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Caring Communities and Urban Cultures of Care for Older People in Austria, Hungary, and The Netherlands

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Abstract

While a wide range of community-based civic initiatives and collective practices have emerged in urban settings in recent years, the intersection of spatiality, care, and communities is a relatively little-discussed topic. In the examination of urban life, the concept of social infrastructures may be a useful tool, that refers to spaces, facilities, institutions, and communities that enable social connections in the urban environment and contributes to the operation of the city with regards to well-being, inclusiveness, autonomy, accessibility, and mobility for potentially vulnerable social groups like older people. The article applies the concept as a starting point and presents three case studies of caring communities in Austria, Hungary, and the Netherlands. Caring communities are thereby understood as heterogeneous and dynamic ensembles of caring relations involving different actors, practices, and socio-material dimensions. Drawing on theoretical and empirical work that critically assesses care, caring communities and urban life, we ask the following questions: (a) How are the analysed cases embedded into the respective (country-specific and local) care regimes?; (b) how do community initiatives (re-)appropriate urban spaces?; and (c) how do community initiatives implement new urban cultures of care and constitute social infrastructures? By analysing distinct care regimes, we first examine specific characteristics of the socio-spatial embedding of caring communities in urban regions. Building on qualitative research, in the second step, we present different attempts at organising community-based care in the three selected countries.

Keywords

care for older people; caring communities; social infrastructure; urban care; urban cultures of care

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1. Introduction

Demographic ageing and increasing care needs are becoming some of the most pressing challenges for contemporary European societies, urban life, and planning. In response to a "care crisis" (Dowling, 2022; Fraser, 2016; Pérez Orozco, 2006) shaped by neoliberal principles, leaving governments and societies struggling to effectively address the increasing care needs, not only market-orientated approaches but also community-based initiatives in search of new cultures of care have gained influence. The emergence of various caring communities has thereby also attracted widespread critical scientific interest (cf. Breinbauer et al., 2024; Kainradl et al., 2024; Klie, 2017; Sempach et al., 2023; van Dyk & Haubner, 2021).

While sociological studies thereby often rightly focus on concrete practices of care provision, the embedding of community-based care arrangements in care regimes, and the respective interplay with state, market, or family-based forms of care, research on spatial aspects of care and the space-defining and culture-creating potential of caring communities is still in the process of being intensified. In this context, it was already stated that "the density and spatial proximity of cities produce actual spatial, social, and symbolic places of care and these can become part of a city's social infrastructure" (Breinbauer et al., 2024, p. 10). The article takes this as a starting point for an analysis of the interrelation of care and space based on qualitative case studies of caring communities in Austria, Hungary, and the Netherlands.

This article first provides a theoretical examination based on a literature review of three key areas, representing our conceptual framework: Tronto's (1993) approach of feminist care ethics and space, debates concerning caring communities, and care practices in urban environments. After clarifying methodological approaches and reflecting on the field access, it proceeds to present empirical case study data from three countries—Austria, Hungary, and the Netherlands. By analysing empirical material, the article explores how community care initiatives are embedded in their (local) environments, how they (re)organise urban space, and how they structure participatory practices in relation to the use of space. Furthermore, it examines the various challenges these initiatives face in their daily work, including resource constraints, societal and political controversies, and the sustaining of community engagement. This is followed by a discussion of parallels and divergences observed, encompassing prospects of re-conceptualising care and the utilisation of space in local community care initiatives.

2. Theory: Reflections on Spatial and Urban Dimensions of Care and Caring Communities

2.1. Care and Space

Contrary to the common view that the need for care is a negative aspect of certain phases of life, such as old age and the associated increase in frailty, in recent years, not only in academia a more holistic understanding of care has become established (e.g., Chatzidakis et al., 2020; Gottschlich & Hackfort, 2022; Martinelli & Sarlo, 2023). From this perspective, people are dependent on or provide care in all phases of their lives—whilst also recognising that people need different degrees of care at different times and in different spaces. Alongside historically shaped practices of informal and formal care (work) and political regulations, as an anthropological constant, care encompasses moral aspects of good caring and an ethics of care. Feminist scholars argue that care is not a private duty, but a "fundamental feature of collective human life" (Tronto, 1993, p. 10). Since care in financialised neoliberal capitalism has been commodified and privatised, it has become an individual

burden with intersecting gendered, racialised, and class-based inequalities (Fraser, 2016). Feminists' struggles go beyond demanding an equal redistribution of care responsibilities. It includes the recognition of social reproduction as work and the fight against capitalist exploitation of women (Federici, 2012). Based on critical scholars, we hereby apply the definition of care as follows: "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" (Fisher & Tronto, 1990, p. 40). Noting the central points of this definition, Tronto (1993, p. 103) further emphasises that caring is an "ongoing" concern, whereby the activity of caring is culturally determined, not to be understood "dyadic or individualistic" and occurs towards our environment, and objects as well.

Theorising the intersection of spatiality and care has already raised the attention of geographers and social scientists. However, as researchers point out, it needs further conceptual elaboration (Bowlby, 2012; Power & Williams, 2020; Roxberg et al., 2020). Power and Mee (2020) have shown that the consideration of the defining dimension of housing for care practices is largely missing in critical care research and that care hardly features in housing research due to the conceptual separation of housing and home. Following Fisher and Tronto's (1990) definition of care, they attempted to centre care in an analysis of "house-as-home," asking questions of "how infrastructural forms shape the possibility of care," "how care circulates through infrastructures" and "how housing materialities, markets and governance shape and differentiate the giving and receiving of care" (Power & Mee, 2020, pp. 7–8). Research also discusses the articulations of care in space, including institutional (residential) care (Roxberg et al., 2020), home environment (Roxberg et al., 2020), as well as the (dementia-friendly) neighbourhood (Kerr et al., 2018; Ward et al., 2022). Materialities, namely objects, buildings, and physical infrastructures have become the subject of urban care research, revealing how things shape and co-constitute care relations in space (Power & Williams, 2020) or how urban spaces are "produced through (caring or uncaring) spatial practices and social relations" (Gabauer et al., 2022, p. 6).

Poland et al. (2005) argue that power relations are embedded in institutional practices, where every aspect of the residents' lives is (technologically) controlled. In a care facility, social interactions with the external environment may be restricted, and regulatory practices also limit the use of space within the institution. Tracing back the crisis of care to an urban planning problem, Binet et al. (2022, p. 283) even show that "cities are landscapes of stratified reproduction because of how sexism, racism, and classism have influenced urban development." According to this, cities are often incapable of adequately meeting care needs, forcing carers to find ways to provide or substitute "good-enough" care themselves through "infrastructural labour" compensating "shortcomings of the urban infrastructure" (Binet et al., 2022, p. 290). This means that either the market, from which services can be purchased, must be seen as a solution, restrictions in quality and the demand for care must be accepted, or "what ought to take the proverbial village" has to be taken on "mostly alone" (Binet et al., 2022, p. 290).

2.2. Caring Communities: Local Social Networks to Fill Care Gaps?

In response to these challenges of fragmentation, individualisation, commodification, marketisation, and corporatisation (Farris & Marchetti, 2017) of care, communities and community-based networks increasingly gained momentum in organising care provision—often in collaboration with state, market, third sector, and for-profit and not-for-profit actors. To describe these community-based forms of living together whilst

paying close attention to creating and maintaining social cohesion as well as caring relationships in a district, municipality, or region, the term "caring community" has become well established (Sempach et al., 2023)—yet terms such as "caring neighbourhood" (De Donder et al., 2024; Raap et al., 2021) referring more explicitly to spatial aspects of community care are discussed as well. Common to these, however, is the endeavour to distribute care work solidarily and the promotion of awareness regarding issues of social exclusion, vulnerability, ageing, dying, and loss (Schuchter & Wegleitner, 2021; Wegleitner & Schuchter, 2018). In addition to their primary focus on community logics, caring communities are thereby attempting to shape adequate political framework conditions in their vision to create new cultures of care (Klie, 2017; Schuchter & Wegleitner, 2021). Many communities understand themselves as active (socio-political) actors in the field of care politics and are referred to as "citizen initiatives" (van der Knaap et al., 2019) or "grassroot initiatives" (Hausmann & Schwab, 2025). However, corresponding state subsidies combined with shifting responsibilities to civil society are by no means uncontroversial. Caring communities are potentially ambivalent with regard to voluntary work and potentially romanticised notions of family, gender roles, neighbourhoods, or the community (Schürch & von Holten, 2022; van Dyk & Haubner, 2021).

In this article, we focus on the processual character of such communities manifesting in urban environments, while the implementation and feasibility of care might be negotiated by various (not exclusively urban) actors. Based on the work of Wegleitner and Schuchter (2018), we understand caring communities as dynamic relations shaped by multiple positions, where various stakeholders embrace a cause and take care of each other in different ways. Following on from an addition to the care diamond model (Razavi, 2007), which in the form of a pentagon depicts community itself as a fundamental element of care provisioning alongside the state, market, third sector, and family (de Loizaga & Arrieta Frutos, 2021), the concept of community care by Riccò et al. (2024) furthermore represents a useful reference, combining different socio-material dimensions. According to this, community care encompasses a material (including "maintenance and provisioning tasks"), a relational ("relating both to accompaniment in difficult moments and to sharing moments of socialisation"), and a domestic-corporal dimension (involving "direct contact with the person and assistance"; Riccò et al., 2024, pp. 3–4)

2.3. Care in Urban Environments

Drawing on the work of Lefebvre (1996), the concept of "the right to the city" has been excessively addressed in urban studies in the last decades (Althorpe & Horak, 2023; Harvey, 2012; Purcell, 2003). The phrase is associated with the demand for social justice and refers to the ability to shape and participate in the production of urban space (Harvey, 2003, 2012). The right to appropriate urban space and the right to participate in the production of urban space evoke a democratic, politically engaged, anti-capitalist stance (Purcell, 2003). Based on Lefebvre, Purcell argues that private ownership is in conflict with the right to appropriation, namely the right of everyday use of space: "The right to appropriation is the right to define and produce urban space primarily to maximise its use value over and above its exchange value" (Purcell, 2003, p. 578). Thus, commodified urban spaces and properties for market exchange do not support an environment where the right to use the city can be enforced.

In this article, we want to understand what factors contribute to the operation of urban communities involving older adults. We invoke the concept of social infrastructure, a notion that has been developed for decades; however, we apply the following definition of Latham and Layton (2019, p. 3): "networks of spaces, facilities,

institutions, and groups that create affordances for social connection." Klinenberg has a similar interpretation. According to him, social infrastructures are "physical places and organizations that shape the way people interact" (Klinenberg, 2018, p. 5). Klinenberg argues that public institutions, such as libraries and parks, as well as community organisations and commercial establishments, constitute social infrastructure; however, the different types maintain different kinds of social ties. Social infrastructure is a dynamic and relational term that focuses on the interaction of public life and public space. Social infrastructures are essential parts of urban life, since they are responsible for how the city functions. Meanwhile, they might be particularly central for vulnerable social groups, such as children, older people, or minority groups.

By observing urban communities in the process of community making, relational dynamics between different actors come to the fore. This can be manifested in neighbourhood interactions (Fabian et al., 2019; Sointu & Häikiö, 2024), solidarity actions and urban activism (Tsavdaroglou, 2020), and the tension between the local state and residents (Rosol, 2012). Social infrastructure might be a place for intended or unintended exclusion (Klinenberg, 2018), and at the same time, it can be a means to reduce social isolation, a particularly relevant aspect that concerns older adults (Klinenberg, 2016). Social isolation might depend on spatial determinants: While certain environments enhance social isolation, others foster mutuality and strong social ties. The analysis of Sointu and Häikiö (2024) based on the dimensions of involvement and control points out that older adults face difficulties in successfully claiming their own space in the neighbourhood; however, sometimes they manage to negotiate and assert control in their environment. Despite their frailty, they do so by withdrawing from certain activities or making decisions that empower them.

Against this background, in our study, we ask three questions:

> RQ1: How are the analysed cases embedded into the respective (country-specific and local) care regimes?
>
> RQ2: How do community initiatives (re-)appropriate urban spaces?
>
> RQ3: How do community initiatives implement new urban cultures of care and constitute social infrastructures?

3. Methods

3.1. Overall Research Design

The study is based on case study-oriented qualitative research (Yin, 2018). The selected cases reflect different urban community-based initiatives, embedded within the broader care and welfare regime of each country, showing a distinct socio-historical context with different levels of care marketisation and communitisation (Vergemeinschaftung). The cases include (a) a participatory neighbourhood care initiative in Austria, (b) the Parkinson's Disease Association (PDA) as part of a broader community network in a Hungarian town, and (c) a local, community-organised service provider led by one of the major welfare organisations in the Netherlands. Data collection was conducted through episodic, semi-structured interviews (Flick, 2010) and document analyses (such as website content, vision papers, event documents, and mission statements). The interviews were conducted in person or online, individually or in groups (with a

maximum of three interviewees), and took place in German, Hungarian, Dutch (with English translation), and English. The data corpus, which was analysed using qualitative content analysis (Kuckartz & Rädiker, 2023), consists of 31 interviewees and 11 documents. Between August 2022 and October 2024, in addition, 10 on-site observations were carried out. During these, ethnographic memos and images were collected. This analysis allowed the identification of overarching dependencies, similarities, and differences regarding public urban cultures of care, enabling in-depth case studies in their respective local and national embedding. Nevertheless, a potential limitation of the study lies in the heterogeneity of the cases, which are only exemplary for a correspondingly heterogeneous and changing field of community-based care provision, in which case selection strongly relies on the guidance and willingness of involved actors. Although the case study design enables context-sensitive insights, further research is needed to gain an increasingly comprehensive picture beyond the locally embedded cases.

3.2. Socio-Spatial Specifics of the Field Entrance

Due to the distinct configurations of community-based care in Austria, Hungary, and the Netherlands, differences in field access were expected. In Austria, cooperations of various caring communities with scientific institutions—whose advice also plays a major role in applications for public funding—are well established and community initiatives are largely open to research projects. A large number of publicly visible events also enable direct participation and observation of activities and initial dialogue. In the Hungarian context, informal networks and local initiatives are prevailing, and personal contact on the ground appears to be of particular importance in gaining access to the field. In this case, an academic conference served as the meeting point for researchers, social policy experts, and activists, fostering the development of professional ties. In the Netherlands, community-based care is by no means a niche and research is well advanced. This is accompanied by a certain scepticism towards studies or references made to the excessive number of requests that no longer allow for further research. Caring communities are often part of a hybrid network of corporate, private, and public organisations, which makes access to the field relatively blurred or leads to a cost-benefit analysis. In addition to the different field entrances, which were shaped by the varying configurations of the communitisation in the three countries, field access was also influenced by the respective socio-spatial embedding at the local level and the socio-spatial composition of the community itself.

3.2.1. Empirical Field Access in Austria

Research in Austria took place in a central district of a larger city. In terms of area, the analysed district is the smallest in the city. Due to its central location, it is densely built-up, with a low proportion of green land in the entire city. The district has a medium average age, a low unemployment rate, and an average income which is above the city's median income. What should be mentioned is the comparatively high proportion of academics in the district's population.

The caring community analysed also shows a relatively high level of academic participation and evaluation, also reflected in a scientific advisory board. The response to the enquiry to conduct a case study was therefore very positive, and we were able to benefit from intensive research support. In addition to an interview with a funding body, the interviews included discussions with organisers, activists, evaluators, and cooperation partners of a lab for the establishment of communities (Table 1).

In addition to the interviews, we participated in a total of seven activities of the community network between 2023 and 2024. These included cultural activities, stakeholder discussions, citizen forums, and larger (cross-)district events. The latter thereby also included strolls through the district(s), cooperatively organised with diverse partners. On these walks, various activities (storytelling, dialogue, games such as boccia, dancing or gymnastics, eating together, etc.) were carried out in different locations (public squares, seminar rooms, restaurants or food trucks, cafés, museums, etc.). The community has a broad network within Austria, cooperates with other community initiatives, and is in dialogue with politicians, scientists, companies, and civil society actors.

Table 1. Interviewees in Austria.

Engagement	Employment	Gender	Age
Initiator	Psycho-social adviser	Female	55–60
Coordination team	Scientist	Male	50–55
Project management	Health expert	Female	30–35
Organiser	Consultant	Female	35–40
Activist	Scientist	Male	50–55
Activist	Salesperson	Female	40–45
Activist	Teacher	Female	35–40
Activist	Salesperson	Female	70–75
Activist	Teacher	Female	50–55
Activist	Teacher	Female	75–80

3.2.2. Empirical Field Access in Hungary

Fieldwork has been conducted in the main town of the county, in the Southwestern region of Hungary. The region is known as a victim of the Transition of 1989, where thousands of people lost their jobs and dozens of factories and industries went bankrupt in the early 1990s. Due to the presence of a university, the population of the town is diverse.

Twelve interviews have been conducted in total in the town with different stakeholders in care for older people and aging between December 2022 and August 2023 (Table 2). The interviews are part of a larger research project on the forms of community-based solutions in rural and urban spaces in the region. Some of the interviews were conducted by Tamara Ádám, Péter Kovács, and Dominik Rozmann, university students of ethnography, who also visited the different communities. One interview was conducted with the head of the local PDA, seven interviews with members of the association, one with an older people's joy dance teacher, and three with local community organisers from different fields working on community development and the promotion of conscious aging at different organisations. The local PDA has been selected to carry out a deeper analysis on their operation and contribution in the urban space, as they were very committed to their cause of raising awareness and to being present in the local society.

Table 2. Interviewees in Hungary.

Engagement	Employment	Gender	Age
Head of the PDA	Retiree	Female	60–65
Organiser	Retiree	Female	75–80
Organiser	NGO founder	Female	50–55
Organiser	NGO founder	Female	40–45
Joy dance teacher	Retiree	Female	75–80
Member	Retiree	Female	70–75
Member	Retiree	Female	70–75
Member	Retiree	Female	60–65
Member	Retiree	Female	65–70
Member	Retiree	Male	65–70
Member	Retiree	Male	60–65
Member	Retiree	Male	65–70

3.2.3. Empirical Field Access in the Netherlands

The community project in the Netherlands is located in a city with approximately 100,000 inhabitants in a southern province. The organisation of care, support, and neighbourhood work in the region thereby follows the Dutch model of decentralised social services. This is intended to promote autonomy, social participation, and the provision of care close to citizens. In the respective city, this is sought to be achieved through local initiatives, cooperating with a cross-regional and cross-municipal organisation. These organisations or companies are highly professionalised in their organisational structure and are based on hybrid networks between large corporations, health and care services, public funding bodies, municipalities, volunteers, and activists. In our case, this organisation alone has over 3,000 employees, with the parent company employing around 26,000 people.

We were granted access to the case via an activist who supports several projects as an adviser. In total, nine interviews, including short talks and group discussions, were carried out (Table 3). In addition to the activist, interviewees included the head of a youth centre, a social worker, a coordinator, and residents as well as

Table 3. Interviewees in the Netherlands.

Engagement	Employment	Gender	Age
Management	Community-organiser	Male	40–45
Management	Counsellor	Female	60–65
Counsellor	Coach	Male	50–55
Head, youth centre	Community-organiser	Female	35–40
Head, care home	Managing director	Female	55–60
Agent, umbrella organisation	General practitioner	Male	65–70
Activist	Kindergarten teacher	Female	55–60
Resident, care home	Retiree	Female	85–90
Resident, care home	Retiree	Male	75–80

care workers of a care facility for older people. The interviews were combined with visits to facilities in the community network. The first visit in 2023 took us to a large youth centre of the project, located in a former industrial building, where we met a group of employees and activists. Besides that, a care home for older people that employs an "open" concept engaging with the neighbourhood was observed.

4. Regime Descriptions and Case Studies: (Re-)Appropriating Urban Spaces Through Communities

4.1. Austria

Following Esping-Andersen's typology (1990), Austria can be defined as a conservative-corporatist welfare state (Tálos & Obinger, 2020, p. 23). Despite regionally varying measures to expand (public) care infrastructures, like mobile services, day-care-centres, community-nursing, and inpatient care facilities in recent years, the primary responsibility of families is still maintained (Leichsenring, 2017; Trukeschitz et al., 2022). Based on principles of subsidiarity, state policies—like the cash-for-care scheme introduced in 1993—even secure and enable family structures, ultimately leading to a commodification of informal care (Weicht, 2019). Pioneering in the commodified care provision for older people through transnational brokerage agencies for migrant live-in care in 2007, Austria has legally established marketised home care with the "Home Care Act" (Aulenbacher & Prieler, 2024; Leiber et al., 2020). The precariousness of this arrangement is predicated on the exploitation of mostly female migrant care workers and on structural power asymmetries (Prieler, 2021).

In part a reaction to these tendencies towards marketisation, but also due to a general dissatisfaction with the Austrian care landscape and a vision of better, more just, democratic care and care work, there has been a growing engagement in local community projects in both urban and rural areas (Heimerl et al., 2018; Kainradl et al., 2024; Wegleitner et al., 2020). Involving collaborations between public, academic, and local political, administrative, and private social actors, as well as large welfare organisations, various supporting, initiating, and funding programs have been established. Under the designation "towards a healthy neighbourhood initiative," since 2012, the Ministry of Health, e.g., funds spatially embedded participatory initiatives and social innovation programs at municipal levels while promoting public-private partnerships (Heimerl et al., 2018; Plunger & Wahl, 2023; Plunger et al., 2023).

4.1.1. Local Urban Care Regime

Although the city's population structure is younger than that of other Austrian regions, it is also predicted that loneliness among older adults will increase (Statistik Austria, 2025). To address this issue, initiatives are emerging, aiming to recognise ageing as a phase with potential and value, rather than merely a period of deficiency. Mobile home care, assistance, and visiting services enable many people to stay in their familiar surroundings. However, staff shortages and increasing demand in the coming years will affect the ability to receive the support they need. This can be seen in various areas, but above all in the availability of mobile services (Schmidt, 2017) and institutionalised care provision. Nevertheless, the city's care and welfare regime is embedded in a "familialist logic and federalist structure" (Trukeschitz et al., 2022, p. 88), which characterises the provision of care for older people in Austria. In recent years, efforts have been forced by political, welfarist, and scientific actors to initiate, support, and maintain local community-based approaches.

This is also reflected in the care and welfare concept of the city. It focuses on expanding day centres, involving relatives in residential care homes, integrating care and nursing services, and fostering age-appropriate and alternative forms of housing.

4.1.2. Austrian Case Study: Local Neighbourhood Initiative

Founded in 2019, this citizen-led network tries to establish a sustainable caring community within a central district. From 2019 to 2024, the project has been funded through different funding bodies including a nationwide public fund for health promotion, the Ministry of Health, a municipal non-profit organisation, and the district. Bringing together heterogeneous groups, the initiative thereby further collaborates with several stakeholders, including the city, local (third sector) associations, charities, companies, artist groups, and educational and scientific institutions, with researchers providing evaluative support and participating in events.

The community network aims to provide different forms of support in potentially challenging life situations, be it in times of illness, old age, or social isolation. Community activists provide information and assistance from volunteers, as well as mediation of professional health and care services. It is thereby mostly based on voluntary work, whereby employees are also hired on a temporary basis. Following the motto of mindfulness, attentiveness, and combating social exclusion, the community seeks to initiate a wide variety of activities to experiment new cultures of care. These include storytelling cafés, counselling and advice, dance and discussion evenings, citizens' forums, district walks, and artistic interventions. The purpose of these various events, which are open to the public, is not only to raise awareness of the project's work but also to open up spaces and bring together heterogeneous groups (company managers, political-administrative personnel, restaurant or café owners, representatives of medical and care organisations, young and older people, people in need of care, and those willing to care).

A distinctive feature is its participatory and social-inclusive approach, actively involving residents in project design, implementation, and evaluation. The network thereby locates the key lever for transformative change in the neighbourhood context as the direct space of everyday-lived experience and social exchange:

> [There] we share our stories of care….Then people from institutions, from the district, from the district council, citizens sit together and talk and listen to each other. That's when appreciation and listening come together and something happens. (Coordinator)

The community also organises its activities to use and modify urban space. The initiative's socio-spatially reflexivity is further emphasised in the concept of a "square kilometre of caring neighbourhood" and the creation of a "care map, showing the variety of contact points throughout the district" (Document 1, Flyer). An actively involved inhabitant reflected:

> What aids are available, what support services are there, what public spaces are there where people can meet, how easily accessible are they? Why is it still not possible today, when new roads are being built, to make them accessible, so that everyone can cross them with a walking frame, so that no one must trip over them, so that they are clearly visible? (Activist)

In 2023, more than 200 activities with about 50 cooperation partners were documented (Document 2; Evaluation). Events offer the opportunity to get in touch with age-friendly employers, to raise awareness of the issues of age, marginalisation, and care or living in old age at "days of mindfulness," or to play games or share workshop experiences in intergenerational encounters. Other activities include public relations work and dialogue, practical support for older adults in both everyday tasks and specific life situations, storytelling cafés or dementia seminars, and public citizen forums. Considered here are diverse life contexts that concern more than a local separation between "here" and "there," rather raising the question of how to succeed in the in-betweens: "And that's where we want to go, and that has to do with housing, that has to do with urban planning, that has to do with new care arrangements….That's where we want to make a difference" (Initiator).

Activities are focused but not limited to the neighbourhood-level, recognising the community as an active socio-political force, seeking to influence both discourses and practices about care. The initiative, thus, aspires to contribute to broader societal change by raising awareness of the needs of vulnerable groups within the district as well as society at large.

Since its initiation, the community network has been dependent on donations or funding, neither of which is guaranteed. This is a constant challenge that is addressed and attempted to be solved at events and public appearances. Moreover, the goal to create a closer connection between different fields and actors, reconciling social and health policies, is hindered through the traditionally firmly anchored separation in Austria's policy framework. This leads to the task of integrative work linking social (service) spheres: "The dilemma…is that, just as the organisation of the care sectors is oriented along certain lines, the logic and culture of care is also…very target group-oriented, disease-oriented, symptom-oriented, so that ultimately…we are actually in a state of total fragmentation" (Initiator).

In this context, the term fragmentation refers to a dominant paradigm within the Austrian care and welfare regime, characterised by the segmentation of responsibilities, services, and institutional frameworks across various institutions and organisations. Fragmentation, individualisation, and the complexity of navigating support services pose major challenges—especially given the marginal attention to issues such as ageing and dementia. In response, community actors seek to reconnect divided domains—health, care, ageing, participation, and social work—through local practices aiming to foster social cohesion and participatory cultures of care.

4.2. Hungary

In Hungary, neoliberal policy making and state withdrawal from social provision, including letting social care deteriorate, is an ongoing process. Aging and the increasing need for care are silenced topics in general in the political discourse (van Hooren, 2024). The current care regime considerably favours families with children (Fodor, 2022), while welfare policies ignore the financial needs of the social sector, the demands of workers within the care sector, and social changes that would justify reconsidering care for older people (Gyarmati, 2019, 2022). What makes the Hungarian care sector for older people unique is that robust marketisation has not started yet, but the informal care market is prevailing (Gábriel & Katona, 2024). While not much has been published on alternative care solutions and community-based initiatives towards older adults (see e.g., Gábriel, 2023), in recent years, numerous social networks and initiatives concerning older people have emerged in Hungary.

4.2.1. Local Urban Care Regime

It is uncommon for a municipality to have a strategy for older people's affairs, which is why the town where the research was conducted is a unique municipality in this regard. In 2021, the City Council for Older People proposed that experts should develop a policy concept on ageing for the municipality. Until then, the town had not had such a document. The municipality accepted the Council's proposal, and the concept was published in 2022. The *Policy Concept on Ageing* is not legally binding but sets out guidelines. The purpose of the concept was to assess and present the characteristics and situation of the town's older population, as well as the urban institutional system operating in the field of care for older people. The authors of the document are not only experts but are involved in different local initiatives and social ventures, which shows the interrelated fields and interests in local care actions for older people. Civic initiatives and foundations are integral parts of the local sphere of community building, targeting social impacts by various activities. Their main aim is to bring about a change of attitude in society by building networks, organising local and in-country gatherings and conferences, and working on several age-related projects.

4.2.2. Hungarian Case Study

Parkinson's disease is a neurodegenerative disorder that primarily affects movement control. The disease occurs when certain neurons start to deteriorate. The severity of impairment might range from mild to severe problems. People with Parkinson's disease are considered to be potentially vulnerable in two respects: due to their age and the visible consequences (tremor and uncontrollable movements) of their incurable disease. Therefore, the disease carries a stigma.

The PDA in the town was founded in the early 2000s to unite patients suffering from Parkinson's disease, promote their rehabilitation, represent their interests, and provide information about the disease. Membership is open to anyone who is interested in the community: patients, relatives, professionals, and supporters can also join. The annual membership fee is symbolic, only 2,000 HUF (5 EUR). Members meet on a weekly basis and might take part in joy dance class, music therapy, exercises with physiotherapists, lectures, and excursions. The PDA has professional supporters, celebrities, and specialists who offer their services free of charge.

Older adults, a social group with special needs, find certain types of social infrastructure particularly important (Klinenberg, 2018). Their needs often stem from social isolation, which can be prevented by creating spaces for possible interactions that enhance the quality of life (Klinenberg, 2016). In this section, we argue that people with Parkinson's disease not only take advantage of the social infrastructure of the town but are also able to raise awareness of their disease by using public spaces, through which they can demonstrate their agency. Parkinson's is a disease that may hinder active participation, as getting to meetings and events can be a huge effort for individuals, which sometimes simply does not happen due to their condition. Thus, the appropriation of urban spaces for the affected people has an aspect which makes them severely dependent on public infrastructure, such as the accessibility of local transportation, public buildings, and community spaces.

The members of the PDA visit several different locations in town. Regular meetings take place at a community centre situated in the city centre, which building belongs to a public benefit (non-profit) organisation, providing space for other groups as well. Besides official gatherings, members visit certain public and semi-public sites

in town frequently. Such a place is a pub located in a popular pedestrian walkway, which has gradually become Parkinson's-friendly. First, members of PDA started to hold informal meetings there from time to time, and by now, people with neurological movement disorders or impairments enter the pub without shame or fear of judgment. This provides evidence that older citizens can create their own spaces within the city, tailored to their specific needs, while it may have some impact on the attitude of society towards fragile citizens through casual interactions:

> We have a memorial tree that we planted at the city park. One of our members sang a few psalms beautifully, and someone recited a poem, so it turned into a small ceremony. Since then, it has been known as the Parkinson's Tree….It is our tree, a place where they can go to remember—somewhere other than a cemetery. (Head of PDA)

The fieldwork revealed that a wide range of activities are available for PDA members in the town (such as celebrations, excursions, or dancing), and they are embracing these possibilities. The most symbolic occasion is when members take over public spaces, including parks, squares, and walkways, where they hold commemorations and perform dances. These occasions serve a dual purpose: While PDA members enjoy themselves, they have a chance to give voice to their presence and needs in local society with the tool of social sensitisation. Thus, the appropriation of spaces and raising awareness of their disease in the local society are closely linked.

In the Hungarian context, the central state is often criticised for outsourcing social responsibilities and tasks to civic organisations, a practice that can be detected both historically (in state socialism) and in the present (Gagyi et al., 2020; Keller & Virág, 2022). The phenomenon is conspicuous in rural municipalities, as well as in urban neighbourhoods, where the perceptions of spatial injustice and place-based policies are interconnected (Keller & Virág, 2023). The Hungarian case study reveals that even though the PDA initiates negotiations with the municipality, leaders in charge do not support the initiatives financially, and the town has not become Parkinson's-friendly in the previous decades. While a significant part of the work at PDA is done on a voluntary basis, the PDA performs a social function in local society, while its demands are partially heard.

As theorists point out, the inclusion of volunteer work into the care provision of vulnerable social groups can be exploitative on an individual level and affects the standards of the provision (Haubner, 2020; van Dyk, 2018). The issue of voluntary work is also on the agenda of PDA. While the head of the PDA is leading the community for free, she is suffering from the disease herself, which is physically demanding for her. Besides, some of the trained experts, such as the joy dance teachers, have invested a lot in the training; however, they can collect only a small amount of fee from older people.

Overall, we can see an urban and educated group of older people, who take part not only in different activities organised by the PDA but also attend other events in town targeting older audiences. However, many older people, in particular Roma people, and retirees with primary education hardly visit these gatherings, which points out the lack of access to urban communities of older citizens with underprivileged socio-demographic characteristics. Besides, one of the main challenges of community organisers is the encouragement of members to take part in the work:

> For us it is very important that we don't want to do everything, but that this ecosystem is important so that everyone does what they are passionate about in their own field…but we need people who can think for themselves, who can take responsibility, who can do the work in their own environment, and who will do it well, so that we do not do everything and do not depend on them. (NGO founder)

While community organisers understand that involving people is a slow process, they try to find collaborators with different skills, while encouraging the autonomy of the participants.

4.3. The Netherlands

The Netherlands has long been identified as a "universal and generous LTC [long-term care] system" (Le Bihan et al., 2019, p. 585). Nevertheless, as Risseeuw (2009, p. 242) shows in a chapter dealing with "changing public care for older people in the Netherlands," in contrast to "notions of rights and duties between the individual citizen and the state" manifest in legalisations like gay marriage and euthanasia "in the domain of care, the notion of rights and duties are…cited in citizen-to-citizen relations."

The Dutch "hybrid welfare state" (Risseeuw, 2009) illustrates a fluid interplay between a historically evolved, insurance-based model of defamilialisation and the promotion of user choice. While initial measures focused on universal access to professional care, recent reforms have re-emphasised informal care arrangements. The Netherlands represents a hybrid model emerging from institutional reforms, combining defamilialised public responsibility, formalised family care, and regulated market liberalisation (Le Bihan et al., 2019, p. 568).

In recent years, several structural reforms have decentralised care provision (Da Roit, 2018; Goijaerts, 2022) and shifted responsibilities towards municipalities, regions, and private providers—showing a significant strategic "shift from institutional care to facilitating ageing in place" (Gardeniers et al., 2024, p. 2). In 2006, the Dutch government replaced a dual system of private and health insurance with a single mandatory health insurance system, featuring competition, outsourcing, and market flexibility for providers and clients (Maarse & Jeurissen, 2024). Consequently, the Netherlands now represents an even more (neo)liberal welfare state where state responsibility for care for older people has retreated and been delegated to local actors.

Today, care provisioning is characterised by a stronger influence of markets and a long tradition of local approaches, accompanied by (growing) experimentation with community-based initiatives. To this result, health promotion, active ageing, and local community-building are often addressed collectively by several innovative approaches (cf. Stouthard, 2023; van der Knaap et al., 2019; von der Brelie, 2024). This is also criticised as a neoliberal restructuring or outsourcing of care responsibilities to civil society actors (Raap et al., 2021). There are several, highly professionalised and influential umbrella organisations whose task is to connect community-based initiatives based on local collaboration.

4.3.1. Local Urban Care Regime

Care for older people and welfare provisioning in the province where the analysed city's project is located is characterised by decentralisation, neighbourhood orientation, and an integrated approach to care. The aim is to promote people's independence and quality of life by organising care and support as close to home as

possible. Another core element is the promotion of volunteer work, which complements professional services. Diverse innovative, public-privately organised initiatives (care farms, self-organised mobile care services, intergenerational assisted living concepts), both in rural and urban environments of the region, are emerging.

The wealthy region is characterised by cooperation between public and private organisations. While municipalities take on the coordination and financing, private providers contribute to the professionalisation of specialised services. Welfare organisations connect these networks and integrate them into local structures. Its ageing population poses challenges for the system, such as increasing demand for care services and financial burdens. Innovative approaches, including digital solutions and the involvement of migrants as carers, are therefore key. Overall, the region combines traditional models of care as a collective task with innovative approaches.

4.3.2. Dutch Case Study

This case depicts an example of a public-private outsourcing of diverse social services to a community-building organisation. As part of a nationwide (social) service provider, the organisation, which has been operating since 2019/2020, acts on behalf of the local government and its city administration. The municipality has been outsourcing social infrastructures to the organisation to create synergies between different sectors and to promote social engagement. The organisation, specialising in improving everyday life for residents, particularly by strengthening neighbourhood engagement, infrastructures, and information centres thereby operates seven neighbourhood teams across the city's various districts, with close coordination between them. These teams offer low-level advice and concrete professional support in areas such as care, housing, employment, (psycho-social) health, and vocational training. A key tenet of the organisation's mission is the provision of care and attention for older citizens.

The organisation also operates in other Dutch cities, adapting its services to meet local requirements and bringing together "best practice examples and experiential knowledge" (Activist). The organisation is renowned for its innovative approaches, which often serve as models for other communities.

One goal is the integration of social and care services within different neighbourhoods, adopting a holistic approach of care and welfare, with an attempt to bring together socio-economically segregated population groups. Neighbourhood teams (professionals and volunteers) work closely together and offer support across various aspects of life, from daily assistance for older citizens to organising digital platforms to coordinate care-related issues. The community-building organisation, thereby, actively cooperates with professional care providers for older adults and other organisations in the field, but a special focus on already existing social networks and infrastructures in the neighbourhood remains. This is shown by a care home's managing director, who stresses the importance of being embedded into the local surroundings:

> What we do is buy things from small shops in the neighbourhood….We want to be part of the village, so that people know each other. We have open days where they can have coffee and meet others. This way, the outside world comes inside, and the old people feel more connected. (Head, care home)

Recently, a strategy of "senior coaching" has been offered: trained staff are working as contact persons for older residents in the respective neighbourhood offices—providing information, advice, and support services to help older people live independently in their homes. Through the engagement in specialised programs, inhabitants of different ages are expected to enhance their abilities, becoming active contributors to their communities. This, in turn, fosters a positive influence on their immediate living environment, corresponding to the main attempt to engage citizens in shaping their local social and material communities:

> We believe in the power of residents and encourage them to play an important role in the local community. This increases the resilience of people, streets, and neighbourhoods. Everyone is active in society….Our professionals know how to connect the strong shoulders in the neighbourhood with the vulnerable shoulders. (Document 5, Flyer)

Counselling centres—each focusing on specific areas of age-related topics and beyond—in different neighbourhoods, are intended to establish local contact points. The activities within the quarters seek to identify and mobilise people's engagement by pointing out individual talents. Local residents are encouraged to identify their capabilities and pursuits, and to engage accordingly. The range of "scouted talents" is broad, as interviewees have described, ranging from artistic entertainment or handicraft services to social initiatives. The objective is to facilitate independent and active participation in the communities. The underlying concept is that every resident and social group has certain skills and talents to contribute voluntarily.

While the motivation to enhance the network of social services together with young and older people was evident, the initiative was still working to establish a broader web of interconnected neighbourhood offices. A key challenge is to integrate professional services with locally organised volunteer work to address the community's needs. It appears that an organisational challenge exists in the process of combining these. Another salient issue concerns the exploitation of voluntary work. As one employee expressed it:

> So, we're not volunteers. We do a lot of voluntary work. But in this role, yes, we are paid by the city. Yes. Um, to be honest, our social workers work 12 hours a week in a neighbourhood that's very, very low. Yeah. You need a lot more hours to get a community. To get a neighbourhood that is that strong, that safe, that looks out for each other. (Employee)

As a welfare provider and network, the organisation is integrated into a broader nationwide organisation, which in turn is part of a larger supranational company, offering several services in different professional fields. Nevertheless, professional and volunteer roles are not necessarily compatible. At this point, ambivalences and inconsistencies have been continuously observed regarding the recognition and financial compensation of mobilised volunteers. The challenges associated with these hybrid arrangements are particularly pronounced in this context. How different logics—local, market, community, and professional requirements—can be integrated remains controversial.

5. Discussion: Building (New) Urban Cultures of Care by Connecting Care and Space?

While neoliberal ideologies suggest that only individual responsibility matters, in a caring society, caring responsibilities are to be recognised as a collective concern with caring relations as the foundation of a democratic operation of societies (Tronto, 2013). As Tronto formulated, if democratic politics negotiate and

assign care responsibilities, citizens are possibly participating in these responsibilities, and care for (potentially vulnerable) people will not be an exclusive task. Wegleitner et al. (2020, p. 991) underline that instead of focusing on individuals, a "supporting web of caring relationships" should be experimentally co-created, where care is a shared concern of experts, public health institutions, family carers, and the neighbourhood or community by sharing knowledge and life experience. Social infrastructure with an emancipatory character (Klinenberg, 2018; Latham & Layton, 2019) as well as visible physical care infrastructure (Breinbauer et al., 2024; Martinelli & Sarlo, 2023) facilitate activities, enable social relations, and empower potentially vulnerable people.

In this article, we sought to answer three RQs relating to the embedding of the cases into the respective (country specific and local) care regimes (RQ1), the (re-)appropriation of urban spaces (RQ2), and the implementation of new (urban) cultures of care and social infrastructures (RQ3).

In relation to RQ1, based on the empirical research, the three cases demonstrate distinct models with different levels of (local) state involvement. In Austria, caring communities which often started as bottom-up initiatives are promoted, funded, and regulated by diverse state and public agencies, while other stakeholders are also part of the co-creation and co-initiation of caring communities. The Austrian case analysed in this article suggests a participatory, social-inclusive approach. The Hungarian central state does not consider care for older people as a priority in policymaking and avoids thematising growing care needs. At the same time, various bottom-up community initiatives can be found on the local level, due to the devoted work of a plurality of civic organisations and local activists. In the Netherlands, where the care regime shows highly marketised and social-innovative efforts, a mixed composition of stakeholders can be observed, with public providers, private actors, and traditions of civic engagement and citizen-to-citizen relations (Risseeuw, 2009). In some cases, the care provision of cities is almost entirely outsourced to community organisations, which are part of an extremely hybrid network of public-private partnerships.

Concerning RQ2, according to Lefebvre (1996), the right to the city encompasses both the right to appropriate urban space and the right to participation. Within our case studies, some activities through which communities claim their spaces in the urban environment and create new socio-spatial relations were identified. In the Austrian case study, (older) people have the chance to take part in strolls, storytelling cafés, and other organised activities within the district, which entails not only attentiveness towards the individual, but also social inclusion on a practical level. City walks, but also the other activities, can be seen as a reclaiming of urban space, in the course of which (public) buildings and infrastructure are used for interaction. In Hungary, people with Parkinson's disease rediscover urban spaces that they are able to use, such as the squares of the city, where they perform dances from time to time. The presence of their memorial tree in the city park confirms that new spaces are needed for a community that seeks to strengthen its identity. In the Dutch case, senior coaching is one of the tools that contributes to the increased involvement and engagement of older people. This not only leads to social interaction with older people in their private home, but also to the opening of spaces to potentially vulnerable groups within the protected framework of a community. What many of these initiatives in Austria, Hungary, and the Netherlands have in common is the reference to barriers in the built environment that obstruct social participation, care provision, or housing, as well as the goal of creating consumption-free spaces and social infrastructures.

In regard to RQ3, social infrastructure as a collective public negotiation of space usage is essential in creating communities and maintaining social life across local societies (Latham & Layton, 2019). Including social infrastructure in thinking about social relations in the urban environment directs attention to the questions of accessibility and democratic living. While social infrastructure should be available for possibly vulnerable social groups, we argue that space and culture are also shaped by communities, and thereby new imaginaries of care are implemented on a societal level. At the same time, community-thinking might conceal excluding, exploitative, and precarious practices in different ways, such as by instrumentalising communities, leading to (unpaid) voluntary work and civil society engagement being taken into service alongside individuals, markets, and companies (van Dyk, 2018). In a society with a tendency to devalue, subordinate, and still associate care and care work with the private sphere, "urban cultures of care emphasise forms of collective and collectivised care beyond kinship relations" and foster "new forms of caring, thus producing new spaces of caring-with" through various "socio-spatial interventions" (Breinbauer et al., 2024, p. 13). However, it should be noted that the often seemingly utopian community is not a space free of domination and power, and therefore requires constant evaluation in order not to lose its emancipatory potential.

The limitations of our comparative analysis of caring communities in time and space unsurprisingly lie precisely in the spatial and temporal boundaries, which only allowed a snapshot of a wider process. The article presents three cases in three countries with distinct care regimes. In this article, we had the chance to go in depth in three urban communities; however, they cannot provide a general picture, but show potential alternatives in care provisioning for local (urban) societies. Due to hybrid tendencies in the provisioning of care between marketisation and communitisation, future research is necessary to understand the changing interconnected operation of local state actors, civic initiatives, market actors, and other stakeholders.

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Conflict of Interests

The authors declare no conflict of interests.

Data Availability

The participants of this study did not provide written consent for their data to be shared publicly. Due to the sensitive nature of the research, the transcripts and supporting data are not available.

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