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 ‘uncare’ (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,
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.: 161ff). 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” (Staeheli 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” (Sevenhuijzen 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 Veldpaus 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)frame heritage as a ‘matter of care’ and conservation practices as the ways we care about, for, or through heritage, Veldpaus 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.

References


