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# Analysing the professional development of teaching and learning from a political ethics of care perspective

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## Abstract

This paper uses Tronto's political ethics of care as a normative framework to evaluate a model of teaching and learning professional development. This framework identifies five integrated moral elements of care – attentiveness, responsibility, competence, responsiveness and trust. This paper explicates on each of these elements to evaluate the piloting and implementation of a teaching and learning professional development model at a South African higher education institution. The political ethics of care was found to be a useful normative framework for a group of higher educators to reflect on the process of engaging in teaching and learning professional development in that it revealed the importance of differential power relations, the importance of working collaboratively and being attentive to the needs of both caregivers and care receivers.

## Introduction

While much has been written about models of implementing professional development on teaching and learning for university lecturers, there is not much literature on the use of normative frameworks to evaluate these models of professional development. By normative framework, we mean how things ought to be, and the values which underpin practices and policies (Robinson 1999). Models on professional development for teaching and learning in higher education, while making no reference to particular value positions, are in fact, unconsciously using dominant discourses of the time such as neoliberalism and its emphasis on efficiency, measurability and individualism (Bozalek 2013; Nicoll and Harrison 2003). There have been some contributions on how neoliberalism is affecting higher education as a sector (Boughey 2007; Olssen and Peters 2007), but little has been written about how these values are implicit in programmes such as professional development. This paper proposes the use of an ethic of care as a normative framework to evaluate the implementation of teaching and learning professional development in higher education. Our contention is that this normative framework provides valuable moral elements and perspectives on human interaction which can be used to evaluate processes and practices. The political ethics of care views humans as relational beings rather than disembodied, rational, autonomous and atomistic individuals (Tronto 1993). It does not assume that we are all equally positioned in relation each other and to knowledge and resources. The political ethics of care has been used as a normative framework to evaluate social policies (see Sevenhuijsen 2003) and to evaluate programmes and practices (Tronto 2010 ). We argue that there are specific gains in using this normative framework not only for deconstructing social policies but for evaluating institutional practices such as piloting professional development in teaching and learning.

In this paper, we use a case study of our own experiences of engaging in professional

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development at our own university located in South Africa to demonstrate the ways in which the ethic of care can be used as a normative framework to evaluate the efforts of piloting professional development endeavours in teaching and learning.

This paper first provides a background to the study, and then outlines the methodology. The normative framework -– the political ethic of care – is introduced and explicated. Thereafter, we discuss how we used the framework to reflect on our own practice as a team engaged in the professional development of teaching and learning for the academic community at our institution. The paper concludes with a discussion of the usefulness of this normative framework for evaluating teaching and learning professional development.

**Background**

Internationally, professionalization is considered to be central to the improvement of teaching and learning at higher education institutions. There is evidence which supports the assumption that teaching and learning development courses for academics improve the quality of student learning (Gibbs and Coffey 2004; Postareff et al. 2008). As a teaching and learning professional development and research group, we thus regarded it as important for our own institution to develop an effective model for professionalising teaching and learning. We intended to use the model to improve current teaching practices in order to enhance student learning.

For academic staff to be committed to the process of improving their teaching, we anticipated that they would have to be convinced of the meaningfulness of the process for their own practice, so that it would be experienced as more than a technicist ritual of compliance. In order to initiate this process, we researched various models and perused literature which we considered to have relevance for professional development relating to teaching and learning in our own context. The model that we adopted stressed the importance of higher educators reflecting on their own curriculum development in a systematic and in-depth manner, both as individuals and as members of cross-disciplinary teams. The text which we selected as the most appropriate for our purposes was that of Saroyan and Amundsen (2004). The usefulness of this text lies principally in the explicit attention it pays to the development of an intensive experiential workshop focusing on constructive curriculum alignment (Biggs 2012).

In 2009, in preparation for the introduction of this model, we piloted this primary text by doing the experiential activities suggested in the text and reflecting on this process. In our reflections, we noted the usefulness or lack of relevance of the activities, where supplemental texts and information appropriate to our context were needed and how we intended to implement this in our own context. The model was thus modified to suit our own purposes.

Similar to the model proposed by Saroyan and Amundsen (2004), we developed a four-day intensive off-campus Teaching and Learning Retreat, at a semi-rural scenic location. The primary intention of these teaching and learning retreats was to develop a cohort of senior academics, such as Heads of Departments, who could take forward the professionalisation of teaching and learning in their own departments.

**Research Methodology**

Our research methodology could be considered as a form of what Trowler (2012) and Robson (2002) refer to as 'insider research' where researchers have a direct involvement with the research setting, such as the university. The data that is used for this study was generated through the reflective process undertaken by the group using a political ethics of care

framework. The retreat planning group comprised of Vivienne (the newly appointed Director of Teaching and Learning), Wendy and Melvyn (Faculty Teaching and Learning Specialists), Delia (a professor from Physics), Andre (a Digital Media coordinator) and Toni (a lecturer from Educational Psychology). The process of developing data commenced when Vivienne introduced the political ethics of care to group members as a potential framework from which to view and evaluate the processes in the group and the outcomes of the professional development endeavour. Each group member then used the framework of the five elements of care – namely *attentiveness, responsibility, competence, responsiveness* and *trust* – as a lens to write about their experiences. After sharing these written pieces with each other, each group member concentrated more closely on one particular moral element of care. Then each member perused the data – the reflective pieces – in relation to the specific moral element of care for which s/he was responsible.

**Definition of Care**
Although criticised for being too general (Held 2006), Fisher and Tronto's definition of care is one which we found particularly useful as a means of examining teaching and learning at our own institution:
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.  That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web (Tronto 1993, 103).

This definition includes self-care which is important for higher educators and allows for an understanding that care is a broad, public and political activity, which is central to human existence. Fisher and Tronto's understanding of care as a political ethic is different from those of Noddings (2002), Ruddick (1989), and Gilligan (1982) in that it is not located specifically in families or dyadic relationships. Rather, it is seen as a process of human existence, and as such, would encompass the practices of higher education teaching and learning.

Care as a theoretical framework foregrounds relational and connection-based aspects of human beings rather than seeing humans as atomised individuals. This perspective alerts us to the fact that relationality and particularity would be important when planning and reflecting on teaching and learning professional development work. For example, from the political care ethic perspective, the actual lives of lecturers and their situations are important for understanding and meeting their particular learning needs. The perspective thus recognises that higher educators may be differently positioned in social relations. Tronto (1993; 2013) notes that care is historically associated with those who are weak and devalued and is deeply raced and gendered – it is usually those who are marginialised such as black working class women who are relegated to the least pleasant aspects of caring work, such as low level and intensive teaching jobs (Bozalek and Carolissen 2012).

**The Five Elements of Care**
*Attentiveness*
The first moral aspect of caring is attentiveness, and involves recognition that care is necessary (Tronto 1993). It involves noting the existence of a need, and making the assessment that this need should be met. Tronto (1993) argues that failure to recognise a need – or ignoring a recognised need – is a moral evil. 'Caring about' involves assuming the position of the 'other' so as to recognise that need (Tronto 1993). It cannot be achieved

through putting oneself in the shoes of the 'other' – because it is still oneself in their shoes, but rather takes into account the uniqueness of each person's position. Young (1997) refers to this as asymmetrical reciprocity. Attentiveness is achieved through dialogue, by acknowledging that each of us is differently located economically, socially and culturally, with different life histories, experiences, assumptions, and frames of reference (Barnes 2012; Young 1997).

Journal entries indicate that we as members of the retreat planning group recognised teaching and learning at our institution as a context that required our attention and care. This was particularly so, since most of our university's students were first generation and consequently were vulnerable to feelings of estrangement and alienation (Engelmann 2009) – as Wendy put it, 'I desired to be part of a solution to what has been termed 'under-prepared students' ... I had always understood that the way to help students learn better was to help lecturers teach better' Vivienne had made the assessment that this need had to be met and had 'been scouring the literature, talking to people ... perusing books through publishers for a suitable model to take forward in our project'. We also recognised the need to care for each other, and acknowledged that this need should be met. For Wendy, this awareness was integrally linked with caring at other levels,

> The task (workshop piloting, generation, facilitation) was one that needed to be 'care-full' because teaching is a caring activity. The activities required a particular set of behaviours that had spill-off effects on the group. Building the community needed care and so does teaching, so through the one the other was drawn into care-full practice.

Wendy believed further that the way in which Vivienne co-ordinated the group set the culture for care, 'Vivienne made it clear through how she treated us and behaved towards us that she cared about each of us personally, and that she cared about the contribution that each of us might make'.

The assumption of lack of attention to care as a moral failing emerged as significant, and was embedded in assumptions about students' learning needs – as Vivienne expressed it, 'If we had not recognized that there is a great need to re-examine and renew curricula, we would have been failing both students and lecturers'. Melvyn took this assumption further, framing as negligent any teaching strategy – including those modeled at the retreats – which interfered with learning,

> When we slip into transmission mode, we are clearly not attentive to, nor do we care about, the needs of students or workshop participants. ... Not showing care for our participants could, in the extreme, be regarded as a 'moral failing'.

In responding to the need to care, we set out to find out about the care-receivers. Vivienne explained how we had tried explicitly to understand the needs of the retreat participants,

'The pre-needs assessment that we asked HODs to fill in was an example of attentiveness to their particular needs so that we could easily address these needs in the workshop'. Understanding the needs of others in our planning group was also considered important. For Delia, this caring involved understanding the personal circumstances of her fellow planners,

> [there was] an openness within the group to share other aspects of our lives – both our home-life, as well as our lives within out faculties. There seemed an unwritten agreement

that our meetings would often start off with some time to 'catch up' on our personal or professional lives; these times often felt very 'human' and warmly collegial.

There is a sense in her comment that understanding the needs of others involves more than exploring their needs specific to the task at hand. It involves understanding who that person is as a human – their life histories, experiences, assumptions, and frames of reference (Young 1997).

### *Responsibility*

The second dimension of care is responsibility (Tronto 1993). 'Taking care of' involves taking responsibility for an identified need and determining how to respond to that need. Responsibility involves a process of flexible negotiation about actions required to meet identified needs (Barnes 2012).

From an ethics of care perspective, responsibility is 'embedded in a set of implicit cultural practices, rather than a set of formal rules or series of promises' (Tronto 1993, 132). Thus, responsibility is seen to look beyond duty and formal obligations, focusing rather on what is done or not done to contribute to a particular situation. As Vivienne put it, 'Sometimes it is simply that we are human and have noticed a need that we feel responsible for trying to do something about it'.

Our participation as facilitators on the retreats was motivated by responsibility rather than a sense of obligation – as Delia put it,

> Involvement in this community didn't feel like an 'obligation'. None of us were obligated in terms of our institutional roles to be involved in this group.  In a context of increasing managerialism, this voluntary community was extremely special. The responsibility I felt to this group was never in any way mediated by the university.  Perhaps this contributed to it feeling like a very private, safe space.

Thus, in a context of neoliberalism, it is necessary to find alternative spaces where responsibility rather than obligation can be a motivating impetus for engagement.

### *Competence*

The third ethical element of care is competence. An ethic of care perspective relates competence in care-giving to moral consequentialism, in other words, making sure that care work is done well and that needs for care are met. As Tronto (1993,133) notes, '[i]ntending to provide good care, even accepting responsibility for it, but then failing to provide good care, means that in the end the need for care is not met'. Tronto notes that this tendency is particularly prevalent in large bureaucracies, where problems may be 'taken care of' at a superficial level without ensuring that care is actually taking place. For Tronto, 'making certain that the caring work is done competently must be a moral aspect of care' (ibid).

This competence aspect of care-giving is illustrated in the care taken in choosing an appropriate professional development model: there was concern that professional development of HoDs was not merely 'taken care of' through their attendance at workshops, but that the retreats would have a meaningful impact on their curriculum design and classroom practice and their ability to develop the academics in their departments. As Vivienne noted, 'competence also resides in how this process is taken forward in

departments'. The cascading model was an attempt to ensure that HoDs would be supported in their implementation of the curriculum alignment process in their own departments, once the retreat workshops ended. Where this was not achieved, this led to some discomfort, as Delia commented:

> On reflection, I feel that that in my faculty, we were not providing enough follow up to HoDs after the retreats, due partly to lack of human resources; some HoDs expressed trepidation about taking the ideas forward in their departments.

Secondly, competence was strengthened through a crucial piloting stage. At this point, we, as group members, did not know each other well, and so this process in some respects mirrored the retreat participants' experience of working with unfamiliar colleagues, when they were placed in cross-disciplinary groups. The piloting built our competence and confidence with the process. As Wendy noted, the piloting also helped to give the process credibility with participants

> By piloting the model we were doing two things. *Firstly, we were trying to experience what the model would be like – would it help us better to think about our teaching and the learning of our students?* - because, I think, we assumed that if it did that for us, it has the potential to achieve the same for others. Secondly, having done it for my own module allowed me to speak about the process when I worked with colleagues. *It allowed me to understand what they might be feeling at different times in the process.* And it gave me and the process credibility – for them, they understood that I had been there too (emphasis added).

Thirdly, the group was mindful of developing collective competence. Vivienne had gathered together a group with diverse disciplinary backgrounds and a range of expertise in curriculum reform, professional development and faculty-wide development, educational technology expertise and large-class teaching. Our attentiveness to each others' strengths and weaknesses helped to develop a strong sense of collective competence.

The process adopted in the retreat workshops was a deliberate team-teaching approach, as a way of building and extending collective competence. This team-teaching approach was significant in that it modeled an alternative view to the traditionally individual and private view of university teaching (Engelmann, 2009). This traditional dyadic or individualistic understanding of care – the teacher-student relationship, in this case – is challenged by Tronto's ethic of care. As Tronto (1993, 134) notes, 'to look at the question of the competence of care-giving is a different way to look at … the question of professional ethics'. For Tronto, professional competence is not an attribute of individuals, but of teams (Tronto 2001, in Engelmann 2009). Engelman (2009), writing about a care-based ethics of university teaching, notes that competence to care appropriately for students requires that lecturers 'take steps to overcome the relative isolation that has been the hallmark of college and university teaching' (p. 69). Some facilitators reflected on how rare team-teaching opportunities are in usual university practices, yet how affirming these can be:

> When my colleague acknowledged me [for an aspect of my workshop session], I realised how seldom one's teaching activities are recognised. We do not team teach as a rule. We do not invite peers to our lectures (Melvyn).

> It was the positive feedback and the recognition of other group members that helped affirm

my competence and helped me grow in confidence (Andre).

Finally, Tronto (1993) emphasises that caring competently has important resource implications – 'care depends upon adequate resources: on material goods, on time and on skills' (p. 110). This issue became increasingly evident as the staff development process unfolded. Initially, the soft funding which Vivienne had secured for this project enabled us to access the material resources needed to run the retreats well (a conducive setting, learning materials and books, technological support, etc.). The resources of time and skills were volunteered by the core facilitators, with the expectation that over time some additional professional development capacity would be recruited into the newly-formed Directorate for Teaching and Learning. Funding has since become more limited, while the group's sense of responsibility to continue to offer time and skills for each retreat has begun to take its toll on some facilitators, as is elaborated on in the later sections on Integrity of Care and Care of the Self.

### *Responsiveness*
The fourth dimension of care is the responsiveness of the care-receiver to the care. Tronto (1993, 134) points out that responsiveness reveals an important moral problem within care, in that 'intrinsic to its nature are the conditions of vulnerability and inequality'. Vulnerability, Tronto (1993, 135) argues, has serious moral consequences.  This is because we go through 'varying degrees of dependence and independence' and it is thus a myth to regard ourselves as 'always autonomous, and potentially equal citizens'.

Given such differences in our status, one of the principles of responsiveness is that care-givers need to remain open to the possibility for abuse. Tronto (1993, 135) states that care-givers should pay attention to the responses of the care receivers to the care given. Responsiveness thus represents a different way of understanding the needs of others.

Team members continually went out of their way to elicit from participants their opinions about the way we were inducting them into relooking their roles as teachers in higher education. Wendy stated, 'And we kept sincerely asking their feedback so that we could check how closely we were addressing the needs that we had recognized'.

To achieve this end, we provided participants with multiple evaluative feedback opportunities. Before the retreat, participants completed a needs assessment in which they provided us with evidence on aspects of their teaching, as well as their expectations of the workshop, and after the retreat they submitted a post-needs assessment in which they informed us how they would apply what they had learned. At the retreat, they wrote reflections, a letter to the facilitators and completed a summative evaluation. Daily, participants were given the opportunity to write anonymous positive and negative comments on Post-Its – those square pieces of paper they affixed to flip-chart sheets displayed against a wall. As Vivienne expressed it, 'The post-needs assessment forms and the evaluation throughout and at the end meant that we paid a lot of attention to how our participants were responding to their experiences'.

Participants responded by mentioning the excitement they experienced at being exposed to new concepts, and how they have become more aware of the important role that alignment plays in curriculum planning. Toni summarised their reactions thus, 'Participant feedback

about their experiences was generally very positive, often mentioning the fact that they were forced to reflect on their own way of doing and their understanding of teaching and learning'. In addition, the feedback opportunities allowed participants to express their difficulties and concerns. This practice enabled the facilitators to engage flexibly with the participants' needs during the workshop process.

We also continually modified the programme of the retreat in response to the feedback. Vivienne pointed out that, 'The fact that we used their feedback to plan subsequent workshops and retreats was indicative of our commitment to taking seriously the ways in which they responded to our offerings'. For example, we initially responded to a request to incorporate more teaching and learning theories by including a whole range of these. Subsequently, in response to further participant feedback, we settled on a single theoretical position – that of Biggs' theory of constructive alignment (Biggs, 2012). This proved to be more accessible for participants, as well as more appropriate with regard to our theme of curriculum alignment. By being receptive to the suggestions of participants, we were adopting a strategy that, as Engelmann (2009, 68) points out, '…democratises education by sharing authority and responsibility for learning with the students, rather than reserving it to the teacher'.

But as Melvyn noted, 'Not everyone was open to our invitation for responsiveness to our level of care'. A small minority of participants justified their lack of engagement with the process with the argument that their discipline did not lend itself to the educational theories and practices that formed the basis of the teaching and learning retreat. Delia perceptively commented, 'Vulnerability might have been one reason for resistance – it is hard to operate in a space of uncertainty, and have to rethink decade-old approaches to teaching, especially when these are entrenched in disciplinary norms'. And so the presenters did not give up on the few reluctant participants and continued to support them in providing opportunities to experience breakthroughs with the teaching and learning processes.

We went out of our way to treat participants with respect and provide them with spaces to express their concerns and vulnerabilities. Their responses to the care we provided were critically examined and addressed, with the result that we could continually provide enhanced teaching and learning retreats.

### *Trust*

Tronto (2012) acknowledges Sevenhuijsen's (2003) notion of trust as a fifth element in relation to an ethic of care. An ethic of care, in fact, presupposes an ethic of trust (Sevenhuijsen 2003). According to Sevenhuijsen (2003), trust acts as 'the oil' for the 'cogs'. The cogs are understood as the four remaining elements constituting a caring ethic. Baier (1997, 604) defines trust in the following way:

> … trust is not the same as mere dependency or reliance on others. To trust is to let someone take care of something one values where taking care of involves discretionary powers.

The evidence that is required for trust is dependent on differential relational positionings – as Sevenhuijsen (1998, 11) puts it, trust is complicated by a 'situation of hierarchy or asymmetry in power relations'. Andre initially anticipated his entry into the group at the first retreat as one of support and service only. His trust in the group was influenced by the perception of his role as peripheral to the grou – as he put it, 'I wasn't sure whether I was just there as a once-off and therefore unsure of how much I should immerse myself'. Andre was a technical support person from the Digital Media Centre and this may

have led to his initial uncertainty regarding his role. He was later included as a facilitator in the group.

Although differently placed, Wendy also initially had difficulties with trusting the group, its leader and the process. Wendy recalled that,

> She – who was employed as the Director of Teaching and Learning – proved, through my experience of the workability of the workshop model, that a) she had a right to be the Director and that b) she was able to facilitate a safe space for us to pilot this thing. Once this was established, I was more willing to share and so the trust grew iteratively.

Tronto (2012, 5) amplifies this iteration of trust in her observation that '[t]rust builds as people realize that they can rely upon others to participate in their care and care activities'.

Sevenhuijsen and Svab (2003) are clear that trust requires some moral effort and that it is dependent not only on respectful attention to another's vulnerability but also to an acknowledgement of one's own – 'the other in oneself' as they put it (Sevenhuijsen and Svab, 2003, 186). For example Delia recalls articulating her vulnerability – 'at the outset I felt quite daunted about being invited to be part of a team of experienced staff development people. However, the group was attentive to this insecurity that I had articulated'.

### *Care for the self*
Tronto (1993, 131) maintains that in order to be attentive to the needs of others one must first be attentive to one's own needs. One's own needs must be sufficiently met in order to notice the needs of others. Foucault (2010) in his later work on ethics, also made reference to the importance of self-care as an ethical practice.

Group members were very conscious of the importance of self-care for the introduction of professional development for higher educators at the retreats. Wendy commented on how much time and effort went into the work that we did. – 'there was (for me anyway) an extent to which rolling out the model from Main Campus to my Faculty was arduously labour intensive and physically, emotionally and time-wise exhausting'.

Delia doubted the sustainability of the model without an infusion of resources, as she saw the process as particularly draining for the team,

> I think this is something we need to consider as a group – have we been driving ourselves beyond our limits with these retreats? I think we all felt so deeply committed and responsible to the process, and have found the retreats so rewarding. But with limited institutional resources, the current format is just not sustainable.

Melvyn reflected on how it was only when some members of the group were able to take some space for themselves, that others were able to follow suit,

> We should also be attentive to one's own needs for care. This was starting to happen. One team member decided against teaching on a retreat. Until this temporary loss of a team member, we had routinely made ourselves available to present on the three-and-a-half day retreat for heads of departments and senior academics, or the two-day retreat for new lecturers. So when the one team member let it be known that she would not be available for

the next retreat, I found it quite significant. It was only after this announcement by my colleague that I began re-assessing my role as a presenter.

As with the other elements of care, the necessity for self-care became more apparent and more easily articulated by group members after a number of iterations of the caring process.

### *The integrity of care*

The integrity of care involves the whole care process that must fit together in order for good care to take place. In other words, good care is dependent both upon the integration of all of the elements as a whole and the quality of each one of the elements themselves. Care involves more than good intentions. According to Tronto (1993, 136), '[i]t requires a deep and thoughtful knowledge of the situation and of all the actors' situations, needs and competencies'.   Integrity of care also requires a knowledge of the context, a thorough engagement and a reflexivity about the process, as Vivienne noted,

I think that we are and were well placed to be sensitive to the context and that we did engage in a deep and thoughtful inquiry of the situation by deliberating together about literature, the best courses of action, how we would respond to the participants' needs, how we could deal with difficult situations, etc. A more superficial model would not really have been suitable for addressing the needs of the respondents. I think each one of us was always thinking, 'How can we best meet our caring responsibilities in relation to these particular respondents and also to each other?' For me this has been the most important part of working together in this group.

An inquiry into the integrity of care provides a means of interrogating the sustainability of the professional development project and its implementation at our institution. Group members indicated that alternative plans should be put into place to make the process a sustainable one for all concerned. Wendy noted with respect to competence that,

> caring in this way uses up time and so time needs to be found from somewhere else for doing what used to be done in the time that is now being used for caring. This is also the case with HoDs who attend our workshops – the valuable time has to be found to catch up with the work they have missed. Resources are required for effective implementation of caring, and these are currently seriously depleted – whether in terms of time, money, or human expertise.

Delia linked sustainability with self-care, 'this sense of responsibility that holds the group together might also be driving us so hard that we neglect our own needs'.

While the professional development model was successful in achieving some of the intended outcomes (see Bozalek and Dison in press for more details of this), there are some warning signals from the perspective of the integrity of care.  The lack of resources – human, time and material – was experienced as impacting on the sustainability of the model that we had developed.

As Devlin (2013) notes in order for teaching and learning to be adequately supported it is necessary for both resourcing and funding to be in place, as well as senior executive involvement in championing it.

## Conclusion

This paper set out to establish the usefulness of the political ethic of care as a normative framework for reflecting on and evaluating our practices as a team in rolling out professional development. We find the framework to be a useful tool because we see teaching and learning as practices of care. The normative framework highlights the significance of all the moral elements of care and how they need to integrally work together for good care to take place. In addition to this, each element has to be properly achieved. When one of the elements is not being accomplished, it impacts on all the others. As we have discussed, responsibility towards each other and the process meant that insufficient self-care was practised. In a similar vein, an initial mistrust on the part of some of the group members impacted on their willingness to take full responsibility in the process.

The political ethics of care thus provides a holistic framework to make judgements about how well professional development practices and processes are able to meet identified needs. It provides a way of establishing where imbalances between the elements may be impacting on how well care is practised. Existing frameworks based on neoliberal principles which do not take into account the moral elements of care – i.e. attentiveness, responsibility, competence, responsiveness and trust – can be seen as inadequate because they tend to privilege knowledge, efficiency and expertise (Gibbs and Coffey 2004). Writing in the context of teaching and learning in higher education, Engelmann (2009) also portrays a convincing argument for the usefulness of the care ethic. Caring is needed as a moral orientation for the university teacher in addition 'to the possession of expert knowledge and the provision of competent service' (Engelmann 2009, 63). Using the framework of care allows us to focus on the importance of collegiality, relationality and vulnerability. These moral orientations sensitise us to differential power relations, to the importance of working collaboratively, and to being attentive to the needs of both caregivers and care receivers.

This paper has focused specifically on our own experiences as a group of people engaged in the process of piloting and rolling out a teaching and learning staff development process. The political ethics of care has been used as a normative framework to reflect on this process. The framework could also be successfully used to evaluate other aspects of the process, such as the participants' experiences, and to analyse higher education institutional policies and practices (Sevenhuijsen and Svab 2003; Tronto 2010). Furthermore, the ethic of care could be used to focus on the importance of affect in teaching and learning (Zembylas 2005). In using the ethic of care as a normative framework we would caution against seeing all ethics of care frameworks in a monolithic light. Our emphasis on the political ethics of care is important as it addresses critiques of parochialism, paternalism and particularism directed towards other care ethicists such as Gilligan, Noddings and Ruddick.

## References

Baier, A.C. 1994. *Moral prejudices. Essays on ethics*. Cambridge and London: Harvard University Press.

Barnes, M. 2012. *Care in everyday life: An ethic of care in practice*. Bristol: The Policy Press.

Biggs, J. 2012. "What the student does: teaching for enhanced learning." *Higher Education Research and Development* 31, no. 1: 39–55.

Boughey, C. 2007. "Educational development in South Africa: From social reproduction to capitalist expansion." *Higher Education Policy* 20:5-18.

Bozalek, V. 2013. "Equity and graduate attributes," in Alejandra Boni and Melanie Walker (eds.) Universities and Human Development. A Sustainable Imaginary for the XXI Century. London: Taylor and Francis. pp. 71-81.

Bozalek, V., and Carolissen, R. 2012. "The potential of critical feminist citizenship frameworks for citizenship and social justice in higher education." *Perspectives in Education* 30, no. 4: 9-18.

Bozalek, V., and Dison, A. In press. "Using institutional strategic interventions to enhance teaching and learning at UWC." *South African Journal of Higher Education.*

Devlin, M. 2013. "Effective University Leadership and Management of Learning and Teaching in a Widening Participation Context: Findings from two national Australian studies, *Tertiary Education and Management.* DOI:10.1080/13583883.2013.793380

Engelmann, D. 2009. "Another look at a feminist ethics of teaching." *Atlantis* 33, no. 2: 62–71.

Foucault, M. 2010. *The government of self and others: Lectures at the Collège de France 1982-1983,* trans. G. Burchell. New York: Palgrave MacMillan.

Gibbs, G. and Coffey, M. 2004. "The impact of training of university teachers on their teaching skills." *Active Learning in Higher Education* 5, no.10: 87–100.

Gilligan, C. 1982. *In a different voice.* Cambridge, MA: Harvard University Press.

Held, V. 2006. *The ethics of care: Personal, political, and global.* New York: Oxford University Press.

Nicoll, K. and Harrison, R. 2003. "Constructing the good teacher in higher education: The discursive work of standards." *Studies in Continuing Education* 25, no.1:23-35.

Noddings, N. 2002. *Educating moral people: A caring alternative to character education.* New York: Teachers College Press.

Olssen, M. and Peters, M.A. 2007. *Neoliberalism, higher education and the knowledge economy: From the free market to knowledge capitalism.* London: Routledge.

Postareff, L, Lindblom-Ylanne, S., and Nevgi, A. 2008. "A follow up study of the effect of pedagogical training on teaching in higher education." *Higher Education* 56: 29–43.

Robinson, F. 1999. *Globalizing care. Ethics, feminist theory, and international* relations. Colorado: Westview Press.

Robson, C. 2002. *Real World Research: A Resource for Social Scientists and Practitioner—Researchers*. Massachussetts: Blackwell Publishers.

Ruddick, S. 1989. *Maternal thinking: Towards a politics of peace*. New York: Ballantine.

Saroyan, A. and Amundsen, C., ed. 2004. *Rethinking teaching in higher education: From a course design workshop to a faculty development framework*. Sterling: Stylus.

Sevenhuijsen, S. 1998. "Too Good to be true? Feminist considerations about trust and social cohesion." IWM Working Paper No. 3/1998: Vienna.

Sevenhuijsen, S. 2003. "The relevance of the feminist ethic of care for social policy". *Feminist Theory* 4, no. 2: 179–97.

Sevenhuijsen, S., and Svab, A. 2003. *Labyrinths of care: The relevance of the ethics of care perspective for social policy*. Lubljana: Mirovni Institute.

Tronto, J. 1993. *Moral boundaries: A political argument for an ethic of care*. New York and London: Routledge.

Tronto, J. 2010. "Creating caring institutions: Politics, plurality, and purpose." *Ethics and Social Welfare* 4, no. 2: 158–71.

Tronto, J. 2012. "Democratic Caring and Global Responsibilities for Care."
A Paper prepared for Presentation at the Conference "Critical Care," Brighton, September 2012.

Tronto, J. 2013. *Caring democracy: Markets, equality and justice*. New York: New York University Press.

Trowler, P. 2012. *Doing insider research in universities*. Kindle Book:Amazon Digital Services, Inc.

Young, I. 1997. "Asymmetrical reciprocity: on moral respect, wonder and enlarged thought." *Constellations* 3, no. 3: 340–63.

Zembylas, M. 2005. *Teaching with emotion: A postmodern enactment*. USA: Information Age Publishing.