



Intergenerational Forum: 'Collective Care in Collaborative Work' October 2026 Forum summary

Quick recap

This toolkit outlines the key insights, methodologies, and learnings from the Intergenerational Forum held on 7th October 2026. Hosted by Flourishing Lives in partnership with theatre maker, researcher, and practitioner **Sue Mayo**, the session explored how arts and wellbeing providers can foster collective care - moving away from a top-down model where care rests solely on a 'heroic' facilitator, toward a shared environment where responsibility, care, and expertise are held by the whole group.

1. The Catalyst: Rethinking Care in Participatory Spaces

The concept of collective care in creative work stems from a pivotal moment Sue Mayo observed during a 2008 creative reminiscence session at Sutton House in Hackney, led by actor-musician Lizzie Lewendon.

- **The "We Know" Moment:** While older participants shared memories of marriage breakups, one woman stood and began crying painfully. As the facilitator started to move across the room to intervene, the woman's neighbour gently stroked her arm and whispered, *"It's alright. We know. We know"*. The participant sat back down, comforted, hand held by her peer.
- **The Key Shift:** This moment highlighted that empathy and care are not solely the responsibility of the paid facilitator. Care can be **mutually held and shared** among participants.
- **Dismantling the "Heroic Facilitator" Myth:** Participatory art often falls into a narrative of "performed heroism" or treating facilitators as "alchemists". Treating facilitators as alchemists implies turning "straw into gold" - wrongly framing participants as passive "straw" rather than individuals bringing rich life experience into the space.

2. Theoretical Frameworks ("The Posse")

To deepen the understanding of collective care, the forum drew upon four core theoretical concepts:

1. **Care Ethics & Solidarity ("Caring With") - Joan Tronto:**

- Care is a "**species activity**" encompassing everything done to maintain, continue, and repair our world so we can live in it as well as possible.
- Conventional definitions often reinforce **asymmetry** (a helper vs. a helped person).
- True collective care requires **solidarity ("caring with")**, marked by plurality, open communication, trust, and mutual respect. Care rarely exists purely between two individuals; it relies on a supporting web.

2. Negative Capability & The "Double Agent" - John Keats & Diana Voller:

- Keats defined *Negative Capability* as the capacity to remain in **uncertainties, mysteries, and doubts** without prematurely rushing to reason or control.
- Psychotherapist Diana Voller describes practitioners as "**double agents**" - holding professional expertise and boundaries while simultaneously remaining unknowing, resilient, and open to being discombobulated by the group.

3. Fluid Hospitality: Hosting vs. Guesting - Alison Jeffers & Mireille Rosello:

- Hospitality is a **risky relationship** where host and guest enter into the uncomfortable possibility of being changed by one another.
- Facilitation should shift from rigid leading to flexible **hosting**, allowing participants to step out of the passive "guest" role and take active responsibility for the environment.

4. The Margins and the Centre - bell hooks:

- Living on the margin offers a unique way of seeing reality - looking from the outside in and the inside out. A healthy group culture recognises that the "main body" consists of both the margin and the centre.

3. Case Studies in Practice

Case Study 1: Women for Refugee Women (Reclaiming Host Agency)

- **Context:** A weekly drama group for women seeking asylum, led by Rebecca Hayes Laughton.
- **Practical Care:** Every session begins by **stopping everything to greet each woman by name** as she arrives, confirming her place in the space. Practical tasks (making tea, setting out chairs, welcoming newcomers) are shared across the group.

- **Shift in Power:** Women seeking asylum are constantly forced into the position of temporary "guests" by state systems. The drama group provides a space where they can exercise their capacity as **hosts**.
- **Robust Trust:** The group culture is strong enough that members can engage in robust, critical evaluations of their performances without needing to perform artificial "togetherness".

Case Study 2: Talawa Theatre Company & Kindred Minds (Shared Baseline & Mutual Expertise)

- **Context:** A 3-year partnership between Talawa (a Black-led theatre company) and Kindred Minds (a group of Black mental health service users), facilitated by Gail Babb and Arji Manuelpillai.
- **Inverted Hosting:** Kindred Minds acted as the instigators and hosts - setting up tables and food each week and starting every session with extended personal news exchanges.
- **Mutual Expertise:** Facilitators brought theatre skills; participants brought mental health expertise.
- **Shared Identity as Safety:** Because the room was entirely Black and South Asian, participants did not have the emotional burden of explaining experiences of racism. This shared baseline allowed immediate trust.
- **Spontaneous Collective Support:** During a public performance, a participant who had previously declined to perform suddenly stepped onstage; the rest of the cast seamlessly made space for her and joined her improvisation during the curtain call.

Case Study 3: Entelechy Arts - Elders Performance Company (The "Body of Trust")

- **Context:** An elders company based at The Albany in Lewisham. Every member is titled an "Entelechy Artist" rather than an "older participant".
- **Siblinghood & Reciprocity:** Members describe their relationship as a "**body of trust**" akin to siblings. If someone is absent or in hospital, their name is kept in the room, and others step in to hold their role.
- **Distributed Ownership in Public Spaces:** In their production *BED* (where hospital beds were wheeled into public spaces), if a performer fell ill on the day, another company member immediately stepped into their bed to ensure the show went on.

4. Key Learnings & Facilitation Nuances

Forum delegates and speakers identified several critical insights during peer discussions:

- **Co-Leadership and Dual Facilitation:** Working with a co-lead allows practitioners to shape the space collaboratively - one person holding the creative leadership while the other moves within the group to manage subtle relational dynamics.
- **"Can Care Be Taught?" vs. Cultivating Interest:** Delegates debated whether care is a learnable skill or an innate personal quality. The consensus noted that while step-by-step techniques cannot force genuine care, providers **can cultivate curiosity and interest in the individual** (e.g., learning what food someone likes or asking about their story).
- **A Rigorous Critique of "Ownership":** Sue Mayo criticized the lazy use of the word "ownership" in participatory arts. When an organisation books the space, holds the budget, and employs the only paid staff, claiming participants "own" the project is disingenuous. Practitioners should focus instead on **deep engagement, shared responsibility, and fluid hosting**.
- **The "Bob the Builder" Multi-Skilled Crew:** As practitioner Tony Cealy noted in the chat, collective care functions like a site crew: *"One does the electrics, one does the carpentry, one does the plumbing - each brings a skill or quality that helps deal with whatever situation arises"*.
- **Organisational Care for the Facilitator:** Collective care must encompass the practitioner. Organisations like Magic Me demonstrate best practice by providing emotional check-ins, practical support, and recognising that holding group dynamics is costly work.
- **Accommodating Neurodivergence:** Facilitators must recognise that "reading the room" or communicating in traditional ways does not come naturally to everyone. Collective care means creating inclusive environments where diverse neurodivergent processing styles and energy levels are validated.

5. Core Principles for Arts & Wellbeing Providers

- **Dismantle Facilitator Asymmetry:** Shift away from the "heroic practitioner" paradigm. Structure sessions so that social and practical hosting tasks are shared across the group, validating participant capacity over perceived "need".
- **Embrace "Reflective Inaction":** Cultivate *Negative Capability* - the professional confidence to pause and step back when emotional moments or peer initiatives occur, allowing group solidarity to take root.
- **Acknowledge Lived Expertise as Equal to Artistic Skill:** Explicitly frame participants as co-researchers and subject-matter experts, ensuring their lived experience sets the project agenda alongside the facilitator's artistic skills.

- **Embed Structural Care for Creative Health Workers:** Organisations must provide formal debriefs, fair resourcing, and emotional safeguards for facilitators, recognising that caring spaces cannot be sustained by burnt-out practitioners.
- **Nurture a "Body of Trust":** Evaluate project success not merely by creative outputs, but by the strength, reciprocity, and longevity of the relational web built among participants.

6. Resources & Links Shared in the Chat

Theoretical & Academic Frameworks

- **Collective Care in Participatory Work (Sue Mayo):** Sue Mayo's open-access research article examining collective care, dynamic group life, and facilitation in participatory performance.
 - Link: [Performance Paradigm Journal Article](#)
- **Care Aesthetics & The Art of Care (James Thompson):** Recommended by participants to explore how care functions as an aesthetic quality within creative health practice. Flourishing Lives has curated a dedicated resource hub on this topic.
 - Resource Hub: [Flourishing Lives — Exploring Care Aesthetics](#)
- **Negative Capability & The Practitioner as "Double Agent" (Diana Voller):** Psychotherapeutic perspectives on sitting comfortably with uncertainty while maintaining professional boundaries.
 - Article: [Contemporary Psychotherapy — Negative Capability](#)
- **Key Foundations in Care Ethics & Hospitality:**
 - **Joan Tronto (1994, 2013):** Moral Boundaries & Caring Democracy: Markets, Equality, and Justice (Ethics of Care and "Caring With" solidarity).
 - **Alison Jeffers (2012):** Refugees, Theatre & Crisis: Performing Global Identities (Fluid hospitality, hosting vs. guesting, drawing on Mireille Rosello).
 - **bell hooks (1984):** Feminist Theory: From Margin to Center (Understanding perspectives from the margins and the centre).

Practical Practice Tools & Project Case Studies

- **A Manifesto of Care (Bernadette Russell):** A collective, community-generated Manifesto of Care developed for Lincoln's Frequency Festival 2019, offering a practical model for gathering community commitments to care.
 - Blog & Manifesto: [Bernadette Russell — A Manifesto of Care](#)

- **Apples & Honey Nightingale:** A co-located intergenerational model featuring a care home situated alongside a pre-school nursery.
 - Website: [Apples & Honey Nightingale](#)
- **Suffolk Artlink:** Community creative health organisation delivering participatory and intergenerational practice across Suffolk.
 - Website: [Suffolk Artlink](#)
- **The Space Between Us (Chickenshed):** Inclusive intergenerational theatre programme connecting young people and older adults through performance.
 - Website: [The Space Between Us](#)
- **Love Conquers Clubland (@loveconquersclubland):** An intergenerational club culture community archive project based in Leeds.
 - Website: [Love Conquers Clubland – A Social History Archive Project](#)