

# The Equity-Care Matrix: Theory and practice

## *La Matrice Equity-Care: teoria e pratica*

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**ABSTRACT** The Equity-Care Matrix stems from preparation for a joint keynote at the OpenEd20 conference. In crowdsourcing this question - “What is EQUITY without CARE? What is CARE without EQUITY?” (Bali, 2020a) - we illuminated the convergence and divergence of these two concepts. This article describes the development of our matrix, explores its implications with vignettes to contextualize the equity/care nexus in educational technology, and demonstrate the failure of one without the other. We highlight systemic injustice and how policies and platforms can reproduce inequality by weaponizing care. The problem of “partial care” illustrates how attempts at providing care can only be band-aids at best, and harmful at worst, without systemic justice. Similarly, “contractual equity” showcases policies meant to redress injustice which fail by remaining performative because those involved do not internalize the values that drive equity. Finally, we highlight the need to cultivate cultures that value and reward care and equity and suggest that “socially just care” is everyone’s responsibility.

**KEYWORDS** Equity; Care; Social Justice; Critical Pedagogy.

**SOMMARIO** La Matrice Equity-Care nasce dalla preparazione di un keynote congiunto alla conferenza OpenEd20. Nel fare crowdsourcing della domanda “*Cos’è l’EQUITÀ senza la CURA? Cos’è la CURA senza EQUITÀ?*” (Bali, 2020a), abbiamo fatto luce sulla convergenza e la divergenza di questi due concetti. Questo articolo descrive lo sviluppo della nostra matrice, esplora le sue implicazioni con alcune vignette per contestualizzare il nesso equità/cura nelle tecnologie educative, e dimostrare il fallimento dell’una senza l’altra. Evidenziamo l’ingiustizia sistemica e come le politiche e le piattaforme possano riprodurre l’ineguaglianza trasformando la cura in un’arma. Il problema della “cura parziale” illustra come i tentativi di fornire una cura senza una giustizia sistemica possono essere solo dei cerotti nel migliore dei casi, e dannosi nel peggiore. Allo stesso modo, l’“*equità contrattuale*” evidenzia come le politiche volte a correggere l’ingiustizia falliscono rimanendo performative in quanto le persone coinvolte non interiorizzano i valori che guidano l’equità. Infine, evidenziamo la necessità di diffondere culture che valorizzino e premino la cura e l’equità, e suggeriamo che una “*cura socialmente giusta*” sia responsabilità di tutti.

**PAROLE CHIAVE** Equità; Cura; Giustizia Sociale; Pedagogia Critica.

## 1. INTRODUCTION AND POSITIONALITY

The seed for this article stems from our preparation for a joint keynote at the OpenEd20 conference. In crowdsourcing a key question – “What is EQUITY without CARE? What is CARE without EQUITY?” (capitalization in original, Bali, 2020a) - we came to better understand the convergence and divergence of these two concepts. In this article, we describe the development of our matrix, and we offer vignettes to contextualize the complexity of equity/care.

### 1.1. *What brought us together?*

We are educators who met via our public/open scholarship via Twitter and connectivist MOOCs. We co-authored several articles at a distance, on community in connectivist MOOCs (Bali et al., 2015) and on networks (Zamora & Bali, 2020). In 2018, along with Catherine Cronin, we co-founded *Equity Unbound*, an equity-focused, open, intercultural, connected learning curriculum focused on development of digital literacies (Equity Unbound, n.d.). This curriculum, initially designed to provide opportunities for our students to collaborate across our courses, was open to others around the world.

We eventually realized that our work nurtured educators, and ourselves. When the COVID-19 pandemic loomed on the horizon we could see a crisis about to happen, and we started a new initiative within Equity Unbound titled “Continuity with Care,” in order to support educators and learners worldwide with the transition to emergency remote learning in a caring manner.

### 1.2. *What do we have in common?*

We are both educators who

- center equity and care in our practice;
- believe in the power and potential of open, connected digital spaces for building community and nurturing empathy;
- recognize structural inequities in digital spaces and attempt to redress them.

We are mothers, with all the responsibilities of care that role entails in our respective societies. Both of our fathers are medical doctors, and we recognize how the medical context sees care differently than we do. We have become soul sisters, especially during the COVID-19 pandemic, bonded by our passion to leverage *Equity Unbound* as an authentic and responsive community of care and a network of support, and by our need for each other’s care during a time of much trauma and inequity.

### 1.3. *Who are we?*

#### 1.3.1. *Maha*

I am a faculty developer at the Center for Learning and Teaching at the American University in Cairo in Egypt. I transitioned from a staff role there starting 2003, to an alt-ac faculty position in 2014 after finishing my PhD. I have always been considered a nurturing character, and I take on that approach as faculty developer and teacher. My four-word teaching philosophy is “Love first, design later.” When the COVID-19 pandemic hit, I was motivated by care for faculty at my institution, my own students, and my Personal Learning Network (PLN) worldwide. After years of advocating for critical pedagogy and a social justice approach to digital education, and having these discussions be largely on the margins of more pragmatic discussions about pedagogy at my institution, this was the time to assert that we would approach this process while centering equity and care.

### **1.3.1. Mia**

I am an Associate Professor of English at Kean University in Union NJ, and the Director of our MA in Writing Studies. As a teacher-scholar-researcher of literature and writing, I realize that what I love the most about my work is the engagement with so many diverse co-learners. Kean is one of the most diverse universities in the US, with students from every race, age, class, religion, and creed. In this context, I serve as a mentor to many, and this role is a key lens into my understanding of both care and social justice in the academy. For example, What does it mean to help others grow intellectually, while also facilitating “professionalization” to certain academic/societal standards? What problematic assumptions and expectations do we take to that work? This conundrum-as-reflection is part of my everyday lived experience, and I have made important adjustments while aspiring to a more equitable and caring model for shared knowledge production.

## **2. FRAMEWORKS FOR EQUITY AND CARE**

In this section, we make assertions to lay the groundwork for our model: we discuss the different levels and dimensions of equity and care, synthesizing literature that focuses on social justice, oppression, care, and occasionally, the interactions between them.

### **2.1. Equity is multidimensional; oppression is multidimensional**

Social injustice can occur at the economic, cultural and political levels (Fraser, 2005), and oppression falls into different categories: white supremacy, settler colonialism, capitalism, heteropatriarchy (Collins, 2002, as cited in Costanza-Chock, 2018), discrimination based on age, normative ability, and religion (David & Derthick, 2018). Oppression is often intersectional, e.g., the oppression of black women in the US (Crenshaw, 1991). Therefore, attempts to redress injustice in one context or in one dimension may fail in/for others. For example, efforts to improve internet infrastructure in disadvantaged neighbourhoods may address economic inequality and enhance access to online education, but if the content of online materials and education provided is developed from a white supremacist perspective, it will exacerbate cultural and political injustice.

### **2.2. Oppression occurs at multiple levels, therefore action on equity needs to occur on multiple levels**

Oppression can be ideological, institutional, interpersonal, internalized, or a combination of each of these (David & Derthick, 2018; Pipes, 2016). Similarly, action taken to redress injustice can start with the recognition of the existence of inequity, into taking action on a microscale of interpersonal interactions within our spheres of control and influence, or can expand into redressing systemic injustice and sustaining a culture that resists further reproducing oppression (Gorski & Pothini, 2013). Redressing injustice can be “ameliorative”/“affirmative,” on a superficial/individual level, or “transformative,” redressing systemic causes, or it can even have neutral or negative effects in some contexts (Fraser, 2005). For example, where learners do not have internet access, an “affirmative” approach would be for an educational institution to fund mobile internet for learners, while a “transformative” approach would be for educational institutions to lobby the government to zero-rate materials on learning platforms such that learners can use those materials for free.

### **2.3. Care is not monolithic; care can be harmful**

Care can be based on the carer’s own goals or views of themselves, coming out of a sense of duty, i.e. “virtuous care” (Noddings, 2012), or it can stem from responsibility and be “instrumental care”, lacking any nurturing (hooks, 2004). It can stem from interest in outcomes, be neoliberal (Dowie-Chin & Schroeder,

2020), or calculated to appear like care even when care is not genuinely felt (Dowie-Chin & Schroeder, 2020). It can be distant/professional and not look like care at all but carry that label, such as some forms of geriatric and medical care (Eales & Peers, 2020); care can sometimes focus on the visible, the way healthcare focuses on the body and not the soul. It can be harmful, or it can cause harm under the guise of care (Eales & Peers, 2020), such as treating a psychological problem with medication instead of treating the structural inequalities that cause it - such as treating a new mother's stress with medication, instead of reevaluating the inequalities of care responsibilities in her home environment causing that stress, and the social environment that normalizes this and makes this inequity invisible (Forbes, Lamar, & Bornstein, 2020). Many of the policies of the COVID-19 pandemic focused on preventing a healthcare crisis, without accounting for the mental health crisis things like ongoing uncertainty and social isolation could create.

In contrast, Noddings (2012) describes "relational care" as centered on the relationship between caregiver and carer and involves reciprocity between them. Dowie-Chin and Schroeder (2020) write about "critical maternal" care in education which stems from a teacher's social justice agenda. "Care is always, at its best, particular: shaped to the needs of individual recipients of care and individual providers, shaped to the ongoing relationships among them. How is it possible to make a collective provision for something so particular?" (White & Tronto, 2004, p. 449). Moreover: "...the notion that one model of care will work for everyone is absurd...humans vary in their abilities to give and receive care" (White & Tronto, 2004, p. 450).

#### **2.4. Carers can be exploited and require care themselves**

Without justice, those in a position of constantly giving care are likely to be exploited (White & Tronto, 2004). For example, "when... the cared-for is unable to respond in a way that completes the relation, the work of the carer becomes more and more difficult. Carers in this position need the support of a caring community to sustain them" (Noddings, 2012, p. 54).

One example of such a situation is family members who care for a chronically ill patient, especially one with a mental illness such as an elderly person with dementia, that makes it difficult for the care-receiver to signal their appreciation for the care, or for a very young child unable to express how they are reacting to the care. Such care-givers need social support to sustain them.

#### **2.5. There is power in relationships involving care**

Care is harmful when the recipient of care is disempowered, when all decisions of what, when, where and how come from the caregiver and system (Eales & Peers, 2020). Care can become patronizing when it stifles an adult or even growing child's independence and fails to nurture their agency. Although some caring relationships are naturally unequal, such as nurse-patient, parent-child or teacher-student, they can still involve reciprocity and relationality (Noddings, 2012).

Care can be offered in ways that are patronizing/patriarchal, or it can be offered in ways that are more agentic, empowering, or participatory. Some forms of care can reproduce inequality, by attempting to fix non-normative people into a white supremacist normative ideal (Eales & Peers, 2020) or in the colonizing ways, such as how white missionary feminists have historically focused their political attempts at reform in Islamic countries on priorities they consider important based on their white Christian ideals, rather than the priorities of people they are supposedly helping (Abu-Lughod, as cited in Khader, 2019). Similarly, educational systems where administrators or educators offer standardized curricula and assume they know what is best for students, without recognizing or listening to learners' views or considering their cultures, needs and desires, impose a limited, power-driven version of what care should be, and can stifle students' agency, development, and self-determination.

## 2.6. Equity and care work are incomplete if the recipients of the effort are not themselves empowered to participate fully

This is Fraser’s (2005, para 10) notion of “parity of participation” and Noddings’ (2012, p. 55) assertion to “do unto others as they would have done unto them.” It is also important to note that those who are historically marginalized are especially important to include in the design of their own experiences (Costanza-Chock, 2018) and that their internalized oppression may at first hinder their capacity to choose what is better for them (Walker & Unterhalter, 2007).

### 3. PROCESS OF DEVELOPING AN EQUITY/CARE MATRIX

Equity and care have been at the center of our work together, influenced by many of the authors we mention in the previous section, but also by our own practices, conversations, and interactions. Equity goes beyond equality, as it is not about creating the same conditions for everyone, but rather, redressing “policies, practices, institutional cultures and ideologies” (Gorksi, 2021, para. 3) that create and reproduce inequality. We use equity as a step towards social justice, recognizing that people are different, with different histories, abilities, interests, needs and goals. Equitable practices therefore need to “challenge power structures that contribute to unfair access and opportunities, in favor of emulating different power structures that promote greater equity” (Bali et al., 2019, para.1), promote “parity of participation” (Fraser, 2005) and particularly pay attention to the voices and needs of the least privileged in a social situation.

The process of developing the Equity/Care matrix began as preparation for a keynote, and crowdsourcing ideas from Twitter. It began with a tweet posted by Maha (2020a) asking people to answer: “What is care without EQUITY? What is EQUITY without CARE?”. Responses (curated in Bali, 2020b) and our discussions around what they signified, led to our preliminary matrix, first shared at our OpenEd20 conference keynote (video published Bali & Zamora, 2021). This work expands upon that model, focusing especially on the quadrants representing “equity without care” and “care without equity” (see revised version, Figure 1, with which we started this paper, and a refined version, Figure 2, which we developed after feedback from peer reviewers on this paper to give each quadrant one name).

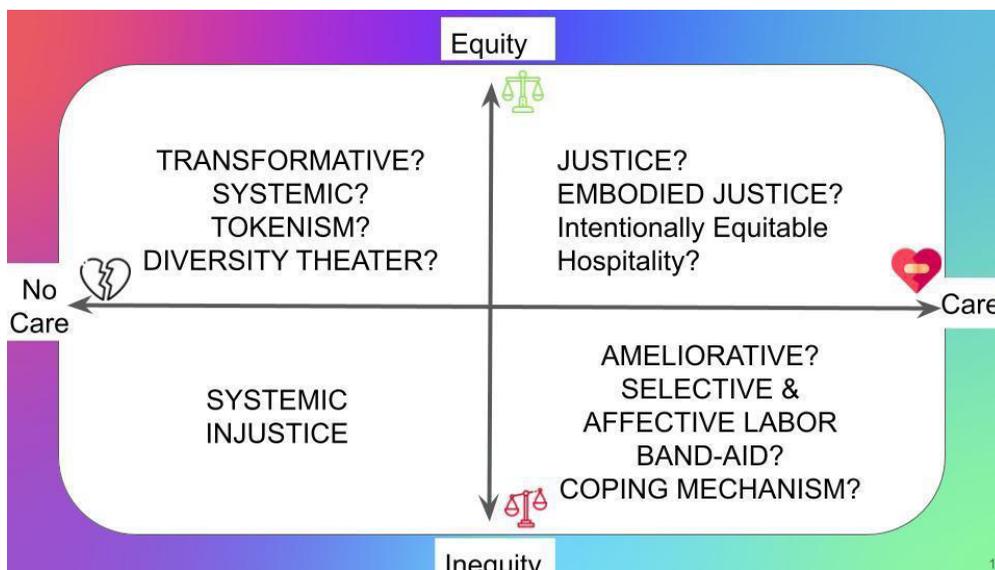


Figure 1. Equity-Care Matrix - Revised First Draft.

The matrix has built solely from Tweets in the period after October 2020.

The process was messy and non-linear. Originally, the plan was to insert some quotes on some presentation slides. But in the process of reading through them, we started to see some patterns, and different ways people saw each quadrant. We also believe that non-peer-reviewed contributions of thoughtful scholars on Twitter have weight: though their tweets aren't peer-reviewed, they can be insightful and based on their own reading and experiences, and it is often worded both succinctly and in layperson terms. Some responses gave labels to each situation; others gave scenarios from real-life experiences that represent equity without care or care without equity. Our initial matrix came out of the diverse responses we got for each quadrant, giving each quadrant more than one possible label. Later, we decided to write this paper, and started incorporating literature from care and justice and literature that considered both together. In the peer-review process, reviewers/editors asked us to give ONE label to each quadrant, and the names we came up with stemmed from multiple conversations trying to find the common elements among the different terms on each quadrant.

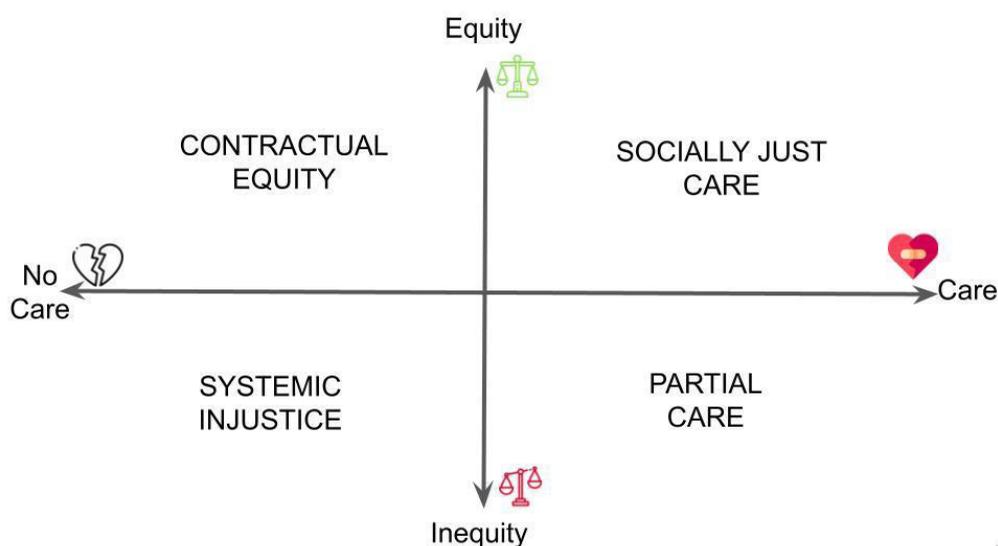


Figure 2. Equity-Care Matrix - Refined Draft.

Revised matrix in the process of discussions between authors after peer feedback on this article.

### 3.1. No equity, no care

We did not ask on Twitter what lack of equity and lack of care together produce, but we have concluded that the lack of both results in systemic inequity. Lack of equity, coupled with no care to make up for it in small ways, results in “systemic injustice.”

### 3.2. Equity without care

Some contributors thought that equity without care was largely a good thing, that equity at the systemic level ensures that lack of care would not reproduce inequality and harm others. Elias (2020a) considered it “*structural*”, so “*ingrained*” that it “*can't be undone by carelessness.*” Similarly:

“...if institutions had structures in place to ensure equity, then people would still care about each other, but it would not be a prerequisite for being treated well and with dignity. I don't need my institution to care for me. I need equity. I don't need empathy. I need justice”. (Lanclos, 2020b)

These two responses suggest that equitable policies at an institutional level can protect individuals from

uncaring behavior, a concept similar to what White & Tronto (2004, p. 427) write, that “*care orientation may govern our personal interactions, but our public interactions require a justice orientation.*”

For Walji (2020), also, equity was seen to be systemic/structural: “*equity is transformative and has systemic impacts,*” echoing Fraser’s (2005) terminology for systemic reform. However, others highlighted how equity without care can be problematic: “*equity without care is insidious: undermining equity-focused structural changes*” (Cronin, 2020). This echoes “*justice needs care because justice requires the empathy of care in order to generate its principles*” (Okin, 1990, as cited in White & Tronto, 2004, p. 427).

Other labels that critiqued “*care without equity*” include “*tokenism*” (Parisa Mehran, private communication), “*a badge*” (Thomson, 2020a), “*lip service*” (Koutropoulos, 2020) or “*diversity theater*” (Lambert, 2020). They all entail an element of “*performance*”/performativity (Ahmed, 2012), the appearance of equity, but at the core, the equity work does not happen: “*...Equity without care in organisations becomes ‘diversity theatre,’ i.e. a performance or show. Bursts of popularise [sic] announcements and events, but not doing the long, slow, deep community partnerships work to bring change after the cameras go*” (Lambert, 2020).

Those who build caring policies need to have a foundation of caring for and about justice; however, policies do not necessarily unfold in practice if not enacted with care. Those responsible for enacting equitable policies need to have internalized the values behind it in order to practice them on a regular basis, embodying the practices, changing cultures of organizations not individuals, and not be reduced to ticking boxes to follow a policy: they need to genuinely care. Clare Thomson (2020b) uses these terms: “*...Solving problems for many by many; = being more institutional box ticking, as little real resource provided & little buy in...*”. A specific example of box-ticking without caring follow-up is offered by Dhillon (2020): “*Equity without care: you modify admission criteria to facilitate admission for individuals from certain disadvantaged backgrounds (equity) but provide no extra supports to help address their specific challenges with learning once they are in the program (lacking care)*”. Equity without care hampers the equity from actually manifesting: “*Equity without care is impossible. Mechanical attempts to improve things for all lack sensitivity to non-mechanical needs, context, and the call to always strive harder for change*” (Fawns, 2020).

These extended reflections on the problem of equity without care above have led us to identify a specific phenomenon which we call “*contractual equity*”. *Contractual equity* (Quadrant 4 in the matrix, Figure 2) is the setting of equitable policy, but with the noticeable lack of an essential ingredient: stakeholders’ commitment to the value of care for others. The instrumentality of a “contract” will never completely deliver on shared purpose and shared values in a community. Consequently, equity policies at institutions often become a failed “stand-in” for collective caring. The concept of contractual equity underscores that policy alone cannot ensure equitable caring. “Contractual equity” falls short because the people that make up a community are ultimately exempt from any call to care. For this reason, just like empty words, contractual equity falls short of transformative justice for all.

### **3.3. Care without equity**

Care without equity was immediately seen as problematic by respondents, but given very different labels. Responses here used labels such as “band aid,” “coping mechanism,” “affective labor,” and “selective care.”

“*Care without equity is a fundamentally unjust practice that tries to place a band aid over a deep rupture and pretend the injury is taken care of*” (Denial, 2020), or worse, akin to “providing first aid kits that cannot be reached or opened by those who need them” (Amond, 2020). Band-aids are temporary solutions, and cover deeper structural problems. Further, if people cannot use the first aid offered, then it does not even solve the problem temporarily. It is unsustainable “*...individuals can exhibit care for other individuals but*

*still exist in a system of non-equity... individuals can exhibit care that is self-serving (this will make me feel good) and that is not equity-minded*" (Masland, 2020), echoing Noddings' (2012) notion of virtuous care, or instrumental care (hooks, 2004).

Without equity, care can only reach certain individuals, since *"care without equity is care for a few, the few who are seen. This means less/no care for those who are less visible, already marginalised. Care without equity, writ large, exacerbates inequality"* (Cronin, 2020). As such, *"Care without equity is selective care for some and an accompanying carelessness towards others"* (Fawns, 2020). Those who receive more care may be the more privileged, or they may be the more visibly disadvantaged: *"...playing devil's advocate, is it possible to have care without equity that focuses on a narrow, marginalised group to the extent that it could undermine greater attempts at achieving equity?"* (Baker, 2020). This point alludes to how equity itself can be selectively applied as well.

And when I think about care I see it as a deeply personal choice rather than obligation. I get to choose who and what I care about. It is up to me to set my own boundaries. My care is not distributed equitably. (Elias, 2020b) This inequitable distribution of care is why *"we need justice to guide our allocation of care"* (White & Tronto, 2004, p. 427). People's intuitive empathy and care are not equally distributed, because of mirror neurons: *"...the degree of empathy we feel depends on the extent to which we perceive we belong to the same social group"* (Powell & Menendian, 2016, p. 24). During the COVID-19 pandemic, it is possible that people who experienced COVID-19, lost loved ones, had family members hospitalized, or endured economic hardships were able to empathize with each other differently than those who had not been as deeply affected.

Shifting to looking at the "carers," when inequity exists, the person(s) performing care can become exploited by affective labor. Therefore, *"we need justice to protect care workers from exploitation"* (Kittay, 1999, cited in White & Tronto, 2004, p. 427).

Care without equity is what we have now. Not enough care, but enough to occasionally mitigate the lack of equity (never completely). If we had equity, would we need to demand so much of care? What if we could do our jobs without depleting ourselves emotionally? (Lanclos, 2020a)

This involves *"...Solving problems of an individual by an individual; unsustainable weight on person caring"* (Thomson, 2020b); care is therefore *"a coping mechanism that arises in environments without equity"* (Caines, 2020a). As such, *"...Where there is no equity, care becomes a necessity to achieve a basic level of functioning or survival, not helping people to flourish"* (Thomson, 2020a). Using Fraser's framework, Walji (2020) tweeted: *"Care is ameliorative and often the responsibility of or experienced by the individual"*.

Reflecting on all of the above, we have named this quadrant "Partial Care." Partial Care (Quadrant 2 in the matrix, Figure 2) is partial, (i.e., biased), because care-givers give those who are visible to them, those with whom they empathize. Partial care is given by part of the population to part of the population. It is not distributed equally as a responsibility among caregivers nor received equally by all care-receivers. The lack of equity underlying the giving and receiving of this care makes it a kind of constrained care - structural barriers and inequities prevent it from reaching everyone; being a burden of a few, they are constrained in how much care they can offer.

### **3.4. Equity and care together**

Bowles (2020) highlighted the inherent power in both equity and care: *"Both care and equity are design choices made by those with the power to choose how others will be treated. Neither fully challenge the power that gets to choose"*. This point resonates with Eales and Peers (2020), that care is harmful when the recipient of care is disempowered, when all decisions of what, when, where and how come from the caregiver and system.

The key solution, therefore, may lie in Noddings' (2012, p. 55) suggestion that we "*care unto others as they would have done unto them,*" and Fraser's (2005) view of social justice as "*parity of participation.*" If recipients of the care and equity we seek to achieve have the power to design their own experiences and choices of how they will be treated and treat one another, then we have centered both equity and care and nurtured the agency of participants to design their spaces and experiences (White & Tronto, 2004). In the context of educational spaces taking place in online and hybrid environments, the notion of Intentionally Equitable Hospitality (IEH) (Bali et al., 2019) is one that is based on the complex practices of doing so. IEH tackles the ways in which parity of participation can be practiced in design, and then how it can be embodied in the moment of facilitating a conversation with care that does not assume paternalistic knowledge of how participants wish to be seen and heard, but one that focuses on resisting power dynamics that suppress agency of those furthest from justice, yet opening a hospitable space for each participant to join and participate on their own terms.

Participation of "*those who are intersectionally disadvantaged*" is essential, along with recognition of their culture, in order to create more equitably distributed design spaces that center community values and traditions (Costanza-Chock, 2018). However, it is essential to recognize that disadvantaged groups who have never had opportunities to experience agency may have internalized their own oppression and will vary in their ability to make choices that liberate them from the conditions and opportunities they have historically considered their due (Walker & Unterhalter, 2007, p. 6).

This means that, for example, telling students of color to choose which books to read, if they have historically only been exposed to writing by white males, they may inadvertently restrict themselves to choices of readings within the canon they consider to be valid. Moreover, if students would need to pay for those books, and they cannot afford them, they will make choices based on cost rather than interest. In order for "*parity of participation*" to occur, economic and cultural injustices need to be addressed, care-receivers/learners need to develop their consciousness about power and oppression in order to be better able to challenge and resist it, and conditions for equitable political participation in decision making are needed - where those historically marginalized are able to bring their traditions and values to the table, and suggest ways to address their interests and needs based on their own judgment.

This is when social justice is realized and embodied in a caring manner by participants in a social space, and we label this quadrant "*socially just care.*" We did not name it "*democratic care*" (after Tronto, 2015) because democratic processes do not necessarily lead to equitable outcomes. We did not call it "*parity of participation*" because such a term does not emphasize the importance of care in order to create the social justice end-goal. Socially just care, rather, promotes social justice and parity of participation in its designs and planned processes, and is enacted with care such that it always iterates to nurture self-determination, agency and justice for all involved, in whatever manner meets their diverse care needs, and addresses the multiple dimensions of injustice individuals and groups may face. It distributes the care responsibility so that the care is not "*partial,*" and it goes beyond the "*contractual*" equity to ensure it goes beyond words and documents and becomes the lived experience within a social space.

#### **4. VIGNETTES OF PARTIAL CARE AND CONTRACTUAL EQUITY IN EDUCATION**

We now contextualize the matrix via analyzing vignettes from our educational practices. Each practice expands on either contractual equity or partial care.

##### **4.1. Contractual equity**

We share one vignette of contractual equity, related to accessibility policies, but the example can easily

transfer to other contexts, such as sexual harassment policies and diversity initiatives in institutions enacted without a care culture to support them.

#### **4.1.1. Diversity theater: accessibility**

Equity without care is when the system was changed so that everything can work for everyone's needs, but those in charge don't communicate that changes have been made. The equity of the system may only be utilized by a few. In other words, true equity requires a modicum of care. (Elder, 2020)

Some institutions have policies for supporting students with disabilities, but faculty may be unaware of the support mechanisms, or "accommodation letters" come too late for faculty to effectively support disabled students.<sup>1</sup> The policies and mechanisms represent a kind of institutional equity, in that an administrator can look at it proudly and check the boxes of having policies in place to support students who have disabilities. The university can advertise itself for accommodating diverse students, can keep admitting students who are blind because the institution can claim it has software and hardware in place to support their reading, and deaf students because the institution can claim it has a system in place to have "support buddies" to help them in class. But then if the policies are not known to students or faculty, or if they are not enacted in a timely manner, the policies have failed to fulfill their purpose. They are a "performance theater" for supporting diversity, but beyond the appearance, the actual practice tells a different story. They have attempted to provide equity in a contractual manner, written somewhere, approved by someone in power, but separate from the humanity of implementing the policy. Institutional equity here fails from lack of care - equity is not embodied. For such initiatives to succeed, they need to be run by actors who embody care, empowering students, and giving faculty clarity and ownership over the accommodation processes through institutional support measures and training. Entities such as IT, teaching and learning centers, and wellbeing centers need to collaborate, for when they are disconnected, professors feel depleted from the affective labor required and may forfeit the effort to accommodate students with disabilities. They may do so in the name of care for the rest of the class, or to focus on self-care. Laws and policies are insufficient for this to become a culturally pervasive practice at institutions.

Similarly, sexual harassment policies may, in theory, cover all the bases: awareness training, systems for reporting, protection for reporters. However, if people in the institution have internalized a culture that shames victims, if the society outside the institution has that culture, people who are harassed are unlikely to report or use the system at all, especially not to strangers they have no reason to trust. They need a more caring approach, and they need to be involved in creating the policies that will truly protect them.

#### **4.2. Partial care**

The following vignettes highlight affective labor as partial care in wellbeing initiatives, in burdens of care on faculty as mentors, on faculty developers, and finally, in how platforms such as Zoom have in-built inequities that put a burden of care on teachers and make it difficult to care in socially just ways. We end this section with a complex phenomenon, weaponization of care, when platforms and policies are disguised as care or equity, but in reality, create systemic injustice.

##### **4.2.1. Band-aid: wellbeing & affective labor**

"Wellbeing" became a central topic of discussion in educational institutions during the COVID-19 pandemic. Some universities signaled care via "wellbeing workshops." However, these workshops ultimately

<sup>1</sup> We are aware that in the disability community, some prefer to be referred to as "students with disabilities" and some prefer to be labeled "disabled students". Since we are unable to determine who our readers are and what they prefer, we shift between the two uses.

placed the responsibility of self-care on the shoulders of individuals, camouflaging the root cause of stress from inequitable working policies, and deflecting the institutions' responsibility (Bowles et al., 2020). Instead, institutions mandated extra course loads, larger class sizes, and required faculty to develop new online courses without clear guidance/support. Many professors worked over their summer holidays in order to prepare for a fully online Fall semester (when they had never taught online previously), with the same amount of administrative and research outputs expected. Meanwhile, the anxiety and trauma of living with illness, caring for loved ones who are ill, and the challenge of additional parental responsibilities continued (Bowles et al., 2020; Imad, 2021).

These burdens are also inequitably distributed. They are heavier on women, adjuncts, and those with multiple roles at institutions, such as faculty developers who also teach. Faculty developers are amongst those who carried much of the affective labor of supporting unprecedented numbers of faculty at their institutions during the pandemic and providing care because institutions were not doing so (Bessette, 2020; Gray, 2018), and received less recognition for it than the faculty members benefiting from these services (Czernewicz et al., 2020).

I am exhausted not only because I have been going nonstop, weekends included, to help with this transition but also because of the affective labor that has been asked of us over these past few weeks and will continue to be asked of us moving forward. (Bessette, 2020)

Faculty development centers originally designed to serve the few who sought support suddenly had to serve everyone, simultaneously (Bessette & McGowan, 2020). I, Maha, experienced unprecedented responsibility of care and burnout from affective labor. Just before my university announced it would close due to the pandemic, my boss and I would spend every day from 10 am to 10 pm working on plans to support faculty who would be teaching online-writing and rewriting documents based on new information from the administration. In between calls with my boss, I was answering phone calls and text messages from faculty who were panicking and asking for help. During the early period of online teaching, we created "morning coffee," "afternoon check-in" and "ask us anything" Zoom sessions, as well as workshops on topics people told us they needed help with; still faculty called me any time between 7 am and 10 pm at night, and texted me throughout the day. My colleagues and I worked through weekends and worked with agility to respond to the changing circumstances of the pandemic situation, what the administration asked of us, and the feedback we were getting from students and faculty (Maha, forthcoming). This was care without equity because the burden of care was on a small number of people, whereas the need to receive care was across the entire community. Despite recognizing the inequity in this situation, bell hooks' (2013, p. 91) words resonated with me strongly:

Service as a form of political resistance is vital because it is a practice of giving that eschews the notion of reward. The satisfaction is in the act of giving itself..

I felt the additional affective labor of caring for faculty so that they can care for students - for recommending equitable and caring pedagogies, knowing that this could be an additional load on faculty for whom these did not come naturally. In my role in the senate, I helped lobby for Pass/Fail policy instead of regular grades, having many discussions with students and faculty after doing research on what other institutions were doing. When I had some free time, I spent it attending webinars and conferences to learn what other institutions were doing, or giving workshops or presentations sharing what we had learned. This continued throughout the Spring 2020 and into Summer 2020, as we kept updating our offerings to faculty to help them prepare for fully online summer and fall semesters, such that I almost did not have a weekend off until late Summer 2020.

#### 4.2.2. Mentors on the “frontline”

Despite the wellbeing workshops, faculty did not receive significant policy relief from their institutions in terms of growing labor demands along with increased expectation for *their care* directed towards students during the crisis. As an academic advisor to many, I, Mia, can attest to the fact that many students sought reassurance in everyday academic affairs (i.e. classwork support/concerns, deadline anxiety, and faltering research timelines), and advocacy guidance (i.e. new policies like the COVID-19 pass/fail options). Students also solicited emotional wisdom from their mentors. Conversations covered questions about how long this new form of online learning would last, or their heartbreak and anger over not having a graduation ceremony. Difficult topics included the painful reality of childcare challenges and family responsibilities while working at home, lack of access to technology and space, and/or economic losses. The amount of time and psychic energy required to provide such reassurance on multiple fronts put many faculty in a kind of “frontline” position, serving at once to sustain the institution while also serving to sustain the wellbeing of the student body. But when care is not met with broader institutional policies that support and re-charge the entire community, faculty may burn out, or opt out of care work, with consequences for students (and one’s self!), and the overall sense of community.

#### 4.2.3. Public band-aid: continuity with care as online affect & burden

In unequal relationships such as parent, nurse or teacher, “*when... the cared-for is unable to respond in a way that completes the relation, the work of the carer becomes more and more difficult. Carers in this position need the support of a caring community to sustain them*” (Noddings, 2012, p. 54).

In March 2020, when the pandemic loomed and many educational institutions made an urgent “pivot” to online learning, we responded as public scholars both sharing and seeking support. We crowdsourced resources on “*continuity with care*” in a Google doc. We sought to help make the process of dealing with this crisis human-centric, empathetic, and caring. In addition, Equity Unbound organized several online conversations with educators, and between educators and students, focusing on wellbeing and care during the pandemic. A result of the first gathering was a Twitter DM (Direct Message) group gathering educators from around the world. This Twitter DM group continued and sustained the conversation for over a year, and became a space to share news, frustrations, fears, and joys during the rollercoaster of the pandemic. It became a space outside of our own institutions where we could seek and offer care and support. Equity Unbound’s *Continuity with Care Conversation* is an example of “*networks of care which were formed as a counter to the systemic failures of the sector at the onset of the pandemic*” (Czerniewicz et al., 2020, p. 946). Czerniewicz et al. (2020, p. 948) stated:

“*Covid-19 has threatened our ‘world [which] includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web*” (Fisher and Tronto 1990, p. 40). How to ‘heal’ this world is a practice that Tronto would define as an ethic of care: ‘a species activity that includes everything that we do to maintain, continue, and repair our “world” so that we can live in it as well as possible’. How we in education have attempted to ameliorate the challenges we and our students have encountered have taken the form of acts of care. Yet, every caring act occurs in a larger political context that reflects a given society’s values, laws, customs and institutions. (Tronto, 2015, p. 10).

Virtual Personal Learning Networks (PLN) of support became critical during the pandemic. First, most educators lost the immediacy of their in-person networks of support; and second, even though in-person networks could be assembled online, these were not communities that grew from the onset from a networked/online context. Therefore, for many, their extra-institutional relationships (previously established online) became their instinctive “go-to” communities for care, since many networked educators had already

learned to seek support this way. If internal meetings were long and arduous, then our Equity Unbound “Continuity with Care” external gatherings felt different, proving to re-energize the weary since both trust and understanding was established: we met with loose agendas or none at all, we were used to each other’s online cues, whether our cameras were on or off. We had ongoing conversations between the synchronous meetings, so we had that shared context we could refer to, and did not need to make every single thing explicit. We had our ways of turn-taking and ensuring voices that needed to be heard were heard, and those who sought solace in silence or in typing instead of speaking were able to do so. These spaces were also always voluntary, everyone was able to choose to join or not join last minute, leave early, etc. Of course, conflict and negative energy still occasionally occurred, as there was much stress and sharing of heart-breaking news, but the spaces were at least reciprocal, and individuals could withdraw or move away for a few days or weeks at a time and step back in, without reproach. For example, when I, Maha, had COVID, I announced to the group, and gave early updates, but then refrained from connecting with the larger group until my own negativity subsided. I did, however, share some of that negativity with a few in my community who kept in touch privately. The fluidity of moving in and out without obligation is one of the biggest advantages of this online community, and yet it is just large enough, across enough time zones, that it was unlikely that one person will need support in a certain moment and find that every single other person was stepping away that day.

#### **4.2.4. Power and privilege in platforms: zoom gaze**

In *Zoom Gaze*, Caines (2020b) outlined all of the ways in which Zoom, as an example of a videoconferencing platform, exacerbates inequalities. She reminds us that despite educators’ good intentions to use synchronous meetings to build community and show care in synchronous class sessions, tools can transmit inequity through design. There are privileges “baked into” the videoconferencing tools. Meeting “hosts” have the privilege to mute or unmute participants, something impossible in person. Another power is the capability to send people to breakout rooms without their choice, keep them there for an amount of time outside their own hands, and bring them back with only a few seconds’ notice. The host can allow or prevent a participant from moving from one room to another - again not possible in real life. Zoom hosts also have the authority to allow participants the ability to chat amongst themselves or only the host. Moreover, Zoom prompts participants to consent to recording, but if they refuse, they are dropped from the meeting. This is not consent but coercion. As educators with care and equity in mind, we must be aware of how video conferencing platforms amplify power, and redress these features if and when possible. Recognition of inequity should be followed by care-full attempts to reprise our pedagogy when using tools like Zoom. It is equally important to raise student consciousness regarding how platform design affects their own agency in the learning context. Educators who care need to be very intentional to ensure their care is equitable while using such tools. Examples include not forcing students to turn their cameras on, creating breakout rooms while giving students agency to move between rooms, turning on features that allow students to interact more freely, and discussing with students their comfort with recording and alternatives. The fact that Zoom defaults to giving the host so many privileges and has so many features to turn on or off puts a lot of control in the hands of the teacher by default, and adds to the affective labor required for a teacher to practice equitable caring. Teachers who do not naturally care or notice these things will not find anything to stop them from exerting control on students in these ways (e.g. in some K-12 contexts, teachers control the muting/unmuting of students, not the students themselves).

### 4.3. Systemic injustice masquerading as care or equity: surveillance technologies & the weaponization of care

“Weaponization of care” occurs when the powerful wield the language of “care” in order to control others and wield more power (Caines & Richard, 2020). Educational examples include use of surveillance technologies such as online proctoring, or teachers forcing students to turn their cameras on, under the guise of “care.” In these cases, the concept of “care” is mobilized discursively in the articulation of falsified equitable policy. When equitable policies are further insured by the broad application of technological tools, it exposes the significant gap that exists between counterfeit “equitable policy” and diverse human realities. The lack of agency and self-determination of the care recipient is exposed and made plain to see. In other words, the weaponization of care involves the problematic scaling of contractual equity, opening the door to amplified and heightened dehumanization and lack of care.

The speculative fiction films under the *Screening Surveillance* project exemplify the ways in which digital surveillance can be used to reproduce inequity under the guise of “care.” As vignettes they contain strong elements of “...excessive datafication- measuring populations excessively, often without their consent or input. And really focusing on data, and ignoring things/people/issues that can't be measured easily” (Bran-dle, 2020).

In *A Model Employee* (singh, 2019a), Neeta, an aspiring DJ, must wear a tracking wristband to keep her day job at a local restaurant. Neeta’s employer, Mr. Singh (whom she calls “uncle”), expresses care and wants to “guide her” to optimize her job performance. A raise is promised if Neeta agrees to wear the tracking wristband, which collects data on her movements and her behavior (including waking/sleeping patterns). But Neeta also DJs late night to fulfil her artistic aspirations. She soon realizes how invasive this data can be, and tries to fool the system and feign “compliance” by asking her sister Rupa (who is a full time student) to wear her tracking device. Mr. Singh is pleased with Neeta’s “improvement” in the new schedule she seems to keep. The data visualization of her behavioral patterns moves from the problematic “red zone” to the positive “green zone” of compliance, thanks to the “false” data fed to the device from her sister’s studious lifestyle. But things go awry when Rupa tries to return a houseplant to Mr. Singh’s place when the business is closed. Mr. Singh believes there is a burglary underway, so he calls the police, and Rupa is arrested for trespassing. Both sisters are framed: Rupa will lose her academic scholarship, and Neeta will lose her job. In the end, the “caring” employer Mr. Singh asks the sisters, “*What have you done?*”. The “care” he was demonstrating earlier was an empty claim. Mr. Singh’s primary interest in tracking Neeta was self-interest in his business profit, rather than care for his niece. Care has been weaponized, used rhetorically as a rationale for employee compliance in his instrumental business pursuits.

In addition, use of algorithmic proctoring software in educational contexts weaponizes care. Proctoring is used under the guise of caring about academic integrity, “*fairness for all,*” caring by helping students “com- ply” by not cheating on exams. But this really amounts to technologically driven and amplified contractual equity. Academic proctoring tools are presented at face value as equitably driven policy strengthened by the sophistication of technology. But the inherent lack of care at such a policy’s roots is redoubled, resulting in the surveillance and control of the community and the exacerbation of inequality. The proctoring tools deliver an environment where students are treated suspiciously and many struggle financially just to access the equipment required to comply. Students suffer from privacy violations which include invasive scans in their own homes, and they can experience increased test anxiety. Some students face increased risk of discriminatory accusations based on problematic AI and algorithmic bias, and some have been harassed by human proctors on the other end of the camera. The scale up of these tools in the name of “care” or “equity” pushes the case study of academic proctoring to the level of systemic injustice.

In a similar way, healthcare systems can reproduce injustice under the guise of care. In *Blaxites* (Singh, 2019b) the main character, Jai, is a university student being treated for anxiety. Her physician informs her she is no longer eligible for her anxiety medication, because of a photo of her on social media drinking alcohol, and she also does not remember agreeing to her healthcare provider “surveilling” her on social media. Her physician offers her a surveillance wristband that tracks her alcohol levels, and if she is “compliant” for a certain number of weeks, she becomes eligible for her medication again. This is a paternalistic weaponization of care: surveilling and controlling the patient under the guise of “care.” Care for the whole person would have perhaps entailed offering alternatives for dealing with anxiety, or ways to better manage her life to avoid the temptation of mixing alcohol with meds - rehabilitation rather than punishment for not “complying.” And the care here was inequitable because had she been financially able to afford the medication she would not have had to agree to this at all.

Learning analytics in education shows a similar tendency. For example, predictive data is used to “support” student progress. Alerts are issued to keep students “on track.” (And there is no need to gain “compliance” here as the data is taken without clear consent when a student matriculates). But the university’s larger goal to improve their own retention rates is driving the effort to intervene if a student is faltering, and the complex issues for why a student might falter are not necessarily addressed. Universities admit students from disadvantaged socioeconomic backgrounds to improve institutional equity, but often this move is nothing more than “*diversity theatre*”. In this context, some students with different academic backgrounds may even have access to support services that will aid them in acclimation and adjustment to university life, along with additional financial support, additional academic advising support, etc. But often, such arrangements are not communicated clearly to incoming students, and students remain unaware of their own support services, or have little to no understanding of how to navigate the system and take advantage of such help. Moreover, staff and professors may have preconceived notions about this student population’s ability to succeed. If universities use learning analytics to improve retention, they should also make sure such equitable policies are enacted with care, in humane ways that emphasize the skills of self-advocacy. They should lean in to individual students and their needs, rather than stigmatizing students while paying more attention to retention numbers that lead to revenue loss.

All of these examples show how inauthentic uses of discourses of care and/or equity can be abused and misconstrued in order to actually perpetuate or exacerbate injustice, and can be done at scale with the help of technology such that it produces systemic injustice. At first, we struggled with whether these vignettes represented contractual equity or partial care. They are contractual, because of how they perpetrate this fake equity or care at scale, but also partial care, because it is paternalistic and does not democratically account for the needs or desires of recipients of care. However, we realized that this inauthentic, misconceived version of care and/or equity actually lies in the systemic injustice quadrant.

## 5. MOVING TOWARDS SOCIALLY JUST CARE DURING THE PANDEMIC

The previous sections highlighted vignettes of “partial care” and “contractual equity,” as well as how weaponization of care masks systemic injustice as if it represents care or equity. Partial care, where lack of equity meant that care was unequally received by those who need the care (e.g., Continuity with Care), or became constrained and a burden on part of the population but not all - such as the affective labor of mentoring students. Moreover, we showed how “partial care” without equity can be misconstrued with technology to control and harm those with less power under the guise of “care”, such as the use of surveillance technologies. “Contractual equity” is when equity existed on paper and in policies but is not enacted or embodied in people’s actions - such as accessibility policies that fail to meet students’ needs in a timely

manner. This section showcases instances of socially just care, focusing particularly on our experiences during the COVID-19 pandemic.

### **5.1. At the curricular/course level**

I, Mia and co-professor Alan Levine redesigned a “New Media Studies” course to explicitly address the COVID-19 global pandemic. Titled “*Networked Narratives 2021: The Post Pandemic University*,” this open connected learning seminar focused on the ways education and society have been shaped by technologies of surveillance, algorithmic bias, and data ethics. We emphasized the caring-gap and the role of care, digital citizenship, and digital wellbeing. In the #NetNarr “collaboratory,” students are tasked with imagining a post-pandemic future for learning, as speculative fiction guides all co-learners to envision new pathways forward. In this context, student agency and individual perspective is emphasized. Each #NetNarr student takes a turn in becoming the weekly “pathfinder.” In this way, each student addresses “the post-pandemic university” ideas or concerns that matter to them. There are no prescribed readings. Rather, the readings are curated and crowdsourced. There are no specific modes of presentation that are required. Rather, each student is invited to take the class community down their own self-designed “pathway,” with freedom given to take an open, creative approach to what compels them when thinking about higher education and learning in and after the pandemic. Storytelling (and community trust that is built through storytelling) becomes a cornerstone of this learning experience, and also becomes a vehicle to speculate about our collective future. Also, part of our care practice are: community building activities which emphasize reflection and listening; weekly check-ins regarding how students are feeling; moments of pause in the class agenda in order to recalibrate personal and course goals; and iterative group revision of the overall course schedule and coursework deadlines (Zamora & Levine, 2021).

I, Maha, started introducing students to trauma-informed pedagogy (Imad, 2020b), to give students options to do projects about pandemic-related topics if they wanted, but also to opt out if they needed to take a break from pandemic-talk. Flexibility and student choice was key, in line with trauma-informed pedagogy (Imad, 2020a). I also introduced gratitude journaling and discussions around wellbeing. The move to emergency remote teaching was not about “how do I teach this course online” but “what does my course need to become to be meaningful/helpful to every student in this moment in time?”. I supported my students’ calls to request credit/fail grading and resist remote proctoring via advocacy with the university senate and through centering values of care and equity in my faculty development work.

In what follows, we share cases where care and equity were enacted at institutional and public levels.

### **5.2. Institution-wide equity/care**

#### **5.2.1. Resisting remote proctoring**

Several institutions took action that centers care and equity during the COVID-19 pandemic. The University of Michigan-Dearborn successfully discouraged remote (particularly algorithmic) proctoring. Remote proctoring is problematic because of “students’ lack of access to technology, test anxiety, privacy and security concerns, and accessibility needs, (Langenfeld, 2020, as cited in Silverman et al., 2021) and can be unfairly discriminatory against students of color and those with disabilities (Swauger, 2020). The University of Michigan-Dearborn’s Provost and administrators strongly resisted and discouraged the use of proctoring in their institution, especially since proctoring companies put an additional financial burden on students who could not afford this unanticipated cost (Silverman et al., 2021). Beyond this equity-minded decision, the implementation of the policy was enacted with care, such as having the Hub for Teaching and Learning Resources offer in-depth support for faculty on redesigning their assessments to be more authentic

ones to replace exams, and the institution made a financial investment in hiring human “graders” to support faculty with the time-consuming tasks of grading authentic assessments (Silverman et al., 2021), a move that showed care for both students and teachers.

### **5.2.2. Student choice and access to remote learning**

In South Africa, when all institutions moved online, it became clear that not all students had equitable access to internet infrastructure or devices to learn online from home. Czerniewicz et al. (2020) described how institutions offered a “*multimodal approach*,” ensuring students could access material through multiple media, including some offline approaches like sending material by post. It also entailed extreme flexibility from teachers regarding deadlines and such. There was recognition that while students found synchronous learning convenient and it met social needs, it would exclude some, and so asynchronous approaches were encouraged. A nationwide initiative to provide zero-rated internet via service providers created a modicum of systemic justice for all learners. Without sufficient learning design support, there was concern over the quality of online teaching. In practice, Czerniewicz et al. (2020) observed a renewed interest in universities both in teaching in general, and in personally caring for students, calling them, emailing them, checking on them and helping them succeed in these circumstances. They suggest that equity policies have been converted into action, while including students in the process:

A student-centered approach which existed largely in phrases in mission statements is now central to decision-making, while equity approaches are clearly on the agenda. In addition, the composition of committees and formal structures to do with teaching and learning within institutions has seen changes to the inclusion of various student groups who previously were not included. (Czerniewicz et al., 2020, p. 960)

### **5.3. Public: community-building resources: equity & care**

In August 2020, we (Maha, Mia) teamed up with Autumm Caines and the OneHE organization to co-create and co-curate Community-Building Resources to support others who were teaching fully online for the first time. We recognized that many teachers were new to this and did not know how to build community in a fully online modality; moreover, much of the literature on online learning design emphasized asynchronous designs. But during the pandemic, synchronous designs seemed easier for many teachers and students. Intentionally Equitable Hospitality (IEH) (Maha & Mia, forthcoming) “requires intentionality about who is involved in the design of [a learning] space. It is noticing for whom the space is hospitable and for whom it is not,” in the designing, planning, and implementation of a learning experience, recognizing the teacher’s role as “host” (Maha & Mia, forthcoming). Each activity was recorded with a demo video and/or explanatory text, and included adaptations for different contexts. Additional resources focused on setting tone, including safety considerations and video considerations. We invited viewers to offer feedback and adaptations, and invited educators from all over the world to join us in contributing resources to the site. Contributors were diverse, from different parts of the world. Many of the contributors were women and faculty developers, and early contributors were given the choice of a small compensation, or the option to donate to a current cause.

An example of a fun introductory activity that works in some contexts, but can also be problematic is “What kind of animal would you be?”. The Kenyan creator of the resource said that she was once in a situation where men in a group refused to “play” so she adapted in the moment and asked them what kind of car they would be. We received a comment from a South African letting us know that this exercise would be particularly offensive in post-apartheid South Africa, and we included a comment to remind readers to consider context before doing these activities.

Our section on video considerations responds to the often-repeated lament of faculty worldwide about stu-

dents not wanting to turn their cameras on. We remind them of ways to engage students that do not require cameras on but encourage students to express themselves via voice or text. We highlight the inequalities of mandated video use - bandwidth issues, lack of privacy in homes, and ways that forcing someone to turn their camera on can induce anxiety or discomfort, particularly in the time of a global pandemic inducing trauma upon many (Costa, 2020).

This project demonstrates the convergence of care and equity on two levels. First, we recognize the disparity in teachers' access to support and resources to help them teach fully online; institutional resources are overloaded. This free resource helps teachers and academic developers. By extending care to teachers, we hoped they might care for their students. This tweet confirms this: "*This abundance is such a gift for all beleaguered educators! Which, given the moment, is pretty much all of us!*" (Blum, 2021).

On another level, the activities themselves embody the values of equity and care via Intentionally Equitable Hospitality. These tweets from Jenae Cohn and Thomas Tobin make this clear: "*WOWZA, this collection of community-building online class activities is a veritable treasure trove!<sup>2</sup> So many wonderful ideas for synch & asynch activities that promote community, equity, & engagement from @Bali\_Maha @MiaZamoraPhD @Autumm & others*" (Cohn, 2020).

"*Want to make your class more #equitable? Check out these #free resources from @OneHEglobal & @UnboundEQ <https://oneheglobal.org/equity-unbound/Try 1 = 20 mins!>*" (Tobin, 2020).

## 6. CONCLUSION & FUTURE STEPS

Our model and vignettes show that "socially just care" is needed in educational technology, and the vignettes have shown the failure of equity without care, and vice versa. It begins with recognizing systemic power differences in society, and how institutional policies and technology platforms are sometimes weaponized as "offering care," can in fact create harm and very often reproduce inequality, whether because of lack of economic access, or due to cultural and political injustices in their design and the ways they are used.

We need to "*do unto [students/marginalized groups] as they would have done unto them*" (Noddings, 2012) with "*parity of participation*" (Fraser, 2005). Similarly, "*design justice is both procedural and distributive: we have an ethical imperative to systematically advance the participation of marginalized communities in all stages of the technology design process; through this process, resources and power can be more equitably distributed*" (Costanza-Chock, 2018).

Attempts at providing care should not be the purview of the few who choose to empathize and care for those they perceive as having visible needs for care, as inequities are not always visible, nor are individuals equally able to care for and about others - this would only lead to "partial care". Such attempts at providing care will only ever be band-aids at best, and possibly harmful at worst, if we do not address systemic injustice. At the same time, creating policies meant to redress injustice will not succeed, will remain "*diversity theater*", "*tokenism*", and "*lip service*", if those meant to embody them in practice have not internalized the values behind them - such "contractual equity" is insufficient. We need to cultivate cultures that value and reward care and equity work for all, and consider them everyone's responsibility, not a few who have special designation and are expected to bear the burden of "*affective labor*" - otherwise, carers will be depleted and lose their ability to care - a "*socially just care*" means that all individuals in a social system are responsible for some degree of "equitable caring" behavior within a system that encourages, promotes, and enables collective governance and work in this direction, with these values, and towards these shared goals. Supporting students with disabilities is not the sole responsibility of IT or the disability services de-

<sup>2</sup> <https://oneheglobal.org/equity-unbound/>

partment; supporting students' mental health is not the sole responsibility of the student counseling center; and supporting students on scholarships is not the sole responsibility of the financial aid office. At the same time, caring teachers should not have to support students and colleagues on their own.

The best way to offer care in education is to empower students and nurture their agency to make their own choices related to their learning. This needs to begin with teacher agency, and is a process that will take time as the most marginalized of students (and faculty and staff!) will take time to reverse any internalized oppression they have been carrying for years. For teachers to apply Intentionally Equitable Hospitality in something like dual-delivery or Hyflex classrooms, for example, they would need additional teaching support in order to pay attention to both online and in-person students; they may need support grading authentic online assessments (as in Silverman et al., 2021).

Long-term, students, and teachers (especially from marginalized populations) should be more fully involved, with "*parity of participation*" in design decisions related to the adoption and use of technologies in their institutions, and in the selection of technologies that promote student self-determination rather than external control (Goodman 1962, as cited in Watters, 2021). Furthermore, we can ask, who is at the table in the design of technology tools that produce educational technology products? Historically, white males who have no experience with education and do not listen to the needs of educators, and technology designers who follow behaviorist models of education (Watters, 2021) that do not align with most educators' philosophies of education nor promote equity or care. Decisions should consider who is involved in designing and in whose interest. We can also ask, Who might be harmed and in what ways can we prevent or mitigate such harm?

Addressing equity and care within education is just the beginning; systemic injustice continues to occur outside educational institutions. Our future work will expand on the manifestations of equity and care in education beyond technological use, and broaden analysis to social contexts outside the academy.

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