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Caring Cities: Towards a Public Urban Culture of Care?

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Abstract

Based on an international literature review and selected case studies, this article discusses the potential of the Caring City policies for an urban public culture of care. In recent years, "the caring city" has entered feminist and urbanist debates and local politics as a concept to overcome the multiple crises of care. The concept draws on a longstanding tradition of feminist research and critique, but is a comparatively new attempt to transform care arrangements at the local level. It addresses the urban as a system of mutual care and a place of daily and (inter)generational care for oneself, others, and the planet. In terms of the importance of local infrastructure in enabling or hindering care, the concept also includes a debate on planning as caring practice. It is enhanced and put into practice by local governments, such as in Barcelona and Madrid (Spain) and Bogotá (Colombia). Here, Caring City policies range from integrated care strategies to neighbourhood care systems, including care centres, mutual support networks, and awareness-raising. The article provides an overview of Caring City policies, their genesis, objectives, and essential elements. We argue that the concept resonates well with the current quest to develop more sustainable and equitable cities by establishing public urban cultures of care. The Caring City policies' long-term effects, however, require monitoring, as the case studies demonstrate how little established Caring City policies still are and how much effort it takes to anchor them in local politics in the long term.

Keywords

Caring Cities; feminist city; urban development; urban planning

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1. Introduction

Care has long been a key topic in feminist debates on architecture, urban development, and urban planning. As early as the late 19th century, the First Women's Movement pleaded for a collective organisation of housework, particularly in terms of professional food provision in central kitchens and collective childcare (Hayden, 1982). In Germany and elsewhere, these efforts were highly contested, as conservatives stressed the role of women for a family's well-being inside the home and outside paid employment (Terlinden, 2004). The privatisation of care in post-war societies was, to an important extent, both an ideological and an economic project (Rutherford, 2003). In many capitalist countries, modern housing ideologies that strongly influenced urban planning and development after World War II were based on the ideal of the nuclear family as a unit of consumption, characterised by a clearly gendered division of labour. Today, the subordinate role of care in public policy is deeply embedded in societal economies, social relations, and cultures, and simultaneously manifests in the built environment, illustrated by the still dominant housing ideal of the single-family home, the socio-spatial division of urban functions, or the car-centred design of transport networks. Although alternative forms of collective housing and the organisation of social reproduction have become increasingly important over the past decades (Peake et al., 2021), and despite increasing public attention for the care crisis, not least during the Covid-19 pandemic, care remains essentially a private matter in most countries.

Against this backdrop, the present article focuses on the potential of Caring City policies to overcome the privatisation of care and to establish a public urban culture of care at the local level. For over a decade, "the caring city" has become a label for restructuring care arrangements in several cities (see Castillón & López, 2022; Cuevas, 2020; Ezquerra & Keller, 2022; Kussy et al., 2023) to fight poverty and reduce socio-economic as well as care inequalities. Implementations can be found primarily in Spanish-speaking countries such as Argentina, Chile, Colombia, and Spain. Caring City policies consider cities as systems of mutual care and as places of everyday and (inter)generational care for oneself, others, and the planet. They position care work at the centre of the city and its design, rethink urban policies and planning from a care perspective, and focus on the needs of caregivers and care receivers.

This article presents findings from desktop and empirical research of selected cities that have developed Caring City policies over the past decade. It summarises six key elements of Caring City policies and how they have been implemented in practice. Caring Cities will be categorised as a particularly urban attempt to establish a public culture of care at the local level: (a) They raise awareness for mutual care dependencies and social inequalities within the distribution of care work (including gender, race, class, bodies, and their intersections); (b) insist on the public responsibility for good care conditions and the need for democratic control of care relations; and (c) stress the relevance of the local urban environment for care conditions and for creating public spaces of mutual care. In the sense of a "caring urbanism," Caring City policies focus "on common access to formal and informal social and physical infrastructures that meet basic needs and foster urban cultures of care" (Breinbauer et al., 2024, p. 12). As the sustainability and long-term effects remain unclear, the article presents preliminary conclusions regarding the contributions of the policies to the establishment of public urban cultures of care.

The article is based on the understanding that all genders are socially constructed in ways that structurally privilege men and discriminate against all other genders. However, binary gender perceptions, i.e., the

exclusive distinction between men and women, are constitutive for empirical studies in many contexts. In this article, we adopt statements, data, and interpretations from such studies as this perceived two-sex binary still has a powerful impact on lived realities and particularly as it has, in some cases, been the starting point for Caring Cities policies.

Section 2 of this article presents the database and methods for this article. In Section 3, we sketch four academic debates that we understand as highly influential for the emergence of Caring Cities policies. Section 4 summarises the trajectories of three selected cities towards becoming a Caring City, before we highlight the essential elements in Section 5. We discuss our findings in Section 6 and finish with our conclusions in Section 7.

2. Database and Methods

This article is based on a ten-month qualitative research project, which examined the potential of Caring Cities for a socially equitable and sustainable urban development. In an initial desktop literature search, we identified key texts in German and English on Caring Cities and related feminist debates, as the care debate remains incomprehensible without its feminist background. Unfortunately, due to a lack of language skills, we were unable to consider academic literature in Spanish, instead referring to English and German literature on Spanish case studies. We then summarised our findings in a systematic overview of the academic discourse.

In the second step, we searched for practical examples of Caring City policy implementations. For the presentation of cities' trajectories in this article, we selected three cases out of four in-depth case study cities: Barcelona and Madrid (Spain) and Bogotá (Colombia), which again had been selected from twelve cities we found to have developed some form of Caring City policies over the past decade. All three cities are considered pioneers and have already been studied in other research projects (see, e.g., Ezquerra & Keller, 2022; Kussy et al., 2023; Martín, 2023). We used existing studies and key policy documents, legal texts, municipal websites, and web archives. Information only available in Spanish was translated by translation software and then validated with the interviewees and the German and English literature. In addition, we conducted four qualitative interviews with two representatives from Bogotá, two from Barcelona, and one from Madrid. Three interviews were carried out in English online, recorded, and then transcribed. One written interview took place in Spanish, which we translated with open access translation software; the translation was then checked by a native speaker. We then undertook a qualitative content analysis according to Mayring and Fenzl (2014), coding the interviews and analysing and interpreting them with categories derived from the literature and the material itself. The analysis was enriched by the data from documents and websites. In this article, we refer to the interviews as follows: former mayor for feminism, Barcelona (I 01); two staff members, secretariat for women, Bogotá (I 02); and a former staff member of the municipality of Madrid (I 03). All interviewees consented to the use of interview material for academic purposes in publications related to the research project. We used DeepL software for style improvement and the translation of some citations before an English proofreading was carried out. For the preliminary structure of Section 5.6, ChatGPT was used as a source of inspiration. The use of AI in academic knowledge production requires critical reflection. In this case, using AI to inspire the organisation of material helped sharpen the authors' argument in this one particular section. However, transparency about AI use is essential. The authors take responsibility for all remaining errors.

The research also included two online workshops with experts from academia and local practice for the additional validation of our findings. The project findings were presented in a public online event in September 2024.

3. Academic and Activist Debates on Care and the City

Caring Cities are subject to both academic and activist debate and professional practice. Within academic debates, we suggest conceptualising the Caring City as an urban concept. Urban concepts are "blueprints for the city of tomorrow. They contain analyses and diagnoses of current urban developments, critiques of problematic or undesirable trends as well as forecasts, programmes and visions of a new, different, better city" (Rink & Haase, 2018, p. 10, translation by the authors). In this sense, Caring Cities represent a response to specific crises discourses that problematise how care work is distributed, organised, and valued, not only in feminist debates, but also within spatial disciplines such as architecture, urban planning and design, as well as geography, and within sustainability discourses. Conceptually, they draw on a long tradition of feminist research and critique. Due to the relevance of the urban environment for enabling or hindering care (Binet et al., 2023), the concept also relates to a debate on planning as a caring practice (Davis, 2022; Fitz & Krasny, 2019; Lyles & Swearingen White, 2019). Further important reference points for academic debates are municipalist movements (Kussy et al., 2023). We briefly present these different perspectives in this section.

3.1. Feminist Analyses of the Care Crisis

From a feminist perspective, care work under current (neoliberal) conditions (in Western welfare states) leads to exhaustion and stress in both private households and professional care settings (see, e.g., Dowling, 2022). Against the backdrop of a rather strong welfare state in Western countries in the mid-20th century, several authors have diagnosed a "care crisis" or a "crisis of social reproduction" (Altenried et al., 2021; Aulenbacher & Dammayr, 2014; Dowling, 2022; Jurczyk, 2010; Winker, 2015). According to these analyses, women particularly—who are still mostly responsible for care work—face a double burden. On the one hand, they participate in the formal labour market. On the other hand, they continue to take over most of the (often unpaid) care work in private households. The current gender care gap in Germany is estimated at 44.3%, which means that, on average, women provide nine hours more of unpaid care work per week than men (Statistisches Bundesamt, 2024). At the same time, public services have been reduced and privatised, and (social) infrastructures reorganised according to ideals of efficiency and profit. Consequently, quantitative and qualitative care gaps are emerging both in private households and professional care settings (Brückner, 2010; Dück, 2022).

These developments lead to unequal access to care. Those who can afford it can outsource care work, such as cleaning, cooking, or nursing, to external service providers. This individual coping strategy is embedded in a general commodification of care work. Care work is increasingly offered as a service, nowadays often mediated through online platforms (Altenried et al., 2021; Strüver & Bauriedl, 2022) and mostly performed by migrant workers, who do not always have equal chances in the formal labour market (Schmidbaur & Apitzsch, 2010). These strategies mean that care work continues to be privatised as a commodity and is externalised in terms of labour and, partially, space, for example, in the case of home delivery or eating out instead of shopping and cooking at home. In the absence of adequate public infrastructures, those who are unable to outsource care work to paid service providers are left to rely on themselves and their social networks. As care

work is attributed to, and predominantly performed by, women as unpaid or poorly paid work, the care crisis is therefore gendered and disproportionately affects women.

In response to this double privatisation of care work, feminist activists and scholars call for its double de-privatisation (see, e.g., Fried & Wischnewski, 2023), i.e., the collectivisation of care work in terms of public responsibility. Such a transformation can be achieved through the expansion of social infrastructures and their democratisation, and, at the same time, the shift of care work from private and gendered responsibility to collective (public) institutions (Dowling, 2018; Fried & Wischnewski, 2022, 2023, 2024; Kussy et al., 2023). These authors argue that public services need to be complemented by public support for self-managed care infrastructure (Zechner, 2021), which goes beyond merely filling gaps of public services (Fried & Wischnewski, 2022, p. 59, 2024, p. 18). This reorganisation must be based on a societal negotiation of how and by whom care should be provided (Fried & Wischnewski, 2023, p. 72). At the same time, feminist activists and scholars discuss the possible pitfalls of public as well as self-organised care provision, e.g., in terms of intensified (self-)exploitation and care dependencies (Laufenberg, 2021; Rosa-Luxemburg-Stiftung, 2023; van Dyk & Haubner, 2021). In general, the feminist strand of the care debate stresses the need to transform the organisation of care work in society.

3.2. Urbanist Perspectives on the Care Crisis

The urban environment provides the spatial setting for everyday life, which can either enable or hinder care (Binet et al., 2023). The availability and quality of social infrastructure, public spaces, and housing are crucial for fulfilling one's own and others' care needs. Their availability and design depend on planning and investment decisions and thus on overall power structures (Binet et al., 2023, p. 283). However, care infrastructures are unevenly distributed across urban spaces. According to Hutta and Schuster (2022, p. 100), decades of austerity policies, often combined with selective and inadequate public investment due to privatisation, have created a highly uneven landscape of care. Some areas have dense care structures, whereas others lack functioning transport, health, supply, and leisure systems. As a result, caregivers who live in neighbourhoods inadequately equipped with infrastructure have to make additional efforts to compensate for deficits, such as travelling greater distances. These conditions increase the care burden (Binet et al., 2023) on those who are already disadvantaged in economic terms. Although most of the Caring City literature focuses on urban areas, the analysis of socio-spatial care inequalities is also discussed for rural areas marked by socio-spatial peripheralisation (see, e.g., Haubner & Laufenberg, 2022).

Besides the importance of social infrastructure and their proximity to homes, the relevance of the urban environment for care is also evident in terms of mobility. With cities designed for cars and simple trip chains usually attributed to a "male" workforce, who typically commute to and from work by car, the urban environment and transport system often do not support the diverse and complex routes of daily care work—mainly carried out by women. Female mobility is often related to care work and therefore has a more diverse pattern while mostly taking place close to home (Sánchez de Madariaga, 2013). Therefore, caregivers strongly depend on public transport, walking, and cycling infrastructures as well as the quality of public space. In addition, housing is considered part of the crucial infrastructure of care too (Latocha, 2021; Madden, 2025; Power, 2019; Power & Mee, 2020; Roller et al., 2024). This concerns the availability of affordable housing, the layout of flats, and the quality of residential environments.

3.3. Planning as Caring

Because of the relevance of the urban environment for enabling or hindering care, authors also discuss planning as caring and care ethics for planning practices. According to Davis (2022), planners can evaluate the design of urban spaces by how effectively these spaces fulfil local care needs, to what extent they support people in caring or receiving care, and whether they help to counteract sexist, racist, and/or class-based disadvantage and discrimination in the care sector. In contrast to generic one-size-fits-all solutions and planning for (and from) a universalised position, caring spaces require context-specific solutions and designs that are both open and flexible to changing care needs (Davis, 2022, pp. 32–34; Sandström, 2020; Zibell, 2022). In recent years, many planning scholars have warmed up to the idea of planning as caring (Healey, 2024), not least because it is connectable to other planning concepts such as "healthy cities," "just cities," etc.

Authors have also advocated care ethics in architecture and urban planning (Fitz & Krasny, 2019; Freeman & Nel, 2024; Healey, 2024; Jon, 2020; Krasny, 2019; Williams, 2020)—not only in terms of caring for people but also for the environment and non-human actors. The planetary crisis can also be understood as a crisis of care and implies the need to consider (and care of) non-human actors as well, as humans are not alone on earth but live in "multispecies entanglements" (Haraway, 2015; Houston et al., 2018). The central concern here is to anchor these aspects in the disciplinary self-understanding and practice of urban planners and designers, including activities of preservation and repair (Krasny, 2019). This involves questions of the sustainable use of resources, resilient communities, climate justice, etc. (Alam & Houston, 2020; Hertweck et al., 2022; Jonas, 2022; Ngo et al., 2023).

Planning as caring can also mean "compassionate planning" (Lyles et al., 2018). By this, Lyles and colleagues propose an attitude that recognises emotions in planning processes, values non-human beings, and is based on empathy and the desire for improvements for oneself and others (Lyles & Swearingen White, 2019, p. 292). The focus is on reflecting one's own feelings, assumptions, and behaviour, but also one's own positioning within social power structures. Acting compassionately means recognising all people's needs and desires.

3.4. Care Municipalism

In particular, feminist debates inspired activists and local governments as part of municipalist movements to promote care policies. Municipalism is a social movement, often supported by left-wing parties that unite in forming electoral platforms to run in local elections. As Vollmer (2017) puts it:

> Municipalist movements "strive to take responsibility or influence municipal governments in order to (re)direct local institutions towards the common good, to create a new relationship between municipal governments and social movements, and thus to democratise the way politics is shaped from below and to change the institutional framework. (p. 147, translation by the authors; see also Krüger, 2024; Roth et al., 2020)

In several municipalities in Spain, such as Barcelona, Madrid, and Saragossa, municipalist electoral platforms won the 2015 local elections and formed municipalist governments. Besides other fields of intervention, these governments became known for their particular focus on care policies. After decades-long efforts of

social and feminist movements for the recognition of care work, municipalist governments were able to establish care as a central field of local political intervention. As an institutional framework, municipalism offers the opportunity to transform the organisation of care work at the local level from within the government and in close connection with feminist movements (Kussy et al., 2023, p. 2041). Kussy et al. (2023) discuss the case of Barcelona as a practical example for what Dowling (2018, 2022) framed as "care municipalism." Care municipalism is a political strategy at the local level that aims to reshape urban policies from a care perspective and compensate for deficits in the current organisation of care (Kussy et al., 2023, p. 2041). Kussy and colleagues identify three core elements of care municipalism based on the case of Barcelona: (a) a narrative on care characterised by feminist economy; (b) new forms of organising care; (c) establishing and expanding social infrastructure (Kussy et al., 2023, p. 2036).

In the following section, we present insights into the transfer of the various debates presented into actual political practice in three cities that have committed to implementing explicit Caring City policies. We present their specific trajectories and then go on to discuss six key elements these cities employed in the light of public urban cultures of care.

4. Three Urban Trajectories Towards the Caring City

Desktop research showed that Caring City policies are particularly implemented in Spanish-speaking countries. This section presents three cities and their experiences.

4.1. Barcelona, Spain

In Barcelona, the Caring City policy was initiated by the municipalist government of the movement party Barcelona en Comú, which won the 2015 municipal elections. Barcelona en Comú was founded as an electoral platform by different left-wing parties and movement actors. The government was supported by a strong feminist and urban movement and led by Mayor Ada Colau, a former anti-eviction activist. The Caring City was an important policy field for which the government became known (see, e.g., Fried & Wischnewski, 2023). After the inauguration, a study was commissioned on care work and time use, and in May 2017, the government published a strategy paper for the democratisation of care in the 2017–2020 period (*Govern per una Democratització de la Cura*; see Ajuntament de Barcelona, 2017; see also Ezquerra & Keller, 2022). This government action plan describes their political approach, shaped by feminist economists' ideas, and contains measures and budgeting. The aim was to recognise care work as a central component of the urban economy and thus initiate a "paradigm shift in municipal economic policy" (Ezquerra & Keller, 2022, p. 7, translation by the authors). The plan included, among other things: contact points for care in all neighbourhoods (the Vila Veïna project); the restructuring of an outreach support programme to improve care and working conditions (the Superilles de les Cures programme); and the setup of a care card for carers and people in need of care in order to better communicate information and support services (the Tarjeta Cuidadora).

Cross-departmental steering groups were established to direct the implementation of the strategy. However, it proved difficult to establish care as a comprehensive inner- and inter-departmental perspective, and to foster cross-departmental collaboration as it required a revision of the previous departmental structure and called into question the historically leading role of social services (I 01, 2024; Ezquerra & Keller, 2022, p. 5).

Decision-makers in the Office for Feminism experienced political headwinds and aversion when they promoted their care policies, which aim to improve the working conditions of working-class migrant women in the care sector, thus addressing the intersections of class, race, and gender (I 01, 2024). New political majorities following the municipal elections in 2019 led to the reorganisation of responsibilities, which slowed down the implementation considerably. Barcelona's Caring City policy became internationally known and a role model for other cities (Metropolis et al., 2023). At the same time, Barcelona en Comú was the first municipal government with rather sobering experiences in its attempt to transform the city administration and municipal politics.

4.2. Bogotá, Colombia

In Bogotá, the Caring City policy was initiated by Mayor Claudia López Hernández (2020–2023). She made care a focal point of her term in office, responding to the long-standing demand of the local feminist movement to reduce poverty and time scarcity among caregiving women (I 02, 2024). The Caring City policy in Bogotá focuses on the unpaid care work of women and aims to recognise, redistribute, and reduce care work and combat poverty. An urban care system (the Sistema Distrital de Cuidado) was established, which includes care centres in all neighbourhoods that can ideally be reached within a maximum walking time of twenty minutes. By the end of July 2024, twenty-three care centres had been opened with at least one in each of the twenty districts of the city (Alcaldía Mayor de Bogotá D.C., n.d.). The care centres bring together various services for caregivers and care receivers, as well as for the community, in one place. Services include education, recreation, fitness, and counselling. Here, women can continue their education, receive further training, and obtain qualifications and certificates to enable them to enter the formal labour market. In addition, mobile care centres in the form of buses supply the more rural and poorly equipped areas of Bogotá with care services. For those who are housebound because of their 24-hour care responsibilities, outreach support programmes were put in place. At the end of the government's term in March 2023, the care system was successfully adopted into law, thus ensuring its continuation (Alcaldía Mayor de Bogotá D.C., 2023; Concejo de Bogotá D.C., 2023). The law defines the political intentions of the Caring City policy and determines the different components of the care system as well as the responsibilities within the administration. Besides the legal implementation, the care system enjoys broad political support across party lines (I 02, 2024) as the policies address widespread and pressing poverty issues. The care system in Bogotá also received great international attention and the government was able to acquire substantial external funding in the form of international grants and donations (see, e.g., Castillo, 2022; Lopez et al., 2023; Observatory of Public Sector Innovation of the OECD, 2022).

4.3. Madrid, Spain

In Madrid, the electoral platform Ahora Madrid, formed by various left-wing parties, won the 2015 municipal elections. A cross-departmental planning team drew up the action plan Madrid as a Caring City 2016–2019 (*Plan Madrid Ciudad de los Cuidados*; see Steering Group, 2017; also see Martín, 2023). The aim of this ambitious plan was to align urban policy with the needs of citizens, particularly in terms of care, and to make government processes more responsive, accessible, and citizen-centred. The plan included measures and budgets for different areas of action. It included training on care ethics for administrative staff and councillors, a project for the prevention of loneliness, and support for grieving relatives, to name a few. Due to internal disagreements regarding responsibilities and the subsequent transfer of the overall project to

the health division, as well as insufficient budgeting, among other things, the implementation of the projects was delayed or did not start at all (I 03, 2024; Martín, 2023; Steering Group, 2019). The cross-sectoral, transformative character of the envisaged Caring City policy became partly lost. Following the change of government in 2019, the new government did not proceed with the implementation of the plan.

4.4. Trajectories of Three Selected Cities

The analysis of the three Caring City policies of Barcelona, Bogotá, and Madrid demonstrates different starting points: The process can be initiated by an electoral platform that is already running with a feminist urban policy, as in Barcelona and Madrid, or by a central individual such as the mayor in Bogotá, who puts care on top of their political agenda. A shared key concern to all three city governments was the improvement of living conditions and participation opportunities for caregivers, especially women. Their political strategies differed, however, in terms of the extent to which they were able to transform current systems of production and reproduction.

In Bogotá, the focus was on women's participation in the economic system and the formal labour market. In both Spanish cities, Caring City policies referred to feminist economic theories, which call for making care work an integral part of municipal economic policies and, thus, for overcoming the separation of production and reproduction. The latter focused on a systematic transformation, whereas the former addressed material concerns. All cases show that structural changes in politics and administration are necessary to implement Caring City policies. In particular, the structure of departments and the creation of new posts and cross-departmental steering committees were highly relevant for an integrated and comprehensive strategy.

5. Essentials of the Caring City in Practice

The following section presents six essential elements of Caring Cities in practice, which were identified as important elements in the three cities whose trajectories were presented above. Although their impact on urban care relations highly depends on their implementation in each individual case, they illustrate the range of potential topics, projects, and activities for Caring Cities.

5.1. Integrated and Comprehensive Care Strategies

Integrated and comprehensive care strategies can be an important basis for Caring City policies, as the cases of Barcelona and Madrid in Spain show. Strategy papers play an important role in progressive politics in many policy areas, such as environmental policy, but they are particularly relevant in new policy areas where fundamental transformations are necessary for their consolidation. In the cases of Barcelona and Madrid, the comprehensive and integrated care strategies are based on concrete care work and/or time-use surveys of local residents. The care strategy is a comprehensive plan that contains measures across policy sectors and includes funding and budgeting. These can include measures to recognise the importance of care work (e.g., through care information centres), to strengthen the responsibility of the public sector, and to improve working conditions, e.g., through appropriate clauses in the procurement guidelines for public contracts (Ajuntament de Barcelona, 2017; Ezquerra & Keller, 2022, pp. 13–14). The document captures a definition of care as it is addressed, the political vision, and the pursued objectives. In this way, it functions as an agreement that the local government commits to. Ideally, care strategies result from collaborative and

participatory processes, involving different stakeholders from politics, administration, care institutions, and civil society.

Care strategies are a political tool to prepare the ground for a public urban care culture at the local level. At the same time, they are already a result of a high awareness of feminist perspectives on the urban gendered division of labour and the need to transform the organisation of care in society. As public policy documents, they strengthen the public responsibility to provide decent care conditions for people in the respective municipalities. When developed in a collaborative process, they also contribute to the democratisation of care conditions.

5.2. Neighbourhood Care Systems and Centres

Neighbourhood care systems are support systems at the neighbourhood level, based on the understanding that the proximity of urban functions is key to improving living and working conditions of caregivers and care receivers. The central focus is the provision of care services close to homes within neighbourhoods, particularly in those that are underserved. To set up a neighbourhood care system, it is essential to collect data on local care needs and on the gaps in local supply structures and then complement existing services through new ones (partly as pilot projects). Another key feature is the dissemination of knowledge on services, resources, support structures, etc., that are available to caregivers at the local level, and the facilitation of access to these services. Such systems improve care capacities as they address issues of urban infrastructure and accessibility to care resources to reduce inequalities. Ideally, neighbourhood care systems help establish a culture of care within neighbourhoods, which can become central points of reference in daily life.

One important feature of neighbourhood care systems can be care centres. Care centres are centrally located sites within neighbourhoods that provide different services and activities under one roof, not only for care receivers but also for caregivers. They offer a wide range of services that aim to relieve, support, and connect caregivers. A core task of care centres is the (temporary) supervision of care receivers, be it children or older adults with care needs, while caregivers have the opportunity to use other facilities of the care centre, such as collective care infrastructures (washing machines or communal kitchens); counselling on nursing, public support, or labour rights; community and recreational activities; or vocational training. In addition, care centres provide infrastructure for self-organisation and create spaces for exchange and mutual support. Ideally, care centres are set up in every neighbourhood so that all residents can reach a care centre within 15–20 minutes on foot or by bike. They can be run by public agencies or welfare organisations with public financial support and ideally address all residents. Care centres can become central sites of public urban cultures of care at the local level of the neighbourhood.

5.3. Caring Communities

"Caring communities" is used as an overarching term in academic debates, but it is also a practice in various projects (for more information, see Wegleitner & Schuchter, 2021). Often, the starting point is demographic change, which brings new challenges in terms of care for an increasingly ageing population. The focus is on fostering social relationships between generations in order to provide support during periods of life that might be marked by loneliness and grief. Caring community activities strengthen social cohesion and acceptance, encourage people to lead a self-determined life, and continue participating in social and cultural life. Caring

communities connect people who need support with others who would like to become more involved in their neighbourhood, thus promoting mutual support, as well as the establishment of self-help groups and informal care networks. Some projects address specific groups, such as people living with dementia. The projects mainly operate at the neighbourhood level, ideally with central premises as contact points and professional staff.

Caring communities can be initiated by local authorities or civil society. They are particularly attractive for municipalities with a rapidly ageing population and inadequate infrastructure to ensure quality of life in old age, as they help to develop care structures in line with the needs of the local population, ideally in cooperation with local communities. At the same time, there is a risk that former public services are transferred to civil society, leading to more unpaid care work and an increased burden for those who get involved. These processes are also (critically) discussed under the label of community capitalism (see van Dyk & Haubner, 2021).

5.4. Outreach Support Programmes

Outreach support programmes are set up to complement care centres. They are designed to reach caregivers who are housebound and cannot access care centres, such as family carers looking after a relative who needs 24-hour care. The programmes offer support services ranging from professional nursing to household assistance or counselling. In contrast to care providers of the private sector, they are publicly funded and aim to improve the conditions of family carers, who are often isolated in their homes, on a more general level. They also intend to increase the independence of those receiving care. Programmes can be set up from scratch, or existing programmes can be adapted to meet new objectives. In the case of Barcelona, an existing programme was restructured. Teams of care workers cover certain housing blocks. This allows them to reduce travel time, to acquire comprehensive, locally specific knowledge of the local area, and to network with relevant people in the administration and care institutions.

Outreach support programmes are relatively cost-intensive due to the personnel costs and one-to-one support. However, especially for those residents who are housebound, outreach support programmes offer one of the very limited opportunities to access public care systems. Therefore, they are an essential element of a public urban culture of care, which is accessible to everyone.

5.5. Awareness-Raising and Recognition Policies

A crucial part of Caring Cities in practice is awareness raising for a feminist care perspective and the establishment of recognition policies. These measures address administrative staff as well as urban society, particularly those who provide or need care services. Special training or individual (reflexivity) workshops can be developed to systematically disseminate knowledge and sensitise administrative staff and political decision-makers in municipalities to these perspectives. These trainings aim to initiate a critical discourse on power imbalances and raise awareness of the unequal, gendered distribution of care work and the care crisis. They also invite participants to critically reflect on their own position and role within societal power structures.

An education programme for caregivers can flank the training courses. In order to recognise the skills associated with care, certificates can be offered in combination with further training so that those who have previously cared for relatives informally also have the opportunity to do so on a paid basis in the formal

labour market. This combines recognition policies with labour market integration, thus increasing economic participation. Awareness-raising and recognition policies are an important element of the Caring City, not least because they consolidate a culture of care not only on a material, but also on a symbolic level.

5.6. Caring Urban Planning for Sustainable Cities

One important planning strategy that is also care-related, but has become more popular in terms of mobility and transport policies, is superblocks (see Urbanista.ch, 2024). Superblocks are a political strategy to transform streets and neighbourhoods by prioritising foot and bike traffic and public transport. They aim to create sustainable, safe, and healthy urban environments, while promoting social interaction and reducing environmental impacts. In this sense, superblocks provide a more caring environment as they make independent mobility of care receivers safer, and thus relieve caregivers. Superblocks often incorporate green spaces such as parks or alleys, which help reduce air pollution and noise, prevent urban heat islands, support biodiversity, and offer spaces for residents to relax and exercise within the vicinity of their home. However, implementing superblocks is not easy. Some pilot projects have been met with strong resistance by residents and businesses (Bierlein, 2024). In addition, mobility and access to care services need to be provided for people who are not able to walk long distances.

It is probably no coincidence that superblocks were first implemented in Barcelona in the mid-2010s (see, e.g., Amorim-Maia et al., 2023; Anguelovski et al., 2023). However, in the meantime, there have also been pilot projects in cities outside Spain, particularly in Europe, such as Germany (e.g., Berlin, Leipzig), but also in cities in the US, such as New York. There are similar strategies in Paris, such as the "15-minute-city," or the city of short distances in German cities (Büttner et al., 2024). They all focus on everyday mobility and/or the proximity of infrastructures. However, to establish a public urban culture of care, other topics such as affordable housing (Madden, 2025), the design of needs-oriented green and public spaces, or the provision of public toilets (Greed, 2003) also need to be taken into account systematically. In addition, caring for the planet is an important claim of Caring City policies in some cities, but the implementation is ongoing.

6. Discussion

With regard to the Caring City policies, an initial systematisation has been presented in this article. However, at this stage, it is hardly possible to "measure" potential benefits for public urban cultures of care in quantifiable terms. Accordingly, this is not the intention here. This section rather elaborates on the tentative lessons learnt from Caring City policies in terms of implementation and consolidation of urban care cultures.

6.1. Caring Cities in the Light of Academic Discourse

Caring City policies answer particular political problem definitions and frameworks at the municipal level. We argue that it corresponds to both feminist and urbanist discourses. Feminism provides the critical lens to look at care beyond the widespread understanding of a women's issue and political debates on how to make housework easier for women and ensure their availability for the formal labour market. Instead, we can see that care is a key structural factor for the organisation of almost every social system. The way it is organised today not only impacts individual participation in education, labour market, social security systems, etc. It also obscures a huge part of human experience, social relations, and mutual dependencies that everyone is involved

in. Thus, a reorganisation of care can be a powerful tool for political, social, and economic integration as well as participation. In addition, the urbanist perspective highlights the spatial and local dimension of the care crisis and potential solutions. Often unrecognised by economic welfare models, it is the local setting that frames not only care conditions, but everyday life. Acknowledging the great importance of local infrastructures and services for individuals and communities can be a first step to improving living conditions and restructuring the organisation of care.

The Caring City approaches of the case studies can be located primarily in the area of political and administrative strategies or the development of social services. Here, we still see opportunities for extending this field of measures to include even more approaches from urban planning, architecture, and design of public spaces, as academic discourse stresses the importance of the design of the built environment to enable or hinder care in cities. The superblocks (e.g., in Barcelona) are a good example, even though they have not been implemented as Caring City policy *as such*. Besides these pilot projects, there have only been a few minor measures in the case studies located in the field of urban planning and architecture, such as the definition of car-free zones in front of schools in Barcelona. This may be because the built environment is even more difficult to change than social services, infrastructure, and administrative structures. We can draw a similar conclusion on the advocated care ethics in architecture and urban planning for more sustainable cities. Although synergies between care and sustainability are mentioned in the academic discourse, no approaches with an explicitly environmental focus were found in the case studies.

Highlighting these potentials for further development on the basis of the academic discourse, however, should not diminish the merits of case study approaches. Indeed, the case studies show that Caring City policies may not offer comprehensive solutions to all issues concerning care relations. Nevertheless, they can be regarded as a first important step that can be further explored and contribute to the progress in addressing the care crisis.

6.2. Challenges for Implementation

Local authorities face a number of challenges in the implementation of Caring City policies. There is a risk that in the process of moving from a more theoretical and feminist-motivated concept to local practice, Caring City policies will lose their transformative aspirations as they are adapted to institutionalised political and administrative routines. For the successful implementation of Caring City policies, cross-sectoral cooperation is necessary, as the field of care encompasses and affects many different areas. The establishment and organisation of such cooperation requires political will, the creation of steering bodies, and the administrative staff's openness to change. City administrations need to modify long-established routines, as the case of Barcelona shows, where political leadership faced bureaucratic resistance against departmental reorganisation and the redefinition of tasks. In contrast, the local government in Bogotá succeeded in establishing care as an overarching issue and system for (infra)structuring social support in response to a shared commitment to establishing effective poverty prevention.

Besides, and especially in case of political headwind from opponents, the internal support and prioritisation within the governing party is a central prerequisite for the successful implementation of Caring City policies. If improving care conditions is not an important concern for political leaders and key figures within the administration, it will be very difficult to achieve the ambitious goals set out in care strategies, as the case of

Madrid shows. It may be beneficial to locate the Caring City policy within the mayor's office and/or the city's marketing department, as this often comes with far-reaching authorisations and funding opportunities. Clear lines of responsibility also help to avoid delays in implementation. Especially in the two municipalist cases, Madrid and Barcelona, Caring City policies were supported by a strong feminist movement in the streets and by individuals taking political positions for the first time. The large number of political newcomers may have provided a supportive condition for transformation and radical change, while at the same time offering a possible explanation for the challenges faced in transforming administrative and political processes.

The contribution of Caring City policies to a public urban culture of care depends on the opportunities for their implementation. The cases of Barcelona and Madrid show that municipalist movements had their momentum after entering office, as they had comparatively more leeway to act as ruling parties, and they were strongly supported by social movements. In Bogotá, actual debates of poverty and social inequality spurred the implementation of Caring City policies. Therefore, both political will and a general recognition of the care crisis as one that needs to be addressed urgently are important preconditions. Although the described trajectories may not be generalisable, the challenges faced in implementation are, in contrast, relatively similar to local conditions elsewhere. To consolidate their efforts, local governments are developing different strategies, which are presented below.

6.3. Consolidation of Public Urban Cultures of Care Through Caring City Policies

The analysed cases of Caring City policies in practice show several elements that aim to structurally anchor and thus consolidate the transformation of care work at the local level and make this change sustainable, across different political leadership. Care strategies themselves can be considered as structural anchors, as they act as guiding policy documents, comprehensive action plans, and a strong kind of commitment by the government. In this context, a definite budget is a central prerequisite for implementation and further consolidation, while insufficient and inconsistent (project) funding can hinder the emergence of a culture of care. Successful monitoring of these care strategies can support the continuation of this policy instrument.

The legal implementation of Caring City policies represents a high degree of institutionalisation. For example, legal definitions of care centres as basic urban infrastructures may strengthen their adoption in urban development and planning, as the case of Bogotá shows. In addition, the inclusion of quantifiable targets in long-term urban development plans can be useful, such as the opening of 45 care centres by 2035 in Bogotá's master plan (Alcadía Mayor de Bogotá D.C., 2021). Establishing care work as a permanent category in surveys and statistics can also help to demonstrate the need for action as well as the achievements of Caring City policies.

The structure of departments and their renaming can also be a lever for change. For example, the inclusion of care in the economic rather than the social department can materialise the goal of recognising care work as part of the economy, as the attempt in Barcelona demonstrated (Ezquerra & Keller, 2022). In addition, steering groups and commissions can ensure reliable cross-cutting work on Caring City policies.

The institutionalisation of the Caring City also materialises in space. Shared spaces of care play a crucial role. The spatial materialisation of a public urban culture of care is reflected in care centres, repurposed spaces within existing buildings, and mobile care spaces, such as the care buses in Bogotá. Caring City policies not only

facilitate the use and expansion of (existing) care infrastructures. They also enable the formation of informal networks and mutual support, as well as spaces for exchange and encounter, that function as self-managed infrastructures of care and are often initiated by actors in social movements. In practice, they inscribe new forms of shared responsibility for care tasks within the urban space. Together, these spaces create a network of care, albeit a fragmented one, that can become the underlying (infra)structure of a public urban culture of care. In summary, Caring City policies contribute to public urban cultures of care by institutionalising the care perspective, raising awareness, and offering concrete improvements for caregivers and care receivers at the neighbourhood level and beyond.

7. Conclusion: Caring Cities—Towards a Public Urban Culture of Care?

In this article, we argued that Caring City policies promote a fruitful counter-vision to uncaring neoliberal urbanism (Breinbauer et al., 2024, p. 11). They are potentially transformative, make inequalities related to care visible, and bring about structural change in terms of care arrangements at the local level. Caring City policies attempt to establish cultures of care in urban politics, administration, and planning practice. They provide social and material infrastructures for community care and inscribe them into urban institutions and spaces, relieving those overburdened with care work. In all these regards, Caring City policies resonate well with the establishment of public urban cultures of care. First, they raise public awareness for the importance of care for (urban) societies and economies from a feminist perspective across different areas of urban development and planning, such as social, economic, political, environmental, and urban issues. In addition, these policies foster an awareness of mutual care dependencies and social inequalities regarding the distribution of care work, as well as in receiving care. Second, they help establish a shared understanding of public responsibility for good care conditions. Third, they potentially create supportive urban environments and public spaces for care and redistribute urban resources, infrastructures, and services. Using a broad understanding of care, including care for the environment, the Caring City approach offers an opportunity to integrate ecological policies, striving for a more sustainable urban development. In practice, however, it has been shown that this opportunity has so far been underused and needs to be developed further.

In short, Caring Cities—in discourse and urban practice—raise awareness for care inequalities and dependencies, promote public responsibility for care conditions, and attempt to create supportive urban environments. However, we demonstrated that there are both structural and political challenges in its implementation. Strategies for the consolidation of Caring City policies do exist, but have to be further extended. We consider these strategies to be central for transforming care arrangements as they provide reliable structures for alternative care practices and spaces. Dzudzek et al. (2024) have described this as "the infrastructuralisation of a caring city," as it "disrupts hegemonic forms of care, both materially and symbolically, and attempts to translate alternative forms of relations into sustainable structures (infrastructuralisation) in order to inscribe them into the city" (p. 2, translation by the authors). In this sense, Caring City policies can make significant contributions to the establishment of public urban cultures of care.

Beyond issues of implementation and consolidation, the Caring City concept itself must be critically examined in terms of its underlying moral and potentially patriarchal dimensions (Healey, 2024, pp. 273–274), and the risk of stabilising current patterns of (e.g., gender) inequalities and injustice. The results need to be monitored closely in terms of their transformative potential: Do they reproduce the status quo, e.g., the gendered division of labour, or do they help to enhance material and symbolic recognition for and redistribution of care, and

provide the starting points for sustainable lifestyles and resilient communities? There is, of course, the risk that care is interpreted so broadly that it becomes a label for everything considered "good" or "sustainable" urban development, and that the particular critical feminist and urbanist perspectives become blurred (Freeman & Nel, 2024). Therefore, research is needed that further evaluates and develops the Caring City concept and the local developments in terms of transformation, transferability, and adaptability. We argue that the "essentials" provide valuable ideas for cities to start with, to identify best cases that illustrate the gains and pitfalls of Caring Cities. The more experiences are accumulated, the easier it will be to further develop the concept.

Conflict of Interests

The authors declare no conflict of interests.

Data Availability

Please contact the corresponding author.

LLMs Disclosure

DeepL software was used for style improvement and the translations of some quotations before an English proofreading was carried out. ChatGPT was used as a source of inspiration for the preliminary structure of section 5.6. The AI's proposals were critically revised. The authors take responsibility for all remaining errors.

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