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Creating cities of care: Towards a new radical care framework for geographical research with urban migrants and refugees

Abstract:

This paper brings into proximity and advances geographical engagements with care to propose a new radical care framework for research with minoritised migrants and refugees in the city. Informed by calls for alternative and care-*full* modes of knowledge production through creative engagements with lived experiences of care and building on recent scholarship on shadow infrastructures of care in cities, it examines how we might attend to the invisibilised modes of caring in the city with migrants and refugees. The paper outlines three dimensions of the framework – knowledges, temporalities and spatialities – as starting points to develop more expansive understandings of care and its radical potential, offering new politics and poetics that challenge and refuse the co-optation of care into the logics of neoliberalism and racial capitalism and to imagine more care-*full* urban futures.

Keywords: radical care; migrants; refugees; cities; creative practice.

I: Introduction

In strikingly *un*caring times there has been a notable spike in public and scholarly interest in 'care' as conceptual lens, empirical focus and ethical framework. This growing attention in recent years - in particular during and in the wake of the COVID_19 pandemic - builds on a longstanding body of research and activism that has sought to expand understandings of the meanings, experiences, and practices of care across a range of spaces and scales. Work on care – and *un*care – in geographical scholarship and beyond has drawn attention to, for instance: the 'ethics of care' as encompassing a disposition of concern *and* actual practices (Tronto, 1998; Lawson, 2007); the 'uneven geographies of care' (Gabauer et al., 2021: 5); the co-optation of care into the logics of neoliberal governance (Chatzidakis et al., 2020b) and its collusion with racial capitalism (Lancione, 2023; Vergès, 2019). Recent scholarship has considered the possibilities and limitations of care to disrupt or resist power inequalities and to build more sustainable futures for human and 'more than human' flourishing (Puig de la Bellacasa, 2017). Spanning temporal and spatial scales, work has examined how discourses of care were used to justify colonialism and racial hierarchies (Narayan, 1995; Raghuram, 2021), contemporary forms of capitalism and their role in creating a 'crisis of care' (Fraser, 2015; Dowling, 2022), and have turned to the 'speculative' to imagine what more car*ing* futures might look like (Milstein, 2024; O'Brien, 2023; Puig de la Bellacasa, 2017).

It seems that care is everywhere. Yet its meanings and intentions are contested, often contradictory and instrumental to the ongoing violent, patriarchal and extractive processes and practices that it seemingly rejects (Milan and Martini, 2024). However, 'rather than give up on care because it is

enlisted in purposes we might deplore' (Puig de la Bellacasa, 2017: 10), this paper brings together existing (re)conceptualisations to enhance understandings of the role of care practices and spaces in city-making and knowledge production with racialised and otherwise minoritised migrant and refugee communities, with relevance far beyond. The paper critically engages with a longstanding and burgeoning cross-disciplinary work on 'radical care' - defined as 'a set of vital but underappreciated strategies for enduring precarious worlds' (Hobart and Kneese, 2020: 1) – to lay the foundation for a new framework to explore the urban geographies of care with migrants and refugees, encompassing conceptual and epistemological dimensions, as overlapping and mutually constitutive rather than separate.

The paper advances geographical engagements with care through bringing into proximity work on care ethics and aesthetics, urban geographies of care and critical migration scholarship that draws on radical care frameworks (Clark-Kazak, 2023; Walker, 2023). The tensions between care's 'entrapment' (Lancione, 2024) and its liberatory potential have played out within geographical scholarship, with recent calls for radical care frameworks within the discipline itself (Lawson, 2007; Wood et al., 2020) as well as the institutions within which we work *(ibid*; see also Dowler et al., 2019). Within urban geography more specifically, research has moved beyond a focus on specific 'spaces of care' (Conradson, 2003; Cox, 2013) to foreground care as an alternative platform for researching cities (Power and Williams, 2019) and as providing a vision for care-*full* and just urban futures (Williams, 2017; Williams 2020). Rather than a backdrop or container for practices of care, such work reveals (un)care and cities as mutually constitutive (Gabauer et al, 2021) and demonstrates how geographers are well-placed to attend to care's multi-scalarity and entanglement with complex and uneven relationships of power (Lawson, 2007; Raghuram et al, 2009). Elsewhere, critical migration scholars have engaged with care ethics frameworks, moving beyond the language of humanitarianism and its implicit hierarchies (Milan and Martini, 2024) towards embracing its potential to disrupt and unsettle these (Ticktin, 2024; Drotbohm and Dilger, 2024). In relation to research practice and knowledge-making, care frameworks have been evoked through calls for more care-*full* research ethics and practices with minoritised groups, including through engagements with creative and participatory approaches across multiple disciplines including geography (Sheringham et al., 2024; Till, 2012; de Leeuw and Hawkins, 2017). Taking the city, migration and creative practice as connecting threads, this paper brings into conversation these parallel yet largely separate currents of care 'work' to propose a new radical care framework for research with migrants and refugees in the city, starting with the overlapping dimensions of *knowledges*, *temporalities* and *spatialities*. Whilst the framework seeks to advance research encounters with urban migrants and refugees specifically, the arguments

developed here demonstrate its wider relevance for understandings of, and engagements with, radical care.

The paper makes several connected interventions. First, it seeks to expand understandings of *where* care happens and *what* care means from the perspective of those whose practices and knowledges have been marginalised from dominant binary discourses of care, often positioned as either exploited care givers or passive care 'recipients' (Datta et al., 2010; Mattern, 2018). Doing so, it responds to recent calls by geographers to foreground 'non-dominant and intersectional forms of care' (Dowler et al, 2019: 35) and to ground abstract theories (Wood et al, 2020: 428-9; see also Williams 2017). Drawing on postcolonial interventions that seek to unsettle care and its 'multiply fraught histories' (Murphy, 2015: 719), the paper thus looks at ways to engage with 'actually existing' and everyday modes of care for marginalised and dispossessed communities, whilst always being open to the possibilities and discomforts of not-knowing (Nagar, 2019; Noxolo et al., 2012). Care means different things to differently positioned people and 'radical' care means de-centring normative assumptions and, perhaps, 'starting with asking people how *they* define care' (Brennan, 2021; n.p., emphasis added).

Second, and relatedly, the paper and framework seek to engage with care as an alternative mode of knowledge-making that disrupts hierarchical understandings of care and takes as a starting point that practices and understandings of care are situated and relational (Raghuram, 2016; Williams, 2017; Wood et al., 2020). Participatory, collaborative, and creative approaches have been posited as integral to more care-*full* approaches to research practice and ethics with minoritised populations-including migrants and refugees - less oriented towards rigidly defined outcomes, but flexible, inclusive and necessarily political (Clark-Kazak, 2023; Sheringham et al., 2024). Mindful of their limitations and critiques (Lennette, 2019; Sheringham and Taylor, 2022), the paper examines the role of socially engaged arts and creative practice as contributing to more capacious understandings of care, offering modes through which care can be radically re-imagined as a 'roadmap to an otherwise' (Hobart and Kneese, 2020: 13).

Grounding these more theoretical framings within empirical contexts, the paper discusses moves within urban geographical scholarship to 'think through the possibilities of care to transform cities' (Power and Williams, 2019: 9). This includes work that posits care as integral to 'alternative' or 'shadow' infrastructures and which attends to the fragile nature of care in cities, particularly for precariously situated groups and individuals who have limited or no access to dwindling sources of

formal social care (Alam and Houston, 2020; Power et al., 2022; Muñoz et al., 2023; Traill et al., 2024). Within such interventions, however, less attention has been paid to the experiences and practices of care among migrants and refugees. A third key intervention the paper makes is to bring urban care research into dialogue with recent scholarship in critical migration studies that highlights the alternative networks of care developed by migrants and refugees and organisations working to support them (Bassel and Emejulu 2018; Frazer, 2020, 2022; Käkelä et al., 2023; Milan and Martini 2024; Shahrokh, 2022; Walker, 2023).

Finally, the radical care framework I propose here is informed by and advances these divergent bodies of work, suggesting that they all, in different ways, shed light on the complex and entangled *knowledges, temporalities* and *spatialities* of care. I suggest that attention to these dimensions can enable the development of more expansive understandings of care and its radical potential, both in terms of research practice and knowledge production, and as a lens through which to resist existing care hierarchies and to imagine and build more just (urban) futures.

The remainder of the paper is divided into five parts. **Part Two** discusses some of ways in which geographical research has engaged with feminist literature on the 'ethics of care' and, more recently, turned to theories of radical or critical care as offering alternative perspectives and politics. **Part Three** looks more closely at care in relation to knowledge-making and its limits. This draws on postcolonial, decolonial and black feminist literature to explore the contradictions of care, as well as its potential for knowing and being 'otherwise'. It also examines the possibilities of creative practice as enacting and illuminating radical care. **Part Four** discusses recent engagements with care in/and the city, focusing on work that evokes the potential of care to disrupt and re-imagine urban (infra)structures from the margins, the spaces in-between and beyond dominant neoliberal logics that shape urban lives. Thinking through these insights in relation to the urban lives of minoritised migrants and refugees, **Part Five** proposes three starting points for a reconceptualised radical care framework, focusing on the knowledges, temporalities and spatalities of care. **Part Six** serves as a conclusion, reflecting on how these arguments might be taken forward as part of moves to foster more care-*full* cities and research practice with migrants and refugees, yet with relevance far beyond.

II: Geographies of (un)care: from care ethics to radical care

Whilst 'calls for caring are everywhere' (Puig de la Bellacasa, 2017: 7), as are lamentations of the ongoing 'crisis of care' (Dowling, 2022; Chatzidakis et al., 2020b; Fraser, 2016), it is perhaps unsurprising that care remains a contested term – one that reflects and enacts multiple tensions. It is

widely recognised that the growing interest in care in Western scholarship/activism in particular, responds to the contemporary context of late capitalism and what has been depicted as 'the age of carelessness' (Madanipour, 2022: 15): the ongoing erosion of the conditions of care within dominant neoliberal logics which are, as Chatzidakis et al. (2020b) argue, 'uncaring by design' (8) and offer 'neither an effective practice of, nor a vocabulary for, care' (4). Within such systems care is commodified, marketised and privatised, offering short-term care fixes which stem from a model that 'presumes that people are autonomous actors' (Tronto, 1998: 18) as opposed to always, already (inter)dependent.

The recent interest in care builds on a historically and geographically expansive body of scholarly work and activism that has sought to (re)conceptualise it as encompassing, to varying degrees: 'a kind of labour', which is closely connected with - but diverges from - feminist debates surrounding social reproduction; 'relational reciprocity', whereby care is constituted through the relation between caregivers and receivers; and 'ethical practice', which refers to care as a moral stance that encompasses mutual responsibility and interdependence and as distinct from related discourses of rights and justice (Gabauer et al., 2021: 5; Tronto, 1998, 2013; Williams, 2017; Rai, 2024). Feminist scholarship spanning several disciplines has adopted care ethics frameworks to counter wider discourses of care as domestic, feminine and apolitical, instead centring care as a fundamental political issue which highlights relationships of interdependency and vulnerability (Gilligan, 1982; Held, 1993; Noddings, 1984; Tronto, 1993). Care ethics frameworks have been key to drawing out the multi-dimensional nature of care, as well as how the realities of car*ing* are complex, contextual and (often) conflictual (Tronto, 1998).

Key to understandings of care as relational practice has been recognition that care is not always 'good' and that 'the motives and effects of care are not necessarily benevolent or beneficial' (Power et al., 2022: 1167; Martin et al., 2015; Milstein, 2024). Recent work has drawn attention to the contradictions and exclusions in caring realities, including the lack of social support for some care relations, the exploitative conditions of care work both locally and transnationally, and the uneven promotion of 'self-care' for some alongside the denial of care for many (Baldassar et al., 2018; Dowling, 2022; Mattern, 2018; Segal 2023;). These asymmetrical experiences of care came to the fore during the COVID_19 pandemic, revealing how 'those who do the work of caring are often those for whom society cares least' (Dowling, 2022: 211; see also Chatzidakis et al. 2020a; Doná, 2021; Finlay et al., 2021).

Given the widespread recognition that care is relational and straddles multiple scales, it is perhaps unsurprising that care - as conceptual lens, empirical focus and ethical motivation - has framed a wide range of scholarship within geography spanning several decades (Bowlby 2012; Lawson, 2007; McEwan & Goodman, 2010; Milligan, 2001; Till, 2012). As Lawson (2007: 1) wrote as early as 2007, 'it would seem that care is nothing new in geography', describing it as a discipline that 'takes the substance of care very seriously' (2). Geographies of care research has unsettled conceptual and spatial boundaries between, for example, formal and informal (McKie et al., 2002); private and public (Bowlby, 2012), individual and collective (Dowler et al. 2019), as well as binaries between the ethics of care and the ethics of justice (Williams, 2017). Informed by feminist care ethics, geographers have been well-positioned to attend to the ways in which the spatialities of care encompass the global and the intimate and highlighted ethical responsibilities to care for distant others (Massey, 2004; Popke, 2006). This has included work on issues such as ethical consumption (Popke, 2006), development (McKewan and Goodman, 2010), transnational families caring across borders (Suter et al., 2025), young people's geographies of care and caring (Evans and Thomas, 2009), and wider 'cultures of care' within health and medical geographies (Greenough et al., 2023). As well as research on particular 'spaces of care' (Conradson 2003), scholars have examined wider care- and caring 'scapes' (Bowlby,2012), which denote the temporal and spatial convergences and divergences between formal and informal care (see also Atkinson et al., 2011; Wiles 2024).

Geographical work on care has also been informed by postcolonial interventions which have highlighted how care has been bound up with extractive practices and discourses – used to justify colonialism, enslavement, and dispossession (Nayaran, 1995) - as well as contemporary forms of humanitarianism (Holzberg, 2024; Murphy, 2015; Lancione, 2023; Ticktin, 2011, 2024; Wood et al., 2020). These insights reveal how care (as concept and practice) has colluded with the creation and maintenance of unequal and exploitative relations both *between* humans as well as in relation to human/non-human or more-than-human relationships (Hirsch, 2019; Puig de la Bellacasa, 2017; Martin et al., 2015). Within critical engagements with care ethics, one key area of critique has been the tendency to conceive of care (its practice *and* ethics) as universal. Here the notion of universal, far from opening up and expanding, involves a closing down, a one-size fits all approach in which *a* language of care has dominated (Raghuram, 2016; Murphy, 2015; see also Tsing, 2004).

Geographer Parvati Raghuram (2016), among others, has prompted scholars and activists to re-think care ethics 'beyond the global North', highlighting how dominant understandings of care have been developed within particular epistemological and ontological frameworks *from* the global North,

perspectives that do not take into account other(ed) bodies, other(ed) ways of being and knowing (see also Ticktin, 2011; Hirsch 2019; Aswad, 2024). More recently, and building on the recognition that 'much of care is theorised through experiences of the unnamed white body' (Raghuram, 2021: 869), scholars have highlighted the importance of an intersectional approach to care ethics, one that can attend to how race, class, citizenship, sexuality, (dis)ability and other axes of difference as well as gender shape care as concept, practice and ethics (Piepzna-Samarasinha, 2018; Raghuram, 2019, 2022; Ticktin, 2024). Such insights are crucial for understanding the complex geographies of care for minoritised populations, including migrants and refugees, inviting critical reflection on how different modes and knowledges of care travel, how disparate narratives of care intersect and are negotiated, and how new forms of care can emerge that disrupt and challenge asymmetrical relations of care, instead positioning care as a form of resistance (Käkelä et al., 2023).

These insights resonate with recent (re)engagements with radical care among geographers and others, which stem from a much longer-standing tradition of black feminist politics in the US and beyond, whereby care has been a major politicising force (hooks, 1990 Olufemi, 2023; Thompson, 2024; Wood et al., 2020). In her discussion of the activist work of black and women of colour feminists in the UK in the 1970s including the work of umbrella group the Organisation of Women of African and Asian Descent (OWAAD), Lola Olufemi (2023) draws attention to how their understandings of care were not merely about care provision in the context of wider uncaring structures of society for marginalised and racialised communities (a tacit acceptance of the status quo). Rather, she suggests: '[t]hey understood stopping deportation, resistance to police violence and securing safe housing as forms of care – a collective refusal of the terms of existence set by a racist nation-state, in favour of the cultivation of dignified life' (*ibid*). Understanding 'collective care as a strategy against anti-Black violence and racism' also emerges in Jessi Quizar's (2024: 802) recent discussion of anti-eviction politics in Detroit. In this example, urban farming and activist groups resist eviction through laying claim to vacant land that they have collectively care *for* and, by extension, claim a sense of home and belonging. Placing feminist ethics of care frameworks into dialogue with Black Studies scholarship, Quizar develops the notion of a '*logic* of care' as a 'system of analysis, politics, collective understanding, and collective common sense' (803). The term 'logic' is important, she argues, to capture the 'intellectual work' of care, 'both in caring labour, and in the ideologies and strategy it implies', which is so often erased within predominant analyses of care and especially 'as carried out by women of colour' (804). In contrast to what has been referred to as neoliberal or 'white care' - a system of '"institutions and infrastructure dedicated to the education, health, security, mobility, and comfort of white citizenry" (Seiler, 2020: 18, quoted in Thompson, 2022: 783; see also Hunter, 2021)

- these forms of collective, activist, anti-racist care point to its potential as a 'politics of refusal' that privileges solidarity and interconnection over (infra)structures of oppression (Emejulu, 2022; Ticktin, 2024). Importantly, these examples position care practices, politics and knowledge(s) as emerging from everyday lives rather than being put on the agenda by the academy or those in power (*ibid*; see also Segal, 2023).

Running alongside these critiques, recent debates on abolition are insightful here. Responding to and refusing what geographer Ruth Wilson Gilmore (2007) refers to as widespread 'organised abandonment', abolition frameworks unravel care's complicity with structures and systems that need to be dismantled, and rework care as integral to abolitionist futures that are yet to be imagined (Gilmore, 2023; Harris, 2023; Ticktin, 2024). As Christopher Paul Harris (Woodly et al., 2021: 905) writes, 'the only horizon of an ethics of care is a world undone', by which he imagines the collective refusal and un-doing of anti-Blackness and white supremacy through a radical and abolitionist politics of care. Whilst abolitionist frames often point to 'futures', horizons, or the 'not-yet', they also disrupt linear temporalities, emphasising the radical care that is *already* taking place (Woodly et al., 2021), as well as the 'critical openings in the present' through which an 'otherwise' can be envisioned (Bradley and de Noronha, 2022: 11; Graziano et al. 2025). Examples include the No More Deaths campaign, a direct action volunteer organisation that supports migrants on the US/Mexico border (Medel, 2017); the Docs-not-cops campaign in the UK[1], a group of health care workers who refuse to carry out ID checks on patients; or migrant rescue boats in the Mediterranean such as Sea-Watch which defy the criminalisation of NGOs. Attending to these existing and emergent examples of radical care that respond to wider contexts in which the ability to give or receive care is denied or even criminalised, Graziano et al. (2025) use the term 'pirate care', denoting the necessary yet 'uncompromising acts of grassroots solidarity that defy unjust laws and norms' (6).

As discussed above, dominant discourses of care have been critiqued for their Eurocentrism and entanglement with organising systems and structures that have emerged *from* the global North. Thinking beyond the human, recent interventions have highlighted how language of care is also 'anthropocentric', privileging a focus on (certain) human (inter-)relations of care – and its lack – rather than drawing out those that are inherent within nonhuman or 'more-than-human' worlds (Puig de la Bellacasa, 2017; see also Kimmerer, 2013). Feminist materialist scholar Maria Puig de la Bellacasa (2017) develops a corrective to Tronto and Fisher's much cited definition of care as 'a species activity that includes everything that we do to maintain, continue, and repair our world so that we can live in

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[1] http://www.docsnotcops.co.uk/

it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web' (cited in Tronto, 1993: 103). In particular, she unpacks the 'we' and the 'our' repeated in the definition, inviting reflection on *whose* world is being described and 'why should relations of care be articulated from there?' (4). Yet whilst for Puig de la Bellacasa (2017) and others the need to 'de-centre' anthropocentric ethics is crucial, this does not mean 'discharging humans from specific and situated ethico-political response-abilities. . . ' (217). As I discuss in more depth below, and as central to the radical framework I propose, the task is to be open to other(ed) modes of caring which may be beyond one's conceptual grasp, whilst at the same time recognising, resisting and seeking to transform exploitative and extractive relationships of care and forms of knowledge production (Dowler et al. 2019; see also Woodly et al. 2021).

The emphasis on de-centring and interdependence that emerges within these critiques offer radical and crucial reminders that care is not just about the individual, that care is 'ambivalent, contextual and relational' (Martin et al., 2015: 231), and that 'practices of care are always shot through with asymmetrical power relations' (*ibid*: 627; see also Bélange and Silvey, 2019). Based on her research into historical and contemporary transnational feminist health practices, Michelle Murphy (2015) critiques a tendency to equate care with positive feelings and instead – drawing on Donna Haraway (2016) – invites us to 'stay with the trouble' and what she refers to as the 'non-innocent genealogies' (721) of care. She dwells on a definition of care as 'being troubled, worried, sorrowed, uneasy and unsettled' (*ibid*: 721) to highlight the vital - caring even - work of troubling historical practices and their lingering legacies that continue to hierarchise who is deserving/undeserving of care. Puig de la Bellacasa (2017) also seeks to 'trouble' care, using a 'speculative' framework as a political act to conceptualise care as necessarily unfinished, open-ended and creative. Rather than offering a closed definition, she approaches it with 'engaged curiosity' (90), drawing out its role in knowledge creation, the 'disruptive and creative potential of thinking *with* care' (78; emphasis added). These insights are key to thinking about how we might attend – carefully - to care and its continuities and discontinuities, its silences and absences, *with* those whose care-knowledges and practices are often silenced within mainstream discourses (Wood et al., 2020). Before turning to emplace care with minoritised migrants and refugees in the city, the next section reflects further on how we might understand or explore provisional and contingent care practices through creative and imaginative practice.

III: The politics and poetics of care: thinking and doing care 'otherwise':

That is, the future is not in front of us, it is

everywhere simultaneously: multidirectional,

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variant, spontaneous. We only have to *turn*

around. Relational solidarities, even in their

failure, reveal the plurality of the future-

present, help us to see through the impasse,

help temporarily eschew what is stagnant,

help build and then prepare to shatter

The many windows of the here and now.

(Olufemi, 2021: 35)

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This section reflects further on radical approaches to care and knowledge-making that (re)imagine more caring futures without delineating what care *should* look/feel/be like. Doing so, it engages i) with postcolonial, decolonial and black feminist interventions that invite reflection on how we might understand care in ways that resist and refuse dominant discourses; and ii) with work on the aesthetics and poetics of care to think (creatively) about alternative modes of knowing and doing care. These insights are crucial for the development of the radical care framework discussed in the final section of the paper.

Caring 'otherwise' and the limits of knowledge

Positioning care as radical or critical means 'staying with the trouble' both in terms of care's 'benefits and harms' as well as the 'uneven social distribution of care giving and receiving' (Power et al., 2022: 1174). But it also means recognising the limits of knowledge to engage with care's multiple and multifarious meanings, its messiness; that 'thinking with care' requires an attentiveness to that which *we* do not or cannot know (Wood et al., 2020). Noxolo et al.'s (2012) postcolonial intervention into debates surrounding 'geographies of responsibility' provides some useful insights here for (re)thinking with care. Echoing Murphy's (2015) emphasis on the need to reckon with care's troubling pasts and present, the authors focus on 'unsettling', 'complicating' and 'troubling' existing - Eurocentric - 'versions' of responsibility, not as a call to jettison the term altogether but, rather, to draw attention to how, in practice, responsibility is messy, uncertain and can be refused' (*ibid*: 419). The paper engages with postcolonial critiques to examine how the language of responsibility has been 'ascribed' in contexts that have simultaneously involved the withdrawal of responsibility towards some humans, how responsibility is 'passed-on' and individualised (*ibid*). A key aspect of their argument is foregrounding the 'uncertainties' involved in responsible action. Importantly, they develop their arguments in dialogue with Gayatri Chakravorty Spivak's notion of responsibility as both 'risky' - revealing the limits of (Western) academic theory to know, to 'legitimise' and 'normalise'

the actions of others; and as 'enigmatic' – denoting the ever-present possibility that those to whom one may feel responsible might *refuse* to accept it. For Noxolo et al. (2012: 424), then, '[r]esponsible, caring action [. . .] involves an openness and vulnerability to that which most resists European thought: those aspects of the 'other' that are not shared and are not comfortable'. Whilst they make a distinction between the concept of responsibility and that of care, their intervention is a useful reminder that rather than attempting to make care knowable within the parameters of existing (Euro/Western-centric) conceptual tools, engaging with care with an openness to uncertainty and discomfort can be a radical move.

Edouard Glissant's concept of *opacity* is also useful here and, in particular, Katherine Mckittrick's (2022) critical engagement with it in relation to what she terms 'black methodologies'. For McKittrick, opacity is useful not because it captures the 'right' to obscurity and unintelligibility for 'black people as objects' – providing 'a grammar to embrace one another without desiring to totally know and consume each other' (6) - but, rather, because it allows for ambivalence: for the dance between clarity and opacity that refuses linearity or objectification. Understanding opacity as 'wonder and curiosity' – rather than a stable answer to racism and racial violence – can, she argues, allow it 'to be unlatched from stale oppression/resistance binaries that so often fail to adequately account for varying and shifting black resistances and rebellious activities' (8). Key to McKittrick's argument is attention to 'black aesthetics' and engagement with Sylvia Wynter's critique of dominant representations of blackness that are 'expressed as a system of knowledge that denies black humanity' (8). Following Wynter, she emphasises the importance of moving beyond the urge to narrate, extract, or describe black oppression, adopting Wynter's notion of a 'deciphering practice' to capture, 'the work of creatively exploring and uncovering the ways black communities navigate but are not absolutely defined by racism and disavowal' (9). Such insights are useful for engaging with the care-knowledges and practices of urban migrants and refugees, whose storied lives are often narrated and extracted with recourse to 'racial grammars of deservingness', which determine and define who is deemed eligible for protection and care (Holzberg, 2024: 5)

This refusal of extraction, objecthood, and knowability, forms part of Eve Tuck and Wayne Yang's (2014) critique of settler colonial 'regimes of representation' that take victimhood, 'pain and humiliation' as starting points for stories of people who have been displaced or dispossessed. Informed by such insights, geographers Wood et al. (2020: 237) argue that their calls for a 'renewed commitment to radical and caring scholarship' do not imply 'an open invitation to repeatedly document the violence, pain, and exploitation of others under abstracted commitments to social

justice'. Instead, they call for a 'politics of refusal' that recognises when research itself is not 'appropriate' or 'desirable' as well as the 'emotional toll of particular projects' (*ibid*). Refusal represents an important conceptual and temporal shift making space for imagining alternative frameworks for knowledge-making and imagining an 'otherwise' (see also Tuck, 2009; Campt 2019; Simpson, 2017).

ii) Creativity as/and radical care

Within the postcolonial and black feminist interventions discussed above, there emerges an emphasis on the importance of unknowability and ambivalence – the dance between 'opacity and clarity' that refuses linearity (Mckittrick, 2022: 10). Rather than seeking to grasp or describe care through linear narratives and categorisations, I argue that through a turn to creative and arts-based research approaches – including storytelling, poetry, theatre and other forms of making (up) – new understandings can emerge. Thinking about care as creative practice - as well as using creative practice to engage with care - is not to romanticise or reify these 'strategies of survival' (Thompson, 2024), nor is it to uncritically embrace arts-based methods that can reproduce harm, exploitation and extraction (Lenette 2019; Seppälä et al. 2021; McIlwaine et al., 2024). Rather, it is to foreground how care-full creative approaches can attend to the varied and variegated modes of caring that necessarily refuse and resist linear narratives and require recourse to the imagination (Sheringham et al., 2024; see also Alacovska 2021).

To develop these arguments, I am building on work that seeks to expand understandings of care and art/creative practice to think about how both - as open-ended processes and relationships - can span temporal and spatial scales, offering ways of engaging with the mutually constitutive nature of 'here' and 'there', of 'them' and 'us', of 'then' and 'now'. As Olufemi (2021) suggests in the citation that opens this section: 'the future is not in front of us, it is everywhere simultaneously: multidirectional, variant, spontaneous' (35). Turning to the imagination in engagements with care offers a way of thinking about '*what could be*' (Olufemi, 2021: 35, emphasis in the original). Within these interpretations, neither care nor art can be understood as individual practices/processes or one-way relationships with clear distinctions and delineations between carer/cared-for, artist/participant. This is not to deny power asymmetries but, rather, to disrupt and refuse these, carefully and creatively (Mayo, 2021).

Critical discussions within applied theatre and socially engaged arts practice provide useful insights for geographers through drawing attention to the 'aesthetics of care' (Thompson, 2015). This

approach foregrounds the embodied and sensory aspects of caring as relational process that involves both practice and poetics. Closely aligned with the 'ethics of care' discussed above, care 'aesthetics' draws attention to how the creative work and the care 'work' – the practice and the ethics - are mutually constitutive (McAvinchey, 2020; Thompson, 2022; Saito, 2022). Thus, in the context of a socially engaged arts project, the creative work is made possible through careful practice (e.g. providing childcare/paying for transport/creating safe and supportive spaces etc.), just as the possibilities for caring relationships to emerge requires space for the imagination and creativity, what Thompson (2022) calls 'artful care' (see also Sheringham et al., 2024; Stuart-Fischer and Thompson, 2020).

Artist and theatre maker Sue Mayo (2021) reflects on the emergence of collective care through discussion of several participatory arts projects in London. She uses the concept of "negative capability", a term originally coined by the poet John Maynard Keats to emphasise the importance for writers/poets to accept 'uncertainties, mysteries, doubts, without an irritable reaching after fact and reason' (1817; cited in Mayo, 2021: 186). For Mayo "negative capability" is useful for understanding collective care which, she suggests, requires the artist/facilitator to embrace uncertainty and doubt in order to step back and make way for creativity to emerge in unexpected ways (*ibid*: 187). Theatre maker Kate Duffy-Syedi (2021) also reflects on the possibilities and challenges of collective care through reflection on a creative storytelling project with young refugees, *Stories for Sleeping*. The project involved audio-recording stories and messages with young refugees, which were posted on Instagram for peers to access when they were experiencing problems sleeping. Duffy-Syedi reflects on the 'often surprising ways' in which care emerged through the creative process: the self-care for those involved who were able to take control over their own narratives, the collective care of sharing those stories with others experiencing similar struggles, and the politics of care through providing 'a different type of response to what it means to be displaced' (np). Both Mayo and Duffy-Syedi's examples demonstrate how the creative process can provide tools and means - a language and a politics - through which to care, to imagine 'otherwise' *with* people who have experienced displacement, marginalisation or dispossession, but who are not defined by it.

Duffy-Syedi's (2021) project also highlights how collective care and solidarity are underpinned by practices of self-care. She builds on the insights of poet Audre Lorde and feminist scholar and activist Sara Ahmed among others, who understand self-care not in terms of 'self-indulgence', or as part of neoliberal logics that promote individual happiness and prosperity, but rather as radical action, as 'self-preservation, that is an act of political warfare' (Lorde, 1988; see also Ahmed, 2014). Lorde's

politics of (self)care in contexts of gendered, racialised violence and 'institutional dehumanization', were deeply intertwined with her creative practice, in particular, her attention to the transformative power of poetry to imagine – to dream – to feel (Lorde, 1977: 10). In this sense, poetry, for Lorde, 'is the way we help give name to the nameless so it can be thought' (*ibid*: 8). Engaging closely with Lorde's work, Anita Girvan, Baljit Pardesi, Davina Bhandar and Nisha Nath (2020) discuss the collaborative poetry practice they developed over the course of the COVID_19 pandemic in terms of an 'anti-racist feminist poetics of care' (720). Responding to historically rooted institutional and political contexts – brought to the fore by the pandemic - in which 'racialized-gendered bodies and labor are interpellated to give, not to receive care' (719), Girvan et al. position their practice as an invitation to '*care* differently' (*ibid*). Through their virtual, generative poetic exchanges - in which they sent each other regular 'prompts' and then collectively responded to them in playful ways without conventional poetic rules – the authors draw out the radical potential of their practice, emphasising how poetry can be 'a refusal to make the marginalized legible to those who rule' and, 'an active practice to dream otherwise' (*ibid*: 720).

These examples draw attention to the interconnections between care, politics and creative practice: the possibilities of care as a set of radical acts that refuse and resist the logics of *un*care; the creativity and craft underpinning those acts; and the potential for creative approaches to offer new and emergent modes of engaging with care that can embrace uncertainty and unknowability. Whilst not reifying or romanticising care *or* creativity, these examples invite us to think with care's potential to respond to, refuse, and create beyond the structures and conditions that seek to co-opt or crush it (Rose, 2024). Grounding some of these discussions within particular contexts, the next section examines some of the ways in which care has emerged as an alternative framework within urban geographical research. It explores how such work might usefully be placed into conversation with discussions surrounding radical care with minoritised migrants and refugees in ways that resist repeating violent practices of objectification and dehumanisation.

IV: Caring-with migrants and refugees in/and the city
Within the wide-ranging work on geographies of care discussed in Part II (above), there exists a substantial and growing interest in the city as a lens through which to critically explore the dynamics of care. Such work includes engagements with formal and informal (infra)structures and spaces of care – including healthcare settings (Milligan 2001), charities (Frazer, 2020), museums and libraries (Munro, 2013), drop-in centres (Conradson, 2003; Darling, 2011; Johnson, Cloke and May, 2005) and community food hubs (Traill et al., 2024). More recent engagements with care and the city have

highlighted how 'urban space is produced through (caring or uncaring) spatial practices and social relations' (Gabauer et al., 2021: 6). Rather than conceptualising care as separate from wider urban processes (including those which have exacerbated the 'uncaring' living conditions for many), Gabauer et al. (2021: 5) find it useful to grapple with 'the tension between care and uncare' as a means to attend to 'multiple and overlapping vulnerabilities and the intersectional nature of different axes of discrimination'. Important here is their approach to 'the lack of care in urban development not as 'naturally' given facts, but rather as being produced over time', in relation to wider logics of neoliberal urbanism (Miraftab and Huq, 2024). Thus, the dismantling of the welfare state and privatisation, marketisation and deregulation of the public sector have gradually eroded institutional and individual capacities to care in the city, processes that are racialised, classed and gendered in uneven ways *(ibid)*. Research with migrants and refugees living in cities in the UK has highlighted the role of the UK's hostile immigration policies alongside austerity politics as integral to the ongoing production of uncaring conditions and what has been referred to as 'slow violence' (Benwell et al., 2023; Mayblin et al., 2020; Sheringham et al., 2024).

The recent growth of urban care research reflects and responds to what are framed distinctively as a care crisis (Fraser, 2016; Dowling, 2022) and an urban crisis– 'crises' whose mutually constitutive nature was brought to the fore during the COVID_19 pandemic (Bowlby and Jupp, 2021). Feminist care ethics frameworks have been adopted and adapted in recent urban care research, in particular Tronto's concept of 'caring-with' which 'recognises care as a dynamic relation where both care giver and receiver actively participate to achieve meaningful care' (Alam and Houston, 2020: 3; see also Orlek et al., 2022). Within such a framework interdependence, co-creation and mutuality are taken as starting points in analyses of urban care, and the 'depth of emplaced histories, material and political affiliations that shape the capacity and potential for care' (Power 2019: 763). Recent engagements include work on precarious housing (Power, 2019; Thompson, 2022; Muñoz et al., 2023), food provision (Alam and Houston, 2020); land rights (Ngurra et al.,2019); anti-racist housing activism (Quizar 2024); and other community-led urban initiatives that seek to resist top-down urban design and policy-making (Orlek et al. 2023). Work on caring *with* cities has also extended beyond the human to consider 'the possibility of trans-species care' (Power and Williams, 2019: 5; Oliver, 2023) and to acknowledge more fully how 'non-humans and humans are intricately connected through their responsibilities of caregiving' (Ngurra et al., 2019: 4; Barua, 2023).

Urban care research has also sought to re-think urban infrastructures, understanding these not merely as material technologies but rather as embodied, relational, everyday and peopled (Alam and

Houston,2020; Amin, 2014; Simone, 2020; Truelove and Ruszczyk 2022). Through their critical reflection on case studies of non-institutional care spaces and practices - including a community run 'fruit and vegetable shelf', a neighbourhood book stand, community struggles over Black Cockatoo conservation - in three cities (Dunedin in New Zealand, Khulna in Bangladesh and Perth in Australia), Alam and Houston (2020), examine the role of care as 'alternate infrastructure'. Their examples draw out the multiple agencies (including more-than-human ones) - communities, materials and practices - that shape the everyday infrastructural conditions in which caring takes place. Further critical engagement with urban infrastructures and care emerges in Power et al.'s (2022) concept of 'shadow care infrastructures' which, they suggest, offers, 'a language and approach for understanding how the diverse sets of care resources, survival practices and experiences of deprivation entangle and cohere [. . .] to become a reliable, even if inadequate, means of survival' (1166). Bringing into dialogue geographical work on 'shadow geographies', 'new infrastructural studies' and 'feminist care ethics', 'shadow care infrastructures' take as a starting point an 'ontological elsewhere' that directs attention to the spaces in-between dominant discourses and practices, examining where care happens 'in the shadows', within post-welfare cities (1172). Importantly, this framework does not romanticise or reify networks and practices of care that take place in the shadows, nor does it assume that they are readily knowable (1176). Moreover, rather than suggesting that these shadow infrastructures take place as merely survival 'tactics', or an inevitable response to - or acceptance of- an uncaring status quo, shadow care infrastructures (which are precarious and fragile) can illuminate what the state depends on to function. Attending to these can thus reveal a 'reworking [of] the neoliberal discourse of dependent welfare recipients to foreground how state welfare retraction is itself dependent on the creativity, agency and labours of those subject to its reforms' (*ibid*: 1179).

Power et al.'s (2022) engagement with wider geographical work on shadows provides a powerful lens for urban care research (see also Muñoz et al. 2023) with minoritised communities as it draws attention to different kinds of care relationships and dependencies that 'are not readily seen or acknowledged *(ibid*, np). Notably absent from these frameworks, however, has been the experiences of migrants and refugees for whom the slow violence of hostile immigration regimes, austerity politics and racism are ever-present realities shaping their encounters with the city and their emergent and essential care relationships that take place in the shadows. Elsewhere, critical migration and refugee scholarship has engaged with care frameworks, moving beyond the language of humanitarianism - with logics rooted in histories of colonialism and development (Milan and Martini, 2024) - towards embracing the radical potential of care, 'reclaiming its power, in situated, nonbureaucratic, and politically potent' ways (Ticktin, 2024: 65; Drotbohm and Dilger, 2024). Work

in this context has evoked radical or critical care as alternatives to linear integration policies and discourses with implicit distinctions between a dominant 'host' and an other(ed) 'guest' (Käkelä et al., 2023). Recent interventions have highlighted the more messy, unpredictable and uneven process of 'integration' and the multiple intersecting caring encounters which move beyond ideas of host/guest, caregiver/recipient towards understanding care in terms of solidarity and resistance (Milan and Martini, 2024; Frazer, 2022; Käkelä et al., 2023; Darling, 2022).

Recent research – predominantly focused on Western/European urban contexts (see however Qasmiyeh and Fiddian-Qasmiyeh 2016; Fiddian-Qasmiyeh 2020; Jordan, 2024) - offers understandings of care among migrant and refugee support organisations through what Darling (2022) refers to as 'counter-conducts of care' (165), practices which take place within and despite wider contexts of hostility and the retraction of formal care. Scholars have examined the role of the informal migrant and refugee service sector, exploring the 'meanings of care in refugee solidarity movements' (Milan and Martini, 2024), as well as the political potential of care 'as a form of resistance' within the refugee-sector to 'challenge the hostile environment [in the UK]' (Käkelä et al., 2023: 6). Despite these moves to explore the role of care as a form of resistance or refusal, there has been considerably less engagement with the complex geographies of care amongst marginalised migrants and refugees themselves, and their agency, creativity and labour in making and knowing the city (see however Walker, 2023). How might we attend to these intersecting but invisibilised modes of caring in ways that acknowledge the multiplicity of care needs, practices, spaces and knowledges? How might closer engagement with urban geographies of care research alongside radical feminist care ethics offer some ideas as to how we might attend to these care-fully and creatively? In the next section I turn to outline a new critical research framework for rethinking radical care with migrants and refugees in cities, with relevance far beyond.

V: Rethinking radical care

Building on and advancing the critical engagements with care discussed so far in this paper, this final section outlines three key dimensions for a new radical care framework for geographical research into the role of care in city-making and knowledge production with migrants and refugees. The first dimension relates to *knowledges.* Researching care with migrants and refugees means moving beyond standardised (Euro-centric) tropes of what care means and acknowledging that there are multiple intersecting understandings of care and how, in the context of migration and mobility, such meanings are continuously negotiated through connections and disconnections across distance and difference (Raghuram, 2016). Care-full research with minoritised migrants and refugees must take as

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starting points the multiplicity of ways of *knowing* care, the potential unknowability of care, and must incorporate ethics and practices that allow space for new articulations and knowledges of care to emerge (Mayo, 2021). For Lancione (2024: 4), definitions of care must 'stay open and need[s] constant revisions' (4) so as to move beyond seeing care as fixed and offering care 'fixes'. Attending to the plurality of care knowledges brings radical care research into conversation with calls for epistemic justice and expanding modes of producing knowledge beyond extractive and often exploitative research that can reduce complex stories into singular and linear narratives (Sheringham et al.,2024; Shahrokh, 2022). As this paper highlights, creative practice can offer new ways to engage with care that move beyond linear, text-based modes of narrating and can capture the ways in which care can be embodied, dynamic, mobile and resistant (O'Neill et al., 2019). Thea Shahrokh's (2022) research into the caring relationships of young people with migration experiences in South Africa reveals how participatory and arts-based approaches can disrupt individualising and 'demanding' narratives. Using a range of collective and individual approaches to storytelling – including films, songs, poetry, theatre, visual storybooks, and body maps – participants were able to build relationships and to express themselves on their own terms. In this example care was both integral to the relational process of knowledge production, as well as opening up new and generative understandings of 'aspirations for' and 'enactments of' care that are otherwise rendered invisible and silenced (*ibid:* 17). Moreover, as Harman (2021: 11) suggests, taking as a starting point that there are other(ed) ways of knowing care involves disrupting/refusing 'knowledge hierarchies' between the 'knowing (researcher)-not knowing (researched)' (See also Bartos 2019).

The second dimension relates to the multiple *temporalities of care* – and the city - beyond temporalities of 'crisis' and response. (Re)imagining and responding to care's more complex temporal frames opens up new understandings of care, 'from paralysis to temporary to nonlinear and enduring' (Ticktin,2024: 66). Urban geographical work has long acknowledged the overlapping temporalities and rhythms of the city (Blunt et al. 2021; Simone 2020), whilst critical migration scholarship has drawn attention to the nonlinear temporalities of migration, including the 'slow violence' of the asylum system (Mayblin et al., 2020), the temporalities of uncertainty and waiting (Griffiths, 2021), as well as those of resistance and radical hope (Kallio et al., 2021; Bhatia and Canning, 2021; Sheringham et al. 2024). Developing new understandings of care and caring with migrants and refugees means responding to care's uneven and ambivalent rhythms: its continuities and discontinuities and the simultaneity (and inevitability) of vulnerability and care (Nagar, 2019). It also means acknowledging how past oppressions – colonialism, enslavement, dispossession – shape dominant discourses and practices of care, whilst recognising care's capacity to resist and refuse

these, offering alternative frameworks for caring-with other humans and non-humans (Wood et al., 2020). The role of care as a practice and politics of refusal emerges in Sarah Walker's discussion of collective care among young asylum-seeking African men in Italy. Drawing on Tina Campt's (2017) 'grammar of Black feminist futurity', Walker examines the ways in which these young men 'care with' each other 'to imagine a better future' against a backdrop of instability and the 'subjection of their bodies to racialised control' *(ibid*: 108). Being open to care's complex temporalities thus offers modes to resist the 'precarious futures' set out by the migration and asylum system as well as wider logics that deny 'futurity' for racialised and otherwise minoritised groups (Walker, 2023; see also Puar, 2017; Crafter et al. 2021). Understanding the plural temporalities of care - including re-thinking the future as 'everywhere simultaneously' (Olufemi 2021: 35) - reveals the radical and generative potential for care to offer openings and alternatives to temporal trajectories structured by and through hostility.

Finally, creatively engaging with care with migrants and refugees involves attending to the *spatialities of care.* This dimension builds on existing literature on the geographies of care (Hanrahan and Smith, 2020), as well as recent calls by radical housing scholars including Lancione (2024: 4) who argues that the 'predisposition' of those researching care must 'be one of the liminal' (*ibid*: 4), or what Simone (2022) refers to as 'within and beyond capture'. As well as looking to the interstices and shadows to understand the complex spatialities of care in the context of post-welfare, neoliberal urban contexts (Power et al., 2022), this also means engaging with how migrants and refugees continuously create and negotiate alternative topographies of care, remapping the city from below in ways that might resist legibility (see also McKittrick 2020). Eleanor Payntor's (2022) discussion of migrant-led soundwalks in Rome offers a compelling example of an alternative mapping of the city that encompasses myriad spaces and narratives of care, as well as a challenge to the structures and systems that deny it. Disrupting the perception of migrants and refugees as 'guests' (or victims or intruders), the app-based soundwalks invite listeners – tourists – to experience an 'alternative city tour' in which 'participants witness the city through migrants', 'testimonial transactions [which]. . . challenge[s] pervasive anti-Black, anti-immigrant racism by positioning the authors as not simply present, but also as guides in the famous, popular spaces that are often identified with an idealized Italy' (129). Creatively engaging with the multiple spaces and spatialities of care in the city from the perspective of invisibilised migrants and refugees can offer modes to recognise alternative ways of inhabiting the city (Boano and Astolfo, 2020). This is not to romanticise or reify these marginalised modes of inhabiting and caring. Rather, it is to acknowledge them as integral to a more spatially and politically capacious conceptualisation of care that recognises and refuses its collusion with the

contraction and confinement of so many lives and informs a 'politics of caring otherwise' (Lancione, 2024: 3).

Taken together, these dimensions offer starting points for a new radical care framework for geographical research with migrants and refugees to develop new understandings of urban care through the lives of those who are consistently marginalised and vulnerabilised through dominant systems shaped by racial capitalism. Starting with an openness to other(ed) knowledges, temporalities and spatalities of care means recognising care as an ongoing process, as encompassing multiple intersecting agencies and practices, and it means re-thinking dependency and vulnerability such that these are not regarded as one-way or marginal, but as integral to human and non-human (inter)relations and to maintaining and repairing the world.

VI: Conclusions

In this paper, I join others in calling for an urgent (re)imagining of care, drawing attention to the potential role that 'caring practices, care politics, and radical care relationships can play [. . .] in building caring futures that are grounded in responsibility. . . resistance, and resurgence' (Thompson, 2024: 784). Care is essential for all beings – 'to make, remake, maintain, contain and repair the world' (Dowling, 2022: 21). Yet, despite this seeming inevitability, care is unevenly distributed and experienced, following colonial and capitalist logics and the gendered, racialised and geographical hierarchies that these have created and sustain. Care as a concept and empirical focus is contentious and contradictory: always at risk of being romanticised or erased, reified or co-opted into discourses and practices that seek to individualise and separate rather than recognise relations of interdependence.

Attentive to its harms and inherent contradictions, this paper contributes to wider moves to develop a more capacious understanding of care as radical and creative, collective and critical, open-ended and uncertain. Bringing into proximity cross-disciplinary work on care ethics, urban care, critical migration studies and the aesthetics/poetics of care, it proposes a new radical care framework for work with refugees and migrants living in cities, but with relevance to research in other context and with other minoritised groups. Attending to other(ed) ways of knowing care, its multiple and multifarious temporalities and spatialities, the radical care framework proposed here contributes to wider moves to expand and disrupt care's epistemological boundaries (Block 2024) as well as incorporating radical care into research practice and ethics with minoritised migrants and refugees (Clark-Kazak, 2023). For geographical scholarship, this framework advances moves to incorporate

radical care ethics into research practice, as well as within the discipline and the institutions within which we work and those which fund our research (Wood et al., 2020; Dowler et al., 2019).

The new framework proposed here is concerned with how we understand care, how we produce knowledge about care, and what it means to shed light on the invisible and silenced modes of caring that always already sustain and repair our world. To contextualise and develop it, the paper has, first, drawn attention to the importance of de-centring and de-normalising care so as to expand understandings beyond narrow (Euro-centric) frames and foregrounding the invisiblised practices, networks and 'infrastructures' of care that emerge and thrive despite, or as a refusal of, wider contexts of welfare retrenchment, everyday bordering, austerity and ecological destruction. Secondly, as well as foregrounding the need to shed light on existing caring practices and relations - and the craft/art of these, the paper positions care as an alternative mode of knowledge-making, one that is dialogic, responsive, yet always open to unknowability. Drawing on postcolonial interventions and recent work on abolition and radical care, the paper has considered how care – as 'a practice and a politics' (Thompson, 2022: 784) – can contribute to new pathways for imagining 'otherwise' (Olufemi, 2021), with a particular emphasis on the experiences of migrants and refugees. Finally, the paper has examined the role of the arts and creativity in contributing to these expansive understandings of care: the creativity and craft underlying the practices and politics of care (Thompson 2024), as well as the potential for creative engagement to understand and engage with these (Shahrokh 2022). Refusing linear narratives, staying with discomfort, embracing uncertainty, and allowing space for the imagination to remember and to speculate, creative practice is an integral and essential part of yet-to-be imagined and already existing caring futures.

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