Urban Cultures of Care: Mapping (Un)Care in Urban Everyday Life

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Abstract
This paper elaborates on Joan Tronto's feminist care ethics with a particular focus on her relational principle of *caring-with*. Drawing on her broad understanding of care, which includes both informal and formalised forms of care, we argue that the visualisation and interweaving of different practices, experiences, perceptions, spaces, infrastructures, and relationships of care highlight the relevance and emphasise the diversity, interrelations, and multilayered dimensions of care in everyday life in the city. Our considerations offer insights into the conceptual and practical development of a care map of the district of Gries in Graz, Austria. The map is created as a means to reflect on—and make visible—the multilayered dimensions of care in everyday life in the city. So far, it comprises a clustered inventory and mapping of care actors in the city and an analysis of maps created during care walks as a way to sense ordinary care practices. We conclude with a critical reflection of our approach and we discuss in which ways the visualisation of caring-with practices provides both challenges and opportunities to stress the political dimension of urban cultures of care.

Keywords
care ethics; Graz; mundane methods; neighbourhood; StoryMaps.

1. Introduction

Neoliberal austerity policies have been shaping everyday urban life in Central Europe. These policies affect everyday practices in general as well as caring practices in both private and institutional contexts in particular (Gabauer et al., 2022; see also Lawson, 2007; Theodore, 2020). However, caring practices are not only part of individual struggles and well-being but also constitute a core element of social life. In urban areas, caring and care practices are particularly noteworthy due to the prevalence of different lifestyles and needs—and because cities are often associated with density yet anonymity.

In times of multiple crises, the quality of urban everyday life is under pressure, both on an individual and a societal level, affecting individual lives but also urban forms of togetherness, collectivity, and sociality (Hall, 2019). For this reason, urban cultures of care and the social relations they engender seem to become important elements of social interaction and solidarity. As such, they respond to the socially unjust outcomes of (mal)distribution, (mis)recognition, and (non)representation (Fraser, 2009)—and, by *caring-with*, enable social relationships (Tronto, 2013). Cultures of care, of course, do not operate in urban space only. However, the density and spatial proximity of cities produce actual spatial, social, and symbolic places of care and these can become part of a city's social infrastructure (Hall, 2020; Latham & Layton, 2019; Middleton & Samanani, 2021), making care and caring-with more ordinary in a positive sense.

In this paper—and the related research project[1]—we follow Joan Tronto's feminist care ethics (FCE) as a political-philosophical framework to approach local urban neighbourhoods as spaces of social interaction and places of and for caring practices. Tronto (1993, p. 103ff, 127ff; 2013, p. 35ff; 2017) has outlined five principles of care, which comprise *caring-about*, including attentiveness and

1 - CURARE—URBAN CULTURES OF CARE: https://fellowship-geschlechterforschung.uni-graz.at/de/projekte/neue-projekte-call-2023-2024/urban-cultures-of-care-curare/ [last access: 21.05.2024]

noticing unmet needs, *caring-for* as taking responsibility for these needs, *care-giving* as actually doing care work and having the competence to do so, *care-receiving* as the responsiveness of "the person, group, animal, plant, environment, or thing" (Tronto, 2013, p. 35) cared for, and, finally, *caring-with* as the possibility to rely on established caring relations based on interdependencies, trust, and solidarity. As a normative perspective, care ethics also criticises that the interdependencies of social life as well as caring-with relations are often ignored as parts of the public sphere. Nevertheless, the dependency on social relations has become increasingly acknowledged (in both public and academic debates), and this recognition is closely tied to everyday austerity after the 2007/2008 global financial crisis, the 2020/2021 pandemic crisis, and the ongoing climate crisis (Fraser, 2022; Hall, 2019; Lynch et al., 2021; Saltiel & Strüver, 2022).

Against this backdrop, we introduce the district Gries, located in the inner city of Graz in Austria. We use this district, with its approximately 34,000 inhabitants, as a case study of an ordinary place of everyday life to illustrate the facets of both care and uncare in the sense of disregarding care needs in a local neighbourhood of a medium-sized city. By identifying ongoing caring practices and their interactions within and beyond the actual practice, we will present them visually in a care map (see section 4). Drawing on a broad understanding of care that includes both informal and formalised forms of care, we argue that the visualisation and interweaving of different practices, experiences, perceptions, spaces, infrastructures, and relationships of care highlight the relevance and emphasise the diversity, interrelations, and multilayered dimensions of care in everyday life in the city. By locating and visualising the different ways in which care is provided and/or neglected in urban everyday life, the care map illustrates how all people are dependent on care—in one way or another. The map thus represents an intervention in the (in)visibility and marginalisation of care in neoliberal urbanism. At the same time, it provides a basis for identifying gaps in care provision as well as uncaring practices and places and provides a basis for further reflection and empirical research, contributing to the conceptualisation of urban cultures of care.

In what follows, we present our approach and the (ongoing) development and creation of the care map. This is done by presenting our conceptual framework (section 2). Therefore, we outline why neoliberal urbanism is understood as uncaring, discuss how this condition of uncare can be addressed relying on FCE, and introduce our notion of urban cultures of care. We then sketch out the methodological approach for creating a care map, which is based on critical mapping as a method of participatory action research (section 3), before describing the production of the care map step by step (section 4). Finally, we reflect on our research and discuss the next steps that will complement the care map (section 5).

2. Conceptual Framework for Urban Cultures of Care

2.1. Uncaring Neoliberal Urbanism

In capitalist societies, profit maximisation is a fundamental principle of everyday life, often dominating and limiting basic needs. In recent decades, neoliberal restructuring has advanced the reduction of public care infrastructures and the commodification and privatisation of care work, resulting in a care crisis. Yet, the "care crisis does not affect everyone in the same way, whether locally or globally. But societies that systematically erode their care infrastructures cannot thrive in the long term" (Dowling, 2021, p. 191).

On the urban scale, cuts in public welfare and social infrastructures are paradigmatic of neoliberal cities and affect people in different ways. They are linked to housing, health and elderly care, labour market restructuring, education, etc., and the cuts are distributed unevenly, both socially and spatially. In other words, the neoliberal city is "uncaring by design" (The Care Collective, 2020, p. 10). However, social injustice in the city and unequal access to care is a much older phenomenon: from the very beginning, capitalist societies have been based on a gendered, racialised, classed, and spatialised division of labour and an institutionalised order that systematically devalues and exploits supposedly unproductive care practices and relations (Fraser, 2022). Accordingly, care is politically, economically, and historically shaped and tied to respective modes of societal organisation.

2.2. Feminist Care Ethics (FCE)

Care includes activities that encompass everything people do and need to live well (Tronto, 2013). Caring is then not only a specific *activity* but a bundle of practices that respond to emotional and physical needs (of oneself, other people, and/or more-than-human beings), including both paid and unpaid work. As such, "[c]are *expresses* relationships" (Tronto, 2013, p. x, emphasis added) and produces social ties in various forms. In recent academic debates, care is discussed as a social and "political theory, an ethic and a political praxis that reorients people toward new ways of living, relating, and governing" (Woodly et al., 2021, p. 891). The transformative capacities of care lie in the efforts of decoupling care work from capital accumulation and in destabilising the exploitative relation between invisibilised care work and capitalist (urban) development (Miraftab & Huq, 2024).

We understand FCE as a counterproposal to multiple societal crises. Based on many years of feminist struggles for the recognition of socially necessary care work (Hall, 2020; Federici, 2019; Fraser, 2022), it provides a critical conceptual lens that envisions an alternative, just organisation of care—and society more broadly. Building on the seminal work of Tronto (1993; 2013), FCE focuses on the needs-orientation of caring practices and thus addresses the qualitative meanings of care. Moreover, emphasising social interdependencies, Tronto's (2013) FCE is radically relational: she argues that all people are part of caring relationships, albeit to different extents and in different forms. By referring to this universal and relational character, FCE criticises the assumption that being cared for is an expression of weakness and opposes neoliberal responsibilised individualism, which devalues caring as a basic social practice (Lynch et al., 2021).

FCE strives for radical democratic change towards a society that is fundamentally attentive to—and acts upon—care needs: "To envision a society as caring is to envision a society engaged in the daily and extraordinary activities of meeting peoples' needs" (Tronto, 2013, p. 46). In a caring society, care is no longer about individual needs nor individual responsibilities but a public concern and a shared collective responsibility that is negotiated and distributed democratically. This does not mean that all people receive care equally or perform an equal share of caring practices but that the responsibility to care is equally distributed. A caring society is based on caring-with as a fundamental structuring principle. Practices of caring-with aim to establish new societal conditions for solidary social structures and democratic everyday practices (Tronto, 2013, p. xii, 23, 30, 35; 2017). In order to think about a solidary organisation of care, it is essential to interweave questions of care with questions of social and spatial scales of justice, thereby advancing a *situated* engagement in the complexities of place-based and social urban daily life (Fraser, 2009, 2022; Massey, 2005; Saltiel & Strüver, 2022; Williams, 2017).

2.3. The 'Urban' in Urban Cultures of Care

By focusing on people's needs, a caring society crucially informs a caring urbanism. As a normative concept, a caring urbanism focuses on common access to formal and informal social and physical infrastructures that meet basic needs and foster urban cultures of care. Formal social infrastructures include services related to care for children and the elderly, health, and education but also the provision of social housing, food, and energy and mobility infrastructures. Informal social infrastructures refer to non-institutional and/or self-organised care of people in precarious positions, such as single parents, refugees, the homeless, or unemployed people. In this paper, rather than looking into social infrastructures, we focus specifically on the less visible or tangible aspects of caring urbanism. These floating cultures of care aim for sufficient temporal, sociocultural, and financial resources of people to care for themselves and others.

Regarding urban cultures of care, FCE points to collective and collectivised forms of care outside the family and the home, stressing the importance of ordinary practices of care for producing urban places for well-being. FCE emphasises the meaning of public space and visibility that offers possibilities for encounter and establishing caring-with relationships in the city[2]. These three aspects are interrelated:

2 - Our approach was originally inspired by, but differs from, Greenhough et al. (2022), who advance the notion of institutionalised cultures of care.

First, while, in capitalist societies, parts of care work and care workers are increasingly marginalised, rendered invisible, and associated with the private realm of the home, urban cultures of care emphasise forms of collective and collectivised care beyond kinship relations. Accordingly, caring with friends, neighbours, and/or strangers in (micro) public spaces comes into focus. With this perspective, our analysis aims to expand political and academic debates that predominantly pay attention to care in institutional and formal settings (e.g. health care) and within the nuclear family, while "little exists in conceptualizing the collective care work, the care work invested in creating and accessing urban infrastructure and resources that are used collectively" (Miraftab & Huq, 2024, p. 4; see also Hall, 2020) and that crucially maintain urban life.

Second, ordinary collective practices of care produce urban space. Care is enacted by producing and sharing spaces in a non-exclusionary manner; it manifests material and immaterial concerns such as creating access to, for example, education or green space (Woodly et al., 2021). FCE stresses the ordinary, everyday practices of care and how they produce both formal and informal spaces and places of/for care. 'Ordinary life' is constituted by relations—between people and between spaces and between people and spaces. Accordingly, experiences of ordinary practices of care work provide a particular view of the everyday. This points to Doreen Massey's influential relational conception of space and subsequent debates in (feminist) geography that emphasise the social production of space. Massey (1999, 2005) conceptualises space as a product of interrelations, constituted through social interactions. She emphasises how space and multiplicity are co-constitutive and always in the process of becoming. As such, "spatiality is also a source of the production of *new* trajectories, *new* stories. It is a source of the production of new spaces, new identities, new relations and differences" (Massey, 1999, p. 9, emphasis in original).

Third, public space is crucial for urban cultures of care. It offers possibilities for supportive and contested encounters, interaction, and thrown**together**ness, a jumbling together of diverse people who meet by chance and are yet spatially and socially close (Massey, 2005). Socio-spatial interventions in public spaces that address people's needs (e.g. urban gardening, public sports facilities, food-sharing initiatives, neighbourhood centres, and playgrounds, but also protest camps, demonstrations, or various acts of civil resistance, among others) can be powerful tools that simultaneously draw attention and respond to care needs in promoting and experimenting with collective and *new* forms of caring, thus producing *new* spaces of caring-with. By these means, new ways of being and relating are practised that potentially initiate caring-with relations (Saltiel, 2022) and a sense of belonging (Askins, 2015). Against this background, and in the spirit of reinventing the urban, our analysis builds on the notion of public spaces as spaces of caring-with, which are an essential yet unacknowledged part of urban cultures of care.

3. Methodology: Approaching a Care Map

In approaching public urban space with respect to urban cultures of care, we have adapted basic principles derived from participatory action research (PAR) and critical mapping. The methodology of PAR is based on the involvement of local people as research partners in a participatory manner and demonstrates a democratic approach to joint knowledge production that is characterised by strong societal commitment (Greenwood & Levin, 2011). In contrast to co-creative or collaborative techniques that focus on joint development of need-based solutions amongst various actors (Veeckman et al., 2013), PAR is an applied way of knowledge production with a conception of theory and practice that claims that a sound theory is only relevant if it is effective in addressing everyday problems. Many PAR projects are rooted in feminist epistemologies as they share the critique of positivist research and point to situated knowledges as part of participatory research processes, including questions of power geometries, different ways of doing fieldwork and analyses, critical reflexivity, as well as presentation and discussion of results (Cornish et al., 2023; Reid & Frisby, 2008; Saltiel & Strüver, 2024).

Building on the nature of PAR, one output of our research will be a care map aiming to show the multilayered dimensions of urban cultures of care. Figure 1 shows our conception of

urban cultures of care with its caring dimensions and the caring relations through which they are connected. This conception crucially guides our empirical analysis and the creation of the care map. For the time being, the map relies less on the engagement with local people but more on our own collection of care actors (gained during brainstorming sessions complemented by walks through the district focusing on, for example, name plates, graffities, stickers that indicate care actors in the area) as well as practices and perceptions that become tangible during so-called care walks. We consider our approach as 'critical mapping' in at least two ways: a clustering of care actors by the researchers and a mapping of experiences and perceptions of (un)care in the neighbourhood by students visiting Graz (see Figure 1). Beyond this actual collection of diverse materials, such as pictures, sketch maps, notes, or vignettes, we refer to the tradition of counter-cartographies (see, e.g. Kollektiv Orangotango+, 2018) and its aim to make invisible actions and informal politics visible and develop democratic and emancipatory perspectives. In the future, we will develop two additional layers of the care map ('Mapping care networks' and 'Identifying care needs') to support this process of visibilisation and democratisation.

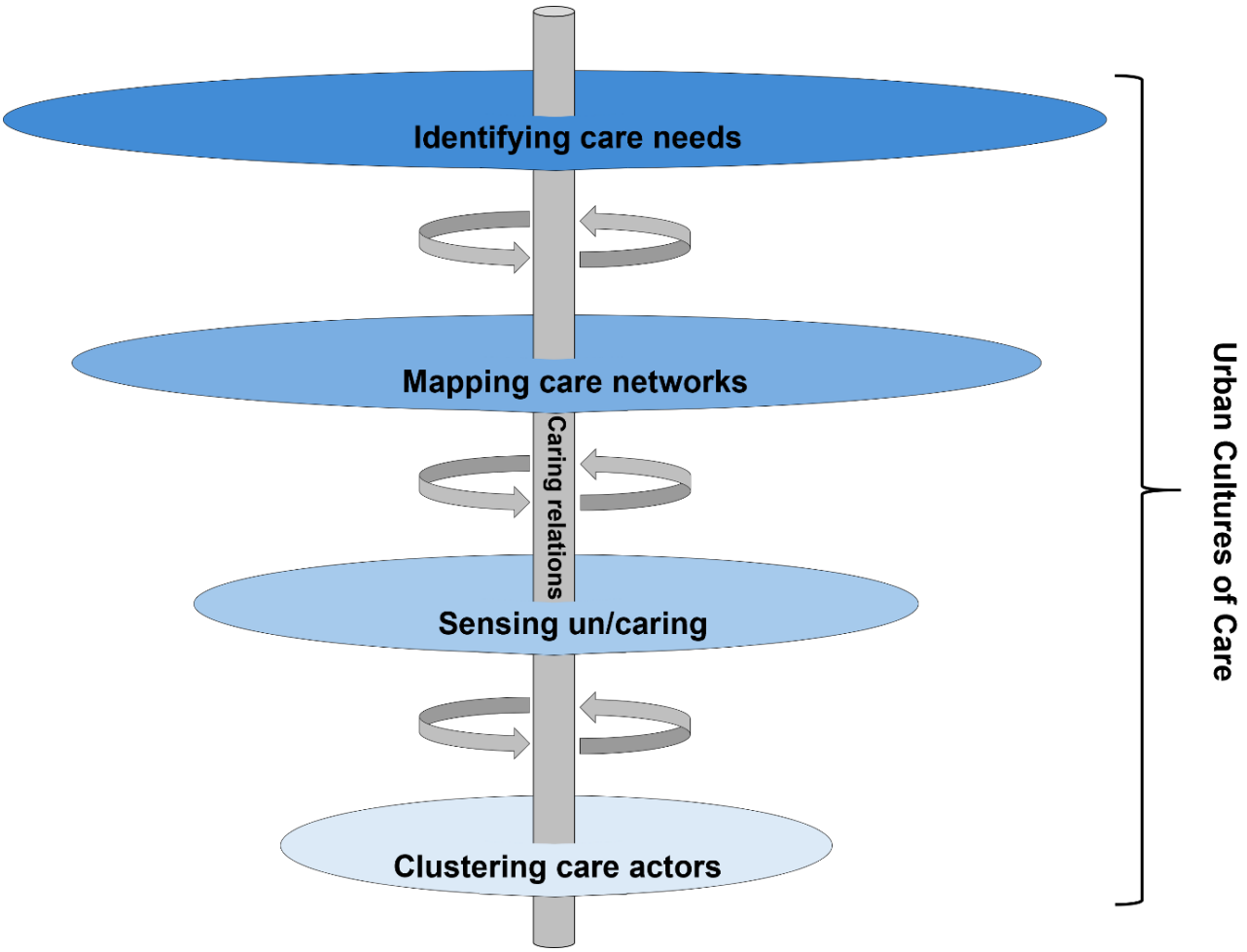

Figure 1. Layers of urban cultures of care.

4. A Five-Step Approach Towards a Care Map

The care map as analogy to caring-with and as translation of our objective to understand public space as 'spaces of care' is based on five preparatory steps serving as the foundation of operationalisation:

4.1. Brainstorming on Care Actors in Graz

As a first step, our team of five female researchers with experience in (critical) urban geography, three of whom live and work in Graz, compiled a comprehensive list of Graz-based actors that are relevant to our understanding of care. This inventory comprises actors who initiate practices and relations of care in the public sphere and have sparked public debates on them, including politicians or volunteers, institutions and associations, activist groups, physical infrastructures, and more-than-human elements as well as economic actors that engage in caring. Although incomplete and probably biased by our existing social connections in this sector and within the city, the inventory is continuously advanced by observations, encounters, and sightings made by the authors.

4.2. Focusing on the District of Gries

Obviously, covering the entire social as well as physical care infrastructure in Graz causes empirical challenges. The brainstorming as well as joint walks through the city based on knowledge on care practices and actors, as well as recent needs, challenges, and (political) ambitions, revealed that a large proportion of care actors from the inventory are found in the inner-city district of Gries and its neighbouring areas. Gries is an established arrival district for migrants moving to Graz, and its socio-demographic structure is very heterogeneous in socio-economic and cultural terms.

4.3. Clustering Care Actors Along Spatial and Temporal Dimensions

In the next step, we structured the numerous actors to help us gain new insights into the qualities, quantities, and interrelations of care actors. It also stimulated first attempts to organise and layer our care map (see the bottom layer in Figure 1, 'Clustering care actors').

Given the aim to visualise and understand the distribution and interrelations of care practices in space, we clustered our collection of actors according to the *spatial* dimension of their care provision (i.e. the care-related services, spaces, and/or relations they provide) as depicted in Figure 2: (1) unbound to/without physical space, (2) fully mobile in physical space, (3) bound to a certain kind of physical space, and (4) bound to one specific physical space.

Additionally—and in analogy to the spatial dimensions—we discerned four different *temporal* types of care provision amongst the actors that we also took into account in the clustering: (1) temporally unbound, (2) no predetermined times/available depending on demand and supply, (3) predetermined regular times, and (4) a predetermined singular appointment/date. We understand both the temporal and spatial dimensions of the care actors as a spectrum. Many clustered actors and their care provision lie between the poles (see Figure 2).

Consequently, some positions in the cluster leave room for discussion. For instance, it might be argued that public space, while ostensibly open to all, is not equally accessible to everyone at any given time (Blokland, 2023). Nevertheless, this two-fold clustering activity provides an overview of the distribution of the actors' care provision in time and space and thereby offers a tangible basis for our care map. Subsequently, we mapped the clustered care actors in or around Gries, locating them spatially by using Google MyMaps. The resulting map provided a crucial basis for the next research steps.

4.4. Mapping Perceptions of (Un)Care during Care Walks with Urban Studies Graduate Students

Looking at the predominant types of care actors in our first mapping, it became obvious that we wanted to add further layers to our care map focusing on relationships, feelings, and perceptions of (un)care. Addressing these dimensions via conventional modes of mapping, however, seemed neither adequate nor possible. Reflecting on our own limitations, we decided to facilitate a so-called care walk in analogy to similar mundane methods (e.g. a smell or sound walk; see, e.g. Perkins & McLean, 2020). In general,

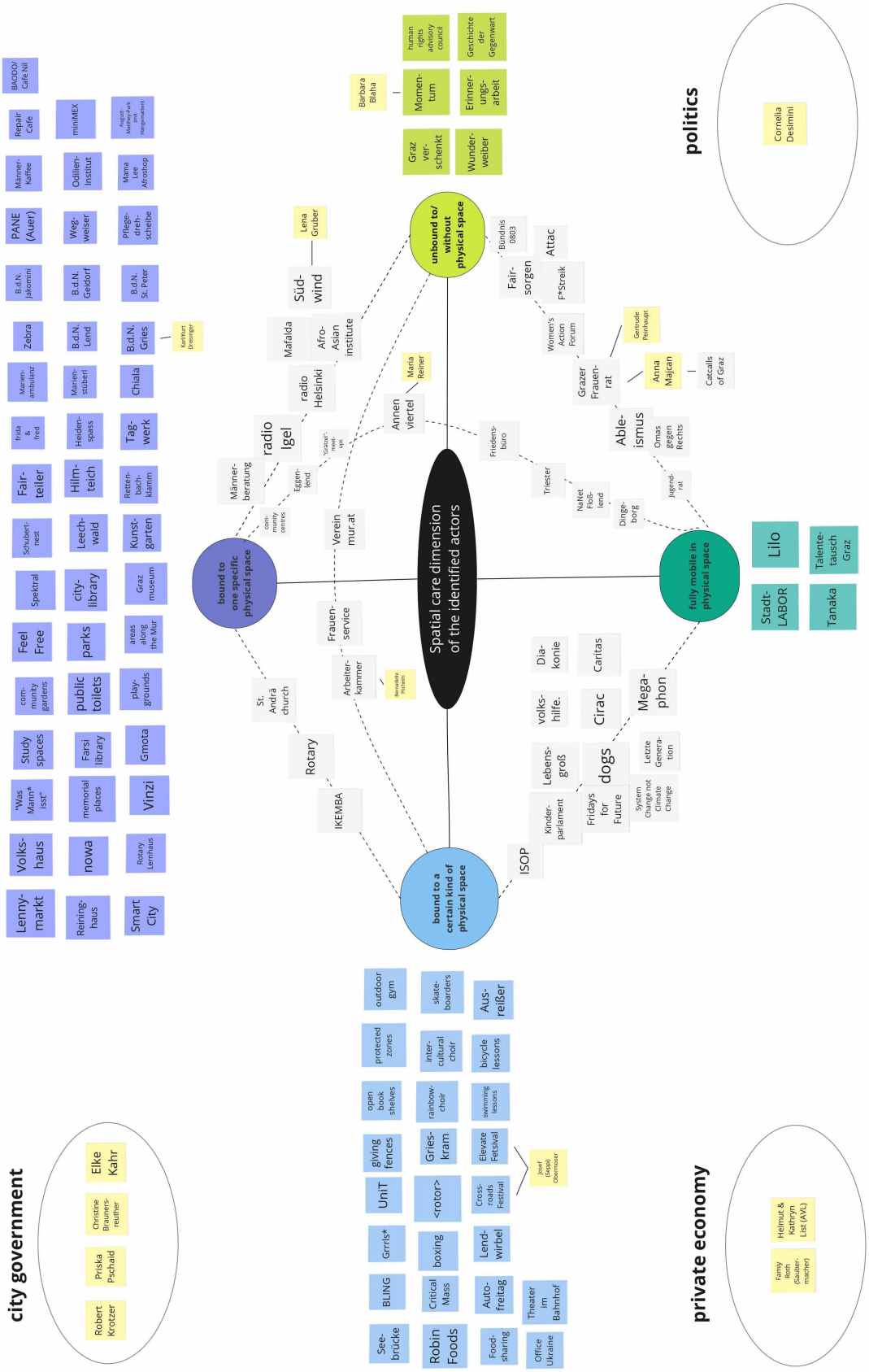

Figure 2. Clustering the spatial dimension of the care provision of our inventory of actors.

mundane methods tend to the everyday by a variety of interdisciplinary, feminist, and creative approaches, focusing on the visualisation of invisible, less visible, or highly individual embodied experiences of care. They thereby urge to "listen closely to the multiple voices of other parties and experiences" (Hall & Holmes, 2020, p. 4). Studying mundane rhythms and habits—including care in various dimensions—is key to understanding those aspects of everyday social life that are usually taken for granted as well as the local traces of larger-scale phenomena such as the ongoing care crisis (Hall & Holmes, 2020).

The care walk took place in May 2024 with 40 master students in urban studies (4CITIES) from the University of Vienna. As part of their fieldtrip, they were divided in three groups and conducted the care walk in three different parts of Gries. The underlying rationale was to sharpen the understanding of ordinary care in urban everyday life with regards to and—even more importantly—beyond the physical. We therefore provided the students with four categories of care to pay attention to while walking: (1) visible physical care infrastructure = black, (2) missing care infrastructure = blue, (3) positive feelings of being cared about/for = yellow, and (4) negative feelings of (not) being cared about/for = red. As newcomers to Graz, their instructions and the objective of this exercise were as follows: after a brief introduction of our research project and a rather broad definition of care as a relational everyday practice (based on Tronto's conceptualisation, see 2.2), each group of students was assigned one of the three areas. For two hours, they walked through their designated area, mapping all care-related aspects they perceived along the way and taking clarifying notes when and where necessary (see Figures 3 and 4).

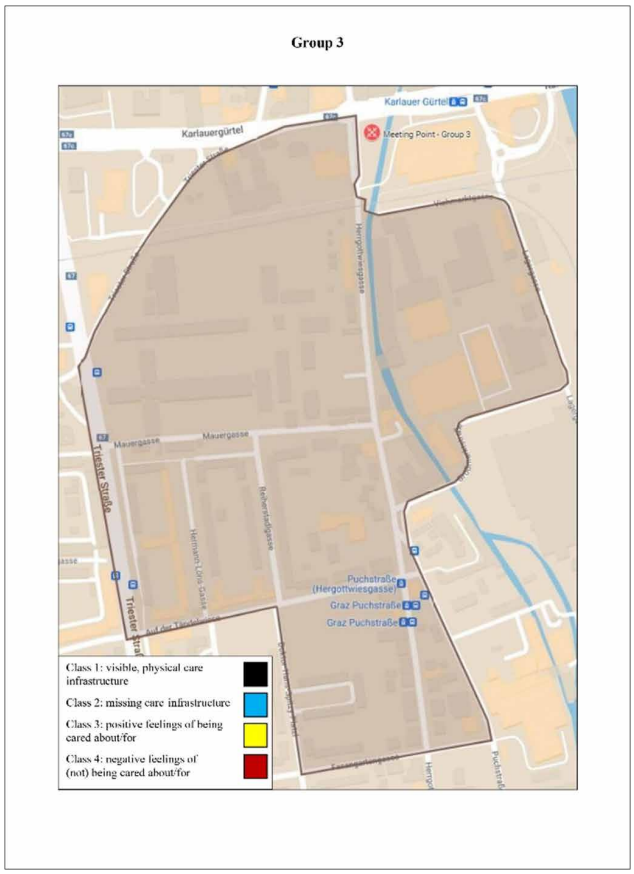

Figure 3. Template of the map for students in group 3. The legend contains the four predefined categories of care and the designated colours for mapping them.

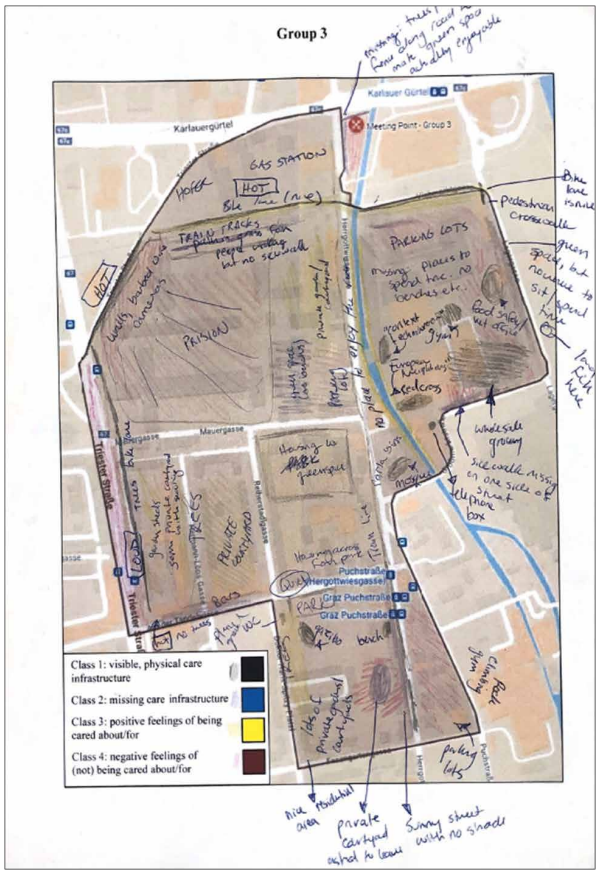

Figure 4. Map edited by one of the students from group 3 after the care walk.

Following the broad conception of care, the students were able to weave in their own understandings, embodied experiences, and observations of (un)care during the walk. In the end, we received 38 distinct maps where students expressed their perceptions and supplemented them with vignettes on how they felt before and after the care walk. The students' subjective perspectives and understandings of (un)care provided insightful material in terms of mundane perceptions of (un)care.

Subsequently, we analysed the students' maps and vignettes. The vignettes included thought-provoking reflections on how the walking and mapping task affected the students' understandings of the concept of care. Moreover, the care walk seemed to manifest itself physically as well, as various participants reported scanning their surroundings for signs of care as an embodied and emotional experience, for example:

> This includes garbage cans on the street, while garbage cans that are accessible around households are a care infrastructure, garbage cans that block the sidewalk could be an obstacle for people with reduced mobility. (Vignette by Student M., 06.05.2024)

Furthermore, the subjective and contested perspectives of care became evident:

> I have come to evaluate care infrastructure as less of an absence/presence but rather as more of a spectrum. Partly, this impression is shaped by the fact that the presence of certain types of care infrastructures may not necessarily address the needs of all groups (particularly if we account for non-human others!): what might seem like a caring space for some may not be for others, occasionally necessitating compromise. (Vignette by Student S., 06.05.2024)

Based on the maps created by the students, we began the analysis by visually comparing the mappings within each group (exploring the same area in the district), looking for recurring patterns and identifying similarities across these mappings. These similarities—including notes—were then, again, plotted as points, lines, and polygons in Google MyMaps, sticking to the designated colours of the mapped categories of care. This process was done for every group and served as another input for our care map after the clustering and mapping of care actors.

4.5. Interpretation and Translation into the Care Map

The final step so far was transferring the data generated from the student walks from Google MyMaps into the care map using ArcGIS' StoryMaps tool (see layer 'Sensing un/care' in Figure 1). Our central aspiration is to illustrate the (not yet) visible care practices and caring relations in and around Gries. The map is supposed to represent the diversity of dimensions of care constituting—and fostering—urban cultures of care.

StoryMaps is a versatile tool that allows to depict not only static data but also dynamic relations. This is particularly valuable for illustrating the findings generated from the student care walk. The following elaborations will concentrate on the integration of the students' maps into ArcGIS' StoryMaps (see Figure 5). Therefore, we used the predefined categories and colour scheme employed in the care walk (see 4.4).

First, the identified *visible physical care infrastructure* comprises a variety of supporting institutions for the diversity of people (e.g. hospitals, community centres, a queer youth club, or emergency accommodations) as well as small-scale installations (e.g. benches, playgrounds, drinking fountains). Urban green spaces such as parks, community gardens, or a tree providing shade also belong to this category.

Second, the *missing care infrastructure* was not mapped frequently by the students. One reason for this might be the overlap with the category on negative perceptions: the latter often results from a lack of care infrastructure. However, when mapped, the missing care infrastructure pointed to insufficient, inconvenient, or unsafe pedestrian infrastructure or the absence of resting possibilities.

Third, and similar to the previous mapping category, *positive feelings of being cared about/for* appear to intersect with locations of physical care infrastructure. In this regard, visible features of the built environment, such as green spaces, pedestrian zones, bicycle paths, or benches, were decisive for the students to feel cared for in public space. Another key factor evoking a sense of comfort was the overall impression one received from a street or square. Is it inviting? Does it feel safe? Are the people welcoming?

The responses to these questions and the connected emotions are obviously subjective and can rarely be pinned down to a single determinant. An example can be found in a seemingly pleasant residential area mapped as a positive space by most of the students in group 3, while two of them experienced a negative encounter with a local resident who told them to get off her property and, accordingly, they mapped the same area as a place in which they did not feel cared for.

Figure 5. Detail of the care map layer 'Sensing un/caring' dedicated to the results of the care walk. The map is orientated northwards and depicts the area of Gries designated for the students in group 3 (see Figure 3). The contained care elements are interactive and show additional information when clicked on. The colours used to outline the elements conform to the colours used for the respective categories of care during the care walk.

Fourth, with respect to *negative feelings of (not) being cared about/for* the students also addressed the *presence* of certain spatial aspects in their maps and vignettes—whether specific buildings, local institutions, or a place's soundscape—that made them feel uncared for. Some of these instances, which can be found in the extract of our care map, depicted in Figure 5, include traffic noise, parking lots, the centrally located slaughterhouse as well as a prison surrounded by tall barbed-wired walls. The case of the prison highlights the importance of putting the word 'not' in the title of this category in parentheses: neither existing nor missing infrastructures or relations of care can be labelled as generally positive or negative. For some people, the prison radiated a sense of safety; for others, it created a sense of danger.

5. Discussion of the Care Map and Outlook

The care map, based on PAR and the idea of counter-cartographies, represents the preliminary findings of our analytical five-step approach. Our identification of key care actors in the district of Gries resulted in the creation of an inventory, which is clustered along spatial and temporal dimensions and has been further enhanced through the integration of observations, encounters, and sightings by the authors. Based on the mapping of the clustered care actors, the subsequent students' care walk represents a mundane method to grasp perceptions of (un)care within the context of everyday urban life. The comparative analysis of the students' maps focuses on diverse perceptions of care, including visible physical care, missing care infrastructures, positive feelings of being cared for, and negative feelings of (not) being cared for, to identify similarities and differences in their perceptions of the neighbourhood. The qualitative material in the form of written vignettes additionally supports our interpretation of the students' maps regarding the importance of the visible materialisation of care practices and tangible signs of caring-with.

While the visible physical care infrastructure is dominant on the map, intersections can be found with the missing care infrastructure and positive feelings of being cared for, even if these two categories were less frequently mapped. Surprisingly, negative feelings of (not) being cared for can also be found in the actual presence of certain aspects that make other people feel being cared for. This is one expression of the ambiguous and conflictual notions of care (Bartos, 2018).

As stated above, the creation of the care map is an ongoing process. Further dimensions of care, such as care networks and care needs, will be added as new layers. Therefore, the next steps in our research are the entanglement of the map layers as well as adding qualitative data on care networks, care needs, and caring relations. In the spirit of co-producing maps and knowledge, this requires further methods such as semi-structured narrative interviews with selected local care actors. We additionally aim for insights into caring(-with) relationships via focus group interviews with local residents. This will allow us to understand existing care arrangements and relations(hips) in and beyond the neighbourhood, how (where, and with whom) care in everyday life is organised, and which challenges and gaps exist in personal care provision in its quantitative and qualitative dimensions. Based on our empirical material and drawing on Tronto's (2013) vision of a caring society, we intend to identify care needs and integrate them as a fourth layer of the map (see Figure 1). In this respect, we consider 'needs' as highly contingent and changing, depending on social and societal conditions. The assessment of (changing) needs is therefore of central importance for reinventing the urban towards a caring urbanism. This forms the background for a discussion on democratic care responsibilities. To depict our findings and to make them accessible to a broader audience, we aim to produce an analogue and a digital version of the map. The digital map may be utilised as an interactive tool, where a public audience can add to the map and continuously expand our findings.

In terms of limitations, it is important to note that our research is a work in progress. This encompasses the powerful possibility to explicitly illustrate care actors and practices that might otherwise not become overtly visible in urban space. Thus, our care map might be beneficial for those who are not yet informed about the care network in the local urban environment. Not only caretakers and caregivers but also urban planners and political actors might find this information useful.

The aspired care map will visualise the sociocultural and political dimensions of everyday spaces of caring-with. Emphasising their existence and identifying the involved care actors might be considered a useful counter-position to individualisation and self-responsibilisation in societies framed by neoliberal capitalism. However, there is a certain risk of co-optation in our research approach as care and being dependent on care is a highly sensitive, intimate, and yet timely concern. Especially when power relations are imbalanced, precarious lives are directly affected, and, when they encourage a further shift of care responsibilities from the public sector to civil society, invisibility becomes a caring strategy. We will consider this aspect carefully in future research while developing further our aim to explore and to illustrate caring-with relationships as the foundation of an urban culture of care.

Conflict of Interest and Ethics

The authors declare that they have no conflict of interest.

Acknowledgements

The authors would like to thank the 4Cities students (cohort 15) for their valuable contributions during the care walk as well as to all those who have provided support for this research by reflecting on interim findings. Additional thanks is expressed to Jette Schiemenz and to the funding body Elisabeth-List-Fellowship-Programm Geschlechterforschung Universität Graz.

Finally, we acknowledge the financial support by the University of Graz.

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