

Edited by

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# CARE AND THE CITY

ENCOUNTERS WITH URBAN STUDIES



# CARE AND THE CITY

*Care and the City* is a cross-disciplinary collection of chapters examining urban social spaces, in which caring and uncaring practices intersect and shape people's everyday lives. While asking how care and uncaring are embedded in the urban condition, the book focuses on inequalities in caring relations and the ways they are acknowledged, reproduced, and overcome in various spaces, discourses, and practices.

This book provides a pathway for urban scholars to start engaging with approaches to conceptualize care in the city through a critical-reflexive analysis of processes of urbanization. It pursues a systematic integration of empirical, methodological, theoretical, and ethical approaches to care in urban studies, while overcoming a crisis-centered reading of care and the related ambivalences in care debates, practices, and spaces. These strands are elaborated via a conceptual framework of care and situated within broader theoretical debates on cities, urbanization, and urban development with detailed case studies from Europe, the Americas, and Asia.

By establishing links to various fields of knowledge, this book seeks to systematically introduce debates on care to the interconnecting fields of urban studies, planning theory, and related disciplines for the first time.

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# ACKNOWLEDGMENTS

Caring about writing a book about *Care and the City* in the advent of a global pandemic has not been an easy task to undertake, particularly when the empirical evidence of the book is grounded in the time before the pandemic started. From an external perspective, this book could not have found a more appropriate moment to surface, as the relevance of intensifying debates around care have been newly affirmed across the globe, highlighting the need to link thoughts on urbanization with ways to make sense—spatially and otherwise—of phenomena of care and ‘uncare’ in and beyond cities worldwide. From an internal perspective, writing a book about care means acknowledging the labor, dedication, and support of those who helped the ideas and words find a form to make sense in a meaningful way.

The starting point for this book was an international urban studies conference titled *CARE—Cities, Action, Research, and Education* in Vienna in 2019, jointly led by the publication’s editors. The three-day academic event was hosted by the Interdisciplinary Centre for Urban Culture and Public Space at the Future Lab of the Faculty of Architecture and Planning of Technische Universität Wien (TU Wien) in Austria. It took place in the course of the three-year KTH & TU Wien Visiting Professorship in Urban Studies, a joint endeavor of the Interdisciplinary Centre for Urban Culture and Public Space and the Centre for the Future of Places at the KTH Royal Institute of Technology Stockholm in Sweden. The research themes and scholars affiliated with the program in its funding period between 2019 and 2021 have been: *Urban Citizenship: Public Space, Post-Migrational Perspectives, and Civic Innovation* (2019: Nir Cohen, Bar Ilan University, Israel and Henrik Leuhn, Humboldt-Universität zu Berlin, Germany); *Urban Productivity: New Public Space, Youth Integration, and Labor Market Access* (2020: Kim Trogal, University for the Creative Arts Canterbury, United Kingdom); and *Urban Generations: Public Space, Aging Society, and New Health Conditions* (2021: Marie Glaser, ETH Zurich, Switzerland). This visiting professorship program has been set up as an educational project at the interface of research and teaching, with the aim of developing and implementing innovative and internationally oriented research-led teaching curricula focusing on public space, and strengthening international academic exchange in the field of urban studies and beyond by fostering a cross-cultural perspective on urban development and patterns of urbanization. The program focuses on



a contemporary ‘critique of everyday life’ and of ‘lived space’ related to planning, architecture, and urban design education. Hence, it fosters the introduction of contemporary research-led curricular structures to enhance student skills and understanding of urban life and of humanist aspects of urban development while acknowledging accounts critical of the Anthropocene.

Together with visiting professors of the KTH & TU Wien Visiting Professorship Program in Urban Studies—who come from political sociology, feminist architecture theory, and human and social geography—and members of the Interdisciplinary Centre for Urban Culture and Public Space from the fields of urban studies, landscape architecture, urban design, and political science, an editorial collective was established. Its tasks were to establish opportunities during the conference for face-to-face encounters with scholars from various scientific fields and based in different cities to discuss the chapters in the making as early as possible. During these moments of mutual presence at the conference, it seemed of key importance to establish, first and foremost, soulful, as well as trusting relations between all persons involved in the making of the future publication, to ensure mutual learning where possible. This book therefore is the outcome of an intensive and careful exchange, with lively and stimulating debates about the ambivalences, pitfalls, and potentials of urbanization; contemporary critique of everyday life and lived space; the conceptual crises of public space, the city, social reproduction, and care; and the acknowledged need to turn from individualistic views on urban societies toward revisiting societies as based on human-beings-always-in-common with one another. The topic of care served as the thread to interweave complex understandings of patterns of global urban restructuring and of local everyday lives, including a deep analysis of forms of altering politics, resistance, and ambivalences, inequalities, and social change.

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Writing this preface while witnessing an ongoing and replicating global pandemic and health crisis has taught us to look more carefully at ambivalences and ambiguities in care debates. The COVID-19 pandemic has deeply unsettled the everyday lives of people across different social strata in urbanized regions worldwide. Yet it has especially hit hard those already most affected by the uneven production of space, unjust power relations, and the lack of moral stance by those in power to counter social inequality. The pandemic has at the same time reaffirmed the need to re-theorize the urban social, not only demonstrating the vulnerability of human life in a forceful and dramatic way; but also witnessing the inherent uneven distribution and the often restricted, selective, or precarious availability of care networks and social infrastructures, all aspects signaling an urban crisis and a crisis in the fair distributions of the commons. This situation which is often created by institutional uncaring and by the lack of caring thought and ethics in the disciplines and fields dealing with the built environment structurally increases the vulnerability of already marginalized and often stigmatized subjects and social groups.

Not least, this pandemic has put emphasis on a paradox of emerging forms of caring, caring relations, and practices of care on the one hand and on the other, social isolations and empty public spaces. Hence, can the investment in soulful, thoughtful, and careful social relations be understood as a form of emancipation, liberation, or resistance against the backlashes of the urban crisis and the crisis of democracy? Are crisis and care debates inherently linked? And which shortcomings does a limited crisis-centered reading of care produce in these unsettled times? Cities as forms of settlements and modes of settling of routines may play both a role as catalysts of capitalism's divisive forces but also as lived spaces, offering new insights into how the human condition is reestablished.

**PART I**

# **Conceptualizing Care**

**Encounters, Critique, and  
Commons**



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# 1

## CARE, UNCARE, AND THE CITY

*Angelika Gabauer, Sabine Knierbein, Nir Cohen, Henrik Lebuhn,  
Kim Trogal, and Tihomir Viderman*

The making of this volume coincided with COVID-19, which confronted the world with tremendous health, social, economic, and political challenges, thus confirming that the conceptualization of care in urban studies is a task worth pursuing. The more a place was affected by the threat of contagion and its consequences, the more care was perceived as a key ingredient of shared everyday lives. Either the presence or absence of both traditional and more innovative forms of care was felt in daily struggles, and affected urban residents across all their differences. At one end of the spectrum, under-equipped hospitals and care homes, sites of flexibilized labor, and companies and businesses exploiting seasonal workers, like agricultural farms and slaughterhouses, appeared to be the rule rather than the exception. The ‘care crisis’ at such places, and especially in related overcrowded housing with poor sanitation facilities, has revealed multiple dimensions of vulnerability of urban societies. At the other end of the spectrum, however, everyday life practices have flourished during this time, creating dense support networks even at places of previously celebrated anonymity: Young volunteers and delivery workers rushed on their bikes to deliver food or medicines to quarantined residents, neighbors took care of each other using staircase baskets and virtual platforms, care workers and activists worked around the clock to help, and urban dwellers chanted from balconies to mourn the missing social encounters in public spaces.

Amidst the pandemic, societies and public institutions have been compelled to adopt new forms of taking care—from mutual aid to physical distancing and social isolation. In spatial relations, the pandemic has unraveled the urban as a place of particular vulnerability, in which market rule displays a tendency toward undermining the (inter)national decent living standards with the state and its regulative forces being either rather absent or overly present. Scholars with a focus on the role of care in crisis management pointed out that “COVID-19 measures are necessary to save the lives of some of the most vulnerable people within society, and yet in parallel they create a range of negative everyday effects for already marginalized people” (Branicki 2020: 872). Most responses to the pandemic were dominated by national ‘one-size-fits-all’ policies characterized by the logic of large state bureaucracies rather than by more nuanced and spatially sensitive strategies that would pay attention to the particular needs and risks of specific groups. The consequences of such crisis management involve “elevated

risk for workers in low-paid, precarious and care-based employment, overrepresentation of minority ethnic groups in case numbers and fatalities, and gendered barriers to work” (ibid.).

The disruptive and uneven features of the pandemic and its prevention measures have deeply impacted the quality of social relations and the ways in which societies treat care. In addition, the care crisis also signals an urban crisis, a crisis of cities as a collective political project. Simultaneously, the unalienated caring relations based on material and spatial moments of mutual encounter offer a way out of the very same crisis. This volume therefore introduces the care debates into the field of urban studies as an analytical prism on the urban crisis, while proposing an urban and spatial focus as a productive means for revisiting and informing research on forms of care, uncare, and the city in the social sciences and humanities, as well as other fields.

### **Conceptualizing Care and ‘Uncare’**

To use care as a conceptual lens and as an empirical focus means to recognize and engage with an important body of scholarly work and activism which has developed since the 1970s. It includes feminist struggles around the recognition of reproductive labor (Federici 1975; Fortunati 1995), the epistemological implications of new standpoints based on care and domestic work (Hartsock 1983; Smith 1974), and conceptualizations of care as a mode of ethical action qualitatively different from discourses on rights and justice (Noddings 1984; Tronto 1993).

In the subsequent two decades, the feminist care tradition has been embraced by a variety of disciplines. From education (Shevalier and McKenzie 2012) and social work (Meagher 2004) to business, economics, and accounting (Hamington and Sander-Staudt 2011), care—or the lack thereof—has been mobilized as a conceptual framework for studying a broad range of phenomena, from migration and citizenship policies to commercial surrogacy (Parks 2010). The feminist care tradition has also been referred to as a hopeful anchor point in rethinking the relation between architecture and capitalism in favor of practices that would in an ethical and inclusive way engage with the deteriorating ecological conditions, while acknowledging various forms of labor and creating conditions for the co-existence of different economies (Fitz and Krasny 2019). Scholars have furthermore been committed to “diagnosing the nature of the care crisis, showing in detail how and why social carelessness has come to structure and take hold of so many dimensions of life” (Chatzidakis et al. 2020: 6). Thereby they have articulated the care of others, society, and the environment as a valid alternative to the destructive force of (urban) financialized capitalism (Fraser 2016).

Beyond hopeful conceptualization of new architectural practices and urban projects as manifestations of care, this book sets out to explore the spatiality of care regimes, and the ways in which care work and care relations with their inherent ambivalences play out under different urban conditions. Care is thereby discussed in regard to two aspects: as an urban tension field between care and uncare, and as a new discourse about care and the urban. The former offers an analytical lens to better understand why care is gaining academic attention in urban studies, through the focus on the ways uncaring relations have been unfolding in recent years and through certain patterns of urbanization. The latter illustrates how care debates have vigorously permeated the realms of urban development from very different directions, i.e., planning theory, political science, human geography, medical studies, and urban and particularly labor sociology, community economy, from social work and cultural studies approaches.

This plethora of entry perspectives into an urban(ized) understanding of care also represents a diversity that emerges from the situatedness and specificity of different caring relations and practices. In this vein, no clear-cut definition of care in urban studies has emerged. However, the new debates can and do build on a number of strong concepts and established lines of research, such as crisis-theories (and their careful contestation), conceptualizations concerning uneven geographies of care, as well as the possibility of moments of meaningful encounters in public spaces that provide experiences of unalienated caring relations. It is in these moments that care can help alter the quality of social relations toward realizing and respecting ‘others.’

## Understanding Care Between Entrepreneurial Scripts and Mutual Praxis

Various forms of urban precarity and vulnerability can be grasped as a social manifestation of the tension field between uncare and care. It comes to the fore in the lived spaces of contemporary cities through, for instance, expressed social struggles and structural antagonisms. Embracing the tension between care and uncare as a research perspective also allows for acknowledging multiple and overlapping vulnerabilities and the intersectional nature of different axes of discrimination. We approach uncaring conditions and the lack of care in urban development not as ‘naturally’ given facts, but rather as being produced over time in relation to the restructuring of the welfare state, the dismantling of state provisions, and particularly within an increasingly entrepreneurial script for the future (Ong 2011) based on individual self-governance and ‘care of the self’ (Dilts 2011). However, bounding care to the entrepreneurial, self-responsible, adaptive, indeed neoliberal subject “derives from the refusal to recognise our shared vulnerabilities and interconnectedness, creating a callous and uncaring climate for everyone, but particularly for those dependent on welfare, routinely accused of preferring ‘worklessness and dependency’” (Chatzidakis et al. 2020: 13, original emphasis). Individualized considerations about independent self-care run the risk of being co-opted by urban policy makers. Such forms of “carewashing” rather follow an entrepreneurial tonality while adding an agenda of corporate social responsibility (ibid.: 11; see also Chapter 2, this volume). In contrast, highlighting aspects of collective and mutual social interaction in care discourse can help to disentangle care debates from an entrepreneurial and individualistic, rational-choice based script for the urban future.

On a conceptual level, care refers to at least three different but interrelated meanings (Ruddick 1998: 4): Firstly, care is understood as a kind of labor, hence, it is linked with (feminist) struggles for recognition of domestic labor and social reproduction. Secondly, care as a particular relationship puts focus on the relational reciprocity, thus illuminates that the work of care “is constituted in and through the relation of those who give and receive care” (ibid.: 14). Thirdly, care is associated with an ethical practice that has its roots in moral philosophy, and which presupposes vulnerability, interdependent agency, and mutual responsibility as fundamental features of social relations. This means that care encapsulates what people *do* (spatial praxis) when they care, how they mutually *interact* (social relations) when caring, and how and why they tend to *reflect* on these doings and interactions in a morally informed way (care ethics).

Emphasizing dependency and vulnerability as constitutive elements of human life, however, also produces tensions within care’s conceptual vocabulary. Many of these concepts “still bear negative connotations and reproduce dominant ideas, theoretical categories and



subjectivities that continue to devalue care” (Atkinson et al. 2011: 568). Discourses that aim to valorize (inter)dependency simultaneously find some difficulty in addressing critiques raised by disability rights activists, where the struggle for independent living sharply highlights that dependency is not intrinsically valuable or desirable *per se*. Rather, dependency and independence should not be seen as “antithetic” (Puig de la Bellacasa 2017: 4). By critically interrogating dominant mobilizations of vulnerability as fragility and weakness, vulnerability can rather be conceived of beyond its interpretation as needing care due to individual failure toward enabling an openness and receptiveness to alternative imaginings of the embodied self, relations, and places in ways that can enhance capacities. Analyzing debates of care and uncaring this way speaks to the importance of understanding people not just as multifaceted individuals but also as active parts of a web of social relations and spatial practices of reciprocity.

The focus on care as interdependence also involves an understanding of social relations not simply from a rational-choice perspective or based on individualistic ways of mastering one’s own life. It rather rests on the idea of the relational dependence between humans, other beings, and the environment, all of which have spatial dimensions. 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 (Chapter 3, this volume).

### Locating Care in the City

Understanding care in a world of being-in-common thus refers to a certain idea of the urban as being constitutive of the emergence of mutual relations, and therefore enhances the focus on urban space as produced through (caring or uncaring) spatial practices and social relations. Decades of the retreat of the welfare state have changed facets of uncaring practices in urban development. It is especially on the urban scale where the lack of institutional care manifests as a structural and systemic neglect mediated through conflicts and antagonisms in everyday life. The care crisis therefore needs to be seen as being closely entangled with the urban crisis. In that respect Andreas Chatzidakis, Jamie Hakim, Jo Littler, Catherine Rottenberg, and Lynne Segal (2020: 4) have emphasized that “neoliberalism [...] has neither an effective practice of, nor a vocabulary for care,” it is “uncaring by design” (ibid.: 10). And one could add: It is constantly enhancing the degree of social crisis related to its lack of effective practice of care, thus reproducing and aggravating the urban crisis.

Translations of the concepts of care in the field of urban studies have delivered critically important strides toward more nuanced spatial understandings of care with the focus on challenges that individuals, social groups, and institutions face as they seek to employ care practices (Atkinson et al. 2011). By tackling socio-political implications of care at different spatial and social, infrastructural, and institutional levels that intermingle with urban everyday life, urban studies have linked the endeavors of ethical engagement with urban inhabitants, communities, and collectives to the matters of spatial justice, urban rights, and ‘the right to the city’ (Purcell 2013).

However, despite the efforts of some notable scholarship (see Kathiravelu and Bunnell 2018; Lancione 2014; Rusenko 2018), contemporary urban studies scholarship remains rather more dominated by conceptual frameworks of rights and justice (Fainstein 2010; Harvey 2012; Marcuse et al. 2009). Yet even though, as Miriam Williams (2017: 821) aptly points out, the restriction of care to the private sphere and justice to the public sphere has been indeed

critiqued and re-framed, “care has predominantly remained absent from debates about justice in the city. Urban theory has largely missed the call to recognize care as a transformative ethic that can guide our thinking on what constitutes the just city.”

Inspired by a feminist body of thought, it is in this light that we see a new generation of urban theorization emerging where care and justice are not seen as opposing rationales: Karen Till (2012: 8), for instance, explicitly links the concept of the just city with ethics of care perspectives, claiming that “a place-based ethics of care offers possibilities to create and plan for more socially just cities.” Similarly, Williams (2017) introduces the idea of ‘care-full justice’ that conceptually brings together feminist ethics of care approaches with predominant discourses on rights and justice in cities. Post-colonial perspectives extend the debate in urban studies beyond the domain of rights arguing that urban conflicts may well be understood against the backdrop of institutional care, or lack thereof. Thus, the manufactured deprivation of formalized care frameworks by urban regimes—in housing, education, health, or infrastructure—not only exacerbates the care deficit in ever-diversifying cities and pushes rival social groups to engage in a race to the bottom over scarce resources, but further forces them to engage in defensive urban citizenship (Cohen 2015), and offer little—if any care for their fellow urban residents (Cohen and Margalit 2015).

## **Writing about Cities and Care: Structure and Scope of the Book**

In order to engage with care not only as an analytical scope for understanding the urbanizing world, but also as a potential for altering social conditions, a deeper link between space, society, and care needs to be carved out. This book represents such an endeavor and offers an array of contributions that deal with different manifestations and understandings of urban care in various geographical contexts. Against processes of capitalist urbanization manifesting extractive, perverted, and dispossessive features, daily struggles continue to reshape interpersonal geographies of inequality toward more just and egalitarian futures, with a promise of a more egalitarian society. Taking these ambivalences impinging everyday lives of urban dwellers as a starting point, authors throughout the book explore different dimensions of care on the following aspects: They have started to register different forms of the lack of care in relation to social inequality by working on spatial aspects of precarity, marginalization, and the production of disadvantage (Chapters 6, 9, and 20, this volume); they have invested an effort to study urban regimes of care by pointing to aspects of capitalist and colonial patterns of urbanization and how they embed different caring relations (Chapters 5 and 11, this volume); they have provided an argument to connect debates on care, labor, and society and have spanned the social focus of care between the spaces of individualization, solidarization, and (de)collectivization (Chapters 3, 6, 13, 15, and 18, this volume); they have explored the ordinary features of care by analyzing lived space and involving forms of critique of everyday life (Chapters 8, 9, 15, and 17, this volume); they have assembled knowledge on geographies of encounter and public space by stressing affective and performative dimensions of care (Chapters 7, 8, 9, 13, 14, 17, and 20, this volume); they have emphasized the need to frame care ecologies while further developing controversies around urban and rural scales and efforts of scaling care (Chapters 6, 19, and 21, this volume); they have addressed care from a transnational and translocal perspective involving topics of migration, mobility, and post-migration (Chapters 5, 11, and 20, this volume), and they have maneuvered through a range of ambivalences of care and uncare by distinguishing nuances between careful, careless, and carefree cities and by

highlighting different attitudes of caring and uncaring city authorities (Chapters 2, 12, and 18, this volume).

The broad spectrum of contributions of this volume identifies and analyzes these various and interweaving urban geographies of care and uncare. Authors coming from variegated knowledge fields, including anthropology, architecture, history, human geography, planning, political science, sociology, urban design, and urban studies examine how care practices impact upon and transform urban space. The contributions of the book surface both the political ambivalences inherent to care regarding social progress achieved so far and ongoing struggles around care, as well as reflect on the power of caring practices in shaping civic innovation and solidary urban futures. The volume pursues a systematic integration of a plurality of empirical, methodological, theoretical, and ethical approaches to care in urban studies. In this way, it situates the care debate in closer relation to empirical analysis and theoretical advances when studying the city, urbanization, and urban space. With this, the anthology contributes to the growing body of literature that comprises conceptual endeavors linking different care debates for a more systematic use in urban studies.

The book is divided into four sections:

Part I *Conceptualizing Care: Encounters, Critique, and Commons* is of an introductory nature and outlines the overall conceptual framework of the book. It explores the tension between fields of care and uncare and inherent ambivalences to situate the book within broader theoretical debates on cities, urbanization, and urban life. This section ties the three subsequent focal areas into one overall intersectional approach in urban studies that makes use of the study of care.

Part II *Social Inequalities, Uneven Space, and Care* introduces approaches for an understanding of care that enhances the study of social inequality and the uneven production of space. The section brings together contributions with a particular focus on forms of inequality, their spatial manifestations, and efforts toward ethical engagements and meaningful social relations.

Part III *Everyday Struggles and Contestations Around Care* explores struggles emerging around provisions of care and the lack of caring infrastructures in the city. It particularly deals with care labor as an essential element for sustaining urban societies and brings together research on the range of struggles and contestations taking place around (un)waged care.

Part IV *New Care Arrangements and Civic Innovation* discusses different endeavors and formations that emerge in response to precarious conditions of care, which are often quite ambivalent themselves and torn between being integrated into forms of neoliberalization and/or collective resistance. With this, approaches are introduced that aim at re-framing care from the margins.

## Revisiting Care in Urban Studies

In praxis-based urban theory and theoretically informed urban praxis we need an ethical, empirical, methodological, and theoretical understanding of how processes of socially producing care and uncare, and the spatial constellations influencing these processes or resulting from them, have come into place. And we need critical explorations of how they play out in processes of urbanization across the individual-collective divide. This book, since it emerges from the field of urban studies, contributes such a spatial perspective and understanding of care by exploring three aspects in particular: 1) How the scale of analysis and research in urban theory contributes to wider understandings of the changing landscape of care; 2) how moments of

presence and encounters in public space allow detection of care labor in everyday urban life and possibilities for its alteration; and 3) how care and crisis are fundamentally linked.

### ***Exploring Care: Scales, Spaces, Politics***

This book promotes a place-sensitive exploration of urban geographies of care as situated and context-specific, and simultaneously moves beyond this place-boundedness to include reflections on moral geographies. Focusing on the situated and context-specific features of care demands an understanding of the spatial implications of the politics of scale. This implies integrating an analysis of the micro-scale and that an ethically ‘proximate’ or ‘distant’ approach does not necessarily coincide with spatial proximity or distance. Ilona Ostner (2011: 469f) identified an analytical shift away from micro-analyses of care that focus on the particular care relations between care provider and receiver, the asymmetries in these relationships, and the feelings involved, toward macro-analyses—such as for example a political economy of care work. Yet macro-analyses are seen to have some risks in that they can foreground insensible approaches to care and move away from a moral and ‘soulful’ understanding of care as a concept toward a sober analytical perspective (May 2014). While macro-perspectives thus offer on the one hand a more distanced view, on the other hand, due to their inherent abstraction, they take a less critical stance regarding social and interpersonal ambiguities of care (ibid.). Hence, instead “of the dominant positioning of care as pre-political and private within social policy and society,” we follow an argument from feminist theories “which renders political the relational aspects of bodies and care” (Atkinson et al. 2011: 567).

Micro-research of lived space allows exploration of the quality of different types of caring and uncaring encounters between strangers in the city, while meso-research helps to link such an analysis to policy making and institutional (social) infrastructures influencing the wider local framing conditions of such encounters. Macro-research of lived space can help to unbound situated research and re-address wider geopolitical, translocal, and transnational aspects of caring and uncaring regimes and of care economies, and how they mediate local social encounters, while at the same time being contested and altered through mutual ways of ‘becoming-related’ through face-to-face contact in local spaces. It is in critical everyday life research in urban studies that we can combine a multisectional, multiscalar, and transversal analysis of lived caring experiences, and lived spaces devoid of or filled with meaningful caring practices.

### ***Caring Encounters: Moments of Presence and Geographies of Encounter***

Our interest in these spaces and places of care involves the exploration of the spatial and urban features of different types of encounters and how they flow in the now, in which deeply caring and affective relations may eventually unfold. The roles of both the body and of social encounters are key features through which to understand the changing geographies of care as spaces of emergence and ‘becoming-related.’ Here we follow research on care that invites us to distinguish between non-commodified and alienated versions of care. Such research articulates alienated versions of care, in which the caregiver offers a rational and reason-based service to a care receiver which is based on contract and distance, in contrast to non-commodified care, in which mutually caring subjects both give and receive in a form of mutual relatedness and unalienated moments of truly caring for others. While the first form

is associated with the self-instrumentalization of care workers and the de-subjectivization of care receivers (who become mere care objects in the alienated forms of providing care as a paid service), the latter may become constituted when this type of alienation is overcome in moments of human encounter (May 2014: 43).

The quality of care is embedded in the quality of social relations between people involved in caring. Such ‘moments of presence’ [in German: *Gegenwartsmomente*] are those types of social encounters in which affective contact shapes existential forms of meeting others while mutually realizing and respecting others in their human subjectivity beyond existing hierarchies and institutions (ibid.: 33, referring to Stern et al. 2012). It is in these moments that the intersubjective field of those involved needs to be “dramatically reorganized,” because their habitual framing of the familiar intersubjective environment changes or is at stake to radically change (ibid., own translation). This moment holds the opportunity for the subjects involved to alter their own relational way of ‘becoming-related’ with one another. Thus, a new quality of ‘moments of encounter’ can start to thrive in which a subject is able to alter its own position and learn (ibid.). Here, care and caring practices are not treated as a standardized planable procedure with clearly stated and commodifiable goals, but need to be conceptualized as situations of encounter in mutual exchange (May 2014: 32) as part of the human condition. In that sense the mutual co-production of human subjectivity might allow the alienation enforced by a careless regime to be overcome (at least for a moment), through pure mutual recognition as humans with their own subjectivity (ibid.: 40). Analyzing the ‘geographies of encounters’ to address the tension field between care and uncare, therefore, overcomes a mere domination-resistance binary toward a focus on the altering potential of moments of encounter and their everyday geographies (Valentine 2008).

### ***Dramatizing Care: Beyond Crisis Response?***

In this volume we have also been concerned with how care debates are born from crisis debates, and inform these debates. We consider this a key issue that needs to be reflected upon for any dealing with care in urban studies. This is particularly relevant if care is used as a moral principle to catalyze emancipatory, liberating, and inventive thought to reverse the aforementioned devastating and unsettling tendencies of capitalist urbanization and its continuous *modus operandi*: crisis.

Angelika Fitz and Elke Krasny (2019) situate care as a life-saving praxis capable of meeting the climate crisis while acknowledging capitalism’s and human’s roles in producing, leveraging, or preventing the crisis. While the global climate crisis concerns us all, environmental devastation still impacts us very differently. Critical scholars and activists have been pointing out that the governmental strategies to ‘manage’ climate change will reinforce lines of discrimination, marginalization, and informalization of groups and urban communities around the world already suffering multiple forms of crisis and their impacts. The focus on care in this context allows for considerations of work, labor, and environment, and to address timely pressure to act in view of a ‘broken planet’ (ibid.). This work has been directed more specifically to the professions dealing with the built environment, and promotes practices of ‘healing,’ ‘repair,’ and ‘revival’ (ibid.). It refers to care as a ‘species activity,’ which implies a philosophical position relating to the way people care for one another (Fisher and Tronto 1990). Such approaches also shed light on the need to analyze care’s intersection with practices of power. Other positions “beginning from an explicit focus on care of the body (rather than

environment, non-human species or markets)” also offer valuable “entry points for furthering a critical geography of care” (Atkinson et al. 2011: 568), while other perspectives, such as María Puig de la Bellacasa’s (2017), follow feminist traditions to locate the politics of care as privileging those voices and perspectives otherwise marginalized.

In that sense, it is important to reflect upon the relation between framing crisis and framing care. “The paradoxical hypothesis”—as Henri Lefebvre (2014: 713, original emphasis) put it—“is that this ‘crisis’ cannot be reduced to a phase of instability between two stable periods: Quite the reverse, it is becoming the mode of existence of modern societies on a world scale.” Instead, continuous crisis is the everyday state of things, it affects the social as the “anthropological matrix, their historical foundation” (ibid.: 714). In this respect, is framing care contingent on the features of crisis we envisage to address, or can an ethics of care also help to develop counter concepts to overcoming an overly crisis-centered and partly dystopian view of urban futures?

### **Materializing Care: Toward an Understanding of (Un)Care and the City**

By posing this question we wish to better grasp the ambivalences involved in the social production of uneven geographies of care, and how and to what extent care may become a byproduct or an alteration of crisis and opportunity. The ordinary tension between care and uncare in urban development can be sensed when looking concretely at spatially manifested caring practices, such as those present in self-organized initiatives which meet urgent needs yet simultaneously manifest forms of neoliberal governmentality and individual (self)responsibilization. Registering care in urban studies, therefore, needs to be connected to a continued analysis of different modes of crisis, particularly of the uneven geographies of caring encounters in urban public space and beyond. However, to grasp the different crisis moments and how they may feed into an intersectional understanding of the urban crisis as ‘multiple crises’ (Brand 2016) requires research perspectives that help connect different axes of uncare, discrimination, and neglect. Hence, we engage with practices of further developing intersectional research approaches around care inequalities and simultaneously embrace care’s conceptual altering potential for more egalitarian urban presents.

This book has been driven by a particular interest for the spatiality and urban character of caring or uncaring (social) relations, that is, by an endeavor to identify and understand the caring or uncaring experiential spaces of urban societies, and the role spaces play in (re)producing care inequalities, or in acknowledging and overcoming these. Doreen Massey’s (2005) calling for a more politically responsible spatial theory urged urban scholars to take difference more seriously and extend care relations beyond the local. Her reiteration of the inequalities within which our everyday socio-spatial lives are embedded was followed by an equally strong plea to engage in a careful manner with distant and unfamiliar ‘others,’ both at home and beyond. In this respect, we need to ask how care debates embrace (or not) earlier debates on redistribution, and to what extent they move beyond or behind them. Christine Milligan and Janine Wiles (2010) conceptualized ‘landscapes of care’ as the social, spatial, and emotional ensembles which underpin care work and relations that encompass the institutional, domestic, familial, communal, public, voluntary, and private social infrastructures of care. Hence, they are “spatial manifestations of the interplay between the socio-structural

processes and structures that shape experiences and practices of care” (ibid.: 739). This implies that “any attempt to understand care means that we need to consider [...] all those involved in the care relationship” and highlights the relevance of the spatial dimension, insofar as “the nature, extent, and form of these relationships are affected by ‘where they take place’” (ibid.: 738, original emphasis).

By conceiving of care both as relational and simultaneously as materialized, this book explores the mutually formative relations between materiality and social relations in conflictive and creative processes of urbanization. We situate care inequalities, antagonisms, and ambivalences at the heart of any productive and ethical engagement with urban transformations. With the aim of scrutinizing practices and relationships of care as constitutive of any urban phenomenon interlinked with a social world of being-in-common, this collection illustrates the inherent spatiality of caring: Care sits in places, flows through spatial networks, extends across territorial borders, and maps itself onto the ethnicized, racialized, classed, gendered, and sexual divisions of contemporary cities (see Atkinson et al. 2011). At the intersections of city and space, this perspective contributes to a deep understanding of what is distinctly ‘urban’ in caring practices and how a perspective of care can enable just, productive, and ethical engagement with urban transformations.

Placing care in its full moral and political context means to “not focus exclusively on the morality of individual action or on socio-political structures and systems,” rather, to investigate “both together, placing action in structural context and considering structural contexts in terms of actions that are supported or held back” (Hugman 2018: 121). Uncare structurally hits those groups and individuals within the wider society, which already experience precariousness, exploitation, and an exposed risk of being negatively affected. Uncare thus can be considered an institutional, spatial, and systemic multiplier of bodily vulnerability and social inequality. Care does not necessarily lead toward more equal living conditions in cities. It can only contribute to this endeavor if coupled to spatial practices of material and symbolic redistribution, and if fostered by affective geographies of care in which moments of presence are turned into moments of encounter.

The book engages with the analytical dimensions of care by emphasizing everyday life as a dazzling, yet ambivalent interface for intersectional research on multiple aspects of care. Such an approach, we suggest, might paint a fuller picture of the complexities of everyday urban life, and has the potential to provide insight into the aforementioned urban antagonisms and ambivalences which territorially manifest in emerging conflicts around space and resources in different cities around the world. The collection of research in this book sheds light on how the uneven social production of everyday spaces in contemporary processes of urbanization has produced frameworks that lack care. And it offers articulations, which state a new normative demand for (re)establishing careful institutions and relations, or by pointing to already existing caring practices and the empirical evidence about social relations characterized by innovative forms of solidarity, mutual understanding, and friendship as essential ingredients of human subjectivity.

Openly caring attitudes between people, if combined with soulful moments of encounter in public space, can provide the glue that holds together urban societies even in difficult times of unsettling and increasing structural antagonisms signaling an urban crisis. Deeply caring about others, in this regard, requires realization and respect of others in their human subjectivity, an exercise which can be best trained in openly and accessible spaces that provide room for caring with, caring for, and caring about one another.

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# 2

## CRITICAL REFLECTIONS ON CARE

*Ali Madanipour*

The coronavirus global pandemic has challenged the perceptions and experiences of urban space and care. The city, which had been celebrated as the future of humanity in the twenty-first century, became a prison for a while, as state authorities locked people inside their homes, emptying public spaces of almost all human activity. In contrast, the importance of care, particularly health and social care, became paramount. Care workers emerged as the heroes of the hour, and the significance of their work, which hitherto may have been hidden from the view and taken for granted, was now better appreciated. In this context, longstanding questions and tensions of social and ecological care are more pertinent than ever before: What does it mean to care, why is it a cause for concern, whose responsibility is it, and which claims to care can be believed?

To investigate the precarious state of care, this chapter provides some critical reflections on the contexts, concepts, and practices of care. It is structured into three parts. The first part examines the context of the rising attention to care. It locates the concern for care in the larger context of an 'age of carelessness,' with its misplaced sense of confidence, and its intended and unintended consequences, as reflected in and exacerbated by the crises of economic globalization and climate change. The second part investigates the concepts of care, as a relation between need and ability and a response to vulnerability and precarity. It raises questions of who provides and who receives care, the relations of power that are involved, and the threats and gaps that emerge in the commodification of care. The concept of care is examined in relation to social and ecological challenges through the notions of solidarity and reciprocity. The third part provides a critique of some practices of care and how they may be subject to misuse and false claims, as shown in some examples of the different forms of social and ecological care, asking whether some claims to care can stand up to critical scrutiny.

### **Context of Care: The Age of Carelessness**

The broad historical context for the emergence of a concern for care is the extent to which the urbanized industrial society has transformed the world since the early nineteenth century, triggering what has been named the Anthropocene. Through a combination of ignorance and

excessive self-confidence, the elite of the industrial society cared little about the social and ecological consequences of their actions. This careless confidence and swaggering attitude were adopted by both capitalist and socialist politics, especially in their reliance on technology, which continues to be treated as the key that can open all locks. It is thought that beyond these locked doors lies a future that, with boundless optimism, can be bent and shaped by the sheer force of will. History is judged harshly, as that which is left behind: The past is associated with a backwardness that needs editing and deleting. The natural world is seen merely in terms of conquest and utility: a beast to fear and to conquer, and/or an endless resource to exploit. The social world is similarly seen through an instrumental framework: Humans are considered as cogs in a machine, driven by utility, desire, and self-interest, all in a narrow concept of the human being. The relationship between humans is considered as a Darwinian competition for supremacy, which leads to deepening inequality at home and colonial domination around the world.

Anxiety about this careless attitude emerged in the late eighteenth and early nineteenth centuries, in parallel with and in response to the growing processes of urbanization and industrialization. The current debates and concerns about the degradation of the natural environment and the growth of social misery and inequality can all be traced back to these early responses, raised by acute observers of society, naturalist romantics, and social revolutionaries (Coupe 2000). The consequences of this carelessness have been stark, both intended and unintended. The impact on the social world has been significant, including alienation, isolation, amnesia, loss of identity, inequality, and social exclusion. The impact on the natural world has also been serious and long lasting, making climate change and the degradation of the natural environment the primary challenge of our time. For the young people who are campaigning for climate emergency, the future is no longer seen with ample optimism but with trembling anxiety.

These negative historical consequences have been exacerbated by a number of recent crises. The ecological crisis and the accelerated pace of climate change is joined by the crises of economic globalization. The structural shifts from manufacturing industries to service economies has led to deindustrialization in many areas, leaving wastelands and unemployed or underemployed masses behind. With the collapse of the welfare state and the marketization and deregulation of public services, the vulnerable masses could no longer receive the care and attention that they deserved. After the global economic crisis of 2008, a number of governments resorted to austerity in public budgets to balance the books and subsequently eliminated the care for the susceptible populations and the natural environment. The age of carelessness was once again unmasked, leading to a rise in vulnerability and precarity, caused by risk-taking that is endemic to capitalism. The COVID-19 pandemic revealed the true extent of vulnerability to crises and the significance of care for all societies.

### **Concepts of Care: Solidarity and Reciprocity**

According to the dictionary definition, the word care, as a noun, means “The provision of what is necessary for the health, welfare, maintenance, and protection of someone or something;” and “Serious attention or consideration applied to doing something correctly or to avoid damage or risk” (Oxford University Press 2020). As a verb, it means to “Feel concern or interest; attach importance to something;” and to “Look after and provide for the needs of” (ibid.). These definitions show a relationship between something or someone that needs to be

looked after, someone who is in a position to provide that attention, and all the complexities that such a relationship would involve. This indicates that care is a relationship between need and ability; it is a response to vulnerability and precarity, where precarity indicates an increasing exposure to risk, and vulnerability shows the inability to cope with the circumstances. The existence of need without the presence of the ability to meet that need exposes someone or something to risk and vulnerability, and the provision of that ability to deal with risk and damage lies at the core of the idea of care.

For Martin Heidegger (1962: 237), care is at the core of being human, a primordial condition in our relationship with the world: “Being-in-the-world is essentially care.” The question, however, is how this care is articulated and performed. Is it directed toward the pleasures of the self or toward the support of the others (Foucault 1986)? In relation to the natural environment, the question has been whether such care is for the intrinsic values of the environment or for the instrumental use of that environment for us. The tensions of care include the care of the past, which includes heritage, memory, and culture. But it is always contested as to which past and whose memory are being cared for. The care of the present includes the vulnerable social groups but caught up in the questions of who cares and whose needs have priority. The care of the future includes the care of children, future generations, and life on the planet.

In addition to the question of what care is, the question of who provides the care, and its associated power relations, are important as the relationship between carer and cared-for can become unequal. The conditions of vulnerability and precarity indicate that the need and ability are not always co-present within the same agent: One party is needy, and the other is able to provide what is needed. With regard to the natural environment, the ability of ecosystems to heal themselves is limited, and the extent of human intervention has reached such levels that recovery may not even be possible. In the social environment, such abilities may not even exist among the vulnerable populations, especially at the times of disaster. Who provides and who receives the care therefore becomes an unequal relationship of dependency. The carer is endowed with a degree of power over the cared for.

The imbalance of power can also be seen in the vulnerability of the carer. The global COVID-19 pandemic demonstrated the importance, but also the vulnerability, of the carers in society, many of whom have been from ethnic minorities. This is partly rooted in the social division of labor, where the task of care is treated as natural, underpaid, or unpaid, and often low status. Martha Nussbaum (1999: 13) argues that “the voice of care” should not be stereotypically assigned to women. The emotions of love, sympathy, and care are at the heart of ethical life, but these emotions have social origins. While women’s propensity to sacrifice their own well-being for that of a larger unit may be morally admirable, it is rooted in their social conditions and should not be taken for granted. Such dispositions, she argues, have often been formed in unjust conditions, reflecting the low priority given to women’s well-being, and therefore should be open to critical questioning (*ibid.*: 10–14).

In the market economy, the relationship of care is commodified, reflecting the inequality that is associated with the unequal distribution of resources. However, poor populations are not able to benefit from commodified care due to their limited financial abilities. In such circumstances, gaps emerge in the provision of care, as either the needy do not have access to the necessary resources or their need is not recognized as a viable commodity. An age-old response has been philanthropy, which is a vertical relationship between the provider and receiver, with limited and often inconsistent provision. A more recent response has been the welfare state, another vertical

form of provision, which nevertheless is more consistent and egalitarian across populations, decommodifying some forms of care, so as to avoid the limitations of commercial and philanthropic care. With the decline of the welfare state, however, this form of care has been cut back.

To overcome the power imbalance between carer and cared-for, and to see it as a relationship among equals, care can be understood as forms of reciprocity and solidarity, which is a horizontal and more equal relationship between the provider and receiver of care. The modern conception of solidarity originated in France, in the mid-nineteenth century interpretation of the French Revolution's concept of fraternity (Pensky 2008). In some countries, like the United Kingdom (UK), the word is rarely used in public discourse, but the attitude of looking after each other, especially during the period of crisis, is still present. We may identify three forms of solidarity: familial, civil, and social. They correspond to family and friends, groups and associations, and the state, each offering an institutional infrastructure for decommodified support and a potential to combat social exclusion. In a way, solidarity is the other side of the coin from monetary exchange relationships.

Familial solidarity is rooted in the ties of blood and kin and is the oldest and historically the strongest form of support. But family relations have been transformed in modern, urbanized society. For David Hume and Adam Smith in the eighteenth century, the transition in the basis of social relations from kinship and clan to contract and exchange was a positive development (Hill and McCarthy 1999). In this new commercial society, people were able to choose their friends and establish genuine relationships rather than being bound by involuntary ties of kin and clan (*ibid.*). Hume was particularly interested in 'manners,' patterns of polite good conduct, which would provide a cultural framework for these encounters (Copley and Edgar 1998: xi). Family and friends, however, come under pressure at times of crisis; they may offer certain forms of support, but they are ultimately limited in what they can do. Young people and the elderly, for example, may rely on their family for support, but what if the family itself is in deep trouble and what if it is unable to provide the level of care that is needed? Even when these relationships are strong, a problem remains. Solidarity with friends and family is particular and exclusive. The problem is, as Georg Wilhelm Friedrich Hegel had found out, how to extend the sense of solidarity among friends and relatives to solidarity with strangers (Brunckhorst 2005; Hoelzl 2004).

The city is the place of encounter between strangers. A century ago, the French sociologist Émile Durkheim (1972) distinguished between two types of solidarity, one based on similarity and the other on difference. In traditional societies, the members of society are presumed to be all similar to one another, and social cohesion is secured by holding common beliefs and sentiments. However, this form of solidarity was no longer available in modern society, which was based on individuality and difference. Durkheim argued for a work-based model of solidarity, whereby social cohesion is based on the division of labor and the related occupational associations. He called this model 'organic solidarity,' as it shows how the different parts of a body function differently, but all belong to the same organism. In our time, however, economic globalization, technological change, and the transition from manufacturing to services have changed the nature and organization of work and its associated social institutions. Civil solidarity and social cohesion now require us to draw on a variety of more complex forms of social relations. It is in this intersubjective realm, formed around what Michel Foucault (2008: 301) calls "disinterested interests," that civil solidarity is shaped through reciprocal relationships between strangers in often localized networks and associations shaped around a diverse range of issues.

In German social theory, while Karl Marx located solidarity within the boundaries of class, Jürgen Habermas and Axel Honneth follow the Hegelian concept of recognition in analyzing solidarity. For Habermas, solidarity is “standing in for one another,” and for Honneth, it is a symmetrical and reciprocal relationship, a form of mutual recognition (Hoelzl 2004: 46). Again, from our vantage point in the middle of a crisis, we can see that recognition is important, but not enough, as it needs to be supported by access to resources. In December 2014, an All-Party Parliamentary Group in the UK published its report on the shocking extent of hunger in the country, a phenomenon that is not limited to the UK. For example, in 2014, one in seven people in America relied on food banks and 1,000 food banks were in operation in Germany (All-Party Parliamentary Inquiry into Hunger in the United Kingdom 2014: 11). By 2019, the number of food banks had reached 2,000 in the UK, distributing millions of food parcels to distressed populations (Coughlan 2019). However, civil solidarity, too, can be asymmetrical, partial, exclusive, fragmented, and limited in its powers. Many non-profit organizations have relied on state support for their survival, which has become problematic after the global economic crisis and the following politics of austerity.

The mid-twentieth-century welfare states developed national-level frameworks for care and social solidarity; a universal and impersonal basis that goes beyond the personal and interpersonal forms of familial and civil solidarity (Silver 1994). The *French Code of Social Security* in 1945 (cited in Supiot 2014: 3, own translation) states that “the organization of social security is based on the principle of national solidarity.” It was based on the principle of social citizenship, as distinctive from political citizenship, which included all those who contributed to this national pot through their taxes, and in return benefited from it as social and public service users (ibid.). Although the welfare regimes in different European countries varied widely in their strength and coverage (Esping-Andersen 1990), they all showed a growing reliance on the state for social cohesion. However, from the mid-1970s, at the end of what the French call the ‘glorious thirty,’ and with the emergence of neoliberalism, the role of the state in social solidarity has been under attack. Even if it was criticized for having domesticated labor and helping the survival of capital, many of its former critics have mourned the passing of its support.

However, these three forms of solidarity have suffered from serious setbacks in recent years. The social impact of the global economic crises has been most severe on this state-based social solidarity and care. In European policy discourse, there is a shift from unconditional social rights, which were the European Union’s focus in earlier iterations of social exclusion, to active inclusion, which is seen as an emphasis on personal responsibility within a neoliberal framework (Madanipour et al. 2015). The international and interregional solidarity that was the basis of the European Union has been tested by the decline of social Europe and the fragmentation of European space into northern and southern, eastern and western parts. At the regional level, the European policies of territorial cohesion are encouraged to adopt a place-based strategy, which demands the regions to stand on their feet, rather than relying on the solidarity and support of others (Barca 2009). With the internationalization and diversity of urban populations, the meaning of society and who can claim to be a member have come under pressure, increasingly from far-right political parties and movements.

The challenges of providing care are bound up with the transformation and decline of the welfare state and the dilemmas of delivering care within neoliberal paradigms. The universal principles of the welfare state, in which all contribute to and all benefit from the common pool, has been further undermined by introducing means-tested and targeted schemes. These

schemes end up becoming a support for the poor, creating stigmatization and resentment, rather than the dignity of a common platform for solidarity. Rather than a homogenous pool of economic, political, and cultural resources accessible to all its members, a pattern of differentiation and social inequality emerges, whereby this pool has gradually dwindled, and some people are excluded from it in some way.

Civil and familial solidarity is also weakened, but they are expected to fill the gaps left from the decline of social solidarity. Familial solidarity has been weakened by the structural transformation of the household and the growth of individualism. The impact of economic crises on non-profit organizations has been serious, as many relied on state subsidies and support. As this support is withdrawn, many such organizations have disappeared entirely or have been severely reduced in strength and scope. As the three forms of solidarity decline, the provision of care for the vulnerable and socially excluded groups becomes a serious challenge. The three forms of solidarity are interdependent; they all need to be at work to provide care for the vulnerable. The relationship between need and ability can be better addressed when all these forms of ability are combined. As a process of social inclusion, care would require a combination of access to resources and support, to decision-making, and to respect and recognition (Madanipour et al. 2003).

The other side of the coin from social care is ecological care. The scale and impact of ecological degradation has been steadily increasing during the last two centuries, reaching crisis levels today (IPCC 2014). The severity of climate change, as it unfolds before our eyes, has made the urgency of care for the planet felt across the world. It has been argued that the local action by planners and local authorities, or single states, is no longer sufficient (Rees 2018). At one end of the scale, individual action is advocated as a concrete form of such care. Changes in individual behavior and lifestyle are necessary but not sufficient. What is needed, as campaigners are arguing, is global coordination and cooperation to tackle the climate crisis. The formation of inter-governmental panels and conferences is a sign of the need for this cooperation, but the failure of taking appropriate action shows the difficulty of organizing such coordinated efforts. The need for ecological care deepens but is faced with the challenge of mobilizing global action, where the political will and global cooperation are lacking, and the individual and group actions are not sufficient. The sense of solidarity that is required to organize action at all levels is yet to be developed through the three forms of solidarity that we have identified: the familial, civil, and social; mobilizing individuals and households; groups and communities; and societies and states.

Meanwhile, crises may enhance the possibility of solidarity when people bind together in the face of a catastrophe: A major threat mobilizes the popular forces and connects them together through a shared experience. In the UK, the generation who lived through the Second World War remembers this period for its hardship but also for its sense of solidarity, as people felt they shared the same fate in the face of a major struggle. This sense of common experience paved the way for the introduction of a sophisticated welfare state after the war as the institutionalized form of solidarity and care. In the face of the global threats of climate change and the COVID-19 pandemic, the opportunity for mobilizing collective action is opened up so that care for society and environment may be possible.

## **Practices of Care: Responsibility and Claim**

With regard to the practices of care, two general questions emerge: Who is responsible for delivering care and whether the claims of caring can be trusted to be genuine and sufficient.

Regarding the first question of who cares, at the broad social and environmental levels, the politics of care become significant. As discussed in the previous section, different levels of action are at work for care: individual, familial, civil, societal, and global. One or more of these levels may be strong in any society, but to be effective, these levels need to be linked through solidarity and reciprocity. However, the politics of care are loaded with controversies about its delivery and the distribution of responsibility among public, private, and civil society actors. A prime example of the tensions about the responsibility for care can be found in healthcare, which is the most common form of care. The responsibility for healthcare has come under pressure in aging societies, where the demands on its physical and institutional infrastructure have increased, where social care is needed alongside healthcare. This pressure has come into sharp focus during the global pandemic. How pressures have been addressed in different countries and regions has also exposed other forms of social vulnerability such as age, ethnicity, and income.

The second question that needs examining is about the claims to care. Many corporations, media, and publicists claim to be engaged in the practices of care. However, the question is: How far can these claims be believed? An example of such a case is Ruskin Square in Croydon, south London. The architecture critic of the *Observer* newspaper was very impressed by the design of a new square, on a wasteland next to East Croydon Station, a project that invoked “the spirit of John Ruskin [with] remarkable subtlety” (Moore 2012). The architects “wanted to make a place that would be an asset to the area as soon as possible and thereby be richer than ‘lobby landscapes and pointless trees’” (ibid., original emphasis). Their approach was to draw on the reputation of the nineteenth-century critic, John Ruskin, and his idea of mixing work and play. Their approach was also to work with what was on the site: 76 species of plants, some winding paths, and little hillocks, so that “it grows out of what is already there and creates a setting for what might happen in the future” (Moore 2012). The architects also found that some refugees, who visited the UK Border Agency nearby, played cricket in this area. So they installed two cricket practice nets for these refugees to be able to play there. Their aim was “placing the human activities in a space above its physical form” (ibid.). The impression that the architects and the critics give of the project is care for the environment and people.

If this is the only source of information about this project, the reader ends up with a warm feeling toward this practice of care. However, it should be noted that this was an interim project (Fulcher 2012). On the architects’ website about this project, the images are not of the local wildlife and Afghan refugees, but of a landscape of clean surfaces and sharp edges (Muf 2018). From the start, the developers had wanted an interim arrangement while a major new commercial development takes place here. The website of the developers shows their image and expectation of the final outcome, which is a major development project of two million square feet (186,000 square meters) of office, residential, and retail space (Ruskin Square 2020). The element of care, which was emphasized for the interim state, has disappeared from the scene, replaced by the commercial considerations of the property development industry and the normal workings of a major metropolis. The element of care appears to have been used for image making and filling a gap while waiting and preparing the ground for what comes afterward. As can be seen from similar projects, the temporary appearance of care may be the other side of the coin from commercial branding or normalizing precarity (Madanipour 2017, 2018).

In the context of the age of carelessness that was mentioned at the start of this chapter, most practices of care are welcome, even if they are temporary and limited. However, there



are also questions to be asked, which require going beyond images and behind the surfaces: Do the claims that caring practices make stand up to scrutiny? Is care used as a badge, an empty container, a symbolic banner under which contradictions are hidden? Is it reduced to a technical solution to social and environmental problems? Is it co-opted by commercial interests? What sort of places are created when care is claimed? Are they gestures for publicity or genuine practices of care? In the analysis of care, therefore, what is needed is conducting a close and critical examination of the details, contexts, actors, interests, and motivations.

## Conclusion

A growing concern for care has emerged in the context of urbanized capitalism's misplaced self-confidence: With its careless attitude, the consequences of its instrumental actions for society and environment have come to the fore with the crises of globalization and climate change. As a relationship between need and ability, care is a process, a response to vulnerability and precarity, to increasing exposure to risk, and inability to cope with the circumstances. In this context, the question of who cares becomes significant, as the relationship between the carer and the cared-for is not one among equals. There are competing theories and major controversies about the responsibility and target of care: Who should care for what and whom? These questions have become more urgent in the context of the neoliberal states downsizing their welfare commitments on the one hand, and on the other hand refusing to acknowledge the severity of the climate crisis and to cooperate with each other to tackle it. To avoid inequality, inconsistency, and ineffectiveness, social and ecological care need to be based on a process of solidarity and reciprocity, as well as a process of coordination and cooperation at all levels. It is evident that such a major task cannot be solely undertaken by individuals, households, civil society, or the state, or through the market and technology. This remains, however, a normative goal, and many claims to care therefore tend to fall short by being limited in scope, inconsistent in delivery, utilitarian in intention, or co-opted by narrow interests. This is why the processes of care need continuous support, and the claims to care need to be subject to critical scrutiny.

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# 3

## CARE FROM THE BEGINNING

### Birthing Collective Origins, Interdependent Cities, and New Community Economies

*Katharine McKinnon, Stephen Healy, and Kelly Dombroski*

#### **Introduction: Ideas to Think With**

Care is not always a concept connected with the city, but in this chapter we highlight the relations of care that are (always, already) present in urban spaces and the importance of which are becoming increasingly visible in the COVID era. Our shared survival depends on increasing our collective caring-capacity across every space—with one another, at home, at work, throughout the city and beyond. The theory of community economy we have helped to elaborate underscores the need to care for ourselves and one another in ways that affirm our shared interdependence (Gibson-Graham 2006). While this capacity for care is already in the here and now, it is often not foregrounded in our thinking of practice and is thus obscured from view. In part, what renders it insensible are a series of powerful stories we tell ourselves about human nature, the nature of economies, and the space of the city. In these stories, care is pushed to the periphery, primarily regarded as a private affair, a transactional relation, and thus, effectively, an afterthought in public life. Precisely as Jacques Derrida (1978) described more than a half century ago, these stories function as a mythic imaginary where what is present from the beginning delimits possibility.

Our aim is to offer a story that locates the origins of urban life and livelihoods in relations of care. We witness that care (has always been and is still now) present in the city in spaces of community given expression through collective action. New forms of governance and social movements over the past two decades have made it clear that cities are spaces where caring relationships can become explicit. Good examples of this are participatory civic budgeting in cities such as Porto Alegre, Kerala, and Chicago, or the commoning charter of Bologna (Bauwens et al. 2019; de Sousa Santos 1998; Pape and Lim 2019). These new forms of governance reimagine cities as spaces which we govern together for our collective benefit but also as spaces that require care from us. Infrastructures of collective care put in place by citizen-led movements demonstrate the durability of people's capacity to care in and for the city. Key examples of this include the way that Occupy New York was mobilized in 2012 to respond to the devastating consequences of Super Storm Sandy in the absence of state support (Conroy 2019) or the way that citizens in the New Zealand city of Christchurch self-organized to

provide essential services to each other following devastating earthquakes in 2010 to 2011 (Lewis 2013). In 2020, history repeats itself as multiple forms of mutual aid and care–full distancing emerged in response to the COVID-19 crisis providing further evidence of an urban caring-capacity (Sitrin and Colectiva Sembrar 2020). We read this spontaneity as evidence that the capacity to care is there from the beginning, taking expression through a more-than-capitalist economy of reciprocity, mutual aid, and the stewardship of common resources—in short through care. Thinking with care constitutes a different starting point for imagining the form cities might take.

Efforts to actualize alternative visions of economy and urban life inevitably confront a series of common concerns: Is it really possible to do things differently, or are all efforts inevitably limited or eventually co-opted by global capital? How does meaningful change happen? What power can ordinary people possibly have to create change? And how do we persuade people with power to act differently, to care more, and to care in ways that enable equitable and sustainable urban livelihoods into the future? One of the unspoken worries behind this line of questioning is that efforts to shape cities around care are efforts that must always struggle against the dominance of neoliberal ideologies, the powers of global capitalism, and the continuing power of a politics of exclusion. Hidden in these worries is an assumption that human beings have to work hard to configure urban life around care, that in actuality the default human position is one of competition, self-interest, and the pursuit of individual success rather than the collective concerns that animate practices of care. The default has emerged in one of the more powerful human origin myths that shapes the contemporary economic scene: the idea that profit must be the prime motive of economic practice is captured in the idea of *homo economicus*—the mythical figure of ‘rational’ humanity at the heart of classical economics. This is a disheartening starting point for efforts to reshape cities around care. But we are interested in exploring what comes into view when the idea of *homo economicus* is abandoned and replaced with a more realistic understanding of economic subjectivity that begins with relations of care.

This chapter draws on our shared thinking on care. The foundation for this shared thinking is based in *Birthing Work* (McKinnon 2020), which elaborates on the work of childbirth as a collective endeavor, pursued by a network of actors who are both human and non-human. The relevance of childbirth for our thinking on care in the city may not be immediately apparent. For us, reflecting on the work and relations of care required at the beginning of life provides an opportunity to explore how the lessons of that moment might shift how we think of care for the rest of life. A (re)consideration of birth reveals how efforts to reshape urban life around care need not work so hard to displace economic imperatives that seem to encourage us to care less. Childbirth provides a different origin story, enabling us to think anew about our beginnings, about who we are and want to be (Simmonds 2016) in the cities in which we live. Our renewed origin stories can create that starting point anew, writing our interdependence into our very being, refusing the story of *homo economicus*. Childbirth provides a moment of ontological clarity that human experience in the urban environment is already an intimate caring connection and in community from the very beginning.

In this essay we ‘think with’ this moment of clarity in formulating a response to the questions posed by this volume: how to situate care at the heart of any productive and ethical engagement with urban transformations. The chapter draws on our engagements with diverse economies scholarship, an emerging interdisciplinary subfield which explores economies as a site of cultural practice, ethical concern, and political possibility. We apply diverse economies

thinking to maternity care, using it to highlight the different actors, practices, and commitments that attend the moment of birth. Maternity care offers us a chance not just to intellectually understand the role of care and interdependence from the start but also to understand how the assumption of care and interdependence can form the basis of a new common sense. We begin with a discussion of how care and interdependence call for a shift away from *homo economicus* and toward a recognition of interdependence at the foundations of economic practice and human behavior.

## Homines Curans and the Interdependence of Origins

At the birth of capitalism and of neoclassical economics, some very odd ideas about people and community became normalized. One of these ideas was that human instinct is driven primarily by self-interest, captured in the idea of *homo economicus* (HE): the ultra-rational profit-maximizing individual of classical economics and liberal ideology. HE is an economic subject present in the classical economics works of Adam Smith and John Stuart Mill, who both appealed to an instinctive drive in humans to conduct their livelihoods primarily with regard to their own interest (Mill 1836; Smith and Stigler 1986). Self-interest and competition have since been understood as the primary motivations for economic practices that enable growth and innovation. The figure of HE was at the center of the neoclassical economic theory from the Austrian to the Chicago school that framed neoliberalism as both an ideological project and in its variegated expression in practice for more than half a century (Harvey 2005; Peck et al. 2018). But equally important, HE is part of a powerful assertion of so-called common sense in everyday understandings of the economy (Ruccio 2008). This focus on self-interest forgets humanity's common dependence on care. Julie Stephens (2011), for example, draws our attention to the repeated work of providing care and the repeated act of accepting the care of others, which enables societies and economies to continue to function.

The task of remembering that dependency is a condition of life means also remembering a common dependence on the care of others and common origins as beings who are in connection with others. These connections are necessarily more-than-human, as Indigenous, post-humanist, and new materialist scholarship highlights (Bawaka et al. 2016; Bennett 2010; Haraway 2016; Latour 2004; Puig de la Bellacasa 2017; Thomas 2015). For ourselves, as scholars of diverse economies, the more-than-human connections are also potentially connections of active partnership and collaboration, in which more-than-human hybrid collectives are cultivated in and through practices of care (Cameron et al. 2014).

The connected human being who, with others, can construct economies around connectedness cannot be the singular HE. As an alternative to this singular HE, Joan Tronto (2017) offers the figure of *homines curans*—caring people plural—as the basis for a collective economic subject. The language of *homines curans* offers a different way of articulating human character as it already exists and already is practiced. In this it is a term that has affinities with one of the core concerns of diverse economies scholarship.

Diverse economies theory has its origins in the pioneering work of Katherine Gibson and Julie Graham (writing under the pen-name J.K. Gibson-Graham since the early 1990s). Their early efforts involved pushing back against the debilitating effects of capitalist-triumphalism, much of which was (ironically) emanating from scholars of the critical left who discussed and performed capitalism as if it were the only game in town, an all-powerful monster subsuming all other alternatives into itself (Gibson-Graham 1996, 1993). Gibson-Graham (1996: 35)

gave the name ‘capitalocentrism’ to the habit of placing capitalism always in the center and non-capitalism as always the subordinate, deficient “non-existent or even unimaginable others of capitalism.” In contrast, the diverse economies tradition (Gibson-Graham and Dombroski 2020) takes the deliberate step of refusing capitalocentrism and focusing instead on what we have here and now that is more than just capitalism. The methodological foundation for this work is in a deliberate effort to ‘look for difference.’ It is always possible to find evidence of the power of global capitalism, but what if, instead, the focus was on what exists (and persists) that is not capitalism, that is more than and other than capitalism? This practice of looking for difference informs the exploration we conduct in this chapter. In this spirit this chapter now turns to the experience of birth as a moment that underscores interdependence as the foundations of human life and as an origin story upon which the plurality of *homines curans* might become the assumed norm of human experience.

## Lessons from the Beginning of Life

Retelling human origin stories offers one pathway for establishing the basis for a new common sense (Simmonds 2016). The first moments of new life have the potential to remind us of the foundations upon which we are all shaped and enable a foundational reconsideration of ideas about ourselves as actors in the world, the foundations of community, and the nature of care. Childbirth is brief, but the experience is deeply felt and has long-lasting effects. And the lessons of childbirth and maternity offer a fundamental challenge to the assumptions that competition and profit-seeking lie at the hearts of all human endeavors. From the very earliest stages, the embodied experience of pregnancy teaches us that childbearing can involve entering into a co-production of shared existence, a co-becoming (Dombroski 2018). Many others have explored what it means that a mother is not just a single individual anymore, but part of a mother-child dyad, but in *Birthing Work* Katharine McKinnon (2020) argues that pregnancy and birth entail more than a mother-child dyad—this is a ‘body multiple’ (Mol 2002).

Based on ethnographic interviews with mothers, midwives, and obstetricians in Australia and New Zealand, McKinnon’s research offers a picture of childbirth as an *assemblage*, which begins in the diversity, multiplicity, and interdependence that are inescapable conditions of childbirth.<sup>1</sup> Putting aside the conditions of conception, the pregnant woman herself is already rendered a multiple by the presence of another within—the fetus. Growing a baby and giving birth bring into play the complex work of both those bodies: hormones in flow, lungs working, hearts beating, muscles contracting, tissues stretching. And from the beginning the fetus is its own being: kicking, turning, or lodging a knee uncomfortably against the ribcage; moving into a good position for birth, or refusing to. Our origins are already, from the very beginning, collaborative: a baby, a woman, their bodies, working in tune. Add to this the complex social and cultural meanings that overdetermine motherhood, and it is possible to see that a body in childbirth is accompanied by a host of other actors, which vary depending on where that woman is situated, what her cultural background is, and how affluent she is. From this it is possible to learn that no body is ever an isolated, individual body; from the beginning ‘we are not singular but multiple.’

The childbirth *assemblage* is also made up of actors who spread well beyond the territory of the body. The following inventory, drawn from a composite of birth stories shared during case studies, presents a typical collection of actors that might assemble around the

average hospital birth in most urban minority world contexts.<sup>2</sup> In the first instance, the actors who assemble to support a woman at birth will include the people who are caring for her. The mother is accompanied by her partner or a relative or friend. She has midwives and doctors and has the expectation that these medical workers will help bring her baby into the world. The medical staff bring their knowledge and expertise, gained both from formal medical training and an acquired rule of thumb. Their work is regulated by hospital policy and, in some settings, by the conditions of the indemnity insurance they are required to carry. Those insurance companies employ actuaries who assign probability and dollar values to risk, thus overlaying clinical decisions with financial significance, and as a consequence money becomes important. Emotions are also at work in the birthing space. For example, fear might be working within the doctor's limbic system to shape particular decisions. In turn, the fear that may be felt by a mother will affect her hormones, promoting the release of adrenaline and inhibiting oxytocin—the hormone that is released when we feel love and which body produces during labor. This shift in the hormonal balance is understood to in turn slow down a labor (Buckley 2011, 2015). When labor slows down, the importance of time comes to the foreground. Perhaps synthetic Oxytocin (Pitocin or Syntocinon) is introduced to help speed things up. These synthetic hormones usually create intense contractions, inhibit the body's production of natural oxytocin, and lead thus to a significant increase in pain. To relieve the pain an epidural is often recommended, bringing in an anesthetist who delivers the pain relief and the pharmaceutical companies who test and supply the drugs. The drugs administered through an epidural may distress the baby, which is detected through the Cardiotocogram (CTG) that may be monitoring the heart rate. Then perhaps there is the rush to the operating room. By this time the web of actors includes many people (mother, baby, midwife, obstetrician, anesthetist, actuary), institutions (hospital, insurance companies, actuarial companies), emotions and sensations (fear, pain, joy), technologies (CTG, epidural, scalpel), biophysical elements (hormones, limbic system). The whole is a messy and complicated gathering of human and non-human presences in the birth space: a childbirth *assemblage* made up of human and non-human actors that do the work of birth together.

Another way of seeing this *assemblage* is as a community. Our casting of *assemblage* as a community takes a prompt from Jean-Luc Nancy's (1991) considerations of the community as something formed in the shared mutual coming-into-being of a new life. To be in common does not mean to have, or to be aware of, a common, substance, essence, or identity "but that there is being-in-common" (ibid.: 7). Nancy provides a language that, in the context of the childbirth *assemblage*, enables recognition that because each actor is involved in shaping the experience (and the outcomes) of birth, the *assemblage* is thereby involved in a communal act, an act of collaboration. Whether it is recognized or not, whether collaboration is consciously sought out or not, all of those involved are part of a collective endeavor. Members of the collective may even be in conflict, but that does not diminish the fact that they are working together on a common concern. From the very beginnings of a child's life, that child is embedded in a broad community that has come together to see her/him safely through birth. When told in a way that highlights our interdependencies, the story of a childbirth *assemblage* reveals that we are already in an intimate caring connection from the beginnings of life; it reveals that community is there from the beginning. HE would have us believe that a child is thrust into a world defined by self-interested profit maximization. In contrast, the childbirth *assemblage* recasts the human as coming-into-being in the community.

The inevitability of our being-in-common, and in this case of our coming-into-being-in-common, is already informing initiatives that seek to build economies around the affirmation and negotiation of our interdependencies: what Gibson-Graham (2006: 87; see also Gibson-Graham et al. 2013) call “community economies.” What is interesting to us is how a change of starting point can change what is understood to be the foundations of urban livelihoods, even in cases of initiatives that are not consciously enacting a community economy.

Below, we extrapolate from the lessons learned from childbirth: If we all already come-into-being in the community how does that change perspectives on economic life? How might economic success be recast as fulfilling the mutual obligations of care? Like Gibson-Graham’s refusal of the capitalocentric viewpoint and methodological stance of looking for difference, we have been curious about mutual care and the in-common-ness of urban life that is always already there but is seldom seen as primary. Below, we highlight just one example drawn from the research we are engaged in. In this case we choose to focus on social enterprises that offer employment opportunities to people with disabilities. As with all social enterprises, these are commercial businesses that place a social or environmental mission at their core and re-invest their profits in pursuit of the mission that drives them. In these enterprises commercial viability is a primary concern, but when we delve a little deeper it becomes possible to see how care is also pivotal to everything the enterprise does. We suggest that there are lessons for all workplaces in the ways care might be foregrounded.

### **Case Study from the City: Community Economy Praxis of Care in a Social Enterprise**

Work Integration Social Enterprises (WISE) have a mission oriented to providing jobs for people who could not find work otherwise. These enterprises are transitional: providing opportunities for the disadvantaged individuals with the intention that they will ‘graduate’ to ‘real’ jobs elsewhere. A study in two regional cities in Australia investigated the way WISE create not just a socially responsible enterprise and a workplace but produce well-being for those that work there (Farmer et al. 2016). In these cases, the WISE in the study focused on providing employment for people with a range of physical and psychological disabilities as ‘supported workers.’ The study involved four social enterprises across two regional cities in Australia—a context in which there is a perceived gap between concentrations of wealth and innovation in metropolitan centers, such as Melbourne or Sydney, and smaller regional cities. The research project was investigating how the well-being created within the WISE could address some of that regional disadvantage. In 2016, thirty percent of both city’s populations were living in the most disadvantaged areas classified by Australian Social-Economic Indexes for Areas (Australian Bureau of Statistics 2018), and the enterprises themselves were located in city suburbs with higher relative disadvantage. The enterprises, *Farm*, *Catering*, and *AssistAll*, provide work integration for people with a disability and/or disadvantage (called here ‘supported workers’) in a supported work environment. *CommunityCentre* is not primarily a WISE but operates as a community center supporting several small social enterprises with the aim of supporting members of the local community. Both *Farm* and *AssistAll* provide light manufacturing, mail-outs, assembly, cleaning, and maintenance; *Catering* is engaged in food preparation and production, and enterprises supported by *CommunityCentre* include a small home cleaning service, recycled clothing shop, and vegetable box delivery service.



Interviews showed that for both the supported workers and the staff at these enterprises, there was a very real sense of well-being that came from their involvement. Staff felt satisfaction in doing something good for the community. Many supported workers felt their involvement had been transformational. For example, Carol (personal communication, October 2017), a supported worker with *CommunityCentre*: “It is good for your heart. It’s good for all of you. Makes you think. You get home and you think geez that was a good day. That’s how it’s been because of it.” Yet there was tension too. Employees are not well paid, and despite best intentions only one person ‘graduated’ to the open labor market.

In fact, most workers could really only thrive in the WISE context where they had support that most enterprises do not provide: Staff were responsive to shifting daily needs, responsive to shifting emotional states, and introduced additional support for the broader physical health of workers when it was required. Jessica, a staff member at the enterprise *AssistAll*, spoke, for example, about how staff needed to work with families of supported workers in providing personal care support that cross the usual boundaries between home life and working life. Jessica (personal communication, June 2017) highlighted how this extended to being “aware of some of the [menstrual] cycles for female employees” and responding to the emotional and hygiene needs that arise, “making sure that [employees] are okay in the bathroom” or reminding them to take their medication. Jessica (*ibid.*) characterized this attention as a necessary response to the needs of employees because, “the employees have varying, like any human being, complex personal lives and complex health issues.”

Such daily attentiveness to the giving and receiving of care, however, was also seen by the enterprises to be in tension with the imperatives of commercial success. While these organizations were providing employment for people with disabilities they were also business enterprises. As William (personal communication, November 2017), also from *AssistAll*, said: “At the end of the day, we’re all about providing employment, but at the same time we’re about trying to generate money to keep the company and that going.” Although care and the creation of well-being were both chief to the daily operations of the enterprises in the study, what was also clear was that the enterprise model they were working with did not provide space to properly acknowledge this, or to value it. One of the clients of *CommunityCentre* (personal communication, March 2018) highlighted the problem that by expecting social enterprises to “purely generate their own funds from internally generated cash” and the provision of services, the result is “a risk that by focusing purely upon the provision of services that you only get what you pay for and not all the other social goods which surround that.”

The concern that focusing on what you pay for diminishes the value placed on other social goods speaks to common worries that when generating money becomes a concern, efforts to shape practice around values of care automatically take second place. Hidden in this assumption is the ghost of HE, and the idea that the default for any commercial enterprise is based on competition, self-interest, and the pursuit of individual success rather than the collective concerns that animate practices of care and the pursuit of broader social goods. Yet each WISE succeeds because it has a group of clients across the city who are choosing to put care alongside considerations of price or quality in making purchasing decisions. Furthermore, while these organizations are uncomfortably placed in charge of care provision and commercial viability, the case studies also emphasized how practices of care and connection, commercial operations, and commonwealth might be meaningfully connected. We suggest that there are many more examples in which enterprises of all kinds are obliged to place the well-being of workers at the foreground and engage in practices of care that cross the boundaries between

the professional and the personal. Again, as Jessica from *AssistAll* pointed out, all human beings have complex lives, all human beings must at times be the recipients of care. These organizations offer an example in which care is central to the capacity and productivity of workers, and might be considered equal to commercial success in securing the health of the enterprise and contributing to the wider community.

## Conclusion

In this chapter, we have offered an alternative origin story, where the collective work of childbirth can be a source for thinking differently about care and the city. In childbirth we are already situated in connection with others—hybrid human and more-than-human. We begin already situated within community, already knowing that surviving well is about doing it together. We take our first breath already implicated within the relationships of care that being-in-community entails. Considering the collective beginnings of life is one way we might learn how to shift away from the assumed traits of rational profit-maximizing subjectivities and learn to foreground our part of collective responsibility to care that originates in how we come-into-being-in-community. As collective subjects from the start, embedded in community and associated obligations, we can foster curiosity and experimentation into effectively enacting interconnection in everyday life in the city. There is work involved in enacting city alternatives, in the form of commons, social enterprises, or the reconfiguration of capitalist enterprises around concerns for care. This work is often framed as an uphill battle against neoliberal norms, fierce competition in the global market, and the inevitability of human self-interest. These are origin myths based in accepting the truth of HE as the subjectivity that economic practice must draw from and foster. But it is a myth that acts against us. Paying attention instead to childbirth we can focus on the fact that we all, already, begin in community. Rather than having to fight an uphill battle to transform subjectivities into *homines curans*, the care work we already do in the city can be recast as a natural extension of collective origins, and the community actions that we are already entangled with.

## Note

- 1 We recognize the pregnant persons may not identify as mothers, or with the pronoun ‘she.’ In our study, we did not have the privilege of engaging with nonbinary and trans folk, and our language reflects that accordingly.
- 2 The term ‘minority world’ replaces more commonly used terms of ‘First World,’ or ‘North.’ It offers recognition that the concentrations of wealth and accompanying access to technology, infrastructure, and consumerist lifestyles characterize life for a global minority who enjoy middle- and upper-class incomes. In this case, the standard of medical care that characterizes a minority world setting can be accessed by elites located in the Global South, as much as they remain inaccessible to impoverished or marginalized groups who may be located in the Global North (see Liu et al. 2020).

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**PART II**

**Social Inequalities,  
Uneven Space, and Care**



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# 4

## INTRODUCTION

### Social Inequalities, Uneven Space, and Care

*Nir Cohen and Sabine Knierbein*

#### **Inequality and Care**

Social inequality has long been a concern of feminist care ethicists. Not only did early accounts point toward the exclusive role of ethno-racialized, classed, and gendered minorities (e.g., women, slaves, and labor migrants) in the work of care, but they also showed that it was predominantly performed in marginal and privatized spaces. From tending children in homes to treating the mentally disabled in isolated shelters, the reclusive nature of care work marked it a problem of idiosyncratic individuals rather than a structural social concern (Tronto 1993).

This inattentiveness to social and spatial inequality is not surprising. Indeed, it is precisely because of the strong emphasis given to the particular spatio-temporal contexts within which social relations unfold that scholars of care have acknowledged the uneven geographies of care. In contrast to justice-oriented theories, which underscore abstract issues of rights, and seek to ‘equalize’ competing interests, care ethicists dwell on social differences, cultivating social ties and cooperation between unequal others. Thus, as Virginia Held (2015: 21) states:

from the perspective of justice one looks for universal rules to apply impartially to particular cases, one considers fairness and the rights and obligations of all, one assumes each person involved to be a free and equal agent. From the perspective of care [...] one attends with sensitivity to particular others in actual historical circumstances, one seeks a satisfactory relation between oneself and these others, one cultivates trust, one responds to needs, aiming at and bringing about as best one can the well-being of the others along with that of oneself.

Unevenness thus remains a salient characteristic of caring relationships at the present, in a world plagued by a global pandemic, rising socio-economic disruptions, and environmental crises (Fitz et al. 2019). It is against this backdrop that scholars have sought a more compassionate, context-sensitive social science, asking how care and responsibility are “woven into the fabric of particular social spaces and communities” (Conradson 2003: 453) and how justice is “shaped by the acts and structures of caring across public and private spheres” (Staheli



and Brown 2003: 774; see Chapter 10, this volume). Care is also considered a political practice that always involves power relations. Victoria Lawson (2007: 7) has similarly suggested a relational and caring approach that helps us “move beyond acknowledging different subject positions” to fundamentally alter unequal power relations across the globe.

Social and spatial inequalities in caregiving and receiving have been more salient in urban settings. After all, it is in contemporary cities that the need for care emerges forcefully and it is there where residential ‘others’ are continuously denied access to material and symbolic care. From undocumented migrants who face hurdles in claiming their right to healthcare and housing (Kapsali 2020), to stigmatized single mothers struggling to access and retain sustainable employment and welfare benefits (Edin and Lein 1997), the urban is a fundamentally uneven spatio-temporal terrain of care, or ‘caringscapes’ (Bowlby 2012). Hence, to understand the underlying implications of urban care work, we must first recognize the inherently uneven nature of social relations in past and present cities. It is particularly by exploring and appreciating long-conceived class, race, ethnic, and gender relations in the city (among others) that we could capture the variegated ways in which the needs for care are expressed, denied, and sometimes struggled for, in and through urban spaces.

### Care Work and Care Materialities

The urban is also where (some of) those needs of care are met and fulfilled. It is where the homeless are sheltered, orphans are fostered, and migrants are given sanctuary. Yet, despite their noble image and undoubtedly critical importance in bettering the lives of those mentioned, these acts of care are also subjected to—and impacted by—the social and spatial unevenness of the city. Race, class, gender, and age of caring subjects play a decisive role in care-full recovery trajectories taken by urban residents, activists, and administrators alike. Performing the (urban) work of care and mitigating the inequalities that underpin it require a massive mobilization of individuals, and of more or less institutionalized groups (Milligan and Wiles 2010). These vary considerably along the socio-professional axis and possess vastly different levels of skills and expertise, despite their diverging openness and capacity to enter into affective relations. Physicians, nurses, kindergarten teachers, and social workers, for example, immediately come to mind when one thinks of qualified care providers. As the current pandemic proves daily, these professionals bear much of the brunt of care provision across the globe in various domains—from health and economic welfare to children’s education. Yet, as recent events have shown, multiple other, less trained persons, or laymen, are equally salient in generating, transmitting, administering, and applying care to home stranded and socially distant urban residents, from (un)trained social activists who visited childless senior citizens secluded in their private residence to couriers who continued to deliver goods and services to families in need, to the many occasional volunteers supporting the mourning work of hospices. Caring subjects not only provide an array of care-related services to individuals with distinctly unequal social identities but are themselves differentially situated along the socio-spatial spectrum. Care work, in this sense, can be acknowledged as the work that encompasses activities linked to “the material means of subsistence, such as securing housing, preparing food, taking the bus, and accessing healthcare” and to “the affective elements of social reproduction linked to kinds of labor, such as providing domestic care and emotional support, spending time with friends and generally all of the activities that generate love and care to the communities we participate in” (Kapsali 2020: 17).

But care requires also more than benevolence and affect. Indeed, considerable investment and allocation of material resources, both public and private, and many other care-full efforts are needed to sustain care work on a wider redistributive scale. It is through these site-specific combinations of resources, or ‘materialities of care’ which include bodies, but also buildings and other objects that urban care is provided (Power and Williams 2020). It is in these urban conduits, or ‘infrastructures of care,’ that inequality is manifested most profoundly. In these trying times of global pandemic, material infrastructures of care—hospital beds, respiratory machines, vaccines, and even centers where residents could be vaccinated—distinguish between urban haves and have nots, at local, regional, national, and global levels.

### Political Infrastructures of Care

While the work of care involves translational acts of fusing affective action into the distinct social encounters surrounded by the hard material infrastructures offering a protected space for caring activities, caring work is not always to be understood as an altering act. It can also stand in sharp contrast to caring relations’ potential to alter the quality of social encounters toward creating more meaningful ties: acts of uncare articulate the perseverance of highly exploitative social relations, of unaffected social encounters, and of material infrastructure designed to show a void of affect. This is particularly at stake when we conceive of urbanization as both the vehicle of capitalism and its recent socially divisive formants, and at the same time as liberating and political ground, to overcome such forms of capitalist urbanization. Here the need to formulate a care concept that dynamizes dichotomies between caregivers and receivers, and that creates an analytical nuance to see the altering potential of affective, immediate, and soulful caring relations not just for the well-being of all, but for shaping distinct and careful versions of urbanization, becomes manifest. First, such an altering version of care would undoubtedly have a political impetus: Matina Kapsali (2020: 13) in this respect distinguishes between (dis)embodied care practices, stating that embodied care practices are crucial for constructing “common political spaces of home and give birth to collective political subjects.” She thereby renders “equality and care as co-constitutive practices” and argues that “equality becomes embodied through the collectivisation of care while care becomes politicised through the enactment and presupposition of equality” (ibid.: 15). Urban practices of creating equality, or ‘communities of care’ (Federici 2012: 12), may advance democratic practices based on difference through focusing on embodied practices and everyday socio-material conditions. This can be realized by introducing insights from “feminist and geographical scholarship on care and social reproduction” (Kapsali 2020: 15).

This feminist twist implies that we cannot ask the care question without asking for whom care matters (differently) why, how, and where. Such a critical care analysis in urban studies is an act of localizing the caring body in (un)caring spatial settings and careful, carefree, or careless social relations. The focus on the urban as a collective socio-political project helps to situate care by envisaging how an analysis of these (un)caring social relations gets politicized or may itself become an agent to politicize, for instance by constantly unravelling the ambivalent nature of struggles around (in)equality, or by showing the altering potential of care for collectivization of new political subjects.

Interweaving care debates into other conceptual debates in urban studies may help to conceptually ‘ground’ cultural, social, and political theories of democracy, space, and urbanization through their focus on (dis)embodied social encounters (Chapter 1, this

volume), on material space and redistributive efforts, and on the quality of social relations in a world-of-being-in-common (Chapter 3, this volume). Yet it may also serve as a *Trojan Horse* if conceptually used in an ambiguous way in favor of care-washing (Chapter 2, this volume). Analytically, care helps us develop translational efforts and intellectual transfers for these theories to become meaningful for engaged empirical researchers with an interest on socio-material aspects of changing patterns of everyday life and lived space. From the sections' focus on socio-spatial inequality, it is especially the forming of political infrastructures of care around conceptions of mutually defined equality which seems a valuable path for future research, education, and action: "Fabricating political infrastructures can [...] be understood as a process of collective world-making, a process of political subjectification through which bodies, materials, ideas and beliefs come together to 'make space,' to open new spaces of living-in-common" (Kapasali 2020: 16, original emphasis). Care helps to conceptually locate and interweave the urban political not just in abstract discourse, but primarily in cities' material, embodied, and affective dimensions because considering care allows us to examine "the fleshy, messy and indeterminate stuff of everyday life" (Katz 2001: 711).

## Introducing the Contributions

This section draws together chapters that attend to the practices and discourses of care, through which social and spatial unevenness is (re)produced, negotiated, and transformed, while striving for equality in difference.

By discussing out-migration of elderly Americans into Mexico to pass their waning years, Samuel Maddox introduces *Cartographies of Care: Urban Development in Mexico in Response to a Graying America* (Chapter 5, this volume). He analyzes how this group of Mexico-resided retirees enjoys cheaper costs of living while receiving federally subsidized senior benefits from the home-state. The presence of aging Americans who re-colonize ex-colonial cities like San Miguel de Allende has completely shifted municipal public services toward the expat. This urban phenomenon has produced a severe new wave of massive suburbanization in Mexican border towns, in which now sprawling villages of luxurious eldercare are emerging from what was once communally-held Indigenous lands (*ejidos*). Examining these new spatial patterns through an intersectional lens of urban studies, border studies, and post-colonial theories, Maddox reveals a network of intersecting vulnerable agents—sick migrants, caregiving locals, Indigenous communities, and coastal ecologies—living within the hegemonic paradigm of neoliberal, transnational urbanization.

In *Turning the Key: How the Pink Passkey Has Shaped the Landscape of (Un)Equal Opportunity for LGBT-Friendly Eldercare Provision in the Netherlands* (Chapter 6, this volume), Roos Pijpers explores care experiences of Lesbian-Gay-Bisexual-and-Transgender (LGBT) communities in the Netherlands. Specifically, she examines the introduction of a quality certificate for caring institutions that are acting in a safe and welcoming way toward this particular community in Dutch cities. Pijpers discusses the scope and limits of the *Pink Passkey* as a tool for improving LGBT-friendliness of eldercare and service provision. Conceptually, the chapter bridges care ethics and praxis theory to identify forms of LGBT-friendly care provisions that differ in how care receivers are included. It provides a set of nuanced conclusions about different versions of the *Pink Passkey* associated with differing approaches to sexual and gender diversity; an interpretation that the passkey both curbs spatial inequality but also creates new

inequalities; and a summary about the learning processes the introduction of the passkey has sparked to enhance knowledge and awareness on the needs and agency of older LGBT adults.

In *'We Are Here to Care': Gendered Urban Safety in Argentina* (Chapter 7, this volume), Anna Bednarczyk explores the experiences of women who march against the systemic violence against women in Argentina. She analyzes their intersecting struggles against the surge in femicides, that is, murders of women. Her contribution explores the nexus of care and urban (un)safety based on two case studies from the recent *Ni Una Menos* [Not One Woman Less] Women's Rights Movements. In a society characterized by high patterns of (male) unemployment and openly expressed paternalistic and chauvinistic social attitudes, the gendered dimensions of obstacles to access urban space significantly impacts the everyday life of girls and women, as they encounter manifold spatial limitations. In their spatial struggle for survival and equality, *Ni Una Menos* activists express forms of sisterhood-based care to overcome these restrictions in an uncaring context permeated by domestic and public violence. Through elaborating the spatial dimensions which undergird resistance strategies, the chapter offers a new understanding of the potential of movements that seek to radically alter the conditions out of which their struggle emerged.

The role of urban space in activating social capabilities of urban dwellers is the key theme in Elena Marchigiani's contribution *Healthy and Caring Cities: Accessibility for All and the Role of Urban Spaces in Re-Activating Capabilities* (Chapter 8, this volume). Trends of aging cities and a growing demand for maintenance and adaptation of public space and service create the need for a deeper reflection on spatial conditions supporting urban dwellers' health. Focusing on the Italian city of Trieste, she interprets the concept of 'accessibility for all' as a right for all urban inhabitants, and 'mobility' as a crucial component of the design of related people-centered services. Interpreting incapacitation and disability of many urban inhabitants as a result of the interaction with their lived environment suggests the critical need to overcome banal urban policies. To achieve this, the usability of urban space plays a fundamental role in increasing people's ability to actively shape their own mobility and well-being. Thereby, a more egalitarian access to public space for an aging population characterized by difference and differently affected by socio-spatial patterns of inequality is created.

Self-determined mobility is also a key issue for people living with dementia (PLWD) in Canadian suburbia, a finding that Samantha Biglieri carefully explores in her chapter on *Examining Everyday Outdoor Practices in Suburban Public Space: The Case for an Expanded Definition of Care as an Analytical Framework* (Chapter 9, this volume). PLWD tend to experience a so-called 'shrinking-world' effect, in which what is near and inside them becomes more accessible than what is far and external. Understanding this medical explanation is a key ingredient for urban planners to investigate the socio-spatial relational interactions between PLWD and their environments. Being supported by their neighborhood in terms of access has many benefits, including more social interaction, sense of worth, dignity, and improved physical/mental health. The chapter draws on an innovative methodology of combining in-depth and go-along ethnographic interviews, GPS tracking, and travel diaries to provide insight into the spatial experiences and choices of PLWD. More-than-human and human encounters, the differences between perceived and lived spaces, the influence of past histories on present selves, the impact of stigmatization of dementia on movement, and embodied walking experiences can give insight into conceptualizing the neighborhood as a place of (un)equal care.

This book section set out to emphasize the unevenness of urban care work and uncover the egalitarian bodies, logistics, and technologies that have been employed to alter its detrimental effects. In so doing, it seeks to advance our understanding of inequalities that undergird everyday spaces of (urban) care but also those which emerged out of—and reflected through—more institutional and regulatory spaces of care provision and service. The overall aim has therefore been to highlight the manifold ways through which care practices unfold in urban space, through both its infrastructures and materialities, and as regards to its affective and political features.

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# 5

## CARTOGRAPHIES OF CARE

### Urban Development in Mexico in Response to a Graying America

*Samuel Maddox*

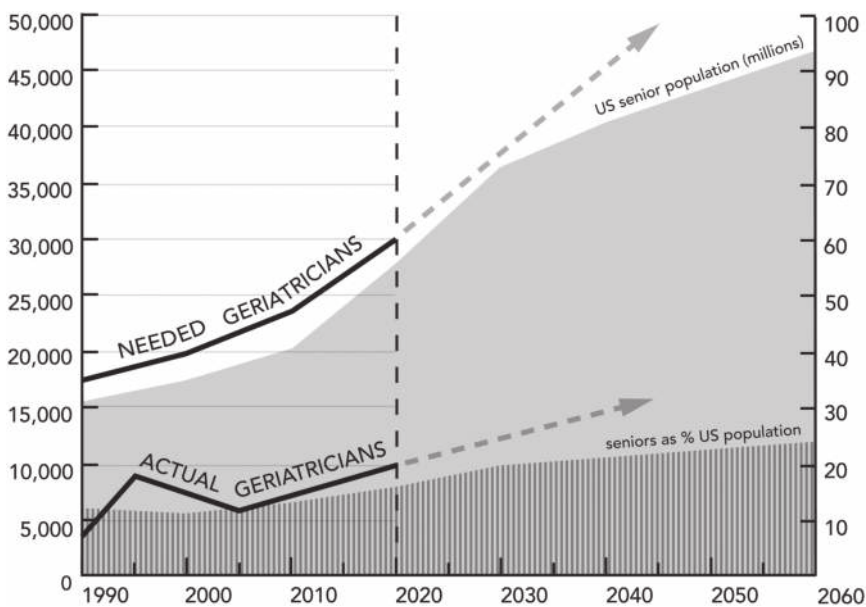
#### **America's Emigration Crisis**

When it comes to conversations in American mainstream media around the US–Mexico border, the focus tends to be on the in-migration of Central and South Americans into the US. However, at the same time there is an increasingly significant out-migration of individuals from the US into Mexico. These individuals are not seeking employment and a place to build a new life—as are popularly painted the constituents of their counterflow into the US—but, instead, these migrants traverse the border in search of more affordable health-care services and aging-related care as well as, for some, a place to retire in relatively reasonable splendor. Throughout this chapter, I will expand upon two migrant groups, ‘borderlanders’ and ‘snowbirds,’ and their three concomitant urban typologies: borderland monotowns, neocolonial consumer spaces, and subsidized coastal enclaves. These cases, viewed through a critical theoretical lens, elucidate how American care practices—particularly aging-related care—are being quietly outsourced to the local Global South. I identify this transfer of the cost of care abroad as being due to two factors: a strong and pervasive undercurrent of *laissez-faire* ideology within the American health and wellness sectors; and the spatial economic strategy of cross-border arbitrage, a low-to-no-risk form of consumer profit born of uneven development. Furthermore, these cases and the negative externalities they often bring to bear on local communities may well be exacerbated in the coming years as the senior share of the US population continues to grow and go south for the winter of their lives. Additionally, of note, the term ‘care’ in this chapter extends well beyond typical notions of diagnostic, preventative, and palliative care. For the sake of the topic at hand, ‘care’ herein connotes direct actions toward achieving an ease of being, particularly of aging, that is both fulfilling and marked by relatively good health.

It is estimated that more than one million US retirees now call Mexico home (Taylor 2014). These expatriates, often 60 years of age and older, report making the transition south of the border to stretch retirement savings further through cheaper costs of living and federally subsidized senior benefits like heavily discounted prescription drugs and travel within the country (Mauze 2018). Meanwhile, at-risk populations largely within the US

border region are also steadily reshaping urbanization processes within Mexico through cross-border arbitrage. Their impact is felt through the rampant multiplication of small-scale health-care service providers and the resulting dependence of local economies on tenuously soft and unrestricted borders. The inflation of such services in Mexico has caused a slow but not-so-subtle shift in the urban landscape of Mexican border towns, with particular intensity in transnational conurbations like San Diego–Tijuana and El Paso–Juárez. Though many of these low-cost services rather lucratively serve at-risk populations, the impending ‘gray wave’ of aging baby boomers, those born between the mid-forties and the mid-sixties, threatens to send a shockwave through this system of internationally out-sourced care.

By the year 2060, it is estimated that the number of Americans over the age of 65 will practically double, increasing from roughly 49 million (2016) to nearly 95 million (see Figure 5.1). Moreover, the number of those over 85 is expected to triple while centenarians increase by half a million. To contend with this, the US Census Bureau projects that the nation will need two-and-a-half working-age adults paying into Social Security for every person over 65. According to current estimations, there will not even be one working-age adult per senior by 2060. Instead, the anticipated ratio is one-to-three (Vespa et al. 2018: 1–6). Furthermore, the date at which Social Security is projected to start paying out more than it draws in is set as early as 2035 (Konish 2020). In short, there is an impending care crisis for America’s aging boom. Not only will there be a great need for caregivers, but their services will need to come at an affordable rate as well, given the anemic state of the nation’s social safety nets.



**FIGURE 5.1** Analysis of historical and anticipated aging and eldercare in the American context between 1960 and 2060. Data from the United States Census Bureau (Vespa 2018) and the Alliance for Aging Research (2002). Source: Samuel Maddox, 2020.

## Arbitrage as Urbanizing Process

Arbitrage is the process of simultaneously buying and selling securities in order to profit from the price differential among discrete markets. As opposed to what can be called ‘pure’ arbitrage, cross-border consumer arbitrage is carried out by human actors in geographical space at scales of time much more consistent with the human experience. Essentially, it is the process of crossing national boundaries in order to buy goods or services at a lower cost than those in one’s state of origin, thus reaping the financial benefits (Trecartin and Strieter 2011: 18f). With this more physicalized arbitrage practice come several conditions: Consumers must have the time and energy to traverse physical space; they must have the financial resources necessary for their transit; and they must have sufficient social capital to operate smoothly in highly bureaucratic space.

The places begat by such processes are what urban theorist Michael Peter Smith (2017: 159) calls ‘transnational’ urbanizations: emergent nodes in the vast network of international flows of goods, services, and people—“sites of multicentered, if not decentered, agency.” This idea of ‘decentered agency’ is key to understanding the precarity of the three case studies outlined in this chapter. In each case, current growth patterns are predicated in large part on foreigners’ need for affordable care, both as technical health-care services as well as less explicit self- and eldercare practices and environments associated with retirement.

## Borderland Monotowns

‘Borderlanders’ are cross-border arbitrage seekers that, for the most part, reside in the American border territories. However, they can also come from much deeper within the country, often out of necessity, seeking drastically cheaper health, vision, dental, and pharmaceutical services through the Mexican market. Borderlanders are distinct from the second category of arbitrageurs as they are not emigrants. Their relationship to the border is an active, involved, and temporal one characterized by a series of comings and goings. Many borderlanders drive for hours, at times crossing multiple states, in order to access cheaper care for only hours or days at a time. Their relationship to this border reveals its surprising porosity, especially in the midst of ever more nationalistic rhetoric intent on hardening it (Sable-Smith 2019).

Though Tijuana has long been the exemplar of medical tourism in popular culture, understood as a bastion of alternative and often otherwise illicit medical procedures, the places in which this cross-border arbitrage is most acutely felt as an urbanizing force are in smaller border communities. Wedged between the American states of California and Arizona, Los Algodones (officially incorporated as Vicente Guerrero) is a relatively remote town in the municipality of Mexicali. Known locally as ‘Molar City,’ Los Algodones, a paradigm of urbanization via cross-border arbitrage, has become the one-stop shop of dental care for many borderlanders (see Figure 5.2). In this town of 6,000, one in 12 is a dentist—and many other locals work in optometry and pharmaceuticals, two other leading industries in town (Adams et al. 2018: 1–10). If you were to stroll through the streets of Los Algodones, you would be greeted by a sea of signs advertising office after office of dental services as well as vision and hearing care. One sign reads ‘Hearing Aids 50% v/s USA.’ Around the corner, an optometrist lists their operating hours in ‘Arizona Time’ next to a mall-like list of luxury logos including Fendi and Versace, undoubtedly referring to eyeglass frames, and starkly contrasting the poverty that typifies the border region (Google Maps 2009).





**FIGURE 5.2** Distribution of specialty healthcare services in Los Algodones, Mexico. Source: Samuel Maddox and Michael Steven Martínez, 2020.

In order to understand how this tiny town became such a uniquely significant border player, we begin with a closer look at its name, or rather its Spanish nickname: *Los Algodones* [The Cottons]. Los Algodones was formed through a combination of post-revolutionary state restructuring to deal with economic and water insecurity in the region. Through the use of foreign US capital, the federal government implemented vast infrastructural transformations throughout the Mexicali Valley via a network of concrete-lined canals, the first of which was the *Alamo Canal*, built on Los Algodones' eastern border in 1901. These expansive public-private irrigation projects were pivotal for the regional development of cotton. They also positioned Los Algodones to become northwest Mexico's gatekeepers to the global cotton economy as it became a center for regulations on production and the collection of duties at the border. Per the federal government's agenda, cotton brought considerable wealth to the Valley—but only for a time (Almaraz 2015: 129–159).

By the middle of the twentieth century, the land was overtaxed by monoculture production leading to soil degradation, contamination, and erosion. Cotton was replaced with less profitable sorghum and eventually *maquiladoras*, over-the-border factories designed to take advantage of low-wage labor. Since the 1980s, the *maquiladoras* have slowly been eroded by the growth of other manufacturing hubs around the world (Garza 2015). With the loss of manufacturing, a void emerged in the city's long-lived, cross-border economy at the same time that dental care became an American norm—or at least a norm for those with comprehensive employment benefits. Even so, dental care remained an expensive luxury for many

working-class Americans. No longer, then, were goods exported into the US from Los Algodones; instead, customers began to be imported from the US (Stanton 2017). Proximity to the American market, and particularly to the American consumer, cannot be understated in telling the history of Los Algodones' iterative economic re-invention. It is because of this political and geographical advantage that its medical service economy is now thriving, and once again, rebranding and renaming the town of Vicente Guerrero.

This story of a town's shifting identity based on tenuous transnational economics is not the only precarity facing the residents of 'Molar City,' however. In 2018, a team of Canadian researchers in health sciences and geography determined there is almost certainly a dental care disparity in Los Algodones. In a series of interviews, industry stakeholders reported that dentists often prefer to treat foreign patients paying in US dollars, viewing locals as "bad patients" who do not arrive on time, request that teeth be pulled instead of treated, or do not (or perhaps cannot) pay in full (Adams et al. 2018: 6). Moreover, the professional, financial gravity felt by this extreme density of dental professionals within the city limits of Los Algodones paired with this apparent penchant for serving foreign clients over locals can reify existing health-care inequity in the region, resulting in less access—or, at best, less quality access according to interviewees—to dental care for rural communities in the surrounding area (ibid.: 6–8).

### Spaces of Neocolonial Consumerism

The second category of cross-border health-care consumers are what I will refer to hereafter as the 'snowbirds,' a common nickname doled out to the highly mobile elites of colder, northern regions in the US who habitually seek out warmer winters in the more southerly parts of the country. These are far more often than borderlanders actual immigrants to Mexico—or at least emigrants from the US—who need not keep one economic foot in the US for earning purposes. Their wealth is largely established through retirement savings funds or pensions and may still be growing passively through capital gains. For the most part, the only tether to former territories for these arbitrageurs are their families and friends. 'Snowbirds' have a long history of urban and even regional restructuring in Mexico due to the growth of the leisure and tourism industries, the relocation and dispersal of foreign private capital, and the increase in value of local real estate—all resulting from these long- and short-term migrations. Historically, this has taken place deep within the country in order to take advantage of the infrastructures of former colonial capitals (Covert 2017: 1–56; Mauze 2018).

Chief among the colonial towns that have been re-colonized by these 'snowbirds' is San Miguel de Allende in the central state of Guanajuato. San Miguel de Allende was once a highly trafficked stop on the silver route between Zacatecas and Mexico City in the 1800s. By the turn of the twentieth century, it was in danger of becoming a ghost town after the decline of silver mining in the region. Struggling to free itself from a century of economic decline, the town discovered that its timeless quality could provide a way forward. In 1937, a group called the Friends of San Miguel formed to lobby for the historic preservation of the city and the advancement of an international tourist industry. In the decades that followed, San Miguel saw several waves of immigration and tourism thanks to the founding of a local art university, *Escuela Universitaria de Bellas Artes*, and a spate of US-facing advertising campaigns (Covert 2017: 1–56).

Today, San Miguel de Allende is widely celebrated as one of the most foreigner-friendly towns in all of Mexico. Countless advertisements and advice sites boast tips for moving to

San Miguel de Allende and break down the costs and benefits of relocating to the city, particularly for US and Canadian seniors. Alongside the UNESCO-protected historic attractions, the town boasts some unusual amenities for a moderately sized city in central Mexico. For example, it is home to the second-largest bilingual library in Mexico, chapters of the US-based *National Audubon Society* and the *Rotary Club*, and posts for both the *American Legion* and the *Veterans of Foreign Wars of the US*. The congestion of these rather geographically idiosyncratic institutions begins to paint a picture of the demographic breakdown of San Miguel de Allende. The foreign-born population is estimated to be about 10,000, or 10% of the city's population (Haskins and Prescher 2017; Sheridan 2019). More importantly, however, this immigrant population in the past several decades has trended toward a much older demographic, referred to at times as *los momios* [the mummies] by locals (Wennersten 2008: 127).

With the influx of older, wealthier migrants from the US into San Miguel de Allende—most seeking to reap the benefits of arbitrage on their pensions, savings, and social security checks—San Miguel has seen itself transformed from an educational and arts-based tourist mecca to an internationally gentrified and ever more whitewashed retirement-home-of-a-city. Though the cost of living is low for relocated retirees relative to similar properties in the US, local and long-term *miguelenses* must contend with housing prices skyrocketing beyond those of the rest of the country, particularly in the city center, which has led to the dislocation of legacy residents (Mauze 2018). As a result, San Miguel has seen the rise of large-scale, affordable housing developments at its peripheries. In 2019, a project named *Lomas de San Miguel* began construction just six kilometers outside the city in Ejido de Tirado. This 50-hectare development plans to house 20,000 people through the construction of 5,000 homes, 3,000 of which cost only MXN\$200,000 (or around US\$9,200) each thanks to subsidies from the National Fund for Low-Income Housing (FONHAPO), Mexico's Federal Mortgage Company, and the National Housing Fund for Private Sector Workers (INFONAVIT), all pillars of Mexico's social welfare system (Aguado 2018; Hdez 2019).

When *Lomas de San Miguel* is complete, it will be the densest neighborhood in the metro area. This housing project is undeniably necessary to support local families and to sustain San Miguel de Allende's economic growth (Aguado 2018). And, indeed, many residents reflect positively on the presence of expatriates or expats (and their dollars), just perhaps wishing that they would learn Spanish (Sloane et al. 2018: 60f). However, *Lomas de San Miguel* is also a clear and concrete indicator of the inequitable socioeconomics at work in the region due to the influx of these bourgeois boomers. In effect, the development acts as a Mexican-state-subsidized 'back of house' for an off-shored, informal system of eldercare for middle-class America.

## Subsidized Coastal Enclaves

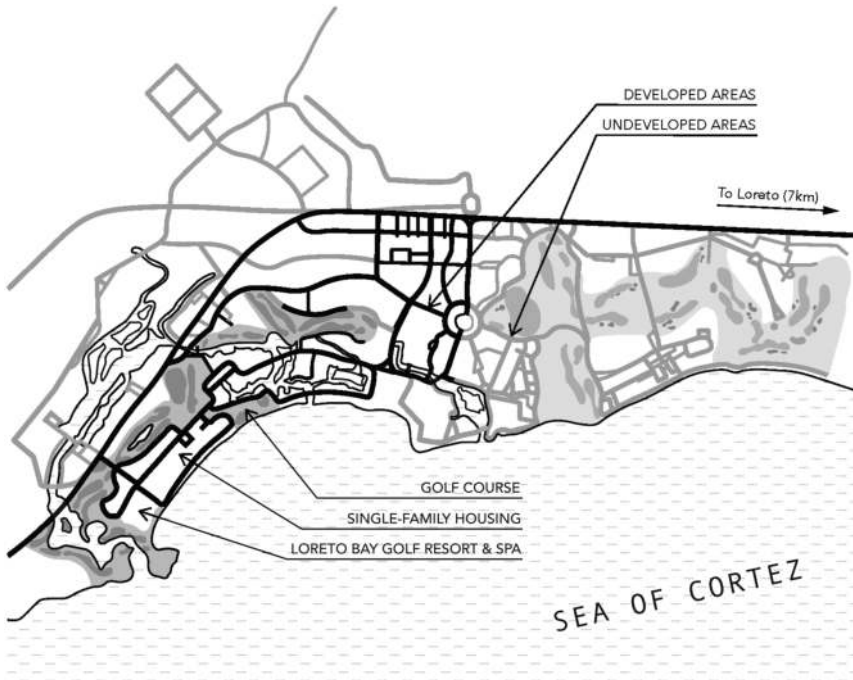
In addition to flocking to the romantic urban vestiges of Mexico's colonial past, America's transnational 'snowbirds' also seek out the sublime vistas and balmy beaches of the country's coasts. It is a little-known fact to Americans that most of Mexico's tourism-driven coastal cities like the famed spring break haven of Cancún and the master-planned metropolis of Cabo San Lucas sprang up from *tabulae rasae*, virtually uninhabited lands, in the middle of the twentieth century. This was due to the establishment of Mexico's National Fund for Tourism Development (FONATUR) which put forth a concerted effort on the part of the national

government to build a new sector of the Mexican economy from the ground up (Warner 2012). Between 1974 and 2015, FONATUR developed eight *Zonas Turísticas*, all along the coast, to the tune of MXN\$48 billion (US\$2.5 billion) by attracting private investment. At times, these regions were developed largely by government capital and then sold off into the private sector. At other times, land was sold to private investors on the condition of fulfilling particular developmental ambitions detailed in a masterplan supplied by the federal government (OECD 2017).

The Villages at Loreto Bay, a purportedly eco-friendly, car-eschewing, new urbanist settlement on the Baja Peninsula, is a recent example of this intensive, state-backed, privately-owned-and-operated process of extranational-facing urban development. Except, unique to most of FONATUR's portfolio, the Villages at Loreto Bay was marketed as an 'active-lifestyle community,' coded real estate jargon for a 55-year-old and older development (Brenoff 2006). The Villages of Loreto Bay was first conceived of in 2003, when FONATUR approached the Trust for Sustainable Development, the US-based non-profit responsible for Seaside, Florida—the US' first community developed under the principles of New Urbanism (Buntin n.d.). After securing mostly US capital through investment corporations like Citigroup and early homebuyers, the Loreto Bay Company broke ground in 2006, just before the Great Recession, and sputtered to a halt by 2009 (Stark 2013).

Today, the partially completed Villages at Loreto Bay stands as a densely packed and highly walkable mixed-use development nestled at the coastal edge of its 8,000-acre property on the Sea of Cortez (Buntin n.d.). Even in its partially completed state, it adheres to many of the principles of New Urbanism with relative success: narrow streets, diverse housing typologies, variegated land use planning, and a rather hefty dose of nostalgia that renders the entire scene more like Disney World's version of a Mexican village than a reflection of any remotely adjacent vernacular. Where the Villages at Loreto Bay falls short of the urban design movement's standards, however, is in its delivery of affordable housing as integral to its design. Instead of being blended in with the resort-rate units and rentals, the plans for the complex were to build "worker villages" within "walking distance from the Town Center" (Loreto Bay 2007: 23). Regardless of the distance, according to the Inaugural Sustainability Report in June of 2007, this housing came as an afterthought for the project, with proposed locations distinctly apart from the more affluent areas of development. Moreover, other areas highlighted for development in the Team Housing section included sites under negotiation as far away as Loreto, a 20-minute drive north—sites specifically referred to in the report as *ejidos*, a unique designation of communal land use specific to Mexico (see Figure 5.3) (ibid.).

In order to begin to assess the socioeconomic dimensions of rural-to-urban development in places like Loreto Bay, one has to first understand the unique spatial politics that have unfolded across time, organizing and reorganizing Mexico's countryside, resulting in the formation of the *ejido* system. Following the collapse of colonial rule in the early nineteenth century, Mexico's territories were a patchwork of enormous tracks of land called *haciendas*, expansive estates that relied heavily on the labor of a landless peasantry (Chevalier and Simpson 1963: viif). This latifundium system remained in place for the next century until the disaffected labor class led the nation into Revolution in 1910. In keeping with the revolutionaries' slogan, *Tierra y libertad* [land and liberty], one of the first items on the new republic's agenda was land reform. In accordance with Article 27 of the new constitution, the *haciendas* were expropriated, and the land was given back to the people—mostly groups of Indigenous people—in the form of *ejidos*: communally held agricultural lands that



**FIGURE 5.3** Map of the Villages at Loreto Bay showing ‘developed’ and ‘undeveloped’ areas. Source: Samuel Maddox, 2020.

could be neither bought nor sold since they were not actually property. For the majority of the twentieth century, *ejidos* proved to be a relatively productive land tenure system with *ejiditarios* enjoying usufruct rights as well as support from the government via federal price controls on staple crops. But in the mid-1980s, a wave of neoliberal deregulation rolled back these governmental protections. And in 1993, after several years of *ejidos* languishing unprotected in the open market, a constitutional reform was passed that made possible the privatization of *ejidos*, leading to pervasive and predatory development (Perramond 2008: 356–371).

Communal *ejidal* lands still make up vast amounts of Mexican territory today, altogether representing more than half of Mexico’s surface area. However, these uniquely tenured lands and the *ejiditarios* that call them home, particularly those along the coast, are increasingly threatened, at times violently, by the pressure to sell (Schumacher et al. 2019: 2). To make matters worse, legal transfer of these lands is often a complicated process. In order for the sale to be valid, buyers have to ensure that all living *ejiditarios* associated with the land have signed the appropriate documents to privatize the land. Failed attempts have caused major headaches for hopeful developers and their often elderly clients—most notably, the case of Punta Banda where more than 200 retirees were evicted when a group of *ejiditarios*, who had not signed any documents, sued to reclaim control of the land. After nine years of litigation, the Mexican Supreme Court ruled that the 250-acre land-tied island on the Pacific coast be returned to the *ejiditarios*—complete with decades-old homes and a full resort (Weiner 2000).

## Speculations on Future Care

In each of these cases, the physical care and general well-being of Americans has been outsourced, offshored, and made the responsibility of the Global South. The externalities of the exorbitantly expensive and largely privatized American health-care system have initiated novel transformations of previously rural Mexican territories in Los Algodones as well as the *ejidos* surrounding San Miguel de Allende and Loreto. These rural areas, viewed historically as vital to matters of national security and regional equity, have been transformed into uneven and inequitably developed pockets with the primary purpose of caring for American expats. Such instances of highly specialized urbanization may work for the time being, but they are, at their core, reactionary—responding to US domestic policies and the demographic aging bubble. Just as Los Algodones has gone bust before through monocropping, they are now just one US health-care policy reform away from collapse. And developments like San Miguel de Allende and Loreto Bay could slowly be turning the post-colonial landscape back into a patchwork of landed estates that once again puts locals to work for the benefit of the *extranjero*.

Connecting these present conditions of cross-border care with the anticipated future of an aging America opens up bleak speculations on the conditions under which many American citizens and Mexican nationals could find themselves, in large part, merely surviving. It is evident that the glaring lack of caregivers within the US required to care for the baby boom generation and beyond will have to drive some kind of innovation. At the very least, the baby-boom-turned-gray-wave could be viewed as a resource, as an opportunity for job creation within the US. Or, at very most, the needs of our parents and grandparents could serve as a window into a world with fewer borders, a world that recognizes interdependency and acknowledges the ultimately finite nature of the planet. Smith (2017) alludes to such a possibility with his conception of ‘translocalities,’ the points on the map that are the ends of vectors of trade, migration, and transnational labor where distinct people groups collide and where profits collect, be they large-scale capital investments or modest remittances sent home to the family. Smith (2017: 165, original emphasis) considers these spaces capable of “generating ‘translocal’ discursive and spatial practices that may reconfigure and even transform relations of power.” Though the sites herein examined are not quite as linearly connected as Smith’s translocalities, perhaps the gray wave may still offer a similar opportunity for transformation if American families continue to seek out care across borders while simultaneously welcoming international caregivers into their communities without stipulations, thereby creating the culturally chimerical socio-spatialities imagined by Smith on both sides of the state-inscribed line (*ibid.*: 157–168). Then, perhaps, we might begin to be able to erode that lethal line. In any case, if the extent of border crossing as an informal strategy for care services is to remain an act of consumer arbitrage without deference to people or to place, then its concomitant inequity-reifying spatializations must become a part of the conversation if we are going to be able to call it ‘care’ at all.

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# 6

## TURNING THE KEY

### How the Pink Passkey Has Shaped the Landscape of (Un)Equal Opportunity for LGBT-Friendly Eldercare Provision in the Netherlands

*Roos Pijpers*

#### Introduction

Despite the attention to LGBT<sup>1</sup> rights that has been achieved in the Netherlands, many older LGBT adults choose to hide their sexual orientation or gender identity out of fear of rejection by care professionals, neighbors, or care home residents (Leyerzapf et al. 2018; Willis et al. 2016). Indeed, people who openly express their sexual orientation or gender identity may be confronted with forms of bullying and prejudice (Pijpers 2020). As a result, older LGBT adults feel relatively unsafe in their neighborhoods (ibid.) and residential care homes (Leyerzapf et al. 2018).

Because of this vulnerable position, a number of initiatives have been taken to increase attention to sexual and gender diversity in eldercare. The most important of these is called the *Pink Passkey* [in Dutch: *Roze Loper*], a quality certificate for LGBT-friendly care provision. The certificate guarantees that care providers with a *Pink Passkey* pay attention to LGBT residents and try to make them feel welcome and at home. The *Pink Passkey* was developed in the city of Nijmegen, a medium-sized city in the southeast of the Netherlands, in 2007. The notion of ‘passkey’ was chosen to underline the idea that providers can be LGBT-friendly in various ways. Since then, interest in the initiative has spread around the country. By now, there are approximately 160 care spaces with a *Pink Passkey*, mostly in cities but increasingly also in rural areas.

The aim of this chapter is to offer a critical discussion about the contribution of the *Pink Passkey* to LGBT-friendly provision of housing, care, and services for older adults in the Netherlands. To this purpose, the next section presents an approach to care and the city inspired by work in care ethics, urban citizenship theory, and practice theory. This is followed by a methods section detailing the scope and limits of fieldwork activities. The subsequent two sections discuss, first, different ways in which the *Pink Passkey* recognizes and supports older LGBT adults as care receivers, and second, the socio-spatial inequalities shaped and reshaped by *Pink Passkey* activity between and within cities.

## Conceptualizing the Pink Passkey as a Form of ‘Doing’ LGBT-Friendly Care

The research literature on housing, care, and services for older LGBT adults has burgeoned in recent years. Attention has gone to, among others, their current and anticipated needs in these areas (see Addis et al. 2009; Westwood 2016). This literature suggests that many hope to be able to move to an LGBT-friendly care home someday, with some explicitly preferring an LGBT-specific care home. Other studies, however, have shown that most care providers do not pay sustained attention to sexual and gender diversity among residents and staff (Simpson et al. 2018; Willis et al. 2016). To analytically connect these care needs and care providing dimensions, the chapter draws on care ethics, a moral theory aiming to make “caretaking and caregiving activities appear in theory as they are in life” (Walker 2007: 84; see Thelen 2015; Tronto 1993, 2013). Care ethics understands care as a key concept of morality precisely because it foregrounds relations involving giving and receiving dimensions (Conradi 2020). Empirically, it focuses on recognition and support, calling attention to the needs of specific individuals or groups (ibid.), and associating these needs with their hidden experiences (Walker 2007).

This chapter takes inspiration from Joan Tronto’s (1993, 2013) definition of care receiving, which entails the ability of people to respond to the care they receive. Ideally, the *Pink Passkey* does exactly this: enabling older LGBT adults as care-receiving subjects, able to respond to care. Unfortunately, research into their care-receiving experiences is difficult, since many current LGBT residents of care homes, born between the 1920s and 1940s and middle aged in the 1970s and 1980s when LGBT emancipation took off, have lived closeted lives. In the Netherlands, this problem is deepened by the fact that only people with advanced physical and cognitive impairments have access to care homes. As a consequence, even in care spaces with a *Pink Passkey*, older LGBT people may remain invisible, and their experiences hidden. For Tronto (2013), however, in case the (intended) care receivers are not able to respond to care, responses may be sought elsewhere.

By way of an alternative response to the contribution of the *Pink Passkey* to LGBT-friendly care for older LGBT adults, this chapter proposes a specific approach to care and the city. First, in this approach, following Tatjana Thelen (2015), the term ‘care’ is uncoupled from its inherently positive connotation and instead understood as a process with an open-ended outcome. Seen in this light, the *Pink Passkey* is not in and of itself an inclusive form of care; at best, it is a way toward (more) inclusive care, potentially able to improve on the social safety of care spaces. Second, I borrow the idea of a moral minimum of urban citizenship coined by Bart van Leeuwen (2010). This moral minimum entails a certain degree of indifference toward other citizens (residents) that can be acceptable in fleeting encounters in everyday urban life settings and by extension, everyday life in the care home. In order to meet the moral minimum, there should be an attentiveness to other citizens (residents) as respectable persons, and to their basic needs, especially non-discrimination. There need not be an explicit attentiveness to people’s social identity, including, if we continue the analogy, their LGBT identity. *Pink Passkey* places that surpass this moral minimum do, to varying degrees, recognize LGBT identities and support needs associated with these identities.

Starting from care as a process that should meet a moral minimum of urban citizenship, I proceed by situating care in the context of the city. This is done by focusing on care practices—the specific and more generic activities associated with particular forms of care (Tronto

1993, 2013; see Thelen 2015; Walker 2007). A focus on care practices helps to understand how care is ‘done,’ as part of, and alongside, a meshing of other social and spatial practices (Reckwitz 2002; Schatzki 2002). In this case, this means we can hope to know more about what the *Pink Passkey* contributes to inclusive care by looking at the way it is ‘done,’ that is, how it is implemented in care homes, and how and where people are reached. Here, in line with one of the key ambitions of care ethics (Tronto 1993), I am interested in how care practices blur the boundaries between the (relatively) private realm of the care home and the wider urban aging environments in which care homes are embedded. Focusing on care practices is also useful in shedding light on the socio-spatial inequalities associated with the *Pink Passkey*. For practice theorists Elizabeth Shove, Mika Pantzar, and Matt Watson (2012: 135), “the emergence, persistence and disappearance of practices [...] generates highly uneven landscapes of opportunity, and vastly unequal patterns of access.” With the geographical distribution of a practice across (urban) space, power relations, ideas, values, identities, and so forth are reconfigured, redressing or reproducing inequalities or creating new ones (Nicolini 2007). Differences in availability of *Pink Passkey* places, and in the ways in which *Pink Passkeys* are implemented, then speak to inequalities in how LGBT identities are recognized and supported (Westwood 2016). Finally, in this approach to care and the city, morality is seen as a shared understanding of local actors engaged in a practice (Schatzki 2002; see Walker 2007). This implies that morality is also situated in the complexities of everyday urban life. Accordingly, there is the scope to transform care practices that are found to create or reproduce inequalities in mindful encounters of actors at the level of everyday urban spaces (Williams 2017).

Through attuning care to the complexities of everyday life in the city in the way proposed here, I am able to reflect on the *Pink Passkey* as a form of ‘doing’ LGBT-friendly care, and on what it ‘does’ for LGBT aging within care spaces and the urban spaces in which these are situated.

## Research Methods

This reflection is based on knowledge gained about the *Pink Passkey* in the course of a broader research project about responsiveness to sexual and gender diversity in the provision of housing, care, and services for older people in Dutch cities. The project consists of subprojects on the experiences of older LGBT adults aging in place (Pijpers 2020) and on responsiveness developed by local governments and individual providers (see Honsbeek and Pijpers 2020). The interest in the *Pink Passkey* emerged out of these subprojects. Participant observations, semi-structured interviews, and document analysis were used to study manifestations of care practices, such as actors and activities involved, their interdependencies, and underlying ideas (Bueger 2014).

Through the fieldwork of my PhD student, Krystel Honsbeek, I was able to ‘zoom in’ (Nicolini 2010) on care provision within a residential care space with a *Pink Passkey*. Krystel frequented this place, which is part of a large provider of residential and home care in the city of Den Bosch, for a period of one year. In addition to observations during personal caregiving and group activities, Krystel conducted interviews with staff ranging from management and nurses to volunteers and activity leaders and attended meetings of two organization-wide diversity teams.

‘Zooming out’ (ibid.) of this particular residential setting, I followed connections between places where a *Pink Passkey* is implemented or discussed or has achieved something, either

intended or unintended. In particular, I considered the effects of the *Pink Passkey* in broad terms of increasing availability of (some form of) LGBT-friendly care meeting or surpassing the moral minimum. I spoke to representatives of eight organizations with a *Pink Passkey*, including one community care provider and one home care provider. Further, I observed during two activities at two other organizations with a *Pink Passkey*, which allowed me to talk to several participants and staff members. From early 2017 onwards, I have been in contact with six people affiliated with the *Pink Passkey* and four experts who can be commissioned for policy advice or staff trainings. Finally, I used one interview with a client of a residential care organization from the broader project.

To ensure coherence within and between the ‘zooming in’ and ‘zooming out’ parts of the research, I used so-called ‘verification strategies’ (Morse et al. 2002). Notably, these strategies entail going back and forth between findings and theoretical literature, contacting old respondents and reaching out to new respondents to crosscheck findings, and continuously rethinking the fit between findings and the overarching aims of the chapter.

### **The Pink Passkey: Surpassing a Moral Minimum of Urban Citizenship?**

At first, care providers received a *Pink Passkey* relatively easily. It was awarded in a playful manner, but with a serious undertone, by a group of activists from the Nijmegen chapter of *COC Netherlands*, one of the oldest LGBT advocacy organizations in the world. This group was part of a monthly meeting of aging gay men who started to share stories of friends who had found themselves in unsafe care settings. In those days, it was seen mostly as an incentive for providers with a general interest in LGBT issues. Since then, the *Pink Passkey* has professionalized in two ways. First, it has evolved into a quality certificate: In order to obtain a *Pink Passkey*, providers now need to go through an auditing procedure every three years (Meijsen 2016). Second, it is backed by an elaborate description of the practical steps underpinning the *Pink Passkey* as a social intervention (Linschoten and Boers 2014; Meijsen 2016) and an evaluation report (Kluit 2016).

The evaluation report (ibid.) shows that it has contributed to knowledge acquisition and awareness about sexual diversity in care organizations. Slowly but surely, the visibility of older LGBT adults within organizations with a *Pink Passkey* is increasing, although the numbers of visible elderly remain small. Activities organized within the framework of the *Pink Passkey* help to create and maintain tolerance toward older LGBT adults (see Leyerzapf et al. 2018). However, this tolerance is partly also seen as a symbolic improvement, which either masks an ongoing disinterest and misunderstanding among the majority of heterosexual residents or lasts for a brief period of time only (Kluit 2016). Hence, an older LGBT individual may opt for a *Pink Passkey* place based on false expectations about tolerance and non-discrimination, and/or false assumptions about the situation in other places being worse (ibid.). Here, people compare an imagined LGBT-friendliness of *Pink Passkey* places with an imagined unfriendliness of places without a *Pink Passkey* (see also below).

My fieldwork suggests that *Pink Passkeys* are broadly applied in one of three ways. The first is to use the *Pink Passkey* mostly symbolically. This means providers refer to it in publications, such as websites and newsletters, but do not engage in further action or activities. Arguably, the symbolic way of using the *Pink Passkey* comes with a high risk of achieving only symbolic improvement, hence of not meeting the moral minimum.

The second way is to regularly organize activities in the framework of the *Pink Passkey* and pay additional attention to sexual and gender diversity on ‘special occasions,’ such as *Pride Week* and *International Coming Out Day*. Usually, these activities are open to visitors from the wider neighborhood. Some providers offer training sessions to raise awareness and enhance competencies of staff. Such sessions are offered irregularly, as part of a ‘special occasion’ program or in-house day training program. This way of applying the *Pink Passkey* is what the initiators realistically aim for (Linschoten and Boers 2014).

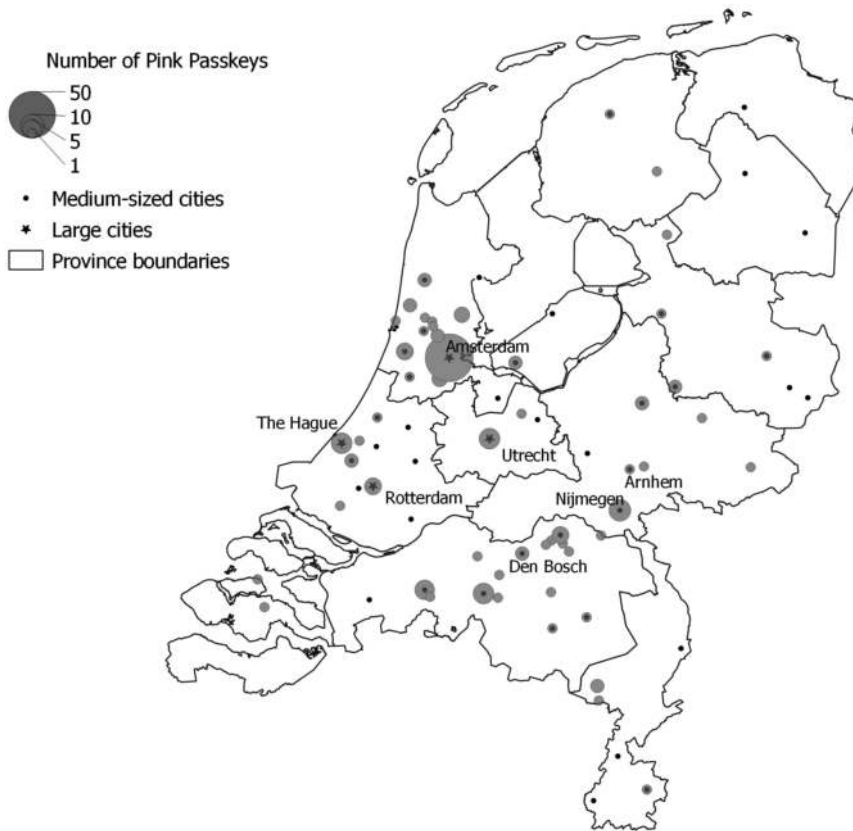
The third way is to try and embed the *Pink Passkey* in organizational policies and daily care practices. The residential care space in Den Bosch, where in-depth qualitative research was done (see above) for example, has a sustained commitment to sexual diversity, articulated in formal vision and policy documents, and upheld by a diversity team. As a result, attention to sexual and gender diversity is perceived as ‘normal’ by a growing group of residents, caregivers, and volunteers and slowly but surely is normalized in daily work practices as well (Honsbeek and Pijpers 2020).

## The Pink Passkey Shaping (Urban) Inequalities in LGBT-Friendly Care Provision

### *Availability of Pink Passkey Care Spaces*

As Figure 6.1 shows, the *Pink Passkey* still, by and large, is an urban phenomenon, although *Pink Passkey* activity in semi-urban and rural places is growing. Roughly 50 out of a total of 160 *Pink Passkey* places registered (RozeZorg 2020) are located in Amsterdam. The establishment of *COC Netherlands* in 1946 made Amsterdam the ‘gay capital’ of the Netherlands (Zebracki and Maliepaard 2012). Over the years, Amsterdam has attracted many LGBT-identifying individuals who are now middle-aged or aging. The map also shows concentrations of *Pink Passkeys* in Utrecht and Nijmegen, cities with a strong LGBT activist base rooted in the 1970s and 1980s liberation movements. In Amsterdam, Utrecht, and Nijmegen, these pre-existing geographies and histories resonate in the visibility and advocacy skills of the local LGBT community. Nevertheless, overcoming heteronormative views has been a real struggle, with providers claiming there are no lesbian or gay clients or resorting to a ‘sameness’ or ‘one-size-fits-all’ approach (Simpson et al. 2018; Westwood 2016). In recent years, *Pink Passkey* activity has increased in cities without a strong activist base, such as Den Bosch, as a result of equally difficult lobbying processes (Honsbeek and Pijpers 2020). Figure 6.1 further shows that there are fewer *Pink Passkey* places in the northern provinces, where local LGBT communities are still struggling to access care organizations (*Pink Ambassador* of the Province of Groningen, personal communication, April 2018). The same applies to providers with a religious background. In Nijmegen, the board and client panel of a Catholic care home for Dominican Sisters and laypeople from the surrounding neighborhood explicitly rejected meeting requests from local *Pink Ambassadors* (former member of client panel, personal communication, August 2019). Care providers with a religious background can be found all over the country, in the Catholic south and the Protestant north, in cities and in rural areas. In some rural areas, however, such a provider may be the only nearby option.

Also, inequalities exist within cities, that is to say, between the ways in which the *Pink Passkey* is applied in care spaces. In Amsterdam, locations that received one earlier organize more activities and outreach, even to the extent that they draw participants who actually live in other *Pink Passkey* places belonging to the same provider (participants, personal



**FIGURE 6.1** Geographical distribution of Pink Passkey activity. Data provided by RozeZorg (<https://rozezorg.nl>) [Accessed June 2020]. Source: Roos Pijpers, 2020.

communication, July 2019). At the very least, this suggests that LGBT-friendly care practices developed in one place are relatively sticky, and new places have to be phased in. Alternatively, this could be understood as an unintentional yet possibly convenient bundling of *Pink Passkey* activity in only a handful of places, which may suit older LGBT adults in other parts of the city as long as the moral minimum in the place where they live is met.

A third inequality is found in community care settings. At present, still only about a dozen *Pink Passkeys* have been awarded to home care and day care divisions of organizations, mostly in Amsterdam and locations near Amsterdam, as well as in several other medium-sized cities (RozeZorg 2020). At the same time, the number of older LGBT adults aging in place is growing (Pijpers 2020). Since home care and day care divisions usually service some but not all neighborhoods in a city, many older LGBT adults aging in place do not have the ability to choose a provider with a *Pink Passkey*.

### ***Suburban Aging Environments***

In recent years, a number of prestigious housing projects for middle-aged and older LGBT people have opened their doors, often voicing the ambition to provide some form of informal

care and support for each other. For a short overview, see work by Sue Westwood (2016). Apparently, the idea of living together is appealing: The online survey published by *outForever*, an Amsterdam-based citizen initiative, available since 2006, shows this is a preferred way of (future) housing for LGBT people (outForever 2020). Underlying this preference is a range of more subtle motivations (Westwood 2016). Some people wish to avoid perceived shortcomings of mainstream forms of housing and care, others wish to create a space of solidarity and support, while some gay men wish to avoid being “a minority-within-a minority” (ibid.: 69). However, the availability of LGBT-specific housing projects is limited, as they take a long time to realize and effectively offer space to a limited number of people, which results in long waiting lists (Gambold 2017). Furthermore, accessibility of LGBT-specific housing projects may be limited due to income issues. The housing project *Roze Hallen* (2020), for example (see Figure 6.2), located in a highly gentrified area in Amsterdam, has owner-occupied apartments affordable for only a select group of individuals and couples. In sum, it can be argued that special housing projects may reinforce rather than redress the spatial inequalities in LGBT-friendly housing options (Westwood 2016). It is realistic to assume



**FIGURE 6.2** Rainbow flags at Roze Hallen housing project, Amsterdam Oud-West area. Source: Josée Rothuizen, 2018.

that the vast majority of LGBT people currently in their fifties, sixties, and seventies will age, eventually with care and services, in ‘ordinary’ aging environments in cities, semi-urban and also rural areas.

Whereas the queering of central urban spaces is a key concern of local LGBT policies, there is usually no mention of ordinary living environments, where *Pink Passkey* places offer the only visible signs of respect for and openness to LGBT lifestyles. Arguably, the most powerful of signs is the rainbow flag (see Figure 6.3), which may be hoisted at the award ceremony or during special occasions. In addition, there are regular meeting activities, such as the ones where I observed. These activities attract older LGBT adults living in the wider neighborhood and even from places further away (participants and activity leaders, personal communication, July and October 2018; see also Honsbeek and Pijpers 2020; Kluit 2016). In fact, the most frequent visitors are people from the neighborhood (activity leader, personal communication, July 2018). Possibly, being a frequent visitor of meeting activities in *Pink Passkey* places may serve to lower the mental threshold to relocate to one of those places someday (see Kluit 2016). At least one resident of the Den Bosch care home has stated to have opted for this place because of the *Pink Passkey* (Honsbeek and Pijpers 2020).

### ***Imagined Urban Geographies of LGBT-Friendly Care Provision***

Under the surface of the real inequalities in the availability of *Pink Passkey* places, there appear to be ‘imagined geographies’ of LGBT-(un)friendliness, invoked by exaggerated contrasts between places (Baker and Beagan 2015). The situation in the northern provinces, for example, is sometimes cast in terms of ‘lagging behind’ and ‘lacking potential’ compared to cities such as Amsterdam and Nijmegen (*Pink Ambassador* of the Province of Groningen,



**FIGURE 6.3** Rainbow flags at care home for older people with intellectual disabilities, Nijmegen Hatert area. Source: Daphne Hoekstra, 2020.



personal communication, April 2018). Somewhat more unexpectedly, imagined geographies also emerged in an otherwise all too familiar case of urban rivalry.

Increasingly, as mentioned above, the *Pink Passkey* is also awarded to community care organizations. In the Netherlands, contrary to residential and home care organizations, these community care organizations are largely funded through local governments. In the city of Arnhem, just 20 kilometers north of Nijmegen, a community care provider is receiving funding from the national government for urban LGBT emancipation policies to pay for its *Pink Passkey* (activity leader, personal communication, June 2017; independent expert, personal communication, June 2019). The fact that there was a community care provider with a *Pink Passkey* in Arnhem first provoked a similar provider in Nijmegen to rush into a discussion about obtaining a *Pink Passkey* as well. Nijmegen and Arnhem are considered urban rivals by inhabitants of both cities and outsiders alike, with Nijmegen priding itself on its long tradition in LGBT emancipation, triumphing over Arnhem in this respect. In the end, however, no *Pink Passkey* was obtained precisely because of this tradition: In Nijmegen, funding is divided among many groups and initiatives liaised with the LGBT community, and not enough could be earmarked to support a continued *Pink Passkey* trajectory.

After this decision, however, the community care provider took the initiative of bringing together residential and home care providers in Nijmegen in a local working group. This group now organizes city-wide learning events on the life histories and care needs of older LGBT adults. These events are visited by caregivers working with older people in neighborhoods, private homes, and residential care homes. Inspired by the *Pink Passkey*, the group is an example of how ideas about LGBT-friendly care are shared and gradually find their way into the complexities of everyday life in the city.

## Conclusion

In the last decade, the *Pink Passkey* has transformed from a sympathetic urban grassroots initiative into a professional quality mark with a strong symbolic character. Yet, it targets a group of care receivers that is still partly invisible and may in part wish to remain so. This makes ascertaining if, how, and how many older LGBT adults are helped through the *Pink Passkey* very difficult, if not unfeasible. Perhaps a more meaningful question to ask, therefore, is how the *Pink Passkey* can be ‘turned,’ that is to say, how it can be put to use in the complexities of daily life in urban aging and care environments. In this chapter, the *Pink Passkey* was conceptualized as a form of ‘doing’ LGBT-friendly care, which, like a true passkey, fits specific care spaces and local histories and geographies of LGBT activism and policy making. Aiming to bring to light older LGBT adults as care receivers who, albeit still largely invisible in these care spaces, are able to experience a basic sense of social safety, I took recourse to the idea of a moral minimum of urban citizenship. Based on the preliminary findings of ongoing fieldwork, it is safe to say that ‘turning the key’ offers older LGBT adults some (more) recognition and support to better resist heteronormative views in which LGBT identities are ignored or misrepresented.

The *Pink Passkey* was shown to curb socio-spatial inequalities in LGBT-friendly care provision but also to create new inequalities, through real and imagined urban geographies connecting care spaces and wider urban aging environments. In some ways, the *Pink Passkey* lives up to the care-ethical promise of redrawing the boundaries between (predominantly) private and public realms. Compared to the acceptable degree of indifference produced in fleeting encounters, as specified in the moral minimum, the *Pink Passkey* as an active ‘doing’ is a result

of more organized encounters between policy makers, activists, and caregivers, contingent upon local conditions (Williams 2017). These organized encounters enable an ongoing reflection and sharing of ideas, and lends it a moral dimension, too. Of course, the *Pink Passkey* is only one example of a myriad social interventions that have started from specific spaces in the city targeting a particular group of vulnerable or invisible care receivers and are now trickling down as dynamic urban care practices. What these examples serve to show, more than anything, is an urbanization of care that may not in itself be new but is increasingly made visible in care-sensitive approaches to the city.

## Note

- 1 LGBT stands for lesbian, gay, bisexual, and transgender. In academic and policy texts, increasingly the longer acronyms LGBTQ (Q stands for queer), LGBTI (I stands for intersex), LGBTQI or LGBT+ (+ stands for a diversity of sexual and gender identities other than LGBT) are used. This chapter still uses the shorter acronym LGBT as it better represents the terms the respondents in my research prefer or identify with. In fact, some respondents criticize the 'newer' terms for being difficult to understand for heterosexual cisgender majority populations (Pijpers 2020).

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# 7

## 'WE ARE HERE TO CARE'

### Gendered Urban Safety in Argentina

*Anna Bednarczyk*

#### Introduction

On June 3, 2015, more than 200,000 people took to the streets of Buenos Aires to demand justice for two brutally killed teenagers, Chiara Paez and Lucia Perez. The protests *Ni Una Menos* [Not One [Woman] Less] and massive mobilizations spread all over the country and the third of June became a day of action against gender-based violence in Argentina, and later in other South American countries. The campaign has developed into a movement demanding justice and safety for all women. Argentinian cities and their public spaces became spaces for expressing these demands. By analyzing the strategies of women in Argentina for enhancing safe living environments, I will contribute to the debate on the role of care in the context of urban safety. A particular focus will be on exploring the conceptual nexus of care and urban safety in this regard.

Urban space is gendered, which implies differences in how women and men (especially cisgender men)<sup>1</sup> use it (Beebejaun 2017; Massey 2001; Pain 2001). Consequently, urban safety is also gendered as girls and women modify their behavior while being in/using/transiting urban spaces because they fear various forms of violence: verbal, physical, or sexual (Rainero and Rodigou 2004; Taylor 2011). This particular relationship between gender and safety begins at an early age when a girl's body is being defined as a sexual object in public spaces. A body is seen as an object that can be admired and commented on but at the same time should be controlled (Migliorini et al. 2008). Globally, girls are socialized to an 'invisibility' in public spaces that should protect them from violence, and sexual violence in particular (Pain 2001; Rivas 2009). The interconnection between navigating 'visibility' and safety impacts daily life. A visible woman is more likely to be blamed for being a target of gender-based violence. This is particularly true for women of lower classes, whose bodies were shown to be more vulnerable to violence (Falú 2014; Falú and Rainero 1996; Fenster 2005). Scarce financial resources and poor public infrastructure in marginalized districts often force them to use longer public transport routes to reach public services and to walk/use public transportation at night as they work long hours outside of their own neighborhoods (Falú 2018).

Nevertheless, feminist urban scholars emphasize that despite structures of oppression and dominance, girls and women are active subjects (Falú 2014; Fenster 2005; Roche et al. 2005). They use a variety of strategies to renegotiate their position in urban spaces. In this chapter, I argue that care is one of the strategies that women use to feel safe and redefine their presence in urban spaces. This redefinition departs from the idea of urban spaces as a threat, to urban space as an empowering experience (see Figure 7.1). The chapter draws on fieldwork data collected in 2017 and 2018, based on participatory observation of the *Ni Una Menos* collective in Córdoba—Argentina’s second biggest city—which consists of more than 20 local initiatives for women’s rights and participation in the *Encuentro Nacional de Mujeres* (ENM) [National Meeting of Women] in Trelew in 2018. I use these two case studies from the *Ni Una Menos* collective in Córdoba and the 33rd annual meeting of women to present strategies of care emerging in the urban context. This chapter consists of three parts: First, it explores the idea of collective urban safety and its intersection with the concept of care. It then introduces the Argentinian women’s rights movement and the case studies. Finally, it presents the fieldwork data through the concept of Berenice Fisher and Joan Tronto’s (1990) sisterhood-based care.



**FIGURE 7.1** Demonstration in Córdoba, November 25, 2018. The slogan says “Alive, Free and Without Fear.” Source: Anna Bednarczyk, 2018.

## Urban Safety and Transformative Potential of Care

The concept of urban safety used in this chapter is defined as freedom from various forms of violence: not only physical, but economic, spatial, and structural as well (Salahub et al. 2018). This definition extends the concept of urban safety to more dimensions and does not focus solely on protecting individuals. According to María Naredo Molero (2002), a narrow definition of urban safety refers to preventing crime and may result in highly militarized urban policies, such as racially targeted arrests or police raids in poor districts, and privatization of security services (e.g., the growing private security industry). A wider conception of urban safety has been characterized by various researchers as “freedom, solidarity, and mutual trust” (Naredo Molero 2002: 2, own translation), “coexistence [that] also stresses the idea of living amidst difference” (Segovia 2009: 144, own translation), or even the right to enjoy a city (Falú 2009). The common denominator is the reference to safety as a collective experience, rooted in the notion of a community. As Marta Roman Rivas (2009: 145, own translation) writes:

Safety and security, as with all basic human needs, demand complex answers and cannot be commodified or left in the hands of only one agent or sphere. They cannot be left only in private hands or exclusively to the capabilities and authority of the state. It must be recognized that safety is also a collective matter.

Safety as a collective experience needs to be sustained and nourished by care work. Care is conceptualized here as a social process of maintaining and improving the world and relations between people (Fisher and Tronto 1990: 6). There are two important characteristics that distinguish this concept from the practices of care forced upon women by gender-based divisions of labor, and those are voluntarism and reciprocity. Girls and women are willing to contribute to the community on a voluntary basis with the expectation of mutual care, as an opposition to imposed care work in households. Exploring the nexus of care and urban safety requires conceptualizing care that includes the voluntary and reciprocal care work in communities. The concept of care is often used in urban studies to analyze the geographies or spatial dimensions of unpaid women’s work (Bowlby 2012; Conradson 2003; Day 2000). Care has been affected by the neoliberal system, as Victoria Lawson (2007: 3) states:

Under neoliberal principles, care is a private affair, occurring in homes and families. In the privatization of care, we construct certain sorts of people as in need of care—the infirm, the young/elderly, the dependent, the flawed—ignoring the fact that we, all of us, give and need care.

Nevertheless, care may have the political potential as a strategy of resisting violence. Fisher and Tronto (1990) conceptualized the feminist ideals of caring: motherhood, friendship, and sisterhood that go beyond care as women’s burden. As for care in diverse communities, the concept of sisterhood is one that captures the internal inequalities:

Sisterhood is a powerful ideal for the caring process because it encompasses a double, and somewhat contradictory, meaning: sisterhood as equality with other women and in the human community and sisterhood as inequality based on birth order and the differing needs and obligations that flow from it.

*(ibid.: 21)*

The analysis of caring practices cannot be carried out without addressing power relations that are embedded in care work. Women are not equally exposed to gender-based violence and acknowledging the intersectional character of each community is a basis for non-exploitative practices of care. Sisterhood-based care is care that recognizes privileges based on social status but, at the same time, aims at achieving equality. As Tronto (2013) argues, care has a democratic potential to transform unequal and unjust societies under a condition of shared responsibilities. In the context of gender-based violence analyzed in this chapter, the concept of democratic care does not aim to widen the scope of women's caring obligation—from children, family, and customers to all other women. Care is rather used as a strategy for undermining the patriarchal social structure. Firstly, it provides care to women experiencing violence in the context of withdrawn state and privatized public services, which deprive many women of the resources to search for help. Secondly, sisterhood-based care may support women in realizing that care work is more than a commodity in a relationship, especially in the case of a traditional family model. Finally, a provider and recipient of care may create a relationship based on joy and reciprocity, and practices of care may have an added value, meaning a strengthened sense of safety and community. This intersection of collective safety and sisterhood-based care is the basis for analyzing women's struggles for safer cities in Argentina.

### Current Struggles for Women's Safety in Argentina

Argentina experiences high levels of urbanization and femicides. It is one of the most urbanized countries in South America with 91.75% of the population living in cities. In 2019, 327 cases of women killed by men were registered as *femicidios*. In 46% of the cases the aggressor was a male intimate partner, in 21% of the cases it was a male ex-partner, and in another 14% of cases it was a male family member. Sixty-three percent of these women were murdered in their homes, 27% in public spaces, and 5% in the perpetrator's home (Observatorio de las Violencias de Género Ahora Que Si Nos Ven 2020). While girls and women also face other forms of harassment, femicide is the most extreme form of gender-based violence. In recent years, because of growing economic inflation in Argentina and the reduced role of the state, the funds for combating gender-based violence have been significantly reduced. The *National Action Plan for Prevention, Assistance, and Eradication of Violence Against Women* has seen their monitoring budget cut from ARS\$50 million in 2018 (approximately €800,000) to ARS\$32 million in 2019 (approximately €480,000) (Pavon 2018).

In this context of growing violence and unstable governance, Argentina has a long history of struggles for gender equality and women's rights. Especially impressive, in terms of the scale and growth dynamics, is the movement *Ni Una Menos* that began in 2015 and became an umbrella organization for various initiatives fighting against gender-based violence. The *Ni Una Menos* collectives are addressing more than physical violence against women as they are also involved in other social struggles. The *Ni Una Menos* collective in Córdoba is an active member of the national coalition for reproductive rights, a member of the organizing committee of the annual Pride parade *Marcha del Orgullo Disidente* for LGBTQ+ rights, and a supporter of emerging struggles of women in trade unions. In 2017, the collective supported women in a sexual harassment-related court case against the public transportation trade union.

Besides these recent (and internationally reported) events, Argentina has a long tradition of women's rights movements. Each year, since 1986, women meet at the ENM to discuss the struggles and challenges of the women's right movement. The first ENM took place in Buenos Aires and was attended by approximately 1,000 women. Year after year the number

of participants has grown, and the issues discussed started to be present in mainstream political debates. Many campaigns for women's rights originated from the ENMs and were afterward approved by the parliament. Two examples are electoral gender quotas (introduced in 1996) and the incorporation of *El Comité para la Eliminación de la Discriminación Contra la Mujer* [The Convention on the Elimination of all Forms of Discrimination Against Women] introduced in 1994 to the constitution (Const. Arg. art. 75). The most current struggle is a national campaign for the right to legal, free, and safe abortion that started in 2003 during the ENM in Rósario. Since then almost 500 various initiatives across the country have been initiated to lobby for reproductive rights. The core idea behind the ENM is gathering women in one city, reclaiming public spaces, and debating the state of women's rights in the country (see Figure 7.2). This massive potential of 'taking over' a city was noticeable during the 33rd ENM in Trelew in Patagonia. It was the first meeting that took place in the south of Argentina, in a medium-sized city with a population of approximately 90,000 that hosted 50,000 women. In spatial terms, the population grew by more than 50% and the whole city functioned around the ENM for three days. Following tradition, the meeting ended with a march that literally filled the public space of Trelew, with a 40-block long demonstration. The magnitude of the gathering confronts the question of what could happen if urban space was not gendered and women were not afraid to occupy it—physically as well as politically, in terms of demanding their rights.

The 2018 National Meeting of Women may be used as an example of sisterhood-based care. One of the main reasons for organizing it in Patagonia was to show solidarity with the Indigenous *Mapuche* community that has been struggling for years for land rights. The situation was exacerbated under the presidency of Mauricio Macri (2015–2019) and so situating the meeting in Trelew held great significance. Indigenous women played an important role



**FIGURE 7.2** A panel discussion on the main square in Trelew during the National Meeting of Women, October 14, 2018. Source: Anna Bednarczyk, 2018.



in the organizing committee and more women from rural Patagonia had a chance to participate in the meeting.

The ENM and the *Ni Una Menos* attest to the collective potential for this movement to address gender-based violence. The leading slogan *Ni Una Menos* means ‘Not One [Woman] Less’—for *all* women. It is a call for collective care for each female individual that is experiencing violence, both in public and private spheres. The National Meeting of Women creates a safe space for gathering a diverse community. Despite the significant socio-economic differences, tens of thousands of women travel to one city and gather together to debate the current challenges for the women’s rights movement. Later they continue the work of care in their local communities. The practical application of the theory of collective urban safety is care work put into creating and sustaining safe, inclusive, and diverse communities.

### Caring Strategies in the Context of Urban Safety

The demands and activities of the people who organized under the aegis of the *Ni Una Menos* collectives and ENM are translated into daily experiences of many girls and women. I use sisterhood-based care as an analytical tool to capture a variety of care practices that girls and women carry out in urban spaces. This informal, intimate part of safety is something that cannot be described by statistics or controlled by urban policies. One of the forms in which care is manifested is the personal, almost physical, support that women provide to each other. In the interviews, women always underlined that such a ‘normal’ activity as transiting a city alone involves a network of friends and communication channels. A few of my interlocutors mentioned using *WhatsApp* to inform friends about their routes during the night. They either use the geo-location function that allows friends to follow the route in real-time or inform them about reaching home via group chats. The group chats work better than individual messages because multiple friends want to receive the confirmation of safety (this point appeared in more than one interview). Safety concerns are also connected with using a taxi. In 2016, a mobile application *SheTaxi* was created to only offer services of female taxi drivers. In 2017, in Córdoba, the service was so popular that during weekend nights the waiting time was approximately one hour. The planning and strategizing around getting back home during the night are based on the trust and support of a network of friends. This ‘physical’ aspect of support appeared in a few conversations:

On the macro level, more abstractly, [safety] is how we take care of each other. Now you go out and you don’t know if you’re going to go back home, physically.

*(member of a feminist youth organization and active in Ni Una Menos collective, personal communication, November 2017, own translation)*

Safety always goes along with rights, the power to walk peacefully. You don’t have to notify your friend when you get home because we all notify ourselves. This is very utopian but it is what we fight for, isn’t it?.

*(member of a neighborhood association of women and active in Ni Una Menos collective, personal communication, November 2017, own translation)*

It is one thing to read [feminist/theoretical publications]. You can read millions of things, but it is something different when you go out, on the streets, when you have to

choose what to wear and how to interact with other people. With these much more practical things, often daily, but more it's difficult to break those stereotypes.

*(member of a feminist youth organization and active in Ni Una Menos collective, personal communication, November 2017, own translation)*

The striking pattern in those interviews was the awareness of difference between safety as an abstract concept and safety as an everyday experience. Young girls expressed many concerns about daily 'urban' decisions, such as transiting a city, choosing between public and private means of transportation, planning sport activities (place and time), and navigating nightlife (place and companionship). Care is inevitably connected with those decisions as the notion of agency and freedom of women in urban space is 'utopian' (member of a neighborhood association of women and active in *Ni Una Menos* collective, personal communication, November 2017). In order to sustain safety, girls and women create networks of care that allow them to navigate urban life (see Figure 7.3). The concept of sisterhood-based care captures the reciprocal relations between women that differ from each other in terms of social class, race, or place of residence.



**FIGURE 7.3** Slogans on the street in Córdoba, November 1, 2018. "Can someone think of me?" "I love you." Source: Anna Bednarczyk, 2018.

Another strategy emerging from the intersection of urban safety and care is carrying out collective actions in the struggle for safe cities. In addition to the previously mentioned personal network of friends, care also has the potential to fuel political mobilization.

Gender solidarity refers to everything that is collective, it is political. It is not a voluntary service that I assist this poor woman and help her because she is a woman. This is a political concept to understand that we are constructing collective power, power that aims to transform and we are going to create this sisterhood.

*(gender studies professor, personal communication, December 2017, own translation)*

The potential of collective actions embedded in the idea of the sisterhood-based care was visible during the 33rd National Meeting of Women. Despite this gathering's peculiar detachment from the daily life of girls and women, the majority of my interlocutors underlined the important role of 'being together' and 'caring for each other' for a few days during the ENM. This experience of the gathering is later reproduced in their hometowns. For my interlocutors, participating in the National Meeting of Women was an important event in their individual life trajectories but also in the trajectory of the women's rights movement in Argentina. The meeting also has a very significant spatial dimension as every year it is organized in a different city and aims to occupy the urban spaces and reverse the logic of public space. Women fill the streets, parks, squares, and public transportation without the fear of being harassed. As one of the young women noticed:

Also, what is nice is the appreciation of public spaces that you don't have on a daily basis. I mean if you walk and it is not the gathering [National Meeting of Women] everyone harasses you, you are walking and all the benches are occupied by guys and you can't talk loudly.

*(member of a youth organization and LGBTQ activist, November 2017, own translation)*

During the ENM various topics are discussed, from workers' rights, social housing, and LGBTQ+ issues to alternative medicine and football groups for women. An integral part of each meeting is also a market where women sell their products and organize a communal kitchen. The last day ends with a huge march/manifestation across the city. The women's meeting in Trelew was an extraordinary spatial experience as, despite its small size, the march filled the city borders. The collective actions in urban spaces allow girls and women to redefine their presence, demand their rights, and be visible as political subjects. During my fieldwork in 2017 I also observed in Córdoba collective actions as a form of showing support and solidarity. Under the Macri government there were multiple cases of suppression of public gatherings and protests. On October 27, 2017, four young queer activists were arrested after the protest against state brutality. They were randomly stopped after the protests ended in bars in the city center. The mobilization to express support for those arrested was incredibly fast. The address of the police station was disseminated through various online groups and an all-night solidarity action was carried out in front of the police building. All four detainees were released at 6 a.m. the next day without any charges. Again, the physical presence, self-organization, and expression of care for the arrested young women were strategies to reinforce urban safety. The right to protest and demand democratic rule of law must be considered an integral part of safety. As one of my interviewees stated:

Safety is knowing that we can go to protest without the fear of repression that we have been living with up to now. People who used to protest are afraid to go and protest socially now. I think this is something we have to challenge.

*(member of a feminist youth organization and active in Ni Una Menos collective, personal communication, November 2017, own translation)*

The occupation of public spaces, as in the case of National Meeting of Women or various solidarity actions, is a strategy to make visible women's struggles for safer living environments. Practices of care are here elevated to caring for people that are not personal friends but are united under the same demands. Only a collective approach to safety allows for widening the concept of urban safety. The private approach to safety does not take into consideration that some urban security measures may restrict basic democratic rights, such as the right to a public gathering or the right to a fair trial.

## Summary

While presenting how the concept of care manifests in women's urban safety, one cannot leave out the fact that care is also imposed on women as responsibilities within the family and/or unpaid/low-paid jobs. The places where women often meet to discuss violence (nurseries, schools, and cultural centers) are the feminized workplaces of teachers, cooks, and social workers. Yet women are performing another task of care which is caring about and for each other. The reason why this voluntary care has such potential for exploration in the case of Argentina is that it is being framed as a political strategy to challenge the *status quo*. The massive occupations of public spaces, the expansion of the networks of initiatives, and intersectional activities aim at creating a safer living environment for women. This chapter has outlined how practices of care are emerging and being embedded within the structure of women's political struggles for safer living environments. They range from the relationships based on personal trust to sisterhood-based care for those who experience injustice or violence. Using a wider concept of safety allows for capturing the experiences of everyday life of girls and women in cities.

## Note

- 1 Cisgender is a term referring to individuals whose gender assigned by birth matches their bodies and their personal identities (Schilt 2009).

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# 8

## HEALTHY AND CARING CITIES

### Accessibility for All and the Role of Urban Spaces in Re-Activating Capabilities

*Elena Marchigiani*

#### **Introduction: Accessibility for All**

Today, life in cities suffers from three main, interconnected critical factors: the increase of social and economic imbalances; the rise of environmental and climate risks; and the growth of spatial segregation. For vulnerable and less well-off social groups this segregation is also due to inefficiencies in public transport and reduced mobility toward city cores and poles of services and jobs; as well as to the extension of spatial obstacles preventing accessibility to ‘public welfare facilities’—green and public spaces, social and healthcare, education and cultural centers—by fragile dwellers (the elderly, children, persons with disabilities, etc.). This conceptualization of the ‘urban question’ strongly links inequalities to the uneven opportunities offered to large parts of the population to independently reach their psychological and physical well-being and to improve their wealth and cultural capital, through an inclusive access to urban services (Secchi 2013; Soja 2010). All over Europe, the growth of urbanization and aging trends make future scenarios even worse, where further demand for care and social provision will produce severe impacts on the economic sustainability of public welfare policies.<sup>1</sup>

With this perspective, the upgrade of ‘urban accessibility’ gains a strategic role in helping public administrations fight against multiple inequalities. Accessibility is here understood as the material organization of public spaces and facilities allowing their usability by the largest number of persons, through autonomous soft mobility—mainly by walking, cycling, or using a wheelchair, combined with public transport. The focus is on the spatial connection and comfort of the routes that a person covers every day (from their house to collective places and welfare resources), and on the overall quality of the urban environment that can support social interaction and accommodate the needs of individuals while enabling their different motor, cognitive, and sensory capabilities. Under the pressure of just claims by people with disabilities, in the past decades ‘accessibility for all’ has become a recurring slogan. However, urban policies and design still struggle to go beyond targeted solutions for specific populations of users and to rethink infrastructures and public spaces in order to provide everyone—as far as possible—with equal well-being conditions.

Since the last years, the impacts of the COVID-19 pandemic have put these issues at the core of the debate. Despite differences in national contexts, social/physical distancing and limitation in the use of public spaces and services are producing significant effects on the psycho-physical health of those who already experience major vulnerabilities (due to age, loneliness and illnesses, lack of economic and social resources, poor housing conditions, etc.). The situation is often worsened by the previous inadequacy of spatial assets and accessibility to places where fundamental social, healthcare, and education facilities are provided. Due to the reduced capacity of public transport, the requirement for soft mobility infrastructures is even greater, giving citizens the opportunity to safely move and interact with other persons, while performing healthy behaviors. In this sense, the expected impacts of the pandemic on a deep restructuring of welfare provision further highlight the relations between urban transformations dealing with accessibility and the ‘spatial dimensions of care’ that materialize where welfare displays its services (Power and Williams 2019). The invitation is to innovate the ways public facilities are interconnected and related to their urban contexts.

Beyond a concept of care exclusively referring to medicalization and remedial interventions, the proposed perspective is that of a proactive and ‘preventive urbanism’ (Dorato 2020). The city is read as an ‘environment of care,’ where urban space supports daily practices for active movement and lifestyles, preventing diseases and health disorders, and equally giving citizens access to commodities and services. Since the nineteenth century, the ‘corporeal dimension’ has been a concern of urbanism and public health policies (Bianchetti 2020). Today, the issue of cities accessible for all as ‘healthy and caring cities’ brings the topic back to the center of debate about the complex interactions between different bodies and the ways cityscapes are organized. This chapter questions how accessibility for all can become a structural component of urban policies supporting a people-centered and spatialized work of care, whereas the design quality and usability of soft mobility infrastructures and welfare facilities are meant to enhance individuals’ capabilities to actively reach their own well-being. The remaining sections: (1) offer a theoretical overview on how these issues relate to those of urban justice and healthy cities; (2) describe the conceptual frame of empirical research on cities accessible for all as ‘proactive cities’; and (3) provide inputs for public policies and spatial solutions resulting from participatory design in an Italian case study. From a post-pandemic perspective, conclusions further reflect on (4) how caring cities prompt stronger integration of urban policies dealing with accessibility and welfare services provision.

## Urban Justice, Health, and Spatial Accessibility

Accessibility for all to public spaces and facilities for education, social, and healthcare is still far from being recognized as a fundamental ingredient of urban planning and policies. However, discussion and practical experience have recently grown worldwide, helping re-frame the ‘right to the city’—in the terms of inclusive use of urban space—into a broader debate on ‘urban justice’ and on the ‘ethic dimensions’ of spatial, social, and economic life in the cities (Fainstein 2010). Today, a variety of disciplines question to what extent the ways in which to manage accessibility influence the expression of a person’s ‘capabilities’ to achieve well-being (Sen 1987), while treating with ‘respect’ individuals’ different bodies and practices, needs, and potentials (Sennett 2003).

For some time now, sociological reflections have focused on how the difficulties in moving across spatial and social urban contexts contribute to generating severe inequalities (Sheller

2018). When talking about “motility,” attention is directed to the active role that inhabitants can perform in the city in relation to the material configuration of the places they live and work in (Kaufmann 2011: 37–46). Far from simplified environmental determinism, motility is pointed out as a ‘conditioned,’ ‘conditioning,’ and ‘enabling capital.’ It takes effect when a person’s specific physical movement capabilities match with adequate levels of accessibility to urban assets. In turn, the degree of expression of ‘motility capital’ affects the development of additional capabilities, aimed at adapting one’s lifestyle to contextual conditions. The presence of spaces that not only welcome but also stimulate these abilities can eventually lead to new social practices, which go beyond mere adaptation; this is an important aspect when rethinking urban welfare through citizens’ active involvement.

The direct influence of spatial accessibility over the promotion of cities’ and citizens’ well-being is likewise highlighted by the World Health Organization’s (WHO) motto “healthy places—healthy people,” stressing the link between the social determinants of health and the urban environmental conditions (Commission on Social Determinants of Health 2008: 60). The integration of these dimensions drove the approval of the *International Classification of Functioning, Disability, and Health* (WHO 2001), the *Convention on the Rights of Persons with Disabilities* (United Nations 2006), and the *European Disability Strategy 2010/2020* (European Commission 2010), where Universal Design (UD) is defined as the conception of products, environments, and services to be usable by all people, to the greatest extent possible, without the need for adding specialized devices. According to UD, disability is not a condition intrinsic to a person, but the result of the interaction with everyday living spaces (Arengi et al. 2016); it can, therefore, temporarily or permanently affect everyone, through different phases of life.

These considerations show how the issues of accessibility can hardly be separated from the implementation of spatial solutions addressed to heal the vulnerable conditions of a growing number of city dwellers. The spread of soft mobility (mainly walking and cycling)—connecting green and public spaces, social and healthcare, education and cultural facilities—helps tackle many challenges: from the impacts of vehicular transport on environment and climate; to the promotion of physical activity to reduce the increase in chronic diseases induced by sedentary lifestyles and aging trends. It is precisely from this multifaceted perspective that spatial accessibility is one of the leading issues of future urban agendas, calling for stronger relationships among social inclusion, environmental, and public health (United Nations 2016b). ‘Healthy Cities’ (Tsouros 2015), ‘Active Cities’ (Nike 2015), and ‘Inclusive Cities’ (Shah et al. 2015) are today only some of the labels used by international networks and design efforts, integrating a variety of actions: the refurbishment of public spaces as usable by people with different abilities; the combined implementation of mobility, green and healthy infrastructures, and of equipment for outdoor motor and sports activities; and the rethinking of the spatial setting of social and health-care facilities. Although the solutions these interventions propose are diverse, they all emphasize the role that an extended daily usability of city spaces plays in providing inclusive and healthy life conditions.

## Proactive Cities as Cities of Care

Since 2019, at the University of Trieste, the aim of the research project *Proactive City: The City as a Gym for Active Design*<sup>2</sup> has been to outline integrated planning and design approaches to the topic ‘accessibility for all and the city,’ with the aim of making urban spaces usable by



persons with different motor, visual, hearing, and cognitive capabilities. Beyond the mitigation of the impacts of single physical and perceptual barriers, the research mainly focuses on an interpretation of ‘cities as gyms.’ Namely, cities as places where the upgrading of public spaces and facilities is part of integrated urban regeneration strategies and welfare policies, aimed not just at removing obstacles to accessibility, but at offering individuals the material conditions to move independently and to perform healthy behaviors, while respecting their diverse bodies, genders, cultural habits, and social and economic needs. If COVID-19 has highlighted the growing risk of pandemics, the increase of urban population suffering from temporary/stable disabilities and chronic pathologies can be assumed as a current and worsening condition of ‘ordinary epidemics’ that must be more effectively tackled. The perspective of accessibility for all helps pay major attention to the spatialized dimensions of public welfare policies (the physical quality and urban distribution of facilities), understood as strategic conditions to efficiently provide everyday care to the largest number of persons.

A fundamental ingredient to make cities proactive is joining actions on ‘places and people’: that is, on the physical configuration of urban space, on the ways public services are provided, and on the role assigned to citizens as services’ co-producers. By supporting active mobility across and in-between public spaces, social and health-care equipment, proactive cities do not only help counter the effects of diseases and disabilities, but also contribute to prevent medicalized care and to enhance the performance of public welfare. Talking about proactive cities thus helps set aside a mere sanitary approach such as that offered by isolated and specialized structures for ‘passive care receiving’ (i.e., hospitals and health centers, nursing homes), where the limited availability of the public offerings and the costs on the private market exacerbate inequalities in the access to assistance (Marmot 2015). The increase of soft mobility infrastructures and of public spaces for healthy movement—combined with a widespread and territorialized setting of welfare facilities, and a better usability of their indoor and outdoor spaces—can provide a complementary and ordinary way to take care of both persons and city environments, to support aging at home, and to postpone the need of institutionalized solutions (de Leonardis and Monteleone 2007). In this view, the reference to the ‘capability approach’ prompts rethinking public caregiving work by recognizing individuals as “active agents of change, rather than as passive recipients of dispensed benefits,” within a collaborative perspective where institutional, social, and personal capitals are jointly engaged (Sen 1999: xiii). Public welfare does not retreat from its responsibilities. In fact, it further enlarges its action domains, to transform facilities from places that deliver ready-made services into ‘proactive devices’ interacting with a diversified set of urban spaces, where healthy and care-full practices can be customized to persons’ demands also through social interaction, mutual help, and the performance of outdoor physical exercise (Gallio and Cogliati Dezza 2018). The aim is to offer citizens the opportunity to freely choose and use the urban resources and amenities they need “to live full and creative lives, developing their potential” (Nussbaum 2011: 185).

### **Accessibility for All in Practice: Approaches and Design Solutions**

Within the framework of urban transformations and policies, accessibility to collective spaces and welfare services can be translated into many operational fields. *Proactive City* takes on an interdisciplinary approach, involving different expertise: from planning and inclusive spatial design, to healthcare and rehabilitative therapy. In addition, *Proactive City* is oriented toward a robust interaction between theory and practice, according to a ‘reflective practitioner’s’ attitude

(Schön 1984). In this view, empirical research activities are meant to develop two intertwined paths: the definition of general approaches to innovate public policies and the exemplification of spatial solutions through the participation of local stakeholders and administrations.

### ***Three Shifts in Perspective for Public Policies***

The critical analysis of over 100 Italian planning and design experiences helped *Proactive City* recognize the main innovations needed in planning processes to fill the gaps that still prevent an inclusive usability of public spaces and facilities (Istituto Nazionale di Urbanistica 2020).

A first shift in perspective is from the implementation of targeted and punctual interventions to ease the mobility of disabled persons toward the planning of interconnected spatial networks allowing accessibility for all to urban equipment. In many European cities, twentieth-century welfare state policies have produced a rich legacy of public facilities: parks and gardens, sports fields, schools and libraries, civic and cultural resources, social and health-care centers. This spatial capital can be defined as a ‘public city,’ made by the components of urban contexts where contemporary daily routines and collective life unfold. However, their construction according to purely quantitative and functional planning and design standards has frequently led to separate and disconnected plots and buildings that are often difficult to access. The actual norms for the retrofitting of single open spaces and edifices according to the needs of persons with disabilities are therefore not sufficient. The issues of accessibility for all invite the introduction of new qualitative criteria fostering well-designed soft and inclusive mobility routes in between facilities. Understanding these routes as a widespread urban system can help reshape the spatial elements of the public city into an overall ‘social and care infrastructure,’ meant as a welfare service itself, a material support for social relations and extended well-being conditions.

A second shift consists of disrupting the traditional separations among the public administrative sectors and interventions dealing with spatial transformations (urban planning and traffic, public works for the maintenance and design of infrastructures, built and open spaces), public welfare and housing policies, as well as with the management of sports equipment, and the enhancement of landscape and environmental resources. Talking about a city accessible for all means questioning how to make urban facilities as accessible as possible, on foot, by bike, by public transport, by internet, according to people’s different capabilities. It means reorganizing the ways services are provided to make them closer to those who need them most and cannot reach them on their own. Starting from the spatial constraints of places and based on the resources and demands of the persons who actually live there, accessibility for all therefore becomes a powerful driver to replace the siloed thinking that still characterizes administrative routine practices with more integrated approaches to urban governance, aimed at building solutions that are better tailored to their contexts and to citizens’ everyday needs.

Finally, a third shift in perspective is from ‘designing for’ to ‘designing with.’ ‘Designing for’ means improving the relationships between urban assets and people taken not as consumers, but as active users and producers—through their bodies and social practices—of their material living conditions (de Certeau 1984). However, what we call the ‘perceived usability of a place’ goes beyond the absence of sensory and architectural barriers. It refers, instead, to articulated physical and behavioral variables, whose impacts differ according to a person’s overall capabilities, and profoundly influence the ability to use a specific urban space and facility. To be

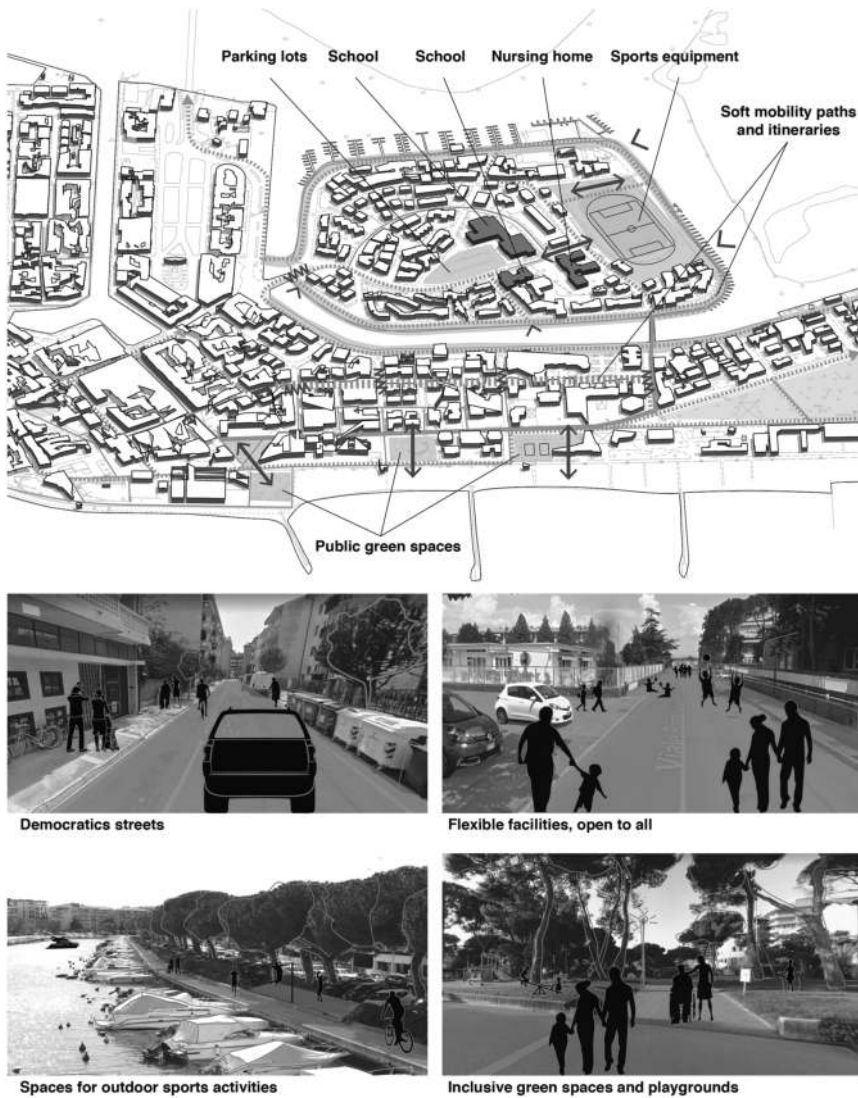
effective, spatial solutions should therefore be built through continuous processes of ‘designing with,’ open to the contribution of the ‘common knowledge’ of those who more greatly suffer from the consequences of disabling environments. When designing cities accessible for all, methods of direct collection and interpretation—through participatory surveys—of qualitative information on the actual usability of mobility infrastructures, public spaces and facilities thus become strategic. The right to creativity of a designer has in fact to be carefully negotiated with the judgment expressed by a variety of stakeholders, who should be invited to co-build and co-validate the different steps of the design process from its initial phases—not just during formal presentation events of already developed proposals, as still usually happens for ‘ordinary’ public urban transformations.

### ***The Design of Urban Spaces as a Social and Care Infrastructure***

The opportunity to further work on these issues was given by the organization of a ‘research by design’ workshop with the local municipality of a pilot city in the Italian region Friuli Venezia Giulia.<sup>3</sup> The city of Grado is a tourist destination representative of other small urban centers, with a strong seasonal change in urban habits. The local administration is implementing projects for public spaces, with specific attention to green networks. A plan for public works to remove architectural barriers to pedestrian accessibility has been recently adopted, and a plan for sustainable urban mobility is under construction. However, no real dialogue between these projects is set yet.

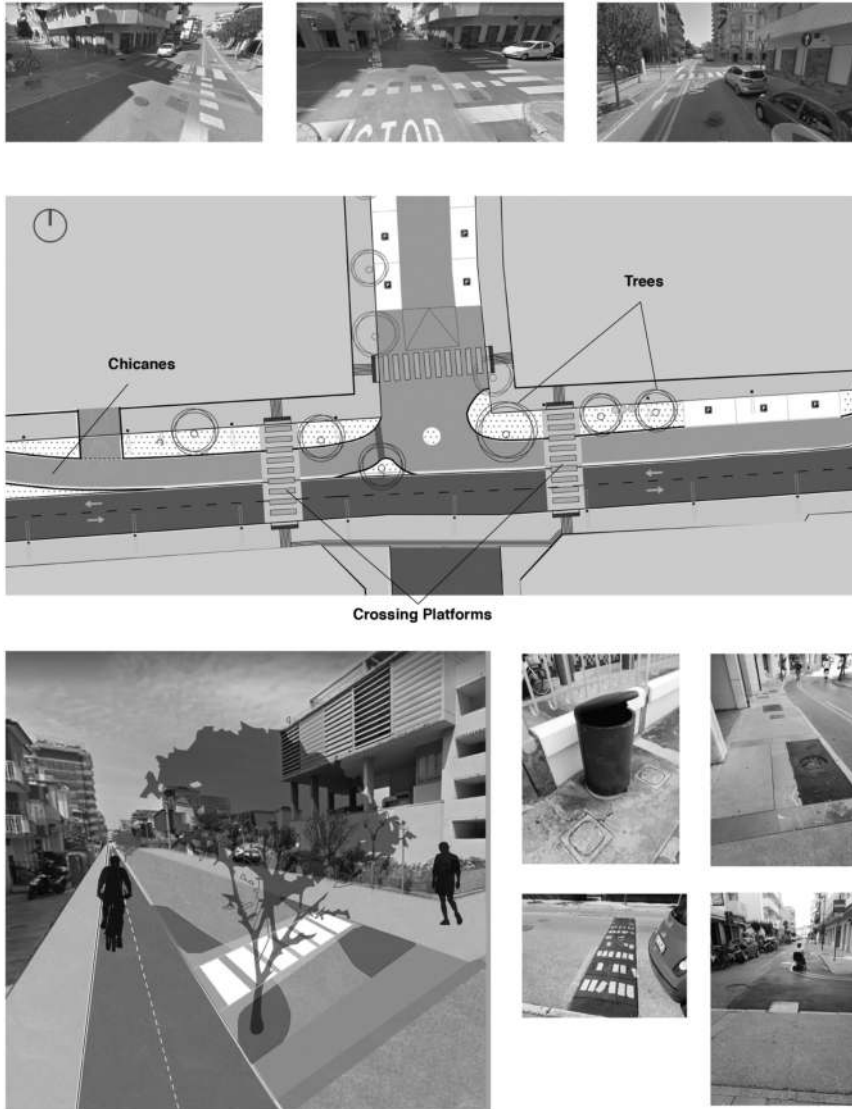
During a two-week workshop, professors and students from the University of Trieste lived in Grado, walked and cycled its urban spaces, met technicians from the municipality and the region Friuli Venezia Giulia, took part in facilitating participatory surveys with disabled people’s associations. Training seminars focusing on solutions for active and accessible cities were given by researchers and professionals, with the aim to support more informed involvement of local public officers and stakeholders. Meanwhile, students, professors, and technicians worked on design proposals for a ‘green, healthy, and accessible urban route,’ connecting residential parts of the city to parks and pedestrian areas located near the beach (see Figure 8.1). The objective was to draw a ‘social and care infrastructure,’ namely, to integrate this itinerary into a broader system of open spaces and existing paths for cycling and walking; and promote the reuse of vacant lots for sports activities and an urban regeneration strategy for the whole city center. The slogan of the workshop was to imagine Grado not only as accessible for all, but as a ‘small capital of healthy life,’ where spaces and services work in an integrated manner, offering both tourists and residents the opportunity to move safely and perform outdoor activities.

The workshop results showed how the issues of proactive cities can be translated into integrated design solutions. By working on a site-specific scale, the new urban route took form through a variety of spatial devices for the redesign of existing streets, paths, and public open spaces. The selection of the places to refurbish was driven by considerations on an urban scale. Proposals took available public facilities as the keystones of the whole system of soft mobility: schools, parks, sports equipment, and health-care facilities for the elderly. In order to connect them, solutions converged, stressing wherever possible the increase of pedestrian areas and of separate itineraries dedicated to bikes, combined with the reorganization of parking facilities and public transport services. When the co-presence of different modes of mobility in the same road spaces could not be avoided, the proposal was to design ‘30 km/h streets’:



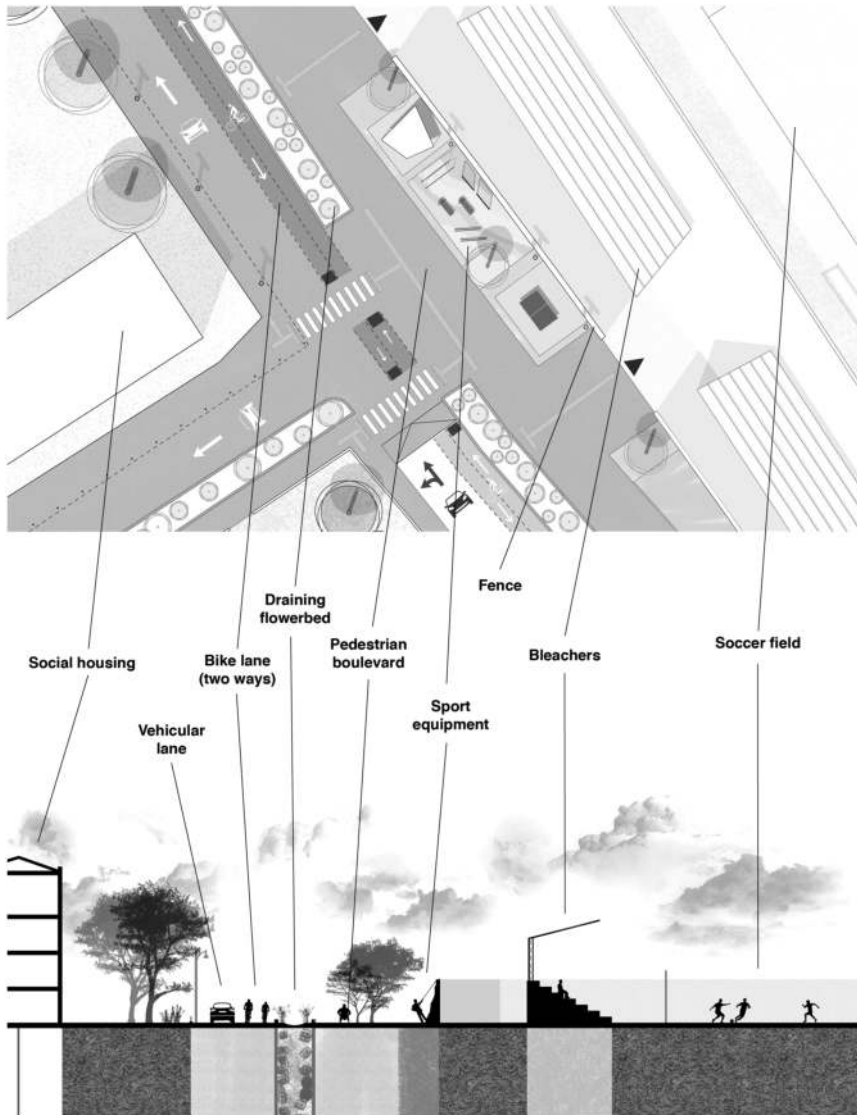
**FIGURE 8.1** Design workshop in Grado: general master plan and strategies for the ‘green, healthy, and accessible urban route.’ Source: Project documentation of Proactive City at University of Trieste, Elena Marchigiani, principal investigator, 2019.

public spaces that are intended to protect the most vulnerable users (pedestrians and bikers), by hosting cars in reduced vehicular areas, adding chicanes and trees to articulate the street section, and forcing drivers to lower their speed (Adminaité-Fodor and Jost 2020). A common ingredient to all the interventions was the creation of a continuous system of pedestrian crossing platforms and pavements, where the choice of keeping them at the same level, of using smooth surface materials, and the location of street furniture were meant to help orientation and remove obstacles, not only for persons with motor and sensory disabilities, but for anyone (see Figure 8.2).



**FIGURE 8.2** Design workshop in Grado: 30 km/h streets as accessible and democratic urban spaces. Source: Project documentation of Proactive City at University of Trieste, Elena Marchigiani, principal investigator, 2019.

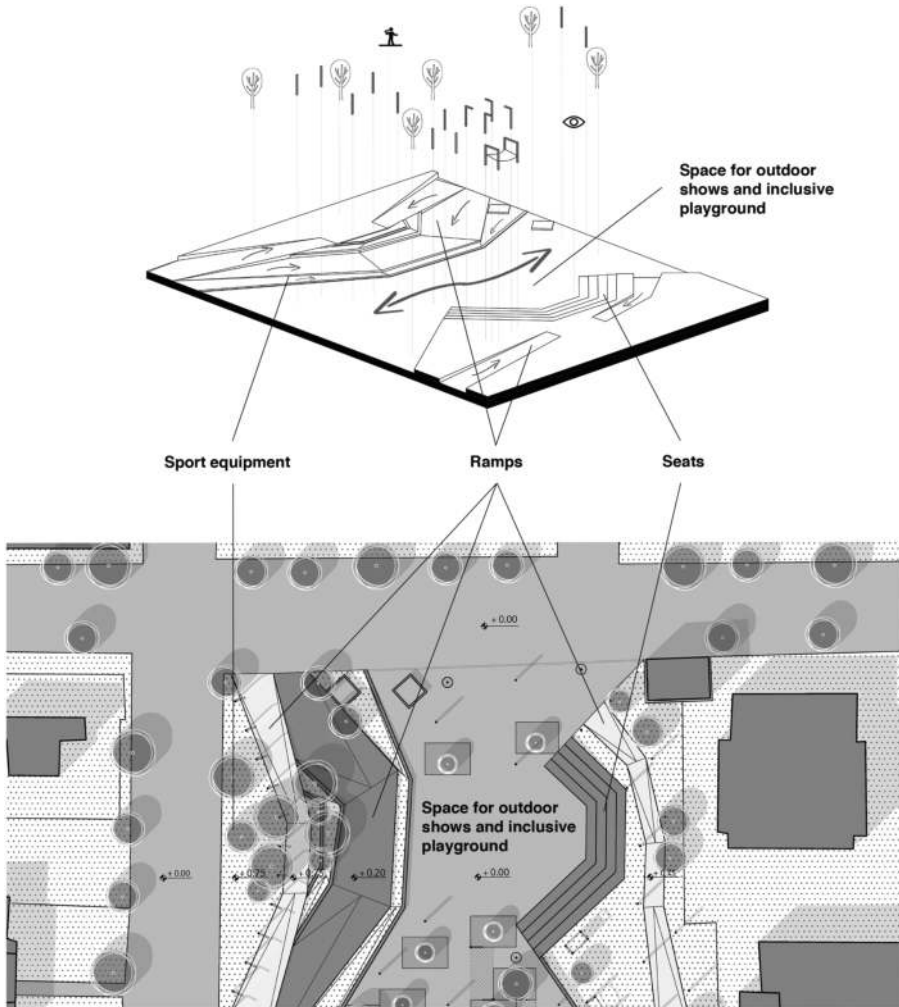
In making the whole strategy more effective, careful work on the spaces lying among soft mobility infrastructures, buildings, and plots hosting public facilities played an important role. Proposals focused on how to open up the fences of existing schools and sports equipment and to redraw the often poorly designed in-between spaces that separate them from those for walking, cycling, and public transport stops, in order to multiply the services that these facilities provide, and to offer them to a larger variety of users (see Figure 8.3). The general aim was to shape a new system of public and green, flexible, and adaptable, ‘loose spaces,’ where uses



**FIGURE 8.3** Design workshop in Grado: spaces in-between sports equipment, schools, and soft mobility infrastructures. Source: Project documentation of Proactive City at University of Trieste, Elena Marchigiani, principal investigator, 2019.

are not pre-determined by rigid spatial layout and casual encounters can take place; where inclusive playgrounds and equipment for outdoor activities are not conceived as intrusive furniture but as an integral part of multitasking urban spaces, inviting people to freely act in the city (see Figure 8.4) (Franck and Stevens 2007).

In all the projects, the expansion of green areas and vegetation to make the urban scene more resilient to climate change was among the main ingredients, showing how accessibility, health, and environmental issues can be jointly addressed in ordinary interventions in public



**FIGURE 8.4** Design workshop in Grado: inclusive playgrounds and multitasking urban spaces. Source: Project documentation of Proactive City at University of Trieste, Elena Marchigiani, principal investigator, 2019.

spaces. However, trying to match a variety of often-opposing demands and uses concretely proved to be a “wicked problem,” with many reverberations in spatial justice, and which needed to be addressed within a well-argued mediation process (Rittel and Webber 1973: 160–167). Specifically, the workshop strengthened awareness that inclusive mobility in public spaces can be achieved only by designing without barriers from the very beginning, taking the perspective of the most vulnerable citizens to conceive places that are usable by everyone, and trying to anticipate in advance conflicts among different modes and capabilities of moving: “Democratic streets [and public spaces] are not possible without a democratic process charged with shaping their character and form,” and addressed to build site-specific solutions that respect uses and users’ diversity (Francis 1987: 37).

## Conclusions: Toward Post-Pandemic People-Centered Cities

As COVID-19 quarantine and distancing measures have shown, the reduction of physical accessibility to public spaces and services accounts for a significant worsening of social inequalities in health and care provision. If the management of post-lockdown phases in cities around the world is resulting in pop-up bike lanes and temporary pedestrian areas as tactical and expedited reactions to a limited use of public transport, more structural and long-lasting adaptation of spaces and connections according to accessible for all criteria cannot be postponed. Otherwise the risk is—again—not to consider the importance that the material interdependence between different bodies and places plays in the definition of care and equity conditions, and therefore to miss the opportunity to use the pandemic as the driver to strategically rethink the ways urban environments are organized (Pineda and Corburn 2020).

In fact, when referring to inclusive design, the discourse on accessibility still suffers from a retreat into technical solutions that confine the movement of persons with disabilities to dedicated spaces, thus producing ‘spatial stigmatization’ and preventing social interaction. What the results from *Proactive City’s* research show is that acknowledging accessibility for all as universal right forces us to understand detailed spatial devices as ordinary and interconnected components of innovative urban regeneration processes. To reach this goal, accessibility has to be taken as a basic ingredient of general town plans, and of the many interventions that affect the usability of collective spaces and facilities (from traffic and public transport, to the upgrading and equipment of public spaces and buildings). Moreover, spatial works favoring accessibility can be relatively cheap and implemented through time, operation after operation; this offers a way to cope with the current limits in public budget for urban renewal. In other words, if the enduring conditions of ‘austerity’ (Fanelli et al. 2017) and the increase of social demands put the welfare state under an almost unbearable stress, *Proactive City* stresses that solutions do not necessarily have to be found in the withdrawal of public action or in neoliberal paradigms. According to a capability approach, answers can also be sought in a people-centered reorganization of spatial equipment and services, and of their accessibility, within a framework of innovative “caring with” models of public welfare (Tronto 2017: 32).

The pandemic has stressed how our lives are shaped by structural uncertainty, where combined health, environmental, climatic, and social risks will increasingly elude forecasts and standardized remedies. It is therefore no coincidence that the attribute of ‘preparedness’ is today often linked to urban policies (Lakoff 2017). Beyond a mere remedial approach, the challenge is to radically reorient public action toward “socio-ecological care,” and to integrate preparedness with active prevention (Bifulco and Centemeri 2020: 3). From this perspective, understanding accessible cities as inclusive environments of care prompts rethinking the physical assets and connections among public spaces, social and health equipment, and ecological resources as a service itself, and as a material support for healthier habitats and lifestyles. The aim is both to give everyone the opportunity to autonomously and safely use city spaces, and to maintain as much as possible the operability of welfare services—in both ‘normal’ and emergency conditions.

## Notes

- 1 In Europe, by 2050, nearly 80% of the population will live in urban contexts, and people aged 80 or over will comprise 11.4% of the population (Margaras 2019: 2). In the world, 15% will be persons with disabilities (United Nations 2016a: 6).



- 2 *Proactive City* is coordinated by the author, and involves Sara Basso, Barbara Chiarelli, Ilaria Garofolo, Lucia Parussini, Roberto Prandin, and Valentino Pediroda.
- 3 The workshop took place in July 2019. It was coordinated by the author, with Sara Basso, Barbara Chiarelli, Ilaria Garofolo, and Valentina Crupi and involved students from Architecture and Engineering of the University of Trieste (Valentina Andriolo, Margherita Caiffa, Marco Facciuto, Riccardo Gergolet, Claudia Gruarin, Stela Guni, Davide Gurtner, Maria Teresa Manzara, Manuel Milone, Giulio Pastoricchio, Giulia Piacente, Francesco Schiava, Annamaria Spezzigu, and Alessia Visintin). Maria Antonietta Genovese was the contact person from the municipality of Grado.

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# 9

## EXAMINING EVERYDAY OUTDOOR PRACTICES IN SUBURBAN PUBLIC SPACE

### The Case for an Expanded Definition of Care as an Analytical Framework

*Samantha Biglieri*

#### Introduction

Most urban research takes place in major cities or rural areas, leaving out the difficult task of defining peripheral, suburban areas in theoretical debates on the future of cities (Keil 2018). This has led to a tradition of historically considering the suburban as monolithic, universally ‘bad’ places, and/or reducing them to caricatures (ibid. 2020). This perspective, however, is changing, with the recognition of suburbanization as a global process and phenomenon, and the realization that the suburbs are hyper-diverse, complex places that deserve study, which focuses on their lived experiences, and upends the centralist bias (ibid. 2018, 2020; Pitter and Lorinc 2016). This changing perspective highlights an important gap—the need for better theorizing and understanding of everyday life for marginalized and vulnerable populations in these suburban areas (Lo et al. 2015).

Understanding everyday practices must take place at the intersections of the socio-spatial, and to think of these ordinary practices as relational. This is following in the footsteps of social scientists beginning with Henri Lefebvre in the 1960s—rejecting conventional views of space as a container—suggesting that people make places and places make people (Lefebvre 1996). This humanist perspective on relational space can also be “reworked and extended in ‘other-than-fully conscious’ and ‘more-than-human’ terms” (Andrews and Duff 2019: 123, original emphasis) by post-humanist understandings, which is the approach taken in this chapter. Post-humanist perspectives understand assemblages of embodiments, more-than-human objects (technologies, nature, built environments, etc.), and meaning-making processes at all scales (from the body to socio-cultural-political constructions) as fluid through time, and key to challenging physical determinism to richly describe everyday life (Andrews and Duff 2019; Cummins et al. 2007; Graham and Healy 1999; Tornaghi 2015). Further insights on post-humanist understandings of place and health ask researchers to (among other things) see place as a temporary collection of socio-spatial relations, constantly in flux; reject the idea of the all-knowing, rational individual; examine habits/impulses; understand experiences through all senses; and focus on acts as they are happening in context, in relation with human/more-than-human others (Andrews and Duff 2019).

I argue that careful attention to both these humanist ideas, and their extension through post-humanist orientations, are key to answering the question of how to deeply understand everyday practices. I contend that when combined with using an expanded definition of care as an analytical framework, we can begin to understand the socio-spatial relationalities and assemblages of everyday life at all scales in a way that challenges assumptions about vulnerable individuals, and can reveal inequalities, injustice, and even justice. By drawing on previous empirical research with people living with dementia and their experiences in their suburban neighborhoods in Waterloo, Canada, I expand the examination of care into suburban public spaces (Amin 2012; Rosa 2019). I demonstrate how as an organizing principle, care can get us to see ourselves as interdependent at all scales, and to consider all of humanity vulnerable, with a call to care for others in public spaces. For practitioners, this focus on interdependencies allows us to see the multiplicity of connections and relations that influence everyday practices in public spaces, revealing insights for building more inclusive communities.

### Using Care to Examine Everyday Socio-Spatial Relational Life

We begin with this purposefully broad definition of care, as this definition can offer a “situated engagement with the multiple and complex circumstances producing the need for care (and justice), but they also offer an explanation of how people are operating in the urban to repair our world” (Williams 2017: 825, referring to Tronto 1993):

[Caring can] be viewed as a species 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, our selves and our environment, all of which we seek to interweave in a complex, life-sustaining web.

*(Fisher and Tronto 1990: 40, original emphasis)*

This definition comes from a relational ontology and is emotional, particular, embodied, and contextual (Lawson 2008; Williams 2017). In geography, care has been adopted/expanded through scale in diverse ways. For instance, it has encompassed examining close relationships between people in typical locations where ‘care’ happens (how care relationships are (re)produced between partners through home care, or between professionals and patients within social infrastructures like an institutional facility), examining how people ‘care for’ the environment (Jones 2019), and at the global scale (how the neoliberalization of professional care work and global migration of care-workers affects their families and those they work for) (Lawson 2008). Care has also been a lens to view everyday practices as acts of self-care in the urban environment—see the work with Roma women in Europe by Elisabetta Rosa (2019)—and has expanded to describe everyday encounters in public spaces between strangers who “sustain forms of conviviality and kindness” (Imrie and Kullman 2017: 6). Ash Amin (2012: 34) calls this an “expanded politics of care” in which the built environment can be an important part and pre-condition for interpersonal relations. Sophie Bowlby (2012) conceives of these interactions in public spaces as occurring across time-space, and discusses three timescales: (1) individual life-course and intergenerational exchange; (2) individual and collective memory; and (3) daily body rhythms. A care perspective encourages researchers to:

- Move away from the idea of care as asymmetry between the vulnerable person and generosity of the other (Rosa 2019);
- Research the ordinary—what is visible but escapes our attention—and show how it matters (Laugier 2015, cited in Rosa 2019);
- Go beyond individualist notions to see vulnerability as part of all people, and assume collective “responsibility towards the other (near and far, known and unknown)” (Rosa 2019: 199);
- Think of interdependencies (between people and people, places, and objects) and reject the dependent/independent dichotomy;
- Examine both structure and agency, and recognize that they are not as discernable in everyday life; and
- Understand that disability is both embodied and a result of structural factors. A focus on individualism and autonomy fails to accommodate a diversity of embodied experiences.

This perspective allows us to get away from the one-directional question of ‘Who cares for whom?’ and instead ask ‘How do we care?’ and interrogate the multiplicity of relations/acts of care between humans and more-than human entities and structures (Rosa 2019). Through asking this question in my previous empirical work with people living with dementia, I found that a care lens can interrogate how people adapt to their existing environments, and (re)make their neighborhoods into a place that is comfortable to them, how they care for themselves and their loved ones through their everyday practices in public space, and how ephemeral encounters with human and more-than-human entities care for them. These findings have allowed me to draw five main insights that using a care lens can help reveal about everyday life in suburban public spaces that will be explored in this chapter. These insights include identifying inaccessible built environments; noticing innovative practices; discovering how people create interdependent networks; examining the power of small encounters; and detailing how spatial practices are shaped by socio-cultural-political structures.

## Living with Dementia in Suburban Space

Dementia refers to a set of symptoms that are caused by a variety of different diseases, the most common being Alzheimer’s disease. Dementia symptoms can include getting lost in familiar places; issues with communication and changes in behavior; putting things in the wrong place; impaired depth perception and judgment; as well as short- and long-term memory loss. Most dementia symptoms (and the diseases/conditions that cause them) are progressive, and currently without a cure (WHO 2017). There are a number of misconceptions about people living with dementia, including the assumption that they all live in congregate living facilities. Canadian estimates show that two-thirds of people living with dementia live in the community, in private households with family or alone (Alzheimer Society of Canada 2010). They can be considered marginalized, in the sense that the world around them has been built for the ‘normate’—the able-bodied, white, heterosexual, 30-something male (Garland-Thompson 1996, cited in Hamraie 2013). Activists who are living with dementia themselves seek to challenge this tendency to build/plan for the ‘normate,’ by referring to dementia as a disability, and stating their demand to have their disabilities met with enablement and respect in society (Houston et al. 2020; Swaffer 2014). Part of challenging this tendency is to

understand everyday life for people living with dementia in public spaces, thus challenging problematic misconceptions influenced by the stigmatization of these people.

## Everyday Built Environments of Care Study

This chapter draws on a previously conducted case study of seven people living with dementia in the Regional Municipality of Waterloo, Canada (Biglieri 2019). The participants were mostly in their late fifties or early sixties, lived at home in the community, and in a typologically defined car-dependent area (Gordon et al. 2019).<sup>1</sup> The research methods included seven sit-down introduction interviews asking about where the participant grew up, how they got around in childhood and adulthood, what had changed since diagnosis and what they were nervous about in the future; 13 go-along interviews (Carpiano 2009; Dean et al. 2020); as well as two-week GPS tracking;<sup>2</sup> and Travel Diary monitoring<sup>3</sup> for each participant. The interviews were first analyzed using a constructivist grounded theory approach and read through a care lens. Then the findings from the GPS tracking and Travel Diaries were used to supplement a few of the themes (as appropriate) that were generated through the constructivist grounded theory process.<sup>4</sup>

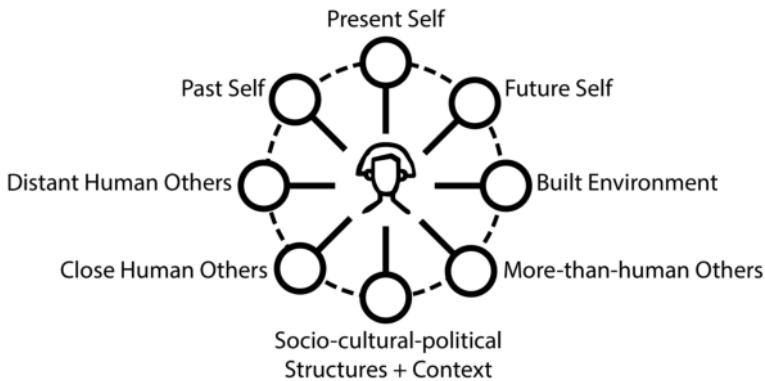
The people living with dementia whom I worked with in this study were beginning to “notice the frictions” between the changes in their everyday lives and the world around them (Fleet 2019). They told me they have good and bad days. Many reflected on the impact that their dementia symptoms had on them, with the most common and prominent change being the loss of their driver’s license, shrinking their life space in their car-centric communities. Expanding on findings from Ruth Louise Bartlett and Tula Brannelly (2019), who noted people living with dementia experience a declining sense of how to act in outdoor life, many participants from this study expressed a newfound fear of getting lost in unfamiliar places. Others noticed impaired depth perception, risk analysis, having to be ‘on alert,’ and being easily startled (which did not happen previously). Some described how feeling panicky and losing confidence in oneself makes walking around more difficult and almost prohibitive.

Faced with these frictions and changes, this study on the ordinary outdoor practices (Laugier 2015, cited in Rosa 2019) of people living with dementia demonstrated how when using care as an organizing principle, they (re)make their world to adapt in it, revealing innovative practices. They did this in a number of ways, and their everyday outdoor practices can be conceptualized as a network of relations between themselves, human, and more-than-human entities through time (see Figure 9.1). For instance:

- ‘Processes of self-care in place, over time’: Participants’ present-day selves were cared for by their past selves who made the decision to live in the same neighborhood for multiple years, creating familiarity that their present-day selves considered such a support. Self-care in the present included aspects like the avoidance of certain busy, noisy built environments, and caring for future selves encompassed learning how to walk to places and using transit, in addition to making walking a habit to ensure they remember their neighborhoods;
- ‘Care interdependence in place’: Post-diagnosis, people living with dementia were (re)organizing their newfound interdependent realities with close others. Faced with losing their driver’s licenses, the participants in this study discussed how they had built a complex network of individual trips and those where they drew on the help of others

(drives with friends, visits to family, rides with paratransit services, places of worship, carpooling, etc.). They also discussed the myriad ways that they cared for close others in their neighborhoods; and

- ‘Encounter as care’: The people living with dementia in this study were being cared for through human and more-than-human encounters in public spaces. The power of interactions with people, animals, little libraries, and gardens were prominent features of the go-along interviews, suggesting it made them feel good.



**FIGURE 9.1** Mapping out care relations in suburban public space through time. These relations are conceptualized as interdependent and constantly interacting with one another, influencing one’s perceptions, habits, decisions, and everyday lives. Source: Samantha Biglieri, 2020.

These socio-spatial relational processes were also highly influenced by socio-cultural-political structures (stigmatization of dementia and who ‘should’ go outside alone) and the built environment (a suburban environment catering to drivers to the detriment of pedestrian experience).

### What Can the Care Lens Teach Practitioners?

I argue that a care lens has much to offer planning, public health, urban design, and community practitioners in suburban neighborhoods, given what it reveals about everyday life in public spaces. Using a care lens allows us to examine everyday socio-spatial relations and practices as acts of care. In the study referenced above, a care lens showed that the unpredictability of dementia makes it difficult to “maintain one’s world so they can live in it as well as possible” (Fisher and Tronto 1990: 40). However, we learned that people living with dementia are doing their best in the suburban areas they live in, by (re)making their activity spaces and using new practices to fit their changing needs and abilities. This research, when viewed through a care lens, can give insight into five interrelated, but different aspects of everyday life that could be applied to other research in suburban spaces with marginalized individuals.

### Identifying Inaccessible Built Environments

In their everyday lives, people living with dementia altered their behavior based on the built environment in order to ensure (for themselves) that they do not get stressed out or panicked.

For instance, they would intentionally not cross busy arterial roads, or avoid them altogether, instead opting for quieter, more familiar residential streets. As one participant said in reference to only going on an arterial street to reach a destination, “I need to get where I am going so I come [...] but it is not my favorite way to walk [...] it is close to so much busy, smelly, traffic” (81-year old female participant, go-along interview, July 2018). Others discussed how much they liked buffer zones between sidewalks and roads (see Figures 9.2, 9.3, and 9.4) and obvious landmarks (like the town’s clocktower that served as a visual and soundscape landmark) and complained about a lack of street signage. They all remained within the realm of what they consider ‘familiar’ to ensure they felt safe. By examining actions and preferences as acts of ‘self-care’ in space, we can reveal inaccessible urban design and land use policies that restrict the mobility of certain individuals.

### ***Noticing Innovative Practices (to Build On)***

During the go-along interviews, people living with dementia revealed the innovative ways in which they were dealing with their changing abilities and the environments around

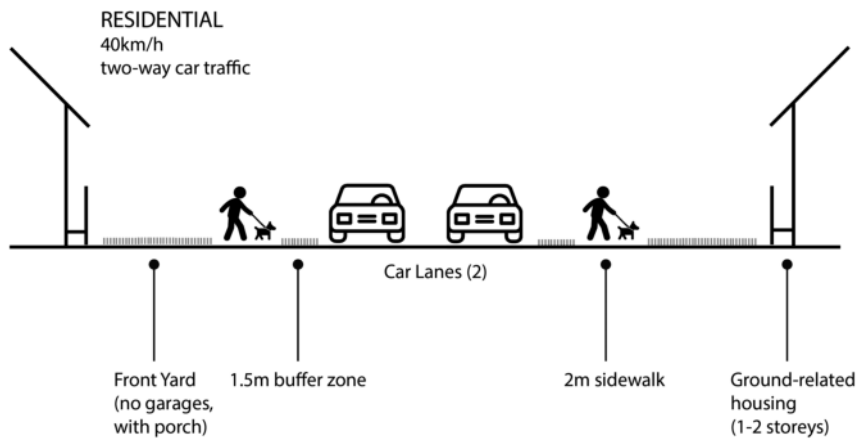


**FIGURE 9.2** Examples of perceived comfortable and safe streetscapes for people living with dementia. Source: Samantha Biglieri, 2018.





**FIGURE 9.3** Examples of perceived comfortable and safe streetscapes for people living with dementia. Source: Samantha Biglieri, 2018.



**FIGURE 9.4** Example cross-section of comfortable and safe suburban streetscape for people living with dementia. Person icon made by Freepik from [www.flaticon.com](http://www.flaticon.com), car icon made by Kiranshastry from [www.flaticon.com](http://www.flaticon.com). Source: Samantha Biglieri, 2020.

them. For instance, they preferred to cross at medians in the middle of a road, instead of a signalized intersection. They explained that at the signalized intersection, there was just ‘too much’ going on—cars zooming past them, cars turning left and right, the pedestrian signal, the stoplight for the cars, staying within the painted lines, the signal countdown, and

other people walking. So instead, they preferred to cross mid-road at the median, where they only had to pay attention to one thing at a time (in this case, one direction of traffic at a time). This experience could serve as a lesson for practitioners to think of the impact of the number of information inputs that people have to negotiate when crossing the street, and how an accumulation of too many sources of information can overwhelm certain individuals to the point that they will not use it, and might lead to them using unexpected and potentially dangerous paths (e.g., jaywalking). Urbanists and planners need to think of these innovative practices revealed through a care lens as something to learn from and build on. For instance—by understanding the reason people living with dementia jaywalk (potentially dangerous behavior) is because the nearest intersection is too far away, or too overwhelming—planners could build more frequent intersections, decrease the number of inputs at an intersection (e.g., simplified, longer pedestrian signals, no right or left turns unless explicit right of way), and/or make the median crossing safer through the use of pedestrian crossing lights for cars.

### ***Discovering How People Create Interdependent Networks***

Often, people living with dementia are framed as dependent. However, a care lens used in this study upended this assumption and revealed they were engaged in caring for others in their everyday practices. This included caring for neighbors by buying their groceries for them, shoveling snow for older neighbors, and running errands for their partners while they are at work. One participant cared for his partner by not veering off his daily walking route, so that the partner would always know where he was, and another promised his sister he would wear reflective gear so that he would be more visible to cars while walking. Further, post-diagnosis, people living with dementia created and relied on a complex interdependent mobility network, made up of walking and public transport trips on their own (independent) and drives from family and friends (dependent). By thinking of mobility as an interdependent network combining independent and dependent trips, you gain a better understanding of lived experience. These interdependent networks might also more realistically indicate barriers to mobility for diverse individuals, and are impacted by the built environment/existing local public transport, and where your support network lives and what their schedules are. The interdependency insight into these complexities could help with local program delivery and building community around shared responsibility for others.

### ***The Power of Small Encounters***

Encounters with human and more-than-human others for people living with dementia made them feel cared for in their neighborhoods. During go-along interviews, all participants said hello to at least one passerby they did not know, commenting on the nice weather, cooing at a baby in a stroller, or talking about the previous night's football game. Others interacted with the built environment and more-than-human others, like rivers, birds, cats, gardens, little libraries, and dogs. After the interactions, they seemed to have more 'pep in their step,' suggesting these ephemeral encounters made them feel good. A care lens can reveal the impact of these small encounters on one's sense of inclusion, by getting practitioners to think of these encounters with humans and more-than humans as caring for one another in public space (or not).

### ***How Spatial Practices Are Affected by Socio-Cultural-Political Structures***

One of the biggest socio-cultural-political structures that affects the everyday outdoor practices of people living with dementia is the ableist stigmatization of dementia itself. It has resulted in societal conceptions of dementia as a tragic, inevitable decline in which a person should disengage from society completely because they are ‘not there anymore’ (Mitchell et al. 2013; Swaffer 2015). This was evident in the ways in which participants’ doctors dictated how they should act in public space. Recommendations ranged from one participant’s doctor who prescribed three social and physical activities a week; to another doctor who advised the participant to never go outside again by herself. This prescription from the doctor severely impacted this participant’s everyday practices. Her experience demonstrates how socio-cultural-political structures (like the ableist stigmatization of dementia) can be enacted vis-à-vis individuals with power (like doctors) and have problematic consequences. This is an example of the need to address these discourses to not only make people living with dementia feel like they belong in society and to support their inclusion in public spaces, but to enable them to benefit from the physical and psychological well-being benefits of strolling in public space. Thinking about care/non-care relations in public space necessitates a deep discussion and examination of the socio-cultural-political structures that construct these relations themselves. Using a care lens allows practitioners to see these relations in their totality, as opposed to within siloed scales, and might be applicable to other people who face socio-cultural-political structural discrimination as well, like racism, ableism, classism, sexism, ageism, and homophobia.

### **Applying the Care Lens**

Care is an intersectional lens that can indicate to planners and other practitioners how and why people do certain things/take certain routes in public spaces in a holistic manner that takes into account the complexity of everyday life on decision-making. When combined with methods like a go-along interview which focuses on sensory experiences and understanding behavior as it is happening in context, including noticing habits, impulses, and reactions (a post-humanist orientation), as well as investigating the narrative of their neighborhood by asking individuals about why they go where they go, what they liked or disliked (a humanistic orientation)—these insights can then be used to inform design processes for more inclusive built environments. For instance, examining mobility through the different aspects mentioned in Figure 9.1 could reveal important information for practitioners, especially when working with more marginalized groups. For instance, by examining what people do for ‘self-care’ in space, one might discover that Person A rides a bike to work because it is good for their health and is cheaper than alternatives (‘past, present, and future selves’), but that they also only select routes with protected bike lanes because they are scared of travelling on other road types (‘present selves’ and ‘built environment’). Examining how their movement is shaped by their ‘relationships with close others’ could tell us how picking up children from school or volunteering in the morning requires them to use certain modes. Lastly, by understanding ‘relations with more distant others’ (e.g., greeting people on the street or waving at neighbors) and ‘more-than-human others’ (e.g., choosing to walk through the park to see the birds), we can reveal how or if people feel connected to and safe in their community. By looking at mobility in this manner, it is possible to reveal ‘built environment’ inequalities as experienced by different populations, and understand the influence of and ‘socio-cultural-political structures’ on

these experienced inequalities overall (for instance, understanding how ableism and ageism influence the design of public spaces, which are not value neutral). Practitioners can use this framework to address these issues to build an inclusive city.

## Conclusion

A care lens is an effective way to understand socio-spatial, relational everyday life in suburban public spaces for people living with dementia. It adds to research disputing that everyday life in the suburbs is monolithic and timeless by showing the dynamic interplay of impairment, embodiment, and socio-cultural-political structural barriers over time (Keil 2020). I argue that this care lens should be extended to studying everyday life for vulnerable populations in suburban areas, as it brings to light a multitude of practices that highlight the complexity of one's route choices and activity space, and how that is influenced by personal history and relationships with human and more-than-human others through time. For people living with dementia, using a care lens to understand their everyday innovative practices challenges their stigmatization, revealing their joy of going outdoors and their ability to adapt their practices to enable themselves to do so. Further, the care lens disrupts the in/dependent dichotomy by establishing their experiences in public space as interdependent, while still identifying inequalities in access. Such a focus begins to reveal the unjust structural and spatialized impacts of stigmatization of dementia due to ableism and ageism. A care lens speaks to the importance of understanding people living with dementia and people generally—as multifaceted individuals who are simultaneously engaged in caring for or being cared for by themselves, family/friends, others—and the built environment. It paints a fuller picture of the complexities of everyday life and has the potential to provide insight into in/justice in suburban areas. A care lens has the capacity to enact what Miriam Williams (2017: 821) refers to as “care-full justice”: combining an examination of grassroots responses to injustice (how people care for themselves and their communities in time-space) with normalized principles of justice in space (the right to access the city). Furthermore, this lens fits well with recent calls in planning theory for compassionate and restorative planning (Lyles and Swearingen White 2019; Schweitzer 2016). It is capable of capturing the nuance required to understand suburban areas as a site of everyday struggle (Keil 2018) with an increasingly hyper-diverse population who lives in these places (Patel et al. 2018).

To support people living with dementia in public spaces, as a society we need to challenge the discourse of independence by focusing on mutual interdependence in our practice, policies, and understandings of relational public space. We all rely on networks of complex relationships through time with ourselves, our families and friends, neighbors, strangers, flora and fauna, objects, technologies, public services and programs, as well as the built environment to live our everyday lives. Being able to access one's neighborhood is a right, and it is vital to work with marginalized individuals to identify inequalities and barriers to access as injustice, as well as augmenting their innovative practices and care relations to build more inclusive neighborhoods from the ground up.

## Notes

- 1 The official names of the typologies that participants lived in were ‘Auto-Suburb’ and ‘Exurban’ areas and were defined using the Transportation Method with 2016 Canadian Census Data (Gordon et al. 2019).

- 2 Participants wore a *Columbus V-900 GPS Data Logger* for a period of two weeks, plugging it in every evening. In addition to GPS coordinates and time, this tracker was able to record how fast the participant was moving (an indication of mode choice).
- 3 The Travel Diary asked participants to fill in the following information every time they left their home: What time did you leave? When did you return? Where did you go (and what did you do)? Who were you with? How did you get there? Was there anything you noticed that bothered you?
- 4 For instance, one of the themes discusses the interdependent network of travelling alone and drawing on the help of others. The findings were supplemented by the GPS tracking and Travel Diaries, as we were able to separate out these different kinds of trips and to illustrate the impact of seeing mobility as an interdependent network.

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## **PART III**

# **Everyday Struggles and Contestations Around Care**





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# 10

## INTRODUCTION

### Everyday Struggles and Contestations Around Care

*Kim Trogal and Tihomir Viderman*

#### **Why Should We Care about Care, and What Do Struggles and Contestation Have to Do with It?**

Care creates social bonds and glues societies together; we care and are cared for, and this is what sustains societies. No matter how vital to human development and relations, care is simultaneously something capitalist societies tend to undervalue yet concomitantly is often idealized or romanticized to legitimize a neoliberal form of governmentality. Struggles to recognize the value of care and struggles to provide care are not new but are rather long standing, double-edged and deeply revealing of the conditions in which they occur. The contemporary condition of Europe's capitalist societies in which we ourselves are located makes evident how care is tied to struggle and how much care is struggled over. Care workers, low-wage domestic workers, nurses and cleaners, are all struggling over basic workers' rights. We want to put forward that such struggles and contestations are important not only because they articulate the value of care and its importance for everyday life but, they actively reconstruct caring relations.

The urban dimension of struggles that make care visible as a social practice manifests in contested relations around a crucial boundary or fault line between the public and private. This boundary was one of three 'moral boundaries' that Joan Tronto (1993) described as socially reproducing forms of organization and relations of power. She argued that these moral boundaries needed to be re-drawn to render care and its values visible and felt within the public, and particularly pointed to the need to recognize how such boundaries affect political strategies. In other words, she argued that the public-private boundary is where political strategy and the ethics of care meet and its negotiation thus plays a strategic role in conveying, sustaining, and contesting power relations. What we seek to contribute to this understanding from a spatial perspective is that the crossovers of care and caring relations cannot be fully grasped in the binary of public and private. While this boundary has been negotiated differently at different stages in capitalist development, once (responsibility for) care had been shifted from the private household to the state, care has been abstracted as a provision detached from its affective dimensions. We draw on Nancy Fraser's (2016) regimes of social

reproduction in capitalist development to scrutinize a shift from the realm of the private to the public, with care being increasingly subject to commodification in the form of the welfare state, followed by a return of care to the realm of the private in the current phase of financialization. Unlike in the early stages of capitalism, the realm of the private under financial capitalism is not purely or only a private household matter, but rather a domain of production spanning domestic life, the private sector, and invisibilized parts of the public sector that often operates under market principles. While the realm of the private has been institutionally made distinct from the public realm, the two realms are functionally intertwined in the way that care is rationalized as a service. As a service, the quality of its provision or lack thereof is publicly scrutinized, yet the labor and affective relationships invested in the provision of care are kept out of the public eye. This type of institutionalization pushes care deeper into commodified forms, further bifurcating societies with those who can afford care as a commercialized service and those who cannot; and on the side of ‘providers,’ with those who are protected by different forms of social contract and collective bargaining and those who are not.

While care can be seen as both a practice and social phenomenon that undergoes different transformations and interpretations, how it materializes in urban space matters. It is by paying attention to the urban every day and struggles around care that we can observe different forms of materializations of care. These affective materialities matter precisely because they are constitutive of society. What contemporary struggles and contestations over care therefore also make tangible is precisely this struggle of distribution across the private–public boundary and its negotiation. This is a thread running through all the contributions to this section of the book.

## Struggles of Care and Capitalism

As feminists have argued, debates concerning the lack of care workers is not the root of the ‘crisis of care’ as it has been called, but results from a contradiction inherent to capitalism—a contradiction that manifests itself differently at historical moments and gives rise to different forms of social organization (Fraser 2016). What we want to further here is that contradictions extend beyond manifesting as different modes of organization but are also manifest in different affective dimensions of care and caring practices. This involves recognizing that while capitalism cuts caring relations in the way that it cuts affective relationships, it also builds caring relations in different forms, primarily by abstracting care as a commodified category and (more recently) as a financialized product. These processes then materialize ‘care’ in urban space as a provision or a service whose task is to simultaneously ensure the reproduction of society and consolidate asymmetries in power relations.

In approaching care from a narrow functionalist view, the commodification of core care activities and relations, such as care for children or for the elderly, is a key moment in the reproduction of society. Opening the activities of care and social reproduction to financial capital seemingly creates conditions of possibility for both social and economic development. Yet in the transition of responsibility for care and welfare from the private domain to the welfare state, and its subsequent (re)privatization (*ibid.*), we observe qualitative shifts in care, not just its mode of ‘delivery’ or ‘access.’ The state, stripped of responsibility for welfare, clearly has limited impact in shaping the conditions of unpaid and underpaid care labor. Not only the costs of exploitation are passed on to workers but also as a systemic principle, societies have been decoupled from affective dimensions and sentiments of care as a practice. The

privatization of care therefore has a double connotation. It is privatized at a market level, but what we also want to gesture toward is that it is privatized in the sense that in individualizing care, our struggles to provide care have become individualized as well. As the rationale of competition, privatization, and performance measurement extends throughout society, it also strips care provision of its affective dimensions. The privatization of care is therefore probably the most potent systemic tool toward fragmenting and atomizing societies.

By promoting austerity, neoliberal capitalism has undermined physical and social urban infrastructures, with both recursive and damaging effects on health, education, life expectancy, and physical capacities. We see worldwide environments of ‘uncare’ (Chapter 1, this volume), which are degraded by water crises, inadequate housing, and increasing forms of disinvestment in the built environment and the city as a shared space for living (Katz 2008). This includes the degradation of physical urban environment and in particular social infrastructures, such as schools, libraries, parks, and pubs. The disappearance of these spaces takes with them their social capacities, opportunities, and relationships. In this context, neoliberal capitalism is not just about the withdrawal of state welfare services, but has a clear impact on shared notions of lived space and the institutions that make up daily life. What this means is that neoliberal capitalism and austerity cut at both the physical spaces and materials of the city as well as at social relationships and at capacities to care. In such an environment, we argue that caring relations matter all the more because they build agency to contest.

## The Power of Care Struggles

While the privatization of care and welfare accelerates troubling employment practices and the degradation of everyday life for many, care can nevertheless channel a noteworthy collective energy into a hope-filled struggle. Struggles mobilized around and with care motivate people to get together and to create caring relations. With the word struggle, we refer not only to a demonstration or a strike (the latter being one potentially institutionalized form of struggle), but also to the more intangible and embodied connections, defined by multiple caring relations. At the urban scale, caring relations can create protected places of collective efforts, which, in the feminist tradition, contest “a belief that the public and the private are discrete and oppositional domains necessary for organizing social, economic, and political life” (Wright 2010: 818, cited in Schurr and Strüver 2016: 89), thus rendering the politics of care a public issue. At such places the publics who are engaged in struggles feel supported and this is how agency is built. A plurality of those caring relations create collective formations that have agency to contest the tendency of financial capitalism to fragment caring relations. Here, we point to the host of different collective actions mobilizing to give voice to seemingly private struggles over livelihood within the public domain. This applies to collectives such as workers who through embodied actions, such as occupations of their factories or sit-ins, not only interrupt the established processes and hierarchies at their workplaces to directly claim the need for change, but also articulate these processes as public issues, thus contesting the public-private boundary between their workplace and society. In so doing they can count on the support of broader publics, who often informally support them, both materially and emotionally. Unlike articulating the collective struggle as a public issue, in the aftermath of capitalist crises, self-organized groups invest a lot of labor in collectivizing individual struggles. Through the creation of caring relations among seemingly atomized individuals and households they make individual struggles in the domain of a household a public issue. Yet unlike a factory

or workplace struggle, the boundaries of privacy are here much more difficult to negotiate, so these actions are directed at building relations, providing support, and articulating private troubles in the public domain. This fosters not only individual agency, but first and foremost a collective capacity to negotiate belonging, appropriate space, and improve the conditions of everyday life (Viderman and Knierbein 2020).

While we see that capitalism cuts at caring relations, struggles and contestations around care make visible (again) public-private boundaries, subjecting them to renegotiation and, importantly show that people still care. In order to have any hope for the future there has to be struggle. In this introduction, we are arguing that care is central to creating collective agency even when the conditions it emerges from actively fragment social relations, for this is precisely the reason why contestations matter. To evoke Judith Butler's (2012) conceptualization of 'bodies that care and are cared for,' collectivized caring relations should be understood not only as the essential means for creating commonalities but also as having power to disrupt and change the ground conditions from which they emerge. This would also be, to play on Maria Puig de la Bellacasa's (2017) words, 'the disruptive power of care.'

## Introducing the Contributions

The chapters in this section introduce a range of different terrains on which struggles make tangible and negotiate the private-public boundary. A particular shared point of concern is that this boundary plays down the fact that the provision of care is problematically tied to citizenship and nations, while being deeply embedded in, and performative of, asymmetries in power relations.

The first, written by Caterina Rohde-Abuba, '*Respect Toward Old People: The Commodification of Ethnicity in Migrant Care Work in Germany*' (Chapter 11, this volume), focuses specifically on the colonial and racialized power relations affecting Vietnamese eldercare workers in Germany. Employing discourse analysis across a range of mass media, policy documents, and government communications alongside the words of carers and those cared for, Rohde-Abuba reveals discourses as a form of governmentality, which regulate regimes of care and exert relations of power. She shows how discourses construct culturally essentialist identities of the Vietnamese workers thus reproducing 'orientalized othering.' While the Vietnamese 'culture of respect' to elders is valued as an intrinsic attribute, it simultaneously intersects with the devaluing of those same workers' skills and educations, where workers are additionally seen to have poor German language skills and to have 'naturally' poor self-reliance in the workplace. Processes of 'othering' take place to undermine workers' professional knowledge, value, and income.

The problematic intersection of the provision of care with rights to citizenship is expanded on in Niroopa Subrahmanyam's contribution *Care for the Uncared (for): Slum Redevelopment and the Emerging Challenges of Accessing Care for the Urban Poor in Delhi* (Chapter 12, this volume). Her chapter introduces *Rajiv Awas Yojana* (RAY), a development scheme to provide affordable housing in India, seen as a means to improve and increase access to welfare provisions. Subrahmanyam examines ambiguities inherent to welfare provision concerning the matters of citizenship at the level of the household, the community, and the state through the lens of the Kathputli Colony, particularly in the light of the eviction and relocation of its inhabitants in order to give way to the RAY housing development. She explains that policy inadequacies and bureaucratic practices left many households excluded and in poorer conditions. Instead, she points to the complex socio-spatial infrastructures of care that already exist

in informal housing settlements, from small shops, community facilities, and gathering and meeting spaces, whose demolition represents a missed opportunity. She elaborates on how an engagement with existing systems through more incremental approaches could support existing livelihoods and improve already affordable infrastructures of care, while also increasing the inhabitants' legitimacy and agency to contest future demolitions and evictions.

The following two chapters are joined by a shared concern around the knowledge politics of the professional planner or architect and the emancipatory possibilities of learning, experimentation, and speculation with others. In their contribution, *Public Space and Children: Who Cares and Who Takes Care of?* (Chapter 13, this volume), César Matos e Silva and Robertha Barros situate their role as 'practitioners-as-translators' between professionalized forms of 'expert' knowledge of the city and social experiences or non-conventional practices that are often invisible. They present their practice-based participatory research project 'My Lime Tree Sidewalk' in Aracaju, Brazil to draw attention to the practices of domination, power, and class division that attend these knowledges. It is in children's experiences where they locate a potentially counter hegemonic form of knowledge to reflect on its emancipatory potential. Working with children and their parents, the practitioners-as-translators mapped contestation over public spaces uses, care, and responsibilities bringing a collective awareness of the existing 'uncare for the city.' Pointing to pedagogy as etymologically rooted in public space, the authors argue that public spaces of the city are sites of struggle, but importantly are also sites of learning.

Micol Rispoli's contribution *Careful Rearrangements: Experiments with Neglected 'Things' in Architecture* (Chapter 14, this volume) similarly questions the status of knowledges in architectural practice. Rispoli points to the lineage of feminist and participatory approaches to architecture that, by making space for others, and otherwise excluded voices and knowledges, form a counter point to prevalent technocracy. Rispoli draws on insights of knowledge politics and epistemology from Science Technology Studies to define care as a speculative practice and a commitment to multiple ontologies. Beyond including otherwise neglected 'things,' Rispoli argues, architecture practice must learn how to be affected by them. In the context of the traditions of architecture and design pedagogy, she further explores how an ethnographic attention could pose one such opportunity to thinking and experiencing space as an open-ended process of engaging with the unknown.

In the final contribution to this section *Infrastructures from Below: Self-Reproduction and Common Struggle in and Beyond Athens in Crisis* (Chapter 15, this volume), Isabel Gutiérrez Sánchez follows contestations and struggles of citizens to resist the effects of neoliberal austerity on Greek society. She brings an ethnographic and participatory approach to three citizen-led, self-organized, solidarity initiatives in Athens to analyze how these groups have developed new infrastructures against dispossessions and exclusions, in ways that are manifestly forms of resistance and re-composition at the same time. Gutiérrez Sánchez argues that the spatial and urban dimensions of these struggles, passing from occupy squares movements to decentralized yet connected solidarity initiatives, were key for the protagonists, each cognizant of the agency of spatial 'moves.' Here, she also points to the social reproduction of the initiatives themselves and the types and intensities of labor involved in sustaining them. Through these solidarity initiatives which are for, and with, migrants and refugees, we also return to the intersection of struggles over reproduction with struggles over citizenship.

The urban struggles and contestations taking place in the chapters presented here emerge in environments of 'uncare': in response to the shocks of austerity, of migration, and of violence;

forms of ‘othering’; and devalorization. These struggles and contestations are implicitly tied to the matters of citizenship and exclusions across various categories of difference, and span different terrains of knowledge production. Caring practices emerging in these situations are creating networks and relationships of solidarity which through formation of collective agency take on the transformative role in negotiating restrictive and unjust boundaries in everyday life.

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## 'RESPECT TOWARD OLD PEOPLE'

### The Commodification of Ethnicity in Migrant Care Work in Germany

*Caterina Rohde-Abuba*

#### Introduction

In the international context the recruitment of foreign health-care workers is not a new phenomenon and research has already pointed out how they are subjected to de-skilling, discrimination, and exploitation (see for example Isaksen 2012 or Kingma 2007). Due to a severe lack of health and especially eldercare workers resulting from low wages, low prestige, and poor working conditions in this labor market sector, Germany has recently started to recruit staff abroad. The current recruitment of care workers from Asian countries is based on 'pilot projects'<sup>1</sup> by governmental actors. Even though less than 1,000 workers have been recruited from these countries, the pilot projects receive a considerable amount of attention in political and public media discourse.

During the 'guest workers' immigration' of the 1960s up until the economic crisis of 1973, Germany recruited nurses from Asian countries based on bilateral recruitment agreements. In this chapter, the detailed analysis of Asian care workers presented here can be seen in this context. The official account from the time was that foreign nurses were brought to Germany for a development program aimed at transmitting knowledge to the participating countries, and to where the foreign nurses were supposed to return again. However, these nurses were also needed to cover the lack of workers during the expansion of the German welfare state (Lee 2013; Salazar 1987). In public discourse they were often referred to as friendly and gentle "angels" (Goel 2014: 80) or "little lotus flowers" (Salazar 1987: 471), which attests to the blunt sexism, racism, and colonialism they were confronted with.

Already at that time recruited nurses experienced professional de-skilling because their assisting positions in German hospitals did not accord with their high qualifications that they had acquired in their home countries (FES 2016). Still today, in Germany skilled care workers only require vocational qualifications and cover only basic care, while in most sending countries skilled care workers pass through an academic study course. Hence, skilled migrant care workers are de-skilled once they enter the German care system. In the current media and political discourse, the recruitment of foreign workers is legitimized by presenting information about their assumed suitability for eldercare work, especially in the field of basic care.



Drawing on these data, the aim of this chapter is to investigate “the processes of subjection and the nature of power relations” (Powell and Gilbert 2007: 199) produced in discursive expectations and regulations of migrant care work in the German care system.

Following Vera Mackie (2014), it is important to investigate care migration as a biopolitical care regime that serves the reproduction of the receiving country. According to Michel Foucault (1977), the concept of biopolitics refers to the management of national populations through interventions and regulatory controls with specific attention to the processes of life. In migration studies the biopolitical approach helps to focus on how the regulation of immigration fosters the well-being of the local population (Fassin 2001; Mavelli 2017; Muller 2004).

By applying a performativity approach, previous research on healthcare, social welfare, and education (Makela 2018; Powell and Gilbert 2007; Sommerfeldt 2015) shows how discourses on professionalism and administrative structures function as regulatory regimes of care work, which constitute (local) workers’ identities in a hierarchical relation to staff members and patients or clients through reiterative, normative care practices (Makela 2018). For analyzing the constitutional processes of subject positions and expected care practices of recruited workers, this chapter also draws on the theoretical concept of ‘othering.’ This shows how power and inequality are reproduced in discourses by a post-colonial imaginary of different and unequal cultures that are assumed to impact care performativity. Hence, the chapter investigates how “power acts on a subject” by de-valuing and de-skilling recruited care workers in discourse and administration, but also how power “in a transitive sense enacts the subject into being” by constituting identities through the portrayal of care performances (Butler 1998: 13).

## Discourse and Performativity of Care Migration

Care worker migration is a global economy and a biopolitical strategy of receiving countries to secure the reproduction of their national populations against the background of a care worker shortage. Biopolitical governmentality integrates migrant workers in regulatory care regimes that manage the reproductive systems. An important mechanism of biopower according to Foucault (2003) is the distancing between different groups of the population, for example, through racism. Media and political discourses play an important part in these regulatory regimes by constructing subjectivities that locate migrant workers “in a particular manner in the global economy” (Näre and Nordberg 2016: 19).

By emphasizing the suitability of migrants for care work, media and political discourses display the narrative mechanism of ‘othering’ that establishes discursive power relations by constituting individuals and groups with reference to their culture, religion, ethnicity, etc. as different and thus unequal ‘others’ (Ashcroft et al. 2007: 156; Spivak 1985). Often, othering relies on cultural essentialism, that is the “conception of human beings as ‘cultural’ [...] subjects, i.e., bearers of ‘a’ culture, located within a boundaried world, which defines them and differentiates them from others” (Grillo 2003: 158, original emphasis). These differences are reproduced in orientalizing discourses that reiterate “European superiority over Oriental backwardness” (Said 1978: 15). Narratives of othering call upon social categories that “signify subordination and existence at once” (Butler 1998: 20) and are reproduced in repetitive social acts. Judith Butler (1988: 136), who in her original concept of performativity, focuses on gender, and argues that there is no pre-existing identity prior to its social constitution in repetitive embodied practices such as acts, gestures, enactments, etc.

Care has been considered a classical field of gender performance. It includes not only practical tasks of “caring for” somebody but also “affective relations” resulting from the “care about” others’ needs and desires (Ungerson 2006: 277). Hence, care work is relational between provider and recipient of care. However, care is not only a gender performance but may also be interwoven with other categories of differentiation. This is shown in research on migrant care workers who based on their ethnicity, culture, or religion are assumed to provide care skills of empathy, trustworthiness, and respect for the elderly (Gallo and Scrinzi 2016; MacKenzie and Forde 2009; Rohde-Abuba 2020) and to display a specific physical and emotional presence that comforts the care recipient (Weicht 2010). Hence, by deploying certain ‘knowledge’ about the assumed culture-specific care skills of foreign workers, public discourses contribute to establish relational positions between them, care recipients, and local workers. This chapter scrutinizes how in these discourses “acts, gestures [and] enactments” (Butler 1990: 136) of migrant workers are described as performances of their identities in relation to care recipients and local workers. Hence, a suitable lens for investigating othering in migrant care work is to analyze “the discursively-regulated practices that inscribe boundaries between subjects and reify them in that very process” (Feldman 2005: 222).

### Methodological Approach of Analysis and Sampling

The sources used in the analysis of this chapter were searched by browsing results at three different time points in 2013, 2015, and 2017 for the terms ‘(foreign) skilled workers (from abroad, from Vietnam/China/the Philippines) + (elder) care.’ Excluding short news flashes and duplicated sources, the overall sample consists of 40 articles in German online and print magazines (daily and weekly), 20 online documents of political actors (statements, reports, etc.), websites of four agencies recruiting care workers from Asia as well as six TV documentations discussing the topic of recruited migrant workers in eldercare. All sources were published between 2012 and 2017. The sample of this qualitative study is not representative but covers the most important national journals with a wider circulation, like *Zeit*, *Süddeutsche Zeitung*, *Spiegel*, and *Focus* as well as local newspapers of different German regions.

### Constructing a Triple Win Relation Between the Receiving Country, the Sending Country, and the Individual Migrants

The media discourse on the recruitment of foreign care workers is framed by the interpretation pattern that there is a ‘care calamity’ in Germany, which can only be solved by employing foreign workers. The ‘demographic change,’ i.e., the aging of the population, is assumed to be an important reason for the increasing need of care workers. For example, in the official documents of the ‘triple-win program’—the title suggests a win for receiving countries, sending countries, and migrants—by the governmental actors *Deutsche Gesellschaft für Internationale Zusammenarbeit* (GIZ) [German Society for International Cooperation] and *Zentrale Auslands-und Fachvermittlung* (ZAV) [Central Foreign and Specialist Recruitment], part of the *Bundesagentur für Arbeit* [Federal Employment Agency], it is explained that “until 2025 there will be a lack of approximately 150,000 additional care workers. For this reason [...] the common project [of GIZ and ZAV] was created to win 2,000 care workers from suitable partnering countries for the German employment market” (ZAV 2013: 54, own translation).

The presentation of statistics in these texts supports the interpretation that Germany currently and, in the future, will depend on foreign workers. References to the aging of the population suggest that the care crisis results from a ‘natural cause,’ is inevitable and cannot be solved with Germany’s own human resources. Hence, the recruitment of foreign workers is constructed as a biopolitical strategy to secure eldercare for the local population (Mackie 2014).

Official documents of the governmental actors GIZ and the ZAV stress that Germany does not recruit care workers from countries which are classified in the World Health Organization list as having a “lacking in the field of care”; in contrast recruitment is aimed at “reducing over-capacities” (IQ 2016: 50, own translation). As Lena Näre and Camilla Nordberg (2016: 24) argue, the discourse presents care workers as a “global commodity” and their recruitment as the “natural global order of things” because receiving countries supposedly benefit from migrants’ dependency on work outside their nation. This narrative in German discourse suggests that the sending countries depend on Germany for reducing their unemployment, which presents Germany’s recruitment policy as a form of development aid and de-thematizes dependency of Germany on foreign workers. Documents from governmental actors like the ZAV (2013: 55, own translation) emphasize the development aspect: “Above that the GIZ combines the management of this program with elements of development policy programs and supports the transfer of know-how and [...] the diaspora-engagement and remittances.”

Individual migrants in the relation between home country and receiving country are positioned as a third party, who will benefit from migration with regard to their career development as shown in the document of the *Bundesministerium für Wirtschaft und Energie* (BMWi) [Federal Ministry for Economic Affairs and Energy] (BMWi 2014: 5, own translation):

Herewith, we have come full circle. A directed, well-prepared, and executed immigration is a win for all of the parties: Young people like Tung Nguyen receive a long-term perspective in Germany. Vietnam is able to decrease the workforce surplus by purposeful emigration and the German eldercare sector wins new qualified workers. Vietnam benefits from the additional transfer of know-how.

This interpretation of a knowledge transfer sometimes also comes up in media articles. For example, in *Focus* magazine a Vietnamese care worker is cited saying that she could “learn a lot” and could “help with her knowledge” when she returns to Vietnam (Neumann 2013: 42, own translation). Similarly, it is often argued that Asian countries do not have an eldercare sector and therefore “there is a great interest in China to acquire know-how abroad because they have to build up this sector” (Callsen 2014: 1, own translation). However, it is not explained how workers could apply their knowledge of the German vocational eldercare system in the sending countries, which do not have any equivalent care systems.

Economic differences between the sending and the receiving country are constantly presented as the main motive of workers to migrate to Germany. The television documentary *Care Workers From the Far East* from channel *SWR Fernsehen BW* mentions that the Philippine nurse Roselynn migrates to Germany “because she wants to support her family” (Knobel-Ulrich 2017, 00:05:21, own translation). Also, a television documentary from *Spiegel TV* (2013, 0:11:38, own translation) describes Vietnamese care workers in training as using €200 of their salary for their own living expenses and sending home €400: “In their home country seven family members can live off it for two months.” This suggests that offering

these low-paid jobs to foreigners contributes to the improvement of living standards of their families in the home contexts, while de-emphasizing that care work in Germany is low paid and that workers in many German urban contexts will struggle to afford rent for their own apartments. This reveals the biopolitical bias of the recruitment programs that benefit from global economic inequalities. Against this background, recruited care workers are subjectified as self-responsible individuals who rationally decide to enter into labor migration and therefore have to bear the challenges of it.

## De-Valuating Professional Skills to Integrate Workers into the German Care System

The question of whether foreign workers are skilled (enough) to work in the German care system is central to this discourse. It is generally purported that German standards of care are superior to those of the sending countries, even though Germany is one of the few countries with vocational, but not academic training of care workers. This means that academically trained foreign care workers are de-skilled with respect to the general skill level of the employment. Moreover, they have to go through a one- or two-year vocational training or work in assistance positions before they are able to work as skilled (but vocational) care workers in Germany.

Most articles mention that recruited workers are experienced nurses, but do not explain what kind of training or studies are required for their positions in the home countries. In *Focus* magazine, a worker from Vietnam is introduced: "She completes a shortened training for elderly care like her classmates. Nguyen already holds a kind of diploma as a nurse—but this does not satisfy German requirements" (Neumann 2013: 42, own translation).

The phrasing 'some kind of diploma in nursing' demonstrates that the academic background of Vietnamese nurses is ignored. Besides the de-valuation of foreign professional skills, the de-professionalizing of foreign workers also draws on their 'language deficit.' Preparatory and consecutive language classes are presented as the main tools of governmental actors to enable the integration of workers into the German employment market and society. While it is obligatory for all recruited workers to pass German language classes (language level B1 or B2 depending on the program), the discourse focuses on their (lack of) informal, practical language skills. In a document of BMWi (2014: 5, original emphasis, own translation), the perspective of a Vietnamese care worker on the importance of language learning is presented:

A challenge and at the same time the most important key for integration and professional success is the command of the German language, the young Vietnamese also knows this: "Care is mainly communication. I will improve my German language skills continuously. This way, I can build up my social environment and care optimally for the elderly, who are entrusted to me."

This quotation shows the neoliberal interpretation that is used to subjectify foreign care workers: The lack of German language skills is constructed as their collective deficit. While the establishment of language classes is presented as the integration support of employers and governmental actors, individual migrants are held responsible for their actual practical language skills at work. In the document of the *Institut der deutschen Wirtschaft Köln (IW)* [Institute of the German Economy Cologne] it is argued that foreign workers may compensate for missing

language skills by providing a specific care quality. “According to statements of employers, the observed deficits can only be accepted because the foreign workers show an above-average commitment and high empathy for the patients” (IW 2015: 27, own translation).

In the nationwide newspaper *Süddeutsche Zeitung*, a Vietnamese female worker is introduced who has difficulties “understanding everything” at her workplace, but she is trying to deal with these challenges with “humor and friendliness” (Eder 2014: 16, own translation). Similarly, an article in the online magazine *Sonntagsblatt* tells of a male Vietnamese worker whose “innate friendliness and respect silences any critics” (Böllert 2017, own translation).

Besides the de-valuation of professional and language skills, negative othering also refers to migrants’ attitudes and behaviors toward superiors and colleagues. The IW document (2015: 14, own translation) argues: “Vietnamese care workers often have a different understanding of hierarchy and therefore difficulties integrating themselves as full members of the team and making decisions independently.” Hence, cultural attributes of foreign workers are constructed in a way that they do not accord with their professional status as academically trained workers. Rather, it is suggested that these workers cannot function well in the German context because they fail to make independent decisions. Through the lens of orientalism, it becomes clear that foreign workers are subordinated to local workers by assuming that because of a collective ‘Asian culture’ they are not able to work self-responsibly and need direction. This seems to justify their employment as assistants or apprentices who are content with a subordinated position and are able to cover the heavy workload of basic care.

## Constructing Cultural Suitability for Eldercare Work

The core narrative of the discourse about Asian care workers is the assumption that they come from contexts that are culturally different from Germany and that this cultural background impacts their relationships with co-workers and superiors as well as with patients. In *Focus* magazine Dominik Ziller, a member of the Executive Management Committee of GIZ, is cited as saying “They [in Asia] have a special culture of respect toward old people” (Neumann 2013: 42, own translation). This example shows the orientalizing discourse around so-called ‘Asian respect for the elderly,’ which constructs Asia as a unified cultural zone with fixed cultural differences compared to Germany. The assumption of essential cultural differences is the basis of the subjectification of migrants as suitable workers for the understaffed and underfinanced German care system. In the newspaper *Schwarzwälder Bote*, the manager of an eldercare home says about recruited Philippine workers: “The Philippines have a very different basic attitude. They have a different respect of age and help people out of sheer charity” (Hauser and Schmid 2015: 1, own translation). The image of foreign care workers who enjoy caring for the elderly is also transmitted in political documents. For example, in the BMWi document (2014: 5, own translation) it is argued that old people benefit from engaged foreign care workers who take care of physical but also emotional matters and “keep an eye on the individual well-being of the home residents.” A Vietnamese male nurse is cited: “My profession gives me pleasure, because I appreciate older people with all of their life experience, because I can help them daily and I like to deal with them” (ibid.).

Thus, cultural essentialism is used in the form of positive othering to subjectify foreign workers as individuals who respect the elderly and enjoy caring for them. This shows that migrant workers are not only expected to provide professional care tasks but also display a specific physical and emotional presence (see Weicht 2010). Some media articles contain

descriptions of workers’ attitudes, gestures, and emotions in their interactions with the elderly that support the image of a specific care quality that is performed by them and reiterates an ascribed identity of respecting the elderly. The *Stuttgarter Zeitung* reported on a Chinese care worker: Her 84-year-old patient calls her ‘my darling’ while the other patients call her ‘Sissi’—a name the care worker has given herself, because she thought her birth name was too difficult to pronounce. It is mentioned that the patients “appreciate her warm, direct manner, her vivid and expressive gesture [that is] captivating” (Wesely 2015: 1, own translation). The magazine *Stern* wrote about how an elderly patient has difficulties chewing her food. The Philippine care worker pats her shoulder saying “No stress. Take it easy” and the patient answers, “You are so good, sister!” (Bauer 2017: 1, own translation). Very similarly, in *Süddeutsche Zeitung* a Vietnamese care worker is introduced, who is taking care of a 91-year-old patient. The interaction between care worker and patient is described as follows:

In a good mood, Hang [the care worker] turns to the lady, helps her take a shower, styles her hair. “Are we seeing each other later at lunch, Mrs. Paulus?” she asks, pats the arm of the old lady and helps her to move from the wheelchair into her bed.

*(Eder 2014: 16, own translation)*

These examples highlight that media represents foreign workers as providing a specific care quality that does not only include basic care tasks but also the establishment of a personal relation to the elderly through emotions, gestures, and physical contact. Hence, recruited workers are not only expected to ‘care for’ patients’ hygiene and nutrition, but also to ‘care about’ their emotions (Ungerson 2006). These interactions between care workers and patients represent the biopolitical bias of recruitment programs on the micro-level of interaction: Migrant workers are expected to subordinate themselves to the needs of the elderly and improve emotional well-being through the display of positive emotions and physical contact.

## Conclusion

Highlighting the epistemic potential of post-colonial approaches for understanding international migration, the analyzed media discourse reproduces the continued “salience of colonial-institutionalized knowledge” in the image of Asia as a unified zone of the world with a low economic development level and low professional standards of healthcare, but a specific culture of affection for the elderly (Koh 2015: 432). The development narrative in German discourse, which already had legitimized former phases of ‘guest workers’ recruitment, maintains the economic and professional hierarchy between Germany—as an actor on the global care market—and dependent sending countries, even though the German care system is about to collapse. The regulations of the recruitment and integration of foreign workers in the German care system, which can be perceived as ‘governmental care’ for those workers, structure their care performativity by placing them in specifically low labor market positions. Recruited (academically trained) workers are subjectified through de-valuing their professional skills, determining poor language skills, and assuming a culture-specific lack of self-reliance at work. This is understood as a justification for placing them in apprenticeships and assisting positions in the vocational care system in Germany. At the same time positive othering is used to construct suitability for basic care work through the narrative of a culture of respecting for the elderly.

The biopolitical strategy of using foreign workers to solve the care problem of the German population is put into actual care practices through expectations of a certain care performance by these workers connected to their assumed cultural backgrounds. Media articles describe that migrant workers provide and embody devoted eldercare when covering basic tasks while displaying positive emotions and offering physical contact. These descriptions of migrants' care performances reiterate the image of Asian respect for the elderly that is assumed to be essential to their individuality. Media portrayals of migrants' care performances reproduce social boundaries within a globalized world. Those boundaries can be found in the systematic de-valuation of migrants' professional skills that does not allow them to adopt superior positions in the care system. Hence, the othering of recruited workers fosters their economic exploitation in the German care system. The contradictions of the recruitment programs are to be solved on the individual level of migrants, who have to deal with risks of this migration form, like de-skilling and low wages.

## Note

- 1 In 2013, the German Federal Agency for Work concluded a recruitment project with the Chinese labor administration to employ 150 Chinese eldercare workers in Germany. The Federal Ministry of Economics and Technology between 2012 and 2016 executed a pilot project to recruit 200 care workers in Vietnam. About 450 workers from the Philippines have been recruited since 2013 under the auspices of the 'Triple Win Nurses' project initiated by the German Central Foreign and Specialist Recruitment of the Federal Employment Agency and the German Society for International Cooperation.

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# 12

## CARE FOR THE UNCARED (FOR)

### Slum Redevelopment and the Emerging Challenges of Accessing Care for the Urban Poor in Delhi

*Niroopa Subrahmanyam*

#### Introduction

Housing, water, and sanitation are fundamental prerequisites for the care and well-being of the urban poor in metropolitan cities. In the capital city of India, these services along with health, education, and social security are extended via the *Basic Services for the Urban Poor* (BSUP) program only to a small percentage of the urban poor that live in ‘planned colonies’ and have access to regularized housing.<sup>1</sup> A disproportionate number of the remaining population of urban poor, however, live in ‘unplanned colonies’<sup>2</sup> marked by sharp social divisions, no promise of a secure legal tenure, and a visible lack of basic services. The illegality of their tenure has led to both de jure and de facto exclusions of these households from accessing basic services for their survival. This means the only legitimate way for the urban poor to access basic services in the city is via access to regularized housing.

At present the urban poor can access regularized housing either through state subsidized social housing schemes or by buying property from the private housing market. The eligibility to state social housing schemes is highly complex and uncertain and is determined mainly through the level and nature of encroachment of the slum colonies on private or public land. In comparison, buying or renting property from the private housing market is uncomplicated.

However, according to the *Report of the Technical Group on Urban Housing Shortage* (Kundu 2012) the current private housing stock, although in abundance, is only affordable to a very small proportion of the urban population, most of whom either already live in ‘acceptable dwelling units,’ want to shift from a rented accommodation to a self-owned house, or want to upgrade their living standards. The segment of the poor that live in ‘unacceptable conditions’ with limited access to basic services does not have the adequate financial means “to even enter the housing market to claim ownership or acquire rental housing” (ibid.: v). According to the presented data, 62% of the total surveyed households having a monthly household income of ₹10,000 (US\$132) are at the risk of having no access to regularized housing nor effectively to basic services as well (Kundu 2012).

In 2009, the central government initiated its new affordable urban housing scheme, the *Rajiv Awas Yojana* (RAY), whose specific aim was first to address the challenge of providing

tenurial security, and second, to tackle the lack of affordable housing options for the poor. The scheme looked at making the guidelines of provision of housing and basic services easier both for the state as well as the private developer. Unlike the previous state-initiated social housing schemes, RAY proposes two major policy shifts: The scheme extends the right to basic shelter and basic services to all existing slums regardless of their legal status and it offers support to private developers and encourages their participation through a Public-Private Partnership (PPP) model that subsidizes the cost of land and provides Floor Area Ratio (FAR) discounts to ensure the feasibility of subsidized housing. In principle, “RAY becomes the closest policy articulation to a Right to Shelter” and the first scheme to recognize the rights of the urban poor in accessing basic services irrespective of the legality of their existing housing (Bhan et al. 2014: 12).

While on paper RAY’s objective is to ensure affordable housing and basic services for all, in reality the scheme has come under intense scrutiny for falling short of its promises. Firstly, despite claiming the contrary, on the ground, the feasibility of RAY hinges on setting strict criteria of eligibility in order for slum households to be entitled to a legal tenure and by that effect to basic services. The criteria for eligibility set by the state housing authority is vague and have not been defined within the policies of the scheme, leaving many slum households in conditions worse than they were prior to the redevelopment. In addition, the redevelopment proposed within RAY comes at the cost of hasty and unethical slum evictions and demolitions that have uprooted households from their communities and displaced them from their modes of occupation. There is a lack of effective policies to protect the rights of the slum dwellers and adequately compensate the displaced slum households. Lastly and most importantly, the policies within RAY give little regard to the importance of analyzing and mapping the basic services that already exist within the informal settings of the slum and represent “a level of investment and affordability that is more aligned to the incomes and aspirations of the urban poor” (ibid.: 16).

While RAY was seen as an ingenious opportunity for the state to lay the foundations for a policy framework for accessing both housing and basic services for the poor, on the ground, however, the implementation of the scheme has been inadequate. The confusion around the eligibility to the scheme has created an atmosphere of fear and mistrust between the state and the poor affecting their willingness to voluntarily participate in their own rehabilitation process. At the same time, the dismantling of their existing urban fabric to give way to modern high-rise towers has exposed the state’s need for territorial accumulation via an aesthetic vision that contributes little in upgrading the quality of life for the poor.

This chapter investigates how the policies of RAY have been played out on the ground. Taking the case of RAY’s first *in-situ* redevelopment project at Kathputli Colony in West Delhi, the chapter tries to analyze the drawbacks and opportunities within the scheme with a direct impact on how basic services are provided to and accessed by the marginalized in the city. The observations and recommendations made within this chapter build on the works of Amitabh Kundu (2012), Gautam Bhan (2009), Ananya Roy (2013), and Asher D. Ghertner (2010) that largely focus on slum evictions, housing inequities, and policies on affordable housing and care.

The chapter is divided into three parts: The first part provides an overview of the RAY scheme and its redevelopment proposal at Kathputli Colony; the second part investigates how the community’s eviction has affected their access to basic services, employment, and

communal facilities; the final part outlines the interrelations between the different conceptions of care in the Kathputli project and explores a new alternative approach to slum redevelopment.

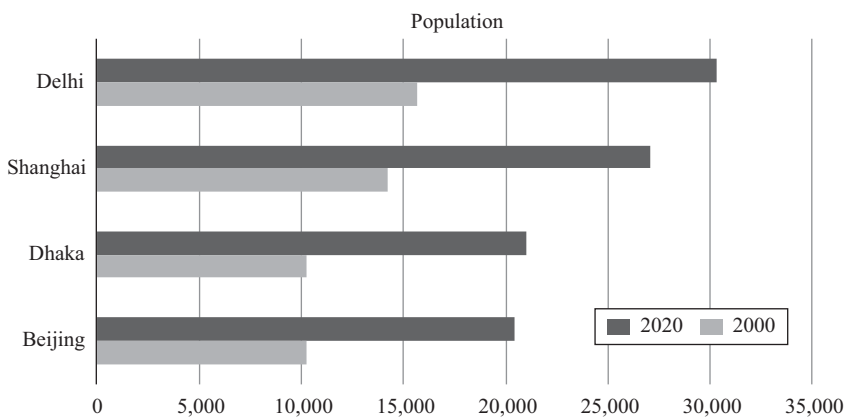
## The Kathputli Colony and RAY: An Overview

In terms of population, between 2000 and 2020 Delhi has been the fastest growing city in the world (Satterthwaite 2020) (see Figure 12.1).

This unprecedented growth has been a result of poverty-induced migration from the rural to the urban areas in search of better life and employment opportunities. The skyrocketing prices of land and real estate in the city and the struggle to access the formal housing market have over several years compelled the incoming transient migrants to “occupy marginal lands typified by poor housing stock, congestion and obsolescence” (Gupta and Gupta 2017: 3).

The story of the Kathputli community is similar. In the 1970s a troupe of itinerant performers that once served in the royal courts of the northwestern state of Rajasthan migrated to the capital city and settled in West Delhi’s Shadipur region. The group decided to settle on a small plot of land in close proximity to the Shadipur bus depot that made it easier for them to commute and perform across the city. Over the years, as the word about this thriving community in Delhi spread, the colony began to welcome acrobats, singers, dancers, traditional healers, actors, woodcarvers, weavers, craftsmen, and magicians from the farthest corners of the country.

Like any other migrant community in the city, the people of Kathputli became an indispensable part of their immediate community. From helping out as housemaids, nurses, day-care providers, running small businesses, and working as manual labor, the colony and its people were integral for the sustenance of their neighborhood. Yet, the living conditions of this community of almost 3,700 households on a 5.22 hectare plot of land were decrepit and neglected, marked by inadequate water supply, poor sewage, drainage, waste management, and

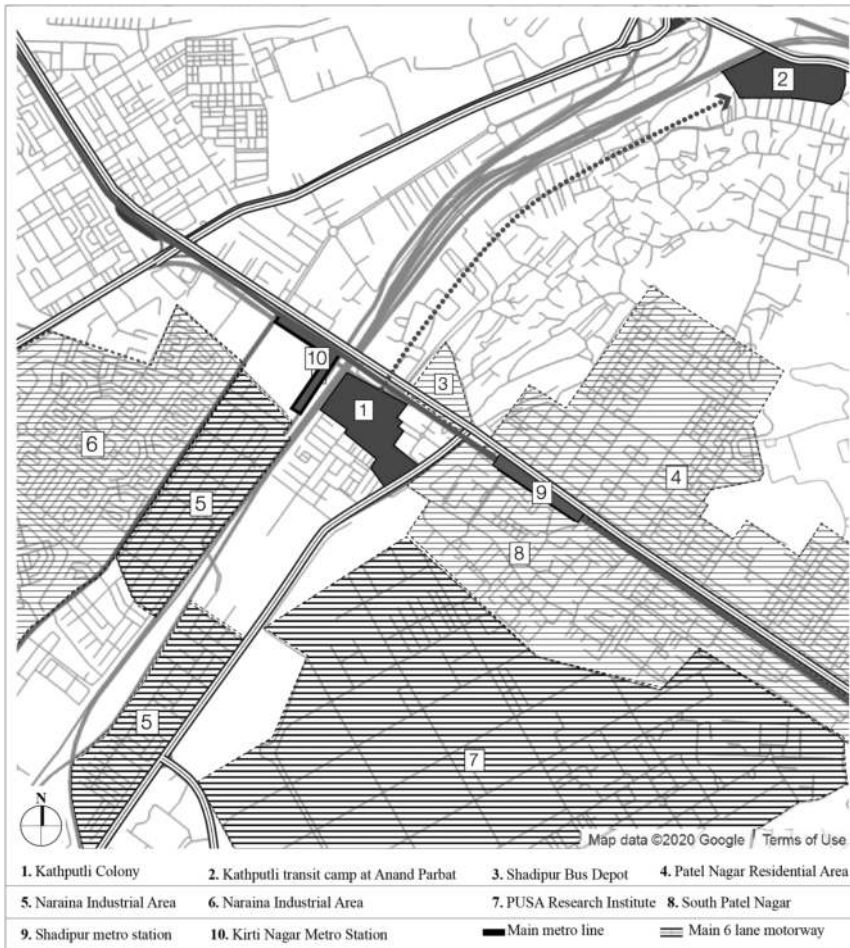


**FIGURE 12.1** Top four out of the world’s 20 largest cities in 2020 by annual population growth from 2000 to 2020 (in thousands). Data from Satterthwaite (2020). Source: Niroopa Subrahmanyam, 2020.

the lack of other crucial infrastructure such as community halls, hospitals, schools, and essential commodities (Banda et al. 2013).

With time, owing to the newly constructed subway station, the proximity to the bus depot, and its connectivity to fast-growing neighborhoods like the Naraina industrial area, Shadipur, and Kirti Nagar, this small plot of land became prime real estate (see Figure 12.2).

The deteriorating conditions of the slum and the increasing value of its real estate prompted the state to push for the slum's redevelopment. The first proposal was made in 1986. The colony was to be displaced to a small plot of land in the outskirts of South Delhi. In 1996 a similar proposal followed, this time with a proposal to displace the colony to another part of southwest Delhi. After much resistance by the community, both proposals were rejected on the grounds that the resettlement housing that was offered was on the outskirts of the city where transport infrastructure was poor and access to services and employment limited.



**FIGURE 12.2** Map showing Kathputli Colony. Centrally located between multiple transport points along the main road. The Kathputli transit camp, Anand Parbat, can be seen to the north a little over two kilometers away. Source: Niroopa Subrahmanyam, 2020.

While the people of Kathputli were able to collectively resist their permanent relocation, the fate of many slum communities across the capital city was not as favorable. The state housing authority, Delhi Development Authority (DDA), had by this time already carried out a series of eviction drives to rehabilitate vulnerable communities into new social housing scattered across the periphery of the city. However, the growing discontent and resistance displayed by the Kathputli community as well as the activists and NGOs supporting the community compelled the state to rethink its policies of rehabilitation.

This led to the initiation of the RAY in 2007—a new affordable housing scheme issued by the DDA that adopts the *Slum Free City Plan of Action* (SFCPoa) standards set within the *Delhi Master Plan 2021*. The main objectives of the scheme include:

- Enabling all slums to avail basic services regardless of whether they are notified or non-notified;<sup>3</sup>
- Planning for affordable housing stock for the poor; and
- Initiating crucial policy changes required to facilitate the same.

The scheme exclusively prohibits the relocation of slum households and instead looks at an *in-situ* model within which the slum residents will be provided housing, sanitation, and water on the land they occupy. Additionally, it mandates the provision of social amenities such as pre-schools, childcare centers, health centers/sub-centers, livelihood centers, etc.

In 2009, out of 21 projects the DDA identified within the Delhi SFCPoa, it decided to award its first *in-situ* project to the Raheja developers. The developers were to initiate the redevelopment of the 5.22 hectares of land occupied by the Kathputli Colony. Under the PPP model, Raheja's were obligated to reserve 60% of the plot area for the Kathputli redevelopment while 40% could be used by the developer as commercial or non-subsidized housing. Within this 60% plot area the developer must also accommodate the social amenities described earlier including underground water tanks, domestic water supply, and horticultural works. Additionally, the developer is obligated to lay all the internal roads, pay the appropriate authorities for the installation of an electric substation, and obtain necessary building clearances from all the concerned state authorities. The guidelines estimated that the construction of the new housing could take up to two years during which time the Kathputli residents would be relocated to a transitional camp that would be built by the developer.

At first glance, a formalized scheme for the temporary relocation of the community and the promise of a new home on the land they occupy may seem productive, cost effective, and most importantly less risky for the people of Kathputli. However, a few key factors added to the community's reluctance to relocate: notably the confusion around their eligibility to a house in the transit camp; the uncertainty of stable employment or means of livelihood near the transit camp; the fear of being uprooted from their community; and finally the added expense of commuting to schools, work, and places of worship. The community therefore expressed their grievances to concerned neighborhood authorities and with the help of their representatives, NGOs, and activists petitioned and appealed to the state to provide more clarity and assurances regarding the procurement of a new home. Very soon, contrary to the objectives of RAY, the state began to reveal the requirements for eligibility under which it mandated the Kathputli residents to present valid proof of residence, issued no later than a cutoff date that, following several extensions, was confirmed as June 4, 2009.

Soon enough, many households that were in possession of a valid proof of residence decided to take the necessary steps toward the improvement of their living conditions and started relocating to the newly built transit camp two kilometers away from the Kathputli site (see Figure 12.2). For the households that could not prove their eligibility there was an imminent risk of slipping into homelessness. In the period between 2014 and 2016 some 500 households decided to make the reluctant transition to the transit camp. In 2016, after increasing pressure from activists and the remaining residents of Kathputli, it was agreed that more time be given to households left behind to make their own decision regarding relocating to the transit camps. In October 2017, with the help of the police and paramilitary forces, the DDA finally decided to begin the process of demolishing the Kathputli colony despite the continued occupancy of the site. This illegal demolition of the colony, the first of many, flattened 400 homes and immediately pushed several households within the community into homelessness. Until the end of 2017, some 500 households continued to occupy whatever little is left of the site (Walczak 2017).

### Slum Redevelopment and the Conflicting Values of Care

One of the key oversights of the state was its inability to anticipate the number of households that needed to be rehabilitated as part of the Kathputli project. This unpreparedness favored their decision to differ from the original objectives of RAY and set clear criteria of eligibility for the Kathputli community to procure regularized housing. These criteria left the community with only two alternatives—either to meet the requirements of eligibility and gain access to an upgraded quality of life or to become homeless. Even so, despite proving their eligibility, the confusion over the documents that could suffice as residence proof, the lack of transparency in the process of its evaluation, and the shifting cutoff dates further made the process of relocation intimidating and arduous for the Kathputli community.

While the physical attributes of the colony's built environment are comparable to slum settlements across the city, the diverse composition of the community is unique and presents new opportunities for making RAY more inclusive, participative, and adaptable. Yet, on ground the practices and policies of RAY regarding the eviction of the slum dwellers and the protection of their rights have revealed the contrary. For the community the process of eviction not only became a cause of fear and confusion it also played a central role in the shifting and oftentimes contradicting values of care between the household, the community, and the state, which determined the sentiment toward their own rehabilitation process.

Presently RAY's *in-situ* redevelopment model proposes the upgrade of slums through the construction of newly built homes. In the case of Kathputli, 2,800 households will be accommodated within a series of interconnected 14-story high-rise towers. It is expected that the provision of these newly built homes will be critical in addressing two major concerns central to the state's slum preventive strategy incorporated in the Delhi SFCPoa. First is the question of the spatial illegality of the slum and second the need for capital accumulation. The state believes that social housing will help the Kathputli community in providing access to a secure tenure, organizing itself within the 'formal' city and by that effect allowing them easy access to basic services. The relocation of the slum community to transit camps is therefore a crucial first step of this overall domino effect.

However, the policies shaping this process of redevelopment and relocation have raised a range of concerns many of which are also outlined within the formal legal brief submitted

by the community in 2014 (Bhule Bisre Kalakar Co-Operative Industrial Production Society Ltd. and ORS Petitioners v Union of India and ORS Respondents 2014).

The incomplete enumeration on part of the DDA accounted for only 2,800 out of the roughly 3,700 families as eligible for a replacement unit in the new apartment towers. This was aggravated further by the lack of transparency on part of DDA to reveal the official list of beneficiaries after repeated requests by the community and their representatives and lack of any provisions to rehabilitate the 'omitted' families. Further, the proposal for a high-rise tower did not take into consideration the specific design elements that would be critical to support the traditional lifestyle of the community. The lack of space for circulation, training, informal performances, workshops, storage, etc. made the community question the value of such a project in uplifting their standard of life. Lastly, the policies within RAY specify that the replacement unit only be transferred legally to an eligible slum household on a yearly rent if they agree not to transfer or lease out the property for another ten years. While such a proposition is a good preventive measure to stop the creation of slums and limit the misuse of the rental contract, it also prevents a community such as Kathputli that work largely within the informal sector from relocating to other parts of the city in search for better employment opportunities.

Thus, although redevelopment may provide a less complicated means of providing tenurial security to the poor yet, as seen in Kathputli, such a proposal creates indeterminate criteria for eligibility and provides no alternatives in the case they are not fulfilled. It forces the community into high-rise towers where they will be unable to combine their work-life traditions and also binds them into strict, inflexible ten-year contracts as a preventive measure, making the scheme counteractive to their personal and professional aspirations.

Another matter of contention in this case is the fact that the community is largely stratified along lines of geographical origin (Banda et al. 2013). It is composed of eight sub-groups each with their own community representative. On the ground these lines also reflect economic disparities—the older communities that have lived longer in the colony had larger, well-equipped homes at the center of the site while the relatively new residents lived in more tenuous structures with limited access to the community or the community services. This has played a central role in influencing the community's attitudes toward the relocation and the redevelopment process. While the relatively new households were more open to relocating to transit camps, the older households were not convinced by the necessity for redevelopment. Added to this was a generational gap that was visible in the differing sentiments between the young and the old. While the young believed that the temporary relocation was a small price to pay for upgrading their quality of life, the older generation saw this as a threat to their artistic traditions.

However, overall, all parties had a general consensus on the importance of sustaining the identity and culture of the community. For this reason, they saw the proposal for relocating to two separate transit camps, the lack of stable employment opportunities in the vicinity of the camps, and the eventual transition to isolated, non-incremental high-rise towers as an imminent threat to the order and traditions of the community.

Further, the demolition of the colony also led to the dismantling of the social fabric that the community had so meticulously developed over several decades. This complex urban fabric included the informal infrastructures for community and commercial facilities, temporary schools, places of worship, *crèches*, and small clinics. Not only did the close proximity of these services fulfill the mobility and accessibility needs of the community, it also



contributed toward the community's overall social, mental, and physical well-being. The visible lack of proper policies and action plans within RAY to map, survey, and analyze these pre-existing services that are a common feature of slums around the city displays its disregard toward the flexible and incremental nature of services that are crucial for the sustenance of every slum community. The demolition of Kathputli therefore is a missed opportunity of investing and upgrading in a care ecosystem that is already affordable and accessible to the community.

## Toward Slum Upgrading

The Kathputli project presents two contradictions to the main objective of RAY to make basic services universally accessible to the urban poor (see MoHUPA 2013). The provisions of RAY are exclusive and have only been extended to the Kathputli community through unclear but strict criteria for eligibility, which sidelines almost 700 households from the rehabilitation project. With an average family size of four, almost 3,000 people have been denied the provision of a house and access to basic services purely on the basis of their ineligibility to qualify for the scheme. Furthermore, in cases where the households are eligible slum dwellers will have to overcome complex socio-cultural challenges such as disruption of work-life balance, dismantling of the community's social hierarchy, and compromising the spatial rituals of their artistic traditions to be able to resume life in cramped high-rise towers and assimilate into the formal system.

Evidently, the vision of basic services for all embedded within RAY is not accessible to all households within the Kathputli colony let alone the larger population of urban poor living in the capital city. The households that can access the scheme are forced to abate their own scope and ability for self-provision and instead depend on state-provided care. While this dependence on state systems is healthy and much needed yet, for the itinerant populations of the urban poor living in the city and largely dependent on informal jobs and unsteady incomes, a better quality of life and access to basic services will require larger systemic changes to their incomes and employment opportunities as well. Thus, while redevelopment may seem necessary for an immediate upgrade in the quality of life of the urban poor, in the long run, however, continued access to basic services must be ensured via strategic incremental and affordable solutions.

For RAY, the first step in this direction would require moving away from guaranteeing basic services via *in-situ* redevelopment of the slums that, as observed in the case of Kathputli, comes at a huge mental, social, and financial cost and in lieu of focusing on '*in-situ* upgrading' of slums in order to overcome and/or make use of the existing physical and social vulnerabilities and opportunities presented in them. Of course, this does not imply that the conditions within the slum by itself are ideal for creating the provisions for care, yet, one must acknowledge that slum clusters tend to develop in the cracks of the ordered city, already in close proximity to employment sources, schools, health-care services, etc. (Chatterji 2019). Thus, by their very nature they are already opportunistic, affordable, and incremental. *In-situ* upgrading would therefore capitalize on these existing livelihood linkages and focus on the incremental upgrading of the individual households and community services already present in and around the existing slum settlement.

Such a scheme presents a few benefits. Since RAY is already chronically financially dependent on private investments, making *in-situ* upgrading a priority intervention will make

delivering basic services a very feasible proposition for the state to invest in and the urban poor to self-finance. Moreover, the additional expenses that the community was bearing in order to access better equipped health/education/community facilities away from their neighborhoods can now be redirected toward making incremental improvements to their own households at a pace that corresponds to their irregular resource flows. Over time, these small increments can give sizable dividends in the form of well-maintained and accessible health-care facilities, improved hygiene, and better living spaces and increased sense of community.

This ability of a slum to improve their own livelihoods will help increase their legitimacy as a self-sufficient community and inadvertently give them effective protection against any future demolition or eviction (Bhan et al. 2014). This effective protection can take slum upgrading a step further by buying the community more “development time,” which is a formal no-eviction guarantee for settlements facing eviction that may or may not eventually result in ownership (ibid.: 20). This guarantee may be awarded to slum communities in exchange for a low rent or no rent over a stipulated period of time, usually long enough to see substantive gains in their quality of life. During this time individual households within the community can have access to additional loans on top of their own investments to facilitate low-cost interventions to improve the standard and stability of their houses or collective loans to invest toward the maintenance of community services. These loans can be recovered as a surcharge on their rents and will impose no additional financial burden to slum households.

It is expected that once the stipulated time period is over each household within the community is able to display a better quality of life and access well-maintained and functional community services and is therefore either willing to bear more risk and transition to legal rental/ownership contracts for their own house or will have enough financial savings and economic resources to be able to directly access a new house and better services via the formal housing market. Of course, it is evident that such a proposition is only a transitional measure and would require at some level more comprehensive systematic changes. Yet, it can be argued that in the short and the long term, upgrading through a no-eviction guarantee is a more secure and affordable option than the RAY scheme and ensures a continued access to regularized care for the poor.

To summarize, *in-situ* upgrading can be seen as a counter concept to the current narrative for *in-situ* redevelopment. By giving the poor a chance to upgrade unscrupulous urbanization, private participation can be limited and the state can become more accountable toward financing the basic services in and around the vicinity of slums. It also empowers the urban poor by encouraging them to afford, maintain, and incrementally improve their houses and community services at their own pace and income levels. Additionally, including provisions for the poor to prematurely transfer or terminate housing rental contracts will benefit the poor by buffering the financial as well as time-bound implications of re-entering the formal housing market at their own convenience.

Rethinking the role of the urban poor as stakeholders rather than beneficiaries in the process of upgrading their quality of life will be fundamental in addressing the emerging struggles for accessing urban care in future cities. Upgrading rather than redeveloping slums will not only ease the access to housing and basic services for the existing and expected itinerant populations coming to the city but will also contribute significantly toward the making of an equitable Delhi.

## Notes

- 1 Regularized housing refers to any housing built on land designated for residential land use purposes.
- 2 Unplanned settlements, in the case of Delhi, are very diverse, with varying conditions of tenure, ownership, and infrastructure facilities. Presently, Delhi has eight types of settlements out of which seven are unplanned types: JJ Clusters, Slum Designated Areas (SDA), Unauthorized Colonies, JJ Resettlement Colonies, Regularized Unauthorized Colonies, Rural Villages, and Urban Villages. The Kathputli Colony falls within the JJ Clusters category (CPR 2015).
- 3 Each Indian state uses different policies to determine whether or not a slum can obtain a legal status. These criteria are loosely based on the guidelines and definitions enclosed within the Slum Improvement and Clearance Act of 1956 and the legal status serves as a prerequisite for the slum to receive municipal services. De facto slums that secure de jure status are called notified slums while the ones that do not are called non-notified slums.

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# 13

## PUBLIC SPACE AND CHILDREN

### Who Cares and Who Takes Care of?

*César Matos e Silva and Robertha Barros*

#### Introduction

In this chapter, we investigate the role of children in the production and significance of public space in Brazilian cities. Public spaces are places where people should share experiences of solidarity and learn about the world and, because of these learning processes, are particularly important for children. However, this feature remains unacknowledged in Brazilian cities, which are shaped by social inequalities, high rates of urban violence, the frightening presence of cars on public roads, and the generally poor quality of urban spaces. In this context, individual concerns appear to be more important than community issues, resulting in an absence of interest in the state of public spaces, and particularly in designing public spaces that cater to the needs of children. We argue that children *should* be an essential part of public space and we speculate in this chapter about who cares for children in the design of public spaces and who takes care of these spaces.

In this context, we critically examine one established form of scientific knowledge, outlining an approach to other forms of knowledge, beyond established scientific ones, and their relationships with the city. As a product of modernity, the positivist approach of scientific knowledge resulted in technical advances, but also the possibility of unequal power and social inequity, due to the erasure of other ways of narrating the world (Sousa Santos 2004). Different knowledge produced by different people and cultures involved in social emancipation practices have often remained unacknowledged. The Portuguese sociologist Boaventura de Sousa Santos (*ibid.*) calls this kind of invisible knowledge ‘emancipatory common sense.’

As Sousa Santos (*ibid.*: 789) underlines, both the positivist approach of scientific knowledge and other forms of knowledge are incomplete. This incompleteness may be perceived in urban public spaces. In such spaces, where such things are (or should be) visualized, one can recognize potential dialogues and conflicts arising from the plurality of multicultural knowledge, far beyond official regulation and scientific knowledge. In Brazilian urban society, a very high proportion of the economy is informal, and city administrations have little control over the use of spaces. In planning and regulation, it is important to treat the public space not only as a physical and material space—something geometric—but also as a socio-political

dimension. The way we (do not) plan, design, use, and care for public space may include or exclude individuals or social groups. On the one hand, in Brazilian cities, it seems that no one cares for the streets or takes care of them. However, on the other hand, we can identify the emancipatory possibilities produced in these public spaces, which maintain the meanings of recognition and of belonging to such places (Barros e Silva and Matos e Silva 2018).

We also present a practical experience, intended to produce other social narratives connecting children and public spaces, making visible alternative ways of seeing and acting in the world. To this end, we use “the work of translation,” an unconventional sociological tool developed by Sousa Santos (2004: 801, own translation), to facilitate the appropriation of public spaces by the Brazilian child within his or her different social realities.

### Urban Childhood: First Approaches

The Portuguese word *infância* [childhood] comes from the Latin word *infantia*, which “etymologically means the one who cannot speak” (Dias and Ferreira 2015: 119, own translation). In Brazil, the ‘Child and Adolescent Statute’ (a federal law promulgated in 1990) states that ‘child’ means all individuals up to 12 years old. However, it should be noted that childhood here is a plural and complex period, interspersed with multiple discourses, including different traits, according to specific social, historical, cultural, and urban contexts. Childhood must be understood, therefore, as a social construct understood as a different structural category in different societies (Jenks 1982). According to Marina Dias and Bruna Ferreira (2015), childhood as a concept did not exist until the end of the Middle Ages. It could therefore be said that childhood is an invention of modernity as a result of emancipatory processes.

The *United Nations Children’s Fund State of the World’s Children Report* notes that childhood experience around the world is becoming increasingly urban and that this shift is irreversible: Nowadays over 50% of the world’s population—including over one billion children—live in medium and large cities (UNICEF 2012).

According to official population estimates, in 2020 Brazil’s population is about 210,727,174, of whom 51,215,974 are children and teenagers up to 14 years old, in other words 24% of the entire population. Socioeconomic indicators demonstrate inequalities: In 2019 about 13 million people in Brazil (6.5%) were living in extreme poverty (that is, living on less than US\$1.9 per day), while 52 million people were living in poverty (on less than US\$5.5 per day), about 25.3% of the country’s population (Nery 2019). A report from the Abrinq Foundation presents some significant information about the living conditions of children and teenagers in Brazil: 40.2% of children and teenagers under the age of 14 live in poverty; 17.5% of all teenage girls became mothers before the age of 19; 18.4% of homicides committed in 2016 were of children and teenagers under the age of 19; and 66% of children under the age of three do not have access to either a public or private kindergarten (Varella 2018). In summary, the report demonstrates the severe vulnerability of the majority of children in Brazil.

It is true that childhood experiences in Brazilian cities vary. Many children enjoy the advantages of urban life, such as access to education, medical, and recreational services. On the other hand, the number of children denied rights to essential resources and basic humanitarian services, such as clean water and healthcare, is very high—even when living close to such services. However, many of these children may also be homeless and coerced into activities that involve risk and exploitation or face the constant threat of expulsion from their homes, even when living in the most unacceptable conditions—unsafe and overcrowded housing,

and seriously vulnerable to disease and disaster. In the sociology of childhood in Brazil, the term ‘non-child’ has been used to describe children for whom none of the social conditions required for a life of dignity can be identified. Although children are recognized in law, their contemporary prerogatives and the rights broadly associated with childhood have not been empirically identified. Children are often excluded, hidden, and absent, with so-called ‘street children’ constituting a paradigmatic example (Marchi 2007).

Interestingly, over the years, the rise in the number of children living in cities has created a paradox—how to make childhood and public spaces connect, given the spread of fear, high rates of criminality, and increasingly hostile design and use of the street in Brazil. One could say that the street is not a place for play or to establish a relationship of care and support for children’s health and social development. As a result, on the one hand, children from families with medium or high economic backgrounds are walled up in gated communities that provide the illusion of freedom and autonomy. On the other hand, children from low-income situations experience more outdoor playtime, even if there are no good quality public spaces in their neighborhoods.

In general, thinking about the relationship between children and the public space in the contemporary Brazilian city presupposes a consideration of other issues, such as the frightening presence of cars on public roads and the poor quality of urban furniture. Indeed, in these conditions, children’s freedom of movement is reduced and the possibility of developing particular ways of perceiving the city is impeded (Dias and Ferreira 2015).

In contrast, in ancient Greece, for example, children learned by walking routes in public space. The *paidagogos*<sup>1</sup> was in charge of accompanying children from home to school and back and knowledge was generated, and experiences were shared along these routes. Public space was not only understood as a place for constructing thought in action, but also as a space for shaping democracy by constituting the *agora*. Christine Loth and Thomas Coelen (2016) explain that pedagogy during this period existed exclusively in public space—albeit strictly for boys only—and that it originally means the methodology of accompanying children through the public space of the city. In this sense, public space was seen as a fundamental element for a child’s development and learning—one that people cared about.

We are nowadays dealing with public spaces that have lost their importance as places of encounter, experiences, and learning. The detachment of children from meaningful street spaces reduces their large-scale perception of open space, hinders the construction of a sense of citizenship and neighborhood, and impairs the development of mental, geographical, and affective maps.

Interaction with public space can inspire children to care for places, and thus become critical and participatory social agents who question the world around them, expanding their creative capacity and environmental sensitivity. This also means learning about conflict and differences, which may emerge when different perspectives come together. Children are likewise encouraged to solve problematic situations and propose new challenges, thereby fostering their capacity for organization and planning. Children need to be educated for life, for citizenship. They therefore need to use and appropriate public spaces, for example by playing freely with other children. As Claudia Oliveira (2004: 22, own translation) notes: “If they cannot use the public space, how will they become citizens? How can you respect this space if you do not get to know it?” However, some research has demonstrated that children’s freedom to walk and play outdoors, and to explore the environment with their peers, has become increasingly restricted in Brazilian cities, despite the need to find ways to stimulate their autonomy (Ramalhoso 2017).

Urban public space is not only understood in its aesthetic, functional, or environmental state, but also in its political dimension, since it may be appropriated and shared by different social groups and can accommodate divergence and disagreements (Matos e Silva 2014). It is a place of struggle and negotiation. Further, fear, neglect, or lack of access to public space can lead to physical confinement and promote a sedentary lifestyle. Little by little, particularly, but not solely, children and families from the privileged economic classes, who normally avoid public spaces, relinquish the political dimension of the urban public space as a place of interaction and free play, a place to learn other perceptions, and deal with disagreements. Since Brazilian society is pervaded by different types of inequalities, especially socioeconomic ones, conflicts in contemporary Brazilian cities have become life-threatening. Cities have suffered from the proliferation of private spaces—for example, in the form of shopping malls and gated residential communities—that deliberately seek to display some of the characteristics of collective (but not public) spaces of coexistence, but which are merely intended for coexistence between equals.

There is nothing new in this. Historically, public space in Brazilian cities has always attracted contempt and indifference. As opposed to the household, or the domestic space, people on the street are viewed with reservations, even with disrespect (DaMatta 1997).

Public space is understood here as

something that goes beyond the *street*; as a set of practices that are structured in a certain place [...] as a social space, a public space does not exist *a priori* only as a *street* but is structured by the presence of *actions* that give it meaning.

*(Leite 2010: 84, original emphasis, own translation)*

Thus, in order to constitute public space, it must be traversed, both physically and symbolically, by practices and actions.

However, as we have said, fear is the hallmark of public space in contemporary Brazilian cities. The current high homicide and crime rates<sup>2</sup> in Brazil lead people not only to move away from the streets, but also to disqualify all kinds of spaces from public use and access. Although it is not possible to generalize, in certain situations, even the act of walking on the street or using public transport, for example, can be highly stigmatizing. This reinforces the historically constructed state of indifference, contempt, and therefore carelessness related to Brazilian urban public space.

The ways a child appropriates public space in the city may indicate potential, such as creativity and capacity to improve the use of public infrastructure, and contribute to the diversification of the street itself, since the more heterogeneously a street is inhabited, the safer it will become (Jacobs 2000). This is why this relationship (between children and public space) has assumed such importance, since it re-signifies the child's place in the city and allows it to become a place of recognition, affection, identity, and autonomy.

### **Connecting Public Space and the Child Through Care: The 'My Lime Tree Sidewalk' Project**

All scientific knowledge is socially constructed. However, according to Sousa Santos (2004: 789), there are non-conventional practices and experiences in the world that often become invisible. Since these are “considered alternatives to hegemonic experiences, their credibility

can be discussed and argued and their relations with hegemonic experiences can be the object of political dispute” (ibid., own translation). Sousa Santos (ibid.: 801, own translation) therefore developed the concept of “the work of translation.” In this sense, translation enables reciprocal intelligibility between available and possible experiences of the world. This applies to knowledge, actions, and practices.

The work of translation represents an alternative way of interpreting the experiences of social emancipation, as well as their agents, understanding that all everyday cultures are incomplete and can enrich and be enriched by dialogue and confrontations with other everyday cultures and other perspectives. This creates the necessary conditions for the concrete social emancipation of social groups. The work of translation is a sociological tool that aims to make emancipatory experiences visible.

The production of scientific knowledge must aim to promote social emancipation, a principle of democracy. Emancipation in this sense refers to participation in the social process of democratically constructing new spaces and new forms of individual and collective citizenship. Emancipation is a path to a new state of knowledge, and to solidarity, which is a forever-unfinished process.

From this point of view, it makes no sense to understand public space through a general theory, which presupposes the obliteration of the complexity of public spaces. The work of translation is an alternative to a hegemonic general theory, providing reciprocal understanding between experiences of the world. Through translation, the participatory practitioner’s knowledge goes hand-in-hand with expert knowledge. It is therefore manifest among social practices and agents, since all social practices comprise knowledge. In other words, the work of translation involves knowledge applied to practices and materialities and aims to stimulate a desire for the collective creation of knowledge and practices that provide alternatives to neoliberal globalization. The goal is to inspire the establishment of contact zones and to share experiences.

If we understand that technical and scientific knowledge is as incomplete as all other forms of knowledge, it is essential to appreciate the importance of alternative ways of thinking about public space through experiences. As long as possible dialogue and conflicts are recognized, new forms of science may eventually figure in hybrid forms of emancipatory knowledge, taking into account the plurality and richness of multicultural experiences in the world. From this perspective, Sousa Santos (1997) states that this entire movement triggers emancipatory actions in society, which often become invisible in the daily life of the city.

These experiences, invested in emancipation and knowledge, “involve a rupture from conservative and mythicizing commonsense, to then become a new and emancipatory commonsense” (Koga 2002: 47, own translation). The following is a reflection from Sousa Santos (2004: 778, own translation):

Social experience around the world is much wider and more varied than the things that Western scientific or philosophical social tradition know or consider important. This social wealth is being wasted and it is this waste that feeds ideas that proclaim that there is no alternative, that history has come to an end and so on.

Sousa Santos (ibid.) discusses the importance of not wasting these experiences. It is therefore necessary to break from the dominant knowledge model of technical and scientific rationality, guided by indolent, arrogant reason, and replace it with a “cosmopolitan rationality,”



which prevents social experience from being wasted and recognizes its potential. This is a fundamental condition for recovering wasted emancipatory actions and thinking about dichotomies beyond arrangements of power. Other relationships and connections, which have been overshadowed and made ‘invisible’ by the dominant dichotomies, can therefore be revealed.

Below we present a social experience developed and led by academic actors whose intention was to create the conditions for possible social emancipations that translate reciprocal learning (between the university and citizens, and vice-versa) and the desire to connect transformative practices. This project attempted to facilitate dialogue between academic staff and citizens (adults and their children) within a specific neighborhood. The researchers visualized potential conflicts in order to support the creation of a new form of science. Sousa Santos’ concept of translation helped us to read and interpret the spatial practices of this activity. The project also illustrated aspects of spatial practice that contribute to academic (hegemonic) knowledge.

At this point, we should mention the principle of ‘extension activities’ at Brazilian universities within which this project is situated: As well as teaching and research, extension activities are a fundamental part of the university approach in Brazil, particularly in order to build connections between society and the university, and to incorporate civic feedback into research and teaching. This principle also enables universities to fulfill their social mission (Fórum de Pró-Reitores de Extensão das Universidades Públicas Brasileiras 2007). University teachers and students carry out activities with the community, making the knowledge acquired through teaching and research within the university available to the urban public. This activity produces new knowledge to be developed and coordinated.

In 2019, the extension project *My Lime Tree Sidewalk—Affective Relations Between Children and the Neighborhood* was conducted in the city of Aracaju, Brazil, by the Departments of Theater, and Architecture and Urbanism at the Federal University of Sergipe.<sup>3</sup> The project sought to strengthen affective relationships between children and public space, specifically focusing on the neighborhood around Graccho Cardoso Square, located in the traditional São José district, near the downtown area (see Figure 13.1 and 13.2).

Aracaju is located in the northeast region of Brazil and has a population of 657,013 (IBGE 2019). Like other medium and large cities in the country, it is marked by strong socio-economic inequalities, evident in residential areas with very different urban configurations and architectural typologies: from vertical buildings and single-family houses in middle- and high-income neighborhoods—mostly in gated communities, surrounded by walls with guardhouses, security staff, and equipment such as cameras—to precarious urban structures consisting of smaller houses and apartments in poor neighborhoods. In all of these urban situations, even in low-income neighborhoods, the relationship with the street is often problematic. Care and maintenance are undertaken to a greater extent in private spaces, relegating the public space to another world, outside, beyond physical and visual barriers.

In this context, we observe that constant and frequent practices for the use and appropriation of the public space by children usually occur in low-income neighborhoods, despite the poor quality of spaces and constructions. The São José district, where the project was undertaken, has 5,587 inhabitants, is quite near the downtown area, but is not exclusively commercial. It is an old bourgeois neighborhood, not much sought after by young families with children. Although the public spaces in São José are of good quality, the children living in São José rarely go out into the streets or squares to play or meet friends.



**FIGURE 13.1** Advertising the project in Graccho Cardoso Square, Aracaju. Source: César Matos e Silva, 2019.



**FIGURE 13.2.** Graccho Cardoso Square, Aracaju. Source: César Matos e Silva, 2019.

Project activities took place in 2019, over five months, with a multidisciplinary team of university professors and students from architecture and the performing arts and were divided into three stages. These stages were constituted as a sequence of relational intensification between the nearest neighborhood and the district, as follows: rooting, ‘radiating,’ and wandering. In the first stage, activities were specifically focused on Graccho Cardoso Square and were aimed at promoting dialogue by inviting the local neighborhood, enabling coexistence, and stimulating interest in caring for the public space. The first stage activities were: 1) publicizing the project to the local population using handouts and brief interactions with passersby; 2) raising the awareness of dog owners, who use the square to walk their dogs, to collect their

animals' feces through the motto: "The poop is yours, but the square belongs to everybody"<sup>4</sup>; and 3) construction of minimal play equipment in the square (non-existent at the time) by installing two swings on the branches of trees in the square. The swings were permanently installed for use by children and adults.

In the second stage (radiating), play activities were performed with the group of children formed over the previous stage, promoting games, costume production, and a percussion workshop (see Figures 13.3 and 13.4). In this phase, radiating walks were organized with the children, i.e., walks to nearby public spaces, as well as to neighborhood bakeries and ice cream shops, using the Graccho Cardoso Square as a starting point. From these small collective walkabouts, the researchers attempted to enable cartographic recognition of the neighborhood and contribute to a geo-affective perception of the open space surrounding the children's homes, i.e., providing them with the option of finding ways to have fun, socialize, and learn in the city not mediated by the unique perspective of the automobile.

The plan for the last stage (wandering) was to wander, that is, to walk around with no pre-determined direction, using play and performance to visually demarcate this small collective way of inhabiting the neighborhood. The children and the team made costumes and



**FIGURE 13.3** Activities with children in Graccho Cardoso Square, Aracaju. Source: Cesar Matos e Silva, 2019.



**FIGURE 13.4** Activities with children in Graccho Cardoso Square, Aracaju. Source: Cesar Matos e Silva, 2019.

props for this meandering, using their experience in the previous project stages as inspiration. The idea was to observe the dynamics, interests, pauses, and negotiations about where to go between the agents themselves (the children and adults), their spontaneous interactions with the built environment, and the perceptions, care, and feelings of belonging triggered by the experience.

Finally, the project aimed to position the children as the main interlocutors and agents, in other words, to take them out of the usual invisibility of traditional social participation processes, translating their performance, their ways of looking, and their interest in the public space. Indirectly, the researchers sought to intensify connections in this traditional neighborhood and expand perspectives of the notion of urbanity, which has historically been exclusively designed from an adult-centered point of view.

## Final Considerations

Scientific research dedicated to the interdisciplinary study of the relationship between children and the public space is growing. It is necessary to position children as the main interlocutors and agents, that is, to remove them from the traditional processes of invisibility in social participation and advance the reconstruction of childhood in society as a task for a new paradigm, as multidisciplinary work, enabling a transformation of professional practices consistent with the new vision of children and childhood.

It is understood, therefore, that experiences and practices that focus on issues of collective interest in urban life contribute to the political formation of citizens involved both directly and indirectly in such social mobilizations. Ultimately, the goal is to focus on those who experience social mobilizations as spectators, as opposed to those who take an active part in such experiences. As stated by Clara Luiza Miranda (2013: 14, own translation) and demonstrated throughout this chapter, the experimental appropriation of the public space by children constitutes a form of “tactical, not spontaneous, occupations.”

Through the *My Lime Tree Sidewalk* project, we are not suggesting that children themselves should take care of public space or a neighborhood. They are children, and this responsibility rather falls to the government, to society, and to the parents. However, as part of urban education, the activities were intended to make the children aware of the adults' 'uncare' for the city, since they could see and experience for themselves the poor quality of the space and the conflicts within it. As an emancipatory practice, this is also true for adults, who also need to become aware of all the uncare for the city and build critical knowledge about how our urban environment should be constituted for children.

Thus, emancipatory practices and actions take account of the fact that theory and practice are inseparable and that there is no theory without practice. As Paulo Freire (1977: 41, own translation) suggests: "Practice takes on a new significance by being illuminated by a theory which the acting individual lucidly appropriates." The *My Lime Tree Sidewalk* project is the practical result of a work of translation, enabling perspectives about the notion of urbanity and citizenship to expand, since it promoted other ways of reading and seeing the world through playful activities in public space. These project activities aimed to develop the care and socio-affective skills of the neighborhood children. Like other similar experiences, this is a way of taking care of public space and, fundamentally, of fostering new roles for public space caregivers: children, adolescents, and adults. By stimulating the children's understanding as interlocutors and agents of social participation, and strengthening their multiple relationships with the neighborhood square, the extension activity supported the children's involvement in and approach to public space.

## Notes

- 1 Slaves were assigned to the education of children from seven years old and accompanied them in activities outside the house. The word gave rise to the term 'pedagogue,' which refers to the person responsible for the official school education of children, adolescents, and adults.
- 2 The current homicide rate in Brazil is 29.5 per 100,000 inhabitants (2020). We can compare this with rates in Germany (1.1), Austria (0.6), the United Kingdom (1.2), and in Latin America, Argentina (5.9), and Colombia (25.5) (see World Population Review 2020).
- 3 The project was led by Maicyra Leão (Department of Performing Arts), Robertha Barros (Postgraduate Program in Development and Environment (PRODEMA), Department of Architecture and Urbanism), and César Matos e Silva (Department of Architecture and Urbanism) at the Federal University of Sergipe, Brazil.
- 4 Notice boards were produced and put up in the square, containing phrases and testimonials from the neighborhood children about their impressions of the dog poop, and an open class about zoonosis and diseases that can be transmitted by animal feces was held under an almond tree by a professor and specialist from the university.

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# 14

## CAREFUL REARRANGEMENTS

### Experiments with Neglected 'Things' in Architecture

*Micol Rispoli*

#### **Introduction**

In the last years care has increasingly been used by designers as a politically and morally charged term to engage with emerging issues of social and environmental concern, as shown by the growing number of initiatives revolving around it, such as exhibitions and festivals.<sup>1</sup> As a concept specifically originated in feminist theory to highlight our constitutive vulnerability and interdependency (Federici 1975; Tronto and Fisher 1990), care has been encouraging more responsible motives and modes of action.

Nevertheless, despite these positive trends, one cannot fail to recognize that the concept often appears to be still misused to vindicate what Giovanna Borasi and Mirko Zardini (2012) have defined as a 'medicalized' approach to architecture, echoing the hygienic paradigm of nineteenth-century urban planning that paved the way for the technocratic agendas and use of centralized and rationalist Modernist design.

This can be contrasted with concerns for more democratic design methods and processes, where care can be differently identified in some participatory approaches in which the role of the expert is strongly called into question (Awan et al. 2011; Blundell Jones et al. 2005; Dodd 2020). This willingness to include users' voices, wishes, and needs has been further expanded by feminist modes of inquiry in architecture, which have been trying to envision alternative practices to make audible and visible what is excluded by dominant thought and ideologies (Petrescu 2007). Recent feminist insights in science and technology studies (STS) by Isabelle Stengers (2005), Annemarie Mol, Ingunn Moser, Jeannette Pols (2010), and María Puig de la Bellacasa (2017) have gone even further in this direction, calling for the need to remain open to uncertainty, to dig beyond the consensual ways in which a situation is presented, and to remain skeptical toward the tempting relief offered by 'once and for all' solutions. Not only does this approach invite bringing to the fore diverse and often neglected entities, it also allows us to unsettle our own ways of knowing and open up new possibilities for architectural practice.

In this contribution I will focus on a series of experiments within pedagogical spaces of architecture and activist collectives inspired by such perspectives, including an ongoing experience in which I am directly involved, through which I seek to re-learn my own design

practice from neurodiversity. Care in these experiments becomes an even more radical means to reverse exclusions: Paraphrasing Vinciane Despret (2004: 131), it is a way of learning “to be affected” by other understandings and versions of the world.

## Caring with Architectural Interventions?

Born out of a response to the devastating global epidemic outbreaks in the nineteenth century, the hygienic paradigm approached the city as an ill body to be healed. This paradigm informed Georges-Eugène Haussmann’s extensive regularization of Paris—as well as changes at a much smaller scale, such as the home and, notably, bathroom design adaptations (Budds 2020)—and turned city planning into a technocratic instrument for administration of modern life. The space began to be shaped according to functional categories: Distance between buildings, orientation, standard ratios between individuals, and collective spaces were but a few of the normative devices at the core of the modern movement in architecture. Even nowadays many projects seem to adhere to this technocratic vision of design, with their solutionist logics often relying on a distinctively medical rhetoric. Examples range from ‘engaging’ cities and buildings that force inhabitants to walk or take the stairs to promote healthier lifestyles and treat diseases to the broad field of ‘accessibility urbanism’ which resorts, often uncritically, to biomedical categorizations that imply standardized solutions. A number of profit-oriented design proposals that respond to the current COVID-19 pandemic, labelled by Kate Wagner (2020) as ‘coronagriffs,’ are also emblematic, such as plexiglass shields suspended above dining areas and foot-triggered crosswalk buttons that completely ignore the needs of people such as wheelchair users. While recognizing how technological innovation might be crucial to address current social and environmental challenges, it is necessary to remain vigilant against the market-driven, anthropocentric, and extractive logics through which it is often performed. The uniqueness and peculiarity of different users might often be overlooked, along with potentially harmful effects on the environment.

## Care as Non-Token Participation and Feminist Modes of Inquiry

After all, a critical stance toward such technocratic approaches is not a new topic in itself. Work on participatory architecture by Peter Blundell Jones, Jeremy Till, and Doina Petrescu (2005), and further developed by Melanie Dodd (2020), could be seen as more recent significant attempts. Explicitly opposed to mere placatory forms of participation, this work radically puts into question the role of the expert and expert knowledge. Rather than ‘problem-solving,’ which often abstracts and controls users’ lives, Blundell Jones, Till, and Petrescu claim that design should be ‘sense-making,’ which “is a matter of altering, respecting, acknowledging, and shaping people’s lived worlds” (Forester 1985, cited in Blundell Jones et al. 2005: 33).

As opposed to medicalized and technocratic attitudes, care can be identified here as a willingness to reconceptualize design in a more open and process-oriented manner, which could take into account users’ voices, wishes, and needs. In the last decades, such emphasis on more collaborative approaches has been clearly informing a significant number of alternative practices, some of which have been collected in interesting research projects such as *Spatial Agency* (Awan et al. 2011).<sup>2</sup> Further relevant steps in this direction have been made under the influence of feminist thought in architecture. Feminist theory, in particular, is the domain in which the concept of care made its appearance in the 1970s (Federici 1975) in reaction to



conditions of rising inequality provoked by exploitative regimes of capitalist production. In contrast to the primacy of productivity and efficiency, it was conceived as a concern to put all forms of life and their maintenance at the center. Despite its far longer history within feminist perspectives on architecture (Hayden 1982), care has recently gained more attention in this field thanks to political theorist Joan Tronto and Berenice Fisher (1990), whose famous definition underlies its ambivalent nature, always shaped by relations of power. Beyond an attention for people commonly seen as vulnerable, its meaning is extended to the whole complex of activities that make life possible and livable. Along these lines a large number of critical spatial practices continue to emerge, with a commitment to detect unbalanced power relations and bring forward more careful arrangements. Recent initiatives and publications, such as the exhibition *Critical Care: Architecture for a Broken Planet* and related book curated by Angelika Fitz and Elke Krasny (Fitz et al. 2019), the 2019 edition of the festival *URBANBATfest* in Spain, and the book *Urbanismo Feminista* by Col·lectiu Punt 6 (2019), draw upon these perspectives. The situated architectural practices that they comprise seek to move against normative, ableist, sexist, and exploitative models of capital market-oriented economies that have led to the current crisis.

## Matters of Care in Architecture

Some other interesting modes of inquiry in architecture have been offered by STS scholars, in particular through actor-network theory and assemblage thinking, who consider the urban as composed by a multiplicity of hybrid and unstable sociotechnical networks (Fariás and Bender 2009). Great focus is being put on a commitment to reassemble urban coexistence informed by the project of ‘technical democracy’ (Callon et al. 2011), which seeks to debunk the boundaries of what is considered legitimate expert knowledge so as to reverse the effects of technocracy.

Without the aim of providing a complete account of the multiple ways in which STS and design disciplines have been encountering each other in recent years (Varga 2018; Yaneva 2009; Yaneva and Zaera-Polo 2015), I will focus here upon the influence exerted on some experimental design spaces by recent feminist insights in STS such as Stengers’ (2005) ‘cosmopolitics,’ Mol et al.’s (2010) ‘care in practice,’ and Puig de la Bellacasa’s (2017) notion of ‘matters of care.’ Care is intended here as a speculative practice, where speculation, in the authors’ perspective, stands for a continuous commitment to inquiry into the multiple, more-than-human ontologies of the world. Rather than a clear path toward a solution, care is thought of “as a domain of problematizations,” which, in Foucauldian terms, implies a questioning of accepted ‘truths’ and probes different versions of the world (Sánchez Criado 2019). Since the ‘cosmos,’ as Stengers (2005) puts it, cannot be seen as a given shared ground, nor human nature as homogeneous and universal, such perspectives invite us to remain speculative “by not letting a situation or a position—or even the acute awareness of pervasive dominations—define in advance what is or could be” (Puig de la Bellacasa 2017: 60). Radicalizing the inclusivist commitment attributed to care, they not only call for ‘visibilizing’ neglected entities, but for learning how to be affected by them and engaging inventively into the exploration of unknown prospects of alternative futures. Speculation is here, quoting Didier Debaise and Stengers (2017: 14), “a way of giving rise to possibles.” *Tender Infrastructures*, the design studios developed between 2010 and 2013 by Nerea Calvillo and Miguel Mesa del Castillo (2018) at the University of Architecture of Alicante, moved exactly along these lines. In this sense, their

idea of substituting the notion of building with the one of ‘infrastructural ecosystems,’ so as to highlight the complex socio-material ecology of urban space, appears relevant. This way, the condition of ‘users’ of an architecture is extended to certain ecosystems, endangered species, or marginalized communities. The idea, in short, was to consider infrastructures as ‘matters of care’ and design as a careful intervention aimed at detecting and giving visibility to entities that risked being left out by knowledge production practices. The first phase of the working plan involved the visualization of relationships, conflicts, and distributions of power among the actants of the socio-material ecosystem, with special attention to neglected entities. As a final task, students were asked to intervene through the installation of architectural prosthesis in order to redistribute agencies. One of the final proposals, for a project revolving around the *Thermomix*, was a speculative machine meant to unveil different agencies and re-compose the relationships between the market, the users, domestic spaces, and health food. The aim of the experiment was, in Puig de la Bellacasa’s (2011: 94) words, “not only to expose or reveal invisible labors of care, but also to generate care.”

Between 2015 and 2017, the STS-informed anthropologists Ignacio Farías and Tomás Sánchez Criado (2018) held three studio project courses under the title ‘Design in Crisis’ at the Department of Architecture of the Technical University of Munich. Their experiments, revolving around particular more-than-human challenges, were aimed at exploring the meaning and prospects of ‘technical democracy’ for the education of future architects.

In contrast to the idea of Callon, Lascoumes, and Barthe (2011), Farías and Sánchez Criado (2018: 236, original emphasis) signaled “the need to move from the ‘expertization of laypersons’ [...] to a ‘re-sensitization of experts’” and promoted ‘technical democracy’ through challenging classroom briefs and situations. The aim was in fact to undermine hegemonic forms of expertise and, interestingly, to “explicitly block or undo the particular ‘responsiveness’ of architectural modes of reasoning” proper to a ‘humanitarian’ approach to design practice (Sánchez Criado 2021: 67, original emphasis). To this end, they drew inspiration from Jacques Rancière’s (1987) *The Ignorant Schoolmaster*, whose radical-democratic principle consisted of eliciting students’ intelligence and avoiding asymmetrical relations between them and the teachers. Rather than conventional teaching methods relying on discursive concepts and readings, they used a more experiential mode, following Tim Ingold’s (2013: 1) invitation to know ‘from the inside,’ that is: understanding architecture through an engaged exploration of its methods and practices. Their aim was in fact to develop architectural ‘intraventions,’ a term coined by Alberto Altés (2016) to address his pedagogical experiments as speculative design experiences aimed at understanding the relations between things, materials, and people. Drawing inspiration from Sánchez Criado’s (2021: 61) experience with accessibility activists, the course ‘Design in Crisis 2: Coming to Our Senses,’ sought “to treat blindness as a method” to radically challenge the exclusionary effects of ocular-centric practices and techniques of architectural design. In the first phase of the course some sensory explorations were carried out to explore multisensory understandings of space and “learn not to see” (ibid.: 62). Among these there were blindfolded walks, after which students were required to represent their path in non-euclidian ways; and collective records of the smells of a street, that were later transposed into three-dimensional models. Interestingly, the final assigned task was not to design something “for the blind” (ibid.: 63) but to learn from them in order to prototype a toolkit for practicing architecture multi-sensorially, hence, to be sensitized to what experiencing space as diverse kinds of bodies might mean. Great emphasis was also put on the documentation of the whole process to allow students to take moments of self-reflexivity

on the different issues they encountered and the choices they made. The toolkit itself, whose final version was named *ManualCad*, was not in fact meant to provide a solution, but rather to function as a re-learning device to encourage awareness of different, potentially excluded forms of knowledge.

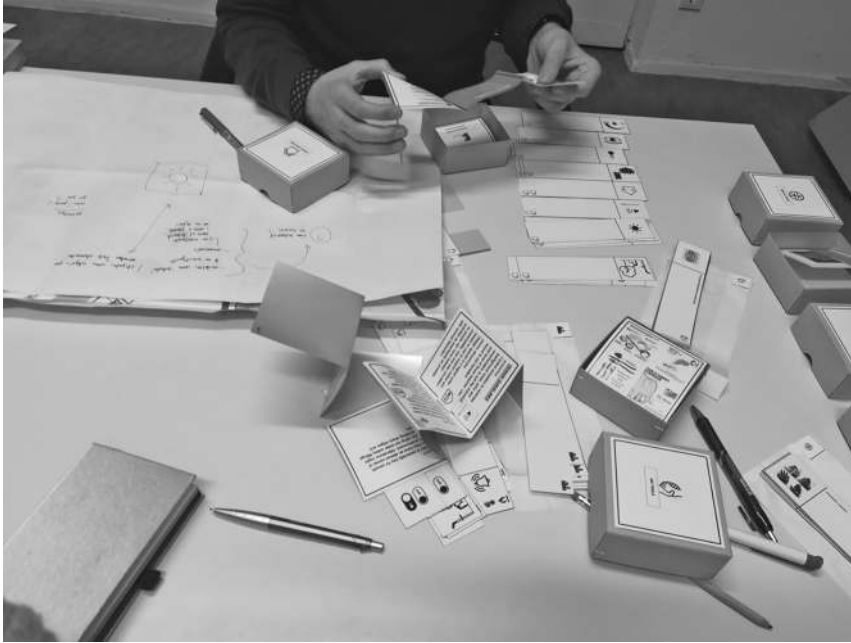
Sánchez Criado, in his ethnographic account of the work of the activist collective *En Torno a la Silla* (ETS), of which he himself was a member, had already stressed this speculative nuance of care by showing how design might become a form of “joint problem-making” (Sánchez Criado and Rodríguez Giralt 2016: 201). Whereas market care technologies, such as technical aids, commonly embody the designer’s expertise without paying attention to the user’s real and individual needs, this approach portrays care as a more radical way of sharing problems and knowledge between users and designers to collaboratively explore possible solutions. Hosted by Medialab-Prado Madrid’s *Funcionamientos* workshops (2012–2013), revolving around the idea of rethinking accessibility in urban space and technical aids through open design practice, ETS engaged in a collective exploration aimed at designing three objects for one of its members who was in need of a new wheelchair: an armrest/briefcase, a folding table, and a portable ramp. This was meant to compose a freely licensed kit that might favor both the user (seen neither as an individual who needed to be included, nor as an object) and his friends. The idea was to enable new alliances through collective material explorations aimed at hacking and rearranging social and technical scripts, where the architect might really join “a political space” (Sánchez Criado and Rodríguez Giralt 2016: 211), rather than being the only one managing the process. Care was explored here ‘in practice,’ as a matter of collective tinkering and “attentive experimentation” (Mol et al. 2010: 13).

## Re-Learning Architecture from Neurodiversity

My interest in these experiences motivated me to get in touch with Farías and Sánchez Criado and undertake a research visit at the *Stadtlabor for Multimodal Anthropology*, a research platform at the Institute for European Ethnology of Humboldt-Universität zu Berlin. In particular, since late 2019, Sánchez Criado and I engaged in developing an auto-pedagogical situation—again in line with Rancière’s (1987) approach—where we both could speculate on what the conceptual repertoire of care and anthropological practice might offer to rethink and transform architectural design. A series of contingencies, such as Sánchez Criado’s long experience with issues related to functional diversity and urban accessibility activism, and the interest and willingness to collaborate showed by my flatmate and her son, Moritz, a ‘neurodiverse’ person, motivated us to undertake an experiment to explore what neurodiversity<sup>3</sup> could teach architecture. Since this experience needs further systematization, in this contribution I will only dwell on an incomplete account of the openings that it has been offering me.

Initial research on existing devices and methods (see Figure 14.1) allowed us to reflect on the problem-solving approach through which accessibility urbanism is usually addressed, mostly revealing architects’ uncritical inclination to use biomedical categories.

Design codes, ranging from all-controlling standards to simple sets of “guidelines that outline key principles of good design” (Imrie and Street 2011: 246), are built on ocular-centric and volumetric understanding of space, whereas neurodiverse people would rather need more complex and multisensory approaches. Furthermore, accessibility guidelines such as the *Principles of Universal Design* (Center for Universal Design 1997),<sup>4</sup> despite being loose in their nature, “often reproduce the appearance of a stable, coherent phenomenon,” (Hamraie



**FIGURE 14.1** Research on existing methods and tools. Source: Micol Rispoli, 2020.

2017: 227) preventing the access to the series of frictions and revisions through which they have been outlined. Other steps included sensory explorations—such as backward walks in public and movements ‘against music’<sup>25</sup>—to navigate the multisensory terrains which could allow me to compromise my modes of design and learn other ways of experiencing space; an ethnographic walk through a Berlin neighborhood with Patrick Bieler, PhD candidate at the Institute for European Ethnology of Humboldt-Universität zu Berlin, whose research investigates on how people with mental distress relate to social and material urban environments in everyday life; spending a lot of time with Moritz and exploring with his mother and brothers every corner of the house where he lived as a child (see Figure 14.2), to tentatively learn his way of seeing, feeling, and walking through space.

Moritz was in no way treated as an object of research or experiment, nor did I aim to give him assistance by means of my professional expertise. On the contrary, my relationship with him, a subject who goes beyond the traditional figure of ‘the client’ in architecture, soon revealed how limiting and mostly ineffective the knowledge, skills, and tools that I was initially counting on were and allowed me to learn other ways of thinking and experiencing space. I tried to understand and learn the way in which he sees, where the contrast between different colors is more blurred and the angle of view is narrower than mine; the way in which he hears, where the contrast between different sounds also appears to be less pronounced than mine; the way in which he touches, where the medically labelled ‘lack of fine motor skills’ renders his hand contact different from mine. To this end, I carried out a number of material explorations to prototype new, alternative devices which differ from the ones offered by traditional architecture’s visual culture (Henderson 1999) and let me explore space in new ways. These sketchy attempts included binocular lenses that channel sight and reduce contrast (see

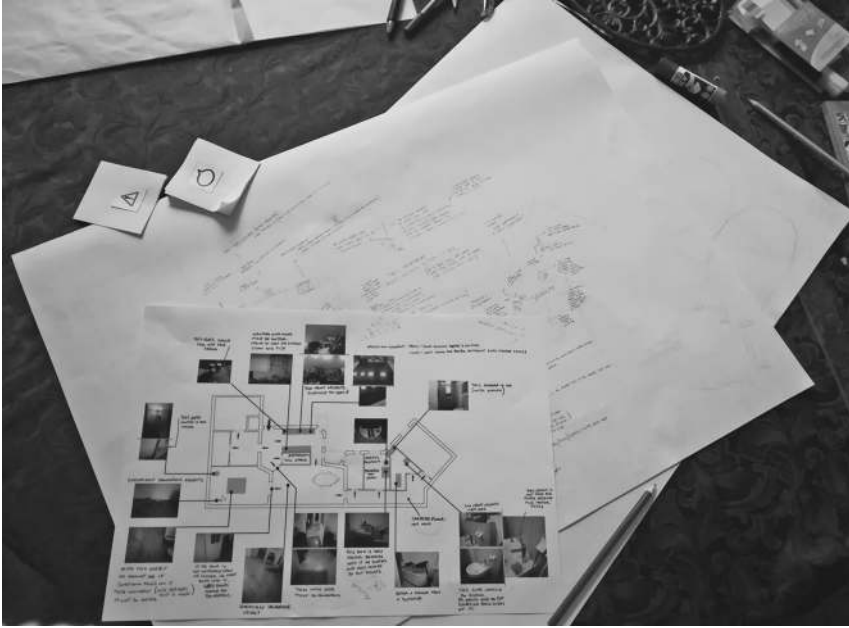


FIGURE 14.2 House exploration. Source: Micol Rispoli, 2020.

Figure 14.3), sound recordings—later merged together and adjusted to blur contrast between different sounds—and worker gloves to experience other ways of touching and handling things.

I had the chance to learn that, beyond volumetric understanding, stabilized by a visual culture of design, space is an atmosphere (McCormack 2018), an interweaving of complex socio-material relations; that other forms of knowledge, if asked the right questions, as Despret (2016) would say, can offer us crucial help; that a new type of contract might be needed to manage the relationship between the architect and the client. One that, against the technocratic pact of social utility of design, does not end up with providing a service and abandoning the object of design once realized, but rather, that transforms this relationship into an engaged and lasting collaboration aimed at carefully questioning and rearranging tentative solutions over time.

In particular, by constantly raising questions and inviting me to produce records of all the progressive outcomes of this experience, Sánchez Criado prompted me to develop an ethnographic attentiveness toward my gestures and the knowledge-making and world-building effects of instruments and methods I was using. The aim was again to design a toolkit conceived as a re-learning device, which would both provide a complete account and technical summary of our process, and eventually allow other architects to experimentally follow, and even change, our steps. In ironic opposition to Ernst Neufert's (1936) *Bauentwurfslehre*, which might be translated as 'building design education' and reflects an all-encompassing logic, this toolkit will probably be entitled *Re-thinking design*, thus invoking careful explorations in search of alternative possibilities for architecture. What happens to architectural design if, besides ensuring that it includes a variety of human and non-human actors who are usually not taken into account, we open it up to experimental re-learnings from them?



**FIGURE 14.3** Prototype of binocular lenses. Source: Micol Rispoli, 2020.

Care is taken here as willingness to take on risks and learn to be affected, moved, touched by what matters for other beings (Despret 2004). Against the encyclopedic approach of Neufert's handbook, our *Re-thinking design* is intended to be a sort of open cookbook, meant to collect countless experiments. Stable guidelines become open recipes, and their abstract nature will be replaced and enriched by progressive findings and rearrangements, brought forward by different experiments. Once again, the focus on documenting the whole experience of crisis, thus including doubts, failures, and different attempts to deal with the issues encountered, is set on the conviction that what care brings to design goes beyond a moral imperative to provide inherently good and definitive solutions. Conceived as the ability to be exposed to the unknown, it rather transforms design in a speculative process, through which one can recursively reflect on and unsettle the potentially harmful ways in which architects have been trained and are used to practicing their profession.

## Conclusions

In this contribution I analyzed different motives and modes of action which the notion of care has been suggesting to designers. In the first part I touched upon some current trends that still remind me of a hygienic and medicalized understanding of design, in line with

nineteenth century and Modernist modes of planning. Such an approach portrays care as an imperative to uncritically offer expert and technologically innovative solutions to the present crisis, often overlooking their counter effects. On the other hand, care, as a concern around more inclusive modes of designing, is brought forward by some participatory approaches to architecture, further strengthened by the influence of feminist ethics and its efforts in unveiling imbalanced power relations and excluded entities.

Finally, care is explored in its even more radically transformative potential by design experiences resorting to some recent feminist insights in STS, as a way to ‘activate the possible.’ Some pedagogical programs have been experimentally creating situations which might provoke a crisis of conventional methods and means of design, forcing students to speculate on different possibilities. Along the same lines, for the ETS collective care was a form of ‘joint problem-making,’ aimed at turning design practice into a political space where existing material arrangements are collectively questioned to produce alternative versions. In the joint auto-pedagogical project I conducted with Sánchez Criado, care has been conceived as a conceptual and practical repertoire to experimentally re-learn architectural practice from the experiential knowledge of neurodiverse people, who require me to generate alternative material arrangements. Starting from the assumption that design practice, whether through methods, tools, or representations, constitutes a particular form of knowledge which both reflects and shapes the world, such a perspective implies an epistemological shift which forces us to question and revise the structures of knowledge production itself. Not only this notion of care calls for a different way of practicing architecture in terms of spatial interventions but affects the very logic of design itself. Rather than a service relation, meant to provide finalized solutions, a careful design practice here implies a never stabilized process of investigating the unknown. It is a way, as Donna Haraway (2016: 1) would say, of “staying with the trouble.”

Openly embracing the complexity of our times and beyond “clear-cut knowledge of what needs to be done and how” (Sánchez Criado 2019), care here is intended as a domain of problematizations requiring us to slow down, debunk consensual narratives, learn to be affected and open up unforeseen forms of world-making.

## Notes

- 1 E.g. *Broken Nature* at the 2019 Milano Triennale; *Critical Care: Architecture and Urbanism for a Broken Planet* at the Architekturzentrum Wien (Fitz et al. 2019); *Floating University* by Raumlabor (whose 2019 theme was ‘Climate Care’); *URBANBATfest19*.
- 2 The term ‘spatial agency’ was also used by the research group *AGENCY* (see Kossak et al. 2009).
- 3 The term ‘neurodiversity’ was coined as a reaction to the medical model of disability, which considers the body a machine to be normatively ‘fixed’ (Singer 1999). Its antecedents can be found in the antipsychiatry movement and its intellectual vanguard, e.g. Foucault 1965.
- 4 The term ‘universal design’ was coined by Mace 1985. The ‘principles’ were released by the Center for Universal Design at North Carolina State University in Raleigh (1997).
- 5 The experiments have been taken from Coates 2014.

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# 15

## INFRASTRUCTURES FROM BELOW

### Self-Reproduction and Common Struggle in and Beyond Athens in Crisis

*Isabel Gutiérrez Sánchez*

#### **Athens in Crisis: An Approach from Everyday Life and Urban Infrastructures**

In Greece, the multi-faceted crisis that ensued after the international financial crash of 2008 brought about extensive transformations to the economic and political orders as well as to people's everyday lives. From 2010 to 2018 a long series of austerity policies have been gradually implemented by successive national governments as a condition imposed by international creditors to receive bailout loans. Structural adjustment was delivered by means of curtailing salaries and pensions, increasing taxes, making cuts in the public sector, privatizing public infrastructures and assets, and decreasing welfare provision, as well as through the weakening of workers' and civil rights among other reforms. The austerity regime effectively translated into myriad processes of dispossessions and exclusions (Kalandides and Vaiou 2015). Its effects—still ongoing—have been devastating for the long-established institutions of provision of care and social protection, namely the state and the family. Importantly, austerity has especially targeted urban populations and areas, among which the Greek capital has borne the brunt. As the crisis endured, Athens was dragged into a perennial 'state of exception' as a result of increasing exclusions from social welfare and urban services and resources, privatizations, and sell-offs of public urban land and assets, and policing and repression, which have radically transformed the everyday life of many of its urban dwellers (Boano and Gyftopoulou 2016; Kalandides and Vaiou 2015; Stavrides 2014).

The continuing crisis in Greece can be seen as part of a far-reaching and long underway 'crisis of social reproduction.' Coming from Marxist and feminist traditions of thought, the notion of social reproduction refers to the labor that goes into the material and social sustenance of a group of people, both on a daily basis and generationally. It encompasses all the care practices that enable and sustain lives and livelihoods, as well as the structuring of the social relationships derived from those. Importantly, the conditions under which social reproduction takes place under capitalism are exploitative and often oppressive. This allows the very system to keep running and reproducing itself (Vega Solís et al. 2018). Today, after decades of neoliberalization of the economy and social life, and in the midst of an unprecedented ecological

crisis as we are, many of the processes, spaces, and institutions that enable life, its sustenance, and its reproduction in our societies face a breaking point.

The crisis of social reproduction is systemic and manifests in different forms that intersect various domains, from the institutional to everyday life. Nevertheless, it is the latter arena where its destructive impacts are more easily traceable. Silvia Federici (2019) has asserted that in fact everyday life has become the very epicenter of this global crisis, as social reproduction is fundamentally grounded in this realm where structural conditions and inequalities are experienced individually and collectively. Certainly, the daily lives of growing populations are at present increasingly strained by dwindling salaries, precariousness, uncertainty, overwork, debt, the curtailing and privatization of public services, and the reduction of care work and resources. This juncture has put thousands of households at risk of poverty or social exclusion, while destroying countless communal experiences, spaces, and processes. Amid this climate of fear and insecurity, many have retreated to their private spaces. Thus, Federici (*ibid.*: 181) argues that everyday life, which she defines as “the primary terrain of mediation among people,” has undergone a gradual emptying, and ultimately fallen into permanent crisis. For this reason, she advocates practices and processes contributing to the politicization of everyday life as a way of challenging the processes of economic restructuring, political suppression, and material dispossession enforced from above. Everyday life is also a paramount realm of practices of contestation, struggle, and imagination of forms of living, relating to one another, caring, and sustaining ourselves otherwise.

In cities, the crisis of everyday life is closely linked to urban infrastructures, because these infrastructures are central to the functioning of daily life. Negotiations with infrastructure are pivotal in the daily production, regeneration—or disruption—of the social life and social fabric of the city (Graham and McFarlane 2015). Arjun Appadurai (2015) contends that a closer look at the imbrications of materialities and socialities that infrastructures comprise, exposes the vulnerability of the negotiations and transactions that sustain the apparent normality of everyday life. In turn, a careful exploration of everyday actions also reveals how infrastructures are experimented with, reshaped, readjusted, re-purposed, and reimaged on a daily basis. In the same vein, AbdouMaliq Simone (2004: 407f) conceptualizes urban infrastructure as a “platform providing for and reproducing life in the city.” Drawing on an ethnographic research in Johannesburg, the scholar coined the term ‘people as infrastructure,’ explaining that in engaging the “compounds of objects, spaces, persons, and practices” on a daily basis, people—“marginalized from and immiserated by urban life”—constitute themselves as infrastructure (*ibid.*: 407). These people’s livelihoods and social life depend on and are determined by their capacity to understand, navigate, and negotiate these complex socio-material and spatial webs in constant flux. Simone’s (2004) formulation stresses the relational character of infrastructures, while highlighting their role as (provisional) supporting structures of the everyday life in the city. Importantly, the scholar points out that ‘people as infrastructure’ is not a mere coping strategy, but also a means for the exertion of claims and the enactment of political imaginations. Thus, it constitutes a form of intervening in the existing, and ultimately a way of performing agency and yielding change in a given urban environment.

The anthropologist Dimitris Dalakoglou (2016: 822) observes a shift in what he calls the “paradigm of infrastructures’ governance and function” in the current European context of chronic crisis. He sees this turn being pushed from below by citizen-led networks, which are transforming the ways in which urban infrastructures are managed, perceived, and imagined. Amid crisis, people are re-composing infrastructural platforms that allow them to sustain their

very everyday lives while advancing new forms and imaginations of urban life. This chapter attends to this juncture by focusing on Athens during the austerity regime and some of the solidarity structures created by grassroots groups in response. Its aims are to 1) present ways in which these groups reconfigure care practices and reorganize everyday social reproduction on their own terms and spaces, and 2) reflect on the impact and potentiality of the infrastructures they create in the everyday life of Athens in crisis and beyond.

## Resistance, Struggles, and (Re)Organizations of Social Reproduction

Despite the destructive consequences brought about in and through the crisis in Athens, the rampant processes of exclusion and dispossession have not gone without fierce contestation. People have struggled—and continue to do so—to meet their needs, and also against the austerity regime enforced upon them. In fact, since the early months of economic recession, citizens took massively to the streets to protest. Over time, thousands coming from different social backgrounds have mobilized, dissented, and eventually self-organized to cope with and fight back against the devastating impacts of austerity on everyday lives, welfare, and liberties. In May 2011, Syntagma Square was occupied for over a month. The occupation provided the supporting infrastructure for a growing movement demanding a radical political and economic overturn, becoming a truly social experiment of self-organization based on direct democracy and mutual support. The experience of Syntagma took roots in many neighborhoods, fostering the emergence of numerous neighborhood committees, cooperative economy structures, and so-called ‘solidarity initiatives’ (Arampatzi 2016, 2017; Rübner Hansen and Zechner 2015a, 2015b).

Social kitchens, community clinics and pharmacies, networks of care services, training and language classes, accommodation centers for/with migrants and refugees, legal aid hubs, and mobile laundries became part of a blossoming geography of self-organized structures, which brought together people of different origins, ages, and economic and political backgrounds. Some of these projects were short-lived, while others have continued into the present. Nonetheless, common to all of them was—and still is—an intrinsic political character. Solidarity initiatives frame their very existence simultaneously as a struggle for survival and of assertion of their rights to welfare. Namely, they combine the provision of everyday survival needs with participation in broader struggles over social reproduction and civil rights. As such, their praxis cuts across several scales. They claim their right to care and be cared for at the institutional level, while at the same time actively performing this right in everyday life. Whether currently active or not, as a movement, solidarity initiatives have crucially contributed to bring the pressing issues of social reproduction to the forefront of the political struggle, effectively turning this realm into an arena of contestation and reorganization (Rübner Hansen and Zechner 2015a, 2015b).

In what follows, I will outline how these grassroots collectives articulate the two-fold praxis of integrated social reproduction and struggle by drawing on an ethnographic research conducted between 2016 and 2019 in three of these solidarity initiatives, namely a social kitchen, an accommodation center with migrants and refugees, and a community center. The following ethnographic accounts focus on their functioning as infrastructure and on the spatialities they produce, and seek to articulate a reflection around the impact of the initiatives on the urban dynamics and territories, as well as on political implications of their multi-scale praxis.

## Solidarity Initiatives: Emerging Infrastructures and Spatialities

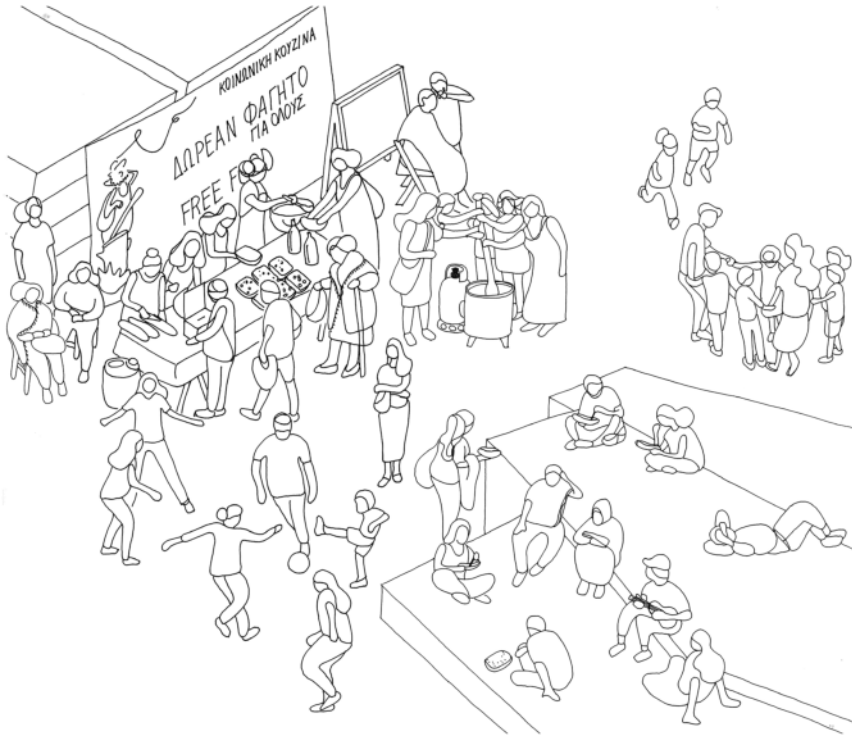
Despite the increasing dispossessions, exclusions, enclosures, and suppression in a city ruled by austerity, many of the citizen-led initiatives that emerged in the wake of the Syntagma occupation took hold and have eventually thrived. The understanding of urban space—and their right to it—as necessary and indeed fundamental to their struggles was key for these processes. Set up through spatial re-appropriations, re-configurations, and re-purposing of urban spaces in Athens in crisis, the institution and development of solidarity initiatives actually entailed the subversion and creation of new forms of urban infrastructures—in the sense of the understanding outlined above (see Appadurai 2015; Dalakoglou 2016; Graham and McFarlane 2015; Simone 2004) —namely, as socio-material complexes that sustain everyday life, through which different social actors enact and invent political imaginations. The three initiatives that will be presented below provide diverse examples for ways of reclaiming, reimagining, and transforming the use, management, and meaning of urban infrastructures. Starting from the first settling-in, the three of them developed a daily praxis that very much can be characterized by Simone's (2004) notion of 'people as infrastructure.' This infrastructural character marked both their respective internal and external functioning. Notably, this relational praxis is inherently spatial, namely partakers in the initiatives transform and produce space; from temporary instances that blur the borders between the public and the private that structure everyday life, to new urban geographies. The emerging spatialities and geographies in turn reflect the precarious, tentative, temporary, and also subversive character of daily practices of the collectives' participants.

### *O Allos Anthropos Social Kitchen*

The social kitchen *O Allos Anthropos* [The Other Person] was initiated in 2012 with the objective of providing free food for any person in need. The collective started setting up a makeshift kitchen on a daily basis in different public spaces across the city, where members of the collective cook and eat together with the people they serve. Initially, *O Allos Anthropos* set up its headquarters in an industrial building in the Metaxourgeio neighborhood of central Athens. The building was rented and refurbished to accommodate a kitchen and a pantry, clothing storage, a computer area, a space for school support activities, a space for meetings and gatherings, and restroom facilities. It also served as a shelter for homeless people, offering free baths and sleeping accommodation. The headquarters were relocated several times, the last one being in 2019 to premises in the neighborhood of Keramikos.

The scene in Figure 15.1 was drawn on a summer day when the collective set up the kitchen on a square in the city center. As can be seen, the scene is full of movement. Just by informally installing a simple folding table and a big pot, the group provisionally creates a common space, while breaking the traditionally established private-public boundary. The street is turned into a temporary open domestic space where meals are cooked and shared. Spontaneous activities like ball games, live music concerts, puppet shows, and dances emerge around the kitchen—sometimes to the suspicion or discomfort of patrolling police officers—accompanying and amusing the chefs on duty and attracting more people.

Behind this snapshot of cooking and serving food in such a bustling atmosphere are quite extensively coordinated processes and work. The whole process starts with making calls for food and monetary donations via a website and social media. Donations can be made either



**FIGURE 15.1** O Allos Anthropos social kitchen at Monastiraki Square, summer 2016. Source: Isabel Gutiérrez Sánchez, 2016.

by personal arrangement with the core members of the group or by bank transfer. The core team picks up the food or buys it at wholesale markets and brings it to the social kitchen's headquarters to store it in the pantry. Each day, several members take the responsibility for bringing the food together with the kitchen equipment—the mobile stove, the gas cylinder, the casserole, the wooden ladle, the folding table, the tablecloth, the banner, the plastic cutlery, and the disposable dishes—to the corresponding site in the city. At the end of the event, after cleaning up, someone returns the equipment to the headquarters.

In addition, *O Allos Anthropos* exchanges resources at the local level with other self-organized kitchens, as well as with social clinics and self-organized migrant/refugee centers. They are also connected to several 'without-middlemen' networks of food distribution and an urban orchard initiative in the neighborhood of Haidari in western Athens, which provides them with vegetables. Some of its members engage with various political groups that organize protests, campaigns, and/or solidarity actions with political activists, migrants, and refugees; and some have built connections with migrant/refugee initiatives based in other European countries like Spain and Germany. At a national and an international level, *O Allos Anthropos* is part of a network of other social kitchens. From time to time, some of them schedule video-calls to have a sort of translocal meal shared among several social kitchens from afar. The attempt to bring people together and build new connections is a constant in the initiative. Parties are particularly popular. At the time of my fieldwork, the collective used to celebrate a big barbecue with live music and dance at least once a year in the street adjacent to the social

kitchen's headquarters, succeeding in bringing together hundreds of people—among them neighbors, families, and children. They also organized smaller get-togethers to collectively celebrate religious festivities like Ramadan or Christmas.

### ***City Plaza Refugee Accommodation Center***

*City Plaza*, a refugee accommodation center, was founded in April 2016 after a group of local activists and refugees squatted an eight-story hotel, which had been abandoned for years in the area of Victoria in central Athens. The group sought to create simultaneously a space of shelter for migrants and asylum seekers newly arrived in Athens, and a space for people involved in local struggles of different kinds to meet, exchange, and organize. Within a few days, the building was 'adapted' to accommodate around 400 people. Both private and shared rooms were cleaned and arranged for families and single persons, while the reception, the kitchen, a large dining room, a cafe, a stock room, and a doctor's office and dispensary were put into operation. Over time, a number of other spaces were also re-purposed to accommodate classrooms, workshops, a library, a playground area, spaces for communal celebrations and parties, assemblies, talks with guests, film screenings, and/or just casual gatherings.

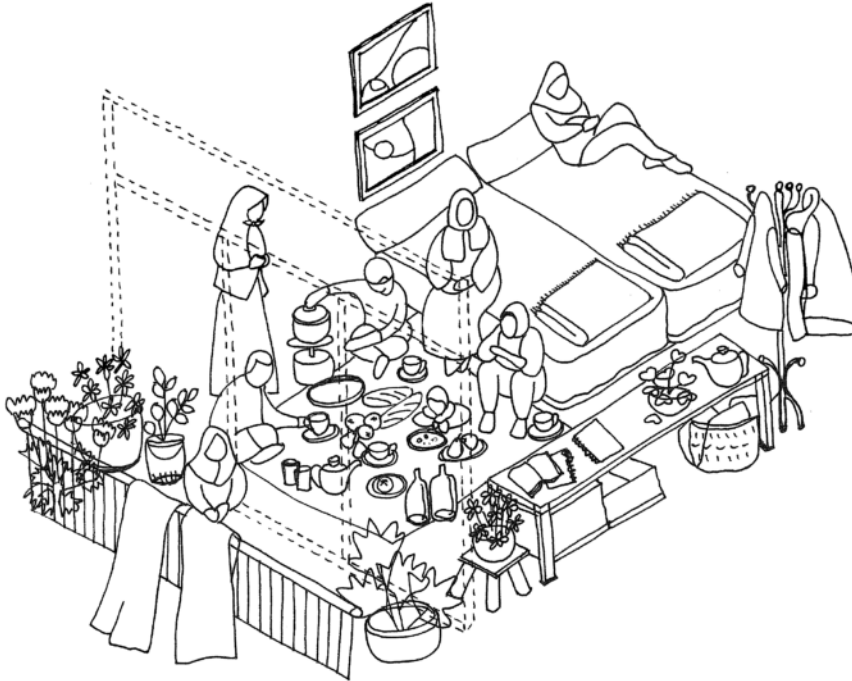
Figure 15.2 shows a typical day in the kitchen. Everyday organizing depended on the available food, mostly ensured through donations. People took on interchangeable roles and tasks as chefs, assistants to chop vegetables or meat, servers, or cleaners. Music normally animated the daily work creating a pleasant and relaxed atmosphere. Times for breaks, chats, or a smoke on the balcony were plenty. Supporting the daily functioning of the kitchen, there were a number of logistic operations, which certainly required a great deal of work. Everyone in the house contributed somehow, from children to grown-ups. Several times, I was able to



**FIGURE 15.2** City Plaza kitchen, summer 2016. Source: Isabel Gutiérrez Sánchez, 2016.

take part in the human chains that were made up when a new delivery arrived at the door of the building, an event that was loudly announced by children running from the first to the top floor, spreading the news. They were usually the first and certainly the most eager to contribute in the chains, smiling and sometimes singing while passing from hand-to-hand watermelons, juice or milk jars, boxes of clothing, and even new furniture or equipment like baby strollers, which were added to the common fleet arranged on the first floor for the use of parents and child-carers.

Occasionally, residents hosted open celebrations and parties. They invited non-residents to show them their home. An anniversary party was organized at the squat every April. Religious festivities, the arrival of newborns, and birthdays were also quite regular occasions for collective celebration. A big collective meal was once held at the entrance of the building—for which a long table was set taking over the entire length of the small street, filling it with conversations between residents, friends, and neighbors and with a culinary display by an association of African women who offered their work for the event. Almost daily, bedrooms became improvised kitchens—as depicted in Figure 15.3—where neighbors gathered to have a meal or tea together. There were times when balconies served as kitchen tables where homemade pasta and bread dough were prepared. Keeping the tradition of their home cities in countries in Africa and the Middle East, some families left the door of their rooms open or replaced the door with a makeshift curtain. Shoes were lined up along the newly crafted entry, creating a small hall or passage in-between the outer corridor and the interior of the rooms.



**FIGURE 15.3** Residents' gathering in a family room in City Plaza, winter 2017. Source: Isabel Gutiérrez Sánchez, 2017.



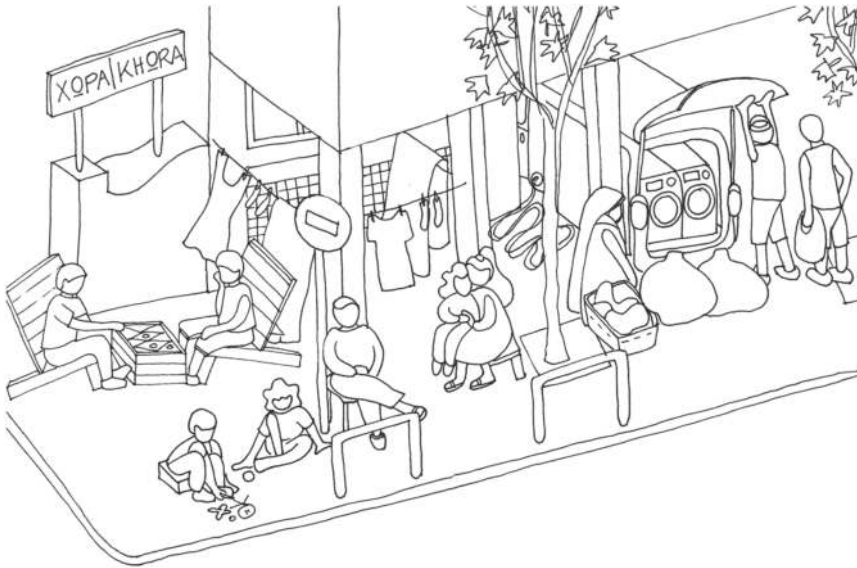
The creation of new spaces challenging established uses and boundaries was indeed a common practice in *City Plaza*. However, there were also moments in which these stretching/opening-up operations reversed, as for instance when residents closed the doors and guarded the building against a potential attack by far-right groups, or when assemblies were closed off to non-residents—or even to specific residents—to deal with certain issues. These instances reflected the significant external threats, as well as the internal dilemmas that the squat faced from its very inception.

*City Plaza* was active for 39 months. In July 2019, all residents left the building voluntarily. During its lifespan, *City Plaza* provided safe and dignified accommodation for 2,500 refugees and asylum seekers from 13 different countries, as well as dozens of so-called international ‘solidarians.’ Besides, it attracted hundreds of political activists. In fact, the initiative had a close relationship with different political groups as well as with other housing squats for/with migrants and refugees, social clinics, self-run mobile laundries, food, clothing and hygiene products distribution groups, independent education collectives, an independent solidarity information technology collective, and a mobile library. The activists were also well connected with international groups and platforms which also defend migrants and refugee rights. They collectively hold rallies for which they used to display a full range of self-made placards, flags, and banners. The use of a wide array of social digital media, including public accounts, newsletters, websites, and blogs through which they posted news, announcements, reports, reflections, statements, and calls for solidarity actions, was key for these networking purposes.

### ***Khora Community Center***

*Khora* is a self-organized community center—currently split into several service-specific settings under the legal form of a cooperative foundation—which was set up in 2016 by a group of international volunteers. As stated by the group, the center’s name took its meaning from one of the definitions of the Greek word *Χώρα*, which designates “a radical otherness that ‘gives place’ for being” (Khora 2016, original emphasis). *Khora*’s foundational statement was grounded in a rejection of the European Union border system and its migration policies, as well as in the attempt to create structures of support and solidarity with and among migrants and refugees as a counter-response. It was first located in a former six-story industrial building in the Exarcheia neighborhood in central Athens. The entire building was refurbished to accommodate a welcome area and a children’s space, a clothing storage and free-shop, a kitchen and a food storage, a café with a stage, several classrooms and a library, legal support offices, a dental practice, an area for craft workshops and music lessons, a women’s space, and a rooftop garden. Most of the new partitions and furniture were designed and constructed in a wood and metal workshop, which was set up in the basement. This building was closed in summer 2018. During its two initial years, *Khora* provided a space for people from different backgrounds to socialize, work together, and learn. On average, there were around 150 volunteers. *Khora* worked in collaboration with different legal aid organizations providing asylum support, translators, independent education groups and artists collectives, local consumer and food distribution groups, clothing and primary need products supply groups, local free-shops, a mobile laundry, independent NGOs and charities both local and international, and other migrant/refugee initiatives in Greek islands and abroad.

Similar to *City Plaza*, the everyday running of the space involved extensive organizing operations. For instance, it used to take arranging and coordinating four weekly working



**FIGURE 15.4** Outside the Khora building on a day when the mobile laundry serves the center, summer 2017. Source: Isabel Gutiérrez Sánchez, 2017.

groups, namely the administration/media team, the van team, the sorting team, and the shop assistants team, in different shifts, for donated clothing to be handed to individuals and/or families at the free-shop. The administration/media team launched calls for clothing donations via social media and arranged collection with the corresponding donors. In the cases where the collection required a means of transportation, the van team used a rented van. In the basement, the sorting team classified, fixed, and organized the collected clothing on shelves, tables, and cabinets. The shop assistant's team arranged different times for people to come and get clothes. In order to sustain this process, once in a while the center closed its doors for a couple of days to carry out maintenance—both of the building and/or of the community.

Figure 15.4 represents the passage facing the workshop of the building located on the ground floor. The days when the laundry van served the community center, people gathered and lingered in this liminal space for hours. Self-designed chairs and tables have been taken out to this passage so people could have a chat and a coffee, a smoke, or a game of backgammon, while waiting for the laundry to finish. Sometimes clothes were hung on ropes to dry, adding new layers to this temporary urban threshold in which the domestic spilled over onto the street. Similar to *O Allos Anthropos* and *City Plaza*, activities in *Khora* used to expand way beyond their respective main locations. Collective activities outside the building ranged from 'pot-luck picnics' to excursions, 'beach clean-ups,' or basketball games on the courts available in the neighborhood. They organized numerous parties and invited locals and neighbors.

### Infrastructures from Below: Beyond Everyday Life in Crisis

The previous accounts have attempted to provide some insights into the daily functioning of the three examined solidarity initiatives set up in Athens during the crisis, and the nature of the spaces that emerged out of their praxis. A relational logic of interdependence and

exchange becomes apparent from the very onset of the projects from the daily transformations of the spaces in response to emerging needs or desires, to the way people coordinate everyday work, and to the continuous effort to network with other supporting groups. Care, collaboration, reciprocity, and commoning of information, skills, and resources are all fundamental practices that shape and hold the everyday life of these self-organized collectives. Thus, following Simone (2004), I have argued that people in these initiatives operate as infrastructure; for defining and self-organizing their own operational terms and scope of action, they take active part in the production, use, management, and imagination of new (unsettled) structures that enable and sustain life in the city. Furthermore, in line with Dalakoglou (2016), I contend that these projects of integrated, self-organized reproduction and common struggle actually (re)configure urban infrastructures in different ways, which in turn have specific implications for the city itself.

On the one hand, solidarity initiatives transform buildings and urban spaces—mostly in states of disuse or neglect—into operative platforms of services supporting everyday needs and practices. Their praxis involves the reclamation, reconfiguration, and reactivation of urban space. They introduce new uses in the urban public through the collectivization of many social reproduction activities, many of which have traditionally been considered domestic, and thus private. By re-purposing those sites with functions of social reproduction—organized and delivered on a basis of commoning—they make life sustenance a public—and visible—concern, hence contribute to the politicization of social reproduction in the everyday. In addition, their activities expand and contract in urban space, diluting boundaries between the established private and public spheres, and challenging urban borders and enclosures. Thus, as noted by Ares Kalandides and Dina Vaiou (2015), through their daily practices, solidarity initiatives reconfigure the very notion, boundaries, and materiality of (urban) public space, which takes on new meanings, dimensions, and temporalities. In other words, while daily performing their right to care and be cared for, these grassroots collectives expand the very urban public, too. In a city where increasingly public services, assets, and spaces are being targeted for sell-offs and privatizations, practices reclaiming and re-appropriating spaces for the social reproduction of its inhabitants become fundamental means to fight back.

On the other hand, over the years of enduring crisis, solidarity initiatives have managed to sustain a safety net based on a decentralized infrastructural system of networks across metropolitan territories and beyond. The resulting geography reflects many of the outlined characteristics of the nature of the initiatives themselves. It is decentralized, uneven, and of course, unplanned. Sometimes this geography is 'hidden,' as many of the nodes do not mark or visibly name the buildings or spaces they inhabit for political and/or safety reasons. For the most part, this geography is not registered in the (public) databases of municipalities. It is unsettled and precarious; some of the nodes are just provisional, or short-lived, or appear and disappear intermittently—whether due to economic strains, external political pressures and repression, or internal issues. Last but not least, it is contentious and insurgent. In fact, by acting as infrastructure, not only do these solidarity initiatives enable the conditions for inhabitation and the reproduction of everyday life in the city, but they also generate new connections with other groups, opening the potentiality for new ways of organizing and spreading resistance. They actually yield processes through which disposed, excluded, and/or alienated urban dwellers collectively claim and enact their right to actively participate and transform their urban environment, becoming a force of action in the city. In an Athens in crisis, solidarity initiatives—the infrastructures from below they compose and the urban citizen-led safety net they

integrate—challenge the logic of deprivation, separation, enclosure, and suppression enforced from the top-down during—and by means of—the austerity regime, opening up other possible urban imaginations and other forms of everyday life beyond crisis.

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## **PART IV**

# **New Care Arrangements and Civic Innovation**



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# 16

## INTRODUCTION

### New Care Arrangements and Civic Innovation

*Angelika Gabauer and Henrik Lebuhn*

#### **Studying Care Arrangements and Their Ambivalences**

With the retrenchment and restructuring of the welfare state including the dramatic housing crisis and the privatization of public infrastructure, the increasing participation of women in the labor force, and the weakening of traditional family structures, care work has been undergoing major changes in recent decades (although to varying degrees depending on the sociopolitical context). Care has become less tied to the family, it is more often carried out as paid labor, and the prevailing female connotation of care work has become fractured (Ostner 2011: 464). Caring practices appear less gendered and instead have turned into something that is typically tied to the performance of diffuse roles (ibid.). This book section draws together contributions that seek to scrutinize new arrangements of care work, caring relations, and practices, and to examine how they materialize in (urban) space. It is particularly the aim of this section to shed light on new and emerging infrastructures of care that often have arisen out of previous struggles and contestations around the provision and recognition of care (Chapter 10, this volume), deeply rooted structural inequalities (Chapter 4, this volume), and forms of 'un-care' (Chapter 1, this volume).

On the one hand, the emergence of new care arrangements and civic innovations can be looked at through a political economy lens. Such a perspective highlights that the process of urban development is inseparably intertwined with the process of capital accumulation. At the intersection of urbanization and care work, we are constantly faced with new spatial and scalar strategies to further commodify care work. New business models have emerged that specialize in exploiting regional inequalities, new technologies, and the precarization of care labor due to, for example, il/legal forms of outsourcing and subcontracting.

On the other hand, the care crisis and the contestations around care and its recognition are giving rise to new cross-actor solidarity movements, for example in the realm of local anti-gentrification activism, care worker movements, and migrant rights struggles. Such contestations lead to the development of civic innovations, as for example, the introduction of digital care platforms into the care economy. New cultural endeavors outside the logic of the market emerge, such as multi-generational housing projects and queer parenting models. These innovations, in



turn, are often quite ambivalent themselves and torn between being integrated into neoliberal forms of self-responsibilization and collective resistance against market-driven models of care.

Many new care arrangements allow for a progressive turning away from what Nancy Fraser (1987) calls the ‘politics of need interpretation.’ They help develop countermodels of care that move away from traditional and paternalistic/maternalistic models underlying the classical welfare state and respond to the challenges of contemporary capitalism. At the same time, by trying to deal with the conditions of ‘uncare’ in cities, new care arrangements often—and inadvertently—turn out to be quite functional in the context of neoliberal governing insofar as they tend to frame care work as a private responsibility, or “matter for the individual” (Chatzidakis et al. 2020: 12). This is expressed through the privatization and commodification of care and, simultaneously, the individualization of struggles for care due to the lack of public care infrastructures (see Chapter 10, this volume). With this, care and reproductive labor are (again) shifted into the private, intimate sphere and made invisible for political negotiations.

### Care and Social Citizenship

Joan Tronto (1993) is one of the most well-known scholars to have developed a concept of care that fundamentally interferes with political theory, and thus has importantly entered into comparative welfare state research and current political debates. She explicitly frames care as a moral *and* political concept, and argues “that the practice of care describes the qualities necessary for democratic citizens to live together well in a pluralistic society, and that only in a just, pluralistic, democratic society can care flourish” (ibid.: 161f). Tronto extends care beyond family and domestic spheres, frames it as a non-gendered practice, a public and political responsibility. Indeed, there have been critical voices contesting Tronto’s definition as being overly broad, encompassing nearly every human activity as care (see e.g., Ostner 2011). Nevertheless, what her definition of care as a political concept illuminates is the constitutive element of the interdependency of human beings. Instead of liberal political theory taking the political subject to be an atomized and rational individual and a bearer of universal rights, a feminist ethic of care perspective, drawing on Tronto and others, “begins with an understanding of political subjects who are shaped by myriad social relationships that are in turn contextualized in space and time” (Staheli and Brown 2003: 773).

Acknowledging interdependency as the nature of human life can also help us to re-frame the idea of citizenship. The impetus of a care perspective to think in terms of relationality and to recognize “our dependence on and vulnerability to each other and [...] our life-defining connections to and responsibilities for each other” (Sevenhuijsen 2003: 191) challenges the norm of independent and autonomous citizens. Rather than equating autonomy with self-sufficiency, which makes practices of care “remain invisible and the responsibility for oneself and others [...] decrease [...] the presence of care can support self-determination” (ibid.: 184). In this vein, a care approach offers a fundamental counter concept to the neoliberal narrative of the ideal citizen—an “autonomous, entrepreneurial, and endlessly resilient, [...] self-sufficient figure whose active promotion helped to justify the dismantling of the welfare state and the unravelling of democratic institutions and civic engagement” (Chatzidakis et al. 2020: 12).

Understanding care as an essential human need and simultaneously as a principled capacity (ibid.: 5) bounds care to issues of rights. Conceiving giving and receiving care explicitly as a citizenship right once more highlights the need to address questions of who gives care and provides all the reproductive labor that is necessary to maintain human life, and who is in the

position of receiving care. Furthermore, this also includes questions about the entitlement to care and thus the right for resources and necessary conditions for giving care—issues that are linked to debates about the (changing) relationship between the welfare state and the family: What is the caring role of ‘the state,’ city governments, the neighborhood community, or a family member? With this context specificity in mind, “cross-cultural and cross-national studies of caring regimes may add significantly to our understanding of how welfare states operate and of the diverse ways in which care is integrated as a social right of citizens” (Leira and Saraceno 2006: 10), especially when looking at the local level.

## Care in Urban Contexts

Much of urban research implicitly explores care work and focuses on the conditions for care in the broader sense, for example, parenting, education, and school segregation, social networks and mutual support at the neighborhood level, and the work of social services, libraries, and community centers. This exploration is often not recognized as research on care, not least because it operates with a different analytical vocabulary, and therefore often remains unconnected to the ongoing care debates. At the same time, it is surprising that much of the research on care that focuses on gender and labor seems to underestimate how strongly this field is shaped—at many levels—by spatial practices and by the uneven conditions of space and scale.

However, there are also examples for scholarship that have successfully managed to overcome disciplinary boundaries. Research on transnational care-chains, for example, is highly sensitive to cross-border interdependencies, regional inequalities, and place-specific care arrangements. This literature explores the way that care-chains are not only characterized by a gender-specific division of labor, but also by a high proportion of migrant workers, and, consequently sheds light on intersecting and overlapping forms of inequalities and multiple discriminations reinforced along gender, ethnic, and national differences. Increasingly, the logistics of such care-chains is organized through digital platforms. Such platforms serve companies to connect caretakers for the elderly with private homes (Chapter 21, this volume), similar to companies associated with the sharing economy (e.g., *Airbnb* and *Uber*) managing freelance workers and potential clients—with major consequences for local economies and neighborhoods (see e.g., Ferreri and Sanyal 2018).

Besides using a perspective of care to better understand the urban dimension of social reproduction, it is precisely the character of *new* care practices and their spatial configuration that the chapters in this book section are interested in. Cities, neighborhoods, households, and local institutions are the places where new care policies, relations, and arrangements emerge—whether they be shaped by national, regional or local laws and regulations, or bottom-up practices of caring communities. This includes, for example, social work with teenagers, care for older persons, the costs for and quality of pre-schools and kindergartens, but also the quality and accessibility of public parks, historic landmarks, and recreational spaces, and services and resources for marginalized groups such as the homeless or recently arrived refugees. Conceptually speaking, many of these sites have been studied as part of what Lyn Lofland (1998) calls the ‘parochial realm,’ the sphere of conviviality, relationality, and social exchange. However, Lofland’s theoretical vocabulary needs to be expanded if we want to understand how new practices of care ‘take place’—quite literally—and how the negotiation of care under current conditions of urbanism can lead to highly ambivalent forms of ‘taking care of each other’ (Chapter 17, this volume). Such endeavors of micro-analysis of care highlight the

quality of caring relations, and focus on the specificity of particular relationships between caregiver and care receiver, their affective relations, emotional bonds, commodified dependencies, and power relations (Chapter 1, this volume; Ostner 2011).

In the context of research on different care regimes, recently arising debates about ‘the commons’ offer interesting and fruitful entry points for analyzing new and alternative forms and structures of organizing care work. Nevertheless, their emergence cannot be interpreted independently from processes of eroding social services and neoliberal austerity policies, as we have argued above. Such ambivalences became especially apparent during the summer of migration in 2015, to use this case as an example (Chapter 20, this volume): It was precisely the lack of care for refugees and the absence of state institutions in a situation of emergency that triggered massive grassroots organizing and led to the emergence of numerous neighborhood initiatives, church groups, and activist networks providing food, shelter, and healthcare for refugees. Besides providing care and solidarity for each other, this was also a process that politicized literally tens of thousands of people and created new relationships between ‘old-timers’ and ‘newcomers.’ In many cities, the occupation of public squares and parks by immigrant rights groups and refugees themselves gave migrants’ struggles for human rights new public visibility (Wilcke 2018). At the same time, activists’ care took the pressure off local states to adequately respond to the situation and make public resources available—professional medical and social care, legal, and administrative advice—and which certainly provoked in some instances the de-professionalization of care work and often led to the physical and mental overload of many volunteers as a result of the lack of ‘self-care.’

## Introducing the Contributions

In order to explore the spatial dimensions of new care arrangements, the authors of the following chapters take us to city plazas, refugee camps, community libraries, post offices, grocery stores, and even to internet platforms and transnational corporations. They try to examine the ambivalences and conflicts often inscribed in innovative care models, ask how they play out in the urban realm, and in which way they relate to spatial conditions of (un)care in the city and beyond, and aim at re-framing care from the margin.

The first chapter of this section explores how an ethic of care perspective allows for critically revising perceptions of ‘aging well’ and related urban policy strategies around age-friendly environments, and how practices of care and mutual relations inform the social dynamics of neighborhood spaces. In *Geographies of Aging: Hidden Dimensions of Care in Stockholm, Vienna, and Zurich* (Chapter 17, this volume), Angelika Gabauer, Marie Glaser, Liv Christensen, Judith M. Lehner, Jing Jing, and Stefan Lundberg explore the ‘hidden’ relations and practices of care at the intersection of public and private life that go beyond the formalized urban facilities for older people. Researchers and practitioners agree that beyond the private home, the immediate urban environment plays a crucial role for aging well in cities. However, much less is known about the role of informal settings of encounter as everyday dimensions of care for older people. Contrasting cases from Stockholm, Vienna, and Zurich, the chapter puts this perspective at the center, illustrates the multiple dimensions of everyday care practices in urban space, and promotes a critical concept of ‘age-friendly cities.’

One such crucial space of urban care is the neighborhood library. Not only does the local library provide books, audio, and film material for nearby residents of all ages, it is also a place of civic encounter, education and recreation, informal networks and exchange.

Additionally, many libraries have started to offer social services that cities do not provide any more due to financial pressure created by municipal austerity policies. In *The Toronto Public Library as a Site of Urban Care, Social Repair, and Maintenance in the Smart City* (Chapter 18, this volume), Teresa Abbruzzese and Antony Riley take a closer look at these dynamics. Using Toronto as a case study, the authors investigate the role of libraries in the smart city debate and as ‘enablers’ and ‘leaders’ in the digital economy. They argue that public libraries, currently being reconfigured as entrepreneurial incubators and social hubs, are contradictory sites of urban care that mediate and mobilize the technocratic logic of the smart city. Abbruzzese and Riley use a feminist ethic of care approach and the politics of repair and maintenance debate in order to highlight how libraries have become digital agents in the neoliberalizing city.

In the following chapter, Loes Veldpauw and Hanna Szemző take us to different scenery. In their contribution on *Heritage as a Matter of Care, and Conservation as Caring for the Matter* (Chapter 19, this volume), they explore how the concept of care can help create new perspectives on our relations with the historic environment, and more specifically with practices of adaptive re-use of built heritage. They argue that using the concept of ‘care’ instead of ‘protection’ as a framework can change how we think about conservation as a care practice. The authors illustrate this approach by analyzing two different cases: High Street West, Sunderland, which is composed of three vacant buildings in a highly deprived area in North East England; and Hof Prädikow, a manorial complex in Brandenburg, near Berlin, Germany. By conceptually (re)framing heritage as a ‘matter of care’ and conservation practices as the ways we care about, for, or through heritage, Veldpauw and Szemző explore how such a perspective can help to rethink the ways we deal with our built heritage.

A change of perspectives and a questioning of the hegemonic view is also what Rivka Saltiel offers in her study about the complex social relations within a refugee camp in Brussels. In her contribution *Care as an Act of Inequality? Complex Social Relations Within the Refugee Camp in Brussels’ Maximilian Park Throughout 2015* (Chapter 20, this volume), she investigates a makeshift refugee camp, in which the intense spatial and social proximity of international migrants, local residents, activists, and volunteers—and the temporary absence of state order and control—disrupted the traditional division between the ‘good, generous citizen’ as caregiver and the ‘victimized passive immigrant’ as care receiver. Through communal activities, normative categories of citizenship and care blurred. This blurring allowed for an alternative refugee reception until the moment when professional crisis management along with hierarchical and more paternalistic modes of care were re-established by local and national authorities.

The final chapter of this section focuses on the role of new technologies for urban care arrangements. Against the backdrop of current processes of welfare state restructuring—accompanied by multiple forms of privatization—Eva Mos presents her research on *Digital Care Spaces: The Particularities of a Digital Home Care Platform* (Chapter 21, this volume) and investigates the particularities of digital home care. By zooming in on the operation of a digital platform that brokers in-home care, she develops the concept of ‘digital care spaces.’ She describes a double process of privatization at work in this sector, and outlines its potential pitfalls. She further argues that these processes are not limited to political or discursive changes, but are simultaneously spatial in nature and provide opportunities for new (digital) care spaces to arise. The digital care platforms are simultaneously locally and globally embedded, and they provide a response to the opportunities and struggles that accompany the privatization

of care and the allocation of care responsibilities to private enterprises and to private (family) networks.

Taken together, the contributions in this book section show how introducing a care-lens into urban and spatial studies allows a better understanding of how new care arrangements and institutions of care ‘come into place’ and how urban dwellers negotiate the contradictions of these spaces.

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# 17

## GEOGRAPHIES OF AGING

### Hidden Dimensions of Care in Stockholm, Vienna, and Zurich

*Angelika Gabauer, Marie Glaser, Liv Christensen, Judith M. Lehner,  
Jing Jing, and Stefan Lundberg*

#### Introduction

In the context of an aging population, growing life expectancy, and with it a larger share of very old persons, the World Health Organization's (WHO 2007) program of 'age-friendly cities' has become a central policy strategy of many cities worldwide. With this program, 'aging in place' has turned into a dominant element in cities' planning and health policy, aiming at facilitating the possibility for older people to remain in their homes and communities as long as possible. Even though the WHO's program is not the only nor the first one that has addressed aging in the context of urban development and city policies, it has fostered the rise of a wider international debate about healthy aging environments and stimulated the promotion of a certain ideal type and desirable way of aging connoted by the notion of 'active aging' (ibid. 2002).

This chapter contributes to the emerging conceptual debates around age-friendly urban environments and addresses ambivalences linked with new arrangements, forms, and perceptions of aging. In doing so, it aims at enhancing the idea of age-friendly cities through including a perspective of care that goes beyond formalized urban facilities for older people and that challenges the idea of active aging. For this, the chapter explores 'hidden' dimensions of care of older people at the intersection of public and private life in cities. It seeks to discuss the multiple everyday care practices of older people, leading to the promotion of a novel approach to seeing relationships among built environments, humans, and nature in order to critically propose a highly integrative concept of age-friendly cities.

In order to explore and analyze different formal and informal geographies of aging we situate our analytical focus at the interface of spatial and social dimensions of care. The following chapter (1) introduces this spatial concept of care; (2) presents empirical findings from the European cities of Stockholm, Vienna, and Zurich; (3) illustrates a proposal to re-frame the concept of age-friendly city based on an ethic of care perspective; and (4) concludes with final remarks.

## Neighborhood Dimensions of Care

In the understanding of care presented in this chapter, we go beyond ‘care’ in a narrow sense such as healthcare, childcare, or geriatric care, and draw on the idea of care as a moral and political concept. Here, care is seen as a fundamental requirement for the development of (human) beings and therefore rejects the assumption of being completely autonomous. It perceives humans as being social and dependent on each other. In this vein, this chapter draws on (feminist) ethics of care and defines care, following Berenice Fisher and Joan Tronto (1990: 40, original emphasis), as

a species activity that includes everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web.

Understanding care as practice, the authors have identified four elements of care, which are “caring about, noticing the need to care in the first place; taking care of, assuming responsibility for care; care-giving, the actual work of care that needs to be done; and care-receiving, the response of that which is cared for to the care” (Tronto 2005: 252). Out of these phases arise four ethical aspects of care, which are attentiveness, responsibility, competence, and responsiveness (Tronto 2005). Care ethics put care at the center of questions of how to foster a ‘good’ society, and ‘positive’ interactions between people, other beings, environments, and objects. This includes the practices of care that we all receive, and all provide at various stages in our lives, and it perceives care as a concept for reflecting on power relations, inequality, and social justice (ibid. 2015). In this vein, this chapter draws on work that challenges distinctions between public space as the realm of politics and justice, and private space as the sphere of emotion and care. Endeavors in this context promote

an inclusive approach to care and justice by refusing to partition the two, instead emphasizing the acts and structures of caring that stretch across public and private spheres and seeking ways to connect the individuals, communities, and institutions that shape care.  
(Milligan 2014: 2)

Care “is about meeting needs, and it is always *relational*” (Tronto 2015: 4, original emphasis). The emphasis on processes and relationships means a fundamental shift in perspective when it comes to the built environment insofar as responsibilities to care are not only bound to the object “or its creator, builder, or patron” but involve all who are engaged in contact through this object (ibid. 2019: 28). The relational character of care intersects with our understanding of aging. We follow critical social gerontology approaches that highlight the interrelations between aging bodies, the discursive construction of age(ing), and embeddedness of age(ing) within socio-historical categorizations, norms, and power relations. Rather than perceiving age in terms of static chronological categories, we pursue a relational thinking of age(ing) (van Dyk 2015) and its significance within geographical studies (Hopkins and Pain 2007).

Drawing on the notion that care often takes place in face-to-face contacts and social relationships (Pease et al. 2018: 5), this study focuses on neighborhoods in order to address the

question of the spatial occurrence of care practices at the intersection of private and public life of older adults in cities. Neighborhoods, as defined here, are spaces in the immediate living environment. We perceive them as social realms that embrace the private and public spheres, and, therefore, unravel the public–private dichotomy (Lofland 1998). Furthermore, with our focus on neighborhoods, we refer to a broad body of literature that has shown the relevance of neighborhoods and local community networks as physical and social spaces of aging (see Buffel et al. 2012; Gardner 2011). The focus on neighborhood attachment that corresponds with the policy strategy of aging in place, however, also entails ambivalences: Critics have pointed to neoliberal forms of instrumentalization of neighborhood communities through ‘activating’ local resources, often driven by financial interests. Although the concept of aging in place tends to over-romanticize notions of care linked with the private domain and risks a (re)domestication of care services, aging at home has increasingly become the residential strategy of choice (Gilleard et al. 2007).

### Spaces of Care at the Intersection of Private and Public

The following section presents empirical findings with the aim of providing detailed insights into the local situations of age-appropriate living environments in Stockholm, Vienna, and Zurich.<sup>1</sup> Whereas the Zurich case study analyzed two spatially and socially differing city districts, the Vienna case study focused on social innovative housing projects with so-called ‘assisted living’ dwelling units for older persons, and the Stockholm case study explored situations of loneliness in the context of different living environments of older people.

Seeking to scrutinize the social and material spatialities of neighborhoods, we followed an inductive methodological approach. During the iterative process of data collection and analysis, a set of categories served as our analysis grid and was developed further during extensive literature review. A three-fold socio-geographical concept of space is used to systematize the empirical findings of the local case studies with regard to diverse spatial relationships of older people’s everyday life dimensions of care: (1) ‘third places,’ a term coined by Ray Oldenburg (1989), refers to key sites for informal public life such as cafes, post offices, grocery stores, barber shops, and community organizations, where people congregate separate from work (‘second place’) or home (‘first place’); (2) ‘transitory zones’ describe places, which are passed through during the course of daily public life, such as lobbies of buildings, sidewalks close to home, bus stops, subway platforms, or seats in trams (Gardner 2011); and (3) ‘thresholds’ are the hybrid, semi-public spaces in-between public places and private dwellings, such as balconies, backyards, porches, and patios (ibid.). Even though these three defined spatial dimensions are overlapping and fluid, the conceptual categorization allows an analytical differentiation of various gradations from publicness to privacy in a neighborhood and enables a systematization of findings from the different local case studies. In the following, empirical insights of our research with respect to this chapter’s outlined objectives are illustrated.

In Stockholm three case study sites were selected: (1) *Pilträdet*, senior housing with services in the district Kungsholmen located at the heart of Stockholm’s inner city; (2) *Riddarsporren*, a nursing home situated in conjunction with a home for people with dementia in the northern inner-city district Norrmalm; and (3) regular housing estates in the Stockholm suburb of Farsta. Farsta was built in the 1950s as an ABC-city, which derived from an abbreviation for the Swedish terms *Arbete* [Work], *Boende* [Housing], and *Centrum* [Center for shopping], with



the idea to create a self-sufficient hub outside the city center including work, dwelling, and shopping activities.

In Vienna, the selected case study sites are housing projects with assisted living units that were recently built in urban development areas: (1) *CASA Sonnwendviertel*, which is situated in the development area around the Central Station with adjacent dense *Gründerzeit* structures; and (2) *OASE 22*, located in the district of Donaustadt in a former peripheral industrial area with surrounding brownfield development. The projects are part of the Viennese subsidized housing scheme and offer specific ‘age-friendly’ apartments. These assisted living apartments are equipped with barrier-free facilities and additional care services. A professional carer is regularly present on site in the community areas.

In Zurich the focus was on older residents living in their homes without special assisted living services. Two contrasting city districts were selected: (1) Hard, an inner-city district characterized by dense building structures, a low percentage of older people as well as homeowners, and low levels of socioeconomic status; (2) Witikon, a green, residential area in the periphery with a very high proportion of older people as well as homeowners, and high levels of socioeconomic status.

All three case studies—Stockholm, Vienna, and Zurich—show the importance of residential neighborhoods for older adults as these areas comprise the center of life in old age. The conducted research demonstrates the relevance of third places that are close to home and easily accessible with public transportation or located in walking distance. The quality of these spaces depends on how the needs of the older residents are met: Besides the importance of short distances between home and third places, the degree of familiarity and contact with the staff in grocery stores, cafes, or restaurants was found to be a crucial factor in considering places for social activities. For example, the continuity of the same staff contributes significantly to long-lasting mutual recognition and ‘public familiarity’ (Blokland and Nast 2014). In Vienna, several interviewed persons highlighted the fact that they still consult doctors they trust from their former neighborhood despite longer traveling time. The Zurich case illustrates the relevance of attachment to place: Local pubs and cafes configured as social places and institutionalized over time cannot easily be replaced by new socio-cultural offerings. In the researched districts in Zurich many local pubs and cafes closed or underwent major transformations and now no longer meet the needs of older residents. The closing of a restaurant that had virtually served as a ‘living room’ for older persons has led to an increase of food delivery services instead, and older residents are less likely to leave home and interact with others less frequently. This directly relates to concerns about reduced social relations and rising loneliness among older people. However, the invisibility of loneliness often undermines the ability to recognize it and respond appropriately. Interviews conducted in Stockholm underscored the ambivalences and shortcomings of institutional preventive measures and demonstrated that loneliness, feeling alone, and isolation can be both related and distinct. A group interview with people living at *Pilträdet* clearly showed the multifacetedness of loneliness. Indeed, activities offered by the senior assisted living and other private arrangements in Stockholm have supported residents in feeling well and comfortable with each other. However, there were also people with deep feelings of loneliness even though they participated in these activities.

The fact that economic difficulties can impede social inclusion was brought up in various ways during the interviews. Across all case studies, interviewed persons emphasized the need for neighborhood eateries that offer affordable food. Addressing the issue of the widespread

risk of poverty among older people, in Stockholm several subsidized food programs, particularly lunch or coffee services [*fika*] at designated social activity places for older people across the city have been set up. In order to prevent old-age poverty, the local availability of such infrastructures is of high importance. Interviewees in Farsta for instance highlighted the fact that nearby churches and restaurants offer affordable lunches, which particularly support older persons since they do not need to go to the city center for such offerings.

Third places are, however, not only spaces where older persons are care recipients or consumers of formal care services such as subsidized meals, but where they can also act as caregivers. For instance, practices of care gain momentum through mutual help with grocery shopping, through organizing social get-togethers, joint dinners, and other activities such as language classes. The older residents who regularly initiate these social gatherings explicitly stated that their motivation is to promote social contact and prevent loneliness. Hence, these practices of caring have a vital impact on health and well-being and further demonstrate the fact that “relationships of care can involve acts of reciprocity; that is, both carer and cared for may derive benefits from their exchanges” (Fraser et al. 2018: 233). The aspect of reciprocity is not only evident in caring relationships between humans but also extends between humans and other beings: An older Viennese lady highlighted her close relationship with her dog and stated that she only chooses restaurants where her dog is allowed inside.

Third places are tightly linked with spaces that are here referred to as transitory zones. Those spaces revealed as highly important in the lives of older people; “rather than simply moving through them, transitory zones were used as places to connect with people, even for just a moment” (Gardner 2011: 267). Usually, spaces like streets, squares, public transport stations, staircases, and house corridors are not intended to be destinations in a narrow sense, but rather to be passed through during the course of daily errands. Boundaries between third places and transitory zones blur when they serve as actual spaces for certain activities, such as going for a walk on the nearby promenade. The unplanned encounter is a key moment that occurs when just passing by. While on their daily outings, older residents often meet neighbors or acquaintances on the street, at bus or tram stops, in squares, or while shopping, and often stay and linger in these spaces.

In this context, as research findings show, practices of care take place through the dimensions of caring about, caring for, caregiving, and care receiving insofar as those chance encounters may lead to offering help as well as receiving support from others. This does not mean that in every (spontaneous) encounter practices of care are necessarily inscribed. We rather shed light on the daily practices of older people that are often not perceived as caring relations in the first place. For many older persons, particularly for those with reduced mobility, transitory zones are essential everyday spaces that allow for social interaction and proximity, and hence serve as crucial spaces for meeting needs. Interviewees reported that their need to be around people even serves as a reason for them to go shopping (see Figure 17.1). This context implies the dimension of caring for oneself, the necessity of not only being attentive and responsible to others but also for addressing one’s own needs (Tronto 2005).

This moment of caring for oneself is particularly evident in the frequently mentioned activity of walking. Going for a walk in areas next to residential buildings and around the immediate neighborhood was described as highly meaningful and satisfying, as it nurtures the need to belong (see Figure 17.2). Besides health reasons, many interviewees stated curiosity about their neighborhood. They not only enjoyed watching other people but also observing how the (built) environment transforms. Indeed, many were very attentive to their



**FIGURE 17.1** Viktor Adler Markt is a food market near the housing project CASA Sonnwendviertel and functions as an important supplier of comestible goods for interviewed residents. Source: Sophia Stadlhuber, 2019.

surrounding environment; not only with respect to construction sites but also to parks and green zones (see Figure 17.3). They emphasized their appreciation for nearby nature and the people maintaining and cultivating green areas.

The importance of transit areas as places of aging also manifests in acts of re-arrangement, occupation, and use of spaces in ways other than designed for: Against prevailing house rules, older residents of *OSASE 22* put cushions in the staircases to create more comfortable seating opportunities. This example shows how transitory zones can be transformed into thresholds, or at least it exemplifies the fluid boundaries between these spaces and their different meanings for different users.

In view of decreasing mobility with old age, thresholds become more important and are highly relevant with respect to care practices. Prominent threshold spaces mentioned by research participants are, on the one hand, balconies and loggias, which are part of their private apartments but are situated in direct relation to ‘the outside.’ On the other hand, shared entrance areas of housing estates and other communal spaces such as courtyards, sitting areas, community rooms, terraces, or indoor gyms play a crucial role in the daily life of older residents (see Figure 17.4).



**FIGURE 17.2** Hardau Park in Zurich: Going for a walk, passing through transitory zones can be a meaningful way of connecting with other people in the everyday lives of older residents. Source: Liv Christensen, 2019.

In the Viennese assisted living apartments, a professional caregiver is the contact person for the older residents and is present on a regular basis to organize social get-togethers such as coffee and cake, lunch, or game afternoons. Similar to this, in a non-profit housing development for seniors in Zurich, the significant role of the building supervisor present on site became apparent. Apart from his main responsibility for maintenance and repair, he also regularly organizes a variety of social activities. Within these ‘professionalized’ forms of care labor, however, also ambivalences arise between assigned work tasks and additional care work. While regulations and formal work tasks clearly frame responsibilities, there are the hidden needs of care receivers surfacing in threshold spaces that challenge formal care routines and legal requirements and lead to struggles for caregivers with personal commitments and individual feelings of responsibility.

Besides the dominance of care work performed by professional carers, our research also illustrates the role of older residents as caregivers in threshold spaces: They are attentive, feel responsible for each other, and are also competent in performing caring work. Participants in the Viennese study mentioned their neighbors as key caregivers, or they told us about their



**FIGURE 17.3** Outdoor seating facilities in a small park close to a senior housing block in the district Hard provide opportunities for social encounters. Source: Liv Christensen, 2019.



**FIGURE 17.4** Seating at the main entrance area of Pilträdet, senior housing with services in Stockholm. Source: Jing Jing, 2019.

own caregiving practices such as taking out the neighbor's garbage. A resident of *OASE 22* regularly organizes different events and installed a community library within the housing estate, which serves as a frequent meeting point for a group of older people. The Zurich case study similarly revealed how important small acts of assistance and 'check-ins' are among older people in everyday life. For example, we came across the widespread practice of bringing the daily newspapers to other older residents. If the newspaper in the letterbox or in front of the recipient's door is not picked up, people notice quickly that someone might not be feeling well. Similar practices were found in Stockholm: A resident in the nursing home talked about her feeling of safety based on whether newspapers are piled up in front of apartment doors or not.

### **Re-Framing the Concept of Age-Friendly City from an Ethic of Care Perspective**

The model of age-friendly cities is based on the concept of active aging defined by the WHO's (2002) programmatic framework and is part of an international trend, which, in addition to the WHO, is supported by a broad coalition of international organizations such as the Organisation for Economic Co-operation and Development (OECD), United Nations (UN), and European Commission (Moulaert and Biggs 2012). The paradigm of 'active,' 'productive,' and 'successful' aging considers older people as a resource for the paid labor market, for family and voluntary activities, and refers to the capacity of older individuals to maintain themselves as independent as possible (van Dyk 2015). Hence, policy strategies in this regard have to be contextualized within the paradigmatic shift from social welfare to the 'activating welfare state' (Lessenich 2008).

The individualization of responsibility for successful aging within the neoliberal shift has led to extending the previously dominated deficit-oriented aging discourse to a "government of old people in the guise of successful ageing" (Tulle-Winton 1999: 283). The paradigm of active aging and with it the concept of aging in place range between neoliberal curse and emancipatory blessing: It reflects an attempt to shape various adequate and self-determined trajectories of aging beyond the deficient stereotype of frail old persons. At the same time normative pressure is set on older adults, encouraging them to self-optimize and self-monitor their success by conforming to this paradigm.

Instead of following one of these rationales, we propose to start from a feminist ethic of care approach that radically unravels the idea of independence and autonomy as the nature of human life that is inscribed in both lines of argument. Following Tronto (2005: 255), in the course of our lives we all "go through varying degrees of dependence and independence, of autonomy and vulnerability." Acknowledging that care is constitutive of human life pushes us to "demystify ideals of self-sufficiency and independence and promote a conception of equality that begins with our relationality and neediness" (Feder Kittay 2001: 530). This means, rather than conceptualizing old age in contrast to a seemingly ageless and independent adulthood (van Dyk 2015), a perspective is required that starts from the premise that throughout our lives we all need care. This should not mean ignoring specific needs and growing limitations of independence in older age. An ethic of care approach rather is able to stress that the problematization of dependency in older age is also nurtured by the norm of autonomy (ibid.: 147).

The ethical dimensions of competence and responsiveness of the caring process illustrate the importance of reflecting who needs which kind of care and requires a constant reviewing whether the need is met (Tronto 2015). In regard to an age-friendly city approach, this means stepping aside from the prevalent attempt of creating a homogeneous group of seniors, recognizing the diversity of their needs, and hence acknowledging that different caring measures may be fruitful for some but not equally applicable to all older people. Furthermore, the processual and relational character of care encourages us to re-examine the concept of age-friendliness itself. Instead of perceiving age-friendliness merely, as critics have already pointed out, “as a status that can be achieved by completing a number of specified tasks, rather than an on-going, strategic process” (Liddle et al. 2014: 1624f), we argue for an integral and integrative concept of age-friendly cities not based on fixed and discrete features and pre-defined criteria. Rather, age-friendliness represents being part of a reflective process of improvement that constantly takes into account both the caregivers and receivers and considers local context-specific circumstances.

Residential neighborhoods as spaces of everyday life where publicness and privacy intertwine have proven to be essential spaces of aging, where practices of care on various levels and in diverse spatial settings take place. The empirical findings presented above illustrate various degrees of involvement, economic, health or social difficulties, dependency, as well as self-determination of older people, and shed light on the spatiality of care relationships. Unravelling the often ‘hidden’ dimensions of care in the everyday lives of older people emphasizes the various reciprocal relations between urban institutions and individual actors that are constitutive of the age-friendliness of cities. An ethic of care approach connects the private and public domain insofar as it addresses the moral and political dimension of caring. Care as a moral *and* political concept means to not concentrate exclusively on the morality of individual action or on socio-political systems and structures, rather, it scrutinizes both together. Placing care in its full moral and political context (Tronto 2005) can provide arguments for the neighborhood community versus neoliberal forms of instrumentalization. It enables us to challenge idealized notions of care linked with the private domain, hence with aging in place. With this, it also can establish awareness and attention for (re)domestication of care services and related power relations.

## Concluding Remarks

The purpose of identifying ‘hidden’ dimensions of care was to untangle the concrete spatiality of care relations and practices of older people living in different urban environments. By examining diverse practices and relationships of care at the intersection of the private and public lives of older people, this chapter gave an impetus to re-think the concept of age-friendly cities. Reconsidering age-friendliness of cities through an ethic of care perspective acknowledges the diversity of older people’s needs, ways of life, and desired aging environments. It illuminates the entire process of care through scrutinizing the dimensions of ‘caring about,’ ‘taking care of,’ ‘caregiving,’ and ‘care-receiving,’ and thus argues that practices of care are only sufficient if all dimensions are adequately accomplished (ibid.). The chapter also questioned the ideal of autonomous individuals and instead emphasized the interconnectedness of everyone, hence criticizing age-negating trends embedded in political strategies of active aging. We aimed at spurring local social policy and spatial implementations and opening up perspectives for further research on care in the context of geographies of aging.

## Note

- 1 We discuss findings from the international research project *Geographies of Age* (2018–2020), which is a cooperation between partners of ETH Zurich, KTH Stockholm, and TU Wien. Rather than taking a comparative city approach, we seek to understand the diversity of socio-spatial configurations of aging in the cities of Stockholm, Vienna, and Zurich. The project analyzed secondary quantitative data in a pre-study. The main study, and on which this chapter is based, pursued an exploratory mixed-methods approach with expert interviews, go-along and qualitative sit-in interviews, and participatory dialogue workshops with key actors and older residents.

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# 18

## THE TORONTO PUBLIC LIBRARY AS A SITE OF URBAN CARE, SOCIAL REPAIR, AND MAINTENANCE IN THE SMART CITY

*Teresa Abbruzzese and Antony Riley*

### Introduction

Like many public institutions throughout urban North America, public libraries have undergone remarkable transformations in the last several decades (Klinenberg 2018; Leckie and Hopkins 2002; Mattern 2014, 2018). At the *Toronto Public Library* (TPL) in Toronto, Canada—the case study for this chapter—not only can library users borrow traditional materials such as books, films, and reference works; they can also receive free job search, career, and financial advice; find out how to self-publish their own written materials; attend open microphone nights, literary talks, and documentary screenings; learn yoga and meditation; join book clubs and writers' groups; access Wi-Fi and borrow computers, digital printers, and 3D printers; and take classes in web design and coding. There are also a host of programs, services, and resources available for more specialized groups, such as children and teens, non-English-speaking newcomers to Canada, people with disabilities, and people experiencing difficulties with poverty and homelessness. In response to the needs of some members of these latter populations, the TPL now provides staff training in social work approaches and has recently hired its own in-house social worker.

Similar trends can be found at public libraries in cities across the continent. Taken together, and on the surface, they speak to current conceptions of the urban public library as an indisputable site of urban care, a clear example of a democratic and compassionate public institution serving the public good. The 'public' in this context is understood in its broadest terms to include society's most vulnerable groups. But as we aim to show in this chapter, on closer inspection there has been a more complex and contradictory side to some of these developments. Library programs, resources, and services, along with newly conceived structures and functions associated with promoting advanced technology and 'big' business interests, in particular, have raised concerns in Toronto as elsewhere that libraries are drifting too far away from their traditional social and educational mandate—what Eric Klinenberg (2018) refers to as 'social infrastructure.' In the smart city, libraries are mere 'innovation hubs,' 'entrepreneurial incubators,' and 'digital agents' serving a largely uncaring, neoliberal, techno-urban agenda (Leorke et al. 2018; Mattern 2014).

Our chapter examines the dynamics of one version of this controversy as played out recently in the context of Toronto's 'smart city' planning conversations under Mayor John Tory (still the incumbent as of this writing). We focus in particular on a number of the debates that arose during the 2010s among city officials, politicians, library administration, and *Toronto Region Board of Trade* (TRBOT) members as they sought to reposition the TPL and bring it more in line technologically and financially with city authorities' smart city vision. Notably, that vision was at one point to have included a section of Toronto's waterfront developed by *Sidewalk Labs*—an urban tech affiliate of Google's parent company, *Alphabet*. In 2017, *Waterfront Toronto* (formerly the *Toronto Waterfront Revitalization Corporation*) launched a public request for a proposal to solicit submissions for the development of an underdeveloped eastern portion of Toronto's industrial waterfront and chose *Sidewalk Labs* as the winner.

Although *Sidewalk Toronto* ultimately failed to materialize, the events that unfolded surrounding this controversial development have considerable implications for libraries in other urban centers where similar smart city initiatives are underway. We argue that libraries are key sites of social repair and maintenance in building an inclusionary smart city, and as Dale Leorke, Danielle Wyatt, Scott McQuire (2018) and others have shown in their studies on libraries in smart cities, they are integral digital agents in facilitating the 'smart citizenry' for this technocratic urban model. While digital literacy seems a 'natural' expansion of libraries' educational responsibilities in the data-driven economy of the twenty-first century, maintaining the library as a social infrastructure seems more threatened under neoliberal conditions. Unpacking the role of libraries in smart city discussions and initiatives as 'enablers' and 'leaders' in the digital economy, and shedding light on how librarians navigate tensions between digital and social repair mandates are the objectives of this chapter. We argue that public libraries are contradictory sites of urban care that mediate and mobilize the technocratic logic of the smart city.

The chapter has two main sections. In the first, we present theoretical conceptualizations of the smart city, of a feminist ethic of care, and of the politics of urban social repair and maintenance to highlight how libraries are redefining their social responsibilities to align more closely with mandates of the neoliberal smart city. In the second, we flesh out these concepts with a selection of interview excerpts and other observations drawn from our empirical research. In the process, we raise new questions on libraries as critical spaces of social infrastructure under neoliberal conditions.<sup>1</sup>

## The Smart City: Merging Technology, Entrepreneurialism, and Libraries

The critical literature surrounding the proliferation of smart cities is greatly concerned with definitions of the new urban form, encompassing issues of privacy, exclusion, and the neoliberalization of urban planning and design. However, Giuseppe Grossi and Daniela Pianezzi's (2017) assertion that a common definition of a smart city does not exist still remains true. Alongside some of the definitions on offer are claims that the adoption of comprehensive smart city infrastructure is technical, neutral, and apolitical in nature (Kitchin 2015). Despite these claims, there is a growing body of literature that focuses on the political nature—particularly the neoliberal underpinnings—of this digital city model and questions of local urban governance based upon privatization, public-private partnerships, the exposure of

municipalities to global competition, and the mobilization of an entrepreneurial ethos and discourse (Grossi and Pianezzi 2017).

Within the context of urban entrepreneurialism, public libraries have become key facilitators and, by extension, digital agents in the smart city as collaborators and co-creators with public and private agencies. The transition to entrepreneurial urban governance is reflected in the library's changing role as a publicly funded agency mandated to reprioritize services and collections around the market needs of the neoliberal economy in order to justify its relevance (Leorke et al. 2018; McMenemy 2009). Under this new corporate/management model of service, patrons become clients, programs become services, and libraries compete for funding (with online retail and book stores as well as other public institutions) to 'enhance' services and remain 'competitive' (Stevenson 2009). Concomitant with the resultant funding shortages are cuts in services and staff (McMenemy 2009). As John Buschman (2004: 42) states, "the democratic public and social function of libraries subtly but surely changes: From a space for research, reflection and reading to the social capital of a community." Thus, he argues, with the increasing prioritization of funding, customer service, and social innovation comes the dismantling of libraries' core democratic values.

### **A Feminist Ethic of Care: Libraries as Caring Institutions**

A feminist ethic of care (England 2010) extends questions of care from the private sphere of the home and family to the public sphere, focusing, more broadly, on the many other care relations that enhance the well-being of societies. Following in this vein, Berenice Fisher and Joan Tronto (1990: 40, original emphasis) define care as 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." Their conceptualization emphasizes care as not only a practice, but also as a political value that transcends the private realm of the household and occurs in a variety of institutions and settings.

Examining institutions such as libraries through a feminist ethic of care lens challenges the techno-driven solutions of the smart city by emphasizing human interdependence, and reveals libraries as spaces of urban care. Such an ethical perspective also moves theoretical discussions on gendered aspects of care from a narrow focus on who provides the care and the experience of caregiving to everyday life, including everyday life as experienced in public institutions.

As we have described it so far, the feminist ethic of care, while a challenge to many aspects of the smart city project, does not necessarily encourage an outright rejection of the smart city. It is still possible within the critiques the feminist ethic of care offers to uphold a smart city vision, albeit one transformed to better welcome and support the kinds of caring and community concerns that institutions such as public libraries can provide.

### **Social Repair and Maintenance: Are Libraries Broken?**

When we think of repair and maintenance in cities or enterprises, we usually think of hard infrastructure, i.e., the physical and organizational structures and facilities needed for their operation. Such infrastructure is, as Susan Leigh Star (1999) points out, crucial, but it is mostly hidden and embedded in structures, technologies, and social arrangements. It only becomes visible when it breaks down. Stephen Graham and Nigel Thrift's (2007) work on repair and maintenance in cities exposes how cities' hard infrastructures are continually breaking down

and being ‘fixed’ through mundane, piecemeal activities of upkeep and repair that reflect the improvisational resilience of their respective citizenries and governments. Thrift’s (2005) earlier work on the micro-politics of care and welfare, however, focuses specifically on the politics of ‘social’ repair and maintenance in cities and how acts and practices of kindness and compassion can improve everyday life for even the most vulnerable city populations, thus fostering a collective urban politics of hope.

These social elements form part of what Klinenberg (2018) refers to as ‘social infrastructure.’ As he demonstrates, social infrastructure can be found in almost any public institution or commercial establishment where people congregate and socialize, where conversations and human contact happens. Not only does social infrastructure nurture and protect democracy, it also contributes to economic growth and well-being. Notably, libraries are among the public institutions Klinenberg highlights.

The library’s particular social infrastructure, with its connections to community functions of care and education, makes it arguably one of the most critical public institutions in cities. However, like many other institutions in North America, Europe, the United Kingdom, and Australia operating under conditions of urban austerity, the library is increasingly facing contradictory tensions as its public mandate is challenged by broader neoliberal shifts. Shannon Mattern (2014) makes the case that libraries are sites of intersecting ‘infrastructural ecologies’ and despite functioning under the chronic threat of budget cuts, underfunding, and closures, they continue to be important social anchors in communities. Mattern (*ibid.*) argues not only have libraries had to ‘pick up’ social responsibilities as a result of declining state provision of social services, they have also had to align their mandate closely around the neoliberal rhetoric of innovation, digital literacy, and entrepreneurialism. Such tensions raise epistemological questions on how competing infrastructures maintain or weaken libraries’ longstanding cultural values and democratic commitment to knowledge production and sharing. The work of Leorke, Wyatt, and McQuire (2018) on a public library development in Geelong, Australia, as part of a broader digital transition from a post-industrial economy to a knowledge economy, highlights libraries’ complex entanglements with government and digital city building projects that articulate the contradictory tensions of this public institution in serving competing publics and needs. In her study on the TPL as a critical public space for social reproduction, Lia Frederiksen (2015: 150) argues that the “proliferation of philanthropic gifts and corporate donations to fund library programs has also been criticized by library proponents for introducing corporate influence into libraries [...]. They contend that these strategies introduce more explicit market logic into public libraries.” Under such conditions, the public library is becoming fragile. The question is: Will it break? Are there sufficient social infrastructural repair and maintenance mechanisms in place to prevent that from happening? The empirical section below suggests some possible answers.

### **The Toronto Public Library Case: Struggles for Urban Care, Repair, and Maintenance in the Smart City**

Before launching into our empirical part of the chapter, it is important to first provide a few further details about Toronto as a smart city and about the TPL.

#### ***Toronto as a Smart City***

During the transition years from the twentieth to the twenty-first century, Toronto, like many cities around the world caught up in both the cultural rhetoric and competitive economic

imperatives of ‘globalization,’ sought to establish a position for itself on the global stage as a ‘global’ or ‘world-class’ city. However, with the rapid proliferation of ‘smart,’ digital technologies and the further entrenchment of the global, neoliberal turn in the early 2000s, Toronto, again like many of its counterpart urban centers, began to seek a somewhat different identification, and thus a greater competitive advantage, as a smart city.

As already suggested above, there are multiple definitions of the term ‘smart city,’ and it is not our purpose here to wade through them all. However, if we take even the most basic definition, i.e., an urban development vision of a data-driven economy that integrates information and communications technology (ICT) to (ostensibly) improve quality of life, address urban and environmental challenges, and increase economic competitiveness, it can probably be said that the term smart city gained serious traction in Toronto with the election of Mayor John Tory in 2014. Under Tory, a neoliberal smart city vision for Toronto emerged, replete with digital, entrepreneurial, and public-private partnership initiatives designed to push the city further into the twenty-first century and make it more economically competitive globally.

In February 2016, the TRBOT, along with member stakeholders, formed a Smart Cities Working Group (SCWG) with City of Toronto administrators to collaborate on building and implementing a smart city vision for the city. This working group organized three annual Smart City Summits to raise awareness and engage dialogue across the Toronto region, and helped facilitate citizen engagement and feedback segments for the Canadian Federal Government’s *Smart City Challenge* (2017/2018). For this competition, cities and communities across Canada submitted proposals showcasing their smart cities approach to improving the lives of residents in the hopes of winning four financial awards ranging from \$5 million to \$50 million. The SCWG was tasked with providing a roadmap that highlighted Toronto’s local smart innovations along with international best practices; creating a ‘smart’ case studies inventory of the region; and supporting the pan-Canadian *Smart Cities Challenge* by facilitating discussions with stakeholder members in various TPL branches and community centers.

One key, yet highly controversial, initiative in this vision was the *Toronto* project (see Figure 18.1). This high-profile real estate deal garnered global attention because this would have been the first time a tech giant was hired as a master developer to build what chief executive officer of *Sidewalk Labs* Daniel Doctoroff (2016) envisions a neighborhood “from the internet up.” It was seen as *Sidewalk Labs*’ opportunity to realize their ‘technotopia,’ experimenting with their different products, technologies, and services. The high-tech, sensor-and-surveillance-laden neighborhood was intended to include free Wi-Fi, self-driving cars, heated and illuminated sidewalks controlled by sensors, affordable housing, tall timber structures, and other initiatives to support environmental sustainability (see Figure 18.2).

In 2019, the TPL became a potential key player in *Sidewalk Toronto*’s plans with the TRBOT’s recommendation to make the TPL a civic data trust for the Quayside development. In response to the heightened negative attention the project was receiving regarding data governance and intellectual property rights, the board, whose mission it is to attract investment to make Toronto one of the most competitive and coveted business regions in the world, proposed the TPL as a ‘neutral’ independent data trust. This recommendation was not given much attention in public debates, as initial reactions to the report recognized the limitations of the library as a data trust managing the collection and use of data. Due to economic uncertainties tied to COVID-19, and to growing concerns over the privacy rights and related implications of its extensive surveillance infrastructure, the *Sidewalk Toronto* project was

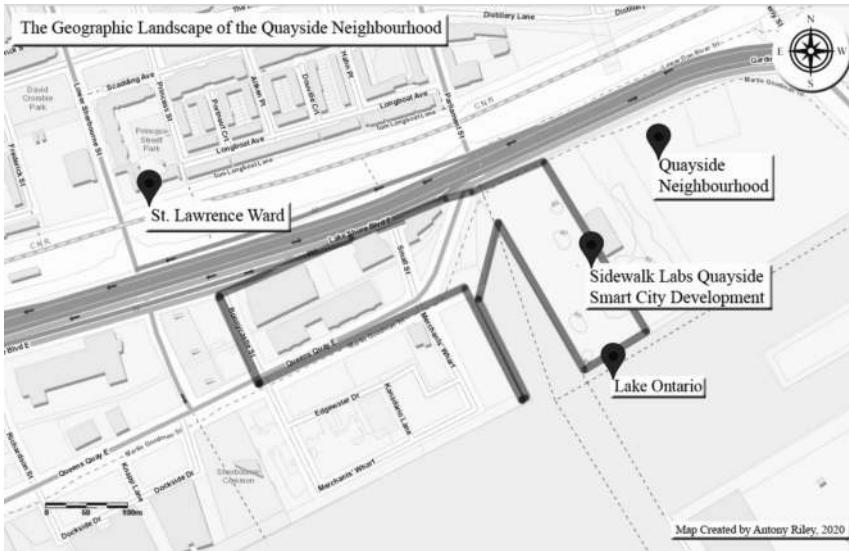


FIGURE 18.1 Quayside Neighborhood, Toronto's Eastern Waterfront. Source: Antony Riley, 2020.

cancelled in May 2020. As we will show in the remainder of this chapter, however, the TPL was to play no small part in the critical discourse that emerged.

### *The Toronto Public Library*

According to its website, the TPL (2020) is “one of the world’s busiest library systems.” There are currently 100 local branches serving neighborhoods in the downtown urban core as well as throughout the suburbs. The centerpiece building is the Toronto Reference Library (TRF), opened in 1977 and situated near the city’s main intersection of Yonge and Bloor Streets. The reference library is considered an important city landmark and an architectural gem (see Figure 18.3).

At the 2018 Toronto International Film Festival (TIFF), the TRF was chosen as a location for a private screening of Emilio Estevez’s film *The Public* for TPL foundation donors. The film is about a group of homeless individuals in Cincinnati who barricade themselves in a public library during a harsh Midwestern cold snap. The role of librarians in the film transitions from negotiators to social activists as the civil protest escalates to a confrontation with local police. Estevez premiered the film at the TPL to bring attention to the plight of homeless groups and to drive home his message that libraries as one of the few remaining ‘public’ institutions in modern cities need to continue to be sites of compassion and care.

At the screening, Vickery Bowles, the TPL’s Chief Librarian, introduced the film, explaining how the library is a place of refuge for vulnerable and marginalized persons and highlighting some of the strategies the TPL has implemented to help them, such as branches serving as emergency warming and cooling centers; book mobiles and community librarians working with agencies and city shelters; and hiring a social worker on staff. Indeed, the library in this context was celebrated as an invaluable public space offering a safe space to the public free of charge (TPL Foundation 2018).



**FIGURE 18.2** Sidewalk Labs 307, a former industrial building converted to an experimental hub and office space. Source: Teresa Abbruzzese, 2018.



**FIGURE 18.3** Toronto Public Library. Source: Antony Riley, 2020.



In her many public engagements discussing the role of the TPL in the smart city, Bowles (2018) always reinforces the point that “they are busier than ever because the customers expect more.” Another communitarian image Bowles employs when discussing issues of inclusion is how the “public library is the people’s university” (ibid.). Thus, discourses of inclusion in the techno-urban imaginary of the smart city are co-opted as discursive strategies for the TPL to maintain continued public and donor funding, and to justify their program partnerships with tech giants such as *Cisco* and *Google*.

As places of knowledge sharing, libraries have become key symbolic spaces with discursive power in the broader digital-divide discourse as they provide education, training, and access to digital technologies. Quoting Bill Gates, Siobhan Stevenson (2009) argues that the discursive strategy to naturally align libraries with digital industries in helping bridge the digital divide is a neoliberal strategy to further enmesh the state in the globalized information economy. This echoes the perspective of this TPL librarian (personal communication, March 2019):

When people think about smart cities, they think tech and data and they don’t think about the human aspect, the social. They think more about the economic aspect than the social. There is a digital divide where people don’t have the access, opportunity or connections to reach their potential. So what the public library does is provide equitable access to not just everyday tech, but also emerging tech and we think that’s an important role for the public library.

Within this broader conversation on digital access and equity is growing attention on the public library as a key democratic space, which also yields symbolic and discursive significance in related conversations on trusted spaces in civil society. However, the contradictory relationship between a ‘benevolent’ public institution free of commercial interests and an urban model driven by private interests reveals tensions as libraries become more recognized as entrepreneurial agencies.

Thrift’s (2005) conceptualizations on processes of social repair and maintenance help us understand the integral role of the public library in Toronto’s smart city. At the time of heightened public scrutiny and questioning around *Sidewalk Toronto*, the TRBOT recommended in their report that responsibility and authority for developing a civic data hub and its related policies be assigned to the TPL (Ruttan et al. 2019). The report argues that the TPL has the resources, expertise in data maintenance, and most importantly public trust to shape a data governance model maintaining public control. The library, in this moment of growing public anxiety and resistance to the *Sidewalk Toronto* proposal, was seen as the trusted channel to democratize the digital layer, as articulated by TRBOT members (personal communication, March 2019):

We chose the library because it was a respected and a well-known body that is perceived to uphold the public interest, which we saw as a crucial component to help bring in the right players to have those discussions on financing and data handling. It’s not just about libraries increasing relevancy in a digital world but it would be about the democratization of that digital world. The process would be a foundational building block in ensuring the protection of the public interest.

This recommendation received many criticisms for extending the public reach of the library as a data trust. As one city official (personal communication, March 2019) noted: “I think it runs the risk of asking the library to overstep because their branding implies trust, but it’s a stretch to say they can handle data analytics. I don’t think it’s their function to control city data.”

As one of the remaining ‘public’ institutions in modern cities, there is a need to bring a critical caution to conversations on the mobilization of libraries in smart cities as trusted sites of access and inclusion.

Reprioritizing programs under neoliberal conditions to produce the smart citizens needed for the data-driven economy has been integral to public libraries’ funding, which has generally declined in Canada, the US, the United Kingdom, and Australia (Leorke et al. 2018). As we learned during our case study, funding for the TPL has been prioritized in recent years because librarians have adopted the language and entrepreneurial discourse that emphasizes exchange value and understand how addressing social needs and disparities in neighborhoods can generate economic benefits in the overall economy. According to a TPL librarian (personal communication, March 2019), funding is related to reallocating resources and prioritizing certain services, which she argues does not undermine the core values of the institution.

We did get some enhanced funding for Wi-Fi hotspot lending, so people can borrow them the way they do for books [...]. We reallocated resources to support our strategic plan: a new digital strategy, new training and programming to support staff in understanding how their role is changing. But I want to say our values have not changed, they’ve been the same, such as literacy, equitable access to diversity of information and ideas, intellectual freedom, protection of privacy, lifelong learning.

While libraries are operationalizing their mandate and services increasingly through an entrepreneurial approach to social provision, the everyday practices of care guided by the public institution’s core values shed light on a feminist, place-based, or urban ethic of care.

Our study reveals the heightened social obligations libraries are currently experiencing as public institutions under neoliberal conditions. The notion of librarians as ‘first responders’ also emphasizes the library as a social agency with an urban ethic of care. As this TPL librarian (*ibid.*) explains:

I think we’re operating in an urban environment where we end up being first responders like anyone in the public sector who works with the public. There are income gaps and social issues, such as the opioid crisis and because we’re a public institution, people can just walk in and we welcome them. We need to respond to those situations, and it has been very difficult for the staff without the expertise of a social worker to provide guidance and training and ideas for how to manage those kinds of situations. We’re trying to continue to ensure our libraries provide a welcoming and supportive environment so that everyone is welcome and able to participate in whatever way they see fit.

In their justification, this librarian sees an intrinsic connection between public sector work, care, and social repair.

## Conclusion

Once regarded primarily as public institutions of education and care, libraries are today redefining their roles to assume new, additional status as digital leaders, enablers, and city builders. Our case study on the role of the TPL in the development of Toronto's smart city vision highlights some of the specific ways libraries are becoming more entrenched with neoliberal smart city agendas, not only as providers of digital services and free information, but as key stakeholders in information- and data-driven economies.

While Toronto is focusing on digital repair to improve its service efficiency, as well as on social and environmental sustainability in selling the idea of a more economically competitive city region to invest and live in, we claim that public libraries are not broken; rather, they are key spaces that will provide needed social repair and maintenance to facilitate the smart city through digital literacy and by providing users access to technology, space, and resources. The entrepreneurialization of the library, we argue, destabilizes the role of the library in the community as a space of care and social repair; however, it does not completely erase it.

## Note

- 1 This investigation is part of a broader study on the role of public libraries in the smart city which included discourse analysis of extensive literature and media scans, as well as semi-structured interviews conducted in 2019 with a TPL librarian, a public official and senior economic development officer at the City of Toronto, and members of the TRBOT. These interviews were triangulated with notes between 2017 and 2019 from meetings Teresa Abbruzzese attended as an academic member of the TRBOT Smart Cities Working Group, visits to the *Sidewalk Labs*' 307 experimental workspace, and ideation sessions with the Chief Transformation Officer in preparation for Toronto's bid for the Canadian government's Smart City Challenge in 2017.

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# 19

## HERITAGE AS A MATTER OF CARE, AND CONSERVATION AS CARING FOR THE MATTER

*Loes Veldpauw and Hanna Szemző*

### Introduction

In this chapter we explore how care and care ethics, conceptually, can help create new perspectives on our relations with the historic environment and practices of adaptive reuse of built heritage. We argue that using ‘care’ instead of ‘protection’ as a frame for how we approach and deal with heritage can change how we conceptualize conservation. We explore what happens to our understanding of the historic environment when we define conservation as a care arrangement between human and other-than-human actors. Traditionally, heritage management tends to focus on the protection of heritage from harm. Here instead, we propose to think of conservation not as a practice of ‘protecting from,’ but as a way to ‘care for’ the historic environment. We show that conceptualizing conservation as care highlights the way the historic environment reproduces spatial conditions and injustices in a way traditional conceptualizations of conservation do not. As such, our assumption is that framing conservation as care changes how we theorize the intent of the action of conservation. It also puts the focus on the ongoing care relation between people (through heritage), and between people and heritage. Traditional ideas of conservation with their focus on expert knowledge, materiality, and protection generally do not focus on this relationality. Subsequently, they do not reckon with the ethics of those relations, nor think how we (re)produce inequality and injustice through our (lack of) care for certain stories, histories, and structures within the historic environment. Using care as an analytical framing provides a way of understanding and addressing relations, and relationality, with and in place, foregrounding the importance of the ethics involved (Till 2012).

We first theorize care as a concept in the conservation context, and we then explore this conceptualization illustrated by two case studies: *170/5 High Street West*, Sunderland (United Kingdom), three vacant buildings in a highly deprived area in the North East of England, and *Hof Prädikow*, a manorial complex in Brandenburg, near Berlin (Germany).<sup>1</sup>

### Heritage as a Matter of Care

One could argue that ‘taking care of old buildings’ is an informal definition for conservation. In heritage studies this has been critiqued, not so much for the act of ‘taking care’ in itself,

but for its focus on old buildings. As critiqued by many, the processes around identifying and conserving built heritage are often too much about a very limited set of objects and narratives, focused on material assets that represent a part of history in a particular way, and forming a particular perspective (Dicks 2000; Meskell 2015). To acknowledge this process, heritage is now commonly conceptualized as a process and practice of selecting, interpreting, and presenting the past. As such, we can ask who is selecting, interpreting, and presenting, and thus which layers of material, whose values, and which versions of these histories are being foregrounded and preserved for posterity. Through this process, heritage conservation is then also defining the future. Heritage is a means to an end, it is made to ‘do’ things in (re) enacting, (re)producing, and mobilizing some past(s) in the present.

The act of ‘taking care’ (in ‘taking care of old buildings’), and the ways in which care is being given, received, or withheld, has not been subject to much questioning. Feminist scholars define care as an ethical practice and attitude that implies relationality, between actors and their environment (Fisher and Tronto 1990). Berenice Fisher and Joan Tronto (*ibid.*: 40) suggest that this includes “our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web.” Most care literature focuses on human-to-human relations, the ways we care (e.g., care for, about, with), and what the related moral principles are (Midgley 2018). Some work engages more explicitly with the care relations between people and their environments (Barnes 2012; Mattern 2018; Puig de la Bellacasa 2017; Till 2012). We want to explore how an ethics of care perspective can help to rethink the ways we deal with our built heritage. We do this by conceptually (re)framing heritage as a ‘matter-of-care,’ after the work on ‘matters of care’ by María Puig de la Bellacasa (2017). Subsequently, we re-frame conservation practices as the ways we care about, for, or through heritage.

When it comes to built heritage, and protection of the historic environment, there is a substantial body of literature and normative texts on how best to protect (see Veldpaus and Pereira Roders 2014). While protection is a form of care, limiting care to protection is obviously reductive (Tronto 2013). While legal frameworks around built heritage tend to focus on protective measures, conservation practices are much more varied and nuanced. People care for, about, and through heritage and take care of it in many different and co-existing ways: For example, through work, volunteering, demolishing, visiting, dwelling, cleaning, dismantling, listening, enjoying, or creating space—potentially all expressions of care. A lot of this takes place outside of any formal conservation work, in the everyday use, maintenance, and repair of materials and meanings, through the actions of people who want to share their history, identity, and culture, by reaching out to peers in past, present, and future.

Care for, with, about, or through the material world, and conceptualizing conservation as a practice of care, is about reinterpreting, questioning, and rethinking the work that is and could be done in a conservation context, by anyone involved. It is about discussing what the implications of this work are, who is doing it, and what, and thus who, is cared for, and who is not, and by doing so we reflect on current practices, as well as find new ways forward, for example through new forms of (re)commoning and (re)collectivizing heritage as a public good.

## Conservation Through the Lens of Care

We introduce two projects to illustrate how care takes shape in the everyday practices of adaptive reuse. The buildings in these projects were cared for long before they became formally listed as

heritage, and when they were in use they were, in their own way, focal points within their communities. This focus moving elsewhere resulted in a lack of attention and active care for the sites. Those in power, however, the heritage authority, cared enough about them to use protection as a mechanism to make demolition difficult. This did not protect the buildings from falling into disrepair, but it does mean they have not been demolished. The care lens introduces a distinction that ‘conservation’ does not make: It was apparently acceptable to care ‘about’ the buildings without caring ‘for’ them, or ‘through’ them for the neighborhood. So, we can wonder why, and by whom this care was being withheld. Our aim here is to show how the care perspective raises these questions in the first place. A group of people are caring for these buildings once again though. Their time and energy are focused on developing collaborations and building community as well as on restoration. This care, however, seems to have little or nothing to do with the protected status of the buildings or their formal ‘heritage significance.’

### Hof Prädikow and 170/5 High Street West

The former manorial complex of Hof Prädikow is located in the state of Brandenburg, in the countryside, and is about 50 kilometers northeast of Berlin (see Figure 19.1). The surrounding area is dominated by farmland and woods and the natural preserve area Märkische Schweiz is just a few kilometers away. It is a majestic estate, with a stream of run-down buildings, which are gradually being turned into a co-housing and co-working space, as part of a housing cooperative (Darr and Novy-Huy 2020). This housing cooperative brings together a group of Berliners, who have been working since 2015 on establishing co-housing and co-working spaces and creating a community center in Hof Prädikow. After centuries



FIGURE 19.1 OpenHeritage visit to Hof Prädikow. Source: Loes Veldpau, 2019.

of aristocratic ownership, the 9.5 hectare-sized estate was nationalized following the Second World War. It was used for agricultural purposes and a distillery during the existence of the post-war German Democratic Republic. German reunification in 1990 led to the dissolution of these activities, followed by vacancy and deterioration. Since 2015, 46 adults and 26 children have gotten involved in the new reuse project, which aims to create a model for rural regeneration, offering an escape from the overheated housing market in Berlin, while keeping ties to its economic and labor markets.

Quite different is the case in Sunderland, as it is located on a high street, in an urban area, and involves three Grade II Listed Buildings (Historic England 1978). These three dilapidated buildings played an important role in the urban history of Sunderland, a post-industrial city in the northeast of England (see Figure 19.2). The changes in commerce and city structure have meant a loss of function and use for the buildings, which led to vacancy and deterioration (TWBPT et al. 2020). The current gradual renovation is led by a building preservation trust, undertaken in collaboration with various other local stakeholders, to develop new uses, create mutual benefit in doing the buildings up, and provide accessible space for a variety of users. The Sunderland buildings were built as merchant houses in the late 1700s and were part of the first wave of post-medieval development, showing the (industrial) merchants' wealth. Only a few years after they were built, the houses were turned into shops and offices as the street they are on became the 'high street' and the commercial heart of the town. One of the buildings is linked to what later became Barclays Bank, while another is the original location for Binns, a department store that became a national chain. After being left vacant and in disrepair for at least the past two decades, the buildings were finally obtained by Sunderland City Council and gifted to the Tyne and Wear Building Preservation Trust (TWBPT) in 2018. TWBPT is a trust set up in the 1970s to restore heritage assets in the Tyne and Wear region, mainly by bringing them back into use.



**FIGURE 19.2** The first three buildings 170/5 High Street West Sunderland. Source: Loes Veldpaus, 2019.



### ***Care and Protection***

Legal protection is absolutely relevant in both cases. It creates a focus and opens up funding possibilities, and importantly it provided the legislative and regulatory framework that saved the buildings: It meant the buildings could not simply be demolished. This did not prevent them from falling in major disrepair. Both cases saw decades of vacancy, under-use, and deterioration. Formal heritage protection meant the buildings were protected from demolition, thus cared ‘about,’ but not cared ‘for.’ The protection agencies have been supportive partners in the current adaptive reuse processes. Other public sector organizations were important as well, including the local authorities, which in both cases have been part of the support network.

More importantly, however, heritage protection created the opportunity for various people to come together and develop a network of relations with and around those buildings, making the current reuse processes possible. This attention is not because all of a sudden these buildings became financially attractive investments. Quite the contrary: There is a vested interest beyond the commercial, in caring for the wider area, the neighborhood, a particular group of people. That is made possible through investing energy, time, and resources in these buildings, as we will discuss further below.

Finally, both cases benefit from a more general shift in heritage policy and funding priorities, moving away from just protection and material restoration, toward also facilitating the use of the buildings, and supporting the people using it. For example, the Hof Prädikow team receives support specifically aimed at facilitating their interaction with the villagers, with the clear view that the manor should at least partially fulfill its former functions as the center of the village. The Sunderland project received funding from the Architectural Heritage Fund to match its crowdfunding initiative with a pound for a pound. The campaign ‘Buy a brick’ (on *Crowdfunder*) was set up to support the building’s reconstruction as well as community use, while also using the crowdfunding initiative to build a wider online community of interest.

Tending to the material in itself is a care relation, as the involved practices of repair and maintenance make the ‘valuable’ matter and meanings endure (Yarrow 2019). This does not just lead to the question of what should be kept, and why, but also who it is valuable for, and why. When we use the lens of care, questions like “Who is (not) being cared for, through caring for this matter?” and “What and who is (not) being cared for, through making some material last?” are not commonly asked. Can we really separate our dealings with the material world from our dealings with people? These questions show how care can offer different perspectives, and raise different questions, for the work of conservation.

### ***Care, Collaboration, and Community***

In the case of Sunderland the adaptive reuse process is being led by the TWBPT, a trust specializing in ‘difficult’ restoration projects. The aim is developing a viable future for buildings through restoration. This means tending to the material, but also stimulating, facilitating, and weaving a self-sustaining network of care to secure future maintenance and use. The work therefore involves obtaining funding and planning permission and overseeing construction and restoration works, as much as it does collaborating with (future) tenant(s) and users, local organizations, small businesses, artists, neighborhood organizations, students and staff from

the local college and universities, local government, and creating links with other buildings, spaces, and projects in the area. The connections are being developed in a multiplicity of ways by, and through, all the partners in the network, with the buildings at the center, as a place to meet, to use, to organize around and through. Events and activities organized vary from heritage informed events such as lectures and exhibitions on the history of the buildings and the area, to a community mural (see Figure 19.3) and pop-up coffee shop, an exhibition and workshop on ‘Rebel Women of Sunderland,’ and various music performances, podcast recordings, and arts and crafts workshops organized by a coffee and record shop, and the future tenants of 172-5 High Street West, *Pop Recs* (see Hellowell 2019; Pop Recs 2020; Sunderland Culture et al. 2019; TWBPT 2019). One of the authors was involved in organizing some of these events as a form of action-research. This started the process of reflecting on what and who is cared for and by whom, as well as what types of care are wanted and needed. All the network-building and collaborative work is entangled with the restoration of these buildings, which clearly has to be much more than restoring materiality.

This is particularly important in a neighborhood ranked among the 10% most deprived neighborhoods in England (Ministry of Housing, Communities and Local Government 2019). In many ways, it can seem like there are more urgent needs in this area than restoring a few buildings. However, as Marian Barnes (2012) and Shannon Mattern (2018) suggest, there is importance in being able to care for one’s environment, and in feeling cared for by how the environment is designed and maintained. Then maybe the opposite is also true, not feeling cared for by an environment that is not maintained and looks dilapidated.



**FIGURE 19.3** Inside 174 High Street West: Community mural by Kathryn Robertson with Heritage Open Days 2019 visitors. Art by krillustrates (<https://krillustrates.bigcartel.com>). Source: Loes Veldpaus, 2019.

In Sunderland, we saw that some people care mostly for the buildings, whether that is its layers of history, the aesthetics, the construction, the type of bricks, or the shopfronts. Others care more for the space it creates, an accessible space, a safe space, an event space, a place to meet, a place to get a coffee and a chat. Traditionally, conservation is only 'for' the former group. We would argue this separation is unproductive. The stories told by and in the building are part of how accessible and safe it is. How does it feel, for example, for those not acknowledged in those stories? We have to keep asking ourselves who is not being cared for in the approach taken. We neither can or should care for everyone in the same way. Some people will, and others will not need or want to be cared for by the buildings, their stories, or their users, or care for these buildings. But it is important to reflect on that, because as heritage is used to create belonging and community, it also defines who does not belong (Anderson 1983; Hall 1999; Said 1994). What is the role of heritage in creating this need or want to be cared for, or not? And can changing stories and approaches to the materiality change this? Heritage easily reproduces structural inequalities. This happens in the everyday, in the practices of maintaining and repairing some worlds and not others, in the careless reproduction of harmful histories, and the exclusion of narratives and voices. Awareness of this is key. One of the stories that could easily go untold, for example, is about the Binns family, who owned and ran No. 172/3, the Binns drapery and department store. They were Quakers, and as it turns out, quite a radical family. In the late 1830s they set up a mechanics institute in Sunderland, got arrested for sedition, and were active in the anti-slavery movement and advertised their refusal to sell "any goods manufactured from cotton not warranted to be free labour grown" (Moss 2004). A story like this will surely speak to the residents in the neighborhood and to the future tenants differently than one of rich industrialists and merchant houses.

At Hof Prädikow, collaboration and community have been crucial too, albeit in a different way. The village Hof Prädikow only has 250 people. It is a very small village, which forms part of a larger municipality. Many of its buildings already stand vacant, among others its former school complex. They face depopulation and a loss of opportunities in this area, and it seemed hard to turn around this trend despite the availability of extra government funding for rural redevelopment. The site was rediscovered by a group of people who had developed ideas about starting a co-housing project. The Hof Prädikow group is trying to integrate caring for their own (housing) needs with a care for the wider village they have become part of by refurbishing this formerly derelict historical site. The cooperatives' activism and activities are of course also inseparable from the trend of finding alternative housing solutions outside of the Berlin housing market.

Some members from the Hof Prädikow cooperative have been living in the nearby village for years, slowly building up a community interested in co-housing, as well as becoming part of the established village community. By creating a physical space where they can meet, they are reconnecting the new community in the manorial complex to the current life in the village. The Village Barn is seen as the connection between the village and the housing community. It is a place to meet and discuss and organize events and it also provides a forum to address possible rumors and handle conflicts. The needs and expectations of various actors are different though: While some villagers would like to see craftspeople moving in, the current residents of the co-housing are freelancers who tend to work long-distance and are tied to the Berlin labor market. Many villagers, however, are glad someone again cares for this complex and want to contribute their knowledge about the site and its former uses. One way or another, the long-term sustainability of this conservation project will depend strongly both on

collaboration within the housing cooperative, but also with the village. It will remain important to develop and reflect on the relations built and sustained through this building complex, by listening to each other's critiques and needs; and in the way they are developing and maintaining the barn as an inclusive space for encounter, both in its material and immaterial form.

Another way community and collaboration has been important for Hof Prädikow is their capacity for linking into wider networks. This is a group of people with cultural and financial capital, and they have been able to mobilize their connections and knowledge to make sure they could take on the care for this complex of buildings. They collaborated with the German foundation *Stiftung trias* (Darr and Novy-Huy 2020), who helped them develop a financial structure to acquire the site in the framework of a lease agreement. The group also moves in a network of similar co-housing initiatives in Brandenburg (Kreativorte Brandenburg 2020) and is part of the cooperative *Mietergenossenschaft SelbstBau e. G.* These networks provide them with access to legal and practical knowledge related to co-housing, as well as better access, knowledge, and connections for funding and other resources. In the competition for funding, access to the relevant networks and resources is crucial. It means being able to position an organization or heritage asset in such a way it can be cared for. It also means, however, due to the element of competition, many other assets will not receive this attention, as they do not have a community with the capital to make this happen. This is an important aspect to reflect on as well when looking at conservation as care.

## Reflections on Conservation as Care

As argued by Barnes (2012: 123) and Sara Ahmed (2017: 266), the practice of care is not inherently good, and neither, we would add, is conservation. We have to be aware of the cultural, social, and political functions both perform. Both cases illustrate how looking at conservation as care allows us to see that conservation is not about the buildings only: It has to be about the relations between people, and between people and buildings. Using care as an analytical framing provides a way of addressing relations, and relationality, with and in place, but it also has to be a way of reckoning with its workings, and the histories and structures the work of care and conservation sustain. Care is being 'done' in the relation between people, and between people and place. As such we need to reflect and act on the ethics, and thus how the work of care sustains or ignores certain structures, institutes, groups, and histories, on who gains from it, and who loses out, and who stands to lose if care is withdrawn. (Re)establishing collaborative networks, through mutually supportive communities and spaces, is not easy especially after long periods of neglect. Neglecting physical space likely also indicates that the connected communities have not been cared for very actively. How to bring together, listen to, and involve people, and understand the various needs, and thus care for one another, within, through, and beyond these sites, is actually crucial for conservation in both cases. These are not radical statements, but the care perspective makes them visible, and makes them part of the same process. Caring for people is not separate from caring for place. By not paying attention to this, conservation often remains a practice of re-inscribing patterns of (un)belonging rather than one of challenging and changing these patterns.

With a focus on place regeneration and civic engagement, the long-term conservation of both sites is as dependent on the buildings as well as how they facilitate processes of collaboration and care. In this chapter we have aimed to illustrate how the lens of care changes the perspective as well as the questions asked when it comes to conservation. We argue that

conceptualizing conservation as care can highlight how activities undertaken in conservation are more complex than material protection. Rather than looking at what it entails to protect and restore a complex of buildings, we shift the perspective to questions such as how and why do we (not) care for place? And what are the ethics involved in this process? How do we care for each other through place? This involves processes of repair and restoration, as much as it does engagement and collaboration. It involves networks and relationships, but also policies and funding. Proposing this different lens helps to make visible the work conservation performs, how it includes and excludes, and how this work is being done through the way we tend to the material and immaterial matter. As such, we do not argue that care should replace conservation, rather that we broaden our view, and shift our perspective. This can enrich the way we look at conservation as a practice of care for one another and our environment, and the ethics of caring and being cared for. This creates a perspective in which conservation becomes part of a much larger societal picture and more embedded in everyday life, as it highlights the socio-ethical and political nature of conservation.

By focusing on actions that maintain, continue, and repair a world that explicitly includes our bodies, ourselves, and our environment, Fisher and Tronto (1990) do include our surroundings in their definition of care. Through this, we can build a complex, life-sustaining web of care including people and environment. We can care about, or care for our environment, but we can also feel cared for through our environment. Conservation and restoration are ways to care about and for the built environment. With framing conservation as practice of care, new questions are raised about how to handle risk, responsibility, and accountability, and how we think about the ethics of care. All these questions we feel are relevant, and move the idea of conservation forward, by pushing the boundaries of what we do, and what world we bring about, when we practice conservation.

## Note

- 1 This is an explorative paper and the case studies are 'living labs' in the project *OpenHeritage* (see [www.openheritage.eu](http://www.openheritage.eu)). *OpenHeritage* has received funding from the European Union's Horizon 2020 research and innovation program under grant agreement no. 776766. The main aim of the project is to create a sustainable and inclusive governance model for adaptive heritage reuse that is applicable under diverse circumstances, including marginalized areas. In doing so it identifies, evaluates, and tests innovative practices of adaptive heritage reuse in Europe, with a focus on the social innovation, community engagement and empowerment, cooperative governance, and innovative financial tools.

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# 20

## CARE AS AN ACT OF INEQUALITY?

### Complex Social Relations Within the Refugee Camp in Brussels' Maximilian Park Throughout 2015

*Rivka Saltiel*

#### Introduction

The public Maximilian Park in Brussels was the site of a makeshift refugee camp for three months in 2015, when the institutional reception system was insufficient to provide shelter for newly arriving asylum seekers. Local volunteers stepped in, forming a citizens' platform and organizing the space, *Camp Maximilian*, under the banner of 'Refugees Welcome.' The volunteers consisted of a broad range of individuals, including students, retired persons, registered asylum seekers, undocumented immigrants (*sans-papiers*), as well as the not-yet-registered asylum seekers who inhabited the camp. Hosting up to 1,000 people, the camp became a space of humanitarian care, but also a space of everyday life, a space of encounter where people came together to play football, make music, hang out, and make friends. This variety of activities attracted various actors with diverse motives to participate in the camp.

The spatial proximity, visibility, and approachability of otherwise systemically marginalized persons led to a specific 'throwntogetherness,' a multiplicity of trajectories simultaneously present (Massey 2005). Emphasizing the complexity of social relations at Maximilian Park, this chapter points to the political and emancipatory potential of care and deconstructs dominant representations of the 'needy' refugee. Therefore, I analyze pivotal moments where equality was performed in communal activities, that not only challenged and temporarily subverted normative accounts of migration and care but also put into question the paternalistic help-discourse, which is often observed in voluntary work with refugees (van Dyk and Misbach 2016). I argue that the act of (self-)caring is a political act of equality through which individuals constitute themselves as citizens, as claimants of rights and responsibilities, regardless of their socio-legal status (Isin 2008). Such 'acts of citizenship' (ibid. 2009) introduce a break into routines, understandings, and practices and disrupt perceptions around perceived identities. Furthermore, through assuming the very rights they are seen to be lacking, they bring new actors into being who rewrite the script and create a scene (both as performance and disturbance) (ibid.).

Elaborating on these disruptive acts of equality requires considering the structures, mechanisms, and institutions that produce and maintain exclusion and oppression (Lawson 2007) and

understanding how normative roles are—how difference is—socially constructed. Therefore, this chapter brings the multiple unequal power relations refugees find themselves entangled in to the fore. It starts with a discussion of the selective logic of the nation-state border and techniques of ‘domopolitics’ (Walters 2004) that not only systemically produce difference, but consequently also create a (presumed) need for care, constituting the prevailing ‘politics of needs interpretation’ (Fraser 1987). This is followed by an elaboration of the interrelation of the border regime and the humanitarian care ethics, that both depend on depoliticized and excluded individuals. Consequently, immigrants are reduced to either traumatized dependent victims or criminals and therefore become objects of care or securitization (see Pupavac 2008; Rancière 1998; Rygiel 2012; Walters 2004). After a presentation of the methodological approach, acts of equality at *Camp Maximilian* are identified, firstly emphasizing the acts of engagement in the making of the refugee camp and the emergence of a new category: the volunteers. Secondly, elaborating on the camp as a space of everyday life, relations were established that disrupted the prevailing hierarchical helper–victim and citizen–non-citizen dialectics and overruled the perceptions of the suffering dependent refugee. These findings are then discussed in relation to the potential and limits of the structures that emerged in Maximilian Park suggesting a right for all to articulate their needs and to engage in caring relations, regardless of their status.

## Unequal Relations

Rather than accepting pre-constituted identities, Doreen Massey (2000: 284) calls for a politics of interrelation, that “concerns itself [...] with challenging, and taking responsibility for, the form of relationships through which those identities are constructed, in which we are individually and collectively positioned and through which society more broadly is constituted.” The following demonstrates how difference is systemically constructed, creating and maintaining unequal power relations to further ask how they can be subverted.

### *Domopolitics and Disruptive Acts of Citizenship*

Acting as a membrane, the selective logic of the nation-state border creates and maintains difference. It classifies individuals, dividing them not only into citizens and non-citizens, but furthermore identifies them (next to desired tourists and expatriates), as ‘worthy refugees’ and ‘illegal immigrants.’ The latter two lose their identity and find themselves reduced to having only the identity of ‘the other.’ They are deprived of their political subjectivity and find themselves “mere object[s] of pity, more commonly hatred” (Rancière 1998: 31f). Represented in discourses that either frame them as patients, worthy of humanitarian protection and care (recognized refugees) or criminals threatening national security (undocumented immigrants), they become objects of professional management (Nyers 2010; Pupavac 2008; Ticktin 2006).

William Walters (2004) introduced the concept of ‘domopolitics’ to describe the post-political policy-tendencies that rationalize security measures in the name of the conception of the sovereign nation-state as a home. Domopolitics not only frame asylum and migration as a concern of securitization but legitimize spatial (and social) segregation. Refugee accommodation is often placed in isolated rural sites, which reflects the perception of refugees as temporary guests. Therefore, contact with—and integration into—the local and urban centers is not desired. In addition, containment serves to better control refugee populations and



averts the risk of individuals exercising political subjectivity (Papadopoulos and Tsianos 2013: 180). Far away from the political power of decision making (Darling 2013) and distant from the public gaze, they are held in spaces of an existential, social, political, and legal limbo (Isin and Rygiel 2007).

However, these depoliticizing techniques of domopolitics and the normative accounts of forced migration are resisted (Darling 2017: 3). Individuals and groups, despite their formal status, may nonetheless claim rights and responsibilities—rather than solely being treated as objects of exclusion or pity. In such ‘acts of citizenship,’ the unexpected that intervenes in the given perceptual order is enacted, creating new sites of contestation, belonging, identification, and struggle (Darling 2014; Isin 2008). As opposed to traditional forms of citizenship as a membership associated with rights, privileges, and duties, Engin Isin (2009: 370) conceptualizes citizenship as relational, an “institution in flux embedded in current social and political struggles that constitutes it.” Consequently, the performance of political subjectivity is not bound to a “constituted territory or its legal ‘subjects’: It always exceeds them” (ibid., original emphasis).

### ***Humanitarian Care Ethics and Democracy***

Through domopolitical modes of governance, refugees become objects of care, systemically at the mercy of providers, be it institutional or private ones. Neediness, however, is not a natural condition: It is intertwined in webs of power and processes of inclusion and exclusion. It is through specific mechanisms of ‘politics of need interpretation’ (Fraser 1987), that some needs are made “politically disabling compared to others” (Tronto 2015: 34).

By choosing ‘the poorest’ to be eligible for (and assumed to be dependent on) generous care services, humanitarian care ethics reproduce the prevailing politics of need interpretation (Ticktin 2006). ‘Refugees Welcome’ initiatives often fail to challenge the mechanisms that produce difference and inequality (Saltiel 2020; van Dyk and Misbach 2016) and rather reinstate the hierarchical dialectic of ‘generous citizens’ as caregivers and ‘victimized passive immigrants’ as care receivers. It is observed that voluntary work with refugees is often ascribed to a so-called “racism of help” (Byakuleka and Ulu 2016: 18, own translation) that in the act of care (re)establishes relations that refer, at least implicitly, to racist stereotypes of ‘white supremacy.’ Refugees are then encountered with pity rather than respect and left in the position of the grateful supplicant (van Dyk and Misbach 2016: 221).

In her work on undocumented immigrants in France, Miriam Ticktin (2006) outlines how humanitarianism functions as a transnational system of governance tied to capitalism. She analyzes how humanitarian ethics are inscribed in French law through the so-called ‘illness clause’ and points out how humanitarian practices create categories defining who is excluded (and criminalized) and who is ‘on sufferance’ (ibid.). Similarly, Jenny Edkins (2003) criticizes human rights discourses for relying on ‘innocent victims’ conceived as ‘bare lives’ (Agamben 1998) that are to be saved and thereby lose their political voice. She expounds on how humanitarianism reinforces the sovereign state, since it is based on the narrative of the human being as a common essence. Consequently humanitarianism, as well as the sovereign state, “produce[s] (and depend[s] on) a particular form of subject: One that is excluded from politics” (Edkins 2003: 256).

Thus, democracy and care—though often perceived as separate because of their seemingly public-private spheres—are deeply intertwined. Care is fundamentally about inequality since

caregivers are in a position of relative power. Consequently, “a truly equal, [and inclusive] society gives people equal chances to be well cared for, and to engage in caring relationships” (Tronto 2015: 38). At Maximilian Park, caring brought many people together, unsettling the prevailing societal order and the dominant need interpretation.

## The Refugee Camp at Maximilian Park

Maximilian Park is situated in a politically prominent and visible space, right next to the Brussels North station and within the business district. Insights from Maximilian Park were gained retrospectively through eight extensive semi-structured interviews with actors holding various positions and roles inside the camp: people who gained the lead in the citizens’ platform, volunteers who stayed a couple of hours, as well as employees from non-governmental organizations (NGOs), and political activists (see Figure 20.1).

In the ‘long summer of migration’ 2015 (Kasperek and Speer 2015), the dominant socio-political climate in Belgium, as in many other European countries, was not in favor of welcoming refugees. Federal government authorities took a clear anti-refugee stance. Attempting to create deterrents, the state secretary for asylum and migration (from the right-wing Flemish Nationalist Party, NVA) spread semi-official letters stating that the Belgian government is incapable of providing housing and assistance for newly arriving asylum seekers (Vandervoort and De Praetere 2016). According to these announcements, the government limited the asylum registrations to a maximum of 250 per workday and in fact left hundreds of migrants not (yet) included in the asylum procedure, without any institutional support. Pushed into homelessness, they slept and queued in Maximilian Park, right in front of the Foreigners’ Office where asylum applications are processed, in order to eventually get registered.

Hundreds of local volunteers subverted the government’s approach, coming to demonstrate their hospitality, welcoming and supporting the waiting refugees. The presence of up to 1,000 exiles in the central urban space sparked great (international) media attention that again drew many curious locals to the space of arrival to support and/or to get to know the ‘others,’ who are usually pushed to the periphery (of society and cities). An informal refugee camp emerged in Maximilian Park (see Figures 20.2, 20.3, 20.4) that lasted for three months. Camping tents were set up for protection from rain, and a nominal degree of privacy. Larger

Name*	Role at Maximilian Park	Date of the Interview
Anika	Researcher of solidarity practices, participant observer and volunteer with CollectActif in the camp's kitchen	10-1-2017
Chiara	Activist for regularization of sans-papiers, CollectActif	14-3-2017
Lisa	Employee humanitarian NGO, providing legal advice for refugees	14-3-2017
Lukas	Anarchist activist, student	19-6-2016
Mourad	Volunteer Platform, employee tech-company	17-7-2017
Rebecca	Coordinator for a medical humanitarian NGO, nurse	18-7-2017
Sahar	Volunteer Platform, student	24-4-2017
Sofia	Core-group and spokesperson of Platform, student	20-10-2016

\* names are anonymized

FIGURE 20.1 Interviewees. Source: Rivka Saltiel, 2020.



FIGURE 20.2 Maximilian Park, first days. Source: David Crunelle, 2015.



FIGURE 20.3 Maximilian Park, after some weeks. Source: Coralie Vankerkhoven, 2015.

tents provided space for various services such as acute medical care, psychological support, legal advice, storage space for contributions of clothing and sleeping bags, allocation of tents, language courses, a school for children, a cinema, etc. Containers were set up with hygienic facilities. A legal organization, *Plateforme Citoyenne de Soutien aux Réfugiés* [Citizens' Platform in Support of Refugees; further referred to as *Platform*] was formed on site that took the lead



**FIGURE 20.4** Volunteers. Source: David Crunelle, 2015.

in organizing the camp. The *Platform* took on the decision-making power in the camp, represented the camp in front of the media, and led negotiations with city and state authorities. Alongside the *Platform*, various associations, collectives, and (N)GOs operated on site. The *CollectActif*, a collective of *sans-papiers*, for example, built a kitchen in (and as) the center of the camp, providing 1,000 meals per day (see De Praetere and Oosterlynck 2017).

The decision-making members of the *Platform* explained their commitment as “solving a crisis,” filling a gap in the governmental care provision (Sofia, personal communication, October 2016). They demanded federal authorities to guarantee shelter for all asylum seekers and reached an agreement that once their claim was met, the *Platform*, together with most of the NGOs, would vacate the park.

### ***The Volunteers and the Emergence of a New We***

At Maximilian Park, refugees were no longer merely objects of professional management at a distance from society (Pupavac 2008: 280). Rather, the group of voluntary care providers was comprised of diverse individuals of different genders, ages, origins, and (legal and class) statuses, such as university professors and long-time unemployed persons, activists involved in immigrant protests or individuals who had never had contact with an asylum seeker before. The inhabitants of the camp engaged in the making of the camp along with numerous registered asylum seekers living at asylum centers and returning to the park as volunteers and/or to hang out.

Apparently, there was a sudden ‘hype’ around Maximilian Park and involvement in refugee support: “Suddenly everybody wanted to help out because it was such a media thing. Everybody knew about it, everybody talked about it, everybody wanted to help out and suddenly everything was possible” (Rebecca, personal communication, July 2017). Chiara

(personal communication, March 2017) remembers that sometimes there were even too many volunteers: “Everybody wanted to do something! So, there was a lot (!) of volunteers and we don’t need 25 volunteers in the small kitchen.”

The camp created new actors of care and volunteers were re-contextualized as a new social category. Its members were identifiable by wearing shiny safety vests. People could present themselves anew and were “valued for what they wanted to do” (Lisa, personal communication, March 2017). Regardless of one’s socio-economic and/or legal status, there was “a mutual understanding of each other as colleagues” (Sahar, personal communication, April 2017).

Refuting the representation of undocumented migrants as a threat to society was an incentive for *CollectActif* to engage in the park. As explained by Chiara (personal communication, March 2017): “To show that undocumented migrants are not [in Brussels] just to make crazy stuff and [to show that] they’re not terrorists, [...] not criminals, but [that] we really do something better for the society.” Indeed, they proved to be

equally capable in organizing solidarity as Doctors of the World, some people even thought they were an official Brussels Government Agency taking care of the food and the park. [...] People didn’t know about their status. So, they just made an evaluation of the acts they did.

*(Anika, personal communication, January 2017)*

For many volunteers, the camp became the center of their lives for three months. They integrated themselves into this new social network and found their place within this microcosm. Many came to the park on a regular basis, some daily, others lived in the camp for a period of time. While volunteers often initially planned to stay for a few hours, they ended up staying longer and returning frequently. However, assuming responsibility also led to overburdened and exhausted volunteers in many cases, who then needed care themselves. After some weeks, leaflets were distributed advising volunteers to take breaks, restrict their hours in the park, get enough sleep, and consult support if needed. In addition, a tent for psychological care for volunteers was set up. “It was often not clear who was helping whom. [...] It wasn’t like; this is the receiving and this is the providing end of the solidarity” (ibid.).

### ***More Than Care: The Camp as a Space of Everyday Life***

The park, with its children’s playground and football field, kept its function as a public space. A wide range of everyday activities were practiced there that went beyond the activities of emergency response, logistics, and help. Children played football, while a French language course was held in a different corner of the park. Elsewhere in the park, a group of people gathered with different instruments and played music, sang, and danced. Others hung out next to the kitchen, while a screen was set up for movies at the *Cinémamaximilian*. “Every night people were dancing, playing music, making barbeque” (Mourad, personal communication, July 2017). Sahar, a student who had just moved to Brussels herself, recalls that she enjoyed spending time in the park. She went there regularly, sometimes for volunteering, other times just to hang out and chat with people. Sahar made many friends at the camp with whom she is still in contact. The camp was a social space with the potential for people to engage in casual interaction, create networks, and establish friendships that could facilitate their individual process of arrival in Belgium. Mourad (ibid.) stresses this specific aspect, stating that “they were lucky

in the end. [...] And honestly when we look at it today, we notice they are way further with the integration than the others. When they start to look for a job they know more people.”

However, the openness of the camp and its multiplicity of activities and actors were also perceived as controversial. Lisa, working for a humanitarian NGO, for example, disapproved of the social gatherings. The fact that some people enjoyed being in the park seemed to counteract her endeavors to push the government to provide formal shelter for all refugees so that the park’s new function as a camp would no longer be necessary.

### ***The Re-Production of Classifications***

The vast public attention the camp received made the refugees’ arrival visible and politicized it. Thereby it sparked not only support but also hostility. Paradoxically, though the lack of care and the construction of the camp was a consequence of government decisions, elected officials reacted to the situation by stating the camp was “too cozy” (Francken 2015, own translation)<sup>1</sup> or describing the camp as a “place that often looks like camping, a funfair, yes, even a music festival” (RTL Info 2015, own translation).<sup>2</sup> Apparently, there is a discrepancy between a certain degree of fun, comfort, and self-determination on the one hand, and domopolitical technocratic governing that prioritizes securitization and isolation on the other.

Furthermore, as interviewed persons reported, government authorities provocatively labelled all volunteers as of the ‘extreme left.’ In addition, they pointed out the different origins of migrants making allegations that the camp is full of *sans-papiers* and sending out ‘warnings’ that many of the campers were not actually eligible for refugee status and were therefore considered illegal immigrants. Thereby, they did not only put into question who cares for whom but re-introduced classifications within the camp.

The camp became more and more exclusive, both in its organizational structure and in the selection of certain individuals eligible to receive care. The *Platform*, whose core team consisted of a few ‘white’ Belgian students, professionalized and its structures stabilized. Although Sofia (personal communication, October 2016) stated that “there is no division in misery” and advocated for equal treatment of everyone inside the camp, the provision of care services was eventually limited to asylum seekers only (while care still could be provided by anyone). Other migrants, homeless people, and others seeking medical care, hygienic infrastructure, a tent, clothing, or a sleeping bag were excluded from the camp’s care regime and referred to pre-existing organizations. Representations of the ‘deserving refugee’ and the criminalized undocumented migrant were reinforced, re-inscribing and excluding already marginalized identity positions.

Interviewees reported that some volunteers and donors exclusively wanted to help Syrians. Syrians, the most likely to receive asylum in Belgium, were regarded as the poorest and thus as the most deserving. That again reinforced conflicts along ethnic lines and led to a demarcation of categories bound to nation-states. Sahar (personal communication, April 2017), volunteering with the *Platform* to distribute tents, recalls her dilemma:

When they [*sans-papiers*] would come to the housing unit asking for tents, I transformed into this person: “No, you’re not a refugee arriving just now, so I can’t give you a tent.” And I had some tension with some of them. So, one guy shouted with me: “I need a tent more than [...] other people.” [He] was speaking French and Moroccan Arabic. He was very angry with me. And then I was really sad. Because also my reaction to him was:

Don't you think that it's unfair that you come and ask for a tent when some people have made the journey for days, walking, and need a place to sleep?

Many *sans-papiers* were present in the camp, both as volunteers and as activists, raising awareness of their political struggle to receive papers. However, they were excluded from receiving the services and moreover from the decision-making processes in the camp. This eventually led to severe conflicts between the *Platform* and some *sans-papiers* (see De Praetere and Oosterlynck 2017; Saltiel 2020).

### Disrupting Hierarchical Relations: Care as Act of (In)Equality

The camp, through its centrality, visibility, and supposed openness, evoked a specific 'thrown-togetherness' (Massey 2005). The relationships that resulted from this space of encounter were complex. There was not one camp for one purpose, but a simultaneous multiplicity of camps and purposes: the camp as a space of emergency-care, of political struggle, a shelter, a place to 'help,' a place to jam, to establish networks. It was a space where power relations were negotiated and temporarily subverted. Undocumented migrants, long-time unemployed persons, asylum seekers, those who are marginalized in their day-to-day lives, all became part of the Maximilian Park community. In this setting their 'usual' and marginalizing identities became irrelevant. They were identified by the roles they took on in the park, for example, that of a musician, a volunteer, or an athlete. A new 'we' emerged alongside the ongoing activities and a deep sense of community and belonging arose around Maximilian Park (May 2010).

A different mode of refugee reception was enacted at Maximilian Park. In communal activities (be it volunteering, or other every-day-activities in the public space), hierarchical societal roles were redistributed. Furthermore, the representations of refugees as a threat to security—that they are to be contained on the margins of society—was challenged. Consequently, the presence of immigrants in urban space was a claim to participate in the social life of the city. Friendships were established, and networks were created that facilitated the arrival of the asylum seekers and their settling in the city. Domopolitics was disrupted and, as opposed to being isolated, only in contact with fellow asylum seekers and 'professionals' in an immigration center, the refugee camp at Maximilian Park allowed for many different people to engage with each other and in the camp's activities.

The variety of volunteers not only challenged dominant accounts of forced migration, but also revealed how neediness is systemically constructed. Furthermore, it depicts how regimes of care and migration are entangled, creating difference in order to sustain processes of depoliticization and exclusion of certain individuals. At Maximilian Park, volunteers collectively staged a presumption of equality and demonstrated the ability to care for the community. Refugees and undocumented immigrants acted as citizens. Regardless of their legal and/or citizenship status, they affirmed the power to self-manage and organize their affairs (Swyngedouw 2014: 31). These acts put the dominant politics of need interpretation into question in a two-fold manner. Firstly, the vast support of locals made the very need for care and shelter visible, subverting the government's approach and the lack of care provision. Secondly, the temporary subversion or dissolution of the normative categories of caregivers and care receivers in the camp disrupted a humanitarian care ethics that tends to reproduce discourses of domopolitics that reinforce unequal power relations between presumed benefactors and 'poor suffering refugees.' However, due to different internal and external

processes and conflicts that arose over time, the moments of de-classification were hamstrung. The assertion of a humanitarian logic within the camp re-enacted the selective divisions of domopolitics and re-inserted categories by choosing exceptional individuals worthy of care while excluding the rest (Darling 2013; Ticktin 2006).

Paradoxically, though any act of care is unequal (Tronto 2015: 14), caring not only produces but may also subvert hierarchical relationships (ibid.: 35). When perceived care receivers perform the capacity to care (for her-/himself and for others), normative roles are disrupted, consequently putting into question prevailing post-political mechanisms to create difference and legitimize exclusion. Democracy and care are deeply interwoven and caring allows depoliticized subjects to reclaim power and responsibility.

However, caution is required not to downplay migrants' experiences and suffering along the journey or to romanticize the precarious conditions of Maximilian Park. The very lack of governmental care provision produced urgent existential and material needs for shelter, food, and medical care. Rights were denied, and responsibilities were outsourced to non-professional and non-paid individuals causing immense psychological stress for many who took on these tasks. This chapter does not suggest that a withdrawal of responsibilities by government authorities is beneficial to a more equal society. It rather suggests that caring is the responsibility of the society as a whole. Therefore, a society needs to organize itself around care, consequently taking responsibility for and challenging the relationships through which identities are constructed (Massey 2000).

The experiences in the camp reveal that neediness is not bound to a specific socio-legal status, but that we are all bodies that care and are cared for (Butler 2004). Thus, learning from Maximilian Park does not only suggest a right for all to care (both being cared for and engaging in caring relationships), but a right to articulate, to act, and to be treated according to true individual needs (Tronto 2015). By this means, regimes of unequal power relations are disrupted, allowing for re-subjection and autonomy of refugee individuals and potentially a solidarity based on an understanding of equality and interrelation.

## Notes

- 1 Theo Francken (2015) was the Belgian State Secretary for Asylum and Migration. He posted on his Twitter account: "Ik bied basic-preopvang aan. 14 gaan erop in. Ze willen gewoon nt. Tentenkampje te knus blijktbaar. Kritiek stopt hier. Excuses welkom. Dank." In stating that he opened basic provision, he refers to rudimentary shelters that opened after the establishment of the camp. However, these shelters—solely open overnight—were in such poor condition that refugees preferred staying in the camp.
- 2 The second quote derives from a newspaper interview with Alexander De Croo, who was Deputy Prime Minister in 2015.

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# 21

## DIGITAL CARE SPACES

### The Particularities of a Digital Home Care Platform

*Eva Mos*

#### Introduction

As many previous studies have highlighted, the reorganization of traditional welfare states toward so called ‘post-welfare’ states is characterized by myriad governmental changes, such as marketization, privatization, budget cuts, outsourcing, public-private partnerships, and a renewed focus on familial and community responsibility (Cooper 2017; Ilcan and Basok 2004). Furthermore, welfare state restructuring has been accompanied by changing scales of (social) policy intervention, bringing forth localization and decentralization (Theodore 2019), and renewed attention for proximity and the home (Duyvendak 2011).

To elaborate upon the spatial dimension of these processes, previous scholars have discussed the notions of ‘geographies of care’ (Lawson 2007) and ‘landscapes of care,’ pointing at “the complex embodied and organizational spatialities that emerge from and through the relationships of care” (Milligan and Wiles 2010: 740). These authors pay attention to the multiscalar nature of these landscapes, arguing that care and care relationships take place through interconnected scales, stretching from the local to the national and the global. This insight plays a central role throughout this chapter, yet these authors have generally neglected to include a ‘digital’ dimension of care spatialities. For their part, scholars examining ‘welfare technologies’ (Hofmann 2013) do centralize the role of (digital) technology but lack engagement with its spatial nature as well as the surrounding political context in which these technologies are at work.

To close these gaps, this chapter will deploy the notion of ‘digital care spaces’ by examining the operation of the digital home care platform *Betreut.de* in Germany. On the one hand, the chapter zooms in on the spatial dimensions of this platform, exploring how this digital care space conflates local and global dimensions, appearing close-to-home by locally brokering home care, but simultaneously engaging in global financial and political alliances taking place in the background and out of sight for customers. On the other hand, the chapter positions the platform within debates on the privatization of care, manifested both as the allocation of care responsibilities to private enterprises and to private (family) networks.

In the theoretical section that follows, it is first described how a double process of privatization is at work in the care sector, along with some of its potential pitfalls. Afterward, attention is

shifted to the spatial nature of care, highlighting how care and care transformations have sedimented in particular geographical spaces as well as providing room for new digital care spaces. In the empirical section, one such digital care space—the home care platform *Betreut.de*—is analyzed. Particular attention is given to how this digital care space conflates local and global dimensions, and how it responds to dilemmas surrounding ‘familial privatization’ of care. The empirical material presented in this chapter is based on in-depth qualitative interviews with two *Betreut.de* employees, ten platform users (both platform workers and families), and online research on the platform interface and its online magazine (see *Betreut.de* 2020a).

## A Double Process of Privatization

A first and most common understanding of privatization highlights the delegation of once governmental services to the private sector, more specifically to private enterprises operating on a market.<sup>1</sup> In the care sector, this is regularly defined as the ‘marketization’ or ‘commodification’ of care, referring to an increased role of private enterprises responsible for the provision and mediation of care services, as well as changes in financial means and subsidies and the growth of cash programs (Ungerson 2003). These processes do not necessarily imply the complete absence of public actors or responsibility, as the “commodification of care has gone hand in hand with an increase in public coverage and public regulation” (Pavolini and Ranci 2008: 247) and has also led to new partnerships between public and private agencies.

One principal mechanism underlying this form of privatization is the introduction of competition. This opens up the care sector for new private providers, as well as encouraging competition among and between private and public care providers. In Germany, this has meanwhile led to 65.8% of ambulatory care being provided by private companies since their arrival in 1995.<sup>2</sup> A process of competition is regularly assumed to lead to a diversification of care providers and a pluralization of care options for ‘informed’ consumers on the market. Care recipients are ideally able to choose from a wide range of care options, in which competition brings forth the best quality services at the least costs (Wiles and Rosenberg 2003). In reality, however, citizens are not always well informed. Furthermore, although the care market is in theory open to everyone, inexperienced or opportunistic players, sometimes referred to as ‘care cowboys’ (Van der Linden and Spanjers 2019), may turn care into an object of investment in and of itself. Relatedly, in contrast to the expectation of pluralization and diversification, market mechanisms can stimulate monopolistic tendencies, whereby several big providers take over disproportionate segments of the care sector (Stalinski 2018).

Another mechanism accompanying the marketization of care is the establishment of new (semi) market arrangements, such as public–private partnerships. Public–private partnerships are generally characterized by a process of ‘contracting out,’ in which public agencies contract with private care providers. Care services are carried out by private providers but paid for with public money, also known as the separation of purchaser and provider (Ungerson 2003). Problematically, however, these contracting processes regularly do not work with unlimited budgets, nor work according to the necessities of demand, or the amount of care that is necessary. Rather, a growing demand for care in combination with limited public finances provided for these services lead to shortages in the availability and capacity of care providers, and accordingly problems in the allocation of care, in particular home care. Public officials thereby see themselves confronted with either assigning specialized care to a small group or providing limited care to a larger group (Wiles and Rosenberg 2003).

When public (home) care services are insufficient or limited, informal and family carers are increasingly called upon to replace or complement formal care provision. The process of privatization of providers is therefore a second form of privatization known as ‘familial privatization’ or the ‘privatization of dependency’ (Crossman 2005). For Brenda Crossman (2005: 418), this process of “delegating public goods and services to the family” is legitimized by several morally and fiscally conservative justifications. Fiscal conservatives see the expansion of family rights and obligations as a welcome solution to a minimalist welfare state, whereas social conservatives praise “return to the traditional family and the sanctity of marriage” (ibid.: 420). The re-appraisal of familial responsibility is, however, not only advocated by conservatives, but fits equally well within neoliberal discourses on self-responsibility and welfare state retrenchment (Cooper 2017).

When care provision becomes less secured through public institutions and more dependent on familial circumstances, it also provides room for those families who can afford it to turn to private pay solutions. The two processes of privatization thus collide in those moments where private providers offer individualized and direct care solutions that are (partly) paid for with private money or private insurances, rather than contracting with public administrations. Opportunities arise for ‘segmented markets of care,’ allowing those with generous pensions or financial backing from family members the possibility of individualized and tailor-made care. In Germany, for example, there has been the appearance of ‘24-hour care’ [*24-Stunden-Pflege*] in which individual care workers—predominantly migrants from Eastern Europe—reside in seniors’ households around the clock. Another option is flexible in-home care by an ‘everyday companion’ [*Alltagsbegleiter*], paid by the hour, who delivers companionship, groceries, or cooking. Often, these private pay home care services are characterized by highly individualized and consumer-directed care, “that allow service users and their families to directly hire/fire and supervise individual home care workers of their choosing” (Doty 2017: 113).

As the empirical section below also demonstrates, these forms of highly individualized care are available for some, but out of reach for others. Furthermore, with individualized and localized approaches to care, provision may become prone to local variation, happenstance, and destabilization on the part of what care is delivered and who delivers it (Wiles and Rosenberg 2003).

## New Care Spaces

For some, the introduction of new home care and family arrangements led to deinstitutionalization, understood as the evaporation of institutional care (Anttonen and Karsio 2016). In this chapter, however, it is considered more useful to examine how new institutions become responsible for care and, as is discussed below, how this is accompanied by new (digital) spaces through which care is provided. While analyses of changing welfare and care regimes regularly emphasize changing policies and discourses, only a few authors have emphasized the spatial element of welfare state restructuring, highlighting how these processes have consolidated or ‘sedimented’ in particular geographical spaces (Katz 2001). By centralizing place and space, these authors add to the discussion attention to the formation of (new) spaces for social policy and care, such as ‘landscapes of care’ (Milligan and Wiles 2010), ‘geographies of care’ (Lawson 2007), and ‘(counter-)topographies of social reproduction’ (Katz 2001).

At the most general level, Cindi Katz (2001) argues that processes of purported ‘foot-loose’ or ‘vagabond’ capitalism are always accompanied by place-bound processes of social

reproduction, which materialize in particular spaces. She raises awareness of “neglected and undersupported landscapes [...] [such as] schools, playgrounds, parks, and public spaces as well as underfunded or disinvested sites of housing, infrastructures and service provision” (ibid.: 715). Other studies define care spaces more narrowly and focus on particular services or target groups, such as geographies of eldercare, or micro-landscapes of care such as the hospital room or the home (Wiles 2005).

Christine Milligan and Janine Wiles (2010: 740) define landscapes of care as “the complex, embodied, and organizational spatialities that emerge from and through the relationships of care.” For them, these landscapes are not one-dimensional and limited to physically demarcated places, but instead multilayered and multiscalar. For example, political-economic developments at the macro level influence who, where, to what extent, and in what way people are cared for. These concern monetary transfers such as subsidies, cash programs, and funding measures (Pavolini and Ranci 2008; Ungerson 2003), but also ideologies and cultural values regarding appropriate approaches to caring, such as prioritizing prevention over cure and independency over dependency (Tronto 2010).

In other words, this means that there are “interconnected scales at and through which care takes place” (Milligan and Wiles 2010: 749). Care is often associated with a local and proximate nature, but may simultaneously relate to the global, for example, where it concerns international care migration or global tech companies intervening in the provision and mediation of care. In the remainder of this chapter, I follow these authors by paying attention to the blurred boundaries between proximity and distance and to examine care “beyond the near familiar” (Lawson 2007: 6). In the section below, it is first shown how the digital home care platform *Betreut.de* interweaves the local and the global. Afterward, I analyze how the platform responds to dilemmas around the familial privatization of care, by displaying and providing the possibility of individualized private pay care.

## Digital Care Spaces: The Particularities of a Digital Home Care Platform

While some scholars engaged with geographies of care mention the role of new technologies, these often remain a side issue and limited to the role of remote communication and surveillance technologies enabled by smart sensors, robots, or other monitoring devices. Instead, I want to develop the notion of ‘digital care spaces’ by examining the particularities of the digital home care platform *Betreut.de*.

Home care platforms can be understood as digital marketplaces that broker basic medical or social in-home care by algorithmically bringing together families and care workers. Such platforms are thus primarily spaces where care is ‘mediated’ rather than provided. These platforms are not operating according to ‘on-demand’ models (like *Uber*), in which the algorithm automatically dispatches workers to consumers, but rather “impact the hiring process through sorting, ranking, and rendering visible large pools of workers” (Ticona et al. 2018: 3). Families looking for care workers scrutinize the platform by being able to select particular characteristics such as distance, gender, language, and personal characteristics as (non-)smoking or affinity with pets.

*Betreut.de* is a major care platform operating in Germany, but as will be further discussed below, is also part of the global platform company *Care.com*. *Betreut.de* was founded in 2007,

preceding in time major platform companies such as *Airbnb* and *Uber*, which only launched in 2008 and 2009 respectively. As *Betreut.de* is not part of or subsidized by public care programs, it is a privately operating company that is reliant on private money flows. Their business model includes a combination of venture capital investments, client-based subscriptions, and additional partnerships with firms or care institutes. In 2016, the parent company, *Care.com*, raised considerable amounts of venture capital investment, reaching a total of \$157 million including a \$46.4 million investment from *Alphabet Inc.* (Care.com 2016). *Betreut.de* also earns money through user fees: It allows basic searches and job posts for free but demands a subscription fee to arrange further contact or to become a premium member and thus to appear higher in the list of search results. This membership currently costs €38 for one month, €77 for three months, and €155 for one year. In addition to brokering care for individuals, *Betreut.de* also runs additional sub-units such as *Care@Work*, which supports companies in finding care workers for their employees; and *Care With Care*, which matches German care institutions to internationally recruited care workers (Betreut.de 2020b). These additional activities will be further explored in the next sections.

## Interweaving Local Appeal and Global Aspirations

For users of the platform, *Betreut.de* displays a convincing local look and feel, and provides several tools to localize one's care request. The very first element users encounter when visiting the platform's home page is the text "Gute Betreuung beginnt hier" [Good care starts here], followed by a search field in which to enter a customer's zip code (see Figure 21.1). In the remainder of the subscription and search process, the user zip code continues to be the first piece of identifying information the platform asks for, before entering any other information such as a name or the type of care needed. Having created a profile and searched for a care worker, the customer can further localize the care request by selecting the preferred radius, or the distance between the place of care provision and the location of the care worker. This menu displays a minimum of one kilometer and a maximum of 50 kilometers, suggesting that the customer's care area cannot exceed this distance. Finally, the user is presented with the average local pay rate, including the hourly wage that would be standard in the user's region (see Figure 21.2).



**FIGURE 21.1** Screenshot of *Betreut.de* homepage ([www.betreut.de](http://www.betreut.de)) stating "Gute Betreuung beginnt hier." Source: [www.betreut.de](http://www.betreut.de), 2020. Reprinted with permission from [www.betreut.de](http://www.betreut.de). ©2020 Care.com Europe GmbH. All rights reserved.



**FIGURE 21.2** Screenshot of Betreut.de website ([www.betreut.de/stundenlohn-babysitter](http://www.betreut.de/stundenlohn-babysitter)) presenting the average local pay rate (€12) for the zip code 12049 in Berlin. Source: [www.betreut.de/stundenlohn-babysitter](http://www.betreut.de/stundenlohn-babysitter), 2020. Reprinted with permission from [www.betreut.de](http://www.betreut.de). ©2020 Care.com Europe GmbH. All rights reserved.

Apart from the web-based version, *Betreut.de* is also available through a mobile app. This app has similar features to the web-based version, such as search functions, as well as selection of and chat with care workers. By obtaining the availability for care everywhere and anytime ‘in your pocket,’ this also entails care workers having to be constantly available for potential requests from families. During an interview, a care worker using the platform interrupted the interview three times to check her phone and reply to messages from families she was working for. She explained that it was very important to answer families quickly, especially if they were potential new customers, since otherwise they might go on and find someone else.

While the platform interface appears highly local to its users, the financial and operational infrastructure behind the platform extends far beyond the local, structurally embedding the platform in networks of global capital and international migration. To start with, *Betreut.de* is an operating unit of the global platform company *Care.com*, which operates in over 20 countries and is based in the US. By explicitly aiming to become the “largest online care destination in the world,” *Care.com* took over *Betreut.de* in 2012 and expressed the “hope to become even more adept at speaking to each market’s care challenges and providing a solution for care beyond boundaries” (Care.com 2012). For its part, *Care.com* is very closely tied to other global stakeholders, most notably to *Google Capital*, a private equity investor of *Google’s* parent company *Alphabet Inc.* In 2016 *Google Capital* became *Care.com’s* main shareholder, as was stated in a press release:

Google Capital, a growth equity fund backed by Alphabet Inc. [...] has made a \$46.35 million investment in the Company, which makes Google Capital the largest shareholder in Care.com. Laela Sturdy, a Partner at Google Capital, will join Care.com’s Board of Directors.

(Care.com 2016)

In its alignment with *Google Capital*, *Care.com* is very explicit about its aim of further expansion of the business and “building a global marketplace for care” (ibid.). The aim of private growth is sustained here by seeking the alignment with another major private company,

*Google Capital*, in order to have access to “significant operating and investing experience” and further build on “their market leadership” (ibid.). In contrast to public–private partnerships, a bridge is built here between two private entities. Rather than highlighting how this collaboration improves the quality of care delivered, or how their platform attempts to make care more accessible, the goal of growth and competitive advantage as a goal in itself is remarkable, boasting its monopolistic tendencies to become the primary online destination of care throughout the world (ibid.).

As a second instance of its global reach, *Betreut.de* is also embedded in international processes of internal care migration through its business unit *Care With Care*. *Care With Care* is, as an employee described it in an interview, a spin-off that is involved in recruiting, training, and mediating foreign health-care workers for German care institutions. Care workers are predominantly recruited from the Philippines, which is considered by *Betreut.de* as “the world’s largest exporter of caregivers” and is confronted with “300,000 unemployed care workers” (Esnaola 2017: 4, own translation). To recruit and educate care workers, *Betreut.de* collaborates with a local recruitment agency that selects and trains the potential workers according to German qualification standards and teaches them university-level German. Furthermore, *Care With Care* facilitates the arrangement of German work permits and visa processes.

With this business unit, *Betreut.de* is very explicit in its global aspirations, stating that “Care With Care aims to offset the global nursing imbalance by connecting un- or under-employed nurses from across the world with healthcare institutions in regions suffering from a staffing shortage” (Care With Care 2020). In particular, they aim to connect the supply of care workers from ‘emerging’ countries to care shortages in ‘developed’ nations. This is considered an opportunity both for migrant care workers and their families, as well as for patients and care institutions at the other side of the world:

We know our project will not solve the world’s global imbalance of health care staff. However, I believe that we are contributing one important piece of the puzzle as there is a quadruple win: for the nurses and their families, the patients, strained healthcare system, and for our business.

(Esnaola 2017: 7, own translation)

Finally, the aspirations of the global platform *Care.com* to become the largest online care provider, as well as its involvement in international care migration, highlight the ways in which it is globally embedded. Not only does *Care.com* aim to become a major and even monopolistic care provider, it also aims to be involved in a global migration infrastructure dedicated to solving Germany’s care deficit. While their direct business model—the local brokerage of home care—can easily be deployed in multiple localities due to standardization of the platform interface, its financial and political role extends these localities.

## Platform Care as a Response to Familial Privatization

Bringing back the focus to the everyday, local brokerage of care, the remainder of this chapter shows how *Betreut.de* responds to dilemmas arising from care responsibilities within the family (referred to earlier as familial privatization). In its external communications and public relations, *Betreut.de* is very explicit about its role in providing and responding to family-related



care issues, especially where it concerns women that both want to pursue a career and have a caring responsibility. In the interviews, however, the familial issue that appeared more acute was the absence of grandparents to care for children (in the case of childcare), or the absence of adult children to care for their senior parents (in the case of senior care). Interviews thus particularly revealed forms of intergenerational family care that were lacking and subsequently the motivation to turn to the platform.

From the interviews, two types of platform users appeared: women between 30 and 45 that searched for childcare for their children or senior care for their parents; and seniors that were either childless or had children living far away. An instance of the first group is a mother of two children in her thirties, employed part-time, who points out that many families in the suburban neighborhood where she lives deal with the absence of grandparents. She argues that to live in a very “family friendly neighborhood” (*Betreut.de* user 1, personal communication, September 2019, own translation) that predominantly accommodates families with young children is to lack the presence of grandparents nearby:

[Our parents] are too far away. Well, that is also a bit of a thing. There are, I think, also here in the region...a bit of the drama of Berlin. Many have moved to Berlin because of their studies. Me, too. And, or work-related, [as] my husband. And in that respect the grandparents live a few hundred kilometers in another direction. And they come over only one, two times per year to visit. And that is the case for many people here in the neighborhood. So, this “grandparents’ model” is unfortunately actually quite poor here. And therefore, the people search via whatever channels for care workers, childcare, because the grandmother or so are not available so far away.

Not only in the case of childcare, but also for platform-mediated senior care, the physical distance between adult children and their senior parents was brought up as a reason to use the platform. For example, a woman in her early forties lives in Berlin, while her parents reside approximately five hours outside of Berlin. As her mother was suffering from multiple sclerosis and her father indicated he could not provide the necessary care anymore, she decided to use *Betreut.de* to find a care worker and give her father some time off. For her, it was clear that she would not provide the care herself, but instead what she could provide, from a distance, was to search online for a care worker that could support her parents. As she explains:

So I didn’t want to take over the care, as they’re not living in Berlin, but in Chemnitz. That is with the train, also from door to door it is I believe around five hours. And so, first, I couldn’t provide care, so to say, due to the distance, and also I wouldn’t have wanted it. That is, I don’t want to care for my mother. This is too close for me, these are things that I wouldn’t want to do. And exactly, then I’ve said, but what I can do, how I can help you, I can search for things on the internet.

(*Betreut.de* user 2, personal communication, August 2019, own translation)

The quote above shows a justification to outsource care for senior parents both due to the physical distance, but also because of a desire to refrain from intergenerational care due to moral considerations of avoiding too close an involvement with the care of one’s parents. This moral consideration is also something *Betreut.de* speaks to on its website. By directing their

attention to family caregivers rather than to seniors per se, family caregivers are encouraged to ‘let go,’ to ‘get help,’ and to ‘care less’ (Lewandowski 2020) by finding a private caregiver through the platform. *Betreut.de* explicitly address the (emotional) struggles that family caregivers may be confronted with, as well as proposing a suitable solution. In one of the articles in the *Betreut.de Magazine* people are encouraged to turn “a visit to mum, dad or grandparents into something special rather than an everyday obligation” (ibid.).

As a solution, *Betreut.de* proposes to outsource these caring responsibilities to care workers easily and flexibly available on their platform. What they announce to offer is a highly individualized, mobile and round-the-clock ‘access to care.’ The question that thereby remains implicit is who has access to this care in the first place and who can outsource the ‘burden’ of caring to platform workers. Importantly, the platform-mediated service is a form of private pay care that cannot yet be reimbursed through public care subsidies or public health insurances. In some cases of childcare, employers pay part of the costs or costs can be withdrawn from taxes when parents are self-employed. In the case of senior care, however, my respondents pointed out that their parents had either very generous pensions due to working in high-end jobs during their career, or that the children partly paid for the costs. To what extent this platform-mediated care is thus a sustainable solution where it concerns access to care remains highly questionable. To conclude, the observation of a platform care worker, a woman in her sixties, is very telling when she states that, “the care that I currently provide to these seniors, I would never be able to receive myself” (*Betreut.de* user 3, personal communication, October 2019, own translation).

## Conclusion

This chapter positioned the operation of digital home care platform *Betreut.de* within two debates on the privatization of care. On the one hand, *Betreut.de*’s involvement with global finance capital and international migration reveals their aim of becoming a global market leader in the sector of care and displays their ambition of private growth as a goal in itself. On the other hand, the platform responds to local dilemmas rising from the absence of intergenerational family caregivers and is thereby embedded in micro-situations concerning familial privatization of care. By offering an (individualized) market alternative to these dilemmas, it becomes possible—at least for those families who can afford it—to outsource caring responsibilities to flexibly available platform workers.

These digital care spaces are thus spaces that blur boundaries between proximity and distance and show how care becomes a matter beyond ‘the near familiar.’ In fact, *Betreut.de* operates above and apart from national welfare states and is thereby not tied to national citizenship rights concerning the accessibility and equal distribution of care. While providing a solution for some—especially more affluent—segments of society, it remains questionable whether these platforms provide a sustainable answer to welfare state restructuring.

## Notes

- 1 Privatization is regularly also understood as the delegation of services to the ‘voluntary’ sector. This will not receive further attention in this chapter.
- 2 This percentage is based on data from the Federal Statistical Office, gathered in 2017 (see Statistisches Bundesamt 2018).

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