, you know, where they look at the vignette together and then think through, you know, what's happening here in terms of care practice, what is being left out, or what is good about this, and how do you bring it, or do you already do this in practice, or how do you make it work? And if it cannot work, then why it cannot work. And what we have asked people. like Mary mentioned, who's already using it, is to then come back and tell us about how can we improve it, or whether there are added elements that need to go into the toolkit. So it's like an active document, I guess, in some senses.

[20:52] **Mary Larkin:** And I suppose essentially it's also for staff development, because Manik alluded to, each vignette comes with a set of questions for staff to sit and talk through and think about.

[21:04] **Martin Robb:** Yes. And again, all of those questions and vignettes are in your report, aren't they? So, have a look at those and the model that you've both been talking about. It's very nice coloured table, multicoloured table, setting out those different elements that you were talking about, Mary, I just want to emphasise, or look at one of them in a bit more detail. And Manik, you've talked already about how your interest is in the use of place and space in care. And there is quite a lot of emphasis in the model of relational care that you present, that you developed on the physical environment, which I think people might find interesting. Could you explain, Manik, what's distinctive about the use of space in relational care?

[21:53] **Manik Deepak Gopinath:** Yeah. So when we did our rapid review, we did find a growing interest in use of space and environment in relation to, particularly people with dementia. And, you know, the question there was, how do these people continue to take part in daily life or maintain their relation to daily life or to the life of the community? There was a lot of work, so we included it in our interviews to actually very specifically and purposefully look at those aspects. And it did come back in a big way, in a number of different ways. And this relates to, you know, so the theoretical aspect guiding it is that we are always located in space and time, socially, physically and temporally, and in health and human geography. Place and space are not like backdrops, and neither are they containers. You know, they are more active. And people and place actually interact dynamically over time to shape each other. And also the wellbeing or bases become enabling and disabling, as I talked about earlier, importantly, who we are, our sense of identity, our sense of belonging and attachment. All of these things are shaped by how we feel within place and how we feel about place, and there is a lot. Anyway, the common perception of care settings is not a place where people generally want to be in. So, but the important thing is do, when people do move out from their own home, and we assume that everybody moves out against their will, which is also something that has to be questioned. But anyway, if people do move out, then are people able to create a sense of place when they go from one place to another? And that means, you know, are you able to maintain continuities of place more widely in terms of your relationships that you had already, so you could be family members visiting, could be your friends visiting, and can you also maintain the continuity of objects and the kind of daily life and routines that you had? And I think the idea is then, does design and the layout of facilities encourage that? Are we designing to facilitate people's need for privacy, for interaction, for connecting with nature, and in ways that, that recognizes interdependence, but also that in some places they might do things independently, like, can I just walk out, step out of my - of the French windows into the garden, you know, like, or will I always need someone to take me the long way? So things like that. And we did find evidence for it in the form of how, how spaces were organised. So there were spaces for places which had paid attention to it. There were rooms which were left for just for very private, you know, smaller spaces for families to come and sit in or to actually have a conversation, whereas the TV room was a separate room, so you're not drowning out voices. There was recognition and encouragement of - so this is what we have called as one of our themes, is caring about people's relationship with other things and places, you know? So when people bring in things to adorn their rooms, are they only just for adornment, or are people able to use these things? So there's a good vignette about a lady who's brought in a kettle, and it's very important to be able to use it and make her own cup of tea. So those are small examples of how it allows her to then talk about her relationship to this particular thing, but also how it makes her more independent. And she can also offer a cup of tea to anybody who comes into her room. But there are also things like how technology can be used for people in the form of, you know, to help build those relationships, as well as the open door policy for the manager's room, which is both for the staff but also for people to come in. And you know that you are seen to be available and you are seen to be there, but equally, do staff have a room where they can just unwind? So those are the kind of things we were looking for. And we did find lovely examples of where people had, even so, these are all negotiations, I guess, isn't it, about whose home is it? And we did find examples of where people had put out specific kind of flowers in the hallway or

a chime in the garden so that they could also share it with others. But these are all negotiations which sort of happen within the care home and should happen between the residents and staff.

[27:07] **Martin Robb:** So that's really lovely. No, thank you. No, I was just going to build on that and ask Mary, it's not a question I was going to ask, but I just feel we haven't really pulled out enough. So, Mary, if I went into a residential home where relational care had been operationalised or taken on board, how different would I notice the relationship between carers and cared for, between staff and residents? What would be different about, I think you talked earlier about mutuality. What does that actually mean in practice, do you think?

[27:43] **Mary Larkin:** Well, if you walked into a care home where relational care is practised, there'd be many, many indicators of the fact that it is in practice. And Manik's obviously spoken at length about the physical environment. I mean, there's the atmosphere as well, how welcoming it is. Manik referred to the open door policy of the managers, but in terms of the relationships, as you say, the emphasis is very much on mutuality, but that is, the relationships transcend and permeate the whole of the care home setting. So it would not only be between staff and residents, but also between the residents themselves, amongst the staff, and between the care setting, the family and the wider environment. Just to give you some examples of each of those, where we're looking at relationships between staff and residents, we found in relational care that staff undertake activities with, rather than doing things for residents, and the residents also take an active role and involved in decision-making and planning in a care setting where relational care is in practice. And there's a feeling of mutual togetherness and reward and mourning. And we found that some of the care assistants, they enjoyed telling those they were caring for about family weddings, for example, and they found it rewarding the interest they got in that. And then we see in relational care, with regards to relationships between residents, there's opportunities for them to support each other and develop friendships and mealtimes are protected and valued as opportunities for conversation. It's not a rush job that people are allowed to actually be with each other and enjoy each other and develop those relationships and then amongst staff, and that's including staff and management. There's good communication systems that support effective practice and teamwork. There's trust, and there's also flexibility operated by management, and that helps to reduce potential or actual conflict. And that, in that flexibility is used also to support the work-life balance of those who work in care homes. And last but not least, staff in a care home where relational practice is in evidence, we found they feel respected and valued and that empowers them and enables them to nurture and to nurture others, such as those that they're caring for. And then also critically, in relational care, we've talked about how the boundary between the care setting and the environment is much more porous than when relational care isn't practised. We found that family relationships and friendships were all fostered, including in some cases, relationships with animals. People are allowed to keep their animals with them because of the significance and the meaning of pets to those who lived in or used the care homes, care settings and care settings can be a focal point for communities. They come and use their grounds for fêtes or parties, or celebrating events like the Jubilee and the community, also, the community can be accessed by people within the care setting, like they're regularly taken out, or to have a cup of coffee in the local coffee shop, or to go to

the library or whatever. And we found also in some of the really established were - places where relational care was really established - there were links with the wider community, in that several generations had worked in the care home and people in the care home actually knew the mother or the sister of the person caring for them. And we felt that strengthens relationships hugely as well.

[32:34] **Martin Robb:** That's really interesting. Thank you. I mean, it's a wonderful model. But I wonder, Mary, what you think needs to happen for this model of relational care to be taken up more widely? I mean, do you think it could be taken up more widely? And, you know, what, what would, what would need to happen for it to be more common, more, more widespread in the cares in care settings, do you think?

[32:58] **Mary Larkin:** Well, this is what we're currently working on as part of our impact work following the study. I mean, we have to remember that this is one fairly small study and we have identified different areas of research that need further research. So we do need more research. But having said that, we have, there are lots of people using this already and there is, we have found, following our launch in May, there's also a lot of interest in adopting this model because of the positive effects on both those being cared for, those providing the care and on staff retention and recruitment. So in order for it to be adopted, it's got to be adopted by care providers and regulatory bodies such as the CQC. And we have had very positive, contribute very positive conversations with the CQC.

[34:06] **Martin Robb:** Sorry, can you say what the CQC is? Sorry, I'm sorry.

[34:09] **Mary Larkin:** Yes, Manik, what does it stand for?

[34:14] **Manik Deepak Gopinath:** Care Quality Commission.

[34:16] **Martin Robb:** Thank you. Sorry to interrupt.

[34:19] **Mary Larkin:** My mind went blank. We just roll it off our tongues, speak about it. So we have been having, we've been following up the contacts made at the launch event, such as with the CQC, and we've been having meetings with strategic bodies like the Department of Health and Social Care International Longevity, International Longevity Centre in the UK. We're looking at holding an event with them in the year. We've made various submissions to joint task force, such as that on housing and older people, and we've been invited to join an all-party parliamentary group on housing and older people. We've done a lot in terms of dissemination to get relational care out there more. We've done a lot of, well, we sent our documents to various key bodies and stakeholders, as well as done media coverage and presentations. And as I mentioned, how critical doing more research is, we're in conversation with several different universities and bodies about extending the research, the research base and strengthening the relational body of research about relational care. And again, also part of implementing this is the toolkit testing, which is happening, and we shall develop the toolkit even further as a result of the feedback we get. There's various - it's not an easy answer to that question, Martin. There's various different strands to getting this out there and to getting it adopted. And it is a, it's a marathon rather than a sprint, but it

certainly started off very well with all the work and the interests we've had and the progress we've made so far.

[36:30] **Martin Robb:** Thanks, Mary. And Manik, do you think the model is generalisable beyond residential work with older people? I know that's your particular interest. Can you see relational care as being relevant to other kinds of care settings and other kinds of other groups of people?

[36:48] **Manik Deepak Gopinath:** Yes, absolutely. I think we are seeing the relation, we are seeing the concept of relational care as an overarching concept, and because it is all about recognizing, acknowledging and considering the wellbeing of everybody involved in that, in coming together to produce and deliver and receive that care, we think it can be potentially adopted across social care. So we are currently, or we have been approached actually by people working in domiciliary care as to how do we make it applicable or how do we work around that and then with different groups of people. I think we were having a conversation the other day in one of the carers' seminar about people with learning disabilities and how some of the things that are coming out of our study are equally applicable to their situations. But as I say, it will need more work to kind of extend its use outside of where we have done it. But definitely there's a potential because care is a central thing in our lives and it doesn't disappear whatever setting you are in or whoever you are.

[38:03] **Martin Robb:** Thanks. You've both already answered my next question, I think, which was about the next steps for the projects and dissemination and so on. But I just wonder about personally, if you could just tell me, are either of you working on other things at the moment or moving on to other projects? I'd just be interested to hear what you're also working on, Mary.

[38:25] **Mary Larkin:** For example, I'm working on a number of things. I'm still involved in a project on carers, support for carers, older carers of people with learning difficulties. And I'm involved in a project about learning journeys for carers using the Open University's OpenLearn resources. So there's, those are the kind of key areas I'm actually researching, but I'm also very involved in the policy forums in order to be able to use the expertise I've gained to actually try and affect practice and to use it to put it into good, put the knowledge we've got into practice.

[39:25] **Martin Robb:** Thanks, Mary. Manik, what else are you working on or what's next for you?

[39:30] **Manik Deepak Gopinath:** So we are continuing to sort of progress this strand of work and feeling our way through where is, where are our, how can we make the maximum influence or as last, you know, what needs to change? But other than that, I am leading on a project which is looking at with, which is about, again, more my area in senses of place and wellbeing, but looking particularly at home, housing and neighbourhoods for old people from the Bangladeshi community in East London. And actually, yeah, nobody's ever, we have a lot of headline data about how health- and housing-deprived that community is, but there is no, we haven't yet gone and spoken to them about what are their needs and aspirations or preferences regarding how and where they want to live and with whom. And

so the project that I'm currently working on, funded by the Dunhill Medical Trust, is looking at this area. And also the newer thing for me there is that it's a very co-produced project where we are already working with an external organisation, housing association, who are co-funded as a partner. And that's a whole new area requiring different kind of energy and enthusiasm to work collaboratively. But yeah, that's me.

[41:01] **Martin Robb:** We could do a whole other podcast on co-production, couldn't we, **Isa?**

[41:04] **Manik Deepak Gopinath:** Yes, definitely. I'll be willing to come along to that.

[41:08] **Martin Robb: Have you back.** Thank you both very much for that. I mean, finally, can I ask you both a more personal question? I mean, this podcast is interested in exploring ideas and theories of care, and you've already mentioned one name, Manik. You mentioned Doreen Massey as being an influence on you. Just wanted to ask you both if there are, if there are any particular theories of care or writers on care or even a particular book that you could recommend that's been important in your own formation as an academic working on care issues. So maybe go to Mary first?

[41:40] **Mary Larkin:** Yeah, this is a difficult question because there's so many theories of care around that. I don't think there's one particular theory that has influenced me, but the most important thing to me is, and what I've learned is that working in this area is making research and evidence easily accessible to those who need it so that it can be used, so getting out there so knowledge can be used by key stakeholders and practitioners in the care field. And this is what I find so particularly rewarding about this project in that relational care, to me, is, is the next theory within care practice. And it's been, it's fascinating and a privilege to be part of actually getting it to those who need it and talking to them about it and spreading the word and effecting almost like a paradigm shift. Although we're on a continuum and a lot of people are, as we said, a lot of people are using relational care, often without knowing it. So I have to say in this is probably one of the most exciting projects I've been involved in in my career, because it's the development of a new concept and the strengthening of a new concept.

[43:17] **Martin Robb:** Thanks, Mary. Manik, apart from Dorian Massey in human geography, what would be the key influences?

[43:24] **Manik Deepak Gopinath:** I wish I had the luxury of reading books. I'm losing it by the day. So that's one - but there is, someone has suggested to me, because we talk about the work we are currently doing with colleagues, and someone has suggested a book which I intend to read, and it's a new one by Kathleen Lynch, and it's on care and capitalism. And I think what she's arguing for is something around what we're talking here today is about how we need to go from capitalism-centric values to care-centric values. But I haven't read it. But that, yeah. So that is what is on my reading list.

[44:02] **Martin Robb:** Fascinating. Thank you. Yeah, I'm hoping that in later conversations we'll get some people on talking about care ethics and feminist care ethics, and I think that would resonate with some of the things you just said. Well, thank you both very much. It's

been a fascinating, and for me, a really informative conversation. It's been a pleasure talking with you. So I'd like to wish you all the best in your future work. Thank you both.

[44:26] **Manik Deepak Gopinath:** Thank you for having us here today.

[44:28] **Martin Robb:** Yeah, a pleasure. That's all for this episode of *Careful Thinking*. So you can find full details of the episode in the show notes below. If you like what you've heard, please subscribe wherever you get your podcasts. And if you'd like to offer feedback on this episode or suggest a topic or a guest for a future episode, you can send an email to carefulthinkingpodcast@gmail.com. See you next time.