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LOOK OUT  
FOR ONE  
ANOTHER.**

COMMUNITY IS KINDNESS.

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LET'S  
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# Reclaiming the City Through Care: Public Urban Cultures of Care

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## Abstract

Practices of care are key elements of urbanity and thus of sociospatial relations, including everyday experiences in and of urban places and spaces. However, practices of care become even more important in times of multiple societal crises in which the quality of life of individuals and communities is significantly under stress. This thematic issue presents state-of-the-art research from urban contexts including Barcelona, Berlin, Bern, Bogotá, Brussels, Cologne, Copenhagen, Eindhoven, Florence, Hamburg, Helsinki, Graz, Ljubljana, Madrid, Munich, and Rotterdam, as well as critical reflections on the British context and comparative approaches between Austria, Hungary, and the Netherlands. The editorial introduces urban cultures of care and how they take place in space, how cultures of care produce urban space, and how cultures of care empower people and places.

## Keywords

caring communities; declining welfare; European cities; social infrastructures; sociospatial relations; urban everyday life

## 1. Introduction

Urban researchers have expanded ideas of the sustainable city, the resilient city, the smart city, the creative city, the just city and the sharing city. Why not the caring city? (Power & Williams, 2020, p. 8)

For well over a decade, urban everyday life has been framed by entrepreneurial urbanization, self-responsibilization, and by neoliberal austerity policies that affect ordinary caring practices in both private and public contexts (Gabauer et al., 2022; Hall, 2019, 2022; Theodore, 2020). However, practices of care are not only related to people’s genuine precariousness (Butler, 2012) and individual survival connected

to basic needs (Federici, 2020); they are also key elements of urbanity and thus of sociospatial relations. Beyond private homes and institutionalized caring relations in retirement homes, hospitals, kindergartens, etc., various caring practices make up a city and its spaces, often linked to social infrastructures. The latter:

Include services related to care for children and the elderly, health, and education but also the provision of social housing, food, and energy and mobility infrastructures. *Informal* social infrastructures refer to non-institutional and/or self-organized care of people in precarious positions, such as single parents, refugees, the homeless, or unemployed people. (Breinbauer et al., 2024, p. 12; emphasis added)

In periods of multiple societal crises, the quality of life of individuals and communities is significantly under stress. In comparison with less privileged regions of the world, European cities are also under pressure to maintain quality of life, whether these be robust, declining, or even post-welfare states. Despite the heterogeneity of European cities in terms of sociodemographic, cultural, and economic characteristics, the majority are currently struggling with challenges posed by housing shortage, limitations in healthcare and care services, biodiversity loss, heat, eroding democracy, precariousness by artificial intelligence, etc. Crises are political as they manifest unequal access to resources. To take but one crisis as an illustration for its cross-sectoral relations and political dimension, Dan Jørgensen, EU Commissioner for Energy and Housing, states in his speech on “Addressing the Housing Crisis in the Union” (2025, p. 3):

Today, we are in the house of European democracy. But the foundations of this house are rooted in homes across Europe. And if these homes are not stable or secure, then neither is our democracy. So let’s work together: to deliver affordable, sustainable, and decent housing for our citizens [sic]; to support the people who strengthen our communities—the teachers and the nurses; the police officers and the fire fighters.

While the academic discourse on caring cities is vibrant and comprehensive, with a predominant presence in the Spanish-speaking context (Müller et al., 2025), the care crisis “in situ” in public debates is predominantly associated with deficiencies when it comes to urban-related care themes. Both in practice and in academia, urban cultures of care have thus gained a lot of attention—and this thematic issue is an outcome of this attention. Caring communities respond to unequal access to numerous resources, such as institutions dedicated to healthcare and education and those related to basic needs such as food (Abram et al., 2025; Verwey & Saltiel, 2025), public green spaces and their role for public health beyond humans (Bankovska & Lukasik, 2025; de la Fuente & Cobos, 2025; Velkavrh et al., 2025), shelter, and conviviality (Botha et al., 2025; Dikmans et al., 2025; Felder, 2025). Unequal access is yet based on intersectional inequalities and linked to urban power geometries influencing how and where people are able to care for oneself and one another. The articles in this thematic issue are critical of uneven power geometries precisely because of differing local contexts and welfare state characteristics (Fröhlich et al., 2025; Lehtonen & Jupp, 2025; McAndrew et al., 2025). At the same time, they look for ways to collectively empower people (Bertram et al., 2025) and to enable socio-political democratization (Tronto, 2013). As such, we claim that caring communities as an element of public urban cultures of care are political and politicized by various (non-)caring actors.

However, caring communities do not simply take place in various spaces. They also produce “care-full” places (Williams, 2017) and spaces of mutual care and contribute to what we will outline below as a caring urbanism

in a normative sense. Cultures of care are linked to what is currently discussed as alternative, informal, shadow, or social infrastructures of care (see Section 3; see Dikmans et al., 2025) and contribute to a more bearable everyday life in general and particularly in times of severe stress, e.g., as experienced during the pandemic lockdowns 2020/21 and the extended summer heatwaves in recent years (Fritz & Krasny, 2019; Jupp, 2022; Saltiel & Strüver, 2022).

Next to place-based social infrastructures of care we would like to emphasize caring infrastructures in the sense that caring communities can result in formal and informal cultures of care (Breinbauer et al., 2024; Greenhough et al., 2022; Raghuram, 2016) and include often invisible caring practices which aim to enable people to care for themselves and others in satisfactory manners. In our view, caring practices carry potential to create urban cultures of care with high social and spatial visibility due to spatial and social proximity in a densely built environment that might differ from peripheral or rural areas (Stenbacka, 2025). Thus, opportunities emerge not only for social interaction, but also for solidaristic socialities (e.g., Dowling, 2018; Hall, 2019, 2020; Power et al., 2022; Power & Williams, 2020).

Against this backdrop, we would like to use this brief editorial to introduce and reflect on how urban cultures of care take place in space (Section 2), how cultures of care produce urban space (Section 3), and how cultures of care empower people and places (outlook in Section 4). We hope that the carefully selected contributions in this thematic issue will contribute to an empowering debate across social sciences and spatial disciplines.

## 2. Cultures of Care Take Place in Urban Spaces

We argue in this thematic issue that places and (social) spaces are deeply rooted in their emergence from unequal spatial components (“where”), individual and collective basic needs (“what”) arising in interdependencies among people (“who”) and their (non-)supporting networks or (non-)existing alliances (“why”) to fulfil these needs. Since social and political negotiation processes are characterized by long *durée*, individuals and collectives often respond more quickly to specific immediate needs (in the urban) such as creating access to open spaces for recreation in densely built neighbourhoods or turning food donations into nourishing meals. They care about social deficits and they re-act with (short-term) interventions or (long-term) activities that become visible in urban spaces.

However, there are subtle differences in caring practices and not all of these can be classified easily as non-commercial provided by individuals as neighbourly support activities (e.g., Botha et al., 2025), by civil society as an alliance for equal rights (e.g., de la Fuente & Cobos, 2025), or by public institutions catering to public interests (e.g., Velkavrh et al., 2025). Garden fences that donate hygiene products or open book shelves might emerge from bottom-up community initiatives, but they can also be co-opted or even “strategically” implemented by local governments to enable social interactions, for instance, as an element within urban renewal processes. These examples identify the ambivalence of motivations in caretaking in urban spaces.

From a more spatial perspective, activities such as community-organized flea markets support the revitalization of neglected urban places such as courtyards or streetscapes. In addition, community flea markets are important resources for households with limited means to gain access to affordable goods such as clothes or furniture. Nevertheless, they also commercialize urban spaces and use an economic practice

(selling/buying/trading) as a vehicle to create floating contacts and a sense of community belonging. Other practices of care follow explicit entrepreneurial economic interests by co-opting collective ambitions, for instance preventing food waste. Web-based applications such as <https://www.toogoodtogo.com> are profit-driven, while community-based places such as food fridges and shelves share food with others at no cost. Charitable responsibilities and convictions are thus also part of cultures of care in urban spaces. They range from collection boxes for clothes to the reuse of vacant spaces, such as former shop spaces, which are used to offer support in everyday life and for knowledge exchange. Arrival infrastructures, such as centres and shelters for refugees and forced migrants in immediate need during the long summer of migration, made cultures of care very visible in many European city centres (Saltiel, 2020), despite their precariousness and temporality.

To conclude on the varieties of places and spaces as an integral part of caring infrastructures, we follow the claim by Gabauer et al. (2022) to critically reflect on the reason why certain caring practices emerge at all. By doing so, foodbanks or social (food) markets, for instance, might be seen as the result of neoliberal politics and policies—rather than of solidarity-based caring practices contributing to an urban culture of care.

### 3. Cultures of Care Produce Urban Space

It is a truism that spaces and places—whether they are caring or not—are the outcome of social relations (Massey, 1994) and thus depend on people and their interactive social and spatial practices. But how can places become effects of caring communities and how are they linked to various kinds of caring activities and social infrastructures of care? A bookshelf or a provisional shelter is not a caring place as such.

Departing from celebratory discourses on social infrastructures as shared public and semi-private places of encounter with civic capacities for sociability and social ties (Amin, 2006, 2008, 2014; Klinenberg, 2018; Latham & Layton, 2019, 2022), we would like to advance a critical view on social infrastructures of care that is sensitive to intersectional power relations unfolding in and shaping urban spaces (Billingham et al., 2024; Horton & Penny, 2023; Traill et al., 2024). Being attentive to gendered and classed differences as well as to racialized and minoritized populations makes it obvious that—and in which ways—social infrastructures are unequally distributed and accessible, context-dependent, and contested through their use by different people. Foodbanks, soup kitchens, social clinics, public green spaces, multi-use playgrounds, for example, are not inherently “good” for all people and in all neighbourhoods alike. They can turn out to be spaces of enclosure, advance deprivation or gentrification, increase inequalities and exclusion, and tend to fix local effects of neoliberal urbanism only temporarily and/or partially.

At the same time, social infrastructures have of course become “essential networks of social reproduction and survival” (Horton & Penny, 2023, p. 1713) in times of neoliberal restructuring. We thus need to be sensitive to how social infrastructures are embedded in local power geometries on the one hand and how they are brought to life by caring labour and social reproduction which enable encounter, mutual concern, and caring-with in Joan Tronto’s sense on the other (Hall, 2020; Jupp, 2022; Tronto, 2013). Caring-with refers to communal practices of solidarity beyond intimate caring relations and care work and therefore comprises immaterial as well as material structures and spaces of care.

Caught between the material and the immaterial, Jennie Middleton and Farhan Samanani (2022, p. 781) caution that “we risk paying more attention to highways and community centres than we do to the ways in which black American women, for example, have shared ways of making ‘homeplaces’ for generations that provide collective means of refuge, endurance, and dignity.” The latter refer to what Power et al. (2022, p. 1172) have described as “shadow infrastructures,” as “networks and practices through which people living in poverty sustain life” and this is of particular importance in the sense of solidarity and cultures of care in post-welfare cities. Care, in this framing, is obviously neither a private issue nor a female virtue—although it is too often linked to femininity and has been made invisible and naturalized as “women’s work” for centuries (Federici, 2020; see Barbagallo & Federici, 2012, for similar associations of care work with colonialism and migration).

The latter indicates that care work and caring infrastructures are embodied, relational, and “peopled” (Sheringham, 2025, p. 276). But people as (caring) infrastructures is very ambivalent, first, because when people are infrastructured, the number of people who (can) take responsibility is diminishing (Hall, 2020; Simone, 2021). Second, because they often rely on unpaid work to enable encounter and social relationships (Hall, 2020). Taking into account the tradition of feminized and racialized care work, there is the danger that gendered, racialized, and also classed bodies become infrastructured. Yet, the notion of “people as infrastructure” by AbdouMalik Simone (2004, 2021) was intended to resituate urban existence in various African cities, including “the inheritance of resourced realities” (2021, p. 1343). Over the past 20 years, the concept has travelled to the Global North, and in Europe it has gained importance in the context of people’s precarities in declining welfare states.

Against this backdrop, Sarah Marie Hall (2020; see also 2019, 2022) has pointed out that the term social infrastructure has become popular in tandem with neoliberal cuts to public services. However, she criticizes the above-mentioned “celebratory discourses on social infrastructures” for their allegedly excessive influence of physical spaces as enablers or shapers of social relations—resulting in social infrastructures as “side-effects” of physical ones. And while Hall welcomes the idea of “people as infrastructure,” she also stresses that the labour social and caring relationships are built on is, again, often invisible or ignored. In light of this, she claims: “Social reproduction is thus itself an infrastructure upon which to build societies and economies—a complex network of people, practices and politics, labour, love and life” (Hall, 2020, p. 89).

#### 4. Outlook: How to Achieve Urban Cultures of Care?

Although we acknowledge a difference between social (material) infrastructures and caring infrastructures provided by people’s labour, we do not intend to elaborate further on this here, but rather shift our focus to a threefold outlook. Against the background that care comprises “an ethic, a relation, a form of labor, an element of cultural [and social] reproduction, and a building-bloc towards non-capitalist and non-dominative social relations” (Woodly et al., 2021, p. 892), including collective care and caring-with as forms of placemaking and as “prefigurative politics for building a world in which all people can live and thrive” (Woodly et al., 2021, p. 891), we see the need to stress some lacunae:

- Alternative infrastructures of care can repair the social fabric of society (Jupp, 2022; Traill et al., 2024), but too often, “repair” is a care fix only, not touching the underlying causes (sometimes even reproducing them). When dealing with alternative infrastructures of care, which have the potential to



produce new caring relations, we need to take seriously the notions of caring-with (instead of caring-for), of solidarity instead of charity. Care in this sense is more than repair, it relies on and consolidates those interdependent structures that sustain life and that turn physical places into care-full spaces as parts of public urban cultures of care.

- Care-discourses have been criticized for their Eurocentrism and Anthropocentrism—for focusing on structures emerging from the global North and for privileging a focus on human relations of care. Although the articles in this issue focus on cities in Europe only, they rely on, for example, travelling theories such as Simone's notion of "people as infrastructure." Moreover, including more-than-human perspectives and worlds is also rare in this issue, despite Puig de la Bellacasa's seminal book *Matters of Care: Speculative Ethics in More than Human Worlds* (2017) and broader calls to de-center Eurocentric and Anthropocentric frameworks (Power & Williams, 2020; Sheringham, 2025; Silberzahn, 2024; Woody et al., 2021).
- The pathways to realize cultures of care involve at least two additional perspectives: The (im-)possibilities of urban planning and of academic research. In the context of planning disciplines, practitioners and decision-makers operating within politicized realms including zoning, (building) permissions, and distribution of resources seem to follow a tendency to "fix spaces" through planning and architecture. Usually, this is understood to enhance "problematic places" and to repair or to signify the revitalization of neglected spaces through construction, architecture, and (landscape) design, but also through the implementation of social measures. While this thematic issue notably demonstrates sympathy, particularly in advocating for social activities and community-oriented initiatives that foster caring environments for all humans and also for more-than-human life, it is important to acknowledge the inherent limitations of such efforts in the absence of a focus on socio-political democratization (Tronto, 2013). Caring communities are more than bottom-up initiatives provided by caring people; they need more than access to rooms, funding, or permissions by authorities. If caring communities are acknowledged by urban planning as an integral element of public urban cultures of care that maintain the living quality of everyday life in cities, they are also political. As such, they hold a right to power within planning processes in their attempts to reduce sociospatial disparities and maybe even to advance a caring urbanism in a normative sense.

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## “Life Course of Place”: Older Adults' Social Networks and Informal Help Amidst Urban Change

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### Abstract

This article examines how older adults, who are long-term residents in disadvantaged urban neighborhoods, engage in informal help amid neighborhood change. While dominant narratives often frame older adults as passive recipients of care, this study highlights their often-overlooked role as informal caregivers within their neighborhoods. Drawing on 19 life story interviews conducted in two Brussels neighborhoods, Kuregem and Brabantwijk, the study analyzes how changes in population composition, public safety, and neighborhood decay affect older adults' social networks and neighborly relations. Using a “life course of place” approach and an “ethics of care” perspective, the analysis shows how neighborhood environments and older residents co-evolve over time. Using composite vignettes as an innovative narrative method, the findings show that neighborhood change has led to reduced social networks, which can hinder informal help. At the same time, long-term residents respond to these changes through localized informal help, drawing on their environmental knowledge, natural neighborhood networks, and personal commitment to helping others. Local community centers are key infrastructures fostering informal help as places where neighbors meet and support each other. The findings present a counter-narrative to hegemonic aging discourses by demonstrating how long-term residents enact care in ways that resist the social exclusion often associated with urban disadvantage. This article contributes to urban planning debates on social infrastructure, aging in place, and the daily practices that sustain public urban cultures of care.

### Keywords

aging in place; caring communities; disadvantaged urban neighborhoods; ethics of care; informal help; long-term residents; neighborhood change; older adults; social networks



## 1. Introduction

Urban neighborhoods are spaces where daily practices of care, from casual neighborly support to organized community solidarity, play a crucial role in sustaining the social fabric. Yet, in many urban environments, processes of neighborhood change challenge the very conditions that allow such public cultures of care to flourish (Fontes & Cordeiro, 2023). Rising unemployment and poverty, shifts in population composition, or public safety concerns often erode the social infrastructure that supports informal care, particularly in disadvantaged urban neighborhoods (Taei et al., 2023; Yarker, 2022). Older adults, particularly those who have resided in such neighborhoods for decades, are especially vulnerable to these transformations. Their social networks, essential foundations for everyday forms of informal help, often weaken, exposing them to risks of social exclusion (Buffel et al., 2013; Scharf et al., 2005). Yet, despite their embeddedness in local social life, older adults' informal contributions to neighborhood care are frequently overlooked in both research and policy debates, which tend to valorize formal volunteering while neglecting informal practices of mutual aid (Serrat et al., 2021; Stewart et al., 2024).

At the same time, broader societal trends, such as individualization and digitalization, are seen to undermine local community and social networks (Hampton & Wellman, 2018; Phillipson, 2007). While these macro-forces are well-documented, relatively little is known about how long-term residents experience neighborhood changes at the micro-level and how they respond to these changes through informal helping practices. This gap is particularly salient for older adults who, constrained by socio-economic barriers, remain "stuck in place" (R. J. Smith et al., 2018), experiencing neighborhood decline without the resources to relocate. This study aims to address these lacunae by exploring how neighborhood change shapes the social networks of older adults who are long-term residents (> 20 years) of disadvantaged urban neighborhoods, and how this, in turn, influences the informal help they give.

Social networks serve as a key dimension of social capital, and they have been theorized as credential resources for individuals (Bourdieu, 1986), relational enablers of productive action (Coleman, 1988), or as mechanisms that foster collective benefit (Putnam, 2000). In neighborhoods, these social networks encompass both "bonding" ties with close family and friends, and "bridging" ties with more distant groups such as acquaintances and neighbors (Putnam, 2000). One important element of these bridging social ties is what Gardner (2011) refers to as "natural neighborhood networks": everyday, low-key, "chance" encounters that occur spontaneously or recur over time (Duppen et al., 2020; Haleboua & Johnson, 2021; Sharifian et al., 2022). Third spaces, such as local coffee shops, community centers, or fast-food restaurants, often provide the physical infrastructure for such encounters (Finlay et al., 2024).

Participation in social networks increases the likelihood of providing informal help, defined as unstructured assistance offered to friends, neighbors, and relatives outside the household (Tanskanen et al., 2024; Wilson & Musick, 1997). Recent studies increasingly recognize older adults as active agents within their communities (e.g., Gott et al., 2024; Hand et al., 2020) who often develop strategies to resist or adapt to changes in their neighborhood (e.g., Taei et al., 2023; Wanka, 2018). Particularly in disadvantaged urban areas, informal help between neighbors has become an important resource, compensating for the withdrawal of public services and institutional support (Martinez et al., 2011; Rutherford et al., 2019). Yet, the question of how older adults' informal help toward others evolves in the face of adverse neighborhood changes remains underexplored.

To investigate these dynamics, this article employs a dual conceptual framework: a “life course of place” approach (Dikmans et al., 2025; Lekkas et al., 2017) and an “ethics of care” lens (Tronto, 2013). Neighborhoods are not only geographically defined spaces where residents engage in daily activities, but also dynamic spaces of neighborly relations and social participation (Kurtenbach, 2024; Ruonavaara, 2022). A “life course of place” perspective emphasizes how individuals and their neighborhoods co-evolve over time (Oswald et al., 2024), providing a nuanced understanding of the temporality of social networks and informal help. Methodologically, the study uses life story interviews to explore how long-term residents experience and respond to neighborhood change.

Complementing this, an “ethics of care” approach reframes care as relational, everyday, and deeply embedded in political organizational structures (e.g., state healthcare provision, privatized care systems; Tronto, 2013). Rather than viewing autonomy and dependence as opposites, this perspective highlights the mutual and relational nature of caring relationships. Instead of the simple dichotomy of “support-giver” versus “support recipient,” interdependency is crucial (De Donder et al., 2019; Lambotte et al., 2018). Informal help between neighbors, from mowing your neighbor’s lawn to watching over their children, can thus be seen as an important manifestation of a caring neighborhood (De Donder et al., 2024). Through an “ethics of care” lens, this study reframes older adults not as passive recipients of change, but as active contributors to the social fabric of disadvantaged urban neighborhoods, a perspective often overlooked in existing research (see for instance Dury et al., 2023 for older adults during the Covid-19 lockdown). Therefore, the study departs from two central research questions:

RQ1: What are the main neighborhood changes that have impacted older adults’ current social networks, as long-term residents in disadvantaged urban neighborhoods?

RQ2: What are the dynamics of the current informal help that older adults provide in these changing neighborhoods?

In what follows, the study’s design and methods will be presented, followed by an analysis of the generated themes through composite vignettes. The article concludes with a discussion of the findings and their implications for policy and practice.

## 2. Research Design and Methods

The authors of this article followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist, which outlines essential components that should be included in qualitative research reports. To ensure transparency and rigor in terms of qualitative methods and reporting, this section systematically details the research design, research setting, research sample, data collection, data analysis, presentation of results through composite vignettes, and ethical considerations.

### 2.1. Research Design

This research is part of the European research project CIVEX (Exclusion From Civic Engagement of a Diverse Older Population: Features, Experiences and Policy Implications), which departs from a life course perspective to understand features of in- and exclusion from civic engagement in later life. The CIVEX

project uses a multidimensional framework for studying older adults' civic engagement which encompasses informal help, but also membership of an association, formal volunteering, political participation (both formal [e.g., volunteering for a political candidate or party] and informal [e.g., signing petitions or participating in demonstrations]), as well as digital civic engagement.

## 2.2. Research Setting

Data collection took place between February 2022 and February 2023 in two disadvantaged urban neighborhoods in Brussels, Belgium, namely Kuregem and Brabantwijk. These neighborhoods have relatively young populations. In 2022, the average age was 34.2 in Brabantwijk and ranged from 32.1 to 34.3 in Kuregem, which is divided into three administrative parts and therefore averages vary. Older adults (65+) made up 8.08% of Brabantwijk's population and 6.81–8.91% in Kuregem in 2021 (Brussels Instituut voor Statistiek en Analyse, 2021–2022). The urban area of Brussels is comparatively younger than other cities in Belgium, since its demographic development has always been dominated by migration (Deboosere et al., 2009). The studied neighborhoods, while exhibiting distinct characteristics, are influenced by similar socio-economic and demographic dynamics. These neighborhoods were selected following a comprehensive review of the extant literature on disadvantaged urban neighborhoods and an evaluation of the indicators employed for their identification. These indicators include, but are not limited to, high unemployment rates, high rates of resident turnover, and low educational attainment (e.g., Scharf et al., 2005; A. E. Smith, 2009). Socio-economically, these neighborhoods are part of the so-called “poor crescent” in Brussels, a crescent-shaped area spanning the city center, where inhabitants live on an average individual taxable income lower than €13,100 per year (Brussels Instituut voor Statistiek en Analyse, 2021–2022).

## 2.3. Research Sample

Interviews were carried out with 19 older adults who were at least 60 years old and who were long-term residents in one of the neighborhoods (i.e., living there for more than 20 years, see Sýkora et al., 2023). Of these interviews, 16 were part of the CIVEX project. Three interviews were conducted using the same methodological approach as in CIVEX, but they fell outside of the project's scope. These three interviews were conducted to collect additional data, on top of what the project required. Participants were mainly recruited face-to-face through local community organizations, such as social restaurants, socio-cultural organizations, and social housing associations ( $n = 7$ ). Some of these centers were specifically geared towards older adults, but the selection was not based on this criterion. Various neighborhood venues were utilized to recruit participants, as the goal was to reach a diverse group of older adults living in the neighborhood. Other recruitment strategies were also employed to counteract an over-representation of participants connected to these local community organizations and to prevent exclusion of neighborhood residents who did not frequent these spaces. These recruitment strategies included snowball sampling ( $n = 6$ ), location-based convenience sampling ( $n = 3$ ), and other strategies (e.g., mouth-to-mouth, or social media;  $n = 3$ ). Nevertheless, these strategies may have led us to overlook older adults who might be most excluded (e.g., those who do not frequent neighborhood spaces overall or have limited social networks).

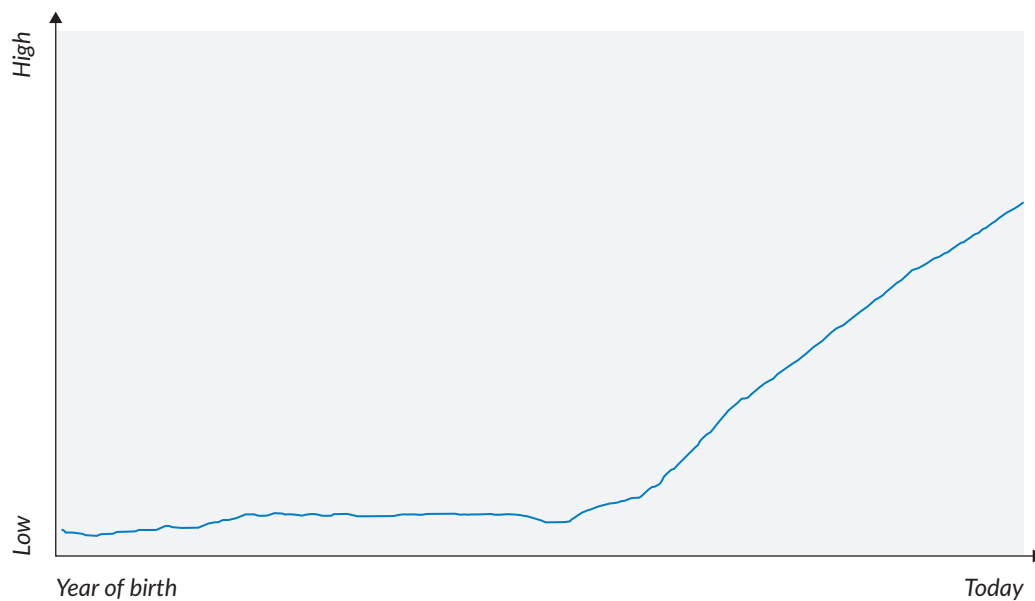
Of the 19 interviews, 12 were done in Kuregem and 7 in Brabantwijk. Eleven participants reported helping members within their household over the last year (e.g., helping with household chores, doing errands, filling in paperwork), while 17 participants helped individuals outside their household. The participants had lived for

on average 42 years in one of the neighborhoods, varying from 23 to 77 years. Eleven participants were born in Belgium, while others migrated in adulthood from other European countries ( $n = 6$ ), and some relocated to Belgium from outside of Europe ( $n = 2$ ). The interviews were conducted in French ( $n = 12$ ), Dutch ( $n = 6$ ), or English ( $n = 1$ ), depending on the preference of the participant. Six men and 13 women were interviewed. The mean age was 75 years, ranging from 64 to 89 years. The duration of the interviews varied between 65 and 149 minutes and no third party was present during the interviews. Participants either lived alone ( $n = 10$ ) or lived together with a spouse, partner, and/or their children ( $n = 9$ ). Interviews were held at a venue chosen by the participant, either at their home ( $n = 8$ ) or at local community centers ( $n = 11$ ).

## 2.4. Data Collection

Semi-structured life story interviews were conducted by the first author of this study, who was employed as a doctoral researcher for the CIVEX project when data collection took place. While the first author conducted most of the interviews ( $n = 16$ ), a Master's student conducted some of the interviews ( $n = 3$ ) as well. The interviews were pilot-tested and audio-recorded.

The interview followed a three-phase structure. In the first phase, participants were asked about their own definition of civic engagement and their current civic engagement, if any. The second phase consisted of five parts in which the various dimensions of civic engagement in CIVEX's multidimensional framework were discussed (i.e., associational membership, formal volunteering, [formal and informal] political participation, digital civic engagement, and informal help). A life course approach was used during this part to examine how the participants' civic engagement trajectories had evolved over time, zooming in on changes regarding the intensity of their civic engagement at different points in time, as well as the obstacles and enablers that they encountered in their civic engagement throughout their lives. Additionally, participants were explicitly asked to talk about the disadvantaged urban neighborhood they lived in, how it had changed, and whether they felt that the neighborhood environment influenced their civic engagement. Life diagrams supported the interviews. Life diagrams are a form of visual elicitation that fosters participation and reflexivity during interviews (Dikmans & Chacur, 2024; Söderström, 2020). During data collection, they were instrumental in exploring in greater depth how neighborhood changes affected participants' civic engagement. A completed life diagram depicting one participant's informal help can be found in Figure 1. The horizontal axis represents a participant's life course, starting from the year of birth until the present. The vertical axis represents the intensity of the informal help given, from low to high. Life diagrams were filled in individually and participants were asked to draw a line representing their civic engagement over time. This served as a basis for discussion and reflection. The interview's third phase explored participants' experiences of in- and exclusion of civic engagement. They were asked to give detailed examples, including context, persons involved, or thoughts of emotions during moments when they felt in- or excluded.



**Figure 1.** Example of a filled-in life diagram concerning one participant's informal help.

## 2.5. Data Analysis

The interviews were transcribed by a professional transcription service and analyzed in their original language (Dutch, French, or English). The analysis for this article focused on the data related to one of the five dimensions of civic engagement, namely the participants' informal help, while not overlooking the full interview transcripts for a mention of neighborhood change, social networks, and informal help mentioned in other parts of the interview. A narrative approach to qualitative thematic analysis (e.g., Butina, 2015) was chosen to spotlight the stories of the participants. The goal was to remain as close as possible to their lived or subjective experiences, which meant zooming in, for instance, on their feelings, perceptions, preferences, or ambitions, throughout their lives (Karunamuni et al., 2021). The data were analyzed using the QUAGOL (Qualitative Analysis Guide of Leuven) approach (Dierckx de Casterlé et al., 2012, 2021). The QUAGOL approach fosters inductive thematic analysis, while also recognizing the narrative richness of the data. The eventual analysis consisted of two parts.

In the first part, the coding process was thoroughly and narratively prepared following five steps. First, the interviews were carefully re-read, and relevant passages were highlighted. Second, a narrative report of each interview was drafted, in which the individual stories were written down in relation to the research question. Third, a so-called conceptual interview scheme was made, wherein the excerpts of the participants' stories were reviewed to explore the relevant themes of the research in a more structured manner (i.e., neighborhood changes, altered social networks, and current informal help). Fourth, a fitting-test was conducted to determine whether the conceptual interview scheme was suitable for the various interviews. The individual transcripts were reviewed in a forward-backward movement with the conceptual interview scheme in mind. The aim was to assess whether concepts emerging from the transcripts needed to be incorporated to answer the research questions. Fifth, a constant comparison of the different interview transcripts was performed. In this part, the conceptual interview schemes were refined by comparing them with other interviews.



In the second part, the actual coding was done thematically using MAXQDA 2022 (Release 22.2.0). First, based on the findings from the first part, a list of preliminary codes was drawn up. Second, the interview transcripts were revisited to determine whether the preliminary codes aligned with the previously highlighted excerpts. Third, concepts were clustered into preliminary themes and sub-themes, and the coding tree took form. Particular attention was given to the way participants spoke about neighborhood change in relation to social networks and their current informal help, following the study's objectives. Sub-themes were constructed through thematic analysis, as analytically significant sub-components of the main theme, based on a rigorous coding process. Fourth, the interviews were re-read and definitive main themes and sub-themes were generated. Fifth, a description of the results was written out using composite vignettes (see below).

## 2.6. Composite Vignettes

Results are presented in the form of composite vignettes. Composite vignettes consist of combined narrative excerpts, grounded in the data, which merge the experiences of different narrators into one all-encompassing character story (Blodgett et al., 2011; Knight et al., 2023). Although not conventional for thematic analysis, they have been used to showcase the richness of participants' experiences through storytelling, which otherwise goes lost in the classical writing up of thematic analysis. Furthermore, as the authors of this study aimed to highlight commonly shared experiences of neighborhood change, social networks, and informal help, this style of presentation was deemed the most suitable. Each vignette combines the stories of the various participants in an overarching story. The vignettes span both studied neighborhoods, as similar themes were discussed in each. However, each vignette reflects the narratives of different participants. Table 1 shows which participants' stories were coded for each vignette and which were not. Some participants are only represented in two of the vignettes (e.g., Participant KU\_10, Participant BW\_1), illustrating the tension that existed between recognizing individuals' narratives and describing shared experiences when crafting the vignettes.

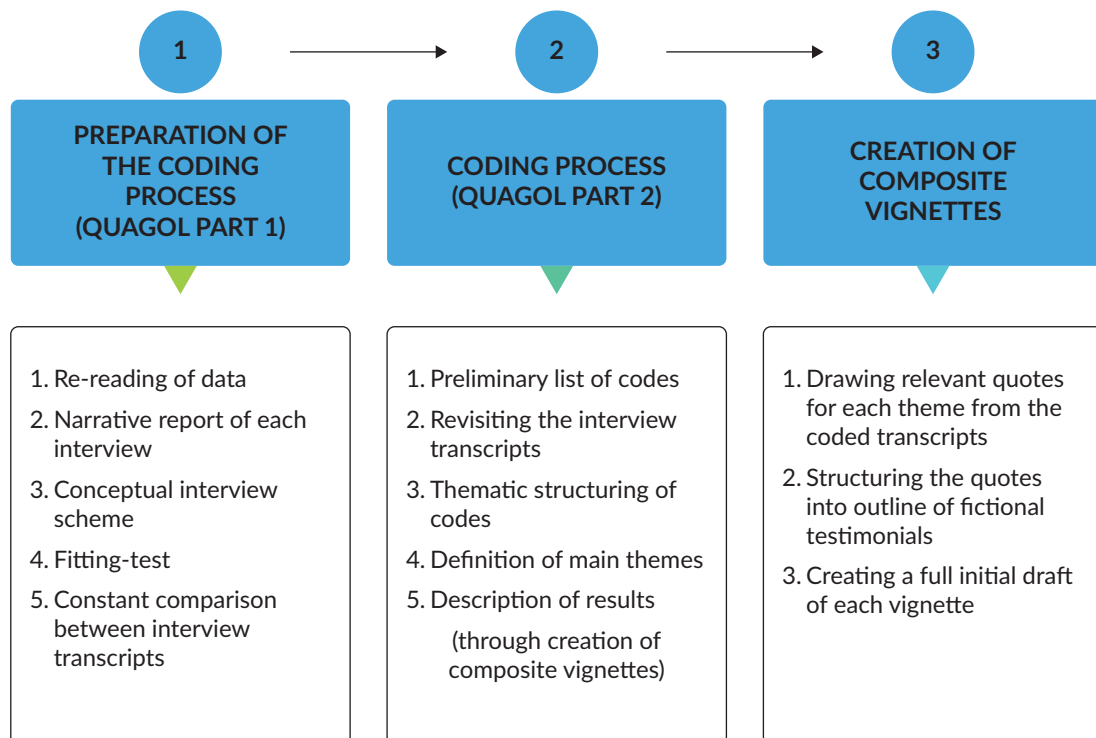
The choice of presenting the vignettes separately from the authors' analysis is deliberate, following for instance Claeys et al. (2025), Crocker et al. (2021), and Knight et al. (2023). However, a short analysis paragraph has been included for each vignette to better explain the analytical work that preceded each narrative.

The creation of the vignettes followed Claeys et al.'s (2025) instructions for organizing vignettes. Five themes were developed, each with sub-themes, following the analytical process (see the results section). First, relevant quotes for each theme, and sub-theme, were drawn from the coded transcripts. Second, these quotes were combined into outlines of fictional testimonials. Finally, a full initial draft of each vignette was produced by linking the relevant quotes for each theme with sub-themes structuring the vignette's sub-sections, and shaping them into a testimonial format.

A visualization of the steps undertaken during the QUAGOL analysis, and the creation of the vignettes, can be found in Figure 2.

**Table 1.** Overview of the creation of the composite vignettes based on coded excerpts from the participants' stories.

|             |                   | Vignette 1 | Vignette 2 | Vignette 3 | Vignette 4 | Vignette 5 |
|-------------|-------------------|------------|------------|------------|------------|------------|
| Kuregem     | Participant KU_1  | X          | X          |            | X          | X          |
|             | Participant KU_2  |            | X          | X          |            | X          |
|             | Participant KU_3  | X          | X          | X          |            | X          |
|             | Participant KU_4  | X          | X          | X          | X          | X          |
|             | Participant KU_5  |            | X          |            | X          |            |
|             | Participant KU_6  | X          | X          | X          | X          | X          |
|             | Participant KU_7  | X          |            |            | X          | X          |
|             | Participant KU_8  | X          | X          | X          | X          | X          |
|             | Participant KU_9  | X          | X          | X          | X          | X          |
|             | Participant KU_10 |            |            | X          |            | X          |
|             | Participant KU_11 | X          | X          |            | X          | X          |
|             | Participant KU_12 | X          | X          | X          | X          | X          |
| Brabantwijk | Participant BW_1  |            |            | X          |            | X          |
|             | Participant BW_2  | X          |            |            | X          |            |
|             | Participant BW_3  | X          | X          | X          | X          | X          |
|             | Participant BW_4  | X          |            |            |            |            |
|             | Participant BW_5  | X          | X          | X          | X          |            |
|             | Participant BW_6  | X          | X          |            | X          |            |
|             | Participant BW_7  | X          | X          | X          | X          | X          |



**Figure 2.** Visualization of the steps undertaken during the QUAGOL analysis and the creation of the vignettes.

In the results section, direct quotes from the transcripts are *italicized* to clearly distinguish the participants' own words from the constructed narrative within the vignettes. By marking these direct quotes, the vignettes do justice to the authenticity of the participants' voices while also showing how their narratives have been woven together to capture broader thematic patterns. These original quotes were in most cases translated from Dutch ( $n = 6$ ) or French ( $n = 12$ ) to English. A third interview language was English ( $n = 1$ ).

## 2.7. Ethical Considerations

Ethical approval was obtained from the Institutional Review Board VUB: Human Sciences Ethics Committee (ECHW\_324 / Date ethical approval: 8 December 2021).

Since the first author was neither an older adult nor a local resident and had not personally faced socio-economic challenges or health issues, it was essential to approach the research with humility, sensitivity, and a commitment to accurately and transparently conveying the experiences of persons who are often marginalized. This aligns with Dwyer and Buckle's (2009) perspective that researchers do not need to be part of the group they study to understand and represent participants' experiences effectively. However, Dwyer and Buckle (2009) emphasize the importance of being open, honest, authentic, and genuinely interested in participants' perspectives. To foster this connection, the first author consistently spent time in the neighborhoods, engaged with participants on multiple occasions, and actively sought their feedback. Holmes (2020) suggests that such familiarity may enhance participants' trust in the researcher. Additionally, the inclusion of life diagrams during data collection fostered reflection and prioritized participants' narratives. Flexibility was also key, allowing participants to determine the timing and location of their interviews.

During the interviews, participants were given the opportunity to ask questions or express their concerns. All participants were given clear information (e.g., about the research, their right to withhold or withdraw information, or to decline to answer questions they deemed sensitive). They also signed an informed consent. In a few cases, a break was provided during the interviews, as life story interviews can be long and exhaustive.

During the analysis, the first author took the lead, while all co-authors analyzed different parts of the data, provided feedback during the various phases in the coding process, and discussed the (intermediate) results as a group. The authors reflected as much as possible, both individually and collectively, on their positionality and personal biases. For example, all members of the research team have experience working with older adults, while some have personal experience with informal care, and some live in urban areas. Implicit notions of what informal help means for older adults in disadvantaged urban neighborhoods were constantly questioned and re-thought throughout the research process.

## 3. Results

### 3.1. RQ1: Neighborhood Change and Social Networks

Through the described analytical process, two main themes were created with regard to how participants' social networks connected to neighborhood change: "Changes in population composition have reduced social networks" and "Declining safety and neighborhood decay reduce familiarity with one's direct environment." These themes portray a shared narrative of adverse change in the neighborhoods, present in

most of the interviews. Although, at times, positive changes were referred to by participants, this was not further developed as a theme or a sub-theme. The themes are presented through two composite vignettes, and each is introduced by a short analytical section.

### 3.1.1. Vignette 1: Changes in Population Composition Have Reduced Social Networks

This first vignette is organized around three sub-themes. The first sub-theme shows how participants felt that, in the past, there used to be a strong sense of community in their neighborhood, exemplified through opportunities for civic engagement. Knowing one another or having organizations and other facilities nearby were deemed important for community building. However, the second sub-theme of the vignette shows how neighborhood changes, and more particularly ongoing in- and out-migration, have, in the words of the participants, decreased opportunities for establishing new social networks over the years. In the third sub-theme, participants expressed feeling less part of their neighborhood community today:

In the past, I knew what the neighborhood had to offer. The environment came to life with organizations, shops, and bars, offering numerous opportunities for engagement. Back then, *we were good neighbors to each other*. People knew each other.

*With migrants, contact is often good, but it is not the same.* Social networks have considerably decreased. Moreover, having lived here for a long period of time, I have witnessed how the neighborhood's population has changed. Several of the people I know are still here, and many have left, but *I am not sitting in front of the window all day to keep track of who comes and goes*. In this context, creating new social networks requires effort and adaptation. The arrival of different groups of people has made it difficult to communicate with others. The question is: How can one engage with his or her neighbor, when the neighborhood population is constantly changing?

Now, *I am sort of the neighborhood's furniture*. With time, my close circle of friends has been reduced, because those persons have died. Others have simply moved out. The people who say hello to me in the neighborhood have become scarce. I feel disconnected from many of my current neighbors, even though fostering relationships remains important to me. Today, *I do not even know my neighbor's name*. Over the years, the vibrant spirit that once was present in this neighborhood has disappeared. *It is everyone for themselves here*.

Overall, this vignette shows how, for the participants, neighborhood cohesion has drastically deteriorated due to the adverse changes in the population composition (e.g., people leaving, different groups arriving), which resulted, in their view, in estrangement between neighbors (e.g., "I do not even know my neighbor's name").

### 3.1.2. Vignette 2: Declining Safety and Neighborhood Decay Reduce Familiarity With One's Direct Environment

This second vignette is also organized around three sub-themes. The first sub-theme illustrates how older adults' experience of neighborhood decay, such as the increased socio-spatial density in, or the declining general appearance of, the neighborhood, has made them "very uneasy" (e.g., through houses that are demolished, a decline in the neighborhood's appearance). The second sub-theme looks deeper into a general

sentiment of insecurity among participants. This feeling is represented in the vignette by, for instance, the realization that the world is becoming “raw and deranged” and that children no longer play on the streets. In the third sub-theme of the vignette, participants emphasized a decrease in social networks and a diminished sense of community due to the adverse neighborhood changes mentioned earlier:

*Here, it is a ghetto! Many of the old houses have been replaced or demolished, and there has been a decline in the general appearance of the neighborhood. The streets are befouled with litter. Nowadays, everything feels congested here. Time has not stood still. It is hard to imagine that this was once a spacious environment. There is rampant poverty in the neighborhood. This makes me very uneasy.*

*Yes, this is a dangerous neighborhood. There has been a downturn in safety, and I have often been swindled, a lot of times. In the past, children used to play in the street. Now, the neighborhood has changed. I regularly feel afraid, and throughout the years, I have become increasingly reluctant to go out by myself. The world is becoming raw and deranged. I have found myself in unfavorable situations far too often here.*

*These neighborhood changes have had an impact on my life. I do not dare go anywhere on my own anymore. I am telling you: I have lost all sense of anything and that scares me. Neighbors who had the financial means have left when they had the chance. Some people have understood: “We are not staying here with our children. We are gone.”*

In this vignette, participants expressed a sense of place detachment (Lau et al., 2021), together with increased feelings of insecurity and discomfort in their neighborhoods (e.g., “yes, this is a dangerous neighborhood”), which, in their view, reduced their social networks (e.g., neighbors moving away).

### 3.2. RQ2: Current Informal Help

Regarding the current informal help of older adults as long-term residents in disadvantaged urban neighborhoods, three primary themes were created: “Decreased social networks lead to reduced informal help,” “Being a long-term resident means helping others,” and “Local community centers are places where neighbors meet and help each other.” The three themes are explained through three composite vignettes, and each is introduced by a short analytical section.

#### 3.2.1. Vignette 3: Decreased Social Networks Lead to Reduced Informal Help

This third vignette consists of three sub-themes. The first sub-theme shows how opportunities for bonding have become scarce in the neighborhood. Participants spoke of shutting themselves off and, as a result, detaching themselves from neighborhood relations. Conversely, other participants spoke about being shut off because they do not know their neighbors anymore. Nevertheless, they also talked about providing informal help to others, even though they downplayed this informal help, explaining that it cannot really qualify as volunteering. In the third sub-theme, participants discussed how their help towards others has diminished, for various reasons, which can be for instance individual (e.g., fear of being falsely accused of theft), or socio-demographic (e.g., the observation of an increasing number of young people in the neighborhood):



From time to time, I feel the urge to talk to my neighbors, but initiating more profound conversation is not easy. *Perhaps, at my age, I have shut myself off somewhat.* Opportunities are also scarce. In this sense, my neighborhood has not given me much. In my building, at church, or in public places, I see unfamiliar faces among an increasingly younger generation. *I do not even know my new neighbors anymore.* Even though I always say hello to the persons I come across, *those contacts remain shallower.*

Sometimes I donate some money, or I prepare sandwiches for those in need. Yes, I help, *but in a way that you do not even notice.* I can give a hand when someone asks for support, but the small help I give to those around me *cannot truly qualify as volunteering.*

Also, my help towards others has decreased. A lack of confidence in others has put a strain on the help I give. *I am involved in helping, but never at others' homes.* I am too afraid of being falsely accused of stealing something. My age plays a role as well. *Now, there are a lot of young people. I am still standing, you know, that is not the problem, but for how long? I do not know.*

This vignette illustrates how the participants reflected on their current informal help. This informal help mainly consisted of small helping behaviors (e.g., donating money, preparing sandwiches) that were frequently undervalued by the participants (e.g., “in a way that you do not even notice”).

### 3.2.2. Vignette 4: Being a Long-Term Resident Means Helping Others

This fourth vignette is made up of two sub-themes. The first sub-theme, which spans the first two sections of the vignette, shows how the older adults in this study engaged in informal help because they felt responsible for their neighbors. They spoke about leading by example, which included offering advice to neighbors or donating items to those in need. The participants placed high importance on exerting a positive influence on others. The second sub-theme (represented by the last section of the vignette) expands further on this, as participants talked about how the informal help they provided was even motivated because of, and not despite, the fact that they lived in a disadvantaged urban neighborhood:

*For me, the neighborhood is my engagement.* It is important to support newcomers, especially considering their unfamiliarity with the area. Also, I feel a sense of responsibility for my environment, which drives me to help others. I lead by example: I go out by bike to show that one does not always need a car for getting around, or I repair discarded items to donate them afterwards. Neighbors come to me for advice, whether it is the woman next door seeking social housing, someone inquiring about home-buying, or a person asking for an address. I gladly help them. *People know me, sometimes more than I know them, from the fact that I have lived here for so long.*

I prioritize being a positive influence on others, and people respect me for this. *I leave the problems in my life at home when I go out.* For instance, there are people who beg for money in the street. I sometimes provide financial support, but more often *I send them to associations to eat or sleep.* I prefer to help others quietly. *There is no need to let people know.* I see my help as a personal undertaking that benefits both me and others.

Certainly, *you notice that this is a neighborhood with a lot of challenges, a lot of deprivation, and that there is work to be done there, but that stimulates you to make an extra effort.* Showing the best version of myself

is therefore crucial, particularly because *more and more people are forced to live on the streets and many people are losing their jobs*.

This vignette shows how, partly due to the precarious context of the neighborhood, it was important for the participants to show a good example by helping others, using their environmental knowledge as long-term residents (e.g., referring persons to associations). As is also the case in Vignette 3, the participants' stories bring to the fore how participants downplayed their informal help to others, seeing it rather as a personal endeavor than as a contribution to society.

### 3.2.3. Vignette 5: Local Community Centers Are Places Where Neighbors Meet and Help Each Other

This fifth vignette represents three sub-themes. The first sub-theme illustrates how most of the older adults in this study participated in activities organized by local community centers to engage with neighbors. In some instances, they even organized their own activities. Moreover, in the second sub-theme, the emphasis lies on the fact that these local community centers were thought of as places that stimulate informal help. Interactions in these spaces contributed to overcoming the feelings of disconnection from one's environment that participants expanded on in Vignette 1 and 2. Some participants even spoke about having found a family. The third sub-theme of this vignette shows how these local community centers serve as places for seeking help as well as providing it:

*If you take part in something with others, your heart opens.* I have been coming here (i.e., local community center) for a few years now, and I am happy to encounter many different people. I come here to participate in the various activities offered. I also organize my own activities for others, such as collective laughing exercises and language exchanges.

Nevertheless, *the main reason why I come here is to communicate and share stories*. Although initiating interactions with strangers can be overwhelming, this space helps me to overcome this initial fear. I said to myself at some point that I did not want to be confined to my house anymore. *Sometimes, there are interiors where you do not feel like staying*. Here, people value your company. I rarely feel lonely. This place makes me feel connected, newcomers are welcomed, and you experience what the neighborhood has to offer. Here, *I have found a family*.

I have also found the courage to engage with and help others when they ask for it. For instance, *when I ask someone for help, there is always somebody to lend a hand*. In my view, it is the social role of this place that is so important. *Giving to others, I do it gladly, and here, it just works*. As an example, there is a visitor here who comes regularly to eat. He has difficulties walking, and as soon as I see him, *I let him sit down and I collect the food for him, and then sit with him. He even calls me "my wife"* (laughs). *And at times, he has a problem with his eyes. So, anytime he comes, he will bring the medication, and I administer it on the eye*.

This vignette illustrates the importance of local community centers as places for meeting and providing informal help (e.g., "giving to others, I do it gladly, and here, it just works"). This informal help sometimes even resulted in more sustained forms of caring relations (e.g., collecting food for others or providing companionship).

## 4. Discussion

The present study examines the informal help older adults give to others, as well as their social networks, which are important elements of caring communities (De Donder et al., 2024). More particularly, the emphasis is on how changes in neighborhoods affect the social networks and informal help of older adults as long-term residents in two disadvantaged urban neighborhoods in Brussels, Belgium. This study highlights the adverse impact of neighborhood changes on the social networks of older adults. Changes in population composition, but also declining safety and neighborhood decay, resulted in a general sense of unfamiliarity with one's direct environment. Participants also reported that it has become more difficult to provide informal help due to decreased social networks. Nevertheless, as a reaction to those changes, the participants of this study show that they are not passive bystanders: They actively help neighbors as well. The informal help they provide is spurred on by the unique knowledge and expertise that long-term residents possess, and through local community centers that stimulate informal help among neighbors. This discussion is centered around four overarching take-aways from the results section, namely "Adverse neighborhood change might lead to being 'stuck in place' or staying in place," "Older adults exhibit strategies of resistance through their informal help," "Local community centers are important for informal help," and "Care co-evolves with the neighborhood environment through time."

### 4.1. Adverse Neighborhood Change Might Lead to Being "Stuck in Place" or Staying in Place

There seems to be a relationship between population change, feelings of insecurity in neighborhoods, and the social capital of its long-term residents (see De Donder et al., 2012; Versey, 2018). Sometimes, the neighborhood changes mentioned by participants were related to specific events. In Brabantwijk, participants spoke about the construction of high-rise apartments and office buildings that decreased social networks. In Kuregem, participants referred to specific points in the 1960s when migration started. However, more frequently, these were narratives of decline that were not associated with particular points in time, but instead reflected shifts in participants' feelings about neighborhood use and social connections. These adverse neighborhood changes, embedded in the neighborhood's life course, have had implications for older adults' understanding of their direct environment. Several of the participants' narratives confirm that both their social networks and neighborhood cohesion were stronger prior to the neighborhood changes. This is a well-known dynamic in so-called transitional urban neighborhoods (Mahbubur & Mandarano, 2021), reinforcing the conclusion often found in the literature that living in a disadvantaged urban neighborhood might deprive these older adults of close and stable social networks (Cornwell & Behler, 2015).

R. J. Smith et al. (2018) refer to these older adults as being "stuck in place." The authors further explain how older adults in changing neighborhoods often lose the stable social networks that previously made them feel part of the neighborhood community, while simultaneously lacking the financial means to relocate. However, the study at hand requires some nuance: Most participants in fact expressed the loss of social networks and a sense of community in their neighborhoods, but some made a conscious decision to stay, even when their financial situation might have permitted them to move elsewhere. It is in these cases not a matter of being stuck in place, but rather a positive decision to stay. Similarly, several studies suggest that diverse groups of older adults respond in various ways to neighborhood change, which in turn impacts their attachment to place (Burns et al., 2012; Lecovich, 2014). The findings of the current study also allude to how changes in

the neighborhood's composition may not necessarily lead to decreased social networks, as, for instance, local community centers can foster new networks between neighbors. This highlights the complex ways in which older adults experience neighborhood change, and how they maintain a feeling of attachment to their neighborhoods.

#### ***4.2. Older Adults Show Strategies of Resistance Through Their Informal Help***

This study highlights how older adults living in disadvantaged urban neighborhoods, and particularly long-term residents, show strategies of resistance. Previous research confirms that adverse neighborhood changes might erode older adults' social networks, leaving them more vulnerable to social isolation and exclusion (e.g., Dahlberg, 2020; Versey, 2018). However, the participants in this study did in various cases talk about informally helping neighbors. These forms of informal help, while at times downplayed by the same participants, can be seen as important "strategies of resistance" that long-term residents use to resist pressures of exclusion resulting from adverse neighborhood change (Buffel & Philipson, 2019; Lees et al., 2018). These "strategies of resistance" range from still engaging in neighborly informal relations, although reduced through altered social networks, to actively helping neighbors through one's environmental knowledge as a long-term resident.

Moreover, informal neighborly care relations in the face of adverse neighborhood change are stimulated through various forms of community capital (Wild et al., 2013), such as using one's knowledge of the neighborhood's history, or spatial capital, being the ability to navigate the neighborhood's geography (De Decker, 2023). This spatial capital is derived from one's "autobiographical insideness" (Rowles, 1983). One other important concept to better understand these strategies of resistance is that of "natural neighborhood networks" (Gardner, 2011), which, although diminished over time, still enable the participants of this study to help neighbors. These different forms of capital are pivotal for the participants of this study for maintaining place attachment and supporting others in the neighborhood through the informal help they give, even in the face of adversity throughout the neighborhood's life course.

#### ***4.3. Local Community Centers Are Important for Informal Help***

The findings spotlight the crucial role of local community centers for strengthening participants' informal help and their social networks. Informal help among neighbors is often less profound when there is no or low personal relationship between them (Volckaert et al., 2021). Local community centers can thus be vital platforms for facilitating social interactions and stimulating the informal help of older adults. As venues that encourage relationships and foster a feeling of community between neighbors in the face of declining social networks, these local community centers have become an essential part of the neighborhoods' social infrastructure, and they provide diverse possibilities for older adults to interact with others and engage in new social networks (Yarker, 2019).

In this research, the vital role of local community centers as places for connection, for accruing bridging social capital, or for fostering meaningful neighborhood networks is confirmed, in conjunction with broader research (see De Donder et al., 2024; Lewis et al., 2023). Many participants attested that the local community center is a place where one engages with persons one would likely never have met otherwise. Participants described their involvement in recurrent social interactions through the local community center. These interactions are

important, as they often involve reciprocal help between neighbors. Halegoua and Johnson (2021) talk about the importance of “chance encounters” and how opportunities in the neighborhood for meeting others are pivotal for neighborhood caring relations. In the studied neighborhoods, local community centers appear to facilitate, but also enhance and solidify, these chance encounters.

Similarly, local community centers serve as places where one engages in neighborly care, such as participating in activities together, providing others with food or medication, or just chatting up with neighbors. Care is a broad concept that “includes everything we do to maintain, continue, and repair our world so that we can live in it as well as possible” (Fisher & Tronto, 1990, p. 103). In the interviews conducted for this study, numerous activities that were identified as informal care for neighbors and the neighborhood are examples of this broad notion of care. Participants spoke about maintaining and continuing social interaction and informal help through local community centers, as is exemplified by their expression of using the space to “communicate and share stories.” Participants spoke about activities that can be considered repairing as well, such as providing care for somebody else through collecting food or administering medicine. As such, participants’ stories suggest that caregiving is entangled with the material infrastructure that local community centers provide.

#### ***4.4. Care Co-evolves With the Neighborhood Environment Through Time***

This study has enriched the debate around how care interrelates with the neighborhood environment during the life course, while adopting an “ethics of care” approach. The concept of care is a holistic and relational practice that describes a process, rather than one single activity (Fisher & Tronto, 1990). Gardner (2011) explains how thinking about caring through the lens of neighborhood relations can shift the focus away from care as a one-way process, as is often the case in studies on caring dynamics within families or the household, while also helping us to think about care as reciprocal or interdependent. For instance, local community centers seem to be places where care and interdependence take shape. Participants, for instance, stated how they were able to help, but also ask for help. They therefore play a vital role in supporting this neighborly care.

Moreover, the two studied disadvantaged urban neighborhoods can be seen as places where care between neighbors still takes place, despite adverse neighborhood changes that have negatively impacted social networks. The addition of a “life course of place” perspective to the “ethics of care” approach brings the literature on the topic of older adults’ care relations further, as researchers are becoming aware that older adults’ lives are not only influenced by neighborhood features, but that they also contribute to their surroundings and this interaction co-evolves through time (e.g., Gott et al., 2024; Hand et al., 2020).

#### ***4.5. Implications for Research, Policy, and Practice***

This article has focused on the effects of community change and neighborhood decay on older adults’ social networks and informal help in disadvantaged urban neighborhoods. This study aims to contribute to the theoretical lenses that researchers use to look at older adults in these neighborhoods. Future studies could benefit from a new synergy between alternative theoretical paradigms related to exclusion, life course, and the environment (Dikmans et al., 2025). Viewing person–place relations as dynamic and co-evolving (Oswald et al., 2024) is relevant in this sense. This article incorporates this view through using a “life course of place”

approach (Lekkas et al., 2017). Consequently, the findings of this study suggest that neighborhoods possess life courses characterized by neighborhood changes that shape the social networks and the informal help of residents.

It is pivotal for researchers, but equally for policymakers and practitioners, to recognize that older adults in disadvantaged urban neighborhoods have strategies of resistance in the face of adverse neighborhood change. A focus on how they informally help others surpasses a one-sided exclusion lens and recognizes how older adults, notwithstanding important adverse environmental changes, still informally help those around them through “natural neighborhood networks” (Gardner, 2011), or what Halegoua and Johnson (2021) call “chance encounters.” Policymakers and practitioners might want to focus more on creating opportunities for connecting people through activities, such as organizing clean-up days in neighborhoods or building a bus stop together. Urban design plays a crucial role in creating these opportunities (Aelbrecht & Quentin, 2023). Public investments in physical spaces are therefore needed to strengthen encounters between neighbors, especially those physical places in the neighborhood where residents can casually meet (Carstensen et al., 2022). For instance, so-called “third spaces,” being public or commercial venues that exclude the home and work environment (Finlay et al., 2024), are neighborhood sites where activities of “bonding” and “bridging” can take place. In these spaces, people come together to connect and feel part of their community. These spaces might even evolve into places of resilience (Golant, 2015).

This study has shown the role that local community centers play in strengthening social networks and stimulating informal help. Local community centers provide opportunities for creating and maintaining those routinized relations that might even evolve into more structural and recurring forms of informal care between older neighborhood residents. As older adults spend more time in their neighborhoods as they age, regular contact with and mutual support between neighbors become more important (Seifert, 2020). This realization is important to include in future policy and practice. Local authorities might, through for instance actively funding and supporting local community centers, foster aging in place of older adults in disadvantaged urban neighborhoods, an insight that is corroborated by other studies as well (see Dahlberg, 2020; Walsh et al., 2012). Nonetheless, it is important to be aware of the inclusionary and exclusionary mechanisms of neighborhood networks (Ruonavaara, 2022), and to remain conscious of who finds their way to, and therefore makes use of, local community centers, and who does not (Custers & Engbersen, 2022). Future community interventions could therefore invest in neighborhood encounters through formal spaces that value the contributions of diverse groups of older adults as a form of neighborhood care.

## 5. Strengths and Limitations

One strength of this study is its engagement with long-term residents of disadvantaged urban neighborhoods, a perspective that is often missing in discussions on aging and place (Buffel & Philipson, 2019). Second, this research looks at older adults’ experiences of neighborhood change in disadvantaged urban neighborhoods, which is a topic that has received increasing attention (e.g., Buffel et al., 2013; Scharf et al., 2005), but which remains frequently overlooked. Third, the combination of the QUAGOL analytical approach (Dierckx de Casterlé et al., 2012, 2021) and the use of narrative vignettes as a presentation style does justice to the shared narratives of participants. Fourth, an epistemological focus on “ethics of care” valorizes the informal help, albeit sometimes small, that older adults provide to their neighbors, highlighting the importance of micro-encounters in the neighborhood for stimulating neighborly care.



Nevertheless, two main limitations persist. Primarily, in the two neighborhoods, participants were mainly recruited through local community centers, possibly fostering the inclusion of older adults who are already more inclined to be an engaged neighbor. The chosen recruitment strategy could be a reason why most participants emphasize the role of local community centers in the informal help they give. To address this limitation, several participants were at a later stage recruited through location-based convenience sampling. Secondly, the choice of vignettes as a presentation style highlights common experiences but downplays individuals' unique and separate characteristics (Knight et al., 2023). For instance, more women were interviewed than men (six men against 13 women), but the vignettes do not account for the gendered nature of life course experiences (Hagestad & Dykstra, 2016). As such, the focus was on finding a common narrative and the chosen presentation style risks overlooking participants' narratives that might be contradictory to the findings, while also disregarding nuance in individual quotes (e.g., gaps, hesitations, silences) in favor of the collective storyline.

## 6. Conclusion

This study focuses on the altered social networks and the current informal help of 19 older adults, who are long-term residents of two disadvantaged urban neighborhoods in Brussels, Belgium (Brabantwijk and Kuregem). Two main neighborhood changes, namely changes in population composition and declining safety and neighborhood decay, were seen as conducive to the reduced social networks of the participants. This showcases the study's "life course of place" approach: Neighborhoods have life trajectories of their own that influence residents' lives (Lekkas et al., 2017). Equally, the current informal help provided by the participants decreased through reduced social networks, but being a long-term resident can spur on informal help. Local community centers can also be important places for creating informal connections. The main take-away lesson that this article offers is that the relationship between older adults' informal help toward neighbors and their neighborhood environments is entangled. Neighborhood changes reduced social networks, but the participants of this study showed agency through informally helping others. This can be seen as a form of resistance to adverse change, while changing their neighborhoods for the better. It is therefore important to highlight that the networks of neighborly care needed for a caring community to thrive do still exist in the studied disadvantaged urban neighborhoods.

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### Conflict of Interests

The authors declare no conflict of interests.

### Data Availability

For ethical reasons of safeguarding the anonymity and privacy of the research participants, the authors will not provide the original data.

### Supplementary Material

Supplementary material for this article is available online in the format provided by the authors (unedited).

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# Collective Resources of Social Reproduction and Care? Potentialities and Limitations of Urban Initiatives of Commensality

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## Abstract

Urban initiatives of commensality (UICs) form micro-public spaces where people meet, cook together, and share a meal. UICs thereby address both social needs for encounter, care, and community as well as material needs for (free) food. As lived examples of caring-with, UICs resist neoliberal individualisation, privatisation, and marketisation and experiment with alternative ways of being and relating in common. Drawing on ethnographic fieldwork in a neighbourhood centre in the city of Graz, Austria, this article explores the practices and social relations of a weekly communal lunch and asks about the potentialities and limitations of UICs as collective resources of social reproduction and care in the city. The analysis is guided by feminist care ethics and social reproduction theory and emphasises, first, the organisational structure and the central role of the employees as curators of this commensal context, second, the caring-with relations that are established by being and doing in common, and, third, the ambiguous socio-spatial divisions of labour, both within the UIC and beyond. This contribution extends existing debates of commensality with a feminist analysis of micro-public curated commensal contexts.

## Keywords

commensality; community; cooking; curated encounter; eating; feminist care ethics; reproductive labour

## 1. Introduction

The air shifts as we step inside, escaping the heavy rain and biting cold outside. Instantly, our glasses fog up in the warmth of the room. The sound of lively chatter and soft clinking of utensils greets us before we can see clearly. Around 10 people are already busy—chopping vegetables, sipping coffee, or lounging on a well-worn, forest-green sofa that exudes cosiness. A warm chorus of greetings meets

our entry, the kind that carries a touch of recognition. This is our third visit, and we feel very welcome and a part of these communal lunches. Some people glance up briefly, nodding as if to say, “Ah, it’s them again,” before resuming their tasks. The room, spacious and bathed in natural light from large windows, feels alive. A long wooden table dominates the centre. It’s not just for cooking; people linger comfortably around it. On one end, an elderly man chops mushrooms with practised ease, occasionally sneaking pieces of carrot and leek into his mouth. His little corner is personalised—a travel magazine, a bowl of cashews, and a neatly placed comb sit within arm’s reach, a quiet declaration of belonging. Nearby, a bookcase stands tall, crammed with a delightful mismatch of books and trinkets. Next to it, the coffee machine hums as a woman declares her favourite brew, sparking a lively debate about coffee brands. At the far end of the table, three women sit in the midst of what looks like a coffee klatch. They’ve brought a cake nestled in a container and flipped open magazines, the crinkling pages mingling with their soft laughter. Along the windows, crutches and walkers lean against the wall, creating an impromptu row of quiet observers. A dog sits calmly among them, its gaze serene and watchful. Above, the walls are alive with colour—a patchwork of paintings hangs like an art gallery, interspersed with a poster outlining rules for respectful interaction and communication. (Field vignette, 2024)

Across many cities, a growing number of initiatives create spaces for social interaction through collective meal preparation and shared dining experiences. By inviting “everyone” to contribute, whether by preparing food, setting the table, or washing dishes, these initiatives reimagine commensality (literally eating at the same table; Fischler, 2011) as a shared urban practice. In doing so, they address multiple needs: In addition to providing affordable meals, they tackle loneliness, foster community, and promote sustainable and nutritious diets. Cooking and eating are performed as communal, relational practices through which micro-public commensal contexts unfold. Here, strangers meet and get acquainted, preparing and enjoying a commensal meal. Ranging from community kitchens and neighbourhood food-sharing events to pop-up dinners in public spaces, these initiatives take different forms, appeal to different people, and require different levels of participation. To capture this diversity and provide a common conceptual framework, we introduce the term “urban initiatives of commensality” (UICs) to refer to a wide range of urban practices that use food and shared meals as a means of gathering people around a table (and a kitchen) to build and strengthen (local) communities.

UICs serve as the starting point for this article’s effort to generate a situated understanding of micro-public commensal contexts and to reflect on the potentials and limitations of collective and collectivised forms of social reproduction and care in the city. Using the example of a neighbourhood centre in Graz that we call Centre COMPANE (CC) in this article and drawing on qualitative ethnographic fieldwork, we explore how this UIC operates as a space for experimenting with alternative ways of living, relating, and reproducing in common. We thus shift the focus from individualised struggles of/for commensality and care in families and/or private households to collective forms of social reproduction and care, seeking to unravel the complex social relations of urban public forms of commensality. In doing so, we critically engage with the broader structural dynamics that shape this particular commensal context, highlighting the inherent ambivalences and contradictions and pointing to UICs’ potential to both subvert and reinforce existing dominant patterns of social reproduction and care.

We understand UICs against the backdrop of the ongoing crises of social reproduction and care that have led to increasing precarisation (Dowling, 2021; Fraser & Jaeggi, 2018). To interrogate the socio-spatial

entanglements of commensality, care, and labour, we draw on feminist theories that radically question capitalism's spatial and gendered division of labour and the feminisation and privatisation of social reproduction and care. Accordingly, our analysis brings together, and at times contrasts, conceptual debates from feminist care ethics (FCE), which foregrounds the relational and embodied dimensions of care, and social reproduction theory (SRT), which situates these initiatives and the corresponding labour within the broader crisis of reproduction in neoliberal capitalism. With this focus, we critically examine the social relations enacted within and through the UIC and foreground what has often been absent from broader debates on commensality: the reproductive labour and care relations that are fundamental to any commensal activity, yet highly embedded in uneven relations of power. We ask what it takes to organise and mediate—curate—commensal events and how spatial-material conditions shape these practices.

In what follows, we will first refer to debates of commensality, followed by a brief discussion on public and micro-public commensal contexts and their potential to disrupt the persistent gendered socio-spatial order, before turning to the conceptual debates of SRT and FCE. Then, we will introduce the weekly lunch at the CC and our methodological approach. Finally, we proceed with a feminist analysis of our empirical findings in this commensal context. Our analysis focuses on three core dimensions: first, the organisational and curatorial efforts required to establish and sustain a UIC; second, the emergence of care relationships through collaborative practices; and third, the gendered and spatial distribution of reproductive labour. We conclude with a discussion on the possibilities and limitations of UICs as collective resources for navigating and resisting the pressures of precarised social reproduction and care.

## 2. Commensality

### 2.1. *Commensality: In the Debate*

The term commensality is generally understood to refer to the practice of eating together (Jönsson et al., 2021) or eating with others (Sobal & Nelson, 2003). Beyond this basic definition, commensality has been the focus of extensive interdisciplinary research exploring its social, cultural, and symbolic dimensions (Kerner et al., 2015). This includes debates in psychology, nutrition and health studies (Bernardi & Visioli, 2024; Dunbar, 2017; Marklinder & Nydahl, 2021), anthropology and history (Kerner et al., 2015), sociology (Fischler, 2011; Simmel, 1997), and also contributions from theology (Oberholtzer Lee, 2011), philosophy, and cultural studies (Kok, 2022).

Commensality is fundamentally about food, which is why contributions from food studies have a long tradition of analysing commensality, focusing primarily on what is eaten and shared. This gives us valuable insights into the significance of the food itself (Kerner et al., 2015). While grounded in everyday routines, food and food-related practices are complex, multi-layered, and deeply entwined with physiological, social, and cultural significance. Debates in food studies encompass the interplay between food, food work, and social relations through food, with commensality as just one form or facilitator. However, with this contribution, we shift the attention from food per se to the social relations which emerge in micro-public commensal contexts.

Commensal meals are considered beneficial to psychosocial health and fostering a sense of belonging (Pfeiffer et al., 2015). What is more, shared meals have been shown to play a vital role in processes of social bonding, community formation, and the maintenance—or disruption—of social hierarchies, from common

meals in families and neighbourhoods to spiritual feasts and political movements (Christie, 2004; Mittermaier, 2014; Smith & Harvey, 2021). As such, commensality is not merely a social act but has a structuring role: It determines who eats with whom, under what circumstances, and to what effect. This intersection of food studies and social theory approaches raises crucial questions about who is expected to serve and to clean after a meal, who is (not) welcome, how and where people are seated, and who is excluded. These questions, however, are rarely taken up in the debate but need to be addressed in order to complement the widespread romanticisation of commensality with perspectives that are sensitive to uneven relations of power, processes of exclusion, or modes of (patriarchal) domination and violence.

Commensality and especially the domestic commensal meal are widely idealised and normatively loaded—both in terms of healthy nutrition, social interaction, and bonding (Jönsson et al., 2021). Observed socio-cultural changes in practices of commensality are often framed through a lens of concern, e.g., lamenting the perceived decline of the family meal in Western societies attributed to individualisation and the erosion of fixed mealtime routines (Fischler, 2011; Jönsson et al., 2021; Oren et al., 2024). What is more, such an idealisation of commensality risks concealing that shared meals are not always harmonious; they can be stressful and uncomfortable (Jönsson et al., 2021). As a social practice, shared meals are permeated by relations of inequality and social hierarchies as well as gendered, classed, and racialised stereotypes of food and people (Bell & Valentine, 1997; Cook, 2008; Marovelli, 2019; Véron, 2024; Wise, 2011).

Although the concept of commensality is widely discussed, considerations of how social structures and structural changes (such as shifting gender roles or the digitalisation of work) shape practices of commensality remain relatively underexplored, though not entirely absent (Giacoman, 2016; Marovelli, 2019; Oren et al., 2024; Smith & Harvey, 2021; Spence et al., 2019; Wise, 2011). At the same time, critical scholarship in food studies, human geography, and other disciplines examines forms of shared cooking and eating practices beyond family and friendship relations. These are often addressed under the broader term “food sharing” (Davies et al., 2017). In this context, sharing food is discussed as a central element of both community formation and social exclusion, carrying significant meaning across different historical and geographical contexts (Davies et al., 2017; Fischler, 2011; Giacoman, 2016; Jönsson et al., 2021). *Sharing* is fundamental to commensality, yet what exactly is being shared remains open to debate. As Håkan Jönsson et al. (2021, p. 1) ask: “Does it mean sharing the food? The table? The place? The moment?”

While the social meaning of commensality seems to be undisputed (or even overrated), the research predominantly locates commensality within the (heteronormative) family and in the private household, or focuses on highly ritualised feasts (Dunbar, 2017; for notable exceptions, see Marovelli, 2019; Wise, 2011). Commensality does not necessarily take place in private spaces, but other forms of public and communal eating are rarely referred to as commensality. Despite—and because of—this limited attention in social science and humanities debates on commensality, we choose to study a micro-public commensal context, centring less on the food sharing and more on the social relations it engenders.

## **2.2. Micro-Public Commensal Contexts: Cooking and Eating Collectively in Urban Initiatives of Commensality**

Following Frei and Böhlen (2010, p. 20), we understand micro-publics as “institutions at the intersections of public interests. They rearrange resources of all kinds to generate new services outside of the private

domain.” UICs are characterised by the fact that they organise commensal events in micro-public settings and combine the purposes of tackling (food) poverty, addressing health and dietary matters, encouraging social encounters and interactions among strangers, counteracting loneliness, and providing possibilities for learning and participation. Food is but one aspect of the event, distinguishing UICs from food aid or charities, which primarily concentrate on the distribution of food to people in need (Cloke et al., 2017). UICs mobilise commensality as a means through which temporary micro-publics are formed, social difference and needs are negotiated, caring relations are established, and, at times, political and ethical concerns are articulated through the collective act of preparing the meal and/or setting up the space for commensality. In this way, UICs enable active participation—regardless of financial contributions—and provide access to people who are excluded from other forms of commensality and togetherness in public or private spaces, thus counteracting “alimentary exclusion” (Pfeiffer et al., 2015, p. 489).

Alongside their focus on food and meal sharing, scholars analyse different forms of (micro-)public collective cooking and eating, ranging from self-organised, autonomous to institutionalised initiatives or kitchens for the urban poor (Cloke et al., 2017; Heynen, 2010; Hoinle & Klosterkamp, 2023). However, they seldom engage explicitly with the concept of “commensality,” leaving this intersection underexplored. Rather, the debates are often conducted under different terms, commensal practices are also referred to as “communal eating” (Giacoman, 2016) and “social eating” (Marovelli, 2019; Smith & Harvey, 2021) or discussed as “conviviality” (Starck & Matta, 2024) or “hospitality” (Clarebout & Mescoli, 2023), and often the terms are used interchangeably (Jönsson et al., 2021; Oren et al., 2024; for a discussion on “commensality” and “conviviality,” see Starck & Matta, 2024).

Recently, self-organised kitchens have drawn particular attention in the debates within urban studies and urban geography and are often analysed through the lenses of radical care, commons, and mutual aid (Gutiérrez Sánchez, 2022; Heynen, 2010; Hobart & Kneese, 2020; Hübl, 2024; Ruiz Cayuela, 2021) or conceptualised as “local care infrastructures from below” (Flückiger et al., 2024, p. 30, translation by the authors). While these studies focus primarily on autonomous, grassroots initiatives, less attention has been paid to initiatives of commensality that operate in hybrid forms, situated between self-organisation and institutionalisation. Unlike autonomous, entirely self-organised initiatives, which often rely heavily on participants’ resources and time, or fully institutionalised projects, which may prioritise efficiency over participation, these “in-between” constellations offer structured support and inclusive facilitation that can open up opportunities for individuals—particularly reaching out to marginalised (groups of) people—to engage in meaningful and collaborative ways. In doing so, they challenge dualistic notions of the public and the private, the formal and informal, or the top-down and bottom-up, by embedding collective, caring practices within structured yet participatory frameworks. With this contribution, we want to broaden the discussion on micro-public commensal contexts by proposing a feminist analysis of UICs. Through this approach, we seek to bridge to largely separate strands of research: debates on care and social reproduction on the one hand, and (micro-public forms of) commensal practices on the other.

### ***2.3. Feminist Perspectives: Commensality as Social Reproduction and Care?***

To expand the debates on commensality and addressing the UIC’s social relations, we draw on SRT and FCE. SRT directs our attention to the underlying structural conditions that shape commensal events; to a spatial understanding of sites of reproduction and to the relationship between waged and unwaged labour as well as



the tension between individualised and collectivised social reproductive labour (Bhattacharya, 2017; Federici, 2012; Ferguson, 2020; Fraser, 2016; Katz, 2001; Rodríguez-Rocha, 2021). Whereas SRT analyses the relations, tensions, and contractions between productive and reproductive labour from a political economic perspective, FCE focuses on the qualitative aspects of care: on the interdependence of social relations and on relational beings and doings (Dowling, 2021; Tronto, 2013). FCE's emphasis on care relations thus serves as an analytical lens to understand the complex social relations within UICs, situating them within wider social relations of power and pointing to alternative and more democratic modes of organising care (Tronto, 2013). Specific tasks, i.e., cooking, can be considered both as care and social reproduction. In line with the theoretical distinction, we use social reproduction as a functional category (Dowling, 2021) to refer primarily to the structural relationship between paid productive and unpaid reproductive labour in capitalism (Barbagallo & Federici, 2012; Srnicek & Hester, 2017) and care in regard to the efforts to "maintain, continue, and repair 'our world'" (Tronto & Fisher, 1990, p. 40), emphasising ethical social relationships (Dowling, 2021). Hence, while FCE—we refer primarily to Joan Tronto's understanding of FCE—highlights social interdependencies and the quality of relationships, SRT situates these activities within broader structural and economic contexts.

Cooking, as central to reproductive labour and care work, has historically been framed as a domestic activity. The provision of meals and the associated feminised caring labour (such as nurturing through food and maintaining familial bonds) remain considered as private responsibilities and are often rendered invisible (Brenner & Laslett, 1991; DeVault, 1991; Duma, 2023; Federici, 2019; Srnicek & Hester, 2017). Practices such as preparing family meals and fostering commensality are often romanticised and naturalised as expressions of maternal duty, compassion, and care, thereby obscuring the uneven societal distribution of labour and the systemic devaluation of domestic work within patriarchal capitalist structures. Feminist historical materialist approaches as SRT have long critiqued this dynamic, addressing the underlying structural mechanisms and problematising how capitalism—as an economic system and institutionalised social order (Fraser & Jaeggi, 2018)—relies on the exploitation of the un(der)paid reproductive labour of women (Costa & James, 1975; Cox & Federici, 1975). Stressing that reproductive tasks such as domestic housework—including cooking—are essential to capitalist production and economy, they challenge the depiction of social reproduction as the *other* to production and the associated socio-spatial division of labour (Fraser, 2016; Gibson-Graham, 2006; Katz, 2001).

Neoliberal austerity measures such as funding cuts in health care or social services have exacerbated the societal scarcity of resources, making it increasingly difficult for individuals to adequately care for themselves and others and to meet their everyday needs (Dowling, 2021; Hall, 2019). This culminates in what is currently widely discussed and experienced as the crisis of care. Although it manifests on the individual level—and individually differently—the crisis of care is fundamentally rooted in structural inequalities related to social reproduction (Dowling, 2021; Fraser, 2016; Winker, 2015).

FCE is rooted in long-standing feminist critiques of the social arrangement of care in capitalist societies and the underlying structural inequalities that permeate care relationships. These inequalities socially construct and maintain difference as part of relations of domination and are tied to notions of dependencies and hierarchies, often reflected in paternalistic care relationships. This is particularly relevant when the lines between "providers" and "receivers" of care are sharply drawn, ignoring that *all* people are in need of care, as is often the case in (food) charities (Saltiel, 2022). By positioning interdependency as a fundamental aspect of human and more-than-human existence, Tronto (2013) challenges the notion of the autonomous

individual, arguing that this ideal not only devalues dependency but also feminises it, perpetuating structural inequalities. By reframing care as a public issue that demands collective action (Lynch et al., 2021)—as a collective responsibility (rather than a private concern) and a crucial site for political engagement—FCE fundamentally shifts our understanding of care relationships from individual obligations to communal commitments.

What is more, FCE also provides a normative framework for imagining caring cities and societies that collectively and democratically negotiate and allocate care resources and responsibilities (Saltiel & Strüver, 2022; Tronto, 2013; Williams, 2017). Tronto foregrounds social interdependencies and conceptualises care as an inherent relational condition of human survival and everyday life, and thus as a public affair. In Tronto's framework of FCE, practices of "caring-with" become vital. Based on the ethical qualities of plurality, trust, respect, and solidarity, caring-with are public practices of care that shift towards democratisation and a more just societal organisation of care (Tronto, 2013). The latter "cannot be left to existing institutions and practices, not to families or households, systems of production and markets for consumption, nor existing government agencies and policies" (Tronto, 2013, p. 140) but can only be a collective practice.

Feminist scholars have long emphasised how neoliberal policies propagating ideals of the autonomous individual obscure fundamental social interdependencies (see, among others, Hall, 2019; The Care Collective, 2020; Tronto, 2013). Against this background, we shift the focus from individualised struggles to collective forms of social reproduction and care outside the private household as a means of disturbing and altering urban space (Pettas & Daskalaki, 2022; Ruin, 2017). Creating commensal contexts in (micro-)public spaces such as neighbourhood centres, and thus performing social reproductive labour in the public sphere, disrupts, challenges, and alters socio-spatial and gendered patterns of social reproduction, as feminist scholars emphasise (Federici, 2019; Kitchen Politics, 2023; Uhlmann, 2023). This potential for rupture politicises collective modes of care and reproduction. It points to the possibility "that things, social conditions, and relationships could be otherwise" (Katz et al., 2015, p. 185). What is more, with "going public," the otherwise individualised and domestic (care) tasks become visible and "tied to a larger collective action" (Hobart & Kneese, 2020, p. 6).

This collective action in community kitchens or cooking initiatives can take very different forms, ranging from civil society organisations distributing foods fighting hunger and food waste (Cloke et al., 2017; Hall, 2015), to initiatives in which cooking is used as a tool for togetherness and learning (Hall et al., 2020), to self-organised kitchens forming temporary (infra)structures for disaster-relief and immediate survival (Heynen, 2010; Li, 2023) or to support protest (Gutiérrez Sánchez, 2022; Tognola, 2023). However, also in "less obvious' politicised space" (Hall, 2020, p. 248) or "seemingly most apolitical spaces" (Mittermaier, 2014, p. 73), practices of cooking and food sharing can echo broader calls for social justice, breaking down hierarchies of helping and promoting mutual care.

Drawing on these diverse and inspiring debates—on commensality (largely situated in private or ritualised contexts), on public forms of shared food provision (ranging from institutionalised to self-organised), and on feminist perspectives that frame cooking and eating together as embedded in both care and social reproduction—this article contributes to an understanding of UICs as a site where everyday relational practices and broader structural dynamics intersect. We aim to extend existing discussions by exploring how shared meals in "in-between" settings generate specific micro-public commensal contexts with particular configurations of care, labour, and interdependence.

### 3. Researching Urban Initiatives of Commensality

We explore UICs using qualitative ethnographic methods to develop a situated and grounded understanding of the complex social relations they engender. UICs form an interface in our research interests: While the author Anna Verwey researches collectivised social reproduction with a focus on self-organised and activist kitchens, the author Rivka Saltiel approaches UICs through a lens of encounters across difference with an emphasis on caring relations. A start of our joint work on UICs formed the co-teaching of the seminar “Taste the Difference. Urban Initiatives of Commensality Between Survival and Experience.” Together with a group of students, we explored a whole range of different offers of non-commercial public communal (cooking and) eating events in the city. Captivated by the richness and diversity of these practices, we decided to delve deeper into the topic. Between July 2023 and September 2024, we (the authors) participated in six UICs in Graz, encompassing a broad spectrum of formats—from food aid initiatives to cultural and political gatherings, each involving varying degrees of participation.

#### 3.1. *The Centre COMPANE as an Example of an Urban Initiative of Commensality*

For this article, we opted for an in-depth analysis of the lunch in the CC. We chose the CC as it provides a specific commensal context, somehow hybrid between institutionalisation and self-organisation. The CC is one of 22 neighbourhood centres funded by the city of Graz. This institutional link grants municipal funding for food as well as for paid positions, while offering space for voluntary engagement and different levels of participation. Its facilities include a large room for gatherings of all sorts, a small kitchen, restrooms, and offices. Located in a diverse central district with a significant share of migrant and working-class residents, the CC offers a wide range of programmes and services, including weekly social gatherings, cultural events, intergenerational activities, citizen consultations, and a socio-medical program. Among these events, there is a weekly communal lunch, facilitated by a sociologist and a nutritionist, both employed part-time—we will call them Julia and Hannah here (all names are pseudonymised). The centre’s budget, though rather tight, covers the costs of the lunch. Donations (into a box that is positioned in a corner) to add to the budget are welcome, though there is no pressure for anyone to contribute. Participants meet at 11 a.m. to socialise and start preparing a meal that is served around 1 p.m. Attendees are encouraged to contribute recipes, help with cooking and cleaning, and stay after lunch is over.

Though the lunchtime makes it difficult for people with standard working hours to join, the commensality at the CC is intended as an inclusive space of encounter that invites many people across differences to enter and participate, as was emphasised by the organisers (Julia, interview, September 12, 2024). This corresponds to the purpose of neighbourhood centres to foster community through inclusive and participatory events and to act as point of contact and support for people in need (of language and administrative assistance and social, medical, and/or mental health support) and as a space of encounter for diverse residents, promoting urban togetherness, particularly in diverse neighbourhoods. The communal meal, therefore, fulfils multiple purposes and caters particularly to people who are new in town, lonesome, and/or poor. CC provides barrier-free access, and tables are positioned so that wheelchairs or rollators can easily get through. For planning purposes, registration for lunch is requested two days in advance (there is a phone number on the webpage; further communication takes place in a WhatsApp group). However, it is always possible to join in spontaneously.

Most of the 15 to 20 people attending each time are regulars, creating a sense of familiarity and connection. The attendants differ in terms of age, gender, and class; some bring (grand)children or dogs. The majority of the participants live in precarity and face financial, bodily, and mental health issues that are debated openly among the group. Most of the people are over 40, and many are older. While some have a low level of education, other participants have a university degree. However, despite the efforts to reach different people and appeal to the demographics of the neighbourhood, the group consists mainly of elderly women. While most of the people take an active part in all tasks, some (predominantly male) participants only join at eating time and do not participate in cooking or cleaning. The attendants have different motivations for taking part. While a group of friends come to lunch every week to socialise, drink coffee, and maintain their friendships as they chop vegetables, others bring their own home-cooked food and come to eat it in community, and some rely particularly on the free meal.

### **3.2. Collaborative Cook-Alongs**

We empirically approached the UICs through “cook-and eat-alongs” (Verwey & Bastian, 2025), combining participatory observations with (spontaneous and planned) semi-structured interviews. In repeated participation, we engaged in the preparation of the meals, undertaking tasks in the kitchen, and chatting with other participants. Our research approach was inherently collaborative: We were both simultaneously present at the CC. This allowed for two different embodied experiences, related emotions, and observations. Immediately after the field visits, we sat together and exchanged and reflected on our experiences and impressions of the UIC. These recorded and transcribed conversations took the form of dialogues and served as both data collection and first analysis (Höfner & Saltiel, 2021).

Some of our shared experiences are depicted in the field vignettes in Sections 1 and 4. As “the written output of thick description” (Militz & Schurr, 2016, p. 57), vignettes offer rich, situated accounts that encompass the researchers’ embodied experiences (Creutziger, 2018). Thus, we foreground the situatedness of knowledges and emphasise the relational, sensational, affective, and embodied dimensions of research, which are central to critical feminist epistemologies underlying this research (Rose, 1997). In this sense, also the sketches crafted by Anna Verwey after visiting the CC serve as an expression of her experiences and perception of space.

Our positionality—as white researchers in our thirties, read as female—rendered us visible in particular ways within the field. Often, we were assumed to be social workers, artists, or students. We made our role as researchers transparent; however, our research was rarely an issue of debate after initial introductions, and we were wholeheartedly welcomed by the group. Given this openness to new people, access to and participation in this particular UIC were easy.

## **4. A Feminist Analysis of an Urban Initiative of Commensality**

Julia bursts in from the kitchen, her energy contagious as she smiles and greets us. “Good that you’re here now! Do you know how to make dumplings?” she asks, her tone both hopeful and urgent. We nod. “Perfect. Ingredients are in the kitchen—let’s get started.” We quickly shed our wet jackets and backpacks, tossing them into a corner on the floor. On our way to the kitchen, a man, who gives us a particularly friendly welcome, intercepts us with wide-eyed enthusiasm, showing off his latest treasure—a stack of Mickey Mouse comics from the 1980s, scored at a flea market. We promise to

take a closer look later, squeezing past him into the kitchen, where we find ourselves enveloped by warmth and activity. The space is tight, bustling with people moving around each other like a carefully choreographed dance. Ingredients for the dumplings are scattered on the counter—some already prepped, others we have to find ourselves. Julia explains the chaos with an apologetic laugh. “Everything’s a bit messy today,” she says. “I have too much on my plate, thanks for taking over. No need for measuring—just go with your instincts.” With a deep breath, we roll up our sleeves, wash our hands, and dive in. Flour, eggs, and milk merge under our fingers, transforming into a sticky dough. To let everyone participate, as instructed by Julia, we go back into the main room with the mixing bowl in hand. At the large table, people gather to watch and take part. Five women—each with their own method and opinion—surround us, creating a lively, collaborative chaos. Some dive in enthusiastically, hands deep in the dough, while others hang back, offering advice from the sidelines. One elderly woman, her hands stiff with arthritis, struggles to secure rubber bands around the dumplings and asks for help. We exchange recipes and debate the best folding techniques, all learning as we go. Every step is accompanied by commentary, laughter, and, in the end, the dumplings reflect the diverse approaches—different shapes and styles, some meticulously tied, others haphazardly wrapped. (Field vignette, 2024)

To explore what unfolds within the commensal context of the CC, we begin by examining the curating role of the organisers, followed by practices of caring-with and relations of care, before addressing the possibilities and limits of collectivisation and the spatial and gendered dimensions of shared and divided labour.

#### **4.1. Curated Commensality: Organising Urban Initiatives of Commensality**

We observed that the organisers take a central role in setting the scene for the encounter and in creating a warm and caring environment at the CC. They hold a particular authority and can quickly intervene and de-escalate tensions and conflicts. As such, the encounters between strangers that occur at the CC are curated in a double sense: They are not arbitrary but arranged, organised, and mediated, and they are initiated as a means to provide care (etymologically deriving from the Latin term *cura/curare*) in response to the needs of people in the city (Saltiel, 2023). As a particular form of organised “purposeful” encounters in micro-publics (Amin, 2002; Wilson, 2017), curated encounters generate new forms of urban togetherness, belonging (Askins, 2015), care, and provision (Saltiel, 2023).

At the CC, Julia and Hannah act as curators. Employed as professional care workers responsible for creating supportive frameworks and addressing participants’ needs through counselling, conflict resolution, and relationship-building, they make sure that people entering the room are greeted (either by other participants or themselves) and that newcomers are introduced to the space, the procedure, and all participants. This involves small talk and might consist of a whole range of personal questions depending on who is doing the introduction. While potentially overwhelming for those needing more time to settle in, the gesture remains welcoming, enabling immediate participation through the explanation and assignment of tasks.

From Julia’s perspective, her job during the commensal event is to stay on top of things, monitoring where people sit, checking in on participants, and assessing the emotional atmosphere to anticipate possible responses or actions. Julia and Hannah moderate between the kitchen and the community, ensuring everyone is involved, assigning tasks and coordinating what is happening, while, as Julia puts it, “on the side,

we give a bit of counselling” (Julia, interview, September 12, 2024). Julia emphasises her and Hannah’s shared responsibility for the well-being of each participant as well as for a respectful and supportive dynamic within the group of participants. This requires balancing the needs of the group and of individuals. While those seeking counselling are formally referred to designated counselling hours with CC’s social workers, Julia notes that in practice, often needs surface during the lunch itself—embedded in small interactions, personal conversations, or subtle changes in atmosphere. Referrals are often insufficient, as support is sought in the immediacy of the moment and within the relational context of shared activities. This is why two employees are present during the lunch; one to carry on with the meal, and one to step in if someone requires immediate support, whether related to personal struggles or mental health concerns (Julia, interview, September 12, 2024).

We observe this reacting and intervening by Julia and Hannah particularly at one visit. The atmosphere is different, and we realise it as soon as we enter. A person who was a regular at the UIC has passed away. The usual routine no longer applies; some of the participants are very upset and do not quite know what to do. Julia is no longer in the kitchen; she comforts the mourners and reassures them that the bereavement is being addressed. Together with other participants, we take on the cooking. When the table is set and everyone has taken a seat, Julia informs the whole group about the loss, says a few words about the person, and calls for a minute’s silence before the meal. A candle is lit next to a framed picture of the deceased. What the example illustrates is that the participants of the commensality event are connected beyond food. They form a community that takes part in each other’s lives and cares for and with one another. Commensality in the context of CC is not just about food being shared, even if it does play a central role.

The municipal funding and the CC’s institutional role as a neighbourhood centre allow for the employment of staff whose work as facilitators enables collective and diverse care practices. These findings highlight how care is not only provided but co-produced through interactions, embedded within (changing) institutional and relational frameworks (for a close reading on the local political context and the priorities of Graz’s communist politics, see Saltiel et al., 2024). Building on this, we now turn to emerging forms of caring-with.

#### **4.2. Relational Commensality: Caring-With in Practice**

We observed a wide range of caring practices at the CC. Care is provided, knowledge is exchanged, and caring relationships are built and strengthened. By focusing on the relationships and practices of care involved in this commensal context, we look beyond the food(work) and ask what it takes to make public commensal events possible—and pleasant—for a diverse group of people, many of whom are marginalised in their everyday lives in the city and lack social ties and networks. There are numerous opportunities for caring involvement, including sharing of experiences, objects, and labour (of preparing the meal), regardless of individual possibilities. For example, precarious life realities and survival strategies are shared next to recipes. Municipal housing regulations for dog owners and ways to circumvent restrictions are discussed, and tips are exchanged on where to find free food, free sports activities, excursions, or short-term additional income opportunities in the city. Sharing this knowledge and strategies not only represents a meaningful resource for organising one’s life in precarity, but can also lead to an understanding of these experiences as shared, counteracting dominant patterns of isolation and individualisation.



Many people bring something to and for the centre (rubbish bags, coffee, cleaning sponges they have bought on offer, or board games). Discount vouchers are distributed among the participants and some to the centre, food from food-sharing programmes is shared, comic books bought at the flea market are given away, home-made pastries are brought for dessert, a former nurse advises a diabetes patient, and friends put food aside for a woman who will be arriving later. While some people engage more in cooking, others are more involved in tidying up or preparing the coffee for all. Still others bring along things prepared at home. Attentive to people's (diverging) possibilities, needs, and moods, Julia allocates tasks. For example, a person with rheumatism is provided with a garlic rocker and sits on a chair for an hour, crushing the garlic, which allows him to participate without experiencing pain. By getting actively involved, all participants become caregivers, be it through cooking or by engaging in caring relations and practices of listening, supporting, and exchanging gifts or tips. Normative attributions of care receivers become blurred, and the "pathologies of dependency" (The Care Collective, 2020, p. 29) on care get disrupted.

The participants give and take and become part of the community that is formed through collective caring. In the UIC, we observed how care is practised collectively and how friendships and micro-communities of care emerge on site through being and doing together at the commensal event. These caring communities represent essential social resources. They respond to structures of social marginalisation and unequal access to care by (self-)organising care provision. In doing so, they have the potential to empower the participants collectively and enable socio-political participation and potentially disrupt and/or shift modes of being and doing in common (Saltiel & Strüver, 2025).

Relationships—both new and existing—extend beyond the commensal event at the UIC. Friends also come to the UIC together, underlining its role as a space where people can eat out in public regardless of financial means. New friendships also emerge among participants, who go on to engage in various activities both within the neighbourhood centre and elsewhere. Feminist scholars emphasise that friendships develop "through, across and between spaces, scales and practices" (Hall, 2019, p. 778). As central informal, everyday relationships of care, friendships help people to navigate life under austerity (Hall, 2019) and can counteract (the effects of) individualisation and precarisation (Bowlby, 2011).

At the CC, we observed how these joint efforts and communal experiences foster a particular sense of communality and community. Yet, not everyone's expectations are equally met. One guest, an older woman living alone who participates every week at the commensal event and also joins a range of other activities at the neighbourhood centre, expresses her longing to become a "member of a group." She claims that the lunch community's rather loose connections do not suffice her social needs. On the other side, other guests prefer not to engage or relate too closely with other participants. Thus, not all (diverging) needs for social ties and community are equally met by the particular communality produced by the commensal event. What is more, our observations also point out how acts of care, though often well-intentioned, can be overbearing. During one of the meals, one person asked for only half a portion of pasta, explaining that she could not eat more than that anyway. She is immediately faced with comments from other participants, who pressurise her to eat the whole portion because they consider her too thin. A whole discussion about (under)nutrition ensues, which goes on for quite a while. Thus, it is a constant negotiation of intimacy, closeness, privacy, and difference and of individual and collective needs and belongings.

#### 4.3. Social Commensality: Space, Gender, and the Division of Labour

Finally, we return to the division of labour at the CC, which points us to the question of *what* is actually shared and collectivised and how in this particular commensal context. To this end, it is worth taking a closer look at the spatial-material conditions of UICs as they shape the process and structure the sharing and division of (reproductive) labour. The kitchen at the CC is very small and separate from the large room (see Figure 1) where the table is set. It is not designed for collective cooking. Rather, its set-up is similar to that of common domestic kitchens (four hobs, oven, sink, small fridge) and has space for a maximum of three people—and then it is already crowded. Accordingly, the material conditions clearly predefine the opportunities of collectivising reproductive labour and thus crucially shape the commensal and convivial relations (see also Smith & Harvey, 2021). Recipes are chosen according to the possibilities and limitations in terms of space, time, budget, utensils, and competences. The prerequisite is that they do not take too long (everything has to be ready within two hours), do not need constant stirring, and require little space. As for the limited space, Julia ensures that only people with a “functional role” (Julia, interview, September 12, 2024) stay in the kitchen. Here, functional refers to work steps that involve using immobile kitchen devices and therefore have to take place in the kitchen (i.e., stirring or washing up). Most of these cooking tasks are actually carried out or closely supervised by Julia and Hannah. During most of the event, they are found in the kitchen. All other activities take place in the large room; people peel, chop, knead, mould, chat, drink coffee, etc., at the table (see Figure 2).



**Figure 1.** The kitchen of the CC and the coffee counter as an extension (drawing by Anna Verwey).

The big table in the middle of the room is central for the commensal activities, which, by definition, are centred around a table (in Latin, *mensa*). It is not only the place where most of the cooking work is carried out, but also where people gather to sit and eat the meal. At our last visit, the tables were rearranged. It was no longer one long table but two separated, smaller tables with space to pass between them. As some of the participants face limited mobility, the room is now more accessible and provides better walkability. The shared table is symbolic as an integral community element, but “tables are another material aspect that can be easily manoeuvred by organisers to fabricate a more inclusive atmosphere” (Marovelli, 2019, p. 197). Social in- and exclusion can



**Figure 2.** The shared table (drawing by Anna Verwey).

be materialised by moving or not moving a table, and one large table for everyone to gather around does not necessarily guarantee an inclusive space or social situation (Bennewitz, 2013). We also observed that, at the shared long table, little groups have been sitting at rather fixed places, using all the length of the long table but not necessarily sitting all together.

Although the reproductive labour of cooking is relocated to a micro-public setting and subjected to collective negotiation, we observed that the gendered division of labour—both spatially and functionally—persists. From a materialist feminist perspective, this points to the structural entrenchment of gendered labour within capitalist social relations, where even in reflexive, collectively organised settings, the socio-material structures of gendered labour largely continue, albeit in rearticulated forms. This is evident not only in the gendered division of labour at CC, but also in who feels addressed by and drawn to such events; predominantly women, thus reinforcing existing gendered expectations around social reproductive labour. In the kitchen, we observe exclusively women, while the (few) men are in the large common room.

What is more, the supposedly publicised kitchen remains a private and intimate place, not least because of the unavoidable physical closeness in the narrow space (see also Marovelli, 2019). Much of what happens at the stove, including how tasks are distributed, remains invisible to most participants. Knowledge and responsibility are largely concentrated with Julia and Hannah, who oversee the process and carry out most of the kitchen tasks. While Julia arranges the plates to be served in the kitchen, everyone sits in the large room, chatting as they wait for their meal. The table is set, and people wait in their seats to be served. Once a week, this room becomes a dining space with a distinctly public character. Facing the street, it serves as

the entry point to the neighbourhood centre and hosts various public events. Unlike the kitchen, activities here are visible to both participants and passers-by through the windows. While the shared meal is staged and seen, much of the labour that enables it—preparation, cooking, cleaning, and rearranging—remains invisible and unacknowledged.

The UIC relies on the labour of participants, which includes more than the cooking. Without collective efforts, there is no meal to consume and no commensality. However, not all chores can be done simultaneously during the time slot of the weekly lunch, and not all reproductive activities in connection with the lunch event are collectivised. While some tasks, such as chopping, table setting and clearing, serving, and washing the dishes, are performed by the group, others remain unseen and go unrecognised, such as cleaning the floor, arranging the tables, or unloading the dishwasher. Most of them are carried out by Julia and Hannah, typically before or after lunch when the participants are not present, though still within their paid working hours, albeit at low wages, as is common in the social sector. Their employment facilitates approaches to collectivisation without placing excessive pressure on voluntary engagement (and thus unpaid labour). However, the boundary between volunteer and paid labour is not always clear-cut: While much of the work is carried out on a voluntary basis—partly by Julia and Hannah but mainly by participants—there are recurring hopes and aspirations, especially among highly engaged participants, that this labour might be remunerated. This highlights that such arrangements are not “free” from capitalist constraints and cannot be framed as straightforward “alternatives.” Rather, they are experimental forms of collective living and caring among urban residents—neither purely voluntary nor fully institutionalised, and often characterised by fluid roles and contributions. Yet, this openness and role ambiguity, while enabling participation, commitment, and responsibility, can also generate tension and conflict, particularly when individuals overextend themselves or when expectations about responsibility remain vague, misaligned, or difficult to meet.

While we have experienced collective cooking and observed how the participants engage in the maintenance and in the reproduction of the neighbourhood centre itself to some extent, the ultimate responsibility remains clearly with Julia and Hannah. As paid professionals, they are designated to this role and have the competence to fulfil these demands. However, their tasks are not always clearly delineated, and some exceed their working hours. What is more, Julia identifies with her workplace to the extent that it is compared to a household: “For me, the CC is like a shared flat with my work colleagues, and we often have visitors....There are classic household tasks to do all the time” (Julia, interview, September 12, 2024). Not only are the employees mindful of the neighbourhood centre’s budget, looking out for discounts and thinking about the neighbourhood centre in their everyday lives (e.g., buying discounted coffee for the centre while shopping privately or on the way to work), kitchen towels are also taken home for washing, as the CC does not have a washing machine. Thus, wage labour, reproductive labour and care work (both for themselves and the centre), private activities and the associated spatialities between workplace and home, temporalities, and visibilities are entangled and blurry.

## 5. Urban Initiatives of Commensality as Collective Resources of Social Reproduction and Care?

Against the background of the current care crises, collective modes of care and social reproduction are gaining traction. Across different urban settings and socio-spatial configurations, new forms of caring relations are emerging—ones that emphasise the interdependence of social relations while unsettling the structural devaluation of care and social reproduction. UICs provide lived examples that experiment with

alternative ways of being and doing in common, out of which new relationships emerge and new spatialities are produced.

In this article, we took the neighbourhood centre CC as a starting point to discuss potentialities and pitfalls of UICs with the aim of understanding what it takes to organise and curate such commensal events in a meaningful way. We directed our focus towards one form of UIC and discussed the specificities and potentials of curated settings “in-between” self-organised and institutionalised food provision. The CC invites people to meet their needs collectively, to build new relationships, and to access material resources (space and food) in order to sustain everyday life within a curated setting. The presence of paid staff introduces an enabling (institutional) framework, while also shaping the contours of participation, responsibility, and hierarchies within the initiative.

The shared cooking and eating at CC produce a micro-public commensal context that gestures toward collective forms of care and social reproduction, beyond the privatised and individualised logics in neoliberal capitalism: These events are not “just” about food. The UIC responds to a range of socio-material needs and constitute important resources for care and reproduction. However, despite its inclusive intentions, it can also become a site of tension, ambiguity, and exclusion, as different people—with conflicting needs and expectations—come together.

Although reproductive labour is being relocated into collective, public settings, persistent gendered dynamics remain to a large extent, revealing the structural entrenchment of gendered roles within capitalism. At CC, labour continues to be unequally distributed, often relegated to women, whether as volunteers or paid employees. While the CC’s wage labour partially compensates for the limits of collectivisation, it also reproduces normative expectations. Furthermore, infrastructural limitations (i.e., the lack of adequate cooking facilities) limit the scope of collective engagement, shape the spatial distribution of labour and result in partial (re-)privatisation of certain tasks. These contradictions demonstrate that while UICs reconfigure the location and organisation of reproductive labour, they do not automatically dismantle the deeply entrenched gendered logics embedded in capitalist (patriarchal) social relations. As Katz (2001, p. 711) notes, social reproduction is inherently “messy”; boundaries between visible and invisible, formal and informal, collective and non-collectivisable, public and private are constantly blurred and shifting. UICs exemplify this messiness, simultaneously opening up possibilities for alternative modes while remaining shaped by existing socio-economic and spatial constraints. Our example also shows how care work within the CC frequently spills over into the domestic sphere, as in the case of Julia, whose home becomes an extension of the UIC. These ambiguities point to the pitfalls of binary understandings of production (as wage labour) and reproduction (as the unpaid *other*; Gibson-Graham, 2006) and their assignment to public or private spaces.

At the same time, our experiences at CC show that UICs hold potential as spaces of caring-with—that is, as collective and public practices that challenge the dominant individualised and commodified notions of care and unsettle traditional hierarchies between caregivers and care receivers (Tronto, 2013). By fostering relationships and encouraging shared responsibility based on solidarity and trust (Tronto, 2013), UICs generate new caring arrangements enabling (alimentary) participation and inclusion (Pfeiffer et al., 2015). They reframe care not as a deficit to be managed, but as a collective practice of mutual interdependence beyond the domestic sphere. Importantly, the ways of relating and specific modes of caring cultivated in these settings do not remain confined to the UICs themselves; they often extend beyond them, informing

everyday interactions and care practices in other social contexts, fostering new “urban cultures of care” (Breinbauer et al., 2024). In this way, UICs do not merely react to insufficient care provision and exploitative reproductive structures; they actively support and (re-)produce social togetherness beyond capitalist constraints. Still, it is important to recognise that none of these initiatives resolves (food) precarity; instead, they respond to it through offering temporary relief from hunger (Clope et al., 2017).

A feminist reading of UICs urges us to both learn from and critically engage with these initiatives—not to idealise them, but to better understand how care can be collectively imagined, practised, and shared in urban contexts. Returning to Jönsson et al.’s (2021) provocation about what is shared in commensality, our feminist perspectives broaden the scope of the question by referring to the sharing and dividing of labour and responsibility and shift the focus from the question of *what* to the question of *how* to share and collectivise and by and with *whom*. At UICs, the labour of care, responsibility, and the construction of everyday social relations of care are shared. Moreover, this sharing is situated, negotiated, and shaped by broader structures of gender, class, and institutional frameworks.

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# Prefiguring the Caring City: Everyday Practices and Postcapitalist Possibility in Neighborhood Living Rooms

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## Abstract

This article brings an ethic of care into conversation with prefigurative politics to position practices of care as examples of everyday life beyond capitalism. Examining everyday practices in community spaces as prefigurative practices of care illustrates two distinct but interrelated ways these spaces function: firstly by facilitating cultures of care in the present, sustaining individuals and communities within an uncaring urban context, and secondly by making possible and visible other ways of caring, relating, and living. Drawing on ethnographic fieldwork and interviews in Dutch neighborhood living rooms, we show how participants in these spaces practice an ethic of care, how this transforms their everyday experience and their sense of future possibility, and how a desire for change motivates their continued care practices. Reading this through the lens of prefigurative practice reveals concrete examples of what everyday postcapitalist urban life might look like if cities were instead organized around an ethic of care. Finally, we call attention to the socio-spatial infrastructures that make these practices possible in the present and would support an expanded capacity to care in the future.

## Keywords

care; care in cities; neoliberalism; postcapitalism; prefiguration; social infrastructure; social practice

## 1. Introduction

The contemporary city under neoliberal and austerity governance produces deficits of care (Fraser, 2022; Tronto, 2013, 2019). Scholarship has shown empirically how this deficit is compensated by (mostly unpaid, and often gendered) care work in the form of drop-in centers (Williams, 2017), community food hubs (Traill et al., 2024), libraries (Rivano Eckerdal et al., 2024), or mutual aid networks during the Covid-19 pandemic (De Gasperi & Martinez, 2024). Such studies call attention to the uneven distribution of the burden of care,



which is marginalized and made invisible by the same system that relies on it to produce workers and consumers (Bhattacharya, 2017; Lawson, 2007), and thus call for more care in, and more caring, cities. This has included attention for the creation and maintenance of “infrastructures of care” (Power & Mee, 2020; Power & Williams, 2019) and the need for “cultures of care” beyond the individual or the family (Greenhough et al., 2023). Meanwhile, planning scholars have consistently identified the urgent need to reimagine both urban systems and everyday life in cities beyond dominant capitalist logics, calling for the “good city” (Amin, 2006), the “city we need” (Cardoso et al., 2022), the “just” city (Fainstein, 2013), or the “city of care” (Power & Williams, 2019).

Insufficiently addressed in this work is the connection between the everyday, reparative, and survival-oriented practices of care documented in the empirical work mentioned above, and future urban imaginaries as discussed in planning literature (Williams, 2020, is one exception). This raises the question of how care might be seen as a creative and imaginative practice, generating tangible and hopeful urban futures, including viable and desirable visions of “the good life” in a postcapitalist world (Soper, 2020). This entails, firstly, an understanding of how care practices not only compensate for injustices and care deficits in order to sustain urban and community life under capitalism but also actively disrupt and oppose the status quo, cultivating alternative visions of daily life. Secondly, it asks how these practices can contribute to planning theory and its normative arguments for more just and desired urban futures.

In this article, we propose studying care practices both as a way of appreciating and making visible their life-sustaining work and implicit critique of the contemporary city *under* capitalism, and as prefigurative glimpses into alternative urban futures *beyond* capitalism. Bringing a feminist ethic of care into conversation with social practice theory and prefigurative politics, we argue that practices of care can be understood simultaneously as serving a vital social and community purpose in the present and prefiguring what everyday urban life might look and feel like in postcapitalist futures organized around an ethic of care. Through a study of four community spaces in the Netherlands, we provide empirical evidence for how an ethic of care is operationalized through situated community practices; show how care motivates participants’ actions and informs their desire for change; and read these practices as prefiguring what the caring city might look like. Attention to personal and shared experiences show how continued engagement with care practices transforms participants at the level of everyday life as well as their visions and expectations of the future, suggesting a way for an ethic of care to scale from particular locations and practices to wider urban “cultures of care” (Greenhough et al., 2023). Finally, we call attention to the urban spaces that enable and sustain these practices, as an essential “infrastructure of care” (Power & Mee, 2020) acting in the present and facilitating these future developments.

## 2. Theoretical Framing

### 2.1. Prefigurative Practices

Social practice theory proposes that human societies are best studied and understood in terms of “neither the experience of the individual actor, nor the existence of any form of societal totality, but social practices ordered across space and time” (Giddens, 1984, p. 2). Looking at practices as the basis for “how the fabric of society is sustained and how it changes” (Shove et al., 2012, p. 8) is therefore useful in both analyzing existing practices of groups and individuals—what do they do, why, under what conditions?—and linking present action

to future change. In Giddens's theory of structuration, people's actions are shaped by their structural and cultural environment, but their actions in turn also reproduce these structures: a recursive process whereby "in and through these activities agents reproduce the conditions that make these activities possible" (Giddens, 1984, p. 2). Practices are the moments in which agency and structure are brought into interaction and therefore where social structures are reproduced, and potentially altered. When thinking about social change, transition, or transformation, this perspective offers a way out of the perceived binary of attributing (lack of) change to individual free will or consumer choice on the one hand, or systemic or structural determinism on the other. It locates the potential for change in actually-existing phenomena without putting the responsibility for transformation on individual actors, accounts for the structural forces shaping human behavior without presenting them as all-powerful or unalterable, and tangibly links current realities to transformed futures.

One approach to operationalize the transformative potential in everyday practices is through prefiguration, a political idea closely associated with anarchist direct action and feminism, which prioritizes the performance and embodiment of values and preferences in the here-and-now over designing a desired end-state (Kinna, 2017; Maeckelbergh, 2011). To prefigure is to act "as if" one lives in the preferred future, and directly to "embody the forms of social relation that actors wish to see develop" (Franks, 2006, p. 114). It collapses the distinction between means and ends in an iterative recursion of "a means not to an end, but only to future means" (Springer, 2016, p. 287) and with a recognition that how we go about creating a new world is as important as the world we create (Graeber, 2011; Maeckelbergh, 2011). Prefigurative theory echoes Giddens's assertion that structures are reproduced through human activity, and can therefore be reproduced otherwise, and likewise looks for the possibility of change as already implicit within existing practices.

Davina Cooper (2014) describes prefigurative practices as "everyday utopias" which both demonstrate the possibilities of living differently and generate new concepts and new perspectives on the status quo: they are "places *from* which to think and *about* which to think" (Cooper, 2014, p. 18). Such practices are "utopian" in the tradition of Ernst Bloch: "concrete" rather than "abstract utopias," animated by an "unfinished forward dream" but rooted in everyday life (Levitas, 2008, p. 44). In her study of six sites where participants "perform regular daily life...in a radically different fashion" (Cooper, 2014, p. 2), regardless of whether they consciously consider themselves as prefigurative, Cooper shows how such practices "challenge basic presumptions about how things should work" and, through immersion and active participation, cultivate "new forms of normalization, desire, and subjectivity" (2014, pp. 4–5).

While prefiguration typically describes strategic actions that consciously seek to enact, demonstrate, and experiment with alternative social or political arrangements, what Cooper demonstrates is that it is also possible and productive to use prefiguration as a lens or interpretive framework to examine the concepts and possibilities that are generated by practices. Prefigurative practices do not linearly pursue desired (and known) futures, but generate "new forms of future imagining" in an open-ended process of "moving beyond concepts as they currently are by imagining what they might become" (Cooper, 2014, p. 220). Reading everyday practices as prefigurative thus opens up new imaginaries and concepts of what everyday life might be in the future (some limitations of this approach are discussed in Wilson, 2024).

## 2.2. Care: Ethic, Infrastructures, and Cultures

Feminist scholarship has called attention to care as a gendered and undervalued aspect of sustaining and reproducing human society, including “everything that we do to maintain, continue and repair our world so that we can live in it as well as possible” (Fisher & Tronto, 1990, p. 40). Fisher and Tronto (1990) identify four phases of care: caring about (noticing unmet needs); caring for (taking responsibility for meeting those needs); care-giving (doing the work of caring for another); and care-receiving (responding to care and evaluating whether the needs have been met); to which Tronto (2013, 2019) later added a fifth, caring-with (the solidarity and trust that develops through reciprocal care, and a commitment to justice, equality, and freedom). This additional element begins to broaden the scope of care discourse beyond the necessary work of sustenance and survival, to include its role in advancing justice and transformation: that is, not merely sustaining and reproducing, but bringing about more just and equal realities (Lawson, 2007; Williams, 2016, 2017).

Recent literature has further recognized that the “capacity to care” is unevenly distributed and relies on “infrastructures of care” such as housing (Power & Mee, 2020) or other “social infrastructures” including people, social networks, and places of social encounter (Klinenberg, 2018; Latham & Layton, 2019, 2022). Especially in the context of neoliberalism and austerity, it is necessary to address the social and material contexts which promote or inhibit a “culture of care” since an exclusive emphasis on affective and interpersonal care risks shifting responsibility onto individuals and “volunteerism” rather than structurally addressing people’s needs, vulnerability, and precarity (Greenhough et al., 2023). Such a “culture of care” consists of the “norms of caring behavior, practices of care and modes of relating which promote and enable effective care” and reproduce caring social norms (Greenhough et al., 2023, p. 2). Cultures of care help us to envision how an ethic of care could be operationalized and practiced beyond the scale of the individual or the nuclear family, and without becoming institutionalized or bureaucratized—arguably, bureaucracy is by its nature antithetical to care (Fisher & Tronto, 1990; Greenhough et al., 2023). Moving from particular instances of care to wider cultures of care necessitates paying attention to the socio-material “infrastructures of care”—spaces, systems, processes, and relations—which enable these practices to develop and persist at the scale of a social community (Greenhough et al., 2023). Care is “embedded in the practices that maintain webs of relationality and is always happening in between” (de la Bellacasa, 2017, p. 166) and practices of care need to be understood in the relations between (groups of) people, as well as between people and the material, social, political, and economic contexts within which they seek to care.

## 2.3. Prefigurative Practices of Care

Practices of care are typically understood as sustaining life and community in the everyday, taking on the reproductive burden neglected (but simultaneously exploited) by extractive capitalism and neoliberal urban governance. Meanwhile, prefigurative practices are understood as self-conscious attempts to transform the world, demonstrate alternative possibilities, and manifest these alternatives in the present day. Bringing care into conversation with prefiguration means seeing these practices simultaneously as necessary, life-affirming parts of daily social life in the present, and as opening up new imaginaries of the future. In the words of Williams (2017, p. 824), they are both “practices enacted in response to particular injustices” and practices of “creatively growing new ways of being/thinking/doing urban life.” Prefigurative practices of care are therefore both reproductive of everyday life and generative of radical new possibilities, motivated and informed by an ethic of care.

Practices of care in the contemporary neoliberal city are first and foremost concerned with (individual and collective) survival (hence “maintain, continue, and repair”; Fisher & Tronto, 1990, p. 40). They therefore contain an implicit critique of the neoliberal city which makes them necessary since, by definition, they operate according to different values and priorities; introducing the prefigurative lens makes this critique explicit. Furthermore, it uses these values and priorities as the starting point for imagining, discussing, and proposing alternatives to the status quo, cultivating postcapitalist subjectivities, affect, and imaginaries (Gibson-Graham, 2006). The imaginative and generative value of such practices can be vital in attempting to envision and bring about more just, sustainable, and desirable urban futures. Faced with the urgency of multiple crises, our challenge is not only to survive in an uncertain world, but to imagine a “good life” beyond capitalism, consumerism, and the crises they produce (Soper, 2020). Paying attention to everyday spaces and practices of care can deliver tangible and credible visions of what urban life might look like if we put an ethic of care at the center of our lives (Tronto, 2013).

In the rest of this article, we employ the theoretical framework of prefigurative care practice to empirically explore four self-organized “neighborhood living rooms” as prefiguring postcapitalist community life. This firstly demonstrates how an ethic of care is operationalized in the present-day neoliberal city; secondly reveals the alternative and desired futures made visible through participants’ actions and motivations; and thirdly uses the framing of care to make an explicit link between the necessary life-sustaining work in the present (Fisher & Tronto, 1990) and the radical effort to challenge and disrupt the uncaring status quo, as an act of “radical” or “oppositional” care (Miraftab & Huq, 2024; Russo, 2021). While our informants might not self-identify as “doing prefiguration,” reading their practices *as prefigurative* opens up possibilities for envisioning alternatives: if they are understood as “acting as if” they lived in more desired futures, what does everyday life look like in those futures, what does it mean to participants to experience these alternatives first-hand, and how do their practices contribute to wider urban transformations?

### 3. Methodology

The empirical basis for this article is a year-long multi-sited ethnographic study in four public neighborhood living rooms, or *buurthuiskamers*, in Rotterdam and Eindhoven, the Netherlands. From an initial desktop mapping exercise and exploratory site visits, four examples were selected as broadly illustrative of this phenomenon while reflecting key differences such as being initiated by residents or by institutions, and being new or more established. Participants were observed in the course of their daily actions and interactions during general opening times as well as programmed activities, with a focus on observable practice (what people can be seen to be doing, rather than their abstract or stated goals), their interaction with the space, and their interaction and communication with others (Hennink et al., 2020, pp. 173–178). Casual conversations and questions were used to clarify what people were doing, how often or for how long they had been doing this, and to open up conversation around participants’ motivations and aims.

The researcher, a white, non-Dutch native in his early thirties, also became an active participant in a range of activities: from regular events such as collective baking, to taking notes at collective governance meetings, to once-off actions such as planting trees and shrubs for a community garden, to mundane everyday moments such as washing up after shared meals. Taking the time to become personally embedded in the spaces, practices, and relational webs brought the researcher a level of situated and embodied knowledge (Haraway, 1988; Pink, 2012). It also meant that interviews could be conducted on more of an equal footing with

participants, attempting to bring the mutual openness and vulnerability inherent to an ethic of care into the interview process—a mutuality sometimes reinforced by Dutch being neither person’s first language. Finally, the time spent embedded in these spaces allowed a suspension of initial research questions and assumptions, with interests evolving over time in relation to observations, the questions or concerns of practitioners themselves, and the “serendipitous” encounters, moments and opportunities that arise during ethnographic fieldwork (Ocejo, 2013, p. 3; Pink, 2001, p. 15).

Fieldnotes were produced after every visit or activity to record observations, conversations, and reflections on personal experiences and emotions. Twenty semi-structured interviews were conducted with initiators and facilitators of the spaces, regular and sporadic participants, and two representatives of institutional partners (a housing association and a social welfare organization). These interviews were based on an interview guide with a list of topics to be covered (the history of the space, the nature of the informant’s participation, personal motivation, and desires or expectations for the future), but informants were encouraged to speak about what they found important or interesting. In-depth discussion of individual participants’ actions, understandings, and motivations served both to develop a fuller understanding of these spaces and practices of care, and to reveal the transformative potential for “both stability and change” as participants “modify and re-create practices as they inform them” (Pink, 2012, p. 21). This links the ways practices reproduce and sustain everyday life in the present, to the ways they prefigure alternative futures by showing how everyday life might be performed otherwise.

Interviews were conducted in Dutch, the first language of most participants and the common language of all four sites, recorded, and translated into English by the researcher as a summary account including key quotes. These texts were coded in Atlas.ti software using a combination of open-ended inductive coding to identify emerging themes and deductive coding using codes derived from the theoretical framework (types and levels of care, everyday practices and experiences, desire for change, and demonstration of alternatives). Gray literature from municipalities, public communications, neighborhood newspapers, and social media posts were used to provide contextual understanding of the projects and neighborhoods, but not coded in this process. The names of the sites are given in full, as public places, while respondents have been anonymized for privacy (as per ethical board approval and informed consent forms) and because we aim to interpret practices across these spaces, rather than to compare between them. Although it is not part of our analysis here, gender and ethnicity (Dutch native or non-native) have been included so as not to “invisibilize” these dimensions.

## 4. Context

### 4.1. “Buurthuis kamers” in the Netherlands

The Dutch word *buurthuis kamer* roughly translates as “neighborhood living room” and is often used interchangeably with *buurthuis* (community center, lit. “neighborhood house”) and *buurkamer* (“neighborhood room”). Buurthuis kamers have a long history in Dutch cities and public imagination, dating back to the *verzuiling* (“pillarization”) of 19th-century Dutch society, when separate religious and political groupings organized themselves to provide workers’ housing, social and trade associations, and social infrastructure for members of their “pillar” (Lijphart, 1968; Spierts, 2014). The post-WWII welfare state built on this tradition but generalized it to the whole population in a process of secularization and “depillarization” (van Dam, 2015), institutionalizing what was previously self-organized. Urban development was typically

executed by not-for-profit housing associations whose social responsibility and mandate included the provision and maintenance of community spaces, including *buurthuiskamers*. Increasing privatization, neoliberal policymaking and austerity measures starting in the 1980s saw the funding and creation of such spaces dwindle, and responsibility for social welfare was delegated first to local authorities, subsequently to external welfare organizations contracted by the municipality, and, increasingly, to citizens themselves.

Recent years have seen the historical form of the *buurthuiskamer* revived by urban communities in response to the experienced shortcomings of austerity urbanism and the dismantling of the welfare state. Today, *buurthuiskamers* tend to be spaces initiated and managed by local residents, often in the form of a non-profit association (*stichting*) or by welfare organizations. Alongside the historical parallels, a key difference is the contemporary absence of the social capital that “pillars” provided. This means that organizers themselves are responsible for building their community and social networks amidst a fragmented social landscape, in contrast to the clearly defined demographics of earlier forms. The spaces they occupy are frequently (and ironically) vacant real estate belonging to the municipality or housing associations, including former community centers or social infrastructure, as well as vacant commercial property (especially in the wake of the 2008–2013 financial crisis and the Covid-19 pandemic) and buildings awaiting demolition or redevelopment. The four spaces studied as part of this research demonstrate this range of conditions.

#### 4.2. *De Nieuwe Maan, Drents Dorp, Eindhoven*

Buurthuis De Nieuwe Maan is a project initiated in 2022 through a cooperation between Eindhoven municipality, welfare organization WijEindhoven, and local housing association Woonbedrijf. It was precipitated by the planned demolition of a local activity center and the end of the lease of the local neighborhood association’s meeting space. Following tensions and perceived divisions between the user groups of these spaces, but recognizing the need for a social community space, it was decided to open a single *buurthuiskamer* for the whole neighborhood, as a “fresh start” free of associations with the previous locations. The housing association provided a ground-floor corner dwelling, the municipality took legal responsibility by signing the lease, and a WijEindhoven employee is responsible for the programming and day-to-day management as a “neutral” party. The space is open from 09h–17h every weekday with occasional events after hours, and predominantly used by residents of the surrounding neighborhood, which consists of 80% social housing. There is always a volunteer host present, who is responsible for serving the (free) coffee and tea and maintaining the house rules and social atmosphere. Weekly programming includes: walk-in consultation times for WijEindhoven, the neighborhood association, mental health services, and financial assistance, respectively; an arts-and-crafts club; shared lunches; and a Dutch language café for new arrivals. Outside of these, the space is open for social encounters, a warm drink, and somewhere warm and dry to sit. The municipality wants the *buurthuiskamer* to become fully self-sustaining and community-managed, but WijEindhoven remains responsible due to limited capacity.

#### 4.3. *Buurthuis ‘t Struikske, Het Ven, Eindhoven*

Buurthuis ‘t Struikske was founded by neighborhood advocacy group Wijkoverleg Het Ven when a community center for young people with disabilities closed, and the building was offered to them for a nominal price of €1 with a 10-year leasehold from the municipality. The group had been founded to help the



neighborhood (a mix of social and owner-occupied housing) address issues with the adjacent industrial park. Their intention was for a shared social space “by the neighborhood, for the neighborhood,” independent of the municipality and of institutions (although they do collaborate and receive subsidies). Since opening in late 2023, they have attempted to stimulate regular use of the space through social activities such as billiards and card games, including coffee and tea, community meals with residents of a nearby care home, and events around holidays or landmark dates. The management takes a facilitating role, offering residents space and support to initiate activities and making the space available for use by local projects, including a support group for families of troubled teens, an orchestra, and a scouting group. Community groups are charged a reduced fee to use the space, if at all, while commercial and institutional users pay a higher rate to cross-subsidize this. In the spring of 2024, volunteers worked with a local gardener to initiate a strawbale community garden on permaculture principles.

#### **4.4. *Het Bollenpandje, Bospolder-Tussendijken, Rotterdam***

Het Bollenpandje (literally “The Little House of Bulbs”) is a self-organized community space located in a former corner store in the west of Rotterdam. The location was deemed commercially unusable due to leaks and water damage and made available in 2019 to a local community organizer on a “temporary vacancy management” lease to incubate flowers and edible plants, as part of a project to green the neighborhood, when the previously used community space was sold off to a developer. These activities were increasingly accompanied by social events and programming, and since late 2020, the space has been jointly run by the initiator and a local social and community art foundation. Het Bollenpandje is generally open every weekday for ad-hoc conversation, warm drinks, arts and craft activities, meetings, and shared cooking and eating; and alongside the general open hours, there is also semi-regular programming such as a knitting club, bread-baking “rituals,” or boardgame days. Organizers strive for inclusivity, empowerment, and non-hierarchical management (according to one facilitator, around 50 people currently have a key to the front door), and recently started a weekly “open assembly” where participants, neighbors, and external stakeholders can raise issues, debate shared questions, and participate in the programming. The space will typically see anywhere between two and 20 visitors throughout the day, drawn from a large population of “regulars,” predominantly women of diverse cultural and ethnic backgrounds reflecting Bospolder-Tussendijken’s demographics.

#### **4.5. *Huis van de Toekomst, Bospolder-Tussendijken, Rotterdam***

Huis van de Toekomst (“House of the Future”) is an experimental community initiative, including a shared buurthuis in a vacant corner store, situated in a 1920s social housing block awaiting large-scale renovation. The project was initiated by two artist-researchers in 2019 to explore the effect of the energy transition on everyday life in one of the city’s poorest and most marginalized neighborhoods—Bospolder-Tussendijken is currently undergoing large-scale infrastructural redevelopment as the municipality works to transition away from natural gas towards district heating and induction cooking. The project draws on traditional cultures (the neighborhood has a high proportion of residents with a migration background, particularly from Turkey and Morocco) as well as low-tech innovations and sharing practices to reimagine daily life to be both materially more sustainable and socially more collective and connected. Central to this is the buurthuis as a space to meet, socialize, develop shared values and priorities for their current practices and their visions of future community life, and make connections with

the neighborhood. Their aim is to develop social and technical “prototypes” for a low-consumption future “energy community” while acting as social and community infrastructure in the present. This is made challenging by the precarity of a temporary space (currently secured for 18 months) and the fact that the initiators are white artists from outside Rotterdam, working in a neighborhood with a majority non-white population, a history of marginalization, and fears of gentrification.

## 5. The Caring City in Practice

Fisher and Tronto’s (1990) framework describes care as consisting of five “phases”—caring about, caring for, giving care, receiving care, and caring with. In showing examples of how care is practiced in *buurthuiskamers* we employ the same categories here; however, the phase of “caring about,” which chronologically comes first (one must care about something in order to perform care), is here discussed last, as a transition from describing observed practices towards personal motivations and the implied politics of caring about these spaces. While we use these discrete phases as a heuristic to organize and interpret our findings, in reality, they are more nuanced and intertwined than this might suggest. In what follows, we describe how actors care for the space in order for practices of giving and receiving care to take place; how the mutuality of these practices constitute a reciprocity of care and cultivate the solidarity of caring with; and finally explore how these practices are motivated by, and reflect, the things practitioners care about—including the desire for change and critique of existing systems against which they practice care. While all these forms of care demonstrate the role of infrastructures of care in fostering cultures of care now and towards the future, it is the reflective mode of caring about which most explicitly relates to the prefiguration of future imaginaries of a more caring city beyond capitalism.

### 5.1. *Caring for: Structural and Material Preconditions*

“Caring for” means accepting and allocating responsibility (Tronto, 2019, p. 30). In the case of the *buurthuiskamers* described here, this includes the administrative work of ensuring that the space remains open, as well as the physical and affective labor that makes the space comfortable and welcoming. A central ambition of these *buurthuiskamers* is to offer space to the neighborhood for an open-ended range of possible activities. Particularly in a context of disappearing social and community spaces and intense financialization of urban real estate (Aalbers et al., 2017), the hard work of holding open the space is an act of care towards existing and potential users of the space, who rely on this work whether they realize it or not. Here we include the work of pursuing and reporting on subsidies, financial and legal administration, and all the work behind the scenes to keep the doors open and the lights on. Facilitators concur that this is hard and time-consuming work: “We spend six months chasing funding then six months reporting on it” (female, Dutch); that it is “not what you do this for” but necessary in order to make everything else possible; and that they persist with this because they care about the wider project—“It’s like my baby,” one initiator (female, Dutch) says, while for another (female, Dutch) “it’s almost like being married, and you know maybe you should actually get divorced, but...well, you also love the children.”

The importance of having and maintaining a physical space is not only practical, but extends to the space as a source of identity for their communities: Their collective identities are based on the fact they are the people who use and maintain that particular space as opposed to others, and so someone referring to “Het Bollenpandje,” for example, might be referring to the group of people who frequent and care for that

space as much as they are referring to the physical building. As such, caring for the space is an important element in sustaining the community and showing care and respect for other participants. This care includes the daily gestures of watering plants, putting away furniture after an event, making sure the heating is turned on before a meeting and turned off afterwards, and washing the dishes after a shared meal or coffee. These actions not only keep the space clean, usable, and attractive, but also take the burden off of other community members who would otherwise have to do this later—an act of care across time.

Care for the space also includes the more intensive investments necessary to renovate or redecorate spaces, especially when first taken on after a period of vacancy or a different function. It took weeks of collective labor and the donation of time, skills, and furniture from local residents and businesses to turn 't Struikske from a somewhat run-down institutional location to a warmer and more welcoming public living room, with technical improvements (insulation, lighting) as well as softening touches in the form of domestic furniture, bunting, and artworks. The collective pride was evident at the project's public opening where local residents were able to enjoy and show off the fruits of their efforts to family and friends, creating a sense of connection with a new space. Similarly, at De Nieuwe Maan, the original fit-out was minimal due to cost limitations, but this was seen as leaving room for participants to add to it, encouraging a sense of ownership and identity over time.

## **5.2. Giving Care: Recognizing the Other**

Core participants and hosts of these spaces recognize that a large part of their responsibility and contribution is to listen to others, to make them feel welcomed, included, and heard. Being present with another person without a hierarchical or transactional relationship makes them feel validated and gives them a sense of belonging, empowering newcomers to participate in activities and decisions. For one organizer (female, non-native), "sometimes it's just about being there, that's enough. You don't even need to wash a plate, sometimes just putting your body in the space helps." Another (male, Dutch) spoke of presence and affect making a previously hostile public space feel safe and welcoming to neighbors: "You transmit a kind of softness and then the hardness sort of stays away." To give care in this way is directly to embody and enact an alternate, more caring reality.

The most literal examples of "giving care" as traditionally understood are in the quasi-institutional setting of De Nieuwe Maan, where an explicit goal is to reach vulnerable or marginalized individuals and connect them to the help they need. This could be in the form of institutional referral, putting people in contact with the relevant organization or municipal department, but is also seen in examples of an isolated person coming to the space for social contact and unexpectedly finding someone offering to help them with practical chores at home, or visitors spontaneously offering practical expertise or experience to others. A local grocer periodically donates a crate of surplus food, which is spread on a central table to take home if needed, and there is similarly a "giveaway" fridge on the sidewalk. These are material acts of care extended openly to whoever might need them and act across time and distance (Williams, 2017).

Giving care can also mean the practical and moral support of encouraging someone to realize their own ideas—for an arts club or a boardgame day—and facilitating this rather than organizing it for them. Helping people to get in touch with their creativity, talents, and ambitions is an empowering act of care in a social and economic context where many residents have "for years just basically been surviving" and have lost self-confidence and belief in their own futures, or their ability to influence these. Part of giving care then

becomes “asking them, what did you like to do as a child...what were your dreams?” This kind of caring would not necessarily be provided at a medical or social institution where a struggling resident might end up referred, but is an everyday occurrence in the looser interpersonal space of the *buurthuis*kamer. Professionalized and institutionalized models of care in these cities are typified by experts “providing” care to disempowered, passive, and grateful recipients—one respondent (female, non-native) describes this in mocking tones as a one-way process where “I am nice to you because I’m a care worker and a good person, so I’ll help you, and you’ll listen to me, and you’ll become a good person too.” The care she experiences and performs in the *buurthuis*kamer is an explicit alternative to this model, centered on recognizing and supporting the agency of the other, and thus prefiguring what caregiving might look and feel like beyond both the contemporary capitalist city and the historic welfare state.

### **5.3. Receiving Care: Practices of Support and Healing**

Paying attention to the experience of participants reveals satisfying and gratifying experiences of feeling cared for in these spaces. In some examples, this is reflected in straightforward accounts of receiving help with a particular task, event, or challenge, but more often it concerns more subtle, everyday experiences of being seen, heard, and made to feel like they matter. At ‘t Struikske, a group of retired regulars expressed an appreciation for the social contact that they would otherwise miss, living alone. They feel noticed, in a context where they do not see their direct neighbors often, and where isolation and vulnerability can be frightening. Because of their routine at the *buurthuis*kamer, they know people will notice their absence and check on their well-being. Regular, everyday social interaction was also experienced as care by a young man dealing with intersecting challenges around housing, unemployment, and mental health, who spoke of appreciating being treated as “just another person” at his *buurthuis*kamer, whereas in institutional settings he was made to feel like a “problem.”

At Het Bollenpandje, an early activity involved personal storytelling and family tree mapping. Some participants were incredibly moved by the experience of having their story heard, perhaps for the first time, and seeing it resonate with others. They spoke of feeling “carried” by others in the space, and empowered by “daring to speak up and show who you are.” One participant (female, Dutch) explains how the space helped her cope with a period of unemployment and isolation: “I wasn’t working, and, well, sitting inside on your own isn’t very healthy, mentally, so...coming here is like medicine....Being in community with others is a form of healing.” Similar terms are used by a respondent (female, non-native) who became active in one of these spaces after spending 30 years raising children and “being a housewife” which led to social isolation and a lack of agency in the outside world beyond her familial responsibilities: “It feels like I’ve been to therapy, to the hospital...if I went there, I would never recover as I have here, because here you are appreciated.”

Another regular of Het Bollenpandje (female, non-native) recalls being at home in pain from a fractured rib, needing to go to the hospital in the middle of the night but unable to do so alone; she posted in the group text chat and “within three minutes” two neighbors had offered to come to her home and take her to get help. She says she “had never known such a feeling of being cared for,” going so far as to hand over her phone and passcode, trusting others to make the necessary calls and arrangements while she was being treated; “and you can just let go and...there are no words for that.” Receiving care and support in this way is notable for participants precisely because it is absent from their everyday lives; the prefigurative experience is of a world where it is present when they need it.

#### ***5.4. Reciprocity, Solidarity, and Caring With: Challenging Individualism by Embracing Vulnerability***

Ongoing care fosters solidarity and trust among people over time (Tronto, 2019, p. 31), and participants' accounts make clear the reciprocal and relational nature of giving and receiving care. Part of being able to give care is making yourself vulnerable and open to interpersonal connection; within these relations, the distinction between giving and receiving care falls away as both parties are contributing and benefiting from the interaction. Telling one's story is then not only a "receiving" act of being listened to, but an act of generosity towards others: "I didn't realize, you know, that I would help so many others, just by sharing my own story." For this participant (female, non-native), the experience of mutual vulnerability and openness cultivates a deeper connection and solidarity whereby "everybody wants to join in, and does join in, and helps." This is a commitment to each other and a sense of collective identity and purpose "that will never go away...we're spiritual sisters. There is nothing we don't share with each other, we empower each other, you know, and we care for each other."

This mutual interdependence is described by one of the organizers of Het Bollenpandje (female, non-native) as a "vessel" made up of all participants: "You can jump inside and be supported, but you are also supporting. So you're inside *and* outside...everybody is both inside and outside." This includes newcomers—she describes the experience of someone visiting the space for the first time, feeling lost and looking for support, and quickly entering a conversation where another person was offering her advice while describing their own challenges. The newcomer was instantly trusted to give input, and the act of helping others made her feel more empowered to address her own problems. This reciprocal, solidarity-building culture is most visible at Het Bollenpandje, which deliberately aims to be non-hierarchical in their social relations and everyday activities; at the other end of the spectrum, De Nieuwe Maan has a more formal division between volunteers and "users"—a sign makes it clear that only the volunteer-hosts are permitted behind the kitchen counter. This is a result of the quasi-institutional nature of the project, the context of the neighborhood's earlier conflicts and divisions, and the initiators' intention of maintaining a neutral, mediating role.

At Huis van de Toekomst, the white, Dutch initiators have experienced a persistent difficulty in reaching the diverse, largely Islamic, working-class residents of the neighborhood. Their "breakthroughs" have come through experiences of sharing space and taking the time to listen to each other, one core participant (male, Dutch) says, describing a Muslim woman who was skeptical of the project and hesitant to work alongside a man. Taking the time to be present and open to each other while baking bread in an outdoor oven allowed a mutual trust and understanding to develop organically, "and she felt it too, and you see it in each other's eyes...and then the doors open up between you." Through that experience of mutuality, she was able to step inside and make use of the space, becoming a returning participant. A regular of Het Bollenpandje (female, non-native) gives a strikingly similar account of openness and interpersonal connection: "Know yourself, and know the people around you...then so many doors open for you. Or rather, the doors were always open, but then you can go through them." It is through practicing reciprocal vulnerability that participants are able to see and seek out this connection to others, challenging the individualist status quo of the capitalist city. This reciprocity represents both a desired reality and the real-time performance of that reality—an example of the means–ends consistency that typifies prefigurative politics.

### 5.5. *Caring About (and Caring Against)*

Caring about means recognizing a care deficit, or an unmet need for care (Tronto, 2013, 2019), and being moved to do something about it; it is the motivating factor that sets care practices in motion. Among our interview participants, a significant majority described being motivated by a desire for change, and saw their practices as both creating the changes they wanted in their daily lives and potentially effecting change more broadly. This desire took different forms: system change towards sustainability involving less extractive, consumerist, and individualistic lifestyles and systems; changing the medicalized, bureaucratic, and paternalistic ways that municipalities currently approach (mental) healthcare and social welfare, towards a more humane, empathetic, and relational approach; and creating alternatives to both the isolation and individualism of everyday contemporary life under capitalism, and the competitive, energy-intensive, and ultimately unfulfilling experience of paid work in the current system. Their caring, relational, and solidarity-oriented practices can be understood as both a reaction against, and a positive alternative to, the alienating and uncaring systems around them. What this reveals is that caring about is not limited to recognizing a deficit and wanting to reduce it, but extends to caring enough to want to develop and bring about alternatives to the system that produces such a deficit. While Fisher and Tronto's (1990) definition of care concerns activities which "maintain, continue and repair" the world, *buurthuis*kamers showcase an element of radical care (Miraftab & Huq, 2024), or caring against, seeking to disrupt aspects of the existing world and create preferred alternatives. Practices of care thus transcend the concepts of deficit and repair to positively create and sustain particular forms of life, spaces, processes, and relationships, and actively repudiate and dismantle others; caring about is both a creative and an oppositional practice (Russo, 2021).

A core participant at Het Bollenpandje (female, non-native) spoke of the mental health impacts of repression and isolation, seeing her newfound vulnerability and openness as a radical act of opposition and refusal, and an example to help others "cut the cord":

You grow up seeing this society...I always thought, that's not right, but I never spoke about it. Never shared that. So everything stays inside, which made me even sicker. So I know, that that makes you sick. Or, you're sick, and it just makes it worse, and it can kill you. And that...I don't want that kind of society, and so I don't participate in it.

One of the founders of 't Struikske (female, Dutch) spoke of quitting her previous job in search of more fulfilling work in response to the refugee crisis and the state of the world; the initiator of a community garden (male, Dutch) became involved in permaculture and guerilla gardening after a long illness made him question both the industrialized food system and modern work culture; and Huis van de Toekomst's emphasis on collective decision-making, community-building, and cultural exchange is a direct response to the municipality's top-down, technocratic implementation of an energy transition in the neighborhood. This neighborhood has also seen municipal social infrastructure reduced to a single library-cum-community center, which does not address the needs of a diverse population of nearly 15,000 people, nor the personal identification residents find with smaller *buurthuis*kamers. Finally, the leadership of Het Bollenpandje refuses on ethical grounds to work with the local welfare organization trying to place benefits recipients as what one organizer calls "forced volunteers" (as part of Dutch austerity reforms, unemployed benefits recipients are obliged to show through volunteering that they are "participating in society"; see Delsen, 2016).



The centrality in these examples of dissatisfaction with life under neoliberal capitalism, and the desire for difference, illustrates how care practices can be considered prefigurative of alternatives. Because of what they care about, participants are motivated to create the desired alternatives that are otherwise not available to them, performing more caring realities in their everyday lives. The first-hand experience of these alternatives in the present then motivates them to keep doing the work of making this possible, “to do what we can to create spaces and things which reflect our own values, rather than those of the capitalist culture within which we make them,” to quote one definition of prefigurative action (Wilson, 2024, p. 2). By continuing to prefigure caring alternatives, they demonstrate the existence and desirability of those alternatives to other people, attempting to bring about cultural and systemic changes that would help everyday life better align with what they care about.

## 6. Discussion and Conclusion

The examples discussed above operationalize an ethic of care by illustrating the kinds of concrete actions, words, and motivations that go into caring about, caring for, giving and receiving care, and caring with. The reciprocal and relational experience of care practices “weave new networks of care and trust amid the alienating pressures of the capitalist cityscape” (Huron, 2015, p. 977) in the here and now, helping urban residents to better survive the care deficits of the contemporary neoliberal city and to prefigure alternatives to the system which produces these deficits. Read as prefigurative political acts, they constitute provisional but tangible enactments of “the ideal of what the urban could be” (Williams, 2017, p. 830) beyond these “alienating pressures,” as participants formulate and demonstrate a critique of the capitalist status quo by embodying the possibility of difference. As they continue to perform these alternatives and take their transformed subjectivities into their everyday lives, they contribute to developing wider “cultures of care” (Greenhough et al., 2023). Finally, the *buurthuis*kamers which facilitate this process function as “infrastructures of care” (Power & Mee, 2020) by supporting the individual and collective “capacity to care” in the present and into the future.

What becomes clear when operationalizing an ethic of care as practiced and observed is that the types of care described by Fisher and Tronto (1990) are fluid and entangled, rather than being fully discrete categories (or chronological “phases”). The preceding descriptions show how caring about, caring for, giving and receiving care, and caring with are layers of care that can be partially distinguished, but are interrelated. Respondents frequently blur the lines between giving and receiving care; a sense of caring *about* something might precede caring *for*, but receiving care and the solidarity of caring with can also make people care about something they previously had not. In some cases, participants did not immediately realize they were giving care to others through their presence and attention. Practicing an ethic of care is thus not only about concrete, classifiable actions, but also a more nebulous “being there” and engaging in the relational web of sharing a space with others. This embodied experience is part of the transformed emotional and affective stance that Gibson-Graham (2006) put at the center of postcapitalist possibility.

The reflections of participants on their experiences and motivations—the caring about which informs what they do and why—illustrate how these are not only expressions of already-held values and preferences, but that participants are themselves changed through reciprocal and relational practices of giving and receiving care, caring with, and caring against. Prefigurative practices “bring about...new forms of normalization, desire and subjectivity” (Cooper, 2014, p. 5) as participants are exposed to new ideas and ways of being, and

experience a shift in what they consider possible and desirable in their own lives through the embodied experience of the prefigurative “as if”—what David Graeber (2011, p. 64) calls a “realignment of imagination.” Part of this realignment is also directed towards existing structures, norms, and practices in their everyday lives, as the direct experience of alternatives in the present generates and informs a critique of and dissatisfaction with everyday urban life under capitalism. This is a critique that Cooper, drawing on feminist standpoint theory, suggests is not possible from within that status quo (2014, p. 32)—hence why prefigurative practices are “places *from* which to think” (2014, p. 18). This critique is visible in the way in which solidarity and mutuality, cultivated by experiences of care and caring, inform new and oppositional forms of caring about, as participants are motivated to sustain the space because of what it has given them, and to share that experience and opportunity with others. The prefigured experience of alternatives changes what they want and demand from their everyday life, from the city, and from the future.

Because participants are transformed through *shared* experiences, their changing desires are not individual but co-created through collective practice and interpersonal subjectivities. It is by practicing care—listening to others, understanding their needs, understanding one’s own needs and how to ask for them to be met—that participants develop a shared conception of what a wider “culture of care” might entail: what forms of care people and communities need in their daily lives, how this might be organized, and how members of a community want to relate to each other. As discussed above, this includes both the creative ideas generated by caring with others—shared values, desires, commitments, and solidarity—and the critical perspective of caring against—identifying systems, structures, and processes which work against cultures of care, reproduce uncaring cities, and therefore need to be challenged or dismantled. Everyday expressions of these values simultaneously sustain everyday urban life in the capitalist city, and challenge and disrupt the capitalist city by prefiguring alternative arrangements which are “oriented toward a better world” (Cooper, 2014, p. 5), showing participants and the wider world that other ways of doing are possible, and experimenting with how those alternatives might be organized. Practices of care thus prefigure the caring city through the simultaneity of means and ends, as the performance of care produces more caring everyday realities, which in turn facilitate continued care. As social norms and expectations transform in more care-oriented ways, an ethic of care moves beyond the confines of bounded practices in particular spaces, contributing to wider “cultures of care.”

Everyday practices of care, and their potential to (re)produce cultures of care at the scale of the neighborhood or city, are facilitated by the spaces where people are able to come together and prefigure more caring alternatives—in this case, by the continuing existence of *buurthuiskamers*. These spaces provide a tangibly different setting for social life, beyond the private home, the state institution, or commercial space. It is accessible from, and yet spatially bounded from, the surrounding neighborhood, and this is what opens up the possibility to exercise new forms of caring social relations. The importance of sustaining the space is reflected in facilitators’ accounts of the time, effort, and energy they put into the administration, maintenance, and protection of the space. This work is difficult, tiring, “not what we do this for,” and often beyond the prior skills or interests of those responsible for doing it. This shows how strongly these actors must care about the value of the space in order to keep caring for its continued existence. This ongoing struggle also reveals the precarity and contingency of the capacity to care: the difficulty of holding open even a modest space for neighbors to be together in a caring way exposes the uncaring nature of the contemporary city under capitalism. As an informal infrastructure of care, *buurthuiskamers* support participants’ care practices, but also rely on and arguably exploit their care in the form of volunteering and un(der)paid labor to make up for the neoliberal dismantling of other social infrastructures (Rosol, 2012).

Taking these spaces seriously as social infrastructure would mean investment and structural support in order to widen and guarantee this capacity, more sustainably providing conditions for everyday cultures of care in the future.

By bringing an ethic of care into conversation with prefigurative practice, we have shown how practices of care not only work to maintain, continue, and repair everyday life in the face of care deficits, but also directly and radically prefigure more caring urban futures beyond capitalism. This perspective connects the restorative and recuperative functions of care in the city to the often abstract or even speculative image of a more caring city in the future. Applying a prefigurative lens to everyday community practices—reading them *as prefigurative*—collapses the distance between everyday life and preferable urban futures, positioning *buurthuis*kamers simultaneously as vital infrastructures of care for collective survival in the uncaring city under capitalism, and as incubators and demonstrations of the caring city beyond it. Their participants are motivated *by* care, *to* care, both as a direct response to the care deficits they encounter and as a (temporary, provisional) prefiguring of a more caring reality. Their relations and practices of care produce transformed subjects and communities, who enact and “embody the forms of social relation (they) wish to see develop” in the world (Franks, 2006, p. 114), and critique the uncaring status quo of the contemporary capitalist city. As prefigurative practices, they can be read as already performing the caring city of the future, in the here and now.

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# Care as a Method and Methods for Care: Researching Multispecies Relationships in Urban Gardens in Finland

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## Abstract

Care as an ethical guide and practice is paramount in multispecies relationships in urban gardens. This article contributes to the discussion on the diversity of care in urban gardens. We assert that the choice and combination of methodological approaches play a crucial role in noticing and acknowledging new forms of care among multispecies gardeners. Furthermore, a better understanding of care in urban gardens, as a specific form of nature, extends to broader perspectives on urban relationships with nature in cities. We analyse care from two disciplinary entry points, social anthropology and ecology, thereby adding to the multidisciplinary toolkit for addressing the complexities of researching multispecies relationships in urban settings. We focus on the specifics of visual methods such as videos, photos, sketching, observational drawings, and plant identification apps. We demonstrate how these methods provide a “closer look” at the human and more-than-human communities of care and their broader implications. More specifically, we view care as a process that encompasses actions ranging from loving care to indifference and even killing, often all at once. We challenge the notion of “plant blindness” that affects the care implications in gardens. Finally, we contribute to the discussion about anthropocentrism and analyse who has the “right” to care, who cares for whom, and how this affects who can be considered a gardener in multispecies entanglements in urban gardens.

## Keywords

art of attentiveness; art of noticing; more-than-human; multispecies gardens; multispecies methods; multispecies studies; slowing down and silence; urban gardens; urban natures

## 1. Introduction

This article investigates the diversity of care in urban gardens. We argue that viewing gardening practices through the lens of care offers unique insights into urban natures and human relations with them (Edwards et al., 2023; Myers, 2019). We show how diverse forms of care in gardens can be noticed and “made visible” by applying and analysing multidisciplinary experimental approaches from ecology and social anthropology.

Gardens in urban areas are often perceived as curated spaces that can serve to exert control over nature and social relations (Brinkley & Vitiello, 2014; Edwards et al., 2023). Various types of gardens represent a specific form of carefully curated nature within enclosures where individuals intentionally “stage and restage their relationships with nature” (Myers, 2019, p. 125), and where interconnected human and more-than-human designs follow certain sets of rules (Müüripeal et al., 2023; Poikolainen Rosén et al., 2022). In our research, we explore how gardens can be re-seen and re-imagined through different forms of care. We work with the notion that multispecies studies—in our case, combining social anthropology and ecology—are always open to change and fluidity, permeating the formation of multispecies entanglements of care and reflecting the multiplicity of experiences among the actors within these entanglements (van Dooren et al., 2016, pp. 3–4).

The dynamic and evolving multispecies care in the gardens we study becomes visible through the “art of noticing” and “attunement” (Tsing, 2010, 2024), and the “art of attentiveness” (van Dooren et al., 2016). Attentiveness, noticing, attunement, response-ability, and curiosity are part of a broader set of methodological and conceptual tools widely applied in multispecies studies to focus on the particular while also exploring complex systemic issues at the same time. Being attentive and noticing in multispecies studies involves an openness to knowledge practices that stem from the lived and perceived experiences with(in) and through complex species entanglements (Tsing, 2010; van Dooren et al., 2016). In research on care between human and more-than-human, attentiveness plays an instrumental role in creating a space for multispecies relationality (Krzywoszynska, 2019; Turner, 2023). We show that gardens can be and become entanglements of diverse multispecies care, which are observed, perceived, and conceptualised through attention and noticing.

In the classical perspective of gardening—namely, one that emphasises human control and manipulation over nonhuman beings—Power (2005) identifies two distinct approaches to gardens. The first focuses on the visual aspect of the garden as a whole, where individual plants are viewed as elements of a larger aesthetic entity, chosen for their contrasting or complementary colours or foliage. The second approach treats individual plants as organisms that need to be controlled and maintained, for example, by planting them in a certain way or shaping them with specific tools. While these perspectives tend to be anthropocentric, we argue that they also provide productive distinctions for an interactive and collaborative view of the garden. Firstly, they reflect the gardener’s perspectives on the garden. Furthermore, exercising control in a way that the gardener considers successful requires observing the plants, reflecting on gardening practices, and learning from the experience.

Although gardening has the ethical potential to create spaces of care and relationships of care, this potential is shaped by contextual, situational, and individual aspects (Pitt, 2018). Thus, elements of relationality and the assumption of care are constantly present in the multispecies entanglements found in gardens. However, loving, attentive, kind, and enchanting care is often entangled with cuts, exclusions, no-relations, hierarchies, and the prioritisation of care (Ginn, 2014; Giraud, 2019; Power, 2005). By examining specific methods for

researching multispecies care, we confront broader questions about how we notice, become attentive to, and perceive care. Is noticing and seeing care critical to discussing our relations with other species in the biodiversity and species extinction debate? Does noticing and becoming attentive make us more caring? What are the implications of diverse forms of care for these major debates?

Pitt (2018) points out that “close encounters with nature”—such as those in urban gardens—do not necessarily lead to a sense of proximity with more-than-human entities. Significant qualitative differences exist in relations with various more-than-human life forms, informed by pre-existing values and ethical commitments. For example, a gardener might still be inclined to kill slugs if she sees them as a threat to her garden or as a species that does not perform any useful functions. Attentiveness facilitates affects that might lead to “ethical contagion” and a relation of care (Krzywoszynska, 2019; Yusoff, 2013), but human actors still need to construct ways of being together with the beings they attend to and form relationships with through gardening.

Multispecies, posthumanists, and related scholarships have been accused of “ethical passivity.” We aim to consider the ethical implications and power differentials embedded in urban garden relationships by paying attention to the power dynamics in situations and relationships of care. Following Pitt (2018), we note that the motivations for caring for another are diverse and that tending to gardens often prioritises human goals over those of other species. To problematise the existing care scholarship, particularly the idyllic view of gardens as spaces of multispecies conviviality, we also consider examples of attentiveness used to exclude, eradicate, or care for one species, which entails conflict with other species.

Attentiveness and the art of noticing also invite us to explore care beyond human and more-than-human visible ethical relationality, where care is tied to visible entanglements and response-ability is extended within the scope of visibility. Attentiveness, understood as openness to ethical possibilities, can allow one to notice and acknowledge multispecies care that extends beyond visible relational economies, encompassing invisible and non-sensible “general economies” of relational ethics (Yusoff, 2013). Our research shows that care is often implicit and rarely indicated or conceptualised by human gardeners. Thus, the meaning of care (Hitchings, 2007) should be approached attentively when interpreting observations and collected material. That said, ethical and moral care factors are intertwined within the practice of care—the monotonous, repetitive, and invisible care work (Puig de la Bellacasa, 2017). Paying attention to attentiveness, noticing it, and becoming attuned—while working with the notion that attentiveness is inseparable from the ethics and practice of care (Krzywoszynska, 2019; Tronto, 1993)—allows us to approach seemingly contradictory, exclusionary forms of multispecies care in gardens in all their richness, as they are lived and experienced from multispecies perspectives.

Following this, we address the counterintuitive form of care embedded in letting things be or caring without exercising control by human gardeners (Pitt, 2018). In our research, we identify such care as “care meanwhile,” which can be described as relations and entanglements in which multispecies care is ongoing, with or more often without, the direct involvement of human gardeners.

The collaboration between the social anthropologist and the social scientist, using ecological observation, was established during the ideation and writing of this article. Agnese Bankovska’s initial research sought to investigate multispecies care in gardens, while Karolina Lukasik initially set out to study more-than-human

conflicts in urban allotment gardens. However, they realised that these conflicts often arise when nonhuman beings challenge the human project of garden care. The two researchers met at a conference, where they discovered similarities in their research processes and findings on care in gardens. As a result, this article is an exercise in multidisciplinary collaboration in knowledge creation, interpretation, and representation.

Throughout the article, we use the terms “multispecies” and “more-than-human” to describe the complex and interactive care relationalities in gardens. Although there appears to be a trend in current scholarship towards the use of “more-than-human” in these debates, we find it useful for this research to work with both terms. In using the term “multispecies,” we build on the scholarship that emerged from what was initially defined as multispecies ethnography by Kirksey and Helmreich (2010). In the context of our research, multispecies refers to the care, relationality, and entanglement between human and more-than-human. Accordingly, by “more-than-human,” we mean actors of care that are not human, such as plants, animals, soils, fungi, and microbes.

Our article is divided into three sections. The first, introductory section lays out the theoretical and conceptual background for our research. The second section draws on important methodological considerations related to researching care in gardens and noticing and acknowledging different perceptions and experiences of care between human and more-than-human. The third section combines ethnographic descriptions and analysis by the authors, addressing the specific methodological attunement needed to assess, notice, and reflect on multispecies care in gardens. In the concluding part, we revisit the main findings and consider possibilities for future research.

## 2. Methodological Attunement: Becoming Attentive and Noticing

One of the themes in multispecies research involves moving away/beyond and problematising anthropocentrism and anthropomorphism (Kirksey & Helmreich, 2010). In our research, this shift extends to experimenting with multispecies ethnographic approaches and daring to venture into speculative knowledge practice territories. However, the question of how close humans can come to understanding and, most importantly, evening out their relationships with other species remains open (Despret, 2016; Hartigan, 2021).

Immersion, attention, noticing, and attunement require slowing down and adopting a silent positionality while becoming intertwined with and experiencing multispecies relations. Slowing down and becoming silent (see Granelli, 2023; Mercier-Roy & Mailhot, 2024; Rautio et al., 2022) are ways of being while conducting attentive research in multispecies encounters. Drawing, slow observation, photography, and video can become powerful approaches not only to slowing down and becoming silent but also to notice and perceive the slow and silent ways (from the human perspective) of multispecies being and more-than-human temporalities (Gillespie, 2017; Lapiņa & Grum, 2024; Mercier-Roy & Mailhot, 2024). This seemingly counterintuitive slowness in methods, amidst the current sense of urgency to act and find solutions, can offer deep, embodied, and hands-on knowledge about multispecies being and the relationality of urban natures.

The ethnographic descriptions in this article have been carefully selected to illustrate and contribute to the methodological debate about the methods-care-methods nexus in gardens. This approach reflects our

hypothesis that specific methods can serve as tools for assessing various aspects of care in gardens. In turn, becoming attentive and noticing the diverse aspects of care opens up new possibilities for ethics and the practice of care.

Thus, Lukasik's ethnographic description and analysis in the third section of this article address the implications of using trail cameras to assess multispecies care in gardens, demonstrating how this method allows both researchers and human gardeners to notice care and become more attuned to its various manifestations. Lukasik's research shows that the range of multispecies care in gardens can be simultaneously loving and grudgingly nasty, bordering on outright conflict among species, as seen and experienced by human gardeners. Bankovska's application and experimentation with methodological slowing down and becoming silent, through immersion, drawing, and sketching, also opens up space for new care experiences in gardens. As described by Bankovska, this approach invites a reassessment and re-seeing of the care dynamics and hierarchies among human and more-than-human gardeners.

Lukasik's decision to gather video material using trail cameras was motivated by an interest in the presence of more-than-human animals in the gardens. Multiple species living in, using, or visiting allotment gardens make themselves invisible to humans through nocturnality, the tendency to avoid humans, or by hiding in areas inaccessible to them. Using trail cameras enabled Lukasik to observe these more-than-human animals in a way that did not bother them—the cameras were mostly ignored, occasionally sniffed or pecked, but otherwise did not appear to affect the more-than-human animals in any way. At the same time, the cameras provided perspectives that would otherwise be inaccessible to human observers, facilitating new ways of thinking about garden spaces. By placing the cameras low on the ground or high in the trees, Lukasik was able to observe the gardens from new angles, including tight spaces where humans could not easily move, expanding the multiplicity of garden opportunities, particularly in areas neglected by humans, such as overgrown spaces between allotments. Moreover, the infrared footage collected throughout the night provided information on the nocturnal activity in the gardens, capturing details impossible to see with the naked eye. Finally, camera mounting was a physical experience that involved considering multiple spots, climbing or crouching, brushing against plants, finding support for the camera, and numerous other actions that contributed to interacting with the garden in a novel way. Additionally, for Lukasik, ecological observations and in-depth semi-structured interviews with the gardeners comprised an interdisciplinary study of more-than-human interactions and conflicts in urban allotment gardens. Throughout the five months of fieldwork, Lukasik revisited the gardens to check on the cameras, reposition them, talk with the gardeners, and review the footage together. This combination of methods provided more detail on the gardeners' relationships with their allotments and an embodied sense of more-than-human temporalities.

The methodological path for Bankovska was a conscious journey of attunement over two gardening seasons of fieldwork in 2022 and 2023. Initially, her fieldwork included a set of ethnographic methods, such as participant observation, deep hanging out, immersion walks accompanied by photographs and snapshots, and "tell me about your garden" conversations. However, throughout this process, Bankovska constantly questioned and assessed these methods, asking: Do these methods help me notice multispecies care in the gardens? Are these methods anthropocentric? Which methods would help me become more attuned and perceptive, enabling me to see and experience multispecies relations and entanglements of care in the gardens? The field itself guided Bankovska's choice of specific methods and taught her the power of silent and slow observation through drawing, sketching, photography, and a plant app. Silent and slow observation

creates space and time (Mercier-Roy & Mailhot, 2024) for attuning, being attentive, noticing, and seeing. In this way, writing, drawing, and sketching (example in Figure 5) in such a slow manner adds more layers to the constantly changing descriptions of multispecies life in the gardens. This approach involves seeing through noticing and being attentive as an active, embodied form of participation, rather than a static form of looking, which often engages only vision (Fijn & Kavesch, 2021; Kashanipour, 2021; Okely, 2001). Bankovska, for her part, works with written, audio-recorded, photographic, and drawn fieldnotes, intermittently applied and analysed in this article to contribute to the thick description of aspects of multispecies care in the gardens under study.

### 3. Care in Urban Gardens

The urban gardening culture in Finland dates back to the early 20th century. Historically, it has provided food and opportunities for various city communities to engage in active pastimes. With the extensive growth of urban areas in the mid-20th century, various gardening practices expanded and became a significant part of city dwellers' pastimes and communal engagement. As cities expanded, allotments that used to be on the outskirts became more centrally located, increasing urban pressures, such as light and noise pollution, on the gardens. This shift also created anxiety about the future of the gardens, which had become valued real estate by then. Today, the traditions of historically well-established allotment gardens and food plant allotments coexist successfully with more recent introductions, such as community-supported agriculture, box or sack gardening, as well as guerrilla and pop-up gardening initiatives in city parks, wastelands, and semi-abandoned areas. In addition, balcony, terrace, and rooftop gardening have become essential to urban communities across Finland (Hagolani-Albov, 2017; Mantila, 2021).

Our research was conducted during the 2022 and 2023 gardening seasons in the Greater Helsinki Metropolitan Area. We studied four types of gardens: food plant allotments (*viljelypalstat*), allotment gardens (*siirtolapuutarhat*), communal gardens (*yhteisöviljelmäpuutarhat*), and terrace gardens (*terassipuutarhat*). This article focuses on multispecies care in two types of gardens in the Greater Helsinki Metropolitan Area: two allotment gardens studied by Lukasik and two food plant allotments, one studied by Lukasik and the other by Bankovska.

Due to its geography, Finland is characterised by a relatively short vegetation season, which is reflected in garden care. The gardening season in food plant allotments in the Greater Helsinki Metropolitan Area can start as early as January, when plants are pre-grown indoors. The outdoor season lasts from the end of May to mid-October. Urban allotment gardens, which include a small cottage on each plot, are officially open from the beginning of May to October. During this period, these gardens are open to the public as part of the urban park system.

The food plant allotments (*viljelypalstat*), as researched by Bankovska, are situated in low-lying areas and border several significant territorial markers. On one side, the local manor and its surrounding parkland eventually extend into the forest. At the same time, the allotments are located relatively close to a highway and a suburban residential area, making them easily accessible to residents. These allotments were established in the 1990s, and some of the human gardeners in Bankovska's research had been gardening there since the gardens' inception. During the 2022 and 2023 gardening seasons, there were just over 190 plots. These gardens are known for the diverse cultural backgrounds of their owners; around 50% of the



plots are tended by people who have moved to Finland for various reasons. According to several participants in Bankovska's research, this diversity presents challenges when it comes to following one clear organisational and management path, leading to a tolerance for creative and varied gardening practices. In accordance with the city council and garden council rules, the proximity of the allotments to the local manor restricts the design (see Määripeal et al., 2023), which affects multispecies care in the gardens. In general, the food plant allotments are highly care-work oriented. Care is more about functionality than visual appeal. The small plots lack proper seating and relaxation areas, and people rarely visit just to enjoy the gardens.

Data collection by Lukasik took place in three gardens within the Greater Helsinki Metropolitan Area. Two of these are allotment gardens (*siirtolapuutarhat*), where each plot includes a cottage. Electricity and running water are available during the gardening season. The gardens in this study were created in 1918 and 1936, respectively, and have a strong sense of identity reflected in local customs, such as raising the flag at the beginning of the gardening season, singing garden songs, and sharing celebrations and events, including sauna nights, Midsummer Night parties, and crafting events. In these gardens, caring for one's plot becomes intertwined with caring for the place as a whole, and there is also a concern that "bad" or poorly maintained gardens will reflect negatively on the community.

One of the two allotments is located in a basin of a former swamp in an area that was once on the outskirts of the city. Currently, the garden is surrounded by one of Helsinki's transportation hubs, including a major railway station and a bus depot. This location poses specific challenges for the gardeners: in spring and after heavy rain, water collects in the garden basin and needs to be pumped out. Many of the gardeners that Lukasik spoke with also mentioned poor soil quality. Furthermore, the high-rise buildings surrounding the garden contribute to a sense of being trapped, with Lukasik's interlocutors mentioning that the city looms over the garden.

The other allotment is in western Helsinki, near a seaside forest. Although urban pressure is less visible there, this garden has also been affected by local construction work, such as roadwork (the interviewees mentioned that the roadwork had driven rats into the garden). Its proximity to the sea also attracts more seagulls than the other gardens.

The third garden is more transient. Like the one in Bankovska's research, it is a food plant allotment: the land is leased from the municipality, but the lease is not guaranteed long-term, and the community is less tightly knit. The plots are smaller, and there are fewer opportunities to relax in the garden. The pressure to maintain proper garden care is reflected more in the giving of "good" advice (and subsequent annoyance when the advice is not followed), rather than in a sense of shared effort within the community. This garden is maintained by a small association in northeast Helsinki and is located between a main city road and blocks of flats. It is separated from the road by a row of trees and surrounded by a small forest. In conversations with gardeners, the topic of noise pollution often came up; nonetheless, it was frequently treated as an inevitable feature of the garden.

### 3.1. Overcoming "Plant Blindness"

Many care entanglements are ongoing between human gardeners and plants in the gardens studied in our research. Such care involves prioritising plants that are considered useful to human gardeners over other plant species. This multilayered process often involves killing or excluding certain species for the sake of

others. Depending on their contextual usefulness, a care hierarchy for different plants is also considered when deciding on the necessary care for the so-called ambivalent plants. These plants are often cared for by assigning them to specific places in the garden, cohabiting with them, or “making them useful” by repurposing them through composting.

The notion of “plant blindness” (Wandersee & Schussler, 1999) is one of the prevailing concepts in multispecies studies (Gibson, 2018), addressing more-than-human hierarchies and the attribution of particular value to different species, including plants (Myers, 2015, 2019; Tsing, 2015). Plant blindness has also impacted methodological advancements in research on plant–human relations in multispecies studies (Elton, 2021; Gibson, 2018). To dilute the possible effects of plant blindness, researchers have suggested that garden research and the methods applied should be conducted in the gardens themselves, where plants are visible and present, directly influencing the researcher’s perception and providing a multispecies backdrop for research interventions (Hitchings & Jones, 2004).

Our research shows that becoming attentive to plants through slow and careful observation during immersive walks and drawing not only helps us notice the details and individualities of plants but also attunes our human gaze to acknowledge the agency of plants (Gibson, 2018). By acknowledging plant agency and moving beyond plant blindness, we can arrive at a plane that considers the mutuality of species in gardens, where plants influence and “garden” humans as much as humans garden the plants (Myers, 2015, 2019; Power, 2005).

During the first season of Bankovska’s fieldwork in food plant allotments in 2022, she gradually arrived at using drawing as a slow and immersive observation method. This approach allowed her to calibrate her gaze, much like putting on glasses, to overcome her plant blindness, which was caused by the inability to see beyond the sensorial overload of the richness of the plant species represented in the allotment and communal gardens. Instead of simply looking at plants as objects, Bankovska wanted to be with the plants by adopting an approach akin to “dwelling with the plants”—what Holdrege (2013) refers to as “living thinking.” This involves drawing and sketching plants as part of a methodological approach that emphasises fully immersive, interactive attentiveness:

I have arrived at the gardens. I sit down and open my sketchbook. There is no particular plan; I just sit down and sketch what I see. First, I notice that I need to choose one “fragment” of the whole garden plot view. To define the frame of the picture. I also notice that I am drawn to depict something with more colours, not just different shades of green. However, green is the dominant colour in the gardens throughout the season. This turns out to be only partially true, though, as I continue drawing. This time, by focusing on just one garden, I still need to decide what to include and what to leave out. The garden I have turned my gaze to is on the border, and many garden materialities surround the actual plot and plants, such as a toolbox, wooden fence, some watering cans, and other common and shared paraphernalia like wheelbarrows, a shared seating area with benches, and so on. But I want to focus on the plants. I soon realised that by focusing on a specific garden plot and trying to figure out how to depict the plants in a way that makes sense, I need to make many decisions at once. Do I focus on colour? Would that be enough? Should I draw the colour freely and add details later with suitable mediums, like coloured pencils? How do I depict the plants so that they are recognisable? Is that even the point? I also realise that drawing is just a multi-layered way for me to learn about gardens, mainly about plants, how they are planted, how they grow, and how they position themselves in the soil.

Through the colours of the garden “canvas,” I can depict the connection points between plants, soil, and materialities that support or protect the plants. (Fieldnotes accompanying the drawing process in Figure 1, July 2023)



**Figure 1.** Sketch of food plant allotment gardens. Note: Drawing by Agnese Bankovska.

Throughout the 2022 and 2023 gardening seasons, Bankovska continuously challenged her plant blindness through immersion walks, slow and silent observation, drawing, and sketching. The mobile phone, an important research tool for taking verbal and audio notes and photos, eventually became a tool for “noticing and naming” (Tsing, 2010) with the help of a plant identification app. During slow observation sessions in the food plant allotments, Bankovska noticed that the app extended her relationships with “nameless,” albeit somewhat familiar, plants by providing names for them, which helped her to recognise them on future occasions. Plants became more visible and three-dimensional in both sensorial and cognitive terms, claiming a more active presence and role in the gardens.

While building her relationships with the plant research participants, Bankovska used the app to avoid unnecessary hierarchisation and attribution of value beforehand, as she initially knew nothing about the plants she encountered. Each plant’s “scientific” Latin name provided by the app allowed Bankovska to identify it within the broader taxonomy. As her perception and understanding of the plants expanded, the value and contextual hierarchies of the different plants became noticeable through her seasonal observations of the multispecies gardens and material structures, as well as the explicit and implicit stories that human gardeners shared with her about their relationships with various plants in the gardens.

### 3.2. Care With “Ambivalent Plants”

Relationships, power, resilience, and the contextual usefulness of weeds are well-researched topics in multispecies studies, particularly concerning urban natures (Myers, 2019; Stoetzer, 2022) and various forms

of care in urban gardens (Ginn, 2014, 2016; Pitt, 2018; Poikolainen Rosén et al., 2022; Power, 2005). In this article, we address cases of plant care that involve species often regarded as weeds. However, rather than discussing their “weediness,” we shift our gaze towards their ambivalence in different care entanglements, showing that plant species change their placement in care entanglements contextually and situationally (Haraway, 2013).

One such plant is comfrey (*Symphytum officinale*; Figure 2), one of the main plant species in the food plant allotments throughout the 2022 and 2023 gardening seasons. Comfrey was part of several care entanglements. Firstly, it was generally well-tolerated and allowed to grow along the borders and pathways between individual plots, on abandoned plots, and around the edges of the garden territory, particularly near the water’s edge bordering the plots on one side. Secondly, due to its balanced distribution across the plots, comfrey provided a steady food source for various pollinators, including different types of bumblebees, honeybees, other wild bees, and hoverflies. Thirdly, comfrey’s convenient positioning, also close to individual plots, allowed it to be part of another care entanglement, serving as a green fertiliser, similar to those sometimes made from nettles. T (here and throughout the text, Bankovska’s human research participants are anonymised and referred to using only the first letter of their name) was particularly pleased about the presence of comfrey, both because it attracted pollinators and because it could be used to produce fertiliser. Additionally, T told Bankovska about the plant’s medicinal properties, demonstrating that its caring properties could be extended beyond the gardens.



**Figure 2.** Comfrey (*Symphytum officinale*) in the food plant allotments, July 2023. Note: Photo by Agnese Bankovska.

Composting is another way of caring for and with plants that can be considered ambivalent. Bankovska’s research shows that noticing—and being attuned to the specific ambivalence of various plants that eventually go through the composting process—leads to becoming more attuned to care that extends beyond plants to include soil and fellow human gardeners. In this way, attunement to composting contributes to sustaining the intricate microcosmos of care in the gardens:



Participant A has two compost boxes or heaps in her garden on the “loud” side. She says they are suitable for a rotation system. On one of them, which is already composted, zucchinis are growing. When these are finished, she will take the compost from the pile and use it in the garden. The freshly cut grass and piles of weeds in the fresh compost heap will then be transferred to the “old” one to compost. She says it usually takes about one winter for a “new” compost heap to form. (Encounter and conversation with A, August 2023)

The presence of a compost heap, box, or makeshift compost corner was one of the common rules that the food plant allotment gardeners needed to adhere to. As described in A’s case, it was typical to have two compost arrangements, and hence the opportunity to witness the birth, life, and rebirth of plants, along with a good rotation and continuous system for the (re-)creation of soils in the gardens (Pungas, 2022; Wing & Sharp, 2023). In the food plant allotments, the requirement to have compost was largely a management strategy for organic garden waste, ensuring the distribution of this waste and creating a shared responsibility for each human gardener to participate in the care work across the plots. The infrastructural and design approach to the compost arrangements reflected the seriousness and depth of individual gardeners’ engagement (see the collage of compost arrangements in Figure 3). It was an ongoing learning process that involved being attentive and noticing (Turner et al., 2024, p. 7; Wing & Sharp, 2023, p. 205). T admitted that when she started paying more attention to composting, she learned much more about gardening in the process. She proudly showed Bankovska the zucchinis she had planted for the first time in the 2023 season in her compost heap, expressing surprise at how well they were growing.



**Figure 3.** Compost at different stages throughout the 2023 gardening season in food plant allotments. Note: Photos by Agnese Bankovska.

Like Pitt (2014), Bankovska used photography to observe changes in the garden over time, taking photos of the compost heaps throughout the season. This allowed her to see plant life, death, and human participation in this care entanglement through composting in the gardens.

Thinking about time is essential for working with plants at all stages of garden care. Elton (2021) describes “plant time” as something that “changes speed because it takes shape in the relationship between human and plant.” According to Elton, based on her observations in gardens in Toronto, “plant time” can feel slower for humans than for animals. However, it can also prompt humans to act quickly and react accordingly when a plant needs watering, harvesting, or any other form of care. The attunement to plant time occurs through the various acts of care performed by human gardeners, becoming visible through the visual changes in how plants develop in the garden space, for example, through flowering, growth, and the formation of fruits (Elton, 2021, pp. 100–102). Considering that plants are one of the key actors in the creation of compost while acknowledging that a whole array of multispecies care is involved in the composting process, plant time becomes incorporated into and aligned (Gan & Tsing, 2018) with compost time and, by extension, with the multispecies care times that are never linear and singular, but rather rhythms, periods, and continuities of multispecies care. The human aspect, as described by Elton (2021), is critical to the existence of compost deposits in food plant allotments. The times during which other species, plants, fungi, microbes, and animals work together and complement each other in the composting process are equally important.

In multispecies studies, environmental humanities, posthumanism, and similar fields, the separation between human and more-than-human time has been scrutinised while considering the broader climate emergency discourses. Bastian and Bayliss Hawitt (2023) argue that close attention should be paid to the “temporal mismatches” between social and environmental time. They call for scientists to take an approach that could provide better tools and strategies for understanding climate breakdown and biodiversity loss (Bastian & Bayliss Hawitt, 2023). In such endeavours, the art of noticing becomes particularly useful, allowing researchers to coordinate their gaze towards the polyphony of different entangled times (Gan & Tsing, 2018; Tsing, 2015).

### 3.3. Care Meanwhile

Another type of care can be seen as “care meanwhile” or “care by default.” From a temporal perspective, this care is ongoing most of the time (without human presence) or almost always (even with human presence). These are multispecies care entanglements in which humans participate on the most even terms and in the least anthropocentric manner with other species. Humans become mere observers or should be particularly attuned to collaborate and become part of these entanglements. In broader terms, care meanwhile is present in almost all forms of care in the gardens, at least partially. In this section, we describe cases where the care is ongoing, mostly without direct human involvement. In care meanwhile, more-than-human species and material structures become gardeners in their own right, often unintentionally. In this context, human sociality dilutes into the broader multispecies sociality that is constantly ongoing in gardens—a sociality that becomes apparent when given due attention and hence consciously noticed (Hartigan, 2015, 2017).

One form of care meanwhile is represented in “accidental gardens” (Figure 4), which were prominent mainly in the food plant allotments in Bankovska’s research.

In practice, these plots were either abandoned or in a liminal state between owners. These accidental gardens made the plot structure rich in species mutualities, mainly due to chance. None of the plant species could be seen as useful, ambivalent, or weedy in these patches. They just were. According to the time and seasons, accidental gardens that appeared among “real garden” plots were, from a human gaze perspective,





**Figure 4.** Accidental gardens in food plant allotments, 2022 and 2023 gardening seasons. Note: Photos by Agnese Bankovska.

more ruderal (Stoetzer, 2022), weedy, and unruly (Tsing, 2017). More nature? According to whom? Austrian artist Weinberg, in his reflections on such “accidents” in cities in unexpected spaces that might not necessarily be gardens, calls them “potentiate ecologies” (potentiated ecologies), emphasising the “potency, energy and force in plants” (Myers, 2019, p. 138) that often perform their own “gardening” work beyond or alongside the human:

I see Weinberger’s weedy aesthetics as a disruption of proper “forms of visibility and intelligibility” (172). As Gregg Hetherington astutely notes, these works also invite “aesthetic rejection of the chronological terms that the Anthropocene marks.” They are thus a lesson in learning to read infrastructures differently: if analyses of infrastructure tend to focus on function and assume progressive, linear temporalities, a shift to analyses of infrastructures’ aesthetic forms, especially the modes of dissension possible within artists’ gardens, opens up space to see other temporalities in-the-making. (Myers, 2019, p. 143)

Several human gardeners in Bankovska’s research spoke about last, this (the time the study was conducted), and next season, addressing the “problem” of accidental gardens. Thinking through these marked seasonal rhythms allowed them to maintain a sense of control, at least in their minds. Meanwhile, the accidental

gardens were tolerated and left to their own devices. Some gardeners even admitted that the “untamed” beauty of these plots was incomprehensible, but they recognised their importance in attracting different species, mainly pollinators.



**Figure 5.** Colours and patterns of plant species in food plant allotments, autumn 2023. Note: Drawing by Agnese Bankovska.

### 3.4. *Multitudes of Care*

Lukasik conducted their study on multispecies conflicts and conflict resolution in urban allotment gardens as part of the Helsinki Urban Rat Project research programme. While the human–rat conflict played a prominent role in the study, other species—animals, plants, and fungi—were also mentioned. Moreover, it quickly became apparent that the motivation driving such conflicts is often care. Removing weeds, killing fungal spores, or building barriers were actions driven by the need to care for the desired plants or the garden as a whole. Plant and animal species became antagonists (hares, rats, and dandelions) or allies (pollinators and pest-repellent plants) in the project of care.

To protect the gardeners’ privacy, interviewees will be referred to by randomly assigned letters in the following sections, both when quoting and paraphrasing.

Tending to a garden—urban or otherwise—requires multispecies communication: an implicit process in which the gardener notices the health of the plants (or lack thereof), the status of the soil, the trails of animals, and the presence of other species. This can be understood through the perspective of multisensory reading and writing (Boonman-Berson & van Bommel, 2023), a concept that highlights the interpretive aspect of multispecies communication. Whenever a person notices an animal’s presence in their surroundings, it is interpreted through the lens of their previous experiences, knowledge, and narratives about specific animals. Although receiving those messages is multisensory, humans rely heavily on visual cues. Looking, noticing, photographing (Figure 6), and videographing are methods of becoming attuned to one’s garden and can aid or guide care practices. Therefore, this and the following sections focus on the visual messages of garden care.





**Figure 6.** Examples of trail camera placement. Note: Photographs by Karolina Lukasik.

During the interviews, numerous participants mentioned having Instagram accounts dedicated to their urban gardens, particularly garden plants. The accounts documented the care given to the gardens and served as visual aids. By photographing the garden, the gardener captures moments of gardening triumph and successful care that can be used for reference later. On the one hand, such documentation suggests an aesthetics-focused approach to one's garden. On the other hand, it speaks to pride taken in ensuring care: beautiful blooms or lush foliage that reward the gardeners for their work. Photography also requires attentiveness, finding a satisfying angle, and interaction with the photographed subject. In the case of nature photography, this process depends on weather conditions and the amount of sunlight exposure. The gardeners become entangled with their gardens in a new way through their photography. However, it is important to emphasise that the photos shared by the gardeners exclusively depict beauty and success. There are no images of destroyed plants or the early work carried out in the garden. One participant, for example, had a photo album dedicated to rebuilding the cottage in their allotment and redesigning the garden, but this too was framed as a success story. While the gardeners are keenly aware of the effort required to maintain the garden and the risk of plants dying, they are more interested in capturing—and projecting—their aesthetic triumphs.

Many participants were interested in and motivated by garden aesthetics. B focused on gardening with visually pleasing plants, noting that the colours made them feel better. The beauty of the plants was the main criterion for choosing what to add to the garden. The gardeners spoke about unusual colour varieties and cultivars they had planted or would plant in their allotments. They had also participated in the garden's open days, showing their plots to visitors.

Caring for the plot also created conflict between B and the city rabbits. B said that they hate the rabbits for eating the plants. According to garden regulations, their plot was surrounded by chicken wire to keep the rabbits out. Weeds and other plants that competed with the planted flowers were plucked out—using herbicides in the garden is forbidden, although, as Lukasik later learned, not all gardeners adhere to these regulations.

In a later conversation, after the camera had been placed in the participants' plot, they were most interested in seeing footage of hares or rabbits entering their plot. The video material helped them build new barriers to keep the animals out. Some damage, however, had already been done; the tulip buds had already been eaten. Using video material as a guide for care was common among the participants in this study.

C compared the video footage with material traces left by animals in the garden: a plastic bowl that had been nibbled on and droppings found under a tree. Another gardener, after seeing a bird trying to eat Styrofoam on camera, went to where the camera was located and put the Styrofoam in the bin. The cameras prompted the gardeners to look at their plots differently and to consider what happened when humans were absent. By connecting the traces of more-than-human animal presence with the video material showing said animals, the human gardeners became more attuned to how other animals were affecting and changing their gardens. For some of them, like D, the camera footage became an extension of their garden observation.

Lukasik also observed many instances of care being enacted through experimentation. Numerous gardeners spoke about their lack of formal training in gardening, and hence their reliance on experimentation and observation. This experimentation referred not only to planting seeds and waiting to see what took root, but also to their attitude, liking the freshly grown plants, finding them easy or difficult to maintain, and seeing how they fit within the garden. For some participants, like E, not caring became a method of care: they forgot about what they had planted and subsequently enjoyed a pleasant surprise. As in the descriptions of care meanwhile and care by default observed by Bankovska, here too, care took the form of relinquishing control over the plants.

When removing unwanted plants, gardeners apply various categories: for example, ground elder is unwelcome, but horsetail is beautiful, and nettles are edible. As a result, these “weedy” species are not destroyed but are instead maintained if they grow too tall. They become cared for and incorporated into the garden.

F described their approach to gardening as “painting with plants.” Their plot does not contain many edible plant species, save for two raised beds. The participant emphasised that gardening is a visual art that requires not only knowledge but also attentiveness to the surroundings:

Well, actually, garden design is a visual art. Or partly. It is also a practice where you have to know a lot about biology, nature, plants, the soil and, of course, the particular, you know, surroundings because they have changed a lot. When I started here 23 years ago, none of these buildings were around. As you can see, they are pretty new. That has changed the light and the wind. The winters and springs are also much wetter than they used to be. (Interview with participant F, summer 2023)

F considered some events in the garden, such as water accumulation after winter and the ageing of apple trees, to be forces that interfered with their plant painting project. As such, the effects of weather, pollution, and disease had to be mitigated. The aesthetic value was important: the participant wished that there were more “attractive” birds in their garden and bemoaned the fact that insects are “very ecological, but very ugly.” The participant used the signs in the garden to deduce information about the animals living there. For example, more buds on roses and lilacs suggested that the rabbit population had decreased. Camera footage was used to obtain additional information about the presence of animals and a sense of control over who had access to the plot (Figure 7).



**Figure 7.** Stills from the trail cameras.

For Participant G, gardening represented freedom: “You could also do nothing in a garden.” They described their plot as “bohemian,” planting a mix of vegetables, herbs, berry bushes, and decorative plants. Their guiding principle when choosing new plants was visual—they chose nice-looking species. They accepted that some of their plants would be eaten by rabbits. Recently, they had been trying the no-dig approach to the flower beds. Observation was the key to their self-described amateur garden practice, as well as to their acts of care meanwhile. A similar approach had been taken by I and J: “Everything usually goes off,” they said, laughing about the unpredictability of their garden.

For Participant H, the garden meant work. Having a “clean”-looking garden was important. “This is my paradise but also my work camp,” they said. They watched YouTube videos on gardening and followed a well-known Finnish biologist, Leena Luoto, who offers gardening advice. Spending time and effort on garden care became a point of pride. Their care was also reflected in “defending” the garden: they killed snails by collecting them in a bucket with instant coffee and pouring boiling water on them. In the anthropocentric garden, human gardeners exerted power over nonhuman entities to eliminate what kept them from achieving their ideal garden. From this perspective, controlling or killing individual beings was justified by caring for the garden as a cohesive aesthetic whole (Power, 2005).

Although the caring approaches ranged from meticulous planning and killing unwanted nonhuman others to caring meanwhile and experimenting, they all shared a strong visual component. The participants described how something looked (beautiful, healthy, ugly, or unkempt) and how they observed changes in the garden. While gardening is a multisensory activity, the visual aspect appeared particularly informative: care was often pictured, whether literally in the form of taking photos or in the descriptions provided. At the same time, the presentation of the garden became both a source of pride (such as during “open gardens” events, when everyone could visit the plots) and a means of control: gardens that did not look “good” were scrutinised, and the lease of a careless gardener could be terminated.

On the other hand, however, relying on visual information can be highly limiting for humans, thus creating new spaces for the more-than-human. This is particularly striking in the case of insects, which are more difficult

to see and therefore become visible to gardeners only as a vague class of more-than-human. Similarly, in the interviews conducted by Lukasik, microbes and fungal spores were regarded as elements of compost or poor soil, rather than being conceptualised as garden entities in their own right. However, this does not align with Bankovska's observations in other gardens. More-than-human animals choose times out of human sight (dusk and night) and places beyond human view (under leaves, close to the ground, or in the bushes). Similarly, the edges of plots are spaces where plants such as dandelions, ground elder, and wildflowers can grow.

### 3.5. Notes on Methods

Walking around the garden led Lukasik to download a plant identification app. Like Bankovska in her research, Lukasik took pictures of plants and tried to identify them. The app helped them situate the species in the context of Finnish gardens, and to ascertain whether they provided suitable conditions for the plant and whether it was native or introduced.

Working with trail cameras also affected how Lukasik perceived the garden space and became attuned to other temporalities. From their perspective, the first placements were largely unsuccessful: the cameras were obscured by leaves or pointed towards spaces not frequented by animals. Sometimes, between mounting the camera and checking the memory card, a neighbouring plant had grown tall enough to block the lens, which required attentiveness to the plant's rhythms. Lukasik started looking at the garden from the perspective of the opportunities it posed for other animal species: spaces for forage and rest, safe passages, and abundant nesting material. They became attuned to times when animal presence in the garden was most visible.

A similar process occurred among some of the participants. One of them exclaimed that during the summer of 2023, they had seen three different animal species that they had previously thought were entirely absent from the garden: a fox, a squirrel, and a lizard. While these animals had most likely already been visiting or living in the garden, the gardener became more attuned through participation in the research. Joining the project could consequently be viewed as a collaborative experience of attuning to the more-than-human and using the camera footage to consider the garden a source of opportunities for other species.

However, Lukasik also noted instances of rejection of attunement among some participants. When Lukasik asked a gardener who owned a trail camera whether they had seen any animals in the footage, they said no and added: "No anacondas." Commonplace animals, such as rabbits, rats, or house sparrows, were not considered interesting enough to attend to. While the person had an overall positive attitude towards the more-than-human world, they also seemed more interested in rare or otherwise "charismatic" species (Lorimer, 2007). This attitude was also reflected in other gardeners—the sighting of a fox in the plots became an important event in the community. Overall, responses to the research project and camera footage were mediated by each individual's motivation (curiosity and the need to control one's space) and their attitude towards gardening.

## 4. Conclusion

Care in urban gardens is a complex and constantly changing combination of ethical predisposition from the perspective of human gardeners and practical care work entangled in both visible and less visible multispecies interactions. Our research shows that attentiveness, the art of noticing, response-ability, and curiosity do not



in themselves guarantee a relationship in which humans assume the responsibility of caring. Openness—as Pitt (2018) writes—might just as easily facilitate exclusion. Drawing on Lukasik’s study of multispecies conflicts, we observed that intentional care often pursued a specific goal, which was particularly clear in the case of aesthetics-focused gardens. When another entity, such as a wildflower or a snail, interfered with this goal, gardeners would kill it. Urban gardens, while inviting to many more-than-human species, remain ultimately anthropocentric spaces: human gardeners exert more power over the space than other species. Eradication and killing thus became incorporated into methods of care. Nevertheless, we also noted how unwanted others could thrive in the margins, in spaces inaccessible to humans, and in potentiated ecologies. Even in situations where humans choose to exert control, its scope is limited.

Our research shows that care in gardens is more often invisible than visible to the human eye and general bodily and cognitive comprehension. Spatially, it is ongoing, often hidden underground and among abundant plants. Temporally, care is ongoing in human time—daily and seasonally—and along many trajectories of multispecies time, most often outside human perception, alluding to multispecies polyphonic time (Gan & Tsing, 2018). We found that by slowing down and becoming silent, that is, through careful attunement of our embodied and cognitive perception, humans can acquire extended attentiveness that might lead to ethics and practices of care that are less human-centred and more multispecies-attuned. Similarly, an attentive application of different visual and mixed methods, such as trail cameras, plant identification apps, photos, drawing, and sketching, can offer new perspectives on how researchers and research participants, both human and more-than-human, perceive, experience, and manifest care in the gardens.

Finally, our research adds to the growing scholarly debates about the value of multispecies care in urban gardens at the intersection of climate emergency and biodiversity loss (Sandilands, 2018; Wittemans et al., 2024). Looking at care in gardens through the methodological and analytical lens of the art of attentiveness and the art of noticing showed us that the gardens in our research displayed significant potential as spaces of both cultivated and accidental biodiversity, where care entanglements intertwine and function in polyphony or cacophony (at least to the human ear). Thus, by further investigating the complexities of multispecies care in urban gardens, researchers can contribute to the broader debate on the climate emergency and biodiversity, as well as the role and importance of urban natures.

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### Conflict of Interests

The authors declare no conflict of interests.

## Data Availability

The publicly available ethnographic data, in the form of ethnographic quotes, fieldnotes, photos, and drawings, is presented in this article. The rest of the research data collected by both researchers is not publicly available due to the safe data management guidelines for qualitative research.

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# Creating Communities of Urban Care: The No to the Felling Environmental Movement in the City of Madrid

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## Abstract

The emergence of urban care communities has recently become a topic of study, with a focus on the social bonds shaped through mutual assistance and support in vulnerable and non-vulnerable neighbourhoods following natural disasters, pandemic situations, and collective urban emotional suffering. We argue that not only is a more comprehensive conceptualisation of urban care necessary, incorporating urban green infrastructures as a component of collective wellbeing, but that care needs to be considered as a political element to develop urban resilience in the face of climate change and extreme events. With this in mind, the present research proposes the enlargement of the concept of the urban care community by means of a specific case study and using a qualitative methodology, underlining how the environmental urban care discourse strengthens new political subjects claiming for urban care-full justice. Our case study is the No to the Felling movement, which emerged at the end of 2023 from the response of a group of residents to Madrid City Council's plan to cut down trees located mainly in the Madrid Río park to extend a metro line. The case is not only indicative of a growing concern about the preservation of green spaces in urban areas, but it is also related to the discourse of caring for the urban space. However, these demands did not arise from a vacuum. Their most direct antecedent was the emergence of networks of mutual support in the city that started during the pandemic, and already existing neighbourhood protest movements against urban planning processes. This article analyses how previous experiences of care generate conditions of possibility for current struggles and the constitution of a political subject that promotes environmental urban care through the shared perception of urban wellbeing deprivation and the absence of a caring approach to such issues.

## Keywords

environmental urban care; urban care communities; urban collective political subject; urban common; urban green infrastructure



## 1. Introduction

The appearance of urban care communities has recently become a topic of study, focusing largely on the social bonds shaped through mutual assistance and support in vulnerable and non-vulnerable neighbourhoods following natural disasters and pandemic contexts, and emerging from urban collective emotional suffering due to severe disruption of daily life (Blanco & León, 2017; Garcia & Haddock, 2016). Considering these contexts, instances of organised citizen solidarity have emerged in urban areas to address subsequent crises in a collective and local manner, with the aim of mitigating their consequences and establishing alliances with existing social and public institutions (Moulaert et al., 2010; Walliser Martinez & De Gasperi, 2021).

Previous events such as the global financial crisis (2009) and the austerity measures and their consequences (2011) impacted cities directly, worsening living conditions but also triggering collective strategies of everyday resistance and survival. In these contexts, new urban activism emerged (Walliser, 2013), reinforcing bonds and creating new roles for neighbourhood associations (Blanco & León, 2017; Triantafyllopoulou & Sayas, 2012). Similarly, many small-scale neighbourhood initiatives to cope with the lockdown collectively appeared during the recent Covid-19 crisis (2020). Furthermore, the effects of natural disasters such as intense flooding and extreme heat waves are seriously impacting the health of the urban population, highlighting both the deficiency of existing urban infrastructures and the built environment to mitigate the effects of climate change and the need for cities to respond to them (Bicknell et al., 2009; Gabriel, 2014; Gandy, 2022; Kaika et al., 2023; Pradel-Miquel, 2024). These critical episodes potentially engender distrust in public institutions and communitarian actions, which are frequently extolled by the media (Jensen & Grindsted, 2009).

These expressions of mutual care among citizens in response to crises have been studied theoretically in academia from several conceptualisations, including the social innovation approach (Blanco et al., 2016; Moulaert et al., 2022), communitarian resilience (Muhanga et al., 2024; Othengrafen et al., 2024; Wu et al., 2022), and solidary expressions (Fernández-Salvador et al., 2024; Lara Corro et al., 2024). Nel-lo et al. (2022) coordinated several case studies in European and Latin American cities that showed citizens' capacity to create urban communities of solidarity under different local wellbeing systems, while other authors have underlined the relevance of these communities around specific topics such as co-managed public services, health (Pallares-Barbera et al., 2022; Salom-Carrasco, 2022), and education (Dussel et al., 2020; Marotta Méndez et al., 2024). Meanwhile, other authors have considered the emergence of citizen networks as care networks and the role of care as a public issue, including its politicisation (De Gasperi & Walliser Martinez, 2024; Walliser Martínez, 2022).

In light of the above, we consider it interesting to explore a less conjunctural approach to care, placing this issue at the core of the political dispute around the production of the city. What we aim to analyse in this article is the politicisation of care in urban critical contexts. To so do, we use a single example, the No to the Felling movement in Madrid, to illustrate this phenomenon over time and in relation to existing theoretical debates, to understand how previous experiences and discourses of care have generated the conditions that provide a platform for current struggles and how a political subject promoting urban care has come about. In the following sections, we present a literature review and a description of the methodology employed. This is followed by an analysis of the context and results of our case study. Last, we will draw the conclusions, linking the results of our objectives with the theoretical framework.

## 2. From Private Life to Urban Communities: Enlarging the Care Concept

From a historical perspective, and following Gabauer et al. (2022), the concept of care began to assume particular significance in the 1970s, owing to the proliferation of academic research and social activism. In this regard, the primary debates centred on feminist struggles surrounding reproductive work, the epistemological implications of generating novel methodologies for understanding this work, and the concept of care as an ethical action. As pointed out by several authors (Greenhough et al., 2023; Sevenhuijsen, 2003; Tronto, 2020), the first studies on care were well aware that caregiving as a task was fundamentally feminised labour, which was also related to the fact that care-related work was mostly undervalued.

As Tronto (2013) underlines, these early feminist calls were focused on understanding the political value of care. In the words of the author: “Care no longer seems to be ‘at home’ ” (p. 1). More recently, a new perspective has drawn attention to an increasing number of practices of solidarity and reciprocity that have emerged in the last decades through new forms of interaction in urban contexts (McKinnon et al., 2022), despite modern societies being generally characterised by individualism and the fact that independent lives and solidarity among equals may be rare. These practices are interpreted as caring actions, carried out to survive collectively in the city, deviating from the idea of “every man for himself.” This is clearly included in Fisher and Tronto’s definition of care:

Activity that includes everything 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, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web. (Greenhough et al., 2023, p. 1)

These debates focused on care reveal the social contestation of individual dynamics, intertwined with the pervasive influence of market rules in daily life. As in the early 19th century, the presence and influence of the market and the permeation of capitalism into everyday life generated not only more inequality, poverty, and vulnerability (Madanipour, 2022), but also resistance, mostly in urban contexts. In this regard, Lawson’s (2007) concept of the “ethic of care” is particularly relevant. This ethical framework examines the fundamental principles of neoliberalism, an ideology that organises life and the city around the concepts of efficiency and competitiveness. Neoliberal logic aims to privatise care, relegating it to the domestic sphere of family life. In contrast, the ethic of care endeavours to shift the discourse on care to the public sphere. In this regard, for Lawson (2007), the main stance is to underline how caring work is necessary for collective survival, and as such, it must be absorbed by the public sphere.

In a similar conceptualisation, Tronto (2013) presents some ideas to understand and face the challenges of assuming politically the public obligation of caring. Caring is relational, and since all humans and non-humans are interdependent, everyone needs to care and be cared for. This relational idea of care is considered by several authors (Fisher et al., 1990; Gabauer et al., 2022; Tronto, 2020) and described as follows: “This relational space is first and foremost shaped by ‘being-in-common,’ which implies a view of the world in which human beings are considered as always enmeshed in social relations with others” (Gabauer et al., 2022, p. 6). However, caring is also contextual, implying that caring needs vary from one place to another. Lastly, caring should be democratic. In other words, it should be inclusive and a public task (Askew, 2009; Power & Williams, 2020; Tronto, 2013): “Democratic politics should centre upon assigning responsibilities for care, and for ensuring that democratic citizens are as capable as possible of taking part in this assignment of responsibilities for care” (Tronto, 2013, p. 140).

The concept of “community of care” therefore emerges as useful for describing the dynamics of mobilisation in the urban landscape, especially those localised in urban contexts and in times of crisis (Gary & Berlinger, 2020; Tronto, 2018) such as the global financial crisis (2008) and the Covid-19 pandemic (2020). This conceptualisation deviates from that of other authors, who have placed more importance on the concepts of solidarity and fraternity during the Covid-19 period (Nel-lo et al., 2022). Also notable is the concept of care-full justice proposed by Williams (2017) in reference to the urban context. The author posits that an account of care that fails to address justice may result in its conception as an emotional ethic that responds to individual dynamics. In this regard, an alternative concept of justice would be characterised by a universal ethic more typical of the morality of the public sphere. The author’s position is that these are not two separate spheres, and that understanding the interrelationship between care and justice is crucial to account for the potential of the urban transformation of certain dynamics:

I have developed the term care-full justice to encapsulate the potential relationship between care and justice in practice and to value both ethics equally. I do this first to develop a utopian dream and ideal for the possibility that the urban can be a just and caring place. And second, to develop a way to recognise how people are responding to injustice in the urban context to cultivate research on existing justice and care practiced on the ground. (Williams, 2017, p. 826)

In this sense, urban transformation is understood not from an antagonistic point of view of rupture with the public institutions, but in relation to everyday practices that gradually generate changes and lead to the creation of fairer cities: “Urban social change needs to be understood as...everyday practices and routines that make the city and provide viable alternatives to the mainstream ways of doing things” (Williams, 2017, p. 824).

A community of care is therefore not related to a specific action of solidarity or humanitarian assistance, but is based on an intertwined corpus of actions and relations among all living beings, be they human or non-human (Fisher et al., 1990; Gabauer et al., 2022; Power & Williams, 2020; Tronto, 2020). It is in this sense that we consider that the communities of care can be conceptualised as a political subject that is collectivised through need and the provision or privation of care. According to Rancière (1996), the process by which a political subject is constituted requires the previous step of creating a collective subjectivity or consciousness. The fact that it is political and not merely collective merges with the idea of a universal problem, the harm caused by which is not merely the outcome of a particular incident, but also engages a group of citizens who attempt to question the existing order as they deem it to be unjust. In other words, citizens identify the absence of care as a collective problem, and as a result, they attempt to rectify the harm being caused by establishing a political subject that is spatialised in a specific location. Communities of care are spatialised within a specific urban context, which reflects the way they are constituted, underlining the need to analyse the relationship between the political constitution of a subject and the spatial dimension it is influenced by.

In this regard, the urban context is not simply an empty space, which historically has been a highly vulnerable one (Gabauer et al., 2022; Power & Williams, 2020; Williams, 2017). Moreover, contemporary cities have been the focus of accelerated unequal development due to the commodification of all spaces of daily life under the neoliberal city and the global, ecological, and economic crises (Brenner & Theodore, 2005; Harvey, 2012; Smith et al., 2009). There are many examples in recent years of urban places where collective reflection on the transformation of the urban order has been seen, although the urban space is not unique in this regard since nowadays there are many other geographies of discontent (Dijkstra et al., 2020; Rodríguez-Pose, 2018;

Rodríguez-Pose et al., 2023). To this effect, we consider it essential to understand the relationship between the subject and the place in which the harm is perceived to be done, and how a collective identity is constituted by the space and the desire to fight for full care and justice. Therefore, it is necessary to analyse this process by means of a case study, considering not only the actors but also the place, as well as the sedimentation of previous daily actions in these locations, the neighbourhoods.

### 3. Understanding Care Communities as a Political Subject Through Qualitative Research

Our theoretical starting point is that an urban community of care can be conceptualised as a political subject that is collectivised due to the privation of urban care, and is based on an intertwined corpus of actions and relations among all living beings in a specific context. We studied the No to the Felling movement in Madrid as a case study to better understand this theoretical framework and its implications, and explore how care is politicised by political subjects in urban contexts.

The main objectives of our empirical research were: (a) to understand how urban political subjects are constructed when a critical conflictual moment occurs; (b) to reflect on how urban harm or privation is rejected using communitarian care discourses; and (c) to establish the relationship among previous discourses of care placed in a district or neighbourhood where new actions appealing for urban care-full justice emerge.

To achieve these objectives, we developed a methodology for our exploratory case, based on qualitative analysis. In turn, this qualitative analysis was based on discourse theory, which understands that both language and social practices have a meaning that cannot be understood outside the discourses to which they belong (Howarth, 2005). Hence, we used the case study method. As George and Bennet (2004) point out, this method allows for more accurate identification of the political processes under study, considering contextual factors. These factors are analysed with a longitudinal perspective, in an attempt to understand the most relevant conditions and spatial production moments of the city of Madrid and its neighbourhood Arganzuela, where the No to the Felling movement was located.

Moreover, the present study employs a two-phase discourse analysis. Phase I is an investigation of primary sources, mainly based on the production of original authors and materials generated by social organisations around the topic, along with secondary sources produced by authors who have previously explored related issues. Phase II involved conducting in-depth semi-structured interviews with members of the No to the Felling movement and the care networks, with the aim of establishing a correlation between the notion of care underpinning these new struggles (see Table 1).

From an ethical point of view, it is important to underline that the study was grounded on systematic epistemological vigilance, since the authors have all been involved in different research projects and participatory processes in the district during the last decade.

**Table 1.** Summary of interviewees.

| Interviewee                                   | Role  | Number of interviews | Main topics   | Date                                  |
|---|---|----------------------|---|---------------------------------------|
| HUL1 (leader of the historical neighbourhood) | Member of the No to the Felling movement and of the Platform Against the Mahou-Calderón                           | 2                    | The history of political subjects in Arganzuela;<br><br>The main conflicts surrounding Mahou-Calderón;<br><br>How the No to the Felling movement began  | 24 September 2024;<br>1 October 2024  |
| HUL2 (leader of the historical neighbourhood) | Member of the No to the Felling movement, the Platform Against the Mahou-Calderón, and the Covid-19 care networks | 2                    | The history of political subjects in Arganzuela;<br><br>Care networks during the pandemic;<br><br>The emergence of care as a central concern in collective demands;<br><br>Relations between the different collective subjects in the district of Arganzuela;<br><br>How the No to the Felling movement began | 27 September 2024;<br>10 October 2024 |
| NUM1 (New member)                             | Member of the No to the Felling movement  | 1                    | How the No to the Felling movement began;<br><br>The emergence of care as a central concern in collective demands;<br><br>The journey of the No to the Felling movement;<br><br>The subjects that are involved in the No to the Felling movement  | 5 December 2024                       |
| CM1 (Covid-19 care network member)            | Member of the Covid-19 care network   | 1                    | Care networks during the pandemic;<br><br>The emergence of care as a central concern in collective demands  | 31 October 2024                       |
| MPA (Member of Parents' Association)          | Member of the Parents' Association at Unamuno School  | 1                    | The pacification of school environments;<br><br>The dark kitchens   | 4 October 2024                        |

#### 4. The No to the Felling Movement in Context

As Ferrando and Sánchez Molledo (2018) point out, as early as the 19th century, the Arganzuela district in Madrid was under development as an industrial area, largely due to the establishment of the railway and its use



mainly for industrial activity. Arganzuela was surrounded by the Manzanares River, which acted as a natural demarcation line with respect to the other neighbourhoods and districts with large population centres. In this context, from the 20th century onwards, Arganzuela began to experience an economic development related to industry and the railway, which favoured the construction of formal housing for workers to the detriment of shantytowns and informal housing, which had previously characterised the district (Brandis García & del Río Lafuente, 1995).

A further milestone in the neighbourhood's history was the so-called Operación Madrid Río, which took place in the early 2000s under the mayorship of Ruiz-Gallardón. As studied by Pérez-Forbes et al. (2021), this project was carried out between 2004 and 2007, with the aim of relocating underground the M-30 motorway surrounding the central core of the city of Madrid. This project also included the creation of a linear park on both sides of the Manzanares River where the motorway was originally located (see Figure 1), giving rise to a revaluation of the surroundings. This process, in conjunction with a series of other minor reforms such as the transformation of the former slaughterhouse into a cultural centre and the completion of the district's transition from an industrial and peripheral district to a cultural and affluent one within the confines of the M-30 ring road, constituted a significant development in the urban landscape.



**Figure 1.** Madrid Río prior to and after Operación Madrid Río. Source: Ayuntamiento de Madrid (2011).

The regeneration of the area and the relocation of the M-30 were controversial due to the increased costs involved and the impact on local residents because of the long period of construction works. In this context, neighbourhood associations and environmental organisations started to question the ecological impact of the works and the gentrification effect in the area. For example, the Asociación Vecinal Pasillo Verde Imperial has been a leading organisation in numerous recent processes, particularly in the Imperial neighbourhood, where it has established alliances with the environmental group Ecologistas en Acción. At the same time, new social actors were emerging, including parents' associations and what has been termed "new urban activists" (Walliser, 2013; Walliser & de la Fuente, 2018).

As we have already underlined, it is important to consider that no mobilisation emerges from a vacuum, making it necessary to account for the seeds previously sown and the social and political processes that have gradually generated certain conditions of possibility. As one of our interviewees said: "Undoubtedly, the previous mobilisations and the neighbourhood movement that had already been going on for years in Arganzuela have their weight and influence [in the No to the Felling mobilisations]" (HUL2).



In Arganzuela, the first close antecedent of the No to the Felling movement was the mobilisation around the use of the land formerly occupied by the Mahou brewery and the old Vicente Calderón football stadium, starting in 2012; and second, the care networks that emerged as a result of the Covid-19 pandemic in the city of Madrid in 2020. However, it is also important to consider the articulation of different actions and claims made over the last decade by the neighbourhood parent-school association network, which has introduced care discourses around values of solidarity (refugees), health and wellbeing for schoolchildren, and the improvement of playgrounds. The following paragraphs summarise the most relevant processes, with a view to understanding their influence.

The Mahou-Calderón Plan, initiated in 2008, involved the transfer of the original site of the Vicente Calderón Stadium to the Madrid City Council, which subsequently granted the land to Atlético Madrid Club for the construction of a new stadium. In addition to the purchase of the space, this agreement involved the transfer of Atlético Madrid's La Peineta stadium to the district of San Blas. This operation provoked confrontations right from the beginning, culminating in 2012 when construction started. The protest movement was led by the Platform Against the Mahou-Calderón Plan, which managed to create a neighbourhood coalition that was especially against the construction of skyscrapers in a residential area of medium-sized buildings:

The constructions that were being proposed were monstrous. In the Vicente Calderón area, they were planning to build two 36-storey towers....It was absolutely the opposite of what was in the surrounding area, with buildings of a height of seven or eight storeys. (HUL2)

After a series of mobilisations and confrontations with the Madrid City Council, the project was modified and the plans for the skyscrapers were scrapped. The story of Mahou-Calderón is relevant in the context of this research because it was through the channels of communication opened between the members of the platform against the Mahou-Calderón Plan that individual concerns about the possible harm to the model of city they wanted to develop in the neighbourhood began to be collectivised. This opened the way for the formation of a political subject that was configured around a “we” that thinks that natural spaces should be community spaces, as opposed to “the other”—Madrid City Council and the Community of Madrid—which prioritises the private use of public spaces:

We had a chat with the Mahou-Calderón Platform and the AMPAs [Parents' School Associations] and other neighbours, and that's how the seed was planted...then the comments started: “Hey, what are they doing...?” And then the project and the planned felling come out in the press. Then it's like we start shouting at full pelt. (HUL1)

After this cycle of mobilisations in Arganzuela, Manuela Carmena (2015–2019) became mayor of Madrid through a platform that brought together political parties and social movements. Notable in this regard is how the mechanisms of participation promoted during Manuela Carmena's term led to the strengthening of the social networks, enabling them to take part in initiatives such as citizen consultations on urban planning projects, and in activities that included a large part of the social fabric, such as neighbourhood associations and parent's associations.

Another precedent that should be mentioned for a better understanding of the groundwork of the case study in question was the Covid-19 care networks. As already stated, one of the fundamental elements that began to permeate the social networks, promoted largely by the Covid-19 pandemic, was the discourse around care.

As Gabauer et al. (2022) point out, care as the main element of dispute in the urban sphere began to gain strength in the wake of Covid-19, given that moments of crisis greatly emphasis the need for the other and the impossibility of individual initiative, fissuring some of the hegemonic discourses around the individual as a privileged element in society.

In this regard, as occurred in territories all over the world, in the city of Madrid, the Covid-19 pandemic gave rise to the appearance of numerous care and mutual support networks in neighbourhoods, with the aim of alleviating its harshest effects (Walliser Martínez, 2022). Most of the care networks were first organised around solidarity kitchens that offered residents food boxes: “We started in March. We received food and distributed food...in two weeks we had almost 300 families, and the next month we were up to 500, and a little later we had almost a thousand families [970 families]” (CM1).

Most networks of this kind soon diversified and began to offer a variety of services from psychological support to pet care, and were mainly called mutual support networks or care networks. In either case, the word care was at the core, and as stated by Walliser Martínez (2022), they were ultimately social transformation initiatives driven in most cases by mutual care and the understanding that to stay afloat at times of crisis, it is essential to rearticulate social networks and restructure neighbourhoods. On care networks, HUL2 said:

There is personal and ethical impact and personal enrichment. The feeling that you are doing something for others, that you are socially helping the people around you, relating to people who need help like you when you need it, and that you are part of a group, that you are not alone, is very important when needs arise.

Furthermore, the pacification of school environments (see Figure 2) was based on the principles of improving air quality and ensuring the safety and well-being of children in public spaces. Since the pandemic, parents' associations in schools have persistently campaigned for the maintenance of smoke-free public childcare facilities in urban areas. This advocacy comes despite the emergence of 21 so-called “ghost or dark kitchens” in the neighbourhood, including in the vicinity of schools like Unamuno school:

A new type of business has proliferated in the wake of the pandemic: so-called dark kitchens or ghost kitchens. These are not traditional restaurants, but rather facilities that prepare food exclusively for delivery. Orders are placed through apps such as Glovo and Just Eat, among others. The kitchens themselves are not open to the public, but rather they operate behind the scenes, with fleets of delivery drivers—often on motorcycles—picking up orders and delivering them directly to customers. (MPA)

One of the most meaningful achievements as perceived by members of the parents' associations was their successful promotion of a discourse centred on the care of shared public spaces—a message echoed in later movements, including the No to the Felling movement to protect the trees in Madrid Río park:

It has sparked in people a renewed interest in what is happening around them—an awareness of the public sphere and political struggle—which has translated into a sense of responsibility for caring for their immediate surroundings, such as the environment in Madrid Río. (MPA)



**Figure 2.** Pacification of the school environment at Menéndez Pelayo School.

These caring networks, as a collective subject, therefore played a relevant role in the negotiation of urban spaces with the city council, based on demands for urban layouts that considered the care and needs of schoolchildren. After many mobilisations and legal actions throughout 2024, many dark or ghost kitchens stopped operating because of legal prohibitions, and two school environment areas in Arganzuela were included in the city council interventions for improvements. This shows an articulation around the care of human life that considers the context in which it develops, illustrating that the social and the spatial are intertwined. In other words, social relations cannot be understood outside the space in which they develop, and moreover, these social relations transform space and are transformed by it.

## 5. Main Findings Around No to the Felling Movement

In the context of these previous collective experiences in this district of Madrid, the No to the Felling movement emerged as a voice of resistance that also used discourses of care. More specifically, the movement emerged at the end of 2022 as a result of the existing problems related to the Metro Line 11 works. The initial plans for the project located the line's exit on the Paseo de Yserías road, which would mean traffic restrictions for a period of time. This initial project was then modified, bypassing the necessary process of public information and dialogue required by the corresponding regulations given that the final project involved substantial changes, including relocating the Metro exit inside the Madrid Río urban park as opposed to on the road, which would entail the felling of more than 1,000 trees (Tena, 2023; see Figure 3), something that was not contemplated in the initial project. This felling was planned to take place mainly in the Comillas park in the district of Carabanchel (see Figure 3), and in the Yserías park in the district of Arganzuela (see Figure 4), the latter located in Madrid Río, as reported by the media. The extension of Metro Line 11 would therefore have had a major environmental impact, to which local residents were opposed:

A huge part of Madrid Río's popular grove appeared fenced off when the metro exit in that area was planned to be located in the Paseo de Yserías. That meant that they were going to cut down a lot of 60-year-old trees. (HUL2)





**Figure 3.** Images of the park located in Arganzuela prior to and after the planned tree felling. Photo by Susana de la Higuera.



**Figure 4.** Hundreds of demonstrators under the slogan No to the Felling.

Although the works on Metro Line 11 were to be carried out by Metro de Madrid, and therefore by the Community of Madrid, Madrid City Council was responsible for granting the licences for the occupation of public land within the city, making both public institutions responsible for the resubmission of the project to public information. This unanimous decision on the part of the city council and the Community of Madrid, which was made not only without consulting the residents but also with a lack of transparency and information on the part of the public administration, gave rise to an unease which at first was individual, but gradually became collective:

News of the extension of line 11 begins....Parents of the Colegio Dos Parques have heard that the children are to be left without a space for recreation in Arganzuela park. A parent suggested making

posters claiming the park as an inalienable common place. The next day, the idea spread like wildfire through the AFAs [Students' Parents Associations] and in nearby circles....The second day, we got around 200 people together. (NUM1)

This is how a political subject gradually took shape. Individual perceptions of the harm that would be caused by the felling of the trees became a common perception, thereby transitioning from the individual to the collective level. In other words, it was no longer a matter of personal harm, but of collective harm that managed to give rise to the formation of a political subject. This collectivisation was also made possible by the presence of meeting spaces and small practices that allowed individuals' perceptions of the potential harm to be pooled and articulated collectively:

Like all stories, this one begins with someone taking a first step. And that first step was taken by a father and son from the neighbourhood, who went down to the park armed with some paper and a marker pen, accompanied by three other neighbours and another child, and together they wrote posters which they stuck on the trees saying "I defend this tree," "Dad, no one is coming" [imitating the child's voice], and "Don't worry, son, they will come" [imitating the father's voice]. And here we are a year later. (AV Pasillo Verde-Imperial, 2024, 14'00")

Furthermore, the No to the Felling movement can be understood as a political subject insofar as it was antagonistic to public institutions:

The first mass demonstration took place...on 18th February. It was surprising, exciting, impressive, seeing my neighbours of all ages, of all political colours. We understood that a very sensitive issue had been ignited, and that the politicians had failed to gauge the public. Your parks, your trees are ours, we are going to defend them. (AV Pasillo Verde-Imperial, 2024, 16'28")

Another of the critical moments in the conflict was the denunciation of the project by the No to the Felling movement through the drafting of a petition to the European Parliament, with the aim of raising the profile of the case:

We are still in contact [referring to the European Parliament and the No to the Felling movement], and now they tell me that until the end of December [of 2024] the report will not be ready, but that they are taking it very seriously, they are making a thorough investigation...and in fact we want to take the petition up again. (HUL1)

Taking the petition to the European level had an important media impact, making the movement grow exponentially, which was experienced as a collective triumph:

The complaint to the Commission before the European Parliament and the complaint to the European Investment Bank about the incorrect application of financial funds were the culmination of the struggle. It will obviously take time to be resolved, but the expedition to Brussels was a new media success and media attention grabber: a social agitator with expertise in communication and a local engineer lodging a neighbourhood complaint in Europe. (NUM1)

However, it is also a political subject that is constituted as a community of care insofar as by collectivising the damage that was being inflicted on the Madrid Río park through the massive felling of trees, a collective was formed; that is, a community that defended the care of green spaces, specifically of trees as an inherent part of the same community, or in other words, the politicisation of the issue of caring for the grove. As one interviewee said, “We are leaving love letters to the trees on the railings” [referring to the railings of the metro works]. (HUL1)

The idea of being part of the same community was also fed by the sense of belonging to the space, since the children involved had grown up in the area and had enjoyed this green area with their families:

It is undoubtedly a struggle in which a lot of women with young children are taking part, accompanied by their children, thereby bringing a vision of care to the overall struggle. The objective is to conserve the park, to defend the grove. And we have begun to generate a narrative about how and when the park was conceived, based on childhood memories, looking for old photos and studying its history as a pasture for cattle before the slaughter, and as a meadow for festivals and open-air dances. (NUM1)

In this regard, Madrid Río park was not an inert space where unrelated events took place, but was a constituent part of the community itself. Therefore, under Massey’s (2005) idea that the social and the spatial are interrelated, the park represented much more than a group of trees. To this effect, caring for the space was therefore caring for the community, its experiences, its memories, and even its identity, as reported by the media:

Around ten o’clock, around 200 people gathered in front of the construction site fence. As they unfurled a banner with the slogan “No to the Felling” on it and banged on the red and white fences, a large group entered the site. (Pedreño, 2023)

Of paramount importance was how it was subjectively experienced by the neighbours and members of the No to the Felling movement:

When I arrived an hour before [to one of the demonstrations], it was already full of people. There were people of all ages, old people with their crutches, because it was their park, and they were not going to allow their park to be destroyed. (HUL1)

The pirate ship [a children’s play construction located in Madrid Río] and the trees next to it are in danger. This idea alone shatters the memory of all the generations of people who have spent Sundays with their children at this iconic attraction....We were not the four old men representing public health or just any other social struggle; it was an intergenerational phenomenon in defence of their playground, of a social place fixed firmly in their memory. (NUM1)

The political subject was therefore constituted as a collective that was also a community of care seeking to challenge the neoliberal city, calling individualism itself into question. This occurred by defending care for the environment as a form of care among neighbours, under the realisation that in the urban environment, no one can survive alone. In other words, it is a new way of understanding the right to the city (see Figure 4):



However, perhaps the most important thing is that we have sown something, a green conscience. And we have forged links between neighbours who did not know each other before. We have created a neighbourhood and together we have generated another way of living together and thinking about the city to protect and care for what is common, what belongs to everyone. (AV Pasillo Verde-Imperial, 2024, 24'58")

The No to the Felling movement is a political subject that is still active today. One cannot foresee how it will develop—and neither is it the intention of this article to do so—but what is certain is that it has established itself as a political subject that places care for the environment at the centre of its discourse, thereby defending a society where the care of all with all (including its surrounding context) is paramount. This political subject is currently particularly active in making demands related to the broader care of the Madrid Río park. For example, a demonstration recently took place to prevent the installation of decorative lights along the river as they could harm the surrounding flora and fauna. It has also prompted a campaign in Arganzuela, which is hoped will extend to the entire city, to ask the city council to plant trees throughout the entire urban area.

Last and notably is the fact that this political subject constituted in Arganzuela as a community of care responds to an issue that has been alluded to throughout this article, which is the idea of sedimentation. This means that the community of care has been able to flourish in Arganzuela because others of this kind were already present there, while similar processes in other territories have failed due to their previous absence. Moreover, the mobilisation of the other green spaces affected by the Metro Line 11 works was also led by the No to the Felling movement, despite not being in the Imperial neighbourhood. In other words, the sedimentation alluding to the mobilisations for the Mahou-Calderón and the networks of care during the Covid-19 pandemic made it possible to re-articulate this existing network in a moment of crisis around the idea of care for the commons, enabling the progression from the event to the constitution of a community of care as a political subject.

## 6. Conclusions

The following points recapitulate some of the issues mentioned above, linked to the initial objectives. Regarding the first objective—understanding how a political subject in relation to a place is constructed when a critical conflictual moment appears—we have shown how various political subjects have emerged throughout the recent history of the neighbourhood through processes of collective subjectivation (Rancière, 1996). These include the platform against the Mahou-Calderón plan, the movement for the pacification of areas around the schools, the mutual support networks during the Covid-19 pandemic, and more recently, the No to the Felling movement. These political subjects did not arise spontaneously or independently, but rather through the sedimented social and spatial dynamics present in the territory, which enabled the collective to articulate their demands. For instance, the platform opposing the Mahou-Calderón plan mobilised a collective discourse centred on the collective need for public facilities to improve life in the neighbourhood, which laid the groundwork for the emergence of the mutual support networks in the Arganzuela district during the Covid-19 pandemic. Furthermore, the parents' associations have worked to establish networks and alliances among different school associations. Last, the No to the Felling movement, which initially began as a more individualised form of protest, was quickly collectivised thanks to the pre-existing discourses in the area—those shaped by earlier mobilisations and the mutual support networks—allowing for a rapid transition from individual to collective action.

Regarding the second objective, which was to reflect on how urban harm or privation is discursively rejected and faced using community care discourses, this article shows that discourses of care have gained increasing relevance over time. The protests against the Mahou-Calderón plan sparked the articulation of care for public space as a political concern. Here, care is understood as encompassing all actions aimed at improving our world, not only through bodily or interpersonal care but also through environmental stewardship, as emphasised by Fisher and Tronto (1990, as cited in Greenhough et al., 2023). This concept of care—as a means to enhance the world we live in—was taken up more explicitly by the mutual support networks that emerged during the Covid-19 pandemic, which were structured around principles of reciprocity and interdependence (Fisher et al., 1990; Tronto, 2013, 2020). In addition, as a result of Covid-19, mobilisations appeared in school environments demanding the care of public spaces. These evolving discourses on the need for collective care of the environment for the wellbeing of children and their families culminated in the 2022 No to the Felling movement, reaffirming the interconnectedness between the environment and the people defending it, as previously emphasised in local mobilisations.

Regarding the third objective—to establish the relationship among previous discourses of care located in a district or neighbourhood with the emergence of new actions appealing for urban care-full justice—we argue that the various political subjects operating within the same territory are deeply interconnected. This is not only because of overlapping participation among local residents, but also because the discourses mobilised by each movement reflect and build upon prior ones. In this way, we can trace a continuous thread linking the previous experiences in the same area. Histories of public space privation and demands to improve the environment and the quality of life of inhabitants can be traced through these mobilisations, as can the conception of being able to politically and legally change previous projects through participatory processes, protests, and negotiations on the production of urban spaces. The Mahou-Calderón Platform, the demand for pacification of school environments, the Covid-19 mutual support networks, and the No to the Felling movement reveal a sustained dynamic of political subjectivation grounded in shared space and collective memory.

Last, coming back to the theoretical framework, we state that the No to the Felling movement currently functions as a community of care that recognises urban space as a constitutive element of the community itself. Within this framework, the urban environment is not merely a backdrop for social relations, but is actively intertwined with the individuals who inhabit it; space and subject are mutually constituted. This understanding highlights the need to care for context, not as a private or isolated responsibility, but as a collective, justice-oriented commitment. In this regard, caring for the Madrid Río park is seen not simply as environmental activism, but as a discourse capable of driving urban transformation.

In summary, we follow Williams' (2017) conceptualisation of care-full justice because we consider it a useful way of recognising how people are facing injustice in the urban context through the politicisation of a care-full demand. We also consider communities of care as being tightly related to politics rather than merely solidarity actions or humanitarian mutual assistance, as many authors have pointed out (Fisher et al., 1990; Gabauer et al., 2022; Power & Williams, 2020; Tronto, 2020).

Moreover, based on our findings, we argue for a more dynamic conceptualisation of communities of urban care, which is less identified with a specific moment or struggle. In this regard, they should be understood not only as linked to a specific geographical location or political moment, but as open entanglements of discourses, actions,

and practices centred on the need for public and social urban care. These discourses, actions, and practices could be interpreted and reinterpreted by different collective subjects facing different circumstances over time as they negotiate, confront, and create new demands of public caring for citizens and the environment. The prior existence and varied expressions of urban care communities in a given place may help explain why critical situations trigger resilient and politicised responses in some urban contexts, while in others, they do not. In summary, we consider them as entangled communities of care.

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### Conflict of Interests

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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

## 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 Castellón & López, 2022; Cuevas, 2020; Ezquerro & 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 Dutta 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 Ezquerria & 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” (Ezquerria & 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; Ezquerria & 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; Ezquerro & 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 superblocs (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 (Ezquerro & 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.

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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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# Awaiting Recovery: The Role of Outdoor Healthcare Spaces in Patient Self-Care in Ljubljana

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## Abstract

Outdoor spaces in public healthcare institutions play a vital role in reducing patient stress and supporting healing. This study investigates their impact on patient self-care practices across primary, secondary, and tertiary healthcare facilities in Ljubljana, Slovenia, using a two-phase mixed-methods approach grounded in Ulrich’s theory of supportive design. The first phase, conducted at the Vodmat Medical Area (Slovenia’s largest hospital complex), involved spatial interventions, workshops, and patient-led walks to analyze utilization of outdoor spaces and inform the development of a patient experience questionnaire. The second phase employed this questionnaire to assess patient experiences across five selected primary healthcare facilities in Ljubljana. The results highlighted the importance of accessibility, well-maintained spaces, and comfortable waiting areas, with notable differences in utilization patterns. Primary care patients prioritized accessibility and upkeep, and secondary and tertiary care patients engaged in a broader range of self-care activities, including relaxation, social interaction, and rehabilitation. These findings underscore the significance of outdoor healthcare spaces, particularly hospital grounds, as critical urban care-related infrastructures that support patients across the self-care continuum from health maintenance to rehabilitation. Amid challenges facing Slovenia’s public healthcare system, strategic investment in the design and management of these spaces can improve patient well-being and transform them into vital sites of institutional and urban care practices.

## Keywords

infrastructures of care; outdoor healthcare space; patient experience; patient self-care; supportive design

## 1. Introduction

Healthcare institutions and their surrounding outdoor spaces are often perceived as intimidating institutions, cognitively disconnected from the urban fabric, and typically visited only in emergencies or when absolutely necessary (Nedučín et al., 2010). The inherent complexity of urban medical centers often reinforces this detachment from their immediate surroundings. This separation excludes outdoor healthcare spaces from the broader system of urban green spaces that could otherwise contribute to patient recovery and improve the daily experiences of families and medical staff (Jiang & Verderber, 2016). Despite these challenges, these spaces have significant potential to mitigate such negative perceptions. By providing accessible, restorative, and engaging environments, outdoor healthcare spaces can alleviate stress (Ulrich, 1999), promote healing (Tseung et al., 2022), and increase healthcare institutions' resilience against unpredictable challenges, such as infectious diseases (Ma et al., 2021).

### 1.1. Outdoor Healthcare Spaces as Infrastructures of (Self-)Care

Outdoor spaces, such as parks, courtyards, entry plazas, patios and paths, present an important part of a built environment. These spaces not only provide aesthetic and ecological value but also serve essential social, psychological, and functional roles in urban lives. They are composed of a range of urban elements (e.g., seating, pathways, lighting) that support diverse activities, such as relaxing, walking, socialising. Outdoor healthcare spaces can be reconceptualized as an integral yet often overlooked system of public and semi-public spaces where care is intensively practiced. Collectively, these urban spaces should form an “environment of care,” facilitating daily practices that promote active movement, disease prevention, and overall health, while simultaneously granting citizens access to restorative services and resources (Marchigiani, 2021). Power and Mee (2019) describe “infrastructures of care” as socio-material systems shaped by the interplay of architecture, governance systems, and discourse. Outdoor healthcare spaces embody these infrastructures of care, combining natural and built environments with human and non-human actors, specific practices and behaviors and the emotions tied to them, all within a regulated framework that governs their management.

This study shifts the focus from the planned functions, ownership, and management of healthcare outdoors spaces in Ljubljana to the lived experiences of patients who interact with these areas as both recipients and practitioners of care. The critical importance of these outdoor spaces became particularly evident during the Covid-19 pandemic, when outdoor environments were increasingly recognized as safer and healthier alternatives to indoor settings by users of healthcare services (Ma et al., 2021). Outdoor healthcare spaces have since emerged as critical care infrastructures, exposing broader socio-spatial inequalities that divide communities into “urban haves and have-nots” (Cohen & Knierbein, 2021).

While healthcare institutions primarily represent spaces of institutionalized care relationships between patients and healthcare professionals, their outdoor spaces occupy a transitional or “liminal” position in the care continuum, where patients engage in varying degrees of self-care. Self-care encompasses activities aimed at maintaining physical, mental, and emotional health, whether performed individually, collaboratively with healthcare professionals, or for others (e.g., families or communities; Godfrey et al., 2011).

These practices ensure continuity of care beyond the formal healthcare system, enabling individuals to manage and maintain their well-being. By examining the environmental factors of outdoor healthcare spaces (e.g., greenery, waiting area) through patients' experiences, this study seeks to understand their contribution to self-care practices.

### **1.2. Supportive Design of Outdoor Environments**

Power and Williams (2019) emphasize the importance of investigating the conditions that enable care—a perspective we extend to outdoor healthcare spaces and their role in facilitating (self-)care.

The theory of supportive design provides a valuable framework for creating outdoor healthcare spaces that mitigate stress and enhance well-being. Patient stress in healthcare environments most often stems from illness and adverse physical-social conditions, such as noise, lack of privacy, or insufficient social support (Ulrich, 1991). Ulrich's (1991) framework emphasizes three key strategies to mitigate this stress: fostering a sense of control over surroundings, facilitating social support, and offering positive distractions. Healthcare gardens exemplify this approach, providing spaces that promote (a) actual and perceived control, including access to privacy, (b) social interaction and support among patients, visitors, and staff, (c) opportunities for physical activity, and (d) exposure to restorative natural elements like plants, water, and soothing sounds (Ulrich, 1999).

Accessible design is critical to ensuring that healthcare gardens are inclusive, particularly for individuals with disabilities, thereby enhancing opportunities for self-care and fostering independence (Ulrich, 1999). Additionally, these spaces should promote emotional and material support through activities like socializing, people-watching, or simply observing nature (Brannon & Feist, 1997, as cited in Ulrich, 1999). Finally, gardens offer natural distractions. Positive distractions—such as trees, water features, and wildlife—can evoke calming emotions and reduce stress (Malenbaum et al., 2008; Ulrich, 1991), while negative elements such as urban noise, smoking, or insufficient shade may detract from these benefits (Ulrich, 1999). Thoughtfully designed outdoor spaces thus have the potential to transform healthcare environments into supportive ecosystems that address physical, emotional, and social well-being.

### **1.3. Healthcare Spaces of Ljubljana**

Ljubljana covers Slovenia's largest network of primary, secondary, and tertiary public healthcare facilities, with the Vodmat Medical Area serving as the city's largest cluster of secondary and tertiary clinics. This hospital complex has gradually evolved since 1786, with the main University Medical Centre Ljubljana building completed in 1978 and additional clinics added during the 2000s (Univerzitetni klinični center Ljubljana, n.d.). Due to the gradual expansions of the city's central urban district, outdoor space is predominantly limited to roads, paved service areas, and minimal green spaces. This falls short (Kikelj et al., 2022) of the 25% green space share recommended for hospital plots by the National Spatial Order of the Republic of Slovenia (Šuklje Erjavec et al., 2020). Within the Vodmat Medical Area, approximately 13% of the land owned by the Ministry of Health (the legal founder of all public hospitals) consists of green space, with no notable green spaces on municipal and privately owned land (Kikelj et al., 2022).



Systemic underinvestment, spatial constraints, and changing mobility habits have profoundly impacted public hospitals and their outdoor spaces. Following global trends of “welfare residualisation shaped through neoliberal politics and austerity cuts” (Power & Williams, 2019, p. 7), Slovenia’s public healthcare system faces numerous challenges, including staff shortages, strikes, privatization of services, and long waiting lists (OECD & European Observatory on Health Systems and Policies, 2019). The Covid-19 pandemic exacerbated these challenges, with the media highlighting “waiting lines and dilapidated buildings” as symbols of the sector’s struggles (Masten, 2024). It seems the pandemic has reshaped public perceptions of healthcare institutions, emphasizing the growing need for well-maintained outdoor spaces (Ma et al., 2021).

#### **1.4. Research Objectives**

This study explores how outdoor spaces in Ljubljana’s public healthcare institutions are currently utilized and experienced by patients, with a focus on their role in supporting self-care. Grounded in Ulrich’s (1991) theory of supportive design, it investigates whether these environments align with the principles of the theory, which emphasizes design features that promote stress reduction and enhance well-being. In addition, it identifies the key conditions that enable outdoor healthcare spaces to function as restorative environments. By examining outdoor spaces of public healthcare facilities across various levels and locations, the research aims to investigate what these outdoor spaces should offer to serve effectively as infrastructures of care on an urban scale in the future.

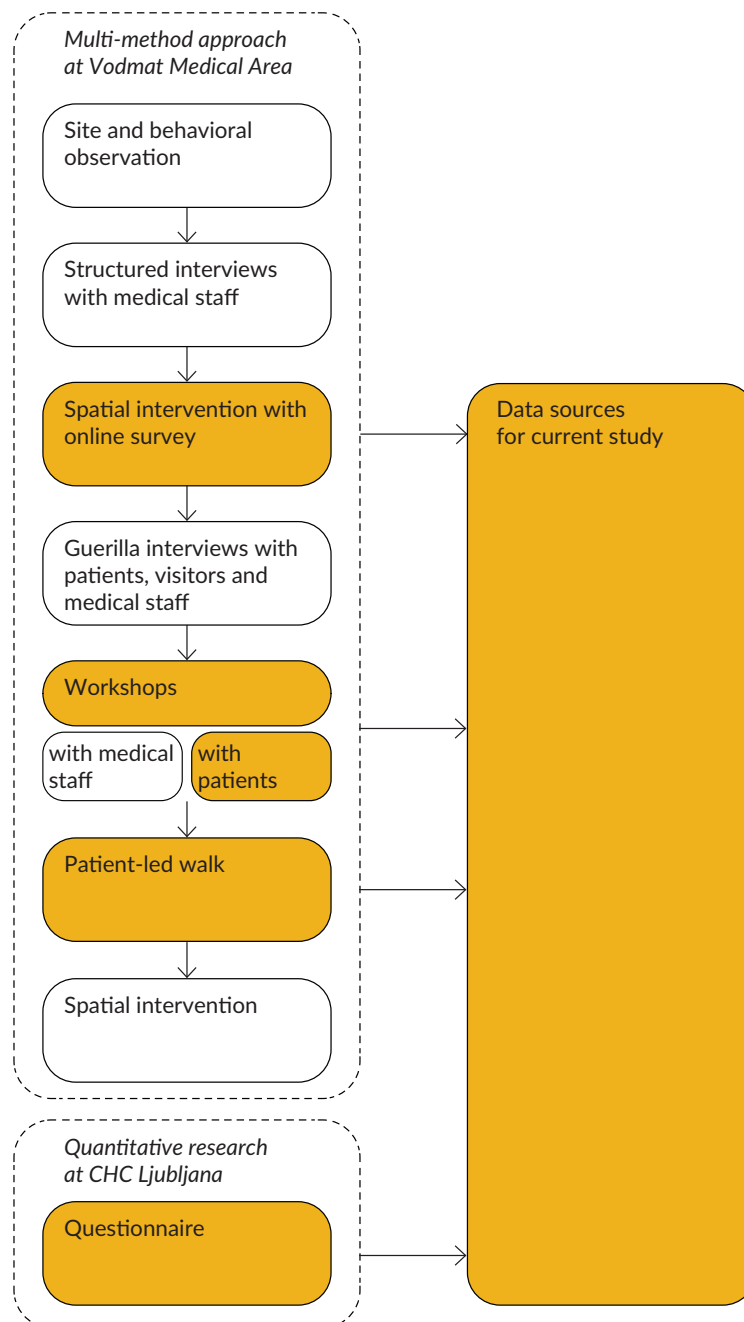
## **2. Methods**

### **2.1. Study Design and Study Area**

This two-phase study employed a mixed-methods exploratory sequential design. It was part of a broader research project exploring how outdoor spaces within several healthcare institutions in Ljubljana, Slovenia, were experienced by patients, visitors, and medical staff (see Figure 1).

The first phase involved qualitative data collection using spatial interventions, workshops, and a patient-led walk at Ljubljana’s largest hospital complex. Findings from this phase guided the development of a patient questionnaire administered in the second, quantitative phase. This sequential design enabled the integration of patient-centered insights into the survey instrument, ensuring it reflected the patients’ perceptions, needs, and priorities revealed in the initial phase.

While in this study we focused specifically on patients’ experiences and included only patient-specific information, the broader project also encompassed architectural analysis and stakeholder engagement, aiming to inform more inclusive urban health infrastructure planning.

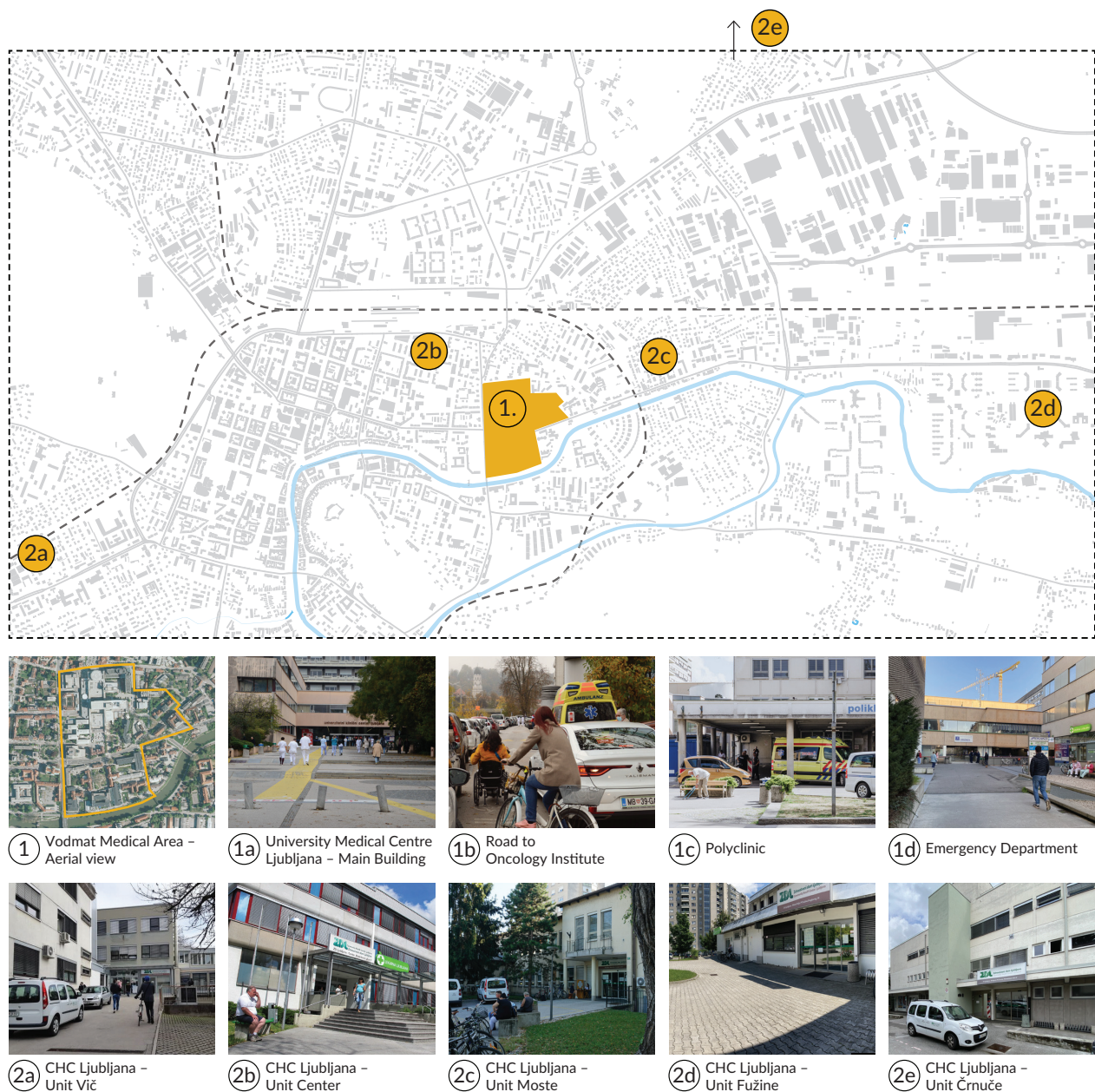


**Figure 1.** Overview of data sources used in the current study, derived from a larger research project conducted on healthcare institutions in Ljubljana. Note: Community Health Center (CHC) Ljubljana = Five units of CHC Ljubljana.

The first phase focused on the outdoor spaces within the Vodmat Medical Area (see Figure 2, 1), Slovenia's largest hospital complex offering both secondary and tertiary care. It spans 10,431 m<sup>2</sup>, including several secondary and tertiary clinics, educational and research facilities associated with the University Medical Center Ljubljana, the Institute of Oncology Ljubljana, and the Faculty of Medicine at the University of Ljubljana. The key features of these outdoor spaces include green spaces, public infrastructure, and transportation facilities. Specifically, two parks, multiple entry plazas and landscaping adjacent to the clinics, public roads (one running along the Ljubljanica river), streets with limited traffic, pedestrian pathways, two

bus stops, and several smaller parking lots. In this phase, we employed a mixed-methods approach, collecting both qualitative and quantitative data in order to analyze how patients, visitors, and medical staff interact with and perceive these spaces. Insights gained from patients' experiences in the Vodmat Medical Area informed the development of a comprehensive questionnaire designed for broader application in primary healthcare settings.

The second phase extended to the outside spaces surrounding primary healthcare facilities in Ljubljana, examining the diverse ways in which outdoor spaces are utilized and valued by patients in various primary care environments. First, behavioral and site observations were conducted across all 14 units of the



**Figure 2.** Aerial view of Vodmat Medical Area (1), photographs of its selected facilities (1a–1d), and five units of CHC–Vič, Center, Moste, Fužine, and Črnuče (2a–2e).

Community Health Centre Ljubljana, assessing variations in spatial amenities, navigation and wayfinding, green space availability, traffic and mobility patterns, and patient behaviors. Based on these initial evaluations, five units (Center, Črnuče, Fužine, Moste, and Vič) were selected for further exploration and in-depth analysis (see Figure 2, 2a–2e). The selection ensured diversity across key criteria, such as spatial characteristics, accessibility, and patterns of use, providing a comprehensive representation of the broader healthcare landscape. Second, a questionnaire was employed to investigate patients' experiences of outside spaces across five selected CHC's units, all of which are founded and managed by the Municipality of Ljubljana.

## 2.2. Study Sample

Participants included in this study were patients from various secondary and tertiary clinics located within the Vodmat Medical Area and the five selected primary CHC institutions in Ljubljana. All participants included in the analysis provided informed verbal and/or written consent and participated voluntarily. In adherence to ethical guidelines, 15 questionnaire responses from individuals aged 17 years or younger were excluded (including 7 from patients) due to uncertainty regarding whether the respondents were at least 16 years old (required age of consent). Table 1 presents an overview of the total number of participants and the distribution of patients across the two distinct study phases and four research methods included in the current dataset.

**Table 1.** Total number of participants in the broader study and corresponding patient-specific data included in the current study.

| Phase        | Data collection method                  | No. of all participants | No. of patients<br>( ≤ 18 years old) |
|--------------|---|-------------------------|--------------------------------------|
| First phase  | Spatial intervention with online survey | 373                     | 60                                   |
|              | Workshops                               | 26                      | 14                                   |
|              | Patient-led walk                        | 15                      | 15                                   |
| Second phase | Questionnaire (overall)                 | 382                     | 224                                  |
|              | CHC Center                              | 83                      | 46                                   |
|              | CHC Črnuče                              | 28                      | 5                                    |
|              | CHC Fužine                              | 74                      | 46                                   |
|              | CHC Moste                               | 99                      | 63                                   |
|              | CHC Vič                                 | 98                      | 64                                   |

## 2.3. Recruitment and Data Collection

A mixed-methods approach was adopted to ensure comprehensive data collection (Figure 1), with recruitment conducted through multiple channels tailored to each method. Recruitment and data collection for the first phase (Sections 2.3.1–2.3.3) were conducted between August and November 2022, while the second phase (Section 2.3.4) took place from September 5 to September 22, 2023.

### 2.3.1. Spatial Intervention With an Online Survey

We installed 16 new benches in selected outdoor spaces of the Vodmat Medical Area as a spatial intervention. Everyone using the benches was invited to participate in an online survey by scanning a QR code placed on

each bench. The survey included questions about satisfaction with the intervention and open-ended questions for providing recommendations to optimize the outside spaces. For this study, only the patients' responses to the open-ended questions were analyzed.

### 2.3.2. Workshops

We facilitated two workshops with representatives of various patient associations to identify challenges in the hospital clinics' outdoor spaces and brainstorm solutions. Given the significant stress experienced by hospitalized patients, we chose to involve representatives rather than patients who are currently hospitalized. Invitations to participate were distributed through posters displayed at study sites, social media platforms, and direct email outreach. Workshop 1 included representatives from an oncology patient association, while Workshop 2 involved representatives from various patient associations, including those supporting individuals who are deaf, tetraplegic, or living with conditions such as dementia and fibromyalgia.

### 2.3.3. Patient-Led Walk

We organized a guided walk around the outdoor spaces of the Vodmat Medical Area with visually impaired or blind individuals. Participants were invited through direct e-mail outreach to the Association of the Blind and Visually Impaired. This hands-on approach allowed us to gather first-hand and real-time insights into challenges within the environment encountered by these patients.

### 2.3.4. Questionnaire

Visitors of the five selected units of CHC had the option to complete a printed questionnaire on-site or access the online version via a QR code on flyers. Six students took turns at all five locations, inviting patients to fill out the questionnaire at a survey stand and aiding participants as needed. In addition to survey stands, posters with QR codes were displayed at the entrances of the five units, and participants could also access the survey through media posts and social networks.

This questionnaire was designed based on the thematic analysis conducted in the first phase of our research at the Vodmat Medical Area, specifically for a broader application in primary healthcare settings. Key themes from the thematic analysis were translated into structured items, addressing spatial accessibility, environmental quality, emotional comfort (e.g., privacy), and physical infrastructure. Although no formal pilot study was conducted, the instrument was informally tested with seven individuals (non-study participants) for clarity and timing, leading to minor adjustments in wording and layout. Themes specific to hospitalization or inpatient visits were excluded to ensure relevance for primary care environments.

The questionnaire consisted of five sections of questions, in alignment with patient-identified priorities such as accessibility, comfort, and privacy:

1. Addressing how patients use and engage with their primary healthcare institution and its outside spaces: Which institution they visit, frequency of visits, duration of time spent in outdoor spaces, method of arrival (mode of transportation), activities performed in outdoor spaces (participants were able to give multiple answers), reason for the visit as a control question (i.e., patient, visitor, medical staff).

2. Identifying important features of the outdoor spaces around healthcare facilities: Questions aimed at identifying which features participants consider essential in outdoor primary healthcare environments, irrespective of their specific institution. Respondents were instructed to select up to five features from a provided list or to suggest additional ones of their own.
3. Collecting demographic data: Gender, age, self-reported levels of health and well-being, special life circumstances, and disabilities.
4. Assessing the quality of the open spaces: 21 questions using a 5-point Likert scale to evaluate the quality of the selected open spaces.
5. Gathering open-ended feedback: The best and the worst elements of the selected outdoor space, along with suggested improvements.

## 2.4. Data Analysis

Data collected through workshops and a patient-led walk were first transcribed and then analyzed alongside responses to the online survey following the six phases of thematic analysis (Braun & Clarke, 2006). After familiarization with the dataset (reading and re-reading the transcripts and survey entries), one of the authors (NKŠ) used an inductive approach to coding. This allowed a deeper exploration of the patients' own perception of their experiences with the outdoor spaces of the Vodmat Medical Area. Similar codes were then collated into descriptive categories, followed by initial theme development, revision, and further theme development. Themes and subthemes were then refined, defined, and named collaboratively through multiple iterations between authors.

Descriptive statistics were calculated using the questionnaire data in R (version 4.2.2) on RStudio (version 2023.06.1+524). Responses related to open-ended feedback on the best and the worst aspects of the specific outdoor space, as well as data from the 21 questions addressing the quality of the outdoor spaces, were excluded from the analysis as they focused on the specific spatial analysis rather than general preferences.

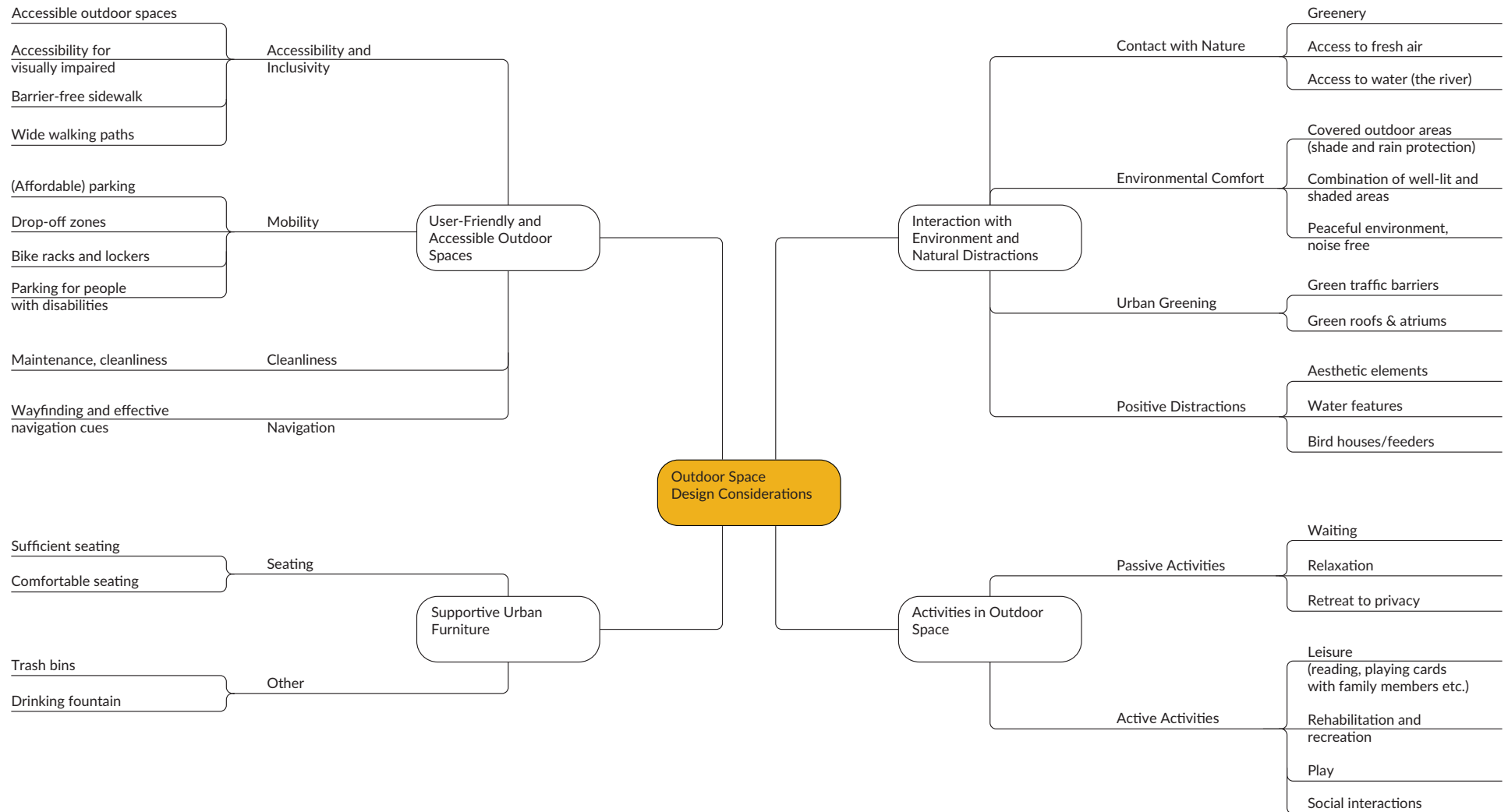
## 3. Results

### 3.1. Qualitative Results: Thematic Map

Following the analysis of data gathered on the outside spaces in the Vodmat Medical Area (online survey, workshops, and patient-led walk), four main themes emerged: (a) interaction with environment and natural distractions, (b) activities in outdoor space, (c) supportive urban furniture, and (d) user-friendly and accessible outdoor spaces.

These themes then directly informed the development of the patient experience questionnaire used in the second phase. Items assessing accessibility and navigation, mobility and infrastructure, comfort and waiting amenities, and environmental and aesthetic qualities were developed from the qualitative insights summarized below. As shown in Figure 3, each theme comprised several subthemes, collectively capturing the range of experiences, needs, and preferences voiced by patients.





**Figure 3.** Thematic map consisting of themes, subthemes, and higher-level codes.

### 3.1.1. Theme 1: Interaction With Environment and Natural Distractions

The presence of greenery emerged as a crucial element in shaping a positive experience in hospital outdoor spaces. Patients consistently envisioned additional trees to foster connection with nature and provide much-needed shade. In addition to trees, participants called for more plants and flowers to create a welcoming atmosphere, as per this example from the survey: “Please plant some additional flowers around the benches!” (Online survey participant). The calming effect of greenery was further emphasized by another workshop participant who highlighted the multisensory benefits of plants, scents, and sounds when asked what they envision in outdoor space:

Planting a variety of colorful flowers for visual stimulation because it has a calming effect. Also incorporating scents with aromatic plants and sounds from e.g., birds and birdhouses. This is often used for patients with dementia....Display boards for showcasing patients’ work help reassure us that, even though they are there, they remain creative, and not everything is sad or bleak. (Workshop 2 participant)

These elements (e.g., flowers, trees) were viewed as positive distractions that help patients and visitors temporarily escape the stressors of the hospital environment. In addition to greenery, participants proposed water features (e.g., fountains), birdhouses, aesthetic elements (e.g., decorations and graffiti), and opportunities to observe public life, such as orienting benches away from drab views: “Maybe it would be better to have the bench facing the road, so I don’t look at the wall of the University Medical Center building” (Online survey participant).

Contact with nature was highly important to patients—participants highlighted the significance of access to fresh air and waterfront areas, both of which had a calming effect. They envisioned access to outdoor spaces under all weather conditions, which includes features such as covered walkways and seating, as well as the availability of both well-lit and shaded areas.

A peaceful, noise-free environment was also identified as critical for reducing stress and fostering a sense of calm, while traffic noise emerged as a particular concern: “There is too much traffic around the bench (in front and behind), which is why people mostly don’t sit on it” (Online survey participant). Consequently, many suggested installing noise and sight barriers—such as hedges—to block views of the road and mitigate disturbance. They also suggested green/living roofs and atriums to extend accessible outdoor areas and mitigate the high summer temperatures at the Vodmat Medical Area.

### 3.1.2. Theme 2: Activities in Outdoor Space

Participants expressed a range of desired activities and functions that hospital outdoor spaces should accommodate. The most prominent of them was the need for a sheltered waiting area, particularly for those waiting for transport. One participant explained: “There’s no proper area for patients to wait. There is a small space by the waterfront at the Oncology Institute, but it’s not covered” (Workshop 2 participant).

Due to the lack of covered seating, family members often resort to waiting in cars or standing in the rain: “Family members are waiting for us outside—they don’t sit down because it’s wet, everyone has umbrellas” (Workshop 1 participant).

Alongside practical considerations, participants emphasized the importance of social spaces that would facilitate quality time with family and loved ones. Benches placed opposite each other and tables for communal activities like playing cards were suggested to foster connection during family visits: “Benches don’t allow for quality time—there aren’t enough tables for socializing, and the benches oriented along the path don’t facilitate that” (Workshop 1 participant).

Some envisioned a designated park area for individuals in serious conditions—including those receiving palliative care—where patients and family members could share supportive moments: “They’re hospitalized in a very serious condition. There’s also palliative care there, which is psychologically the hardest. This park could be designated for them and their family members, who would greatly benefit from these shared moments” (Workshop 1 participant).

Privacy further emerged as a crucial requirement, particularly for those coping with difficult emotions or news. Oncology patients, for instance, often need a space to process challenging information or grieve privately:

It would also be very sensible to arrange individual seating (like a separate chair) because oncology patients often need space to think and deal with their struggles. (Workshop 1 participant)

Private areas are crucial, as they often can’t cry in front of others. (Workshop 1 participant)

Beyond social and privacy considerations, participants stressed the importance of relaxation areas: “A relaxation space for patients and their family members—people already arrive in a poor emotional state, only to find a chaotic place with no peace” (Workshop 2 participant).

They also expressed a desire for outdoor spaces that support physical activity and rehabilitation, reflecting a broader interest in remaining active during hospitalization: “The space should ensure comfort so that patients can walk around and relax. There are no areas designated for rehabilitation” (Workshop 1 participant).

Participants emphasized the value of comfortable, well-equipped spaces where patients could walk, exercise, or simply unwind: “Experts advise oncology patients to stay as active as possible to reduce stress, and it would be great if this were already provided within the hospital and outdoor spaces!” (Workshop 1 participant).

Several also underscored the lack of play areas to accommodate pediatric patients:

Pediatrics is missing playground equipment. The (indoor) atrium is large and lovely, but it’s empty—no toys or play areas. We need at least something that will attract and distract children, like pictures to capture their interest. It’s too bare for kids! (Workshop 2 participant)

### 3.1.3. Theme 3: Supportive Urban Furniture

Participants consistently underscored the need for sufficient, comfortable seating options in outdoor hospital spaces. They noted a general shortage of benches, highlighting that existing seats are often fully occupied: “Along the waterfront, we need more benches, because the existing ones are always occupied” (Workshop 2 participant). Beyond increasing quantity, participants emphasized the importance of ergonomic design. Given

the physical discomfort many hospital patients experience, benches placed on uneven terrain or which were too low posed additional challenges: “The bench could be on even ground and slightly higher” (Online survey participant). Oncology patients, in particular, also expressed a desire for comfortable lounge chairs suitable for use after chemotherapy.

Participants also stressed a preference for flexibility in seating arrangements—ranging from benches oriented toward the road to see an approaching bus, to more secluded benches offering privacy and rest. One participant summed up these various needs: “Add another bench in the same place, right next to it, so I can see the bus. And put a roof on it” (Online survey participant).

In addition to seating, participants noted the need for drinking fountains, especially given the high summer temperatures in the city of Ljubljana. Drinking fountains were also very important for patients with various health conditions—a fibromyalgia patient for example offered: “How about drinking fountains? We need to arrange that. Some of us can’t carry water bottles, because even half a liter is too heavy for me” (Online survey 2 participant).

Lastly, participants mentioned a deficit of trash bins and ashtrays. They felt these amenities were essential to maintaining a clean environment and preventing litter, particularly cigarette butts: “Add more greenery and provide ashtrays for smokers, who currently discard cigarette butts on the lids of the existing trash cans and in the planters near the benches” (Online survey participant).

#### 3.1.4. Theme 4: User-Friendly and Accessible Outdoor Spaces

Participants consistently underscored the importance of user-friendly navigation and wayfinding cues. Many described difficulties locating hospital entrances or green spaces, particularly on initial visits. As one participant remarked, “When I had my first breast exam, I had to put in as much effort to find the clinic as if I were writing a PhD” (Workshop 1 participant). Clear signage and visual cues were seen as critical for participants to facilitate easy navigation. Specific needs were identified for individuals with certain conditions. Individuals with dementia, for example, benefit from markers not only on their way to a destination but also on their return journey: “For people with dementia, signs are also needed on the way back (for instance, from the hospital exit to the bus stop). This allows them to orient themselves immediately, because those with dementia become confused quite easily” (Workshop 2 participant).

Deaf or hard-of-hearing participants further noted that, although physical infrastructure might not hinder them as much, poor visual communication and inadequate signage posed substantial navigational challenges: “From the point of view of the deaf, it’s a different situation. It’s not a physical handicap. Access to information is a bigger problem, in terms of space, if there isn’t enough clear signage” (Workshop 2 participant).

Participants emphasized obstacle-free sidewalks, noting that even small steps or inclines can be significant barriers for some. A tetraplegic participant reported four separate obstacles in a short distance on their way from the bus to their clinic, while blind or visually impaired individuals noted their challenges with ill-placed bollards:

Bollards are a big problem because they're placed in unpredictable locations. People who are blind or visually impaired need to detect the sidewalk with a cane, but the bollards are usually about 10 cm away, so they don't know where the road is. (Patient-led walk participant)

Obstacles on paths were also a problem for participants wanting to come to their clinic on foot: "I am very annoyed by the heavy traffic and parked cars, as those who come on foot often cannot reach the entrance because it is parked-in" (Workshop 1 participant).

Many participants also highlighted the importance of sufficiently wide walkways to accommodate both a wheelchair or cane user and an accompanying person. In accessing green areas, participants wanted multiple route choices rather than a single path, to accommodate different levels of mobility and to reduce the inconvenience of heavy traffic and illegally parked cars.

Convenient drop-off zones, affordable parking, and designated parking areas for people with disabilities were all highlighted as essential for improving access to hospital services. Tactile markings were recommended by blind or visually impaired individuals so that they could travel reliably between bus stops and hospital entrances. Some participants requested bicycle racks and lockers, explaining that the absence of secure bike storage forces them to leave their bikes against fences.

In addition to improving overall accessibility, participants emphasized the importance of maintaining clean and well-kept surroundings to create a welcoming and safe environment within healthcare facilities. They frequently pointed out that benches were often dirty or damaged, which discouraged people from using them, reduced comfort, and contributed to negative distractions and increased stress levels.

Participants also noted that trash bins were not strategically located, resulting in an excessive number being located near benches which are usually occupied by smokers. This placement led to unpleasant odors, further detracting from the usability and appeal of these spaces. The importance of well-maintained environments was highlighted by the need for regular cleaning and repair of amenities such as benches, as well as ensuring that pathways remain clean and unobstructed, which is vital to safe accessibility.

### **3.2. Quantitative Results: Questionnaire**

Out of 382 participants who completed the questionnaire, 231 were patients. The following results pertain exclusively to this group, additionally excluding patients younger than 18 years ( $n = 7$ ). Most reported using their primary healthcare center (CHC Ljubljana) a few times per year (55.4%), while 14.7% of patients visit approximately once per year, and another 14.7% visit approximately once per month. Next is the 6.2% of patients who come every few years, 4.5% several times per month, 1.8% once per week, and 0.4% several times per week. Five patients (2.2%) did not provide an answer.

When visiting their primary healthcare center, most patients stay outside for only a couple of minutes (49.6%), followed by patients that do not use the center's outdoor space (22.3%), those who use it up to 30 minutes (16.1%), and those who use it for more than 30 minutes (9.8%). Five patients (2.2%) did not provide an answer.

Patients most commonly reported using the CHC's outdoor space to wait for their medical appointment or to collect a medical report (35.3%). Other reported uses included observing the surroundings (15.2%), talking on the phone (10.7%), taking a walk (10.7%), waiting for a relative visiting the healthcare center (when not being a patient themselves; 9.4%), waiting for a bus or other means of transport (8.0%), smoking (8.0%), engaging in conversation (7.6%), and reading (5.8%). Four patients (1.8%) reported using the outdoor space to park their vehicle or to relax. Additionally, 79 patients (35.3%) said they do not use outdoor spaces, and 14 people (6.3%) did not provide an answer.

Table 2 presents the percentage of patients (per healthcare center) who identified five of the listed features as among the top five most important elements for the outdoor spaces of health center's units.

**Table 2.** Overall percentages of the five most important outdoor space features at each CHC's unit for patients.

| Outdoor space features                                    | CHC Center<br>(n = 46) | CHC Črnuče<br>(n = 5) | CHC Fužine<br>(n = 46) | CHC Moste<br>(n = 63) | CHC Vič<br>(n = 64) | All participants<br>(N = 224) |
|---|------------------------|-----------------------|------------------------|-----------------------|---------------------|-------------------------------|
| Accessibility and navigation                              |                        |                       |                        |                       |                     |                               |
| Maintained pedestrian paths without obstacles             | 43.5%                  | 40.0%                 | 39.1%                  | 47.6%                 | 50.0%               | 45.5%<br>(n = 102)            |
| Accessible for all forms of disabilities                  | 34.8%                  | 20.0%                 | 34.8%                  | 41.3%                 | 42.2%               | 38.4%<br>(n = 86)             |
| Good public transportation connection                     | 26.1%                  | 0.0%                  | 28.3%                  | 27.0%                 | 32.8%               | 28.1%<br>(n = 63)             |
| Mobility and infrastructure                               |                        |                       |                        |                       |                     |                               |
| Sufficient number of parking spaces                       | 39.1%                  | 40.0%                 | 34.8%                  | 41.3%                 | 42.2%               | 39.7%<br>(n = 89)             |
| Enough bike racks   | 45.7%                  | 20.0%                 | 15.2%                  | 49.2%                 | 45.3%               | 39.7%<br>(n = 89)             |
| Designated drop-off point for patients                    | 21.7%                  | 40.0%                 | 23.9%                  | 23.8%                 | 31.3%               | 25.9%<br>(n = 58)             |
| Playgrounds for children                                  | 17.4%                  | 0.0%                  | 4.3%                   | 14.3%                 | 9.4%                | 11.2%<br>(n = 25)             |
| Comfort and waiting amenities                             |                        |                       |                        |                       |                     |                               |
| Enough comfortable benches and other seating              | 26.1%                  | 40.0%                 | 21.7%                  | 33.3%                 | 28.1%               | 28.1%<br>(n = 63)             |
| Covered areas to shelter from rain or sun                 | 28.3%                  | 40.0%                 | 28.3%                  | 23.8%                 | 29.7%               | 27.7%<br>(n = 62)             |
| Arranged outdoor waiting spaces (for check-ups/transport) | 21.7%                  | 20.0%                 | 8.7%                   | 19.0%                 | 26.6%               | 19.6%<br>(n = 44)             |
| Drinking fountain near the entrance                       | 8.7%                   | 0.0%                  | 2.2%                   | 12.7%                 | 12.5%               | 9.4%<br>(n = 21)              |
| Enough space for patient privacy                          | 4.3%                   | 0.0%                  | 6.5%                   | 15.9%                 | 6.3%                | 8.5%<br>(n = 19)              |



**Table 2.** (Cont.) Overall percentages of the five most important outdoor space features at each CHC's unit for patients.

| Outdoor space features  | CHC Center<br>(n = 46) | CHC Črnuče<br>(n = 5) | CHC Fužine<br>(n = 46) | CHC Moste<br>(n = 63) | CHC Vič<br>(n = 64) | All participants<br>(N = 224) |
|---|------------------------|-----------------------|------------------------|-----------------------|---------------------|-------------------------------|
| Environmental and aesthetic qualities   |                        |                       |                        |                       |                     |                               |
| Clean and well-maintained outdoor spaces  | 47.8%                  | 40.0%                 | 60.9%                  | 52.4%                 | 53.1%               | 53.1%<br>(n = 119)            |
| Pleasant green areas  | 8.7%                   | 40.0%                 | 28.3%                  | 28.6%                 | 28.1%               | 24.6%<br>(n = 55)             |
| Pedestrian safety from traffic  | 19.6%                  | 20.0%                 | 30.4%                  | 20.6%                 | 17.2%               | 21.4%<br>(n = 48)             |
| Surrounding beautification elements<br>(fountains, sculptures, flower beds, etc.) | 19.6%                  | 0.0%                  | 17.4%                  | 19.0%                 | 20.3%               | 18.8%<br>(n = 42)             |
| Calming surroundings of the health center   | 10.9%                  | 0.0%                  | 23.9%                  | 12.7%                 | 12.5%               | 14.3%<br>(n = 32)             |

#### 4. Discussion

This study examined the utilization of outdoor spaces in public healthcare institutions in Ljubljana to explore their impact on patients' self-care practices. Grounded in Ulrich's (1991) theory of supportive design, our research identified the specific environmental conditions that facilitate patient self-care across various levels and locations of public healthcare services within the city. To our knowledge, this is also the first study to apply this theoretical framework in primary healthcare settings.

We found that most patients at primary healthcare center's units engaged with outdoor spaces only briefly. Among those who did, over half used these areas primarily for waiting—whether for appointments, transportation, or waiting for relatives visiting the center. Besides well-maintained spaces, accessibility emerged as a key priority, emphasizing patients' preferences for ease of movement and entry. With regard to Ulrich's (1991) theory of supportive design, these results suggest that patients in primary healthcare predominantly seek features that enhance their sense of control and accessibility. Conversely, elements such as social support and positive distractions were considered less significant, suggesting that patients actually prioritize a sense of control over their environment rather than social engagement or positive distractions. This likely reflects the transient nature of visits to CHC's units, where efficient navigation and minimal time spent in and around the facilities are of greater importance. A consistent pattern of expectations and potential needs regarding the key features of outdoor spaces has been observed in all of Ljubljana's Community Healthcare Center units included in the study. These findings underscore the necessity to design outdoor spaces with inclusivity and accessibility as central considerations, ensuring they effectively support patient health and well-being.

At secondary and tertiary healthcare institutions in the Vodmat Medical Area, the utilization of outdoor space was notably more extensive, with patients engaging in a wider range of interactions with their physical environment. Consistent with the quantitative results, our qualitative findings strongly support Ulrich's (1991) theory of supportive design, as patients consistently emphasized the importance of maintaining a sense of control in outdoor spaces, particularly through accessibility features that facilitate independent

movement and flexibility to either seek privacy or participate in social interactions. Additionally, they sought environments that enable contact with nature and provide positive distractions (e.g., greenery). While these aspects may not be priorities for patients in primary healthcare settings, those in the Vodmat Medical Area expressed a preference for varied outdoor activities, including socializing with family and friends, engaging in physical activity, participating in recreational pursuits, undergoing rehabilitation, and relaxing. Consistent with previous research (e.g., Djukanović et al., 2017; Tseung et al., 2022), these preferences align with Ulrich's (1991) emphasis on physical movement and social support to mitigate stress. Furthermore, they correspond with Godfrey et al.'s (2011) definition of self-care, which encompasses a range of activities aimed at promoting physical, mental, and emotional well-being. These findings underscore the multifaceted role of outdoor spaces in secondary and tertiary healthcare settings, highlighting their potential to enhance patient experience, autonomy, and recovery.

Previous studies on supportive design in healthcare environments (e.g., Bertelli et al., 2024; Djukanović et al., 2017; Ma et al., 2021; Tseung et al., 2022) have primarily focused on secondary and tertiary healthcare facilities, overlooking the unique context of primary healthcare institutions. Our study addressed this gap by extending the scope of supportive design research to include not only hospitals and specialized clinics but also CHC's units. Findings highlighted a clear distinction between primary healthcare center's units and the Vodmat Medical Area, where clinics provide secondary and tertiary healthcare. In primary healthcare settings, patients prioritize features that are important during short-term use of space—most notably accessibility and maintenance. These preferences probably reflect the brevity of patients' visits, the relatively better health status of primary care patients compared to those in secondary or tertiary settings, and their greater access to alternative spaces for self-care at home or elsewhere in the city.

By contrast, secondary and tertiary clinics cater to patients with more severe health conditions who may face prolonged, intensive care and extended stays, and experience higher levels of stress. Consequently, outdoor spaces in these settings play a critical role in facilitating a broader range of self-care activities to support their physical, mental, and emotional well-being. Consistent with previous research (Tseung et al., 2022), our findings highlighted the heightened need for dedicated spaces for self-care activities, such as relaxation, social support, rehabilitation, and engagement with positive distractions in these environments.

Waiting, a common and often unavoidable experience across all healthcare settings, remains a critical, yet understudied, aspect of patient experience, particularly as it relates to outdoor healthcare spaces. While patients across primary, secondary, and tertiary care emphasized the need for designated waiting areas, research on the role of outdoor waiting areas within healthcare institutions is limited. For example, Ma et al. (2021) found that waiting and rest were the least satisfying functions of the outdoor hospital environment during the Covid-19 pandemic, underscoring the need for thoughtfully designed, accessible areas for waiting and rest areas around outpatient and emergency units equipped with shelter, seating, and drinking water. Additionally, patients across all healthcare levels stressed the importance of well-maintained and inclusive spaces in public health institutions, supporting Power and Williams's (2019) concept of individuals simultaneously acting as caregivers and care receivers. Both qualitative and quantitative findings showed that the patients prioritized "accessible space for all forms of disabilities," highlighting the critical role of inclusive design and a community-oriented focus on mutual care.

Our findings underscored the essential role of well-designed outdoor spaces in supporting self-care and enhancing patient well-being across primary, secondary, and tertiary healthcare settings. Amid broader

societal challenges, such as an aging population and growing healthcare access disparities, there is a strong need for these spaces to function as infrastructures of care at both city and healthcare system levels. Addressing core spatial elements recognized by patients—accessibility, good maintenance, the presence of nature and other positive distractions, opportunities for a range of social encounters, and comfortable waiting areas—can create more supportive and effective environments that enable self-care, foster healing, and reduce stress. This approach aligns with Ulrich's (1991) theoretical framework and directly responds to lived experiences of patients in Ljubljana.

These insights carry significant implications for urban planning and healthcare policy. Urban planners should ensure that outdoor healthcare spaces are designed to accommodate the diverse needs of all patients, fostering an environment that is navigable and accessible for individuals of all abilities. Such spaces should be recognized as essential self-care infrastructure requiring dedicated design, maintenance, and investment. As Cohen and Knierbein (2021) have noted, meaningful care requires sustained investment, material resources, and collective efforts. Given the concentration of vulnerable populations in these publicly owned spaces, their systematic design and management at the city level are critical. Outdoor healthcare spaces should be viewed as vital urban assets that support self-care across the “continuum of care” (Godfrey et al., 2011), from the promotion of good health to recovery. In light of the ongoing challenges in Slovenia's and Europe's healthcare systems (OECD & European Commission, 2024), our study is a call to planners and policymakers to reimagine healthcare environments as pivotal for enabling patient well-being. By addressing the needs of self-caring individuals in outdoor healthcare spaces, these environments can become transformative sites for institutional and urban care practices that serve to enhance public health at large.

While our findings highlight the importance of outdoor healthcare spaces in supporting self-care, several limitations must be acknowledged. First, our research focused on a broad definition of “patients” in primary, secondary, and tertiary healthcare without detailed information on their reasons for visiting the healthcare grounds. For example, patients visiting for routine check-ups might perceive outdoor spaces differently than those with acute conditions or chronic diseases. Given the likely differences in the health and well-being of our participants, future research should explore self-care behaviors and needs along the “self-care continuum” (Godfrey et al., 2011) of disease prevention and disease/injury recovery. Second, while the use of mixed methods contributed to a greater understanding of outdoor healthcare spaces as infrastructures of care, variations in methodology across primary, secondary, and tertiary healthcare institutions limit direct comparisons. Finally, our study focused predominantly on a needs-based analysis of patient behaviors, which may overlook the complex networks of caring relationships within healthcare institutions. Adopting a more holistic, asset-based approach, as recommended by the World Health Organization's Healthy Cities program (World Health Organization, n.d.), could provide deeper insights into these spaces and their role in fostering health and well-being.

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### LLMs Disclosure

Grammarly and ChatGPT were used exclusively for grammar and style-related refinements and were not employed for data analysis, literature review, drawing conclusions, or idea generation.

### Conflict of Interests

The authors declare no conflict of interests.

### Data Availability

The data supporting the findings of this study are available from the corresponding author upon reasonable request by researchers.

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# Caregiving and Paid Employment in Suburbia: The Cases of Hamburg-Oberbillwerder and Munich-Freiham

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## Abstract

Urban planning has long been criticised for privileging the spatial needs and demands of paid employment, thus discriminating against caregivers. This critique applied especially to monofunctional suburban districts that lacked childcare and employment opportunities, complicating the everyday geographies of caregivers and care-receivers. The spatial structure and layout of suburban settlements had their origin in stereotypical gendered role expectations in which a usually male breadwinner would commute into the city and a usually female caregiver would look after the house, garden, and children. Nowadays, combining care and paid employment has become a matter of course and a necessity for many people of all genders. Our contribution asks how scholarly critique and societal changes affect planning practice and planning rationales. We analyse two newly planned suburban districts in Germany in relation to care and its compatibility with paid employment. We aim to establish whether planners and other local decision-makers reflect on the decade-long critique from a care perspective and see the provision of good conditions for employed caregivers within the scope of their work. Our research draws on a qualitative content analysis of planning and media documents and expert interviews. Our findings suggest that care and supporting compatibility with paid work are important yet are largely implicit guiding principles, which might result in the impact of planning on compatibility and a fairer distribution of care tasks remaining superficial. The study reveals how care and the compatibility of paid work and caregiving are implicitly present, but rarely acknowledged, in planning processes, underscoring the structural role of urban development in shaping conditions for employed caregivers.

## Keywords

care; care work; Germany; infrastructure; suburbia; urban planning

## 1. Introduction

Feminist geographers, planners, and activists have long expressed critique of the built environment and the underlying capitalist-patriarchal values (Spain, 2016). One major issue was the neglect of the needs of (mostly female) caregivers and those cared for, while simultaneously privileging the needs of paid employment. Although gendered role expectations have changed somewhat in the last 50 years, care tasks, and especially their compatibility with paid employment, continue to be framed largely as women's issues. Yet, in reality, balancing care and paid work is now a necessity and a challenge faced by people of all genders. Care and paid work are not opposing spheres, but deeply interdependent (Agenjo-Calderón & Gálvez-Muñoz, 2019; Bauhardt & Çağlar, 2010; Fraser, 1994; Winker, 2015). Both are essential to the reproduction of life and society, and both are typically organised by the same entity, people living together in a household and forming a community (Bauhardt & Harcourt, 2018). What is now a well-established line of thought in academia is, however, not always consciously reflected by those actors—in urban planning, local administrations, investment firms, or housing associations—who actively and profoundly shape our cities and, thus, the ways people live together, work with, and care for each other.

This article explores the interrelations of care and urban planning and the repercussions for the compatibility of care and paid employment from two interlinked perspectives. First, we analyse the material aspects, namely the immediate support for the everyday practices of caregiving by the way space and the institutions involved in the structuring of space (e.g., housing, local supply, or transport) are organised. Many of these measures have been discussed under the label of “gender-sensitive planning.” We argue that although they may facilitate informal caring communities and ease daily life for caregivers, they do not aspire to transform the structural conditions of caregiving. This was already argued in the 1990s by Sandercock and Forsyth (1992) and, similarly, Alisch (1993). Gender-sensitive planning was criticised as merely aiming to ease the “double burden” of paid work and care work for women but not intending to transform its societal valuation or visibility, or the one-sided allocation of care tasks within households and communities. Second, we are therefore interested in the self-conception of local and regional actors and their awareness of these issues. Against the background that planning is often seen as a technocratic profession providing “neutral” spaces (Alam & Houston, 2020; Kern, 2019; Koskela, 2005), we aim to identify the implicit values that play out in the planning process.

Our empirical focus is on two new housing development areas at the periphery of major German cities, Hamburg and Munich. Both are among Germany's largest and most ambitious new suburban developments, initiated by cities with strong planning capacities and social policy frameworks that take environmental and social challenges into consideration and are perceived as model cases in the German context. Suburban residential areas, provided in many Western countries since the end of the 19th century as affordable, quiet, and safe locations for young families, were often monofunctional, car-oriented, and far from places of formal employment (Frank, 2008; Spain, 2016). The spatial separation of care and paid work was seen as actively encouraging stereotypical gender relations. Suburban space became “an inhibitor of emancipation” (Warhaftig, 1985), forcing (usually female) caregivers to withdraw from paid work and their economic independence (McDowell, 1993; Terlinden, 2010). Recently, however, the outskirts of many metropolises are discussed as innovative and experimental, sometimes mirroring diversity and societal changes more accurately than many gentrified inner cities (Frank, 2024; Keil, 2017, 2018). An increasing number of expansion areas are being strategically planned in the suburban peripheries of major cities in Germany

(Altrock et al., 2024). Additional examples of such initiatives include Berlin-Blankenburger Süden, Frankfurt-Stadtteil der Quartiere, and Freiburg-Dietenbach.

In the following section, we will discuss the interplay of care, its compatibility with paid work, and planning, with a special focus on suburban spaces. In Section 3, we explain our methodology—a qualitative content analysis of planning and media documents related to the two new districts, complemented with expert interviews—and present our findings in Section 4. Section 5 discusses the results. We show that although planners recognise the necessity of combining care with paid work and aim to develop the districts accordingly, they at the same time tend to perceive these issues as lying outside their own professional scope, relegating them to the private realm. The article concludes in Section 6.

## 2. Interrelations of Care, Planning, and (Sub)Urban Space

In this section, we discuss how care, paid employment, (sub)urban space, and planning are connected. We use the term “employed caregiver” to describe people of all genders who combine caring responsibilities and paid employment in their daily lives. As a starting point, we take the notion of feminist care ethics that, although the burden of care is unequally carried, the need for it is universal (Power & Williams, 2019, p. 4; see also Lawson, 2007). Almost all people are caregivers and care receivers at some point in their lives, and these roles go well beyond caring for family members or close friends in a private setting (Power & Mee, 2019, p. 489). A much-cited definition of care that comprises its emotional and intellectual aspects was published by Fisher and Tronto (1990, p. 40): Care is “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.” This definition includes human–human interaction as well as care for other animate beings and our material environment (natural and built; Alam & Houston, 2020; Gabauer et al., 2022; Greenhough et al., 2023). Care tasks require empathy, commitment (Bauhardt, 2015), and are based on affection and on satisfying a need (Dowling, 2021). Care is reciprocal, meaning that caregiver and care-receiver together define the caring relationship (Milligan & Wiles, 2010, p. 737).

### 2.1. *Changing Care Relations and Societal Conditions for Combining Care and Paid Work*

In patriarchal and capitalist societies, care is often undervalued as an activity that does not generate financial capital (Binet et al., 2023). It is “associated with lowly people” (Greenhough et al., 2023, p. 12) as those in power can delegate care tasks to others (Saltiel & Strüver, 2022, p. 65). Feminist economists have for a long time upheld the view that it is in fact those often invisible and precarious tasks that maintain “the social, cultural and material subsistence of individuals, families, households and communities” (Loomis & Oberhauser, 2020, p. 119; see also Bauhardt, 2015; Dowling, 2021; Schmitt et al., 2018). Care as practice cannot be separated from society, nor from its institutions, laws, customs, and values (Tronto, 2015; see also Milligan & Wiles, 2010).

Related to this, care has long been seen as women’s work. While gender relations and stereotypical gendered role allocations have been changing in recent decades, a gender care gap remains in all countries of the world. This term refers to the significant difference in the time devoted to unpaid care activities between genders. In 2022, women in Germany performed an average of nine hours more unpaid work per week compared to men, which limits their opportunities for paid employment and reflects broader issues of

gender inequality in society (Bundesministerium für Familie, Senioren, Frauen und Jugend, 2023). Nevertheless, female employment rates keep rising, meaning many households, especially those of heterosexual couples with children or other dependents, struggle with finding a balanced and fair integration of care and paid work. Research on same-sex couples is limited, but suggests that care tasks are allocated more equally and that the details are negotiated individually and according to personal preference (Engström et al., 2019; van der Vleuten et al., 2020). A recent study by the Swiss think tank Prognos titled *The Invisible Value of Care Work* concluded that in Germany alone, 117 billion hours of unpaid care work are performed every year (61% of which by women), compared to only 60 billion hours of paid work (Prognos, 2024).

Additionally, since the late 20th century, care relations are increasingly rationalised and monetarised (Bauhardt, 2015; Lawson, 2007). This has resulted in a severe and ongoing crisis, which entails not only the diminished time and capacity of individuals to care, but also the shortage of workers in the care sector (nurses, educators, social workers, and many others). It culminates in so-called “global care chains,” a term first coined by Hochschild (2000), that manifest the “gendered, racialised and classed division of labour” (Saltiel & Strüver, 2022, p. 164; see also Dowling, 2021) not only within households, but globally. It is evident that combining care and paid work is neither reducible to an individual woman’s problem nor to a problem of gender equality alone, but has intersectional implications (Bhattacharya, 2017; see also Lawson, 2007, p. 5). Saltiel and Strüver (2022, p. 166) posit that a “caring democracy places care centre stage as an essential organising principle of societies.”

Recent years have seen a considerable advancement in the legislative environment concerning employed carers in Germany. Shared parental leave for up to 14 months was introduced in 2007, entitlement to day care for children aged one and older in 2013, and entitlement to leave for care reasons (especially for elderly or disabled family members) in 2015. What may on the one hand seem generous (and likely is when compared to many other countries) has, on the other hand, been criticised as employment politics disguised as care politics, and even as the simulation of a culture of care (Zimmermann, 2019; see also Rubery, 2015). It is argued that if these policies are not accompanied by a fundamental revaluation and redistribution of care tasks, they are, again, devalued as secondary and the needs and demands of employers prioritised over those of households. Combining care and paid employment and distributing both in a just and equal manner remains a privatised day-to-day struggle for employed caregivers (Zimmermann, 2019).

## 2.2. Gendered and Spatialised Role Expectations

Since the 1970s, feminist (geographical and other) scholars, planners, and activists have criticised that the built environment reflects the devaluation of care and the traditional division of labour between men (productive/paid) and women (reproductive/unpaid), which results in a perpetuation of gendered and intersectional inequalities (Massey, 1984). This separation still finds expression in today’s cities, as their materiality changes more slowly than societal values (England & Lawson, 2005, p. 78; Oberhauser, 2017).

Suburban residential areas emerged in Europe in larger numbers after World War II as ideal living environments for the traditional nuclear family (Jarvis et al., 2009, pp. 40–41). Respectable women and their children were not supposed to be near the chaos, pollution, and temptations of the city. The places of paid labour—factories, warehouses, offices—were considered masculine, whereas those of the private household and reproduction were considered feminine (Fainstein & Servon, 2005; Hanson & Pratt, 1994; Loh, 2022;

Terlinden, 2010). In critical feminist scholarship, suburbs were thought of as the passive, domestic counterparts of the inner city, as the spatial expression of the gendered division of labour that kept women in the home and financially dependent (Bertram, 2023; England, 1993; Spain, 2016). Susan Saegert (1980) describes the supposed dichotomies of male city and female suburb as “symbols that our culture has construed as polar opposites” (p. 96) and demonstrates how the “sociophysical environment” affects the feasibility of combining care tasks and “the world beyond” (p. 99). Suburban settlements were planned as mostly monofunctional areas connected to the cities by streets and railway tracks that allowed for efficient commuting (Dörhöfer, 1990, p. 19; Frank, 2008), but led to “complex space-time budgeting problems” for caregivers (England, 1996, p. 5) and their specific mobility patterns. In addition to that, nearby workplaces were scarce, so adequate employment near the home was difficult to find; longer commutes were impossible due to the constraints imposed by care work and the scarcity of full-time day care (Baumgart, 2004, p. 89; Rahn, 2011; Saegert, 1980). Without a car, life as a caregiver could therefore be isolated, especially in relatively spacious houses with large gardens that required plenty of maintenance (England, 1993). In line with the changing role of women in society, employment increasingly moved to the suburbs, even though, as several scholars have pointed out, these were mostly part-time clerical jobs that required little formal qualification. They therefore suited not only the needs of suburban caregivers, but also of employers looking for a well-educated and obedient workforce (England, 1993; Frank, 2003). Saegert (1980) concludes that the decision in favour of a residential location in the suburbs could be seen as a compromise between different and complex needs and demands of the various members of a household. More recent, albeit not entirely new, research findings from German authors suggest that this may still be the case (Danielzyk et al., 2012; Menzl, 2007; Rahn, 2011). Due to other, especially environmental, problems such as urban sprawl and excessive land consumption, suburbanisation became somewhat unpopular after the turn of the century, at least in the professional planning discourse in Germany and other European countries. With regard to severe housing shortage, many cities are now planning and building at the margins again, creating enormous new districts with thousands of housing units.

It is important to note that suburban women and caregivers of all genders are not, and have never been, “innocent and passive victims” of the built environment (England, 1993: pp. 24–25; see also Wright, 2005). At the same time, however, as Binet et al. (2023, p. 290) argue, “the quality and affordances of the urban infrastructure of care influence the burdens and sustainability of caregiving.” Employed caregivers significantly rely on the material environment and infrastructure of their daily surroundings (Biglieri, 2022). “When this infrastructure is inadequate or incomplete in a caregiver’s context, they must work harder to ensure satisfactory background conditions for caregiving” (Binet et al., 2023, p. 282). In recent years, infrastructures are increasingly discussed as “dynamic patterns that are the foundation of social interaction” (Power & Mee, 2019, p. 484), as “sociotechnical systems” which “enable (or constrain) particular forms of sociality and life to flourish” (Alam & Houston, 2020, pp. 1–3). Caregivers, their bodies, and their everyday coping practices thereby become an element of infrastructure themselves (Alam & Houston, 2020). In this line of thinking, the shortcomings of the built environment create additional inequalities and burdens for the already challenged (Binet et al., 2023, p. 290). There is also a clear intersection of the material environment and wider societal conditions, as some caregivers can rely on a system of paid or unpaid helpers, and others cannot.

Planners have translated this critique into “women-friendly” planning (Bundesministerium für Raumordnung, Bauwesen und Städtebau, 1996), which was revised and conceptually updated to “gender-sensitive

planning” in the 1990s (Huning et al., 2019). Its intention is the “reconciliation of ‘work and home’” and to create “enabling time-space patterns” for all (Tummers-Mueller et al., 2019) through improved and more flexible infrastructure that allows for a variety of everyday realities and that supports caregivers of all genders. Gender-sensitive planning, however, was in itself criticised due to its “tactical” character (Alisch, 1993; Sandercock & Forsyth, 1992; Tummers-Mueller et al., 2019). It was argued that changing the material surroundings and the infrastructure of a place had no “strategic” impact in the sense that it could challenge binary gender stereotypes or promote an equitable distribution of care work within households. Neither did it improve the valuation of care tasks and the structural conditions for employed caregivers. In other words, infrastructure and a built environment that are designed using criteria of gender inclusiveness can be levers to ease the “double burden” for employed caregivers immediately and effectively. At the same time, they may continue or even increase the exploitation of their workforce as caregivers feel pressured to complete even more tasks in both realms—a critique that relates back to Zimmermann’s research on care/employment policy cited in Section 2.1. Creating appropriate material surroundings for caregiving can therefore be deemed a necessary, but not sufficient, condition for profound societal change with relation to care and its compatibility with paid employment.

The inclusion of a more comprehensive ethics of care into (suburban) planning, as Lundman and Kymäläinen (2023, p. 3) argue, could entail “an idea of radical transformation of society.” This is necessary, they continue, for the following reason: “If care ethics is not employed in planning, the gap between the goals of regeneration and the realities of everyday life remain distant from each other” (Lundman & Kymäläinen, 2023, p. 8). While their take on caregiving differs from that applied in this article, they conceptualise planning actors as suburban caregivers, the argument is still valuable for this article. In addition to changing the material environment, applying a lens of care would take into account the societal value of care work, the wellbeing of employed caregivers and an equal distribution of tasks on a household and on a societal level, and it could greatly contribute to finding new and less straining ways of combining care and paid employment. Binet et al. (2023, p. 291) express a similar thought:

Though the urban infrastructure of care is a novel framework, planners already work on aspects of the urban infrastructure of care....We encourage planners to explicitly adopt a care-centric lens for understanding the impacts of their work and to consider how their work shapes landscapes of stratified reproduction.

Urban and suburban development should therefore explicitly consider the complex time-space needs of employed caregivers—not as a niche concern, but as a mirror of broader societal values around care and paid work. In this respect, new suburban developments of a certain size and built “from scratch” could become pioneering spaces for reimagining the combination of care and employment.

### 3. Material and Methods

Our empirical research of Oberbillwerder and Freiham is based on a qualitative content analysis (Kuckartz, 2018; Mayring, 2015; Schreier, 2012) of planning and media documents (masterplans and related publications such as brochures or political statements, newspaper articles, press releases, and website texts; 25 documents for Oberbillwerder and 126 for Freiham), and expert interviews with actors shaping the planning processes of the new districts (11 people in Hamburg-Oberbillwerder, 2021, and 12 in



Munich-Freiham, 2024; see Supplementary File). Interview partners were architects, urban planners, employees of departments, and of neighbourhood and education management. To guarantee pseudonymisation, interviewees are assigned a combination of letters relating to their professional function (see Supplementary File for full details).

Since the 1990s, many cities, regions, and political bodies in Germany and beyond have developed handbooks and criteria for gender-sensitive planning (Bertram, in press). Gender-sensitive planning differs from the reconciliation of care work and paid employment, but they do overlap significantly, and care is an important topic in almost all the guidelines. In order to ascertain which fields of action are relevant when aiming to improve conditions for care and paid employment, in a previous project, a meta-analysis was conducted of approximately 50 planning publications on gender inclusiveness, evaluation reports, and publications at the interface of research and practice. Five categories resulted from this initial inductive analysis, each with several subcategories (Bertram, 2024). These subcategories were used as deductive templates for the analysis of the two suburban districts. During the analysis of Freiham and Oberbillwerder, subcategories were added and refined according to statements from the interviews and documents. This combined approach allowed us to maintain analytical consistency while remaining flexible and responsive to the specificities of each case.

The first subcategory is housing and housing environment. One overarching aim in this field of action is the promotion of a socio-economic mix in order to offer access to attractive, high-quality housing not only to privileged groups. Flexible floor plans support home-based work and adapt to changing family situations (e.g., birth, separation). Great importance is attached to the safety and accessibility of residential green spaces as they can reduce the need for supervision and accompanying mobility. Communal facilities such as laundry rooms, storage, and bicycle rooms are also essential: The more conveniently located and the more attractive they are, the greater the potential to inspire community and exchange and thereby provide relief for caregivers.

The second subcategory is green and other public spaces. This field of action also focusses on facilitating community and exchange and on reducing the need for supervision and accompaniment. Provision of clean public toilets, baby changing facilities, and resting areas for accompanying or elderly adults are crucial. The interconnectedness of green areas and links with other infrastructure facilities contribute to short and safe routes.

Third is facilities and infrastructure. A variety of easily accessible, barrier-free, and high-quality social infrastructure is the most important element in this field of action. It is achieved through integrated locations and decentralised allocation of neighbourhood centres. “Active” ground floors contribute to vibrancy, safety, and short distances. Residents should be able to use the facilities as soon as they move there.

The fourth subcategory is mobility and transport. Recommendations in this field include general issues such as safety, easy orientation, and accessibility, as well as the avoidance of areas of anxiety. Residential areas should be well-connected to the city centre and to other districts. User-friendly intervals and smooth transfers, including outside the usual working hours, enable shift/night workers to commute safely. A complete, attractive, and safe cycle path network that offers secure bicycle parking facilities is recommended. Similar principles apply to pedestrian traffic, where particular attention should be paid to

safe school routes. Play streets, pedestrian zones, as well as quiet zones, safe crossing facilities, and wide pavements are crucial for pedestrian safety.

The last subcategory focuses on employment opportunities and commerce. The basis for creating a wide range of employment opportunities close to residential areas is the designation of mixed-use areas. Easily accessible, high-quality commercial areas, which are ideally lively at off-peak times and equipped with supply and care facilities, are of fundamental importance. City- or even region-wide labour market and structural policy should be linked to considerations of care and compatibility. The framework conditions for employment also have a major influence on the opportunities for reconciliation: family-friendly working conditions, non-stereotyping, gender-equitable, family-friendly personnel policies, and the promotion of traditionally underrepresented groups in a profession are proposed.

The guidelines predominantly referred to changes to the built environment and took as a given the gendered division of labour as well as the prioritisation of paid employment. The five fields of action were used as a starting point to analyse the two new districts in Hamburg and Munich. Our study adopts a planning perspective; as such, it does not encompass the day-to-day experiences of inhabitants. Oberbillwerder remains unbuilt and the process is under constant revision, so the future design of the district may differ from the plans analysed here.

## 4. Results: Overview of the Two Case Studies

This section presents and analyses the plans for Hamburg-Oberbillwerder and Munich-Freiham regarding the fields of action supportive of combining care and paid employment. With respect to housing and general cost of living, both Hamburg and Munich are among the most expensive cities in Germany (Braun & Paffrath, 2024) and are both experiencing severe pressure regarding land-use and housing strategies due to unbroken population influx (Grund, 2018). Both cities claim to shape the necessary expansion process in an eco-friendly and socially just way. Both districts rank among Germany's largest greenfield developments, combining scale and ambition to potentially reshape urban planning domestically and internationally. Freiham and Oberbillwerder can therefore be seen as role models for similar projects.

The construction of buildings will start in Oberbillwerder in 2026 at the earliest. At the time of writing, preparations for construction are underway. In Freiham, construction of housing started in 2016, so approximately half of the district is now finished. This means that, firstly, changes to the plans may occur in the future, and secondly, our results cannot reflect upon the actual daily life of employed caregivers and care receivers in the districts. As we are especially interested in how the topics of care and paid work are discussed and reflected upon in the planning processes, a knowledge of lived experiences is not necessary at this stage of the project.

### 4.1. Hamburg-Oberbillwerder

The future district Oberbillwerder is situated in the southeast of Hamburg (see Figure 1) and will comprise approximately 7,000 residential units. The site is currently used for agriculture. The master plan's guiding principles are the "Connected City"—connected to the neighbouring districts as well as to Hamburg's city centre—and the "Active City," which is to contribute to exercise and a healthy and active lifestyle. Furthermore,

Oberbillwerder is intended to become less car-dependent, more environmentally friendly, and more socially diverse than past urban expansions. The district will comprise five neighbourhoods with different densities. As the process is still at a master planning level, the final design of neighbourhoods has yet to be determined. Numerous playgrounds, a large activity park, and a swimming pool are planned on a total of 28 hectares of green space. The district will have an education and community centre with two secondary schools, two primary schools, 14 day-care centres, and 14 additional social infrastructure facilities.



**Figure 1.** Map overview: Location of Oberbillwerder in Hamburg. Source: Schwarzplan.eu (2025), adapted by Johanna Niesen.

So-called mobility hubs will be the core element of the district's mobility infrastructure:

Residents and their guests will be able to park their cars in the mobility hubs and switch to sustainable modes of transport such as bicycles, rental and cargo bicycles or, in the future, small autonomous shuttle buses for the journey to their front door. By evenly covering the district with the mobility hubs...equal access conditions for public transport and private transport are created. (IBA Hamburg, 2019, author's translation).

In the medium term, motorised private transport is expected to account for about 20% of traffic. Additionally, cycling and walking are to be encouraged. Cycle lanes to the neighbouring districts and the city centre, as well

as an attractive, safe network of cycle paths and footpaths connecting the five neighbourhoods, contribute to the implementation of the “connected city” and “active city” concepts. Sport and exercise will be important elements of daily life in the district. There will be opportunities for exercise in public spaces in addition to space for institutionally organised sport.

Since 2018, the draft master plan has been further developed in collaboration with political bodies, authorities, and civil society actors. In February 2019, the Senate of Hamburg passed the master plan, and in April 2019, the district assembly decided to initiate the development plan process. Since then, numerous public participation and information events have taken place.

Some basic conditions concerning employment opportunities have been formulated: 500 jobs can be expected in education, health, and social services, with a further 500 in neighbourhood services and retail. Personal services (especially in households) can provide 300 employment opportunities. The aim is to focus on the “nutrition, health and exercise” sectors (IBA Hamburg & Büro Luchterhandt, 2017). The largest employer will be the University of Applied Sciences (Feldhaus, 2018). The importance of short commutes is discussed primarily with regard to reducing traffic for environmental reasons (IBA Hamburg & Büro Luchterhandt, 2017). Craft courtyards and co-working spaces are planned, and it is expected that a high number of people will be able to work remotely (HWK). Remote work is seen as a great support for employed caregivers because of the elimination of daily commutes (KB, IE); potential conflicts and disadvantages are not discussed, however. In the interviews, the opportunities for the compatibility of employment and care brought about by digitalisation and tertiarisation (BKM, BA, SEG) were discussed. The fact that these opportunities can only be used by a certain, rather privileged group is only reflected in two of the interviews (SB, IE). Some interviewees anticipate a change in structural working conditions in the medium term, regardless of any political interventions, due to demographic changes and a resulting shortage of skilled labour (HWK, SB).

#### 4.2. Munich-Freiham

Freiham is situated in the west of Munich (see Figure 2) and consists of a commercial and a residential area (Landeshauptstadt München, Referat für Stadtplanung und Bauordnung, 2016). Around 25,000 people are expected to live there by 2040. Building work started in 2016 so almost half of the district is finished or under construction (Landeshauptstadt München, Referat für Stadtplanung und Bauordnung, 2019a). Due to the lengthy nature of the planning process, the plans are expected to change and be adapted to new realities. As one interviewee said: “The district has the opportunity to move with the times, and there is a certain flexibility and changeability in the overall concept” (VA, author’s translation).

The density and proportion of housing elements, streets, and green areas are shaped following Munich’s long-standing slogan “urban, compact and green.” This triad proclaims the necessity of an interdisciplinary planning process that synthesises perspectives across various domains such as urban development, transportation planning, environmental protection, and social infrastructure. This approach to planning includes adaptable residential designs, accessible and interconnected public spaces, short distances, and mixed-function neighbourhoods, and can count as an implicit foundation for reconciling care and paid work (Landeshauptstadt München, Referat für Stadtplanung und Bauordnung, 1995). Freiham is promoted as an inclusive, barrier-free district, with plenty of options for people with disabilities in terms of education, care, and paid jobs (Landeshauptstadt München, Referat für Stadtplanung und Bauordnung, 2018). The city of





**Figure 2.** Map overview: Location of Freiham in Munich. Source: Schwarzplan.eu (2025), adapted by Johanna Niesen.

Munich offers different housing forms, including social housing, housing cooperatives, housing for refugees or student housing, and works with a variety of different floorplans tailored to different target groups (Landeshauptstadt München, Referat für Stadtplanung und Bauordnung, 2024). In Freiham, 1,250 apartments are provided by housing association Münchner Wohnen, another 400 are to be completed by the end of 2025 (Munich Television, 2025).

Open spaces and green areas are planned to provide opportunities for planned or spontaneous interaction. There are many communal and semi-private areas, namely courtyards, roof gardens, and shared backyards, to stimulate communication and neighbourliness (Landeshauptstadt München, Referat für Stadtplanung und Bauordnung, n.d.). Some housing projects have been developed by cooperatives, supported by the city of Munich, with ambitious concepts regarding social infrastructure and common spaces, like indoor play areas, co-working spaces, or laundry-café. A green strip facilitates secure connections between the two railway stations. (see Figure 3; Landeshauptstadt München, Referat für Stadtplanung und Bauordnung, n.d.). Furthermore, a 58-hectare landscape park is planned, which is set to be the largest in Munich (Landeshauptstadt München, Referat für Stadtplanung und Bauordnung, 2019a).



**Figure 3.** The green strip in Munich-Freiham during the building process in spring 2024. Note: Photo by Johanna Niesen.

The mobility concept envisages that Freiham will be car-reduced, focused on sharing concepts, and have two railroad connections to the city centre (Bitter et al., 2019). Daily amenities will be within walking or cycling distance (see Figure 4).



**Figure 4.** A front door in Munich-Freiham with bicycle parking poles in spring 2024. Note: Photo by Johanna Niesen.



With regard to social infrastructure, the plan includes options for childcare and education, a care centre for the elderly, as well as solutions for everyday needs, e.g., grocery shopping or medical care. The district's educational infrastructure includes an education campus with a primary school, secondary school, special education support centre, and high school, as well as affiliated sports facilities and a neighbourhood centre. The district features two more primary schools and 13 day-care centres, ensuring sufficient early childhood and primary education opportunities (Landeshauptstadt München, Referat für Stadtplanung und Bauordnung, n.d.). A sports park is included in the campus, and there are several other parks, playgrounds, and public toilets, as well as a site for urban gardening (Landeshauptstadt München, Referat für Stadtplanung und Bauordnung, n.d., 2018). The provision of social infrastructure in Freiham can be attributed in part to Munich's long-standing policy of Sozialgerechte Bodennutzung (Socially Just Land-Use). Introduced in 1994, this framework requires private developers to financially contribute to the development of public infrastructure, including social amenities, thereby ensuring that urban growth is accompanied by the necessary support systems.

Fifteen thousands work places are planned (Landeshauptstadt München, Referat für Stadtplanung und Bauordnung, 2019b). Similar to Oberbillwerder, the majority of employment opportunities will be within the infrastructure of the district—teachers, salespersons, or administrative staff. In the early 2000s, a commercial area called Freiham-Süd was built separately. It comprises manufacturing firms, a DIY store, as well as a furniture shop. Most employment opportunities are service-oriented, focusing on local needs such as retail, supermarkets, childcare, and schools. There are only limited options for highly qualified positions. At the beginning of the planning process, mixed-use development was not a primary consideration, leading to the designation of separate residential and commercial areas. However, certain mixed-use combinations remain legally restricted. Consequently, mixed use is only possible in terms of integrating social infrastructure and local amenities.

## 5. Discussion: Care and Compatibility in the Planning Process

Although neither Freiham nor Oberbillwerder were explicitly conceptualized through a lens of care or gender-sensitive planning, several measures show an implicit alignment with principles of feminist urbanism and care ethics, particularly regarding the provision of social infrastructure and the design of public space. Generally, the two cities seem to be on different pages regarding the awareness of the interrelations of care and compatibility with paid employment, gender/intersectional equality, and urban planning. Although both administrations have published guidelines and considered gender equality on different levels, the impact seems to be greater in Munich. However, there is a tendency to subsume care and gender equality under the potentially less controversial title of (social) sustainability: “The headlines tended to be sustainability, accessibility, the city of short distances, quality of life and inclusivity. And because we thought about inclusivity, we covered a great deal in terms of care work” (VC, author's translation). Sustainability and inclusivity measures are explicitly planned and visible in media discourse and planning documents, whereas care and compatibility remain on an implicit level. In Hamburg, no such guideline was used or even known (BA).

Nevertheless, planning processes in both new districts demonstrate potential for the establishment of caring communities and support of employed caregivers on a material level. For Oberbillwerder, there is a clear community orientation in housing and housing environment as well as green and other public spaces:

There is a square in front of every mobility hub, which is also a meeting place, a place for social exchange....And [this makes] it easier for people to support each other as neighbours if they want to combine family and career. (IE, author's translation)

In particular, the areas for children and young people should become attractive and varied (BA). The emergence of informal networks of solidarity between carers could become a, presumably welcome, but not intentionally induced, side effect. It is envisaged that the Green Loop will connect all important facilities in the district. Spaces will be multi-use and thus very flexible, attracting a variety of people in terms of age, gender, and social status (IBA Hamburg, 2019). The focus on games, sport, and exercise can result in good availability of public and green spaces. Demands on the quality of spatial design are high.

In Freiham, it was not possible to implement some of the initial, rather ambitious aspects of community-oriented housing due to budgetary constraints, political compromises, or practical challenges. Among our interviewees, there was a general feeling of limitation of their own possibilities and scope of action. Tight budgets, short time frames, and cost increases are seen as severely limiting factors. As these limiting factors are not uncommon, integrating community and care-oriented measures into mandatory requirements becomes essential for developing inclusive and sustainable districts and neighbourhoods. Where elements of close-to-home social infrastructure were implemented, it was, for the most part, by housing cooperatives which often occupy a pioneering position in this regard. These elements are considered beneficial for employed caregivers (SA). However, their implementation on a broader scale within the district is unlikely, and they are only available for a small number of people.

There is a detailed document on "inclusion," providing voluntary guidelines to make the district more suitable for disabled people (Landeshauptstadt München, Referat für Stadtplanung und Bauordnung, 2018). These measures are also supposed to support caregivers, even though they are not explicitly mentioned. The guidelines have been published, but not yet implemented.

The discussed social, cultural, and medical infrastructure in Oberbillwerder is diverse and will meet most needs and requirements of caregivers and those cared for. In addition to a differentiated range of educational and childcare facilities, sport and other associations will play an active role in shaping life in the district. Ground floors of many buildings will be dedicated to various uses so that monofunctionality is avoided and liveliness and a sense of security are created (IBA Hamburg & Büro Luchterhandt, 2017). In Freiham, there has also been a focus on incorporating everyday necessities such as childcare or local supply. Schools were constructed first, ensuring that children could attend them as families moved into Freiham. A childcare center was built, but no educators could be employed for several months after construction was completed, which reflects a nationwide shortage of skilled labor in the care professions. As a result, people in Freiham either have to manage without day care or find an institution further away, which then requires more trip-chaining (SA).

In Oberbillwerder, individual motorized traffic will supposedly play a subordinate role (IBA Hamburg, 2019). Mobility hubs are to accommodate the majority of stationary traffic in the neighbourhood. Suburban trains are to run more frequently and additional bus services within the district are planned. Important infrastructure is to be situated within walking distance of the residential areas. Due to the planned high-quality and comprehensive bicycle lanes, it can be assumed that bicycles will feature as an important everyday means of transportation. There are critical voices, but for the time being, there are no public

discussions about altering the plans. In Freiham, mobility was a strong pillar in the conceptual phase of the planning process, emphasising short distances and the use of public transport between home and daily necessities, but some of the goals had to be modified or postponed. As a result, there is a gap between the first inhabitants' expectations of the district and their current reality. As only part of the mobility plan is being implemented at the outset, public transport is currently overloaded and will be relieved when Freiham is connected to another underground line (Baureferat München, 2022). Shortage of staff in public transport adds to the problem (VC) and not only makes commuting to workplaces outside the district difficult but also renders it impossible for young people to travel to school independently. Care-related mobility or the necessity to reconcile care and paid work were not discussed in the mobility concept, which now creates unnecessary challenges in reaching destinations or leads to time inefficiencies for caregivers. One interviewee stated:

It doesn't help me to talk about the city of short distances and then there is no bus or only one express bus or only one underground train from A to B, when I actually have three destinations in between. (VC, author's translation)

For employment opportunities and commerce, a number of basic ideas have been formulated in Oberbillwerder. Short commuting distances are desired due to their positive environmental effects (IBA Hamburg & Büro Luchterhandt, 2017). The most frequently cited measures to improve the reconciliation of care and paid employment are options for home office and co-working spaces in order to reduce commuting. In addition to that, long opening hours of day-care centers are seen as the most effective tool to support employed carers. In Freiham, one interviewee stated: "You either live in Freiham or you work in Freiham. I've never heard of both together" (SC, author's translation). Another interviewee gave a similar account: "I suspect that Freiham will become a district where people live, perhaps go to school, but always go somewhere else to work. That's why this connection to the city and to the surrounding communities is so centrally important" (SB, author's translation). The plans for Freiham were completed prior to the Covid-19 pandemic, when remote work gained traction. The Federal Statistical Office has reported that the proportion of employees working from home increased from 3% in 2012 to approximately 23% in 2024 in Germany (Krause et al., 2024). With current discussions on companies ordering their employees back into their office spaces, we cannot say how this topic will develop further. For Freiham, however, it can be said that most floor plans do not consider this option, and a substantial number of apartments do not have space for office use, or the additional room would make an apartment unaffordable (VA, SA). According to an interviewee, there are "few projects that really manage to achieve genuine co-working on this scale" (SA, author's translation). Using the home as a workplace can ameliorate some of the demands of care and employment but can also result in conflicts:

There was a swing or a slide, relatively close to the facade. People with limited mobility...are probably much more likely to be able to work at home now than before, so they stay in their home office. [And] the children are at the facade all day....Now we just have to see how we can find a solution. (VA, author's translation)

Even though Freiham and Oberbillwerder were not explicitly planned with a view to care or the compatibility of care and paid work, many planning measures can be seen as improving the material conditions of caregiving and incidentally supporting the emergence of informal networks between inhabitants. Neither in

Hamburg nor in Munich, however, do planning actors see their role as transformative agents for societal change. Structural conditions for employed carers or a fairer allocation of tasks were mostly seen as private matters, and interviewees reacted with some surprise to the question: “I doubt whether this is specifically supported in the concept in Oberbillwerder. I think it’s more a question of how families organize themselves” (IB, author’s translation). Other interviewees in Hamburg state that the intention to support compatibility is an underlying, albeit never explicit, planning guideline. One interviewee describes reconciliation of paid work and care work as a “condition for success” for the new district (PO, AO). The most important argument to facilitate it, however, is not fairness or the high value of care, but the sheer economic necessity for all adults of a household to earn enough money in order to be able to afford the high cost of living in Hamburg. In Freiamt, it is assumed that the types of jobs available in a district will be determined by market dynamics, leaving little room for intervention by administrations. One interviewee wondered, “whether we can achieve equal distribution [of care work and paid work between the genders] through planning? Not really. I think that’s more of a labour market policy issue” (VC, author’s translation). Another stated: “I don’t see much scope for intervention by the public sector in terms of gender equality policy. What framework conditions could the City of Munich create to strengthen a company’s gender equality policy?” (VD, author’s translation).

It seems that planners and other decision makers do not see the need or a responsibility for explicitly working towards including a lens of care and are not aware of their potential responsibility. It could certainly be argued that these are not classic planning tasks and that some of the issues cannot be solved on a local or regional level. At the same time, planners are more suited than any other professional group to initiating such a process and bringing together those responsible from different sectors. Planning practices cannot be analyzed in isolation. They must be understood within the broader socio-economic and political context. Care, as a fundamental aspect of society, is often undervalued and rendered invisible. Furthermore, it is treated as a private household issue instead of a shared responsibility. Recognising care as a central dimension of life and integrating it into the planning process so that it can systematically be addressed in strategies and designs could be an essential first step. In order to do so, care and paid employment would have to be seen as two sides of the same coin that complement each other. Strengthening care in a way that creates an actual culture of care within a district would entail raising awareness of the topic among local and regional employers, chambers of commerce, actors in economic development, and structural policy. All the above could lead to a more profound revaluation of care as the foundational pillar of society, not something that has to be clocked in and out of on the side. As most of the structural measures are not within the usual scope of planning, addressing the issue of responsibility is crucial, as progress becomes impossible when no one assumes accountability. Turning the potential into tangible outcomes requires not only different self-conceptions among planners but also clear frameworks and mechanisms to ensure accountability and coordinated action.

## 6. Concluding Remarks

This article traces the debate on care in geography and other disciplines as well as the interrelations of care with space and planning, adding the element of compatibility with paid employment. Recognising care and paid employment as interconnected is essential, as both are organised by the same household, and time allocated to one necessarily reduces time available for the other. An analysis of planning and policy measures reveals their significant impact on the feasibility of caregiving tasks and on reconciling these with paid employment. Feminist planning critique from the 1970s onwards has led to a plethora of ideas and changes to the built environment that were mostly discussed under the label of “gender-sensitive planning.”

These were meant to change the layout and design of residential areas in such a way that they would become safer and more accessible, prioritise care-related mobility, and support a feeling of community among residents that may lead to informal support networks. It was later criticised that they may help to ease the “double burden” of caregiving and paid employment but have no aspiration to aim at a more profound societal change. Measures included in this category encompass those that challenge the gendered imbalance in care practices, enhance conditions for employed caregivers, and elevate the visibility and valuation of care across society. Our study draws on insights from feminist geography and economics, care ethics, and planning theory. Feminist geography contributes to a nuanced understanding of spatial inequalities and the power structures that shape urban life, thus offering a deeper critique of the built environment than conventional planning models typically allow. Care ethics and social reproduction theory allow us to analyze the often invisible care tasks and the societal structures surrounding them. The focus on planning practice helps to link theory to material outcomes. An interdisciplinary approach thus provides both critical reflection and practical direction, revealing how planning can become more attuned to the lived realities of employed caregivers.

We have studied two newly built suburban districts in major German cities, Hamburg-Oberbillwerder and Munich-Freiham. Suburban space was seen as the spatial manifestation of patriarchy during the second phase of feminism and was criticised for its perpetuation of unequal gender relations. Nowadays, planners and administrators of suburban districts have high aspirations with regard to high-quality, compact, and modern residential spaces. However, despite the significant number of people affected, care or the challenges of reconciling care and paid employment are still not explicitly discussed in any guidelines or frameworks. Our evaluations show that neither the planning documents nor the accompanying media coverage contain any explicit indications that supporting compatibility of paid work and care work has been an important issue in the processes. This lack of structured policies reflects a broader gap in prioritising the compatibility of care responsibilities and employment within planning, budget allocation, and decision-making processes.

The planning processes were evaluated across five fields of action. Even though the discussion remains on the material (and rather implicit) level, there is great potential for planners to enhance the possibilities of reconciling daily care tasks with paid employment. Varied, inviting elements of social and green infrastructure, short distances to the most important daily amenities, and a general sense of safety and accessibility can reduce accompanying mobility and the need for supervision and inspire community and exchange among caregivers that lead to informal networks of solidarity or caring communities. Interestingly, these elements often find their way into the plans under different, supposedly less controversial labels such as “inclusive” or “compact” planning. Explicit measures for more compatibility include more day care centres with longer opening hours and remote work options. The way these are talked about—namely as a *conditio sine qua non*—shows that the new realities of caregiving and gendered divisions of labour have found their way into urban planning, even though they are not always consciously reflected. However, these well-intentioned infrastructure changes leave the systemic inequities that shape care untouched. The challenge remains to move from tactical to strategic transformations in planning to not only adapt space to care, but also to reframe care as a central concern in the design and functioning of (sub-)urban life.

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### Conflict of Interests

The authors declare no conflict of interests.

### Supplementary Material

Supplementary material for this article is available online in the format provided by the authors (unedited).

### Data Availability

The data are made available in the LeoPARD repository of the Technische Universität Braunschweig.

### LLMs Disclosure

In the process of writing the article, the Deep L translation model was used for translation purposes, while the ChatGPT model was utilised to selectively reformulate individual sentences and to find synonyms. No portion of the generated content was adopted directly.

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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



## 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-organisier | Male   | 40–45 |
| Management                   | Counsellor           | Female | 60–65 |
| Counsellor                   | Coach                | Male   | 50–55 |
| Head, youth centre           | Community-organisier | 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 (Gábríel & Katona, 2024). While not much has been published on alternative care solutions and community-based initiatives towards older adults (see e.g., Gábríel, 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 (Gagyí 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 (Risseuw, 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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# The Caring-With Practitioner: Diffracting Practice-Research Dynamics in Urban Care

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## Abstract

This article casts a light on the role of practitioner-researchers working towards more caring cities within an expanded set of actors. By introducing the caring-with practitioner, we draw attention to engaged, relational, and constitutively entangled forms of practice within urban care discourse. This contributes to professional practice scholarship (within urban planning, built environment, and design professions) by intersecting theory on/in practice with contemporary discourses around care. The article revisits interview transcripts from a British Academy-funded project, Caring-With Cities (2021–2022), in which practitioners working across policy and community-led contexts discuss efforts to shift power dynamics within the urban realm. We also draw on our own experiences as design practitioner-researchers embedded within collaborative projects that seek to put “caring with” (Tronto, 2015) theories into practice. Through diffractive inquiry (Barad, 2007), the article moves beyond established modes of thinking about practice-research dynamics, which often use reflection-in-action/reflection-on-action (Schön, 1983) or conceptualise the practitioner as mediator (Forester, 1987). Set against design debates on difference and the pluriverse (Escobar, 2018), the caring-with practitioner adds to and challenges thought on working in partnership to engage across difference. We contribute to an epistemology of practice founded on acts of caring-with. The caring-with practitioner operates not only through the apparatus of practice-research, but through an intra-active entanglement with the apparatuses and boundary-drawing practices of others. To practice in this way involves holding multiple roles that are co-emergent and mutually constitutive across projects and organisations, drawing attention to and determining what comes to matter.

## Keywords

care; caring-with practitioner; design; diffraction; practice-research assemblages



## 1. Introduction

The starting point for this article was a series of virtual sandpits hosted during 2021 by the British Academy, in the grip of a global pandemic that stretched urban care infrastructures. Designed to “engender new thinking, develop interdisciplinary collaborations and further international engagement with a particular policy and practice focus” (British Academy, 2020, para. 3), we were brought into conversation to critically interrogate: What is a good city?

This article builds on the project that emerged from this dialogue, *Caring-With Cities* (2021–2022), which aimed to understand how care is embedded into community-led and policy-led urban development, the interface between the two, and how care can be designed into future urban policy at a systemic level. Our contribution to this thematic issue tunes into the role of the practitioner-researcher within an expanded set of actors and contributes to an epistemology of practice founded on acts of caring-with. We follow Barad’s (2007) diffractive methodology to bring a different set of readings to qualitative data collected through the *Caring-With Cities* project. Diffractive methods disrupt the binaries between theory and practice, data and research apparatus, researcher and “researched” to provide a richer understanding of the entanglements we come to characterise as “caring-with” in urban action.

### 1.1. *Caring-With Practices*

Achieving a caring city needs to emerge and be sustained through thoughtful interfaces between city dwellers and policy-makers. Although drawing attention to the fact that “no clear-cut definition of care in urban studies has emerged” (Gabauer et al., 2021, p. 5), we saw promise in surging scholarship within this space, including—but not exclusive to—Wiesel et al. (2020)’s editorial “Cities of Care: Introduction to a Special Issue” in *Cities*, Zannah Matson and Tim Waterman’s forthcoming “Landscapes and Care” in *Landscape Research* (Matson & Waterman, in press), alongside Davis’s (2022) *The Caring City: Ethics of Urban Design*, and Frichot et al.’s (2022) *Infrastructural Love: Caring for our Architectural Support Systems*. We noted that, when read together, these works provided insight into the diversity of urban caring capacities, typologies, and deeply entangled relationalities. We are also cognisant of Emma Power and Miriam Williams’ invitation for “an expanded scale of urban care analysis” (Power & Williams, 2020, p. 2) that pays attention to lived experiences of care that thread through the veins of the city, moving beyond interpersonal sites and situations to include more-than-human materialities and urban governance. Much of this work builds on Joan Tronto’s framing of an ethics of care (Tronto, 2015). In “Who Cares? How to Reshape a Democratic Politics,” Tronto (2015) makes a distinction between caring-*with* and other acts of care, such as caring-*about* or caring-*for*. Caring-with moves beyond understandings of care as a provision from institutions to individuals, or from individual to individual, which positions the cared-for as passive recipients (Tronto, 2015). Caring-with names a different and more holistic way of envisaging care as “an ongoing system of caring acts in which we’re sometimes on an extreme end of the giving–receiving scale, and sometimes in the middle” (Tronto, 2015, p. 16). Tronto “imagines the entire polity of citizens engaged in a lifetime commitment to and benefiting from” care principles of being attentive, responsible, competent, and responsive (p. 14). As well as combining different practitioner behaviours (attentive, responsible, competent, and responsive), there is also a dimension of time/lifetime in caring-with practices.

Through our British Academy-funded work, we took the notion of caring-with to the urban realm. Working in dialogue with four UK case studies of community-led development, we explored the interfaces between community-led projects and local planning policies to identify soft infrastructures of care.

The case studies were selected to leverage previous work by members of the research team and involved community organisations operating at different scales (city-wide, neighbourhood, building level, and around specific issues): Portland Works is a grade II\* listed, purpose-built metal works in Sheffield. Built in 1879, it is the birthplace of stainless-steel cutlery manufacturing. Following a four-year campaign to save it from redevelopment into studio flats, Portland Works was purchased in 2013 through community shares. It is now owned by community shareholders and governed cooperatively, and it is home to a mix of artists/makers. Our research focused on its operations following the purchase of the building by the community. Tranquil City is a collective of environmental, built-environment, psychological, and data-science practitioners and researchers aiming to drive positive behaviour change that enables people to lead healthier and more balanced lives. They do this through experimental projects such as Tranquil Pavements, supported by the EU's Horizon 2020 project OrganiCity. Our focus here was on a partnership with the London Borough of Lewisham delivered in collaboration with local schools and community-led green space action groups. Lancaster Civic Vision is a civic society organisation aiming to promote and encourage initiatives relating to quality of life, design, heritage, and local economic development. It campaigns on local urban matters, development, and policy. Here, we focused our attention on the mechanisms through which the organisation influences urban planning and policy through the "community conversations team" at Lancaster City Council. These case studies were complemented by a smaller case study with AUAR Labs (automated architecture) based at The Bartlett School of Architecture, UCL. AUAR uses modular building systems and robotics to provide affordable, sustainable housing solutions in collaboration with communities. We looked towards the spaces, tools, and processes for experimentation within two community projects, which took place between 2020 and 2021: "Block West" in Bristol and "House Block" in partnership with the London Borough of Hackney.

Our enquiry was guided by a series of questions: How is "care" conceptualised and operationalised by policies and community-led practices in the cities? How does it inform visions and practices towards a "good city"? What are the individual and collective psychological processes involved in generating a sense of care towards urban environments? What forms of caring-with practices, across policy-makers and community-led initiatives, successfully recognise, value, support, and amplify care within cities? How can care be embedded and designed in cities' infrastructures? And, how could we design more holistic strategies to bring care into the heart of urban decision-making? What this work began to register was the relevance of engaged, relational, and constitutively entangled forms of practice within urban care discourse.

An innovative part of this research design was working with "participant researchers," community members embedded within each of the case study organisations that were recruited (and remunerated) to contribute to the project. This approach was possible because members of the research team each had established practitioner-researcher relationships with the case studies. The Caring-With Cities team worked with "participant researchers" using relational mapping to "explore the relations between elements within a situation of inquiry...by drawing lines between the elements on a map and by asking questions about the qualities of these relations" (Knopp, 2021, para. 11). This was a collaborative live mapping exercise in which diagrams were drawn to explore care systems within and around each organisation, including local

government and its policy-making mechanisms. “Participant researchers” responded to questions about the relationships within the case study organisation and others: Who does your organisation work with? What does this organisation/group do in relation to [case study]? How does this organisation connect to [case study]? “Participant researchers” were also invited to reflect on which of the relationships mapped involved care and where care manifested within the map. This mapping activity did not aim to give a comprehensive overview of the whole organisation, but rather to capture a trace of connections/relationships from the insider perspective of the “participant researchers.” As such, the relational maps produced could be seen as “a way to spatialise how care is understood, by whom and where it is positioned within webs of relations across institutional and non-institutional urban collectives, multiple sites of practice and loci of decision-making” (Orlek et al., 2023, p. 46). This relational mapping activity was a constructive way to reveal and then discuss caring systems across different scales. It also helped us to identify both community-led and policy-making stakeholders to interview, to gather deeper and more detailed understandings. Across the case studies, the Caring-With Cities team interviewed 12 participants with roles ranging from Community Forum Chair to Local Authority Officer.

Semi-structured interviews, together with relational mapping, suggested that for some, cities as a whole are conceptualised as a receiver of care, whilst in other cases, care involves specific groups and locales. Cutting across both “extremes” was the idea that caring-with practices are based on the creation, recognition, and maintenance of webs of relations between multiple communities and public institutions (Ferreri et al., 2022). Conceptually, these relations were understood through:

1. Interfacing practices, where recognising siloed thinking as a barrier to care in the city, community-led organisations act as *interfaces* between local governments and the wider community, on issues such as planning and public awareness-raising.
2. Digital tools, acknowledging the importance of a range of digital infrastructure with various capacities for democratic participation in decision-making.
3. Care over time—frequently described as long-term projects, caring-with practices require significant personal commitment. Both policy officers and members of community organisations remarked on the importance of managing boundaries and expectations of care over expanded timescales.

This work culminated in a contribution (Orlek et al., 2023) to the Special issue *Care and Critical Action of Lo Squaderno—Explorations in Space and Society*, edited by Cameron McEwan, Nadia Bertolino, and Cristina Mattiucci (McEwan et al., 2023).

## 2. Why Return to the Original Data?

What is markedly absent from urban care discourse are the multiform movements between academia and professional practice. This includes our own assemblages of practice-led enquiry inside/outside academia, alongside those of our community-based “participant researchers,” and practitioners within the professions looking inwards towards academia. Assemblages are “open-ended gatherings” which “allow us to ask about communal effects without assuming them” (Tsing, 2015, p. 22). Brought to urban studies, we can see assemblage thinking “as a form of spatial relationality, [which] is attentive to both the individual elements and the agency of the interactive whole, where the agency of both can change over time and through interactions” (McFarlane, 2011, p. 208). The value of assemblage is something that we have become aware

of as a product of our research approach and professional connections to the case studies featured above, which we began to understand through relational mapping in the Caring-With Cities project. These attempts organised relations, exchanges, and interfacing practices along a linear axis between policy and community (for a template used in this mapping activity, see Caring—with Cities, n.d.), but did not fully trace dynamic and overlapping practitioner roles within each project.

In response, this article revisits our original qualitative analysis and, by working diffractively, brings an expanded set of practitioner perspectives to the notion of “interface” and how it operates over time. This is a positionality that we have termed the caring-with practitioner, the focus of this article, and see as instrumental to understanding the mediation of public urban cultures of care.

### **3. Practitioner Concepts: Reflective Practitioner, Practitioner as Mediator, and Transition Activist**

In this section we outline established thought leadership on the role of the practitioner, looking to the reflective practitioner (Schön, 1983), the practitioner as mediator (Forester, 1987), and the transition activist (Escobar, 2018). These concepts are introduced as a starting point for our diffractive methodology, outlined in more detail in Section 4. In essence, diffraction is a feminist research approach that works within differences rather than seeking common ground. An important characteristic of diffractive research is the reading of insights “through one another,” leading to unexpected outcomes and knowledge (Barad, 2007, p. 30; Geerts & van der Tuin, 2016). The materials that we read through one another in this article are: three selected practitioner concepts, excerpts from original data from the Caring-With Cities project, and our own perspectives as practitioner-researchers.

#### **3.1. The Reflective Practitioner: The Patient as a Universe of One**

We cannot speak to the blending of theory and practice without reference to Schön’s (1983) *The Reflective Practitioner: How Professionals Think in Action*, which examined five professions—engineering, architecture, management, psychotherapy, and town planning. Ramage and Shipp (2009) note the foundations of Schön’s reflective practice to lie in a “crisis of confidence in professional knowledge” (see also Schön, 1983). Articulated—in short—as a gap between the skills provided through education and the needs of professionals situated in the field (see Ramage & Shipp, 2009). For Schön (1983, p. 42), professional education follows a “technical rationality” that is ill-suited for the “swampy lowland where situations are confusing ‘messes.’” Some, such as Newman (1999, p. 146) have declared Schön to be “engaged in the search for a new epistemology of practice.” For Newman (1999, p. 146, citing Schön), “the inadequacies of the ‘rational mythology’ have led him [Schön] to conclude that ‘we need to think...about knowledge...in a different way.’”

To practice within situations marked by uncertainty requires professionals to reflect-in-action and embrace reflection-on-action after the event, Schön suggests. It is through the act of reflecting-in-action that the professional “becomes a researcher in the practice context” (Schön, 1983, p. 68). As Newman (1999, p. 149, citing Schön) describes, at other times this is a process of “turning thought back on itself...it is, [Schön] argues ‘a process of getting in touch with the understandings we form spontaneously in the midst of action.’”

As authors, we have become attuned to a body of critique attached to the act of reflection, namely that such practice does not look to the future or participate in future planning (Thompson & Thompson, 2008), where for others “reflection in and of itself is not enough; it must always be linked to how the World can be changed” (Brookfield, 1995, p. 217). We have also noted Schön’s commentary in the chapter “Psychotherapy: The Patient as a Universe of One,” where he not only regards each patient as a unique case, but acknowledges the role of conceptual apparatus in determining psychotherapeutic practice:

I have chosen a practitioner who takes a psychoanalytical point of view, while recognizing that a protocol drawn from the work of Carl Rogers, Fritz Perls, or Salvador Minuchin might have produced a very different set of materials for analysis. (Schön, 1983, p. 108)

### 3.2. *Practitioner as Mediator*

Within planning discourse, the scope of the practitioner has been expanded beyond technocratic roles by considering mediation between governance structures and values as one of its potentially central functions. The idea of “practitioner as mediator” was a starting point for John Forester’s seminal work exploring issues of power within planning practice (Forester, 1982). He warned against the perceived neutrality of professional mediations and validated the activist mediator “with a conception of how to serve particular needs” (Forester & Stitzel, 1989, p. 259). Later, Forester develops the notion of the planning mediator into a deliberative actor, who engages in real-time, situated communication with diverse stakeholders and becomes an “advocate of an ethic of care” (Forester, 1999, p. 189).

Forester further addresses the idea of care within (planning) practice, warning against the limitation of “caring about” and implicitly arguing for what Tronto (2015) would later term “caring with.” Reflecting on the account of community organiser Jim Diers, Forester (2012) argues that the expression of care needs to be critically examined to avoid unintentionally undermining the very communities that practitioners seek to support. The idea is that care should empower and enable community members rather than create dependency:

Many people in human services or government do...“care deeply about community,” but the way in which that care is expressed can have perverse and unintentional consequences: yes, they care deeply about community, “yet,” he suggests, “they’re often breaking down community, because they are doing for people what they can do better for themselves.” (Forester, 2012, p. 19)

The spectrum of mediation and negotiation strategies that planners might adopt to deal with “conflicting parties and at the same time negotiate as interested parties themselves” is further explored by Forester through a “repertoire” of six “mediated-negotiation strategies” highlighting the discretion and agency of planners (Forester, 1987, pp. 306–312): the planner as regulator; as representative of local concerns; as a facilitator of dialogue, but also as “performer of shuttle diplomacy” (p. 307); as an “active and interested” “nonneutral” party; and as an arbiter between conflicting interests. This work challenged established views of the practitioner as a neutral entity, paving the way for future emerging discourses, stating that “activist mediation is a viable, practical, and ethically desirable strategy” (Forester & Stitzel, 1989, p. 251).

### 3.3. Practitioner as Transition Activist

The practitioner's role can be framed in relation to Escobar's concept of "transition activist," which looks to indigenous and Afro-descended people in Latin America as a new way of understanding the "radical interdependence or radical relationality" of life (Escobar et al., 2022, p. 105). Drawing on his ideas about ontological design, transition activists are understood as those who design for alternative ways of life, actively challenging the dominant paradigm of modernity and seeking a pluriverse where multiple knowledge systems are valued (Escobar, 2018). This is a role that leans into new design methods and tools, where "effective meaningful design is a social activity in which the designer is one actor among many" (Escobar, 2018, p. 41).

Coming at the end of a three-decade-long period of critical observation about how policy and planning (as design tools) structure and frame everyday lives, Escobar (2018, p. 16) presents his thesis for the pluriverse, "a world where many worlds fit." That is, "while the planet is singular, world is plural—for it is formed and seen in difference—as are we" (p. 21). Holding implications for design theory and practice, Escobar suggests design is fundamentally "ontological in that all design-led objects, tools, and even services bring about particular ways of being, knowing and doing" (p. X). Conceptually, the pluriverse has made tentative moves into care discourse; see for example, FitzGerald's (2022) *Care and the Pluriverse* as a way of challenging thought about how we engage across difference.

The transformative potential of the pluriverse sits in "the process of enacting other worlds/practices" (Escobar, 2018, p. 99), moving beyond theory into the practice of such encounters. "Said more simply, theorists cannot maintain both feet in the academy and purport that they/we are bringing about a different world; they/we need to put one foot in a relational world (or worlds)—to practice what we preach" (Escobar, 2018, p. 103). Evoking Winograd and Flores, Escobar (2018, p. 116) elaborates:

Ontologically oriented design is therefore necessarily both reflective and political, looking back to the traditions that have formed us but also forwards to as-yet-uncreated transformations of our lives together. Through the emergence of new tools, we come to a changing awareness of human nature and human action, which in turn leads to new technological development. The designing process is part of this 'dance' in which our structure of possibilities is generated.

One of the critiques leveraged at Escobar is that "the ideas proposed in *Designs for the Pluriverse* highlight the need for Autonomous Design but fail to offer a way to get there. Escobar does not and, indeed, *cannot* prescribe the exact contours or conditions for how this transition will (or should) occur" (Morris, 2018, para. 9). Others, such as Paola Pierri, writing in the *Journal of Design*, tune into this lack of blueprint:

Although on one hand, he traces a practice of design for and from autonomy, where the conditions exist for change to happen from within; on the other, he does not put forward a clear blueprint by giving us the definitive answer and a model, but rather he raises more questions and doubts, as it always happens as a result of an honest intellectual wondering into complex matters. (Pierri, 2019, p. 1036)

We thus see space to add to the thought on how we might work in partnership to engage across difference. We do so by looking to new materialist scholarship.



## 4. Methodology

New materialism scholarship over the last twenty years has made reference to diffraction, figuratively and metaphorically, in seeking non-hierarchical ways of working with multiple sets of texts, sources, and knowledges. This work makes use of the concept of diffraction from classical physics, an optical phenomenon when waves, such as light, encounter an apparatus that impacts and determines what is observed. For Barad and other new materialist scholars (Barad, 2003, 2007; Haraway, 1997), “the *diffraction of narratives*, like the movement of the waves” (Gherardi, 2023, p. 310, emphasis added) can be helpful in the production of new patterns of understanding and knowledge. We looked towards Barad’s (2007, p. 137) discussions of diffraction that have highlighted how “differences come to matter.”

Barad (2014, p. 168) speaks to processes of “re-turning,” seen not as a stable reflection on a past, but as a method of seeing new possibilities by “turning it over and over again”:

We might imagine re-turning as a multiplicity of processes, such as the kinds earthworms revel in while helping to make compost or otherwise being busy at work and at play: turning the soil over and over—ingesting and excreting it, tunnelling through it, burrowing, all means of aerating the soil, allowing oxygen in, opening it up and breathing new life into it.

Through working diffractively, Barad invites us to “unsettle” our ways of understanding interactions through what they term “intra-actions”:

The usual notion of interaction assumes that there are individual independently existing entities or agents that preexist their acting upon one another. By contrast, the notion of “intra-action” queers the familiar sense of causality (where one or more causal agents precede and produce an effect), and more generally unsettles the metaphysics of individualism (the belief that there are individually constituted agents or entities, as well as times and places). (Barad, 2012, p. 77)

Diffraction breaks normative habits (Mazzei, 2014). Moving beyond interaction requires researchers to recognise and respond to their own “intra-actions” within analytical practices: It is “a moment of plugging in, of reading-the-data-while-thinking-the-theory, of entering the assemblage, of making new connectives” (Mazzei, 2014, p. 743).

We use a diffractive methodology to cast a light on the caring-with practitioner. Our rationale for working diffractively was a desire to move epistemologically beyond established modes of thinking about practice-research dynamics, which often use reflection-on-action, as set in motion by Schön (1983). For Bozalek (2022, p. 553), “diffraction as a productive non-representationalist tool marks differences from within, whereas reflection holds objects at a distance to reflect on them.” An established body of scholarship provides a set of clear practices and protocols to guide us in engaging diffractively with interview data.

Diffraction has been used by qualitative researchers to read multiple theories through interview data (Mazzei, 2014; Taylor & Gannon, 2018; Ulmer, 2016). This is a practice of installing oneself in “differences that matter” (Bozalek & Murris, 2021, p. 54), which results in researchers connecting with data in unexpected ways:

The researchers fold data and theory into each other and install themselves in the differences that emerges from the intra-action....We will know that we are physically experiencing the working of diffractive analysis when we connect with data in unexpected ways. (Li, 2023, p. 21)

A way of intra-acting with the data is through focussing on what speaks to us more intensely. Harding et al. (2017) draw attention to “hot spots” within qualitative data that “‘glow’ for the researcher” (p. 1215) and are repeatedly revisited in their discussions. The “hot spots” they encountered used “unexpectedly rich language” or were transcripts for which “the researchers had vivid memories of encounters that left each feeling that ‘something was up,’ but we did not know what it was” (p. 1215). Responding to these confrontations with the unknown or unexpected, and as part of an iterative multi-stage process of data analysis, Harding et al. (2017) undertook a diffractive analysis which moved them “from reflexivity to being part of the abduction process—theories, data and researchers intra-acted in trying to make sense of the transcripts” (p. 1215). For this article, we revisited interview data that had been thematically coded as part of the Caring-With Cities project. We broke open (Mazzei, 2014; Taylor & Gannon, 2018) prior data coding with theory (Section 5) and questioned our own practices within and without academia in relation to this (Section 6).

## 5. Diffracting Caring-With Cities “Hot Spots”

In this section, we introduce “hot spots” from Caring-With Cities interview transcripts and diffract them with concepts of practice introduced in Section 3. This new reading of theory through interview data (and vice versa) has resulted in an experimental section—characterised as “re-turning”, to use the language of Barad—from which a series of generative questions for practitioner-researchers emerges.

### 5.1. *Re-Turning: The Reflective Practitioner*

There is a tension in Schön’s reflective practice as being about sameness (reflection as a mirroring between subject/object), and the idea of “the patient as a universe of one,” where each is seen as a unique case, an embodiment of difference. With difference in mind, are reflection-in-action and reflection-on-action entirely separated? If habit relates to reflection-in-action (where an immediacy of responses depends on past patterns of experience) and reflection-on-action is seen as a way to learn from past experiences about how to work differently in the future, could there be multiple forms of reflexive practice at play at once? For example, are practitioners simultaneously looking to past experience and anticipating how such patterns might play out in the future?

Schön’s work brings the assumption that in reflective practice the “professional” is an independent subject. And yet, here we can see the entangled, dynamic and relational qualities of reflection-in-action:

I find a lot of the work being in local government is about kind of opening up and being empathetic and vulnerable, and then having to close again because you’re having to make decisions about budget cuts, or you’re having to deal with very angry people, or being personally attacked and things, so it’s opening and closing of the armour. Which is really, really exhausting actually. The people who I think...can really stay in it for the long game, the majority, are people who sort of almost permanently have the armour shut. It’s a tricky thing. Definitely room for improvement in local government, I would say. Probably needing a bit more care. (Local Authority Cabinet Member)

Knowing when to pause and step away can be seen as a way of “sustaining caring” about others, but also, as we see above, as a form of self-care. We might think of care as being co-constitutive, that there are interdependencies between sets of actors, an intuitive form of “tacit-knowing in-action” (Schön, 1983). A way of having a reflective conversation with the situation: shaping and being shaped by it. If the sustaining of care over time requires a continual “opening and closing of the armour,” how can caring-about and -for others be negotiated alongside the receiving of care or self-care? This negotiation requires reciprocal relationships of care or caring-with. How might caring-with practitioners open and close their armour in ways that continually recompose their relationship to others and alter their capacities for giving and receiving care?

Does reflection lead to a compounding of power imbalances? Interviewees from both community-led and policy-making perspectives discussed local authority “enabling roles” of different kinds. Here, the council’s role is seen as “enabling people to take responsibility and supporting people in that role.” This type of dynamic might be seen as something akin to what Schön outlines in his chapter on psychotherapeutic practice, with the therapist functioning as a guiding force in understanding human experience. But such a reference point sits at odds with more formal recognition of community-led knowledge established through consultancy services:

They’ve engaged with the council in a more formal, regular basis, almost as consultants and stakeholders. I think that’s a slightly different dynamic that they’re potentially acted as a consultant as opposed to a stakeholder, which is a slightly different conversation. (Community Wealth Building Officer at City Council)

This positions community groups not as receivers of expert help but as experts in their own lived experiences and knowledges of a place which is of value to others, including through formal urban decision-making processes. In instances where members of the community are formally engaged (and remunerated) as “consultants” by policy-makers, to what extent does this meaningfully address power and resource imbalances and recognise the value of diverse knowledges?

## **5.2. Re-Turning: Practitioner as Mediator**

Schön’s in-the-moment response of the practitioner’s reflection-in-action is echoed by some of Forester’s (2012) later work in which he explores “learning to improve practice,” focusing on “not what planners thought, and not what they did, but how they had to do their own in situ discourse analyses in the ongoing flow of their work” (p. 16). In relation to discourses around care, this real-time, pragmatic analysis can be difficult and requires vulnerabilities. From the perspective of practitioner-researchers working in local authorities it can sometimes be simpler to close off:

I’m a feminist, I’ve got an academic background, I’m open to [talking about care more directly within democratic processes]. But most, you know, you’re talking about in local government context, you’re talking about people who can’t open up to that vulnerability. Either because professionally they can’t, or because emotionally, psychologically, they can’t. I think when you start talking about care, and you talk about vulnerability, and you talk about people having needs, there are some people [who] just...won’t be able to engage with it, just because their minds cannot go there. Or it’s just so outside the language that we use in local government. I would like it if we lived in a world where local government was more, and

just the general world, was more open to talking about care and caring for each other. I don't know how you do that without kind of losing a certain kind of professional mask that you kind of need to protect yourself from some of the really difficult things that you deal with. (Local Authority Cabinet Member)

Do vulnerable moments of lifting a “professional mask” allow new relations and connections between policy-making and community organising? To lift the mask is to open up the potential for caring-with:

I think making the time and building the relationships and building the trust and understanding of the place and of the concerns, is really, really important to instances of care. (University Lead for Civic and Community Engagement)

This awareness of the importance of building trust as a scaffold for caring-with practices extends what Forester has described as the “in between” work of (planning) practitioners (Forester, 2012). Forester discusses planners as “intermediaries” who try to bring together deeply different and often distrustful parties and “do not produce ‘solutions’ or make ‘agreements,’ any more than midwives make babies” (Forester, 2012, p. 17). Bringing together the often tacit knowledges of community participants can yield surprising results for all involved: Community groups who “may know their problems better than any outsider...can still find themselves surprised by the strategic results they can sometimes achieve through such mediated processes” (p. 17).

In his earlier work *The Deliberative Practitioner*, Forester (1999) focuses on the micro-politics of planning in an attempt to “honor and yet add substantially to Donald Schön’s influential but politically agnostic reflective practitioner” (Forester, 2012, p. 14). Forester’s call for the need to look at “micro-politics” of planning practitioners acknowledges that everyday actions are “deeply permeated, staged and structured by relations of power” (Forester, 2012, p. 12). This focus on the political and on power relations resonates with Joan Tronto’s notion of “caring with.” For Tronto (2015, p. 9), care is deeply political, “with both a small ‘p’ and a capital ‘P,’” and “involves power relations” which are inherently unequal. Caring-with becomes a radical proposition to make care equal by establishing “patterns of care” that balance out giving and receiving across someone’s life and generations. When one moves beyond an apolitical position of being in the middle, how can practitioner-researchers operate in nuanced ways, mindful of power imbalances and by dynamically “opening and closing the armour”?

### 5.3. Re-Turning: The Transition Activist

Speaking to the “transition imagination,” Escobar (2018, p. xiii) writes: Ontological design as a “conversation about possibilities” presents a “transition from the hegemony of modernity’s one-world ontology to a pluriverse of socionatural configurations” (Escobar, 2018, p. 4). Such instances of design prompt him to ask: “Might a new breed of designers come to be thought of as transition activists? If so, they would have to walk hand-in-hand with those who are protecting and redefining well-being, life projects, territories, local economies, and communities worldwide” (Escobar, 2018, p. 7):

If part of my role is to interface between the university and community and partners, we have to really understand the place that we live in, and the kinds of challenges that are in that place, and the concerns that people have. (University Lead for Civic and Community Engagement)

Such interfaces of caring-with denote a paradoxical position: simultaneously occupying a boundary condition, whilst necessitating a deep understanding of place and all its messy relationalities. Could we think of the transition activist as a form of Baradian apparatus, co-producing “future logics”—to use Escobar’s terminology—from within entangled, material-discursive states? Futuring, therefore, might be conceived of as “boundary-drawing practices” (Barad, 2007, p. 140; enacted through apparatuses making performative divisions on the world), sanctioning what matters and what is excluded from mattering. Caring-, acting-, designing-with, requires us to reconsider our privileging of the apparatus of the transition activist, for design when everyone designs (Manzini, 2015). This is the oxymoron of autonomous design, as Escobar concedes.

With the *transition* inherent in *transition activist* speaking to movement and the practice of *futuring* as a forward-looking imaginary, how can acts of care move with community-led development as they evolve—particularly when, as Escobar (2018, p. 157) notes, “knowing is relating,” that is, it is a form of deeply situated knowledge (Haraway, 1988)?

The work of the transition activist can be positioned as a critique of local government and its inherent logics. Against UK austerity and public sector cuts, what opportunities might open from within this shifting landscape?

I think it will become more that the local government will be looking to be more enablers...just enabling people to take responsibility and supporting people in that role. Rather than it being something that the Government does in an area, actually it becomes something the community does, and the local government supports, which I think is how things are going to probably have to move anyway, because there just is no funding available and we’re having to cut all the time in local government. (Local Authority Environmental Protection Officer)

We might think of local government as an apparatus of care, but this neglects that communities are also imbued with their own power relations and that there is a multiplicity that exists that also creates impossibilities for others: caring-with-apart.

## 6. Diffracting Our Caring-With Practices

In this section, we draw on our own work as practitioner-researchers seeking to implement urban caring initiatives. We do so through three accounts in which each of the authors discusses and expands on the generative questions raised in Section 5 in relation to their own practice, in a continuation (or re-turning) of a multi-stage diffractive process. Each of these accounts surface elements that we see as foundational for the construction of the caring-with practitioner: (a) that acts of care are structured not only through the apparatus of practice-research, but through an intra-active entanglement with the apparatuses and boundary-drawing practices of others, (b) that multiple roles can be held that are co-emergent and mutually constitutive, and (c) that a shift is required from individual practitioners to ecosystem(s) of practices/practitioners that determine what comes to matter.

### 6.1. *Diffractive Account of Practice: Intra-Active Entanglements (Claire McAndrew)*

The previous section suggests that the caring-with practitioner is a form of Baradian apparatus or interface. Barad and Gandorfer (2021, p. 39) intimate that:

To engage in a diffractive practice of attending (to) the entanglements that we call “science,” for example, it would be necessary to understand “oneself” and the apparatuses that constitute “oneself” as being of the very material-discursive entanglements of which one is intra-acting (not in some self-reflexive epistemological sense where an individual self precedes the encounter but) in the sense of taking on a different sense of response-ability, including response-ably opening up and reworking the science itself, and the scientific imaginary embedded inside the political, and so on (*ad infinitum*).

As a social scientist, cutting apart my ingrained habits of over 20 years, framed by a particular educational apparatus, has been hard to undo. Moving from the familiar frame that gave pattern to our preexisting thematic analysis required an opening-up of possibilities rather than a following of threads of sameness. To work diffractively meant a kind of re/working of “science” itself that Barad and Gandorfer (2021) note above. A process through which the resistance of a customary social science apparatus brought a sense of friction against the framing of each thought, to be actively—or more aptly, intra-actively counter-acted.

To bring a diffractive lens to collaboration, perhaps requires recognition of one’s own practice forming through a particular apparatus to be intra-actively entangled with the apparatuses and boundary-drawing practices of others? This comes from my own understandings across academia/practice: as a social scientist working first within communication design and then within the field of architecture, on publicly engaged, participatory works. This insider/outsider set of perspectives—as a social scientist within the field of architecture and as an academic engaging with local communities—frames the dance of caring-with within my work. Acts that are porous to and changed by encounters from the lived experience of other worlds. This understanding of the life space sits differently to academic/architectural practitioners with whom this article is written, to practitioners in local authorities, and actors within community-led developments with whom we conversed in the production of the original work.

This re-turning of “data” as experiential accounts through theory suggests the caring-with practitioner to be constructed through an intra-active entangling of apparatuses, that is, of different types of agencies that enact what matters and what is excluded from mattering. Could this form the backbone to our understanding of how Escobar’s future logics are co-produced? Might this also be a way of reconsidering the innate privileging of the apparatus of the Transition Activist, for design when everyone designs? If so, we arrive at a sort of complex interweaving of apparatuses that sheds light on understanding how the caring-with practitioner “performs porosity” (Chan, 2020) and how practices of care move with community-led development.

### 6.2. *Diffractive Account of Practice: Co-Emergent Roles (Jonathan Orlek)*

This account explores some of the ways in which the caring-with practitioner can hold multiple roles that are co-emergent and mutually constituted. For me, as an architecturally trained researcher—who researches experimental spatial practices by arts organisations and practices (as part of the social enterprise architecture practice Studio Polpo) between art and architecture—practice has been a porous term used to describe work



both by myself and subjects of my research. During PhD research, I embedded myself within an artist-led organisation in order to follow and study a pilot housing project, resulting in the development of an embedded ethnographic (Lewis & Russell, 2011) research project. In this context, practitioner roles were overlapping and ambiguous (for example, within arts organisations, staff responsible for artistic support and curation may carry out this work alongside an artistic practice of their own and/or may understand this work as a creative or research practice in its own right). For embedded ethnographic research such as that conducted for my PhD, practices of both reflection-in-action and reflection-on-action seek to change projects/organisations as they unfold over time. Feedback loops extend beyond “the moment” of reflection-in-action or in situ discourse work; they require long-term commitments and trust.

In articulating my own role as an embedded ethnographic researcher, and seeking to differentiate myself from employed staff or commissioned artists—while also being open to invitations to collaborate across these roles—I arrived, at the time, at the following:

I had expected and anticipated a shift from being a removed outsider to [an] embedded “in-house” researcher. The invitation from [an artistic duo called] Sophie + Kerri to be part of their residency opened further opportunities and research positions that I had not imagined. Their interest in inviting me—both my research and wider practice—into their residency questioned a linear narrative and spectrum from individual outsider to insider. *I could be in multiple positions at the same time!* (Orlek, 2021, p. 185)

Threaded throughout the Caring-With Cities interview transcripts are similar discussions on the adoption of multiple roles, positions, and strategies, for example, in acting as both a stakeholder and consultant. I have come to question my hold on this multiplicity of positions in embedded research projects. A diffractive insertion into difference requires a continual seeking of ways to practice and arrange, which are both receptive and enactive of change. This dynamic reframing of agency and holding of multiple positions at once is akin to what Barad describes as quantum entanglements (Barad, 2007).

### **6.3. Diffractive Account of Practice: Ecosystems (Cristina Cerulli)**

This final account prompts us to consider the agency of the caring-with practitioner and the dynamics between the multiple positions that they hold at once and those of the multiple actors operating within and across projects and organisations.

My practice is situated within ecosystems that straddle architecture education, research and professional practice (with Studio Polpo), and focuses on creating situations with the potential to trigger transitions towards more equal, just, and regenerative socio-technical environments. Forester’s repertoire of strategies for planners discussed above includes “active and interested mediation,” which sees the practitioner “thriving as a nonneutral,” “keenly aware that emotion and substance are interwoven, and that planners who focus only upon substance and try to ignore or wish away emotion do so at their own practical peril.” (Forester, 1987, p. 308). This idea of “thriving as a nonneutral” strongly resonates with my approach to research and practice, which I have developed over time, moving beyond the technocratic view of practice and professionalism that had shaped my professional education. My own politicisation as a practitioner and researcher echoes that of many practitioners who are “getting political” in response to the neoliberal

mechanisms shaping our built environment. I recently co-edited a book (Turan et al., 2025a) exploring the complex interplay of politicisation and depoliticisation within planning and design, particularly as these fields are shaped by neoliberalism:

Planners, landscape architects, and architects in different cities across the world witnessed, or sometimes joined, protestors reclaiming public spaces as a way to express their discontent. These professionals were prompted to re-explore cities and public spaces as spaces of politicization. (Turan et al., 2025b, p. 1)

As a practitioner, I strive to work with many, in multiple capacities, negotiating multiple value systems and trying to spot the potential synergies across them. I have previously written about the need to understand and embrace the productive tensions across the “extended learning networks” within collaborative, interdisciplinary pedagogical practices across universities and external partners (Cerulli, 2017), to unpack the “mutually beneficial arrangements and value created through those collaborations” (p. 12). The diffractive readings of our Caring-With Cities data resurfaced my idea of the “ambiguous and multifaceted nature of the designer educator” with “their double design role in academic project-based research—as designer of pedagogies and designer of interventions” as a “key to shaping the power relations and the scope of projects” (p. 13).

Focusing on the convergence of values and agendas and the synergy between caring-with practitioners operating within specific (project) ecosystems speaks to Barad’s intra-action and of how the caring practitioner both shapes and is shaped by situations within the ecosystems they operate within, in mutual patterns. This is at odds with discourses and norms around (architecture) professional practice, which tend to privilege competition and antagonistic relationships.

What if, as practitioners, we are to move beyond the self to include broader actors and ecosystems, mutually entangled and constitutive to specific projects and sites? Caring-with within community projects that are sometimes fleeting can be seen as a long-lasting convergence of multiple situations constructed by multiple practitioners within that project ecosystem. This suggests incremental, durational, and forward-moving practices with provisional positions that co-evolve with the contexts that practitioners embed themselves in.

## 7. Concluding Remarks

In this article we have employed a diffractive method to “break open” data from our British Academy project, bringing new understandings to the practitioner within public cultures of urban care, which we term the caring-with practitioner. Working diffractively, we moved forward the legacies of scholarship on the role of the practitioner, re/casting engaged practices as caring-with. Rooted in our own practices (with one foot in academia and another outside) and those of our research participants contributing to cultures of care in urban action, our diffractive exploration speaks to entangled practice-research dynamics. We have contributed to an epistemology of practice founded on acts of caring-with, which enables the work of practitioners to be thought about in new ways as part of an intra-active ecology of practice. Here, specifically, we have focused on practitioners embedded within community-led initiatives, which have received less attention within care scholarship than other collective urban practices (such as self-organised and autonomous groups).

In our construction of the caring-with practitioner, we suggest that acts of care are structured not only through the apparatus of practice-research, but through an intra-active entanglement with the apparatuses and boundary-drawing practices of others. We propose that multiple roles can be held that are co-emergent and mutually constitutive. This expands literature about individual practitioners towards ecosystems of practices/practitioners that determine what comes to matter. To rigorously navigate through these entanglements, our methodological approach also embraces difference in researching a just and more caring city. We deliberately worked diffractively to move beyond incremental insights through potentially homogenising qualitative analytical methods. Our diffractive way of working follows an established scientific lineage, which is being advanced by new materialist thinkers, from theoretical concepts through to specific methodological protocols. Responding to Barad's (2012) invitation to "unsettle" our ways, we have brought an expanded set of practitioner insights and perspectives on the mediation of public urban cultures of care.

Diffractive methodologies and approaches have been advanced by researchers who have developed "a vocabulary of practices, doings, and actions in order to prevent the recycling of tropes of optics and reflection" (Pfizenmaier, 2018, para. 6). The diffractive reading and writing of texts—for example reading texts "through one another" and "the diffracting of narratives" requires practice. On one hand, this is a limitation of the approach—it takes time to become attuned to diffractive reading and writing. On another hand this might also present an opportunity to step out of disciplinary comforts and fixed patterns of behaviour; but might there be tensions between an open-ended approach, a slow and careful path that avoids a "rush to application" (Murriss & Bozalek, 2019, p. 1505) and what is required to influence urban processes through policy-making mechanisms?

We see our article making significant contributions to knowledge across three areas.

First, we expand canonical theories about practice. We use diffractive enquiry to expand established scholarship of the reflective practitioner (Schön, 1983), practitioner as mediator (Forester, 1987), and the transition activist (Escobar, 2018), contributing to contemporary scholarship within urban planning, built environment, and design professions. In doing so, our work responds to specific critiques of theories of practice, including the lack of a blueprint on how to work in partnership to engage across difference.

Second, we intersect professional practice scholarship with contemporary discourse about ethics of care. Whilst attention to the collective, relational and ethical dimension of practice is not new—e.g., they were central to Forester, who as Wagenaar (2002, p. 234) notes saw the limitations and the "instrumental bankruptcy of the expert model"—through introducing the notion of the caring-with practitioner we recognise a plurality of urban caring efforts and prepare the ground for these to be understood more equitably. This raises the profile of work undertaken in support of community-led development and practices associated with this that may not be fully recognised using established concepts of professional practice.

Third, this article contributes to a more nuanced understanding of how to work with care at the nexus of academia and practice, which has received little attention to date. We challenge the binaries of practitioner roles, contributing to relational and co-constituted understandings of urban caring practices across academia, policy, and community-led development. The caring-with practitioner works across multiple registers and diffracts research-practice dynamics in urban care, recasting previously siloed boundaries or mirror-fashioned relationships between professionals.

Our proposition for the caring-with practitioner is of relevance to urban planning and built environment practitioners working towards the just city. Drawing on Barad's notions of intra-action as mutual constitution of entities through their relationships, we explored how the caring-with practitioner might shape and be shaped by situations within the ecosystems they operate in. We have moved back and forth between policy insights and the deeply situated by "cutting together-apart" (Barad, 2014) material about practices of others, our own practices, and established professional discourses.

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# Care Infrastructures in Disadvantaged Neighbourhoods at Times of Welfare State Change: Finland and UK Compared

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## Abstract

In this article, we approach urban cultures of care from the perspective that analyses care and caring as taking place between bottom-up, everyday practices and welfare state structures. We begin with a broad understanding of care as a fundamental activity that sustains and nurtures our shared environments. This perspective highlights the often overlooked and marginalised nature of care. To capture the complexity of care, we identify care as an everyday activity with significant political and ethical implications for urban life. Drawing on qualitative and ethnographic research conducted in Finland and the UK, two distinct welfare state contexts, we investigate how urban cultures of care unfold in marginalised communities at times of welfare state change. Through case studies focused on community-led initiatives such as the sharing and gifting of food, clothing, and household items in the UK, and neighbourhood responses to urban development in Finland, we illustrate how caring practices are shaped by shifting state infrastructures. These practices as “infrastructures of care” are shown to arise through everyday interactions and affective engagements within urban spaces. We conclude by considering the broader potential of local care infrastructures to contribute to alternative economic models rooted in solidarity, particularly as welfare systems undergo significant change.

## Keywords

care; care infrastructure; community; neighbourhood; urban development; urban space; welfare state

## 1. Introduction

As urban environments are today becoming more diverse and polarised, the concept of care has increasingly emerged in urban studies as part of discussions on urban (social) justice (Till, 2012; M. J. Williams, 2017).

Urban environments are seen not only as objects of care but as initiators or mediators of care (M. J. Williams, 2020) that contribute to urban quality of life.

In this article, we discuss urban cultures of care by analysing care and caring as taking place in cities between everyday bottom-up practices and welfare state structures. We take as a starting point particularly Fisher and Tronto's (1990, p. 40) famous definition of care as "everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible." This view places care at the centre of how society, politics and ethics are conceptualised and recognises the often excluded and marginalised nature of care (Jupp, 2022). To address the multifaceted nature of urban care, we identify care as an everyday activity having political and ethical impacts and consequences for urban life (see also Power et al., 2022).

In this article, we study local urban practices of care in Finland and the UK, two different welfare state contexts, to explore how urban cultures of care are unfolding at a time of rapid welfare and economic change. Through case studies, around community-led gifting and sharing involving food, clothing, and household goods in the UK, and neighbourhood initiatives responding to segregation and urban development in Finland, we examine how caring practices are shaped by shifting (state) infrastructures, and emerge via everyday and affective interactions in urban space.

The article proceeds as follows: We firstly discuss the concept of care especially in urban contexts. Second, we illustrate how economic restructuring and welfare reforms influence care provisioning and, specifically, in national contexts of our studies, Finland and the UK. We introduce our research data, cases, and methods. In empirical sections, we focus particularly on how "infrastructures of care" are produced via shifting state infrastructures and everyday encounters in the spaces of community and neighbourhood initiatives. To conclude, we assess the potentials and limitations of care practices in these contexts. This view on urban care, we believe, contributes to identifying the dynamics of urban everyday welfare and care in changing welfare states, contributing to the development of just and caring cities.

## 2. The Concept of Care and the Urban Context

Care can be defined as "an everyday and ongoing set of practices and relationships" (Jupp, 2022, p. 11). The concept is often defined to include diverse forms of care and caring, such as, caring for children, care for elderly or those with disabilities, caring for neighbours, care provided by communities, or notions of "self-care" and nurturing. The forms of care are not only individual relational matters but interact with wider structures and institutions that may be caring or uncaring (Jupp, 2022). Feminist research has also made the case for a far wider view of care than one might immediately imagine, including all the webs of relationships and support that enable us to sustain and nurture our shared environments (Fisher & Tronto, 1990; Noddings, 2013). For Fisher and Tronto (1990), care is an activity that takes into account humans and non-humans in a way that is respectful and considerate towards them and our living environment. According to this definition of care, everyday living environments include social, bodily, and spatial contexts and activities, where care does not only refer to relationships between humans but also includes material and spatial aspects as well as non-human actors (Puig de la Bellacasa, 2017, p. 2).

In recent contributions in urban studies, the concept of care has begun to be intertwined with discussions about just and fair cities, where cities are considered not only as objects of care but also as initiators or

mediators of care (Kymäläinen & Kuoppa, 2025, p. 8; Till, 2012; M. J. Williams, 2017, pp. 827, 836–837, 2020, p. 6). This discourse emphasises the need for urban environments that support the well-being of all residents, particularly the most vulnerable. Using the concept of “care-full justice,” M. J. Williams (2017, p. 822) emphasises collective responsibility for caring for the city for both its human and non-human inhabitants. In this context, the idea of *infrastructures of care* is essential for creating inclusive urban spaces that prioritise the needs of all residents. By infrastructures of care we refer to the systems and structures, both formal and informal, that provide essential support and services to individuals and communities (Bowlby & Jupp, 2021). These infrastructures are identified as crucial in addressing the inequalities that exist within urban settings, ensuring that care is accessible and equitable. Drawing on wider research developments on “infrastructure” within human geography (Alam & Houston, 2020; Latham & Layton, 2022), for instance, Power et al. (2022, pp. 1165–1166) highlight how economic restructuring and welfare reforms have led to new forms of urban poverty, necessitating a rethinking of care infrastructures to support marginalised populations. This rethinking involves recognising and integrating the diverse, often invisible, care practices that sustain life in urban environments.

The discussion on care infrastructures advocates for urban planning and policies that are sensitive to the needs of marginalised groups, ensuring that care is not only a private responsibility but a collective one. By embedding care into the fabric of urban planning, cities can become more just and equitable, addressing systemic inequalities and fostering environments where all individuals can thrive (A. Williams & May, 2022). This intersection of care infrastructures and urban justice underscores the importance of reimagining urban spaces to prioritise relationships, safety, and agency, ultimately advocating for systemic change (A. Williams & May, 2022).

### 3. Care and Economic Restructuring

Lately, welfare state restructuring along with austerity cuts has resulted in transformations of the provision of urban welfare and care in Global North contexts. As a result, people are experiencing a fractured landscape of care support and care services as established forms of welfare and care services are being replaced or supplemented by new emerging forms of provision and care (Power et al., 2022). These new forms of provision and care have emerged outside state-provided services, initiated often by community groups, social enterprises, and NGOs that adopt new roles as providers of care and care infrastructures (Jupp, 2022). Alongside community-based services, we witness the rise of diverse forms and networks of voluntary and informal care support that include, e.g., neighbourhood networks initiated by residents and communities (see Klinenberg, 2018). These kinds of services and networks as forms of informal care and care infrastructures operate outside or alongside formal welfare systems and contribute to sustaining life in urban neighbourhoods where official support may be lacking.

Power et al. (2022, p. 1166) analyse this transformation of care with their notion of “shadow care infrastructures” to explore how marginalised individuals navigate survival in the context of economic restructuring and welfare reform. This concept describes the mix of formal and informal practices that can support these individuals and communities. This framework highlights the often-invisible care practices and infrastructures that sustain life amidst growing urban poverty and alongside or in the absence of formal welfare systems. These infrastructures are sustained unequally by women, racially minoritised, and working-class groups and individuals (Lawson, 2007).

One manifestation of this collective responsibility can be seen in communities and spaces in cities that provide places for support for various marginalised groups (e.g., Jupp, 2022; M. J. Williams, 2020), or aim to preserve the habitats of non-human species alongside urban environments primarily built for human use (e.g., Puig de la Bellacasa, 2017). Low and Iveson (2016, p. 20) consider how access of marginalised groups or individuals, such as children or the elderly, to urban space may be facilitated by “caring others,” highlighting the collective responsibility for providing safe and sensitive spaces to receive care (see also Kymäläinen & Kuoppa, 2025, pp. 3, 5).

Nonetheless, as Bassel and Emejulu (2017) and Jupp (2022) have argued, there is an ambivalence to care practices arising in contexts of neglect and economic restructuring, as they place further burdens on those already operating at the margins and disadvantaged by society. As Traill et al. (2024, p. 190) point out, “these infrastructures often require more care to address care deficits and repair the social fabric of society.” In this article, we seek to trace how emergent infrastructures of care are forming in marginalised communities in Finland and the UK, and explore the politics and ethics of these forms of care.

#### 4. National Welfare Contexts in Finland and the UK

In Finland, as part of the Nordic welfare model, local authorities, such as cities and municipalities, have traditionally carried responsibility for care provision for residents (Rose & Ståhlberg, 2005). What is typical for the Nordic welfare model is the universal nature of public services. Principles of equality, accessibility, and social solidarity are fundamental values, emphasising collective responsibility of caring about people and providing them with care. However, in the 2010s in Finland, the weakened economic situation, aging population, and high unemployment have increased regional welfare disparities. Local government reforms have aimed at bigger scales, stronger structures, digitalisation of services, and increasing efficiency. As public spending has been more strictly regulated, boundaries of public responsibility have narrowed (see Greve, 2022). These changes have influenced spatially, particularly, the living conditions of residents in disadvantaged neighbourhoods, where gaps regarding living standards, life chances, social services, and health conditions have become prevalent (Sjöberg & Kings, 2022, p. 284). As Sjöberg and Kings (2022) point out, capital and resources are seen to accumulate in affluent urban areas where people have more economic and social resources.

In the Finnish context, the transformation of welfare state structures has increased responsibilities of communities as providers of welfare services, not only as “an extension” of the public sector but as independent partners of the public sector (Burau & Kröger, 2004; van Gerven, 2022). At the same time, a growing emphasis on the need for increasing citizens’ functional capacity and self-reliance is identified (see van Gerven, 2022). These changing settings of welfare services and care provision may result in increased polarisation and inequalities between urban neighbourhoods, hence emphasising the need to critically scrutinise the development this may have for the urban infrastructures of care in disadvantaged neighbourhoods. Indeed, to respond to the rise of inequalities, national-level urban regeneration programmes were initiated in Finland to target disadvantaged urban neighbourhoods. Particularly, the Neighbourhood Development Programme by the Ministry of Environment (2020) linked research and practice to respond to social needs of neighbourhoods. The most recent programme, undertaken in 2020–2022, aimed to strengthen the vitality of less-affluent neighbourhoods and reduce the risks of urban segregation.

The UK has long been classified as a “liberal” rather than “social-democratic” welfare state under Esping-Andersen’s typology (1990). As such, it has always involved a welfare mix of private as well as public sector provision, and involved conditionality, and means testing to access state benefits, as part of a “residual” approach to state support when the family and market fail. However, the broadly centrist/Third Way Labour government (1997–2010), which was in power before the financial crash of 2008, had expanded elements of state provision, with a particular emphasis on supporting “disadvantaged” communities. New forms of community centres, workers, and partnerships were targeted at places where households were most in need (Hills & Stewart, 2005).

2010 onwards brought a programme of austerity measures overseen by a right-wing Conservative government. Rapid cuts were made to state benefits, and increased conditionality, as well as the closure of many spaces and services in poor areas (O’Hara, 2015). This period also saw the rapid rise of non-state organisations moving into communities to provide services, especially with regard to material need. These included church and religious organisations as well as charities and social enterprises at various scales. One prominent example of organisations in this new landscape is the food bank (A. Williams & May, 2022), many of which are coordinated by a Christian organisation, the Trussell Trust. These spaces collect food from supermarkets and via public donations, and make up parcels for collection by food bank users who must prove themselves to be in need, via a process of “referral” from a professional such as a GP or another charity. Users are not normally allowed to access more than a certain amount of parcels in an allotted timeframe. Research has shown these spaces to be very ambivalent in terms of the interactions and support that people might get from visiting them, and it is hard to view them as spaces of sustained care, even if volunteers within them are caring (Cloeke et al., 2017). A newer phenomenon within the UK welfare landscape, especially since the Covid-19 pandemic, has been practices and structures of “mutual aid,” involving grassroots approaches to providing food, medication, and mutual support in communities, springing at least partly from anarchist traditions (Spade, 2020).

## 5. Cases, Data, and Methods

Our data is based on empirical research in Finland and the UK, from two cases that involve independent research projects. In the studies, we have utilised qualitative methods, such as interviews and ethnographic and participatory observation to distinguish the local practices and care infrastructures. Methodologically, we draw on a practice-theoretical approach (Schatzki, 1996, 2002), particularly to investigate how urban cultures and infrastructures of care emerge in disadvantaged neighbourhoods. According to Schatzki (1996, 2002), practice theory considers social life as constituted through practices, which, in our study, form the primary units of our analysis. For Schatzki, practices are not merely individual actions but consist of activities that involve, e.g., shared understandings, rules, goals, and emotions associated with the particular activities. Following this view, social practices are interactions between people, but they always occur within specific material contexts, hence addressing the importance of both dimensions as crucial for the formation of practices. Furthermore, in the context of this study focusing on urban neighbourhoods, the practice theory enables investigating the interplay between social activities and urban context for the formation of urban infrastructures of care. Following this approach, we recognise that the cases have their own particularities. They represent different welfare state traditions, but they share similar questions on emergent infrastructures of care. Studying Finland and the UK, we wish to distinguish the politics and ethics of the emerging forms of urban care within the transformation of welfare state in two distinct contexts.



We qualitatively analysed the data, aiming to identify various practices and forms of urban care that have emerged as a result of changes in the welfare state. We looked for sections in the data where interviewees describe changes or issues they have encountered in their daily lives, which have led to the development of new forms of care and support in their areas. We particularly focused on parts where people talked about the changes their locations have experienced and the impacts of these changes on residents' daily lives and experiences of inclusion. In this analysis, we categorised the data in two sections: the shifting state infrastructures that shape practices of care from top-down, and everyday encounters emphasising the affective interactions as initiating emerging, bottom-up forms of care.

In the analysis, we include data excerpts, such as interview citations and snapshots from fieldwork to illustrate the findings. It should be noted that as they spring from different wider projects, the data available in the different case study locations is somewhat different: in particular, in Tampere, the emphasis was on interviewing residents, whereas in Stoke-on-Trent, interviews were with community workers and volunteers running community spaces.

### **5.1. Tampere, Finland**

The empirical research in the city of Tampere, Finland, is based on a qualitative study conducted as part of a research in two southern council estate neighbourhoods in Tampere. The research "Ecosocial Well-being and Inclusion: The New Dynamics of Residential Differentiation" (2020–2023), funded by the Ministry of the Environment's national Neighbourhood Development Programme, investigated the intertwining of ecological and social sustainability in the formation of residents' inclusion and well-being. The neighbourhoods under analysis represent Finnish so-called "forest neighbourhoods," or satellite-neighbourhoods, that can be seen as a product of former state-sponsored housing policy. This policy sought to provide a solution for the increasing population growth and need for less expensive housing in the age of urbanisation in the 1960s and 1970s in Finnish society. These segregated neighbourhoods have presented policy challenges, such as low levels of well-being explained to be associated from residents' lower socio-economic status and social problems (Junnilainen, 2020).

In Tampere, the case study neighbourhoods were primarily developed in the 1960s and 1970s and are characterised by their proximity to nature, spacious housing, and good transport connections. However, the neighbourhoods have several markers of disadvantage that include, for example, a low socioeconomic background, a relatively high number of unemployed people, resident turnover, a high proportion of non-native speakers, and a large number of low-income families with children (Tampere City Region, 2020). Urban investment in these areas was scarce in the 2000s, causing a desperate need for renewal of housing infrastructure and increasing unemployment rates. The neighbourhoods generally attract negative public connotations as peripheral, low-quality areas with social problems. However, the negative public image of the neighbourhoods is typically not identified by residents of these areas (Lehtonen, 2023).

In residents' views, both neighbourhoods are known for their closeness to nature. Residents appreciate local tranquility and the spaciousness of the housing. However, there is a desire for more diverse commercial services and improvements to the areas' reputation and overall welfare. Both neighbourhoods face socio-economic challenges typical of suburban areas, such as the need for improved services and renewal of buildings as well as the need for community facilities. Together with the Neighbourhood Development

Programme that was undertaken in the neighbourhoods in 2020–2023, the City of Tampere has stated an interest in developing local services and enhancing quality of life in the areas, including the construction of a new well-being centre that would provide public social and health care services. Efforts are being made to ensure the vitality and equality of these residential areas through long-term development plans.

Research data was collected by interviewing residents, discussing with local actors (e.g., housing committees, residents' association, the City's suburban project), observing local events and the neighbourhood, and using participatory methods. For example, residents were asked to photograph meaningful places in their area and a workshop for residents to discuss urban development of the areas was organised. The data utilised in this article consists of resident interviews ( $N = 39$ ) collected in 2021. Of the interviewees, most of the individuals are 20–60 years of age. Women represent a majority (26) of the interviews to men (14). Most of the interviewees live in apartment buildings typical of the suburbs built in the 1960s and 1970s, but the data also includes individuals living in row houses, detached houses, or semi-detached houses. The interviews covered four main themes: residents' housing history and experiences of the area, the construction of everyday life and social networks, participation in the development of the residential area, and sustainable development, discussed in relation to residents' daily lives and the residential area. For this article, data is explored to identify the emerging forms of care contributing to the well-being of people living in these areas.

## 5.2. Stoke-on-Trent, UK

Stoke-on-Trent is a post-industrial city (like Tampere) in the British Midlands, previously the centre of the UK ceramics industry, and still known as “The Potteries.” It has long had high levels of poverty and associated social problems, and was hit particularly hard by austerity cuts in the wake of the financial crisis (Etherington et al., 2022). It is a dispersed urban area with a number of 19<sup>th</sup>-century urban centres (called the Five Towns), alongside large areas of housing, much of it social housing built from the 1960s onwards. These communities often developed around particular workplaces, including ceramics factories and associated mining and other industries. They are typically low-density housing areas with green space and countryside interspersed, and often feel somewhat isolated, with poor public transport links to urban centres. Whilst always experiencing significant deprivation, such communities benefited from urban regeneration programmes and some public sector investment and resourcing during the late 1990s and 2000s, including community facilities, community practitioners, and new forms of “partnership” initiatives which sought to involve residents in positive change. By 2012, however (see Jupp, 2021), much of this infrastructure had been dismantled, with very few paid community workers in neighbourhoods, and communities increasingly having to support the rising poverty and needs in their areas themselves.

The data is taken from a wider project, *Gifting and Sharing in Times of Crisis* (2021–2023), that examined community-led experiments in sharing food and other household goods at a time of rising poverty and inequality in communities, exploring the extent to which they constitute new sites of urban care and solidarity. Three contrasting UK locations were chosen, of which one was Stoke-on-Trent (the other locations were part of London and part of South East England). Following mapping exercises to find these initiatives, in each location 10–12 in-depth qualitative interviews were undertaken with those involved in gifting and sharing organisations. Visits and ethnographic engagements were also undertaken to different degrees and depending what was practical, including participating in community events and meetings, volunteering for two organisations and following the online activities of the case study community

organisations. These organisations and experiments included food sharing initiatives at various scales, online spaces where residents exchanged household goods, and other multi-faceted community spaces.

The data represents two community spaces that revolved around sharing and gifting food in different ways, and can be seen as “spaces of care” (Conradson, 2003) in their communities. The “Community Food Project” was located in a low-density area of social housing, occupying several shop spaces. It aimed to support residents of the immediate neighbourhood, as well as within a wider geographic area. The project involved different approaches to providing low cost or free food, including a “social” supermarket offering low cost food (which functioned as a membership scheme that residents had to join), a “free food space” which involved excess food from commercial supermarkets as well as some donations from residents (see below), “emergency food parcels” providing basic food packages for those in need, and a community café providing a social space and low cost hot meals. Other activities and initiatives also took place in the space.

The “Community Bakery” functioned in a variety of ways to provide food and connection to those using the space. It is in itself one initiative led by an arts organisation that aims to involve diverse residents with creativity and self-expression across the city. The Bakery, housed in a large former garage and warehouse space, is in one of the urban centres of Stoke. As well as baking and delivering fresh bread, different community activities take place from the site, including “pay as you feel” hot meals, where guests choose what to pay for a vegetarian meal, made largely with waste food, “chatty café” to encourage social interaction between visitors, and groups for women with young children. The bakery is also offering emergency food parcels to households and families that they have become aware of as being in need, mainly through a weekly delivery service. Both projects are enabled by several schemes, both local and national, which redistribute excess food from supermarkets to community groups and spaces (Caplan, 2017). To note that because of ethical consent agreements, for this data, the specific locations of the projects are not named, and both the projects themselves and the interviewees are given pseudonyms.

In the following empirical analysis, we discuss our data in two sections: in the context of shifting state infrastructures and everyday encounters. With these sections, we illustrate the transformations of care practices in the urban context.

## 6. Tampere: Shifting State Infrastructures

Among Finnish local governments, Tampere, the third largest city in Finland, has been recognised for its aims for growth and innovation and for maintaining the quality and efficiency of public services while securing citizen involvement in municipal decision-making (Radzik-Maruszak & Bátorová, 2015, p. 92). During the past two decades, the city has gone through a rapid growth in its population that has grown by 25 percent to 250,000. Also, major investments in city development are driven to encourage city growth and vitality. However, the narrowing public finance of municipalities that has been a driver for reforms in the public sector in Finland is also evident in Tampere.

As a result of the periods of recession, starting from 2008, the recession hit particularly the export sector (Wallin, 2025, p. 8). The city faced a significant budget deficit which led to the city being subjected to austerity measures. These measures targeted especially healthcare, childcare, and homecare of the elderly. At the same time, population growth and high unemployment increased service needs. Furthermore, as the

central government's funding to Tampere was reduced, the costs of unemployment and social services rose, but the population of the city has been growing and the city continued boosting massive urban development projects, such as a tramway system and urban densification (Wallin, 2025, p. 8). The strong emphasis on urban development in the city centre has, in our case study areas residents' views, been exclusive and resulted in neglecting the neighbourhoods and their service provision:

Maybe one would hope that in all these matters, attention would be paid to these small residential areas around here, and that they would be taken care of more because I somehow feel that the city center is already well taken care of and boosted enough. (Resident, no. 11)

The exclusion of many neighbourhoods from urban development and care provision has led to an increased backlog of repairs for the renovation of suburban buildings or has increased inequality between areas in local services (also Gabauer et al., 2021, p. 6). The need for urban care, particularly the maintenance of urban space, is recognised by residents. However, when promoting these needs to the City administration, they are confronted with the power of the City administration as a public authority who sets urban priorities (Lehtonen, 2023). The interviewees depicted the City controlling the variety and level of care that is distributed between different areas. Despite the activity of residents in identifying deficits, they experience their voices are not being listened to or even replied to:

There were some logs that were just left there [by the walking paths in the local recreation area]. Someone had just left them so I reminded them [the city administration] that they could be picked up. They have been lying there for five years already. If it was Kaleva [a more centered area of Tampere that is now under major urban development] this would not happen. But here I can see it can happen. (Resident, no. 26)

Amidst the austerity cuts, the City closed a community centre called Peipontupa that was located in the case study neighbourhood (Heiskanen & Häikiö, 2024). The centre was maintained by the City and it aimed to support social interaction of people over 65 years old. During 1991–2020, the centre organised diverse, guided recreational activities for residents every weekday. The case is one example of how the reduction of local services affects the well-being of elderly people: In our discussions, residents emphasise the value of the place as enabling social activities for the elderly, many of them living alone. After closing down the place, people felt they had no place to meet their fellow residents anymore.

On the contrary to the experience of neighbourhood neglect that people mention in relation to urban development of the area, residents appreciated local services provided by a community organisation, "Me-talo" (Me-house, Finnish word "me" meaning "we" in English). In the interviews, people described its welcoming atmosphere and its staff in listening to people's needs in providing services:

Yes, that's the great thing, that they want to include everyone, and if someone has an idea, they're immediately like, hey, we could start working on this, and would you be interested in doing it this way, and we try to see if we can arrange some spaces or something. It's always felt very open. (Resident, no. 3)

Me-house was a community centre organisation that started its work in the area in 2017 in collaboration with the "Me Foundation" ("Me-säätiö" in Finnish) and the City of Tampere, together with various local actors,

such as the church, residents, and associations. Its key aim was to promote well-being of children, youth, and families. This aim was addressed by tailoring local services to these groups, such as supporting children's schooling, increasing youth employment, developing diverse recreational activities, and strengthening mental health services in the area. Me-house organised its activities in various locations in the area, such as at the school, or at the facilities of the church. The activities consisted of, for example, open family cafés and toddler and parent meetings. Also, summer camps for children and leisure activities, such as language classes, were organised. The coordinator at Me-house provided support and help in practical matters of daily life and was available for a talk. For families, the place provided crucial support for well-being particularly during and after Covid-19. Parents appreciated the place providing possibilities to meet other families and have peer support. Together with other community organisations and the City of Tampere, Me-house organised delivery of free warm meals for children and youth in the local park during summer holidays:

This is really great and has received a lot of feedback about how much it helps families during the summer to have one warm meal, especially when you can actually be making that food in families with children....It makes everyday life easier, and here outside, you can safely meet people since we've been living quite a restricted life due to Covid. (Resident, no. 8)

However, one of the concerns that the residents shared was the temporary nature of Me-house as a care infrastructure in the area. They knew that it did not have any stable funding, which caused uncertainty:

It would be nice to have some continuity, and also, well, of course, you can't always control if it's the same people, but it does bring a lot more security if there are similar or the same people and familiar faces, so you don't always have to start getting to know people from scratch. (Resident, no. 3)

Unfortunately, under financial pressure, Me-house was closed in 2022. This was a loss for the area, as this kind of community support was no longer available. The City of Tampere was not eager to take responsibility for providing similar full-scale services. After the closure, some services were taken over by associations or charities, who provide free warm meals for residents of the area, give guidance and advice in questions about parenthood, as well as deliver information about services for families with children in Tampere. However, these services are now more irregular and scattered compared to those provided by Me-house.

## 7. Tampere: Everyday Encounters

In the case study neighbourhoods, residents already had various forms of social activities that served as platforms for the formation of social support. Local public and semi-public spaces, such as library, school, parks, yards of apartment buildings and council estates, or the Me-house were key places for connecting people to the area. At the same time, however, there was a constant shortage of meeting spaces where locals would have liked to gather spontaneously. Particularly, apartment buildings and their housing committees formed communal spaces that support social interaction between residents in activities that range from taking care of the building maintenance, to neighbourhood help in childcare or grocery shopping: "It is a very close community, this community in our house. These people have become so familiar to me that we do many things together, things related to the maintenance of our house" (Resident, no. 13). The courtyards formed social spaces where people could gather, socialise, and take care of the neighbourhood together:

Often, let's say once or twice in the summertime I will take my guitar and then we play and sing in our yard. And people gather there. Last year we had a massive event where we built new lawn to our yard. We did not hire any outsider to do that but we did it by ourselves. There were around 20 people there. It was really fun and went well and we managed to build a big lawn there. (Resident, no. 13)

Based on the interviews, mundane tasks resulted in bringing people together and building social bonds within the neighbourhood. Also, new people moving in were invited to these social gatherings, and local habits that supported interaction between residents were introduced to newcomers in apartment buildings: "Every time when new people move here and they do not yet know the habits of our house, we tell them that we greet each other in this community in our house" (Resident, no. 13). Interviewees told how they share their local knowledge and practices with new people moving in, hoping this would support the newcomers to feel the area as their home.

In the interview data, it was also distinguishable that as a generator of everyday interaction between residents, unintentional, spontaneous encounters, for example outside at the courtyards of council estates, in corridors or stairwells, at the local super-market, or when picking children from daycare encouraged people to get to know each other. These encounters had the potential to initiate grassroots support between residents by developing new routines of neighbourhood help. People had started, for example, to have joint walks with their neighbour, which was experienced as contributing positively to their wellbeing. Furthermore, other forms of assistance, such as child-care had emerged as a result of the everyday encounters in the neighbourhood. Collective spaces enabled people to meet and interact, which led to them taking responsibility for everyday care provision for their peers:

I first visited [Me-house] when we moved here and received a flyer from the children's health centre about MLL's [The Mannerheim League, an NGO that promotes the wellbeing of children and families] family café. Through that, we got to know it, and I ended up volunteering as a family café leader. We then started collaborating with Me-house through MLL, which has been a great support. Through this, I also got to know their activities, and we have attended events and activities organised by Me-house, such as Perhevoimaa and others. (Resident, no. 3)

The neighbourhood's collective spaces such as the Me-house, that unfortunately no longer exists, appeared essential in enabling formal and informal kinds of care to become intertwined. Furthermore, the essential role of collective spaces in fostering community within neighbourhoods was clearly evident. As one resident (no. 39) described, people no longer gathered in the courtyard of their council estate to spend time together after the removal of the barbecue area, which had previously served as a key site for social interaction.

## 8. Stoke-on-Trent: Shifting State Infrastructures

Whilst in Tampere there was evidence of the precarity of state-supported services, in Stoke-on-Trent there was a feeling that the welfare state was now largely completely absent from many everyday spaces within communities. This was exacerbated by the experiences of the pandemic in the neighbourhoods. The interviews in Stoke were undertaken during the winter of 2022, when communities were still recovering from its impacts. During the pandemic, many community spaces had closed, but also there was clearly increased precarity around work, food, health, and wellbeing for communities (Ho & Maddrell, 2021). Much



of this requirement for additional support and care was met by community organisations and “mutual aid” groups, with state and official systems often failing to ensure access to food and essential medication for “vulnerable” groups. As others (Cross et al., 2022) have argued, these failures can be seen as connected to the longer-term precarities of state support due to over a decade of austerity measures.

Across the research, community organisations had re-modelled their offerings during the pandemic, as well as becoming more aware of, and responding to, material household needs. Such material needs were not always directly caused by Covid-19, but may have become more visible at that time, often due to community groups delivering to, or supporting households rather than encountering people in collective spaces. As well as this post-pandemic context, the UK has been experiencing high inflation for several years, driven by high costs of food and basic utilities, known as “the cost of living crisis” (Lapavitsas et al., 2023). During the fieldwork, the question of fuel bills in particular was discussed, as the weather was getting colder and there was a lot of concern about the ability of residents to heat their homes. Both spaces, Community Bakery and Community Food Project, were functioning as “warm spaces,” a network of community spaces where people could spend time if their houses were too cold during the day. The “warm spaces” networks can be seen as indicative of the infrastructures of crisis which have coalesced in recent years in the UK: largely resourced by community organisations, local government has a role in coordinating and “signposting” residents towards them. They are also clearly not an adequate response to the issue of the cost of fuel, and are very much a “sticking plaster” solution (Teodorowski & Trevor, 2024).

Such emergency and short-term measures were also in evidence in both spaces with regard to the provision of free food. Neither organisation had intended to provide emergency food parcels in the way they were doing at the time of the interviews. In the case of the Community Food Project, the original model had involved the members’ supermarket only (see above for details). However: “We started with a very small free food section. It quickly became apparent that people needed more help....Now we have a queue every morning around the corner” (Claire, project coordinator).

In the case of the Community Bakery, supermarket excess food had been initially distributed under a sustainability/environmental rationale:

It started off as an initiative about waste, but we were getting an increasing amount of people in need of food, not worried about wasting food....So we were having to say to hold off to those worried about waste. (Laura, Community Bakery project board member and volunteer)

This sense of immediate crisis within communities shaped both spaces, and meant that a wider politics of provisioning and care was always present in conversations. Across the interviews, many community organisations stated that “we shouldn’t be here,” meaning that they should not be responsible for tackling poverty, and indeed that the poverty should not be there in the first place. There was considerable criticism of the loss of local and national government infrastructures to provide the basic welfare now being put onto communities. A stark example of the reversal of welfare responsibilities was apparent during a visit to the Community Food Project—a council official arrived, from a homelessness team, with a young man who had been homeless, asking whether a food parcel could be provided for him by the community group.

Beyond the material demands being placed on the groups, a more emotional or affective mood pervaded of having been abandoned and neglected by the government as well as others in power in society. Claire, the project coordinator from the Community Food Project, spoke about the issues of the affordability of fuel in particular: “The oil giants have made millions, it’s disgusting.” She also said that she wasn’t “political” but that politicians had no empathy or understanding of the situation in communities like hers: “Those people in power, they haven’t lived the lives of ordinary people.” This sense of crumbling wider infrastructures and neglect or abandonment of communities therefore shaped the imperatives for care or “shadow care infrastructures” enacted within the community spaces. These were evident in the everyday encounters in the spaces that produced particular forms of care.

## 9. Stoke-on-Trent: Everyday Encounters

As well as providing material goods, the activities and ethos of both organisations were focused on providing particular kinds of spaces of care (Conradson, 2003), meeting needs, but also providing for conviviality, reciprocity, and inclusion. Both organisations sought to encourage residents to spend time in the spaces to benefit from, and contribute to, these forms of reciprocal emotional and social support. The value of food, especially eating together, was seen as important in co-creating such a space of mutual care. The Community Bakery had tables in its light, airy space, and interviewees said that this sharing of space and time represented the overall ethos of the organisation: “Helen [arts organisation director] loves nothing more than having everyone sat round one table, you know eating together....It’s that way that food connects everyone” (Kat, Community Bakery manager).

The pay-as-you-feel lunches in the Bakery were beautifully prepared and presented, as might be expected in a restaurant rather than a community space cooking with waste food. The meals involved three courses and table service, and a sophisticated mainly vegetarian set menu. The affects around this form of food sharing were therefore diametrically opposed to the emergency food parcels distribution (also being coordinated in the same space), within which food was shared on the basis of need and in an instrumental way for emergency nutrition. However, it was noticeable that the community lunches at the Bakery were not always very busy and this suggested that some community members did not feel able to participate in food sharing in this more leisurely and pleasurable manner. The “pay-as-you-feel” model may have also felt unclear and a little awkward to navigate, although the staff were always extremely friendly and did not pressurise anyone to pay anything.

At the Community Food Project, the community café was run on a more conventional basis, serving a simple and cheap menu of sandwiches, cakes, etc., from a serving hatch at the back of the shop space, described by Claire as “a treat, but not at treat prices.” During the data collection, the café was busy. A lot of emphasis was put on the café being a friendly and welcoming space, open to everyone, alongside a “community lounge” that was open several times a week, serving free tea and coffee and biscuits, described as “a safe warm space to just come and hang out.”

In both spaces, other activities were hosted on a weekly or regular basis, including the chatty café and a “climate café” (exchanging ideas on sustainability) at the Bakery, and wellbeing and craft classes at the Food Project. This meant that connections could be developed across different kinds of activities and spaces. Both organisations operated within an ethos of reciprocity, encouraging visitors and community members to contribute in different ways, for example skill sharing on clothes mending or reducing food waste at the

climate café at the Bakery, and a board for giving and receiving household items at the Food Project. In terms of actually donating food to the project, Claire said that, in general, most residents did not have food to spare themselves. However, allotments for growing fruit and vegetables were a feature of the area, and during fieldwork in the autumn residents were harvesting and had additional produce. During the data collection, a man brought in some carrier bags with large marrows in. Claire was very grateful to him, and mentioned how important it was that the community were able to contribute to the project (although she said that the marrows weren't always very popular in reality): "The community we are in does not have the means to donate more....But this time of year people have been bringing things from their allotments—beetroot, beans, tomatoes, chard, it's been great."

As the wider social science literature has explored (e.g., Barnett et al., 2005), the exchange of material goods is always tied up with matters of social relationships. For both organisations, developing caring and ongoing relationships with community members was seen as key to the kind of infrastructure of care they wanted to produce. In particular, these sustained relationships with and between individuals and households were identified as a key difference between these community projects and a more conventional "food bank" where people would visit on a one-off and purely transactional basis. Claire spoke about the positive atmosphere they sought to enable within their space:

For us there's no shame in using a food parcel....It's not like a foodbank, we're always very friendly, very approachable, you're always going to walk out of here with a smile on your face....Everyone knows everyone here, and they all know me.

Similarly, Laura, who did the food deliveries from the Bakery, spoke about "her mums" that she visited every week:

It's different to a food bank because I ring all the mums every week to see how they are. I ring them each week, I see what they need, what they might be short of, and then often they tell me other things as well.

Kat at the Bakery also spoke about the relationships as a key outcome of sharing food: "Such an important part of it is building relationships, I mean handing them a bag of food helps, but it's having those relationships, those connections." However, for both spaces, there was a sense that "handing over a bag of food" could in fact actively undermine the caring and convivial relationships aspired to by the organisations. This was because, unlike the wider community spaces which sought to be open access, and open to everyone, the food parcels from both organisations were meant to be targeted specifically at those "in most need." Although what that meant was not necessarily very clear cut, it positioned the workers as needing to take part in surveillance of how genuine needs might be:

We couldn't have affluent people using it because they don't need it. So we do ask awkward questions, and it is awkward....We need to know—Why? Why do you need this food parcel? Have you accessed others?....So we do ask the awkward questions and I guess...anyone could answer a question so it fits the bill....But then again we kind of know everyone. One or two have sneaked through. (Claire, Community Food Project)

Whilst Claire was not working to any specific guidelines, she clearly felt an imperative to ensure that people accessing the emergency food were not “cheating” or “sneaking through.” As she says, this creates atmospheres and interactions which are “awkward” and “uncomfortable.” Laura at the Bakery seemed less concerned by this: “Sometimes we find people are being supplied by multiple organisations. If people are desperate, sometimes people will exploit a situation, it’s human nature.”

Nonetheless, by becoming involved with emergency food provisioning, the Bakery was working with households experiencing acute poverty, and this created divides between those “on the food scheme” and other groups who might come into the café or order bread from the bakery (which they also delivered): “Most people who order bread aren’t the same ones as the food scheme, it’s a different clientele—the bigger houses—I mean it’s not the cheapest bread, although it’s good bread” (Kat, Bakery manager).

A pattern whereby providing emergency food sets up new kinds of divisions within the communities being worked with was distinguishable across the fieldwork. Accessing a community space to obtain basic sustenance was quite a different starting point to coming in for friendship and wider forms of collective care, and several interviewees mentioned that it was hard to engage those accessing this food in other activities. Despite seeking to distance themselves from food banks, it was hard for the community projects to not become transactional spaces for those who were dependent on them. It became evident that the more open-ended, convivial spaces that organisations aspired to could become hard to sustain. The Bakery part of the Community Bakery shut because of the costs of baking bread, although the pay-as-you-feel lunches and emergency food provision have stayed.

## 10. Conclusion

In this article, we have discussed how care and caring take place between everyday bottom-up practices and welfare state structures. We have analysed this with case studies from Finland and the UK, by identifying the shifting state infrastructures and affective everyday encounters as key initiators bringing individuals and communities together to develop collective, alternate practices of care. These practices may operate outside institutional welfare state structures, seeking to meet needs left unmet due to austerity policies and shifts in welfare arrangements.

Alam and Houston (2020, p. 7) state that “by forming different collectives, care can be provisioned, assembled, extended or made available through numerous other forms according to the demands of the situation.” As our cases demonstrate, collective forms of care, or shadow-care, are not static but constantly evolving and situational, dependent on resources, capabilities, and conditions of individuals and communities acting as care-givers in these disadvantaged neighbourhoods, and involving diverse communities, materialities, and practices. The cases show the persistence and creativity of care within communities, even when circumstances are becoming more constrained.

Differing contexts around care are visible in our cases, especially in relation to care needs. In Stoke-on-Trent we see the result of fifteen years of persistent austerity, and then the additional crises of the Covid-19 pandemic and the increase in the costs of living (e.g., energy and food). The focus of care provisioning is increasingly on meeting individual material needs in the short term, which in itself undermines aspirations for more collective, care-full spaces and practices, with longer-term aims. In Tampere, the care needs emerged instead more due

to the austerity cuts in social services as well as the neglect or lack of care of urban infrastructure, which was explained by local people to derive from the strategic prioritisation within urban development policies in the city. Nonetheless, collective spaces and practices of care seemed to persist in the neighbourhoods in Tampere.

In both sets though, communities had to find new ways to care for each other in the context of degrees of abandonment by state infrastructures. This illustrates some of the ambivalence which comes along with care. As shadow-care infrastructures (Power et al., 2022) or care collectives (Alam & Houston, 2020) arise at everyday levels, we need to pay attention to the demands these new forms of care provision place on individuals and communities involved in collective care on a voluntary basis. As the responsibilities of providing care increasingly fall on individuals or local communities, the burden of care-giving will also fall unevenly on certain actors, especially women and those marginalised by race and class. In Stoke-on-Trent, such community organisations are overwhelmingly run by women, usually working on a voluntary basis to sustain a community. On the other hand, these informal spaces, often based on friendship and community connection, will exclude some residents from participating, for example in the lunches in the Bakery. In Tampere, social connections are more easily found by those who share a similar life situation. They easily encounter their peers in the neighbourhood, such as when picking up children from daycare or taking dogs out every morning, potentially enabling easier access to collective care provided by fellow residents. Therefore, those people and their needs for care who are not part of these same phases of life, or who do not share similar cultural backgrounds or histories, may become excluded from the practices of everyday urban care.

Whilst creative and persistent, and undoubtedly providing support in marginalised neighbourhoods, it is unclear how sustainable and equitable these emerging care infrastructures are. On the one hand, it therefore remains imperative to continue to make demands from state infrastructures to meet caring needs (Jupp, 2022), and to consider more carefully the intersections of state care and community activity. On the other hand, there is also scope to consider emergent care infrastructures within wider economic and political frameworks, for example the “solidarity economy” (Hudson, 2021). This term designates a more structured approach to moving from localised care efforts to contributions to wider economic and political alternatives. Solidarity economy initiatives often involve particular organisational structures, such as co-operatives, credit unions, and community land trusts, which can embody values of justice, care, and democracy, as well as meeting particular needs. Such organisations may provide more resilient alternatives as traditional state infrastructures of care decline.

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## Conflict of Interests

The authors declare no conflict of interests.

## LLMs Disclosure

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# Spaces of Urban Cultures of Homeless Care: The Austerity-Driven Closure of an Institutional Facility

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## Abstract

This article draws on institutional ethnography to examine the austerity-driven closure of a homeless care facility in Cologne, Germany. It expands debates on public urban cultures of care by highlighting the significance of spatially embedded institutional loops and their impact on malfunctioning care spaces from a multi-level perspective. The article demonstrates that spatial loops and classifications within the framework of austerity politics undergo a transformation and directly affect spaces and cultures of homeless care. At the macro and meso levels, institutional actors (municipal administration, property committees, the head of the facility, and social workers) are engaged in negotiations over the acceptance and rejection of spatial responsibility. At the same time, at the micro level, homeless men themselves are required to navigate altered loops within various spaces of care, encountering highly paradoxical paternalistic cultures of care. The specific spatial context—shaped by political agendas, institutional structures, and the interplay of various spaces of care—is crucial for better understanding the dynamics of public urban cultures of care for the homeless and other marginalized communities.

## Keywords

austerity policies; cultures of care; homeless care; looping effects; spaces of care

## 1. Introduction

In May 2024, a homeless care facility in Cologne serving as both an assisted living and emergency shelter for homeless men in long-term recovery (temporary housing clients) and who use drugs (emergency shelter) was forced to close. Along with treatment and reduction of co-use, fostering “housing readiness” was also a primary objective of this facility, namely, preparing its residents for the regular housing market. The facility

was thus an important pillar for the public urban culture of homeless care. The reasons for this closure are multifaceted yet primarily embedded in austerity policies.

The debate on public urban cultures of care emphasizes the visibility and importance of care in public spaces. It underlines the relationship between non-institutional care and the emergence of new spaces and cultures of care (Breinbauer et al., 2024). Homelessness is one such case of high public visibility associated with the malfunctioning or even lack of public urban culture of care. Debates on malfunctioning spaces of homeless care have discussed displacing homeless people from public spaces such as train stations, central squares, and other areas (Mitchell, 2020; R. J. Smith et al., 2023), highlighting the spatial context of public urban cultures of homeless care. Homelessness thus serves as a spatialized extreme example of a lacking—or at least insufficient—public culture of care and social inequality. This article examines the multi-level interwoven socio-spatial mechanisms of the public urban cultures of care and the significance of classification-based spatial loops within spaces of care, based on the example of homeless care under austerity in Cologne.

Municipal and local urban cultures of care are embedded across multiple analytical levels within overarching political agendas and institutional contexts. While social inequality is a fundamental phenomenon in capitalist societies, the recently advanced neoliberalism has exacerbated it through austerity policies, leading to increasing privatization and commodification across all sectors, including care structures (Theodore, 2020, pp. 1–2). The lack of care in institutionalized spaces of care is a symptom of these developments. This care gap necessitates the increasing involvement of volunteer organizations in providing care tasks, the privatization of care responsibilities, and self-organized forms of care, such as activist and caring communities (Greenhough et al., 2023, p. 3). While informal caring communities seem to strengthen social cohesion at first glance, their rise mainly reflects the failure of (formal) institutional care structures.

A malfunctioning culture of institutional care forces homeless individuals into spatial loops, moving between institutional, public, and private spaces. This malfunctioning culture of institutional care results particularly from embedding local care practices within broader supranational, national, and regional contexts. Homeless people face a variety of spatial challenges primarily related to the exclusion of a safe and stable place, leaving those in both street homelessness and all other forms of homelessness in spatial uncertainty. As will be shown, this spatial uncertainty also affects care relationships within and between these public, institutional, and private spaces (Speer, 2023).

Thus, it is essential to consider the urban culture of homeless care in its full spatial breadth and examine the interplay between these various spaces with a malfunctioning care structure. The present empirical example is understood as a critical moment highlighting fundamental gaps in the multi-level structures defining the spaces and cultures of homeless care. It provides insights into individuals at risk of returning to street homelessness despite having already found temporary shelter in institutional housing (micro level). It also examines the levels of municipal administration and the property committee (macro level) as well as institutional management and social workers (meso level) to analyze the “institutions that reproduce exclusion, oppression, environmental degradation, and on the like” (Lawson, 2007, p. 7) and the changed cultures of care under austerity (Clayton et al., 2015). Therefore, building on an institutional ethnography, I aim to explore the relationship between different spaces of care and their respective cultures of care to contribute to the debate on the potential emergence of new forms of care.

Following this introduction, this article conceptualizes the relationship between urban austerity policies and homeless care based on existing literature before introducing the institutional context of homeless care in Germany and the empirical case. After outlining the methodological approach and reflections on positionality, the empirical findings are analyzed from the macro, meso, and micro levels. This is followed by a discussion on the spatialization of care gaps in institutional homeless care and their relationship with the public urban cultures of homeless care, leading to the conclusion.

## 2. Homeless Care Under Austerity

“Austerity” refers to a manifestation of neoliberal fiscal policies that profoundly affect urban structures. Peck (2012, p. 626) coined the term austerity urbanism to describe the “condition of ‘enforced or extreme economy’” that has especially burdened municipal budgets and disproportionately affected socioeconomically disadvantaged populations (Hall, 2022). Under austerity urbanism, local governments have limited capacities to resist austerity mandates imposed from above (Kim & Warner, 2021, p. 238). Austerity measures operate top-down—politically, socially, and across levels—thereby exacerbating socio-economic inequalities, and most visibly at the local municipality level (Peck, 2012, p. 650). Such policies directly affect care (DeVerteuil, 2015; Jupp, 2019), and while the rise in poverty and inequality increases care needs, care structures themselves are threatened by economic logic and cuts (De Verteuil, 2010). This materializes in altered cultures of care (Greenhough et al., 2023) and the changed spatializations of care (Hall, 2019; Power & Hall, 2018).

Following Greenhough et al. (2023, p. 2), cultures of care can be understood as:

Norms of caring behaviour, practices of care and modes of relating which promote and enable effective care and implicate the display and exchange of what are seen as “appropriate” affect and emotional responses for a particular institution or social group.

Public urban cultures of care are thus such cultures of care that materialize in public spaces. The case of homelessness is therefore particularly suited to illustrate that austerity policies not only exacerbate social inequality but also intensify the need for care and cause alterations of spaces of care. Although homeless care has increasingly come to attention at the transnational and national policy levels, in Germany—like elsewhere—implementing care primarily remains the responsibility of the local municipality. The public culture of homeless care is thus clearly embedded in austerity urbanism.

### 2.1. Transformed Cultures of Homeless Care

Homeless care encompasses a multitude of actions aimed at ensuring the physical and mental well-being of homeless individuals. Care work—paid and unpaid—occurs across public, institutional, and private spaces (Tronto, 2013). As discussed above, homeless individuals are particularly affected by spatial issues, being excluded from a safe and stable place. Care for homeless individuals thus refers to two dimensions: the housing space, such as measures that address the (temporary) provision of housing (e.g., shelters, housing first initiatives, friends, etc.); and the social space, which covers actions that support homeless individuals through caring practices and relationships, such as assistance with applications or the provision of food and clothing (by social workers, volunteers, or friends).

In the context of homelessness, public, institutional, and private spaces cannot be clearly separated in relation to care, as homelessness inherently lacks the home as a private, safe, and stable space. There is thus a shift from the private to, for example, institutional spaces such as temporary accommodations in institutional settings. However, these spaces are shared and influenced by others, such as co-residents and social workers (Moss & Irving, 2024). The experiences of homeless individuals within such spaces, the interventions into the “home” in these contexts, the dynamics of care relationships and multi-level care structures, and the construction of homeless care systems have increasingly become subjects of geographical research.

Care and cultures of homeless care have attracted increasing research attention (Cloke et al., 2010; DeVerteuil, 2006), with a growing body of work identifying increasing care spaces for homeless individuals where they are welcomed and supported. In these spaces of care, a culture of care is described as both physically and mentally supportive (e.g., through counseling or medical assistance) and disciplinary and controlling. The latter follows sociopolitical logic aimed at reducing people’s dependence on financial support, albeit with limited success in implementation. Consequently, institutional cultures of care are often tied to expectations that homeless care recipients work on their own “misconduct” (e.g., lack of motivation, addiction; Hennigan & Speer, 2019; Lancione, 2014). In the European context, Pleace (2016) has shown how homelessness was historically understood through an individualizing lens as a manifestation of personal weakness. Today, structurally precarizing factors (such as the housing market) are much more prominently integrated into understanding the production of homelessness. Nevertheless, individualizing explanations continue to play a significant role within systems and relationships of care. Moreover, processes of othering within institutional settings persist as normatively charged and institutionally embedded frameworks produce distinctions between “deserving” and “undeserving” homeless individuals (Lancione, 2016).

The urban culture of homeless care comes under further pressure under austerity. In the UK, austerity policies have already been shown to reshape this culture of care. Narrower definitions of care, an increased reliance on outputs, and growing dependence on practice guidelines reinforce mechanisms of discipline and control over homeless individuals. Given that institutional facilities face additional financial pressures and competition with other providers, maintaining an “ethical relational practice” (Daly, 2018, p. 74) is challenging. For caregivers, this translates into increased self-sacrifice and a stronger focus on emotional labor within the context of austerity. Social workers in such settings strive to alleviate social problems despite their reduced resources (e.g., high turnover of temporary staff, lower staffing levels, and proportions). However, the experiences of homeless people themselves in relation to austerity have only been insufficiently addressed in the literature (Paul, 2023). This article closes this research gap by focusing on the spatial impacts of austerity policies on care in Cologne’s housing and social space.

## **2.2. Multi-Level Structure and Vulnerability of Homeless Care in Germany**

Despite the significant aforementioned austerity-driven trends, increased efforts to address homelessness can be identified within the broader political agenda. Beyond the EU Parliament’s goal of eradicating homelessness by 2030, the *National Action Plan to Combat Homelessness* was introduced in 2024, and the *Homelessness Report 2024* was published, representing only the second-ever national statistical survey on homelessness in Germany. However, it contains only nine non-binding guidelines with no concrete measures. At the regional (*Bundesland*) level, only North Rhine-Westphalia has implemented a specific program to tackle homelessness (Busch-Geertsema, 2023, p. 322).



Due to legislative frameworks, implementing measures against homelessness and providing care remain at the local level. National legislation in Germany mandates the temporary accommodation of homeless individuals, with municipalities responsible for implementing and funding this initiative (Busch-Geertsema, 2023, p. 321). The interpretation of what constitutes such accommodation significantly varies at the municipal level depending on political will and financial flexibility, as the minimum standard is merely required to be “humane” (*menschenwürdig*). The conditions in these accommodations have been criticized because what is intended as temporary shelter often becomes long-term housing. One primary reason is the lack of affordable housing, particularly in major cities (Busch-Geertsema, 2023, p. 320; Engelmann et al., 2020).

The facility in this article’s empirical case was in a central district of Cologne, the largest city in North Rhine-Westphalia, which accommodates the highest number of homeless individuals (Ministerium für Arbeit, Gesundheit und Soziales des Landes Nordrhein-Westfalen, 2024). Like many German municipalities, Cologne faces financial strain from tax reforms and the debt brake, reflecting broader austerity trends (Hendorf, 2024; Petzold, 2021). Nevertheless, in 2024, the *Cologne Concept for Combating Homelessness* was presented, outlining specific proposed measures. While anticipated savings resulting from austerity policies primarily affect non-mandatory municipal expenditures such as funding for the cultural sector (Petzold, 2021, p. 402), budget reductions are already evident in the field of homeless care in Germany (Fleckenstein, 2024).

The closed facility had existed since 2008 and was operated by a private institution (*Träger*) on behalf of the municipality. Such institutions provide mandatory personal support to “people in special social difficulties,” as outlined in the German Social Code Book (§67/XII, author’s translation). Municipalities delegate their responsibilities for assistance, such as to private or church-run institutions within the homelessness support system (Specht, 2013). Social welfare legislation also mandates the involvement of social workers in providing care.

From a socio-spatial practical perspective, it has been argued that assisted living represents a form of individualizing social problems, as clients in these facilities are assessed regarding their “housing readiness” (*Wohnfähigkeit*). This shifts the focus to the “deficits” of clients, who must work on themselves to become “housing-ready.” At the same time, this is linked to social legislation and the financial structuring of homelessness care. According to the legislation described in §67/XII (Bundesministerium der Justiz, n.d.), financial aid approval depends on the social workers’ assessments of a client’s housing (un)readiness (Marquardt, 2015, 2016b). This ultimately leads to “looping effects” (Hacking, 2007, p. 286), which repeatedly include individuals in the institutional spaces of care (Marquardt, 2022).

Building on the theoretical considerations presented, this article’s research question examines how these looping effects and dynamics of classifying individuals within spaces of homeless care change in the context of austerity policies. At a broader discussion level, this also offers perspectives on the significance of these spatial loops, the underlying classifications, and their multi-level embeddedness for the concept of public urban cultures of care.

### 3. Methods and Positionality

Based on institutional ethnography, this article employs a “study up” (Billo & Mountz, 2016, p. 215) approach to examine the embedding of legislation and political agendas in institutional spaces, as well as their shifting logics in response to austerity policies (macro and meso levels). Conversely, a “study down” approach is used to analyze the impacts of these structures and developments at the micro level. This makes the spatialization of change tangible and enables understanding of the interplay between public, institutional, and private spaces. The institutional ethnography approach is particularly suited to this case and examining urban public cultures of care, where institutional spaces—specifically a former facility for homeless support—take center stage. Until the facility’s closure, I was employed there as a part-time employee. I was therefore professionally embedded in this space, adopting a dual role (see below on positionality).

The fieldwork was carried out during the final months of the facility’s operation and after its closure (between April and December 2024). At the macro and meso levels, I conducted interviews with the municipal administration, a member of the property committee, the head of the facility, and a social worker. At the micro level, I conducted an in-depth interview with one of the homeless men (note that binary gender segregation is implemented in the context of institutional accommodations for homeless individuals in Germany) and several non-participant observations, including during interactions between social workers and clients, and a relocation process where social workers accompanied clients to a new facility. In line with the “follow the conflict” and “follow the people” principles (Marcus, 1995), interviews with city representatives and former residents were conducted months after the facility closure to trace the social contexts as comprehensively as possible. The dual role no longer formally existed at this point. Moreover, numerous informal background conversations and information were gathered. Informed consent was obtained from all participants, and the homeless participant received monetary compensation for participating in the interview. The data were ultimately analyzed using a grounded inductive approach with the MaxQDA software. All interviews were conducted in German, and the translations present here were done by the author.

Given the influence of subjectivity and the importance of positionality in empirical research (D. E. Smith, 1999; Toy-Cronin, 2018), I consistently reflected on the ethical challenges of researching my professional environment. As a former employee of the facility over several years, I faced various challenges in my dual roles and divided loyalties (Bell & Nutt, 2012), requiring me to “alienate from (my) group” (Toy-Cronin, 2018, p. 459). Moreover, self-reflections about my positionality—particularly regarding its influences on relationships, power hierarchies, and perceptions by the interviewees—accompanied my work. I had facilitated access to the field and existing professional ties enabled trust and facilitated field access at the meso and micro levels. The head of the facility, my former colleagues, and the clients were open and supportive of my effort to empirically document and analyze the facility’s closure. My relationships with former clients were also shaped by an asymmetrical power hierarchy between myself as a former staff member and the residents as former clients. Power-sensitive methods and a non-directive interview approach contributed to mitigating power hierarchies, designed to avoid resembling the staff-client relationship (Bell & Nutt, 2012).

At the macro level, there was no perceptible role blurring. I introduced myself as a researcher and felt that I was solely perceived in this position. In contrast, at the meso level, I was exposed to an ongoing negotiation regarding which role norms should take precedence. For instance, it was necessary to separate research

activities from regular work hours. Unlike ethnographic research, where no prior professional relationships exist, I had to actively adopt the observing role. Small talk helped to elicit insights that might have been otherwise withheld or overlooked. At the micro level, existing relationships shaped by help, control, and hierarchical dynamics posed challenges. During interviews, I emphasized my distinct researcher role and assured the participants that all content would remain confidential and not be linked back to the facility.

#### 4. Macro, Meso, and Micro Levels of Urban Cultures of Homeless Care Under Austerity

Analyzing the case of the facility closure in Cologne from the macro, meso, and micro levels, this section demonstrates how homelessness serves as a particularly salient example in relation to a looping spatiality, as the care for homeless individuals is mainly concerned with the (temporary) provision of accommodation. The facility's building was rented on the private housing market. Following a change in landlord, the new owner showed no interest in renewing the lease agreement. Consequently, it became apparent early on that the facility would require a new building. Housed in a single building, the facility integrated both assisted living and an emergency shelter, serving homeless men in long-term recovery and who use drugs. Up to 10 individuals lived in the assisted living program and thus faced renewed homelessness in light of the facility's impending closure. An additional 10 individuals could access the emergency shelter daily throughout the year. The facility was thus comparatively small.

##### 4.1. Macro Level: Urban Austerity, Local Governance, and the Limits of Homeless Care

Interviews were conducted with the Department of Housing Emergencies (DHE) and the property committee (PC) to explore the spatial implications of austerity urbanism and its consequences for cultures of homeless care, focusing on the scarcity of urban properties.

Within the framework of austerity urbanism, concrete measures and their implementation remain embedded in the context of local government budget crises. They are tied to financial feasibility and reduced social expenditures through ongoing evaluations. In the long term, only economically productive institutions and projects can persist. Spatially, this means that in the housing space, it can be expected that financially non-viable spaces of care will be closed, while in the social space, economic logic is likely to shape cultures of care and professional care relationships. The classification of individuals as experiencing "special social difficulties" and the looping effects that affect these individuals are thus reinforced through the political agenda and institutional infrastructure.

Cologne represents a compelling case for examining the spatial impacts of austerity policies on care within housing and social spaces as the city has implemented an independent municipal plan entitled the *Cologne Concept for Combating Homelessness*, despite fiscal constraints and resulting austerity measures. In this context, financial structuring now places increased emphasis on evaluation processes: "We want to sharpen the focus on the impact....Because, in times of scarce budgetary resources, one has to look much more closely at 'what am I spending the money on?'" (Interview, DHE, December 2, 2024).

It is to be expected that measures and facilities that do not sufficiently contribute to reducing social welfare expenditures will be cut back through austerity policies. Thus, the spaces and cultures of care are affected because only what proves economically viable has a chance of long-term sustainability.

In this context, municipalities likewise develop tactics to shield their concrete measures from budgetary cuts. Integrating these measures more strongly into social legislation (specifically SGB XII §67) transforms them into mandatory services. As demonstrated below, this reinforces looping effects. The spatial consequences in the housing space are that individuals are kept in temporary institutional accommodations and excluded from mainstream housing. In the social space, this means that cultures of care—the management of homelessness—continue to focus on the individual “deficits” of homeless people. From a multi-scalar perspective, this implies that looping effects driven by national austerity policies are amplified precisely through local-level attempts to shield concrete measures from those very policies.

There is a close relationship between social legislation and funding, as well as the distinction between services that are mandatory for municipalities and those that are not:

It is often underestimated how much flexibility it [§67 SGB XII] opens up, and we are in the area of absolute statutory requirements....It can even cover housing acquisition efforts...making them independent of local budgets and financial constraints....What a fantastic paragraph! So...with a strong rationale, I can do anything with it. (Interview, DHE, December 2, 2024)

A new state framework agreement in North Rhine-Westphalia made it possible to integrate measures such as Housing First into these mandatory services, as mentioned in the *Cologne Concept*. The measures for homeless people have been additionally shielded from the influence of austerity policies, which reinforces the looping effects that affect care within the social space insofar as “special social difficulties,” such as “housing unreadiness,” must be proven by social workers to qualify for these services. Instead of a municipal approach to care within the social space and providing “normal housing,” people are kept in the loops of institutional housing spaces.

Beyond the previously outlined context, the interviews also demonstrated a direct link between the insufficient provision of municipal properties and urban austerity policies and their impact on spaces of care. The draft of the current budget plan reveals that with sufficient political will—such as in the context of major urban development projects—expenditures for acquiring municipal land for spaces of care are feasible. Due to such prioritization, the spatial distribution of spaces of care in the city needs to be renegotiated. As a result, spaces of care are increasingly being displaced from the urban center or, as in the present case, facilities are forced to close. Hereby, the looping effects are also altered.

From a multi-level perspective, in principle, municipalities—as exemplified by the case of Cologne—possess a certain degree of agency to provide more spaces of care. However, in the present case, this potential is not realized due to fragmented responsibilities, a lack of political will, and competing priorities. Recipients of care circulate not only in loops between different spaces of care but also between urban and suburban contexts, as well as between institutional and non-institutional settings.

The “budget for property matters” enables municipal land acquisition and has been “well-funded in recent years, although the city has not acquired as much land as it could have” (Interview, PC, January 27, 2025). While 77 million euros were spent in 2020, only 7 million euros were spent in 2023. For 2025/2026, 75 million euros are planned (Stadt Köln Dezernat II—Kämmerei, 2021, p. 111, 2024, p. 189). This must be understood in the context of major urban development projects planned for Cologne, where two new districts are being established.

In recent years and decades, the full budget has rarely been used, effectively cutting housing space. Tracking unused funds is impossible as no financial balance exists and administrative shifts distort transparency: “The only person who probably has an overview is the treasurer” (Interview, PC, January 27, 2025).

The lack of municipal properties generates uncertainty regarding spaces of care in the present case: “Unfortunately...we found out too late...making it impossible to secure a replacement property in time” (Interview, DHE, December 2, 2024).

Asked about a new facility located further outside the city center, the interviewee describes: “And you simply have to say that in the very central downtown location in Cologne...there is no space to build something like this” (Interview, DHE, December 2, 2024). The spatial localization of care within the city and the responsibility for provision are being renegotiated given the lack of urban properties or political willingness to invest in spaces of care as a result, or under the cover, of austerity policies:

It would be nice if we had something [in municipal ownership] that we could make available, but we have far too few properties suitable for such purposes....So, I think relying on municipal real estate is something one shouldn't place too much hope in. (Interview, PC, January 27, 2025)

This aligns with studies on the displacement of social facilities (De Verteuil, 2010), which mainly occur when facilities, as in this case, are rented on the private market. Given the limited acquisition of municipal properties, future reliance on private rentals will likely increase.

#### **4.2. Meso Level: Limited Agency Over Institutional Spaces and Cultures of Care**

Interviews and non-participant observations were conducted with the head of the facility and social workers to analyze the agency of the *Träger* and the social workers, as well as the transformed cultures of care. While the head of the facility was primarily involved in negotiations concerning the institution's future and potential closure, the social workers implemented the transformed cultures of care in practice, as shaped by the critical moment.

One year before the closure, the facility director and his *Träger* informed the municipal administration about the need for a new building due to the lease agreement's impending expiration. However, negotiations only began months before the closure due to administrative delays, indicating the lack of municipal properties (see Section 4.1) and possible austerity-driven cost-cutting targeting the institution. Proposed buildings were deemed unsuitable and the *Träger's* own offer was ignored. The uncertain spatiality of institutional care reflects its embeddedness in infrastructure and the resulting lack of agency to resist these loops.

The public administration reconsidered its stance once public and media attention emerged:

Across all departments, there is currently a kind of austerity directive that has been issued by the finance department due to the dire budget situation. It's possible that we were seen as a potential area for savings, and only after politics, the public, and the media got involved, perhaps there was a change of thinking in the administration. (Interview, head of the facility, May 2, 2024)

The negotiation and communication practices described in the quote highlight the crisis of homeless care during times of austerity. There is a negotiation based on quantitative metrics regarding whether care maintenance becomes a priority. When homeless individuals are understood as “numbers in the system” (Marquardt, 2016a, p. 313), comparatively smaller facilities are ranked lower in priority. This logic becomes more pronounced during austerity periods and highlights the emphasis on evaluations and financial considerations that equate successful care with its economic efficiency and measurability.

This uncertain spatial reality is further exacerbated by private real estate companies viewing urban properties as investment projects, which in this case leads to the destruction of a space of care. The interview with the head of the facility demonstrates how institutional care spaces have limited agency at the meso level as the *Träger* are dependent on municipal funding. Due to the austerity-driven commodification of spaces of care, competition emerges between providers to become part of the institutional loops.

As a result, the *Träger*—in collaboration with the municipal administration—was unable to find a new building where the service could have been continued. Due to financial dependence on municipal administrations, the *Träger* did not openly resist austerity cuts. As the facility manager stated: “You don’t bite the hand that feeds you” (Interview, head of the facility, May 2, 2024). As the *Träger* often manages multiple projects or facilities, maintaining good relations with municipal administrations becomes essential, limiting their ability to actively resist austerity cuts.

A follow-up solution in other facilities was found for seven of the eight former residents, mainly because the *Träger* of these facilities prioritized them to prevent acute homelessness. Due to the crisis triggered by austerity policies, negotiations take place regarding which “group” in “special social difficulties” is more deserving of care in the housing and consequently social space.

Ultimately, the closure leads to an increased need for care, which must be provided in this uncertain and diminished space of care, thus altering the cultures of care in this space during the critical moment. The “housing unreadiness” is unmasked, shifting the focus of the social workers, at least during this time, from individual “deficits” to the uncertain and diminished spaces of care. The logic of the institutional loops is thus temporarily challenged.

Following this, the loss of care required renegotiations on future care provisions, particularly regarding the follow-up solution. Thus, for each individual man, the initial step involved assessing the specific needs (e.g., in relation to substance use, the intensity of support, curfew regulations, availability of single rooms, location and size of the facility, etc.) from a social work perspective in preparation for potential relocation. Based on this need assessment, the subsequent step involved identifying which other facilities had available capacity. Depending on the degree of each individual’s perceived (in)dependence as evaluated by the social workers, the men were then accompanied to application interviews and follow-up appointments as deemed necessary. In some cases, these interviews were attended solely by the social workers on behalf of the men; for instance, when individuals were hospitalized.

Austerity-driven cuts and individual renegotiations regarding the future of care work provision have thus structurally strained the professional relationships involved in care work. These relationships and the “progress” that had been established over months or often even years were significantly set back by



residents' panic over a potential return to street homelessness, manifesting in psychosocial destabilization, increased substance use, and in some cases expressions of anger directed towards the facility, its management, or individual staff members.

These processes led to a temporal prioritization of those considered "problematic" cases. Given the scarcity of spaces of care and the limited workforce despite extended working hours, negotiations took place regarding continued access to care and spaces of care. The significance of classification thus increased through austerity policies. Those who were not sufficiently "needy" were at least temporarily rather excluded from the institutional space and found themselves in loops between different spaces of care.

Social workers were required to perform this care work within this diminished institutional space of care while facing uncertainty regarding their own professional future. Despite adverse conditions, social workers showed increased motivation and longer working hours, driven by their emotional commitment to counteract the "failure" of making individuals "housing-ready." This highlights that social workers in institutional spaces possess only limited agency to disrupt the loops. One social worker described the increased motivation and dedication as follows:

I can observe for myself...that it has even increased my determination to make the most of the care services with the resident I am currently looking after....Because, as a social-pedagogical caregiver, I should ultimately be replaceable at some point....After all, I am providing a service in the context of key worker support within this facility. (Interview, social worker, April 18, 2024)

Social workers' professional care work "operate(s) on the basis of emotional commitments" (Clayton et al., 2015, p. 31). The "character of these emotions" (Clayton et al., 2015, p. 31) and the attempt to terminate the care relationship as "productively" as possible show that individualized logics are internalized by social workers and that care is understood as something productive and measurable, from which the optimum should be derived.

However, the cultures of care also changed during the critical moment in other everyday areas. In the context of assisted living, clients are not only supported through care work but also discharged by social workers if they do not "cooperate" or break rules, such as drug consumption. Nevertheless, this critical moment allowed a more flexible interpretation of rules and a temporary suspension of the emphasis on individual "inability":

It was difficult to enforce the existing rules until the end under these conditions because, right at the last minute, we certainly didn't want to have to discharge any residents due to rule violations. That would have been completely ridiculous....Of course, this uncertain situation, the closer we got to the end, did destabilize the residents, clearly. (Interview, head of the facility, May 2, 2024)

This shift allowed viewing the unstable psychological situation of clients in the context of structural processes that enable them to have a safe and stable place. The austerity-driven closure unmask the logic of prevailing cultures of care within institutional spaces. The rules that exist in the daily routines of institutional spaces—intended to teach "living" and "fighting addiction" (for instance, prohibiting drug use within the facility)—are suspended in this critical moment.

What homeless individuals “learn” instead in the context of assisted living is that they are not only excluded from societal standard housing, but that the institutional spaces designed to teach them how to “live” are themselves temporary and precarious. As a result, they often find themselves in persistent loops in which they must navigate spaces that exist somewhere between “normal housing.”

### **4.3. Micro Level: Looping Through Different Spaces of Care**

An in-depth interview with one of the homeless men was conducted several months after the closure of the facility to understand the micro-level experiences of homeless people themselves in relation to austerity (Paul, 2023) and their perspectives on the spatial looping. This was accompanied by non-participant observations, including counseling sessions and relocations of individual residents.

The transition to a new accommodation was often perceived as a setback, as new care relationships had to be established. Additionally, residents appreciated the facility’s smaller size, which allowed for a different atmosphere compared to larger services. Most of the men had to adapt to facilities accommodating larger numbers of residents, where interpersonal conflicts emerge more frequently as more people must coexist within their direct, temporary housing space. The closure left only two remaining emergency shelters for this “target group,” both at full capacity and thus failing to meet the demand for care. Some users of the emergency shelter considered sleeping in tents outdoors due to the lack of comparable small accommodations in Cologne. The austerity-driven closure of the facility forces them to move into public spaces.

The three cases of men (all pseudonymized) who lived in the assisted living facility of the closed facility illustrate the different dimensions of the spatialized consequences of austerity policies on urban cultures of care.

#### **4.3.1. Daniel: Sub/Urban Loops of Self-Care Within Limited Spatial Choices**

Daniel had the rare opportunity to choose between two facilities. Upon the recommendation of his primary social worker, he created a pros and cons list to guide his decision-making. Spatial factors were particularly central to his choice. One facility was located in a more central urban area, while the other was situated in a suburban setting.

Daniel’s drug consumption increased during the uncertainty about his future, which led to him being resuscitated in hospital due to respiratory depression and pneumonia. Consequently, Daniel quickly favored the suburban facility as he assumed that the city center contained too many triggers for his drug use. For him, the suburban facility represented a space where he could take better care of himself and receive better professional care. Additional socio-spatial factors played a role in his decision-making. Despite the immediate option of a single room at the centrally located facility, he chose the suburban location, where he had to rely on getting along with a roommate. Daniel thus made a self-care-oriented decision based on his individual needs. However, this should not obscure the fact that his options for decision-making were severely limited.

Daniel’s case thus highlights individual destabilization as a result of the disruption of a secure and stable place. It also emphasizes the spatial significance in decision-making processes as homeless individuals assess where

they can best access care. Additionally, it points to the limited spatial choices available, as having two options is an exception, and single rooms are extremely scarce.

#### 4.3.2. Josef: “Problem Cases”—Institutional Loops of Paternalism

Josef’s case illustrates the institutional loop in which the men are already embedded due to the temporality of institutional spaces of assisted living. This loop is further reinforced by the critical moment of the closure. They are repeatedly required to engage in new care relationships characterized by paternalistic logic.

Josef was considered a “problem case,” not yet “housing-ready,” and thus moved to another institutional facility. The new facility is considerably larger and accommodates a significantly greater number of men, operating with a different care model in which residents have single rooms, unrestricted access hours, and individual keys. Alcohol and illegal substances are prohibited, and room inspections occur at varying intervals based on the individual resident’s profile. The intake interview covers various aspects of Josef’s history, such as his housing trajectory, but also his family and social network, his substance use, physical health, and financial management. While answers are largely self-assessed, occasionally the accompanying previous social worker intervened to correct or supplement his responses, particularly if he deemed Josef to overestimate his capabilities. Over the following weeks, Josef and the new social worker will define personal goals for his time in the facility once he acclimates.

The logic of “housing readiness” and the underlying power structures became evident during the intake interview. In order to retain temporary housing, Josef must make his personal circumstances—his “special social difficulties”—transparent and, at a later stage, formulate goals that he aims to achieve within the housing space, thereby demonstrating his willingness to cooperate. Care within the context of institutional facilities cannot simply be received as it is; instead, it requires addressing the resident’s individual “deficits.” This obscures the fact that his previous housing was lost due to structural failures.

#### 4.3.3. Stefan: Looping Through Multiple Spaces of Care—The Re-Creation of “Problem Cases”

While paternalistic logics are also evident in private spaces, pointing to similar cultures of care as those found in institutional settings, Stefan is caught in a loop between private, public, and institutional spaces, triggered by the austerity-induced closure of the facility. His case emphasizes that cultures of care beyond institutional spaces strongly rely on the emotional commitment of care providers.

Stefan was not considered a “problem case” and left without a follow-up housing solution. After the facility closed, Stefan initially slept on the streets and in an emergency shelter. He described how he continued to increase his substance use and that his condition deteriorated: “It doesn’t work because when you’re on the street, you just can’t deal with it with a clear head. You know what I mean? You can’t really sleep sober” (Interview, Stefan, November 27, 2024). Eventually, he was diagnosed with thrombosis and required urgent hospitalization. As a result, he was placed in a “health shelter,” a temporary accommodation designed to allow homeless individuals to recover from health issues. When the health shelter was no longer available, a street outreach worker informed him about an offer from a volunteer organization that provides homeless individuals in Cologne and other cities with temporary mobile shelters on wheels:

They wanted to know how long I'd been on the street. And whether I even planned to get off the street at all. Because they don't help people if they notice you haven't fully committed to it....You have to be in some kind of social care...and...you have to have lived on the street for at least a year. (Interview, Stefan, November 27, 2024)

In this context, he also encountered paternalistic logics that restrict homeless individuals' access to this (temporary) accommodation. This reliance on a (temporary) housing space provided by a volunteer organization illustrates the impact of austerity-driven cuts and the absence of government-provided housing. This lack of housing becomes physically and materially visible in public spaces. Stefan currently resides in a container located on the premises of an assisted living facility provided by the *Träger* of the street outreach worker, with the intention of offering him temporary housing. He appreciates his temporary accommodation: "I feel more comfortable now. Yeah, in my own little kingdom" (Interview, Stefan, November 27, 2024). However, this space also remains temporary. In terms of classification, he would likely be considered a "problem case" again. Ultimately, Stefan remains caught in a continuous loop between private, institutional, and public housing spaces.

## 5. Discussion: Looping Paternalistic Spaces and Cultures of Care

The spaces of care and the cultures of care that take place within them have transformed in the context of austerity policies. Due to cuts in areas such as social and health services, care spaces have increasingly shifted into private spaces (Greenhough et al., 2023; Hall, 2022; Power & Hall, 2018). While the concept of public urban cultures of care challenges this care to shift to the private sphere through familial responsibilities and emphasizes forms of care that manifest in public spaces, contributing to the emergence of new spaces and cultures of care (Breinbauer et al., 2024), my approach complements this debate by considering the significant role of spatiality and the interwoven loops between private, public, and institutional spaces in (homeless) care.

Homelessness serves as an exemplary case illustrating the relevance of loops within the spaces and cultures of care. As an extreme form of social inequality, the classification of homeless individuals as "needy" is not only widely accepted in broader society but also institutionally embedded through national social legislation that designates them as facing "special social difficulties." However, the spatiality and functioning of these loops are undergoing transformations in the context of austerity policies at the municipal level, where the spaces of care that reproduce these loops are themselves increasingly subject to financial pressures and precarization. The responsibility for those who are not classified as sufficiently "needy" is increasingly shifted to other spaces of care, changing the socio-spatial dynamics of urban spaces. The spatial loops in which these persons are led—especially in times of austerity—are evident at all analytical levels.

At the macro level, austerity policies represent a performative act in the case of cuts affecting homelessness. While substantial public funds can be allocated to large urban development projects, austerity measures in this area are framed as inevitable and necessary. The "needy" are made even more "needy," further reinforcing paternalistic logics if this performative act remains unchallenged (Peck, 2012, p. 626). At the macro and meso levels, various institutional actors (municipal administration, property committees, the head of the facility, and social workers) are involved in bargaining over the assumption or denial of responsibility for individuals of a certain "class" as a result of austerity policies and the reduction of public spending. As demonstrated, it would indeed be feasible at the municipal level to enable more spaces of care, although there appears to be a lack of

sufficient political will to do so. In order to suspend the loops and the underlying classifications, it would be necessary to enact legislative changes at the national level. The “pressure to do more with less” (DeVerteuil, 2015, p. 246) manifests at the meso level in all spaces of care, influencing the cultures of care within them. The spatial loops are not only created through the interaction between the macro and meso levels, but they also “firm up the classifications” (Hacking, 2007, p. 288) upon which the loops function. The carriers and social workers are embedded in institutional structures and possess a limited agency to challenge classifications. These logics of institutional loops are temporarily challenged within the critical moment, as illustrated through the suspension of rules, which I understand as a “radical (form) of empathy, community, and connection across difference” (Jupp, 2019, p. 90). A heightened understanding of classification appears to be emerging in the context of the austerity-driven renegotiation of which “class” of homeless individuals is considered sufficiently “needy” for a space of care.

At the micro level, this materializes at the level of care recipients, ultimately opening up new conceptual perspectives on (public) urban cultures of care “from below.” Daniel unmask the paternalistic logics within the institutional loops through his decision-making regarding where he wishes to receive care, while the example of Josef reflects how paternalistic logics are perpetuated through institutional loops. On the other hand, Stefan’s case illustrates how the loops for clients not perceived as “problem cases” are expanded as he moves between public, institutional, and private spaces. The temporary accommodation on wheels can be understood as a form of “new spaces, relations, networks, and practices of care and caring (which) are emerging in difficult times, in unexpected and unconventional places” (Power & Hall, 2018, p. 311). However, here, again, the expectations placed upon him involve “working on himself.”

While homeless individuals continue to cycle in loops between spaces of care as before, the parameters of these classifications have been renegotiated in the course of austerity policies. In contrast, the disclosure and problematization of these structures are central to the emergence of new cultures of care. New forms and spaces of care must counteract the classification of care recipients, whereby “knowledge...plays a central role, along with the experts who generate it and the institutions within which it is produced and applied” (Hacking, 2007, p. 305). This knowledge refers to the understanding of a particular “class” of persons, such as the “needy homeless person.” I argue that the specific spatial context is crucial for this knowledge, together with the multi-level embedded political agendas and institutional structures that shape this space. This knowledge reveals which “class” of person receives (or can receive) care in which spaces.

As a result, the construction of classifications must be critically examined and reflected upon across all spaces of care. This opens up a conceptual expansion towards engaging with the establishment of new forms of care and public urban cultures of care. This can also be applied to other areas of care within the context of public urban cultures of care, where people move within or are enclosed by the loops of care necessity. Whether in the public, private, or institutional sphere, knowledge about classification and its spatialization must be collectivized, just as knowledge about the multi-level interplay of spaces where care functions based on the logic of classification must be shared.

## 6. Conclusion

Based on empirical data at the macro, meso, and micro levels, this article illustrates how austerity policies lead to altered spatializations of homeless care. The austerity-driven closure of a facility for homeless men

who use drugs and are in long-term recovery demonstrates that while political interest in the issue of homelessness increases, the implementation of austerity urbanism remains entrenched locally due to social legislation. At the local level, austerity policies and social legislation reinforce the logic of “deservingness” and spatial loops. The facility and its social workers are dependent on municipal administration and have limited agency due to financial dependence. The logic of “housing readiness” was exposed as a result of the closure. The homeless men find themselves caught in a loop between temporary housing arrangements in the public, private, and institutional spaces, along with the caregiving relationships that distinguish between deserving and undeserving recipients of care.

Building on the multi-level interwoven spatial significance of loops within my empirical example, I propose that the debate on (public) spaces of care and new forms of care should more thoroughly incorporate the importance of classifications and their impact on these spaces and forms. Care cultures in public spaces of care are similarly embedded in loops and the classification of “needy” recipients of assistance, just as they are in institutional and private spaces of care. Engaging with the interplay between these spaces and understanding how people are classified and subsequently cared for is crucial in altering the complex configuration of care cultures.

Future research could therefore explore additional processes of classification that influence care recipients within spaces of care and feedback into class formation in relation to other spaces of care. From the perspective of intersectional classes, this could involve examining how individuals are perceived as differently “needy” and “deserving” within everyday care structures based on categories such as gender, class, or race. Furthermore, research could also focus on “progressive” spaces of care that are consciously aware of classification processes. In this context, it would be crucial to analyze the challenges that arise in the creation of new cultures of care.

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As can be inferred from the article, I was employed at the institution in question as a part-time employee until its closure.



## Data Availability

To protect the individuals surveyed and involved in the study, the qualitative data is not publicly accessible. However, anonymized data can be requested from the corresponding author.

## LLMs Disclosure

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## Cooking, Caring, and Commoning: Grassroots Community Kitchens Across Five European Cities

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### Abstract

In this article, we analyse collective cooking initiatives in Florence, Copenhagen, Ljubljana, Berlin, and Bern, illuminating how they foster care and commons amidst multiple urban crises. From our ethnographic explorations, these community kitchens emerge as forms of resistance against current urban conditions characterised by displacement, “care-lessness,” precarisation, and individualisation. These five kitchen initiatives exemplify countermeasures to such developments, where acts of communal cooking and eating nurture a sense of commonality and collective power. Within them, acts of cooking and eating transcend the private sphere of reproductive work and become foundations for community engagement, offering insights into radical collective care and autonomous social infrastructures. These kitchens operate within a variety of contexts—ranging from a public park, a squat, a housing project, to a refugee and social centre—and are not easily identifiable as *either* private *or* public. Instead, they address a variety of concerns in specific socio-spatial settings and attend to individual and collective needs. Thereby, the collective care for people and spaces extends into what we conceptualise as “direct care for the urban space.” Although the diverse and complex initiatives face challenges from external socio-political conditions and internal ambivalences and conflicts, their experimentations remain essential; not only to prefigure futures built on collective relations and common infrastructures of care, but also because they convey a sense of belonging, mutual aid, and collective care in the here and now.

## Keywords

Berlin; Bern; care; commoning; community kitchens; Copenhagen; Florence; Ljubljana; social infrastructures; urban space

## 1. Introduction: Food, Care, and the Commons

Neoliberal urban governance today is characterised by a prioritisation of capital investment, entrepreneurial forms of governance, privatisation of state assets, public infrastructures, and services, all of which ultimately exacerbate social inequalities (Mayer, 2017). Due to intersectional power relations, urban populations are affected in different ways, resulting in displacement, “care-lessness,” precarisation, and individualisation—especially among marginalised groups. With that in mind, this collaborative article explores how collective cooking initiatives across five European cities (Florence, Copenhagen, Ljubljana, Berlin, and Bern) counteract these urban conditions. Our research examines how food, as a shared social good and urban common, fosters a sense of commonality and care and counters divisive, hierarchical power relations inherent to the “neoliberal city” (Hackworth, 2006; Pinson & Morel Journal, 2016).

The global corporate food regime that emerged in the 1980s has commodified food to maximise profit and disregarded its non-economic values, such as its recognition as an essential human need (Vivero-Pol, 2017). Grassroots initiatives, small-scale organisations, and autonomous communities routinely contest this food regime and advocate for alternatives (e.g., community kitchens). Rooted in “the idea of food as something worth caring about” (Vivero-Pol, 2017, p. 333), our analysis highlights the interdependence of food, care, and commoning within contemporary urban social spaces and movements. We argue that communal acts of cooking and eating, as observed in our case studies, serve as powerful tools to counter prevailing neoliberal conditions. Our analysis spotlights five community kitchens as everyday forms of resistance against the neoliberal city—particularly its elements that are increasingly integral to gentrified urban atmospheres: “gastrofication of public spaces” (Abram, 2021), “entanglements between food and gentrification” (Alkon et al., 2020, p. 5), and commodity-oriented aestheticisation of food (Abram, 2021). We argue that community kitchens operate within a variety of distinct urban settings (ranging from public parks, squats, and housing projects, to refugee and social centres) and therefore cannot be easily categorised as *either* private or public. Instead, they address community concerns in specific socio-spatial contexts, attend to individual and collective needs, and participate in the public and common sphere. Although the menace of co-optation and/or commodification of commons is ever present (Federici, 2019), we here explore the unconventional ways in which collective food preparation enacts the commoning of reproductive activities and care (see Zechner, 2021).

Using a multi-sited ethnographic approach, our comparative study across five midsized and large European cities includes: (a) Pop Wok, a people’s canteen in Florence established by transfeminist activists from the Non Una Di Meno movement and which provide food for street-based trans sex workers; (b) Sisters’ Cuisine in Copenhagen, a self-organised initiative known for preparing meals in refugee justice community centres; (c) a repurposed former workers’ canteen in Ljubljana that politicises eating practices by reviving a space once dedicated to the working class; (d) the Medina Community Centre in Bern, adjacent to the autonomous cultural centre Reitschule, which through shared activities of cooking and eating facilitates encounters between people who are structurally differently positioned; and (e) the Neighbourhood Canteen in

Berlin-Kreuzberg, which invites participants to communal weekly dinners in a non-commercial, anti-racist community space. We have selected these field sites based on a combination of long-standing research engagement, personal political commitment, and long-term trust-building with activists in these distinct yet overlapping milieus. Each case offers a unique entry point into the intersections between cooking, caring, and commoning, enabling a fine-grained and situated analysis. Our approach parallels Flyvbjerg's (2006) argument that well-chosen case studies produce dense, nuanced, and concrete forms of knowledge that, when examined closely, provide what he calls "the force of example" (Flyvbjerg, 2006, p. 228). Good case inquiries and narratives facilitate openness in terms of telling a "story in its diversity, allowing the story to unfold from the many-sided, complex, and sometimes conflicting stories" (Flyvbjerg, 2006, p. 238) of those involved.

Our data is sourced from ethnographic field research that we have conducted across multiple sites with varying degrees of involvement and duration between 2022 and 2025. Our research combined qualitative methods, including participant observation, semi-structured interviews, walking-with methods, autoethnographic reflections, and field diaries. All direct quotations have been transcribed from interviews, pseudo-anonymised, and grammatically corrected for readability, and the participants are assigned names corresponding to their age group, gender, and other personal traits. Our approach is grounded in participatory and militant ethnography as both an alternative research method and political praxis, which entails politically engaged and collaborative participant observation within and alongside leftist social movements (Bookchin et al., 2013; Juris, 2007). Reflecting on a participatory action research on a community kitchen in Southern England, Willatt (2018) underscores the importance of viewing marginalised and vulnerable care receivers as knowledgeable and key for an emancipatory "democratic inquiry process," with the argument that "caring for marginalised sectors of society must begin from an analysis of social relations of power" (Willatt, 2018, p. 768, 782). Drawing on such critical and participatory approaches, and our qualitative research material, we develop a joint analysis of cooking, caring, and commoning practices. Before delving into it, however, let us first outline the theoretical framework that underpins our study.

## 2. Theoretical Perspectives on Care and Commons in Urban Spaces

Through the highlighted community kitchens, we emphasise the relevance of nurturing relations of mutual care and commoning spaces and social reproduction within contemporary urban social movements. We argue that the practice of cooking and eating together in a community setting actively counters individualising and precaritising urban conditions: It creates grounds for commonality and care, while opposing divisive and hierarchical power relations. As Zechner (2021, p. 34) notes: "Care commons emerge from shared needs and from the subsequent creation of relations—not from the mere availability of a specific 'resource' (space, money, etc.)."

Scholar and activist Federici (2019) highlights the inherently feminist nature of the commons, particularly in relation to reproductive activities, i.e., day-to-day activities which reproduce people's lives. Hence, commoning practices emerge out of necessity among those tasked with different forms of care work, mainly poor women and other marginalised groups. They collectively reorganise reproductive activities and defy the distinction "between political activism and the reproduction of everyday life" (Federici, 2019, p. 112). Simultaneously, commoning produces new subjectivities and community, understood "as a quality of relations, a principle of cooperation, and of responsibility" (Federici, 2019, p. 110). This reconfiguration of



social reproduction and relations is particularly crucial, as increasing precarity, gentrification, and racialised divisions in cities destroy established social ties and forms of solidarity. To Federici, commoning activities hold prefigurative and transformational power given that they re-appropriate relations, resources, and spaces controlled by the market and the state. In a similar manner, the authors of the *Care Manifesto* see mutual support, public space, shared resources, and local democracy as the four core features for the creation of “caring communities” (Chatzidakis et al., 2020, p. 46). Community kitchens are key examples of reproductive commoning, which is understood as a re-organisation of life-sustaining activities (see Gutiérrez Sánchez, 2023; Travlou, 2020; Zechner, 2021). Within this broad understanding, we pay particular attention to the crucial experiments and attempts of care commons that deal with urban social deprivations and inequalities in a more collective and mutual manner (Zechner, 2021). Furthermore, drawing on Tronto (1993), we understand care as “not simply a cerebral concern, or a character trait, but the concern of living active humans engaged in the process of everyday living” (p. 103). Emphasis on the everyday allows for conceptualising the ambivalence and “messy middle ground” of care, especially its potential to foster interconnection, and its capacity to perpetuate existing social structures of dependency and exclusion (Phillips & Willatt, 2019).

Beyond academic conceptualisations, collective care constitutes a site of mutual aid, consciousness-raising, and political organising—including practices of community self-organisation in the form of grassroots kitchens. In relation to this, Spade (2020, p. 131) positions mutual aid “as an often-devalued iteration of radical collective care,” which enables a re-envisioning of what is politically imaginable and possible.

These considerations around care and commoning are particularly significant in cities, where public space and social infrastructures produce life (see Kussy et al., 2022). Urban space both mirrors and reproduces inequalities and, as such, is not only material and social, but also inherently political (Latham & Layton, 2019). The neoliberal restructuring of the city (Mayer, 2017), through financialisation, gentrification, or touristification, has led to increasing displacement, loss of community spaces, lack of services, and exclusion from the public sphere and its democratic decision-making processes. These conditions disproportionately affect neighbourhoods inhabited by lower classes, migrants, and other marginalised groups. Austerity measures, criminalisation of undesired populations and behaviours, and the Covid-19 pandemic have only exacerbated these trends. As a result, spaces of sociality are shrunk to private indoor settings, heavily restricted and policed outdoor areas, or venues centred on consumption. Consequently, “uncaring relations have been unfolding in recent years and through certain patterns of urbanization,” rendering the care crisis an urban crisis and “a crisis of cities as a collective political project” (Gabauer et al., 2021, p. 4).

At the same time, given that cities constitute sites of politicisation and mobilisation (Castells, 1983; Miller & Nicholls, 2013), these processes spark contestations and resistances from those who inhabit the city, engaging in self-organisation to defend and reclaim urban space. These struggles can take the shape of social movements, such as transnational networks advocating for the “right to the city” (Mayer, 2009); yet, such politics also manifest in everyday activities and acts of resistance, many of which are caring and reproductive (Beveridge & Koch, 2018). Such practices sustain the survival and resilience of marginalised individuals and communities (Hobart & Kneese, 2020), and likewise prefigure alternative ways of urban living. Also relevant is Bowlby’s (2012) concept of “carescapes,” which emerged from an understanding that highlights the significance of place in relation to care. Bowlby first used the term over a decade ago to illustrate the spatio-temporal context of access to care resources and services (cf. Lawson, 2007; Milligan & Wiles, 2010).

In this sense, community kitchens can be framed as sites that (through care for people and spaces) address concerns of marginalised communities, attend to both individual and collective needs, and engage with public and common spheres. Resonating with the legacy of leftist political grassroots praxis, such as direct action and direct democracy, we conceptualise this expanded form of care as “direct care for the urban space” (Abram, 2023, p. 140).

Through community kitchens that cannot be easily categorised as *either private or public*, we understand direct care for the urban space as a form of political engagement, in which individuals and groups envision new principles for practising care in the urban context through continuous reflection and self-critique. They (co)create decentralised networks without intermediaries or legalistic frameworks to realise care in opposition to, yet still within, the existing socio-political order. Direct care for the urban space can manifest as a form of extra-institutional work within self-organised communities, whether in temporary or permanent autonomous spaces. It is grounded in the principles of direct democracy, self-organisation, non-hierarchy, solidarity, and mutual aid in order to achieve social transformation. In doing so, direct care for the urban space draws from and intertwines with the legacy of radical, grassroots, and self-organised social work and social movements, which extends their praxis to autonomous-driven forms of care (Abram, 2023).

In the following sections, we examine how community kitchens, caring communities, and the commons co-emerge; we present five case studies, each of which illuminate particular theoretical perspectives and help to build up our conceptual contribution: The Pop Wok canteen (Florence) presents community kitchens as social infrastructures, the everyday practices of mutual care appear in Sisters’ Cuisine (Copenhagen), the Participatory Ljubljana Autonomous Zone (PLAC) shows community kitchens as fragile care infrastructures, while the Neighbourhood Canteen (Berlin) and the Medina Community Centre (Bern) demonstrate how care commons are built in the process of collectivising social spaces and social reproduction which enable mutual aid, self-determination, and participation in urban life. We argue that communal cooking and eating can constitute a foundation for collective caring and commoning practices that recognise diverse social needs and their fulfilment as shared and interdependent.

### 3. Community Kitchens as Social Infrastructures: The Pop Wok Canteen in Florence

Grassroots community kitchens consist of networks of people, space, practices, and technologies that form what Latham and Layton (2019) call “social infrastructures.” These social infrastructures generate a “social surplus” among their participants by “encouraging trust, civility, encounter, and common purpose” (Latham & Layton, 2019, p. 8). Like other collective urban activities, community kitchens are heterogeneous assemblages which can be provisional or regular, temporary or permanent, structured or open, informal or formalised, static or mobile. As flexible sites of social interaction, they “create affordances for social connection” (Latham & Layton, 2019, p. 3), permit sociality across differences, “invite people into the public realm” (Klinenberg, 2018, p. 17), and constitute a crucial resource for marginalised groups.

This is illustrated by the cooking initiative Pop Wok—Food, Solidarity, and Sisterhood, established in Florence during the Covid-19 pandemic by activists of the Italian transfeminist movement Non Una Di Meno. The feminist canteen distributed food to migrant transgender sex workers who faced growing precarity, homelessness, and lack of state services and income due to pandemic restrictions and heavy policing in the public park where they worked. As the Pop Wok initiator, chef, and feminist activist Serena explained, these

workers could not access any urban community kitchens because they were “discriminated against by the other canteen users.” Being unemployed due to Covid-19 restrictions, Serena wanted to utilise her skills and free time and mobilised Florentine comrades to establish a feminist people’s canteen: “I consider food an important form of relationship, and this project gave us the opportunity to associate food and solidarity, or rather sisterhood.”

Social worker Rossella connected the activists to a group of migrant sex workers who self-organised mutual support via a chat group. Pop Wok activists cooked the food in a kitchen of the Associazione Ricreativa Culturale Italiana, a non-profit association founded after the Second World War and rooted in leftist ideals of mutualism and solidarity. They then distributed the food in Cascine, a public park on the edge of the city centre, which is predominantly used by migrants who live in the surrounding areas. Cascine is a site of recreational activities, weekly markets, and tourist attractions, but also of drug sales and sex work, reflecting the multidimensional nature of “public” and “publicness” as not merely the opposite of “private.” Participation in Pop Wok thus involved being “out in public” with others, addressing community matters, tending to collective needs, and participating in the public sphere (Latham & Layton, 2019).

Community kitchens encompass diverse activities that shift and evolve in response to the requirements of participants and their local context. In the case of Pop Wok, social ties between activists and sex workers developed while eating outdoors together, despite Covid-19 restrictions and heavy policing. “It was very difficult at the beginning, because there were a lot of problems with permits and there were permanent policemen always in the square,” Serena recalled, explaining how this posed a risk to the mostly undocumented migrant sex workers. They carefully followed hygiene measures, maintained physical distance, and wore masks during food distribution. Chats over food eventually revealed a shared interest in volleyball. From this, weekly volleyball meetups and two annual summer sports tournaments emerged. This shifting infrastructure, moving from emergency food aid to structured social activities, reflects Pop Wok’s responsiveness to the needs and interests of its participants. As Serena said:

We realised that, in this moment of emergency, there were people who were being left out of all institutional aid: sex workers, trans people, non-compliant subjectivities. So, our aim was to ensure their subsistence but also to create a “safe,” secure space in which to initiate new relations of confrontation and listening. And I hope that this space can evolve and remain even after the emergency.

With Covid-19 restrictions loosening and the sex workers returning to work, food distribution became unnecessary, and the activity was discontinued shortly after. Yet, Pop Wok did not disappear; rather, it transformed into something new. Cooking classes in which Serena shared her skills with the participating sex workers were followed by collectively organised fundraising dinners and ideas to launch a catering business as an alternative means of income for sex workers.

Throughout their engagement in cooking activities, the participating sex workers increasingly joined cultural and political events, generating visibility for the struggles of migrant transgender sex workers, while reshaping their own subjectivities. The trajectory of Pop Wok—from “charity” initiative to shared leisure activities, professional skill development, collectively organised fundraising, and plans for economic self-determination—illustrates how cooking and eating together constitute changing social relationships;

here specifically understood as forms of sisterhood and solidarity. These processes bridged diverse social realities and hierarchies, transformed care and self-organisation from below, and enabled the social and political participation of marginalised subjects.

Activists reflected on power relations within their initiative, particularly the fine line between mutual aid and charity that is present when activists, equipped with time, resources, and space, seek to share those with marginalised commoners. There remained a strong belief in the canteen's potential to bridge across differences. Serena, a cisgender woman like the comrades she mobilised, felt this was particularly crucial for a political movement that understands itself as transfeminist, yet includes few trans activists:

In our collective, there are no trans people....The people addressed by Pop Wok live an even more particular condition—both because they are migrants and because they are sex workers—and this allows us to deepen our vision, even beyond ideological positioning, but starting from the story of their choices and life experiences.

Sharing everyday activities of cooking and eating enabled activists to ground their understanding of the intersecting realities of sex-working, migrant, transgender women, and to subsequently expand their politics. Drawing this marginalised group into the public sphere also created new social ties and transformed social work practices, as social worker Rossella observed:

The most interesting part for us is the creation of a social network...that offers a real context for inclusion in daily life. This possibility, which came about by turning the Covid-19 emergency into an opportunity, took us out of the mere dimension of classic street intervention, opening up unusual collaborations that we hope will germinate and grow, so that the stigma around sex workers will cease.

Pop Wok thus illustrates how grassroots community kitchens exhibit characteristics of the successful social infrastructure as identified by Latham and Layton (2019): They are (a) abundant, meaning easy to find and access, offering “generous hospitality”; (b) diverse regarding their users, activities, and spaces; (c) maintained both materially and socially; (d) accessible to people with diverse backgrounds and needs; and (e) democratic, as they foster the interaction of people as equals. In this sense, grassroots community kitchens are more than spaces of food provision: They facilitate connections across differences, are accessible to the most marginalised, constitute spaces of mutual care, and form part of urban social infrastructures.

#### 4. The Everyday Practices of Mutual Care: Sisters' Cuisine in Copenhagen

Initially called a “catering service,” the Sisters' Cuisine was founded by the Trampolinhuset (Trampoline House) in Copenhagen, Denmark, in 2014. It provides catering for parties and events, primarily those that Trampoline House organises. Trampoline House itself, dubbed a “self-organised refugee justice community centre” (authors' fieldnotes, May 2023), houses a women's club that consists of women from every part of the world: asylum-seeking women, women with refugee status, international volunteers and interns, and women born in Denmark. And it was women from the club who initiated the Sisters' Cuisine—women who had previously run their own businesses, asylum-seeking women in Denmark who grew tired of waiting for their case decisions, and women who had already obtained legal(ised) refugee status but struggled to find employment.

In 2016, two of the club's members began a project to collect recipes that their chefs used, and accompanying the recipes were a collection of interviews. These two elements came together in a "migration-political cookbook" titled *Sisters' Cuisine Cookbook—Recipes Without Borders* (Sisters' Cuisine, 2017). The book emerged as a "collective process within the Women's Club of the House" (Sisters' Cuisine, 2017, p. 6) and was collectively authored. The idea was not just to collect recipes, but to contextualise them and share the stories behind the dishes and the chefs. In the foreword, the authors explain the explicit political significance of cooking and food-sharing:

Food is not just food. It can be the dry bread that is all you have to eat during your flight, and it can be the good food your mother made at home. Cooking can also be the cheese sandwiches you eat in your room in the asylum centre because the centre's community kitchen, full of men, makes you feel uncomfortable. But cooking can also be a way to create new communities that transcends backgrounds, history, and culture. And it can be a way to relieve homesickness and build bridges between the past and the present. (Sisters' Cuisine, 2017, p. 6)

Here, we find a threefold rationale for the political significance of cooking and food sharing, which will structure the subsequent analysis of care as an integral part of "everyday living" (Tronto, 1993). First, the women's club and cooking initiative functioned as spaces for "minor acts" (see Squire & Darling, 2013) of resistance against hostile asylum policies. Second, they operate as gendered spaces that offer a safe(r) space for women within patriarchal structures. Third, they challenge the binary distinction between public and private spheres by getting "our stories out of the kitchen" (Sisters' Cuisine, 2017, p. 7). Lastly, in getting their stories out of the kitchen, one can also argue that they assist in the creation of new communities through creating connections between different places and peoples.

Traveling back in time a little bit, Trampoline House was first founded in 2010 in response to the restrictive asylum and migration policies in Denmark, including racism in the asylum system, the isolation of rejected asylum seekers in camps, and the impacts of legal restrictions on both people inside and outside the asylum system (Siim & Meret, 2020). In other national contexts, such as the UK, scholars found that such "hostile environment" (Benwell et al., 2023) policies create an "affective politics of discomfort" (Darling, 2011, p. 268). Our fieldwork revealed that a key reason women participated in the women's club was the opportunity to connect during kitchen work with others whose stories, circumstances, and experiences of claiming asylum in Denmark emotionally resonated with their own (authors' fieldnotes, April 2023). Additionally, they described Sisters' Cuisine as a spatial and temporal form of respite from the hostile asylum system and its affective construction of discomfort (Darling, 2011, p. 264): "Even in a deportation camp like Sjælsmark, we tried to make a home for ourselves. Thank God that Trampoline House is here for us....We cook and eat together, whatever difficulties we may have, we feel happy in the house" (Sisters' Cuisine, 2017, p. 18).

Another former asylum seeker who is part of Sisters' Cuisine talked of her friend's devastation in the aftermath of having her asylum case rejected a second time, "so, I showed up unexpectedly with the ingredients to cook mango sticky rice. It almost made her cry, because it's her favourite food" (Sisters' Cuisine, 2017, p. 80). While cooking mango sticky rice for a friend might not immediately appear as a subversive "act of citizenship" (Isin, 2009), we argue that such "everyday acts of hosting" (Bernhardt, 2024, p. 171) function as minor acts of resistance against the affective politics of discomfort that sustain hostile environment policies. While cooking for others and hosting could reinforce ambivalent power discrepancies and unequal hierarchies between host

and guest, the minor, everyday act of cooking for someone can also challenge the politics of discomfort and exclusion embedded in the contemporary asylum regimes.

Besides forming a space of respite from the everyday “slow violence” (Nixon, 2011; see also Benwell et al., 2023) of the Danish asylum system, its members describe Sisters’ Cuisine as a “safe space where women can talk freely about problems they experience in their daily lives” (Sisters’ Cuisine, 2017, p. 6). Feminist scholarship views care as a political and relational practice, emphasising that “the gendered social order shapes the status and value of care work, with sites of care becoming places where gender is produced and reproduced” (Scicluna, 2017, p. 201). But here it is also necessary to reflect upon both the gendered as well as deeply uneven contribution of care work. As Chatzidakis et al. (2020) aptly highlight in *Care Manifesto*, care has been historically undervalued because of its strong associations with “femininity,” and caretaking being understood as “women’s work,” tied to ideas of the domestic sphere as well as women’s centrality in reproduction (Chatzidakis et al., 2020, p. 24). This hegemonic association of domesticity as a sphere of reproduction, rather than production, had historically made it easy for markets to exploit caring labour, either as unpaid care workers or through continued reliance on women’s unpaid labour in the home (Chatzidakis et al., 2020, p. 24). In the case of Sisters’ Cuisine, the initiative was gendered from the beginning, not only because most of its members were women but also because for many it provided an alternative to male-dominated spaces in the state’s official asylum centres. Fenster (2005, p. 223) indicates how gendered practices restrict women’s rights through “unequal experiences of the city in tension with others,” limiting their “ability to express their rights when they felt excluded from spaces at certain periods by men.” In accordance with Green (1997, p. 42), places like Sisters’ Cuisine can be understood as “pockets of resistance, small folds in which women could feel safe, for a time, from the hostility of the outside world.”

The idea to not just collect recipes in the cookbook, but to contextualise them and the stories behind the dishes and the chefs, an explicitly “migration-political cookbook,” enables the women involved to “get our stories out of the kitchen” (Sisters’ Cuisine, 2017, p. 7). This formulation highlights that in addition to cooking, the kitchen “is a place where people get to know each other and share thoughts and stories” (Sisters’ Cuisine, 2017, p. 7). It shows how activities of cooking together and sharing food provide more than just a catering “service”; they provide a place of interconnection, which in and of itself resonates “as a form of care” (Scicluna, 2017, p. 207).

## 5. A Fragile Care Infrastructure: The Participatory Ljubljana Autonomous Zone

The question of care, as relating to collective cooking in autonomous spaces, has been central to the PLAC from the get-go. The building—the Road Company Ljubljana workers’ canteen, abandoned since 2014—was declared an autonomous zone in September 2022. Situated in a degraded post-industrial area, approximately 18,000 m<sup>2</sup> of state-owned land, and positioned between two densely populated neighbourhoods, PLAC’s transformation from a deserted complex into a reappropriated social centre was driven by squatters: They reopened the space to the public through a series of non-profit cultural, educational, and sporting activities. In the process, cooking emerged as an integral practice embedded in the early pre-planning activities that culminated in the act of squatting itself. “I was recruited at a festival, so to speak, by a comrade weeks before the occupation. My role was to provide nourishment for those defending the squat,” explained Ralph, the coordinator of the first makeshift kitchen, which served falafels to everyone on its first day, a day that a few PLAC users have referred to as its “liberation.”



With extensive experience in meal preparation within autonomous spaces and beyond, Ralph swiftly assembled a working group and organised the necessary cooking activities. “I was very active at that time,” he recounted, describing how the collective initially prepared food on an improvised setup of gas burners in the front yard, and served vegan meals daily throughout September and October. As the significance of grassroots cooking became increasingly apparent, the kitchen moved from the exterior premises into the canteen’s former bar area. However, the initiative’s “structured unstructuredness” (Freeman, 1972) took a toll on him and others: “I wasn’t sleeping much at that time,” which eventually led him to withdraw.

Materially, donations from a broader network of supporters (alongside the expertise of skilled squatters proficient in plumbing, electrical work, carpentry, and similar trades) enabled the establishment of a fully-equipped kitchen. From this, another initiative emerged to revive the space’s historical function as a workers’ canteen through the creation of a biweekly vegan popular canteen. The idea was, to borrow from the language of heritage studies, to pursue an adaptive reuse of the squatted space under the banner “it was a menza (canteen), and it should be again a menza.” “Cooking is the fabric of the revolution. It is the autonomous language of this community,” said a regular cook and activist, illustrating his point with a linguistic joke: In Slovenian, the word *hrana* (food) reads backwards as *anarh* (anarch[ism]).

As a newly established squat, the rationale for initiating and maintaining a regular menza was both political and “counter-economic” (see Pavlišič & Pistotnik, 2018). It provided an independent financial resource while reinforcing counter-power dynamics, allowing PLAC to avoid potentially compromising or precarious means of generating income. For a brief period, the menza attracted what was described as “the lefty Ljubljana crowd” alongside occasional visits from nearby residents.

However, internal organisational challenges in the squat soon became apparent. Attendance among visitors, supporters, and cooks declined, a situation some attribute to legal pressures from the state, and likewise a lack of reflexivity, stability, engagement, and the enthusiasm required for a sustained and sustainable collaboration in such a project. As Ralph said, “Legwork was needed....People just tend to underestimate how much work goes into maintaining a regular menza.” Meanwhile, PLAC’s “pushers”—a term used affirmatively to describe the core driving forces behind grassroots venues (Muršič, 2011)—experienced burnout and stepped back.

Although the regular vegan menza eventually dissolved, at the time of writing, the grassroots kitchen has persisted through sporadic, one-off cooking projects. Over the past two years (2023–2024), it has primarily been used to provide meals before meetings of various collectives and ahead of public events such as concerts, presentations, workshops, and festivals. It has also become a collectively shared infrastructure for broader leftist political mobilisation. For instance, since 2023, student political organisations have organised a series of self-managed canteens in public locations—including student dormitories, university faculties, and libraries (see Društvo Iskra, 2025)—with most meals being prepared in PLAC. Furthermore, the kitchen has also provided food, and the squat has offered shelter to various political subjects passing through the region, as well as to individuals experiencing what Weaver (2017) terms the “urban crisis.”

PLAC and its community kitchen, in its precarious yet persistent trajectory, underscores the reappropriation of material substance via the act of squatting, which allows further political experimentation. From the perspective of squatters, this process has enabled the constitution of a self-organised social and caring infrastructure, both fundamental conditions for fostering practices of solidarity and communal nourishment

that can be reactivated as needed. The reactivation of the abandoned workers' canteen (Abram, 2023) into an autonomous space has been neither premeditated nor linear, let alone immune to internal contestations, collective reflections, and mediations. Rather, in its emergent and sometimes fragile complexity, it engenders what Escobar (2018) describes as autonomous design: the transformative potential of direct democratic reimagination and self-organisation rooted in local communities, where the care of communal territories and worlds becomes a central political task of our times. Within PLAC, the community kitchen has been a layer of its autonomous design. It can be understood as a performative site of and for direct care: simultaneously a social practice, a lived experience, and a spatiality within leftist political assemblages. It embodies the essential ingredients of political (re)imagination, conceptual innovation, and epistemological reconfiguration, putting them to the test through context-specific and content-specific experiments in self-management that seek to extend beyond the squat's perimeters.

One such experiment, present within PLAC since inception, has been the menza. Ethnographic vignettes can help us better understand how, for squatters, food practices served as guiding elements for enacting direct care—a form of care both directed towards those who were recognised as comrades within the radical left and extended to the wider urban space as a politicised response to dispossession, exclusion, and repression (see Abram & Bajič, 2024). In doing so, PLAC weaves into a translocal web of “solidarity geographies” (Jørgensen & Agustín, 2018), wherein collective care work strives to operate beyond the confines of private property, institutional frameworks, and profit-driven imperatives.

## 6. Claiming Collective Spaces and Commoning Care: The Neighbourhood Canteen (Berlin) and the Medina Community Centre (Bern)

In the following few pages, we examine how community kitchens contribute to building communities and commons, which, by creating alternative and accessible spaces of collective care, extend to and reflect on their local urban environments. We focus on the Neighbourhood Canteen in Berlin-Kreuzberg, Germany, and the Medina Community Centre in Bern, Switzerland, ethnographically exploring their impacts on and interactions with urban processes of commoning. Both community kitchens are located in rapidly changing, policed, and controversially governed neighbourhoods, where marginalised inhabitants continually claim space, while simultaneously facing displacement and criminalisation. Their social and political relevance is constituted by this context, in which they represent an alternative to the exclusionary, isolating, and “uncaring” social relations that expand in response to such urban developments (Gabauer et al., 2021, p. 4).

Sara, a long-time resident of a housing project in Berlin-Kreuzberg, appreciates the continued presence of the community kitchen and space, which was rented by activists in 2019 and where the Neighbourhood Canteen has been taking place ever since. Otherwise, she predicts, there would have long since been a “hipster oat-milk-coffee chocolate cake space” similar to those further down the street, where restaurants and coffee shops transformed the atmosphere and social fabric. In an urban context in which alternative and non-commercial spaces are increasingly displaced and repressed, she considered such open collective spaces as particularly “special” and “valuable”:

In Berlin, it's becoming more and more difficult for groups to have their own places, their own free spaces that aren't dependent—on associations, on sponsors, on political goodwill—and can be made available free of charge. For most spaces, you now have to pay rent or you have to go through a

“conscience check”....And it’s precisely because of the housing situation, housing policy, and urban development policy, in Kreuzberg in particular, that valuable spaces and groups are simply being lost.

Since 2019, the Neighbourhood Canteen has brought people together on a weekly basis in the collective space where it occurs, a space where many other social and political encounters and meetings take place. It allows many different people (even if they are otherwise excluded or marginalised due to their migration status, housing situation, and other social attributes) to come together and connect despite, and through, their differences and various needs.

Similarly, twice a week in Bern, Medina creates a temporary public space of encounter around the practice of cooking and eating together. Installed in a converted shipping container, the self-organised community centre serves as a low-threshold contact point for people who find it difficult to meet their basic needs and to participate in the social, cultural, and political life of the city, for reasons like insecure residence status, racism, economic precarity, homelessness, or addiction. The community kitchens must be situated in their specific spatio-temporal context—shaped by uneven power relations and characterised by socio-political conflicts and struggles—as this allows for a better understanding of the emergence and development of the associated social relationships and communities and how they collectively care for the urban space. Schützenmatte, where the Medina Community Centre is located, is a highly contentious public space. It is adjacent to the autonomous cultural centre Reitschule—a former squat with a contested and long history of alternative political and cultural scenes. This small microcosm has built a dynamic social fabric that is shaped by conflicts and contradictions relating to the surrounding institutions, political actors, and diverse visitors. It is a fought-for free space, where skaters gather, people express their freedom and autonomy, partygoers have fun on the weekends, and marginalised people are tolerated, although only “to some extent,” as a Medina activist emphasised.

The reason behind this limited tolerance lies in the area’s urban redevelopment and heavy policing, which often make marginalised and racialised individuals the targets of police raids and racial profiling. In the media discourse, Schützenmatte is portrayed as a “social hotspot,” and headlines report drug sales, fights, robberies, and police interventions. This undoubtedly tenuous place of conflict is where social crises become visible: The consequences of repressive migration policies, drug policies, and exclusionary welfare state practices—rooted in expulsion and criminalisation—manifest locally and become tangible in the everyday lives of the people who inhabit the square. Thus, the neglect, or even deprivation, of basic care needs becomes noticeable, as Marla specifies:

This is the need for housing, hygiene, safety, and warmth. These basic needs are simply not given because people live in asylum centres, for example—or have even been kicked out of there—and do not have sufficient access to clothing, to health insurance, to medical examinations, or to psychological help.

Partly in response to such unmet needs, and partly as a reaction to socio-political developments in the area, Medina appropriated a previously abandoned space in 2019, and it set up its community centre there, offering a non-commercial kitchen and a space for encounter and support for all people. It is worth adding that the majority of Medina’s participants are refugees and migrants with no residency status, or at best precarious residency status, many of whom have had to live in camps outside the city, unhoused people, and people with

addiction or mental illnesses. The space created around Medina's container enables forms of self-organisation and community building in which people can develop the foundations for caring and solidarity relationships that differ from charitable, often paternalistic forms of support. For one of Medina's founding members, Pascal, Medina has entailed "social responsibility," as he stated, "We can only have free spaces if we take responsibility for the space ourselves."

Over in Berlin, the Neighbourhood Canteen also forms part of a collective space and context, and offers an opportunity for connection and community building, particularly for those marginalised and criminalised in public space. The open get-togethers around shared meals foster caring relations not only between people with different living realities but also toward spaces in the city, which are then shaped and taken care of collectively by diverse users. In the communities that have created and continue to sustain the collective space and kitchen, the refugee movements of the past decade have had a lasting impact (particularly the occupation of nearby Oranienplatz in 2012 and Athen's City Plaza), rendering the consequent relations of care and commons both a response and an alternative to racial capitalism's dispossessions and divisions (Santamarina, 2024). Contrary to the surrounding urban developments, and despite discouraging moments and memories, Ali has looked back at his years in Berlin, after his arrival from Athens, with the feeling that the built and maintained community spaces significantly improved the everyday lives of the people involved:

You always have a place to go, you always have a place to find help. There are people who take care of you, and you take care of them. This is like a community....It is this place that you can just go to, and you can have a cheap meal and some people who you can talk with. That's already 10,000 times better than when I arrived here...the Neighbourhood Canteen, and a thousand other places like small places where you can go, small communities that you feel you belong to, and that gives you a lot of hope that this part of this city is also mine.

As Ali's reflections on the individualising and isolating conditions upon his arrival in Berlin show, a sense of mutual care, belonging, and hope is built in community spaces such as the Neighbourhood Canteen through the collective acknowledgement and through bringing together personal sufferings and political struggles. The social reproductive activity of cooking and eating together in a space that is thereby collectivised and commoned makes these encounters both possible and pleasant, as one of the regular and responsible participants of the Neighbourhood Canteen described:

One goal is actually this space as such—that it is simply there and is always there....People can come, and if they've been there a few times, [they] might feel [that] "this is a space where I can talk to people because I'm having problems with some kind of asylum documents or residence status, or where I can talk to people because I don't have a place to sleep at the moment." And then, that happens again and again....So, this space enables people to meet each other, to have a good time together. The food is, I think, very central in order to be able to talk about different issues such as homelessness, racism, asylum....The Neighbourhood Canteen offers a place, a social place, where this whole mixture of issues can come up, and not everything can be solved there, but there can be mutual support.

In this sense, the creation of collective spaces and settings for open communication and direct care may serve as a prerequisite for addressing diverse needs in a context of unevenness. The offered support concerning immigration status, housing, or other bureaucratic paperwork results from personal and friendly

relationships. Various immaterial forms of care and support are valued and can be provided by everyone—even those without formal, financial, or legal resources. On the one hand, gradually developing such casual and mutual relations of care offers participants the opportunity to avoid constantly reproducing power hierarchies between people who can support and people who need support. On the other hand, it can lead to unequal consideration for individuals' support needs or to individuals feeling left alone when dealing with crises. And many participants may experience moments in which collective care fails because no solutions can be found for unmet social needs. Such formative experiences can be taken as an opportunity to reflect on the structural causes of inequalities in care relationships, and to conceive of ways to politicise them or mitigate them by commoning further social infrastructures.

In a precarious everyday context, the regular act of cooking and eating offers a possibility to build connections and enact mutual support in a straightforward manner. To a certain degree, these allow people who are excluded from urban life to break out of their social, political, and cultural isolation. “When I am here, I feel that I am a person, that I exist,” said Mar-Said, who has been living in Swiss refugee camps for four years. For him, Medina has provided a sense of home: “It’s like a family here.” Despite the tensions and conflicts that arise among participants, Mar-Said’s case highlights that the feeling of connection and belonging is produced through regular participation, in cooking as well as other daily activities such as playing games. These forms of meaningful participation in common life not only create conditions in which people feel less powerless and helpless, but also enable them to support others, take on responsibilities, and look after shared spaces.

Olga, who moved to Switzerland a few years ago and played an important role in the founding phase of Medina, particularly emphasised the commoning power of shared activities with like-minded people: “When you do things together, networks grow and emotions grow.” Through the knowledge, resources, and networks of its participants, Medina has developed a social infrastructure that can provide not only warm meals but also legal support services, German language courses, and access to medical care. As Mira described, over time, these friendships can develop into regular forms of assistance with affairs or struggles in daily life: “As you become closer and become friends, you simply start doing things. For example, looking after the child, answering letters, visiting someone who is ill or accompanying someone to the hospital. Such things just come up.”

Hence, the mutual bond and caring relationships that are developed during communal food preparations extend beyond the spatial and temporal context of the weekly dinners. For Marla, the mutual “willingness to engage in this relationship,” which also includes learning from each other, is crucial here. Although it’s never possible to meet all needs that arise from structural grievances and precarious living conditions, these needs are regularly exchanged, heard, and taken seriously. Nevertheless, existing social inequalities, Marla suggested, need to be addressed at the structural level. She acknowledged that “the relationships are asymmetrical” and that “one must not fail to recognise that these are unequal relationships.” She contrasted the realities she experienced at Medina with her ideal state of “inclusion,” where structural racism and power hierarchies would be dissolved:

Medina will not be able to be inclusive as long as people do not have a secure residence status, do not have health insurance, and, above all, do not have a space with sleeping, washing, and eating facilities. As long as the basic needs of these people are not met, we will not be able to achieve inclusion.

Though power structures cannot be eliminated in the community kitchens, they can be negotiated and questioned. Such critical reflections can help in recognising and politicising the uneven, commodified, and individualised organisation of social reproduction and care in current city life. Furthermore, the embodied experiences and practical experimentations with building such caring communities and commons can indicate possibilities for a future where needs and resources are cared for collectively—without overlooking the challenges and difficulties such processes entail.

Providing collective responses to needs must be constantly negotiated (Travlou, 2020) and must remain dynamic in order to account for the multiplicity of persons and problems that gather in shared spaces. The organisation of community kitchens is therefore characterised by a tried and tested fluid everyday practice and dynamic; the art of improvisation, openness to change, and the accessibility of these places and commons remain important. Simultaneously, this form of organisation is associated with challenges such as the unequal distribution of resources, capacities, and responsibilities. Youssouf, who has been part of the Kreuzberg refugee movement since the occupation of Oranienplatz in 2012 and has been coming to the Neighbourhood Canteen for four years, reflected on the importance and nature of the self-organised structure by saying, “Coming together, eating together is super very important. People need a place where they can meet and get to know each other.” However, as he emphasised, it is quintessential to foster a spirit of joint responsibility, in order to maintain the collective space in a non-hierarchical way: “This is a space for all of us, it’s not like there are a few people who are responsible for it. It’s important to me—in my position too—to be part of the group.” Although various participants are involved and help shape the space, it has often been people in less precarious life situations who have more resources to do so.

Aspiring to create social infrastructures and care commons is challenging when uneven life realities and power relations make some persons appear as more dependent on care and others as more able to provide it. In reality, “it’s just that some have their needs more taken care of than others” (Zechner, 2021, p. 23), while the fulfilment of others’ needs is structurally impeded. Community kitchens can be conflictual and contradictory in how they respond to diverse needs and in how they maintain non-hierarchical relations and an even distribution of responsibilities in a context of multiple urban inequalities and precarities. To varying degrees, they contribute to the commoning of collective spaces that need to remain dynamic and open to new situations and different people.

Based on concrete everyday needs, the participants of the Neighbourhood Canteen and Medina appropriate urban spaces and reconfigure them through the collective practice of cooking and eating. By reorganising social reproduction and care work in a communal context, they question the separation between the personal and the political, and between the reproduction of everyday life and political activism (Federici, 2019, p. 112). The communities that form around these kitchens offer mutual aid and collective care, while also politicising their context, characterised by structural exclusions, inequalities, and carelessness, and the resulting care commons and social infrastructure inscribe themselves into the city. By collectivising reproductive activities such as cooking, which is traditionally seen as domestic and therefore private, the community kitchens introduce alternative imaginations for possible uses of urban space, through which a collective organisation of reproductive and caring activities becomes visible and valued.



## 7. Conclusion: Practising Care and Prefiguring Commons

Community kitchens are diverse and complex, yet they share important similarities. They illuminate how communal cooking and eating are foundational to alternative relations of care and to processes of commoning in urban settings. Our translocal ethnography across five European cities reveals several key dimensions of community kitchens: (a) the creation and collectivisation of social infrastructures, (b) the cultivation of caring relations and practices through shared reproductive labour, and (c) the everyday experimentation with commoning.

The Pop Wok canteen in Florence—an intersecting assemblage of people, spaces, practices, and materialities—demonstrates how grassroots kitchens constitute urban social infrastructures. Here, care is not merely distributed but relationally activated, as connections emerge among marginalised actors within precarious urban conditions. Pop Wok likewise shows how power relations and subjectivities among participants shift over time and how activists seek to challenge intersecting power asymmetries and hierarchical relations of charity through horizontal practices of mutual aid.

Sisters' Cuisine in Copenhagen exemplifies how care and kitchen work, while often gendered and unevenly allocated, can serve as a medium for storytelling, empowerment, and visibility—or, in the words of one female participant, they can literally “get [their] stories out of the kitchen” (Sisters' Cuisine, 2017, p. 7).

As shown in the case of PLAC in Ljubljana, the community kitchen within its autonomous setting constitutes a form of direct care work—both for the community and for the urban space itself. Although fragile and intermittently active, the canteen at PLAC represents a self-organised social and caring infrastructure that enabled practices of care and solidarity centred on communal nourishment.

Finally, the ethnographic cases from Berlin and Bern show how community kitchens create social spaces and infrastructures, which not only foster collective and caring relations in everyday life but also create alternative and collective visions of urban futures. In both cities, the community kitchens appropriate and provide accessible spaces for a collectivisation and commoning of care. Through this, they constitute spaces of experimentation with alternative, collective forms of care which correspond to neither conventional nor commercial forms of care.

At the same time, the community kitchens problematise—and, at best, destabilise—the conventional binary relations engendered in care, such as those between care and giver and care and recipient or provider and consumer. In doing so, they have become autonomous social infrastructures practicing direct care, solidarity, mutuality, and collective self-management. By addressing concerns in specific socio-spatial settings, attending to collective and individual needs, and participating in the common sphere and public sphere, community kitchens blur the line between the private and public and foster an interconnection that we conceptualise as an expanded form of care, or as “direct care for the urban space.”

In line with this, the question that then arises is: To what extent can everyday practices in local settings further politicisation, collective organisation, and transformation of structural carelessness beyond their local expression? From a feminist perspective, community kitchens' existence and visibility in public spaces can contribute to a politicisation of care work. Furthermore, although cooking may appear as a merely

supportive and sustaining activity within broader political initiatives and movements, in practice, community kitchens draw marginalised urban inhabitants into the public sphere. For many participants, cooking constitutes a gradual process of politicisation and is a point of contact with, and entry to, political communities. As a fluid experiment and process, community kitchens can thus act as vessels for political subjectification and become catalysts for broader forms of collective self-organisation. Yet, they also face internal and external challenges, and are therefore positioned to (re)invent and test new mechanisms of negotiation and adaptation in the city. Addressing these ambivalences and challenges, it is crucial to avoid romanticising community kitchens. After all, various people with diverse social positions, resources, experiences, needs, and strategies assemble within them.

In this sense, we consider grassroots kitchens as laboratories wherein people experiment with how caring relationships can be practised collectively, across differing life realities in urban space. These practices and experimentations are crucial not only to prefigure a future rooted in collective relations of care and common resources but also because they convey a sense of belonging and mutual aid in the here and now for the people who rely on them for social reproduction, support, and sociality. Through resisting the displacement, carelessness, precarisation, and individualisation that characterise capitalist urbanisation, communal practices of cooking and eating take on a deeply political emergence. This resistance is not exclusively enacted in economic terms, i.e., offering alternative modes of food production, distribution, and consumption; nor is it only in the domain of socio-spatial terms, in other words reappropriating buildings, parks, or squares for everyday activities and sociality; resistance also takes place in the visceral sense of affects, senses, and emotions. That is why participants find and nurture feelings of homeliness, belonging, comfort, and joy within these practices.

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