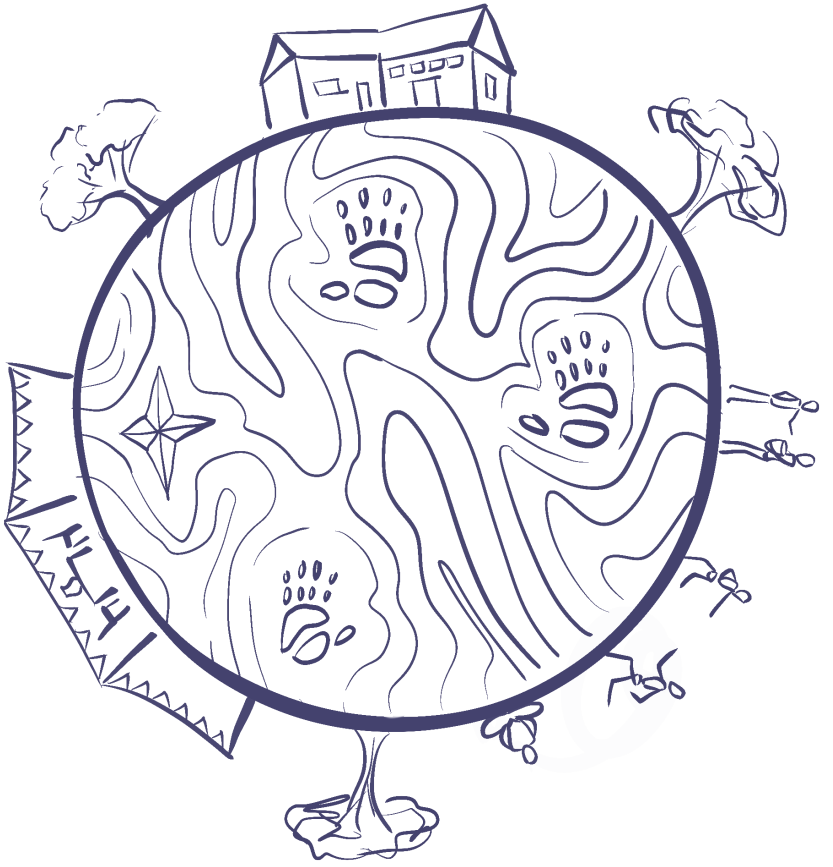
a place to care

a design exploration of community

Laura Camargo
MSc. Strategic Product Design



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Laura Camargo Cardozo
5494435

Supervisory Team
Dr. Rebecca Price
Dr. Roy Bendor

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About the project

This graduation project investigates the relationship between care and community and reflects on the possible impact of these learnings on design practice. Care is a complex dimension of life, which entails the act of providing everything that is necessary for the maintenance and repair of the world (Tronto, 1993). From this perspective, we can reframe many of the challenges in our society as challenges of care, and recognize the importance of addressing care outside of traditional (institutional and consumer-based) perspectives.

One of these divergent perspectives is community-based care. There are indications that communities might offer interesting alternatives of care, however, research on community care often focuses on the outcomes for individuals, rather than on the internal dynamics of the community where care is experienced. For this reason, exploring what communities can tell us about the practice of care becomes promising. In this project, I investigate the interaction between care and community, by pursuing a small-scale care intervention in two Dutch central living organisations.

The outcomes of this research reflect that communities offer an unique perspective from which care can be addressed. Care in communities is direct, embraces diversity, evolves constantly and thrives on both structured and spontaneous practices. Interestingly, the relationship between care and community is even deeper, care supports the construction of community. Given its promising qualities to address care, I suggest three ways in which design can support community care: designers can support care within communities, support communities with care, and support care that exercises community values.

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Preface

Today our world is facing the consequences of what the anthropologist Arturo Escobar (2018) calls a civilizational model crisis.

According to the author, a civilizational model crisis happens when one specific 'way of being' dominates global culture for such an extended period of time that its negative outputs scale to life-threatening levels. A way of being is mainly a collection of values and relations, intertwined so deeply in a society that it inadvertently guides its actions, projects and dreams. Some of the key values of our Western civilizational model are for example individuality, rationality, and growth. These values have guided the development of the systems that compose our daily life, systems that currently are under judgement for their poor performance in domains such as sustainability, inequality and care.

If design hopes to address complex challenges like these in a truly creative and transformative manner, it must assume the ethical responsibility of supporting diverse ways of being and championing alternative values, instead of replicating Western ones.

This might be difficult, because design has developed under the values of growth and individuality, (innovation and user research are our favourite words), and it's we who have replicated and perfected the machine, the way of being that consumes our world (Papanek, 1972). For design, challenging the current civilizational model means supporting ways of living where, for example, emotion is valued over rationality, community over individualism, relations over institutions, and stability over growth.

This project emerges from the idea that an interesting way for designers to address the civilizational model crisis and its challenges is to focus on the community level.

Large global systems are unpredictable and individuals or families have little power over the systems they navigate; however, communities are structures large enough to execute powerful action and small enough to allow for the expression of unique individual perspectives. By supporting communities' autonomy with design knowledge and expertise, perhaps they can become the site where diversity is created and nurtured and where new ways of being explored.

Given that demonstrating the overall validity of this idea is outside of the scope of a graduation project, this thesis aims to explore how design within a community can perform in relation to a complex challenge. Care was chosen for this project because it intersects both with sustainability and inequality from a relational perspective. This in turn becomes an additional challenge to the current civilizational model, which demands rational quantification and measurement as a proof of value (de la Bellacasa, 2017). In the document ahead, I explore the complex domain of care, and how it can be understood from a communal design perspective.

Care as a Grand Challenge

Part 1 | The Motive

On the campus of my bachelor's university, back in Colombia, there is a hospital. If you walk toward the library you can see the emergency room, where people are waiting to be treated for all sorts of conditions.

Some of them know what they have: A broken bone or a kitchen cut can be very telling, but others come for reassurance as much as for treatment: with a baby that won't stop crying, or a persistent headache that has lasted a couple of days. If you pass late at night you might see inside some homeless people; men and women abandoned in violence, poverty, or old age. Unfortunately, in this room full of capable and hardworking doctors and nurses, we will fail to care for them.

A homeless man will be repaired but not healed. We will dismiss a young mother, who lacks the experience and support to properly take care of her child. A man with a headache will face the consequences of requesting help only when symptoms become unbearable. Contrary to popular belief, we will fail in all these instances not because we need more data, infrastructure, or technology, but because our world is not designed for care.

This statement seems bold, especially given the interest placed on healthcare during and after the Covid-19 pandemic. According to the World Health Organization (2023), international efforts have achieved remarkable advances in world health during the last 70 years, with life expectancy rising up more than 40% in most places of the world and an overall reduction of deaths from infectious diseases, indicating a generalised interest and action on healthcare matters. Today, design actively participates in this general interest in healthcare. Designers are involved in the development of medical tools, mobile care units and hospital services; and examples of ever-improving care proposals for children and the elderly proliferate in design academia. As important as these efforts are, professional healthcare is only a part of the existing care activities, with the majority of care being performed at informal settings, specifically at home (UN Women, 2018). As will be discussed in more depth ahead, care is the activity of providing the necessary for the adequate sustenance and repair of our world, ourselves and the creatures around us (de la Bellacasa, 2017; Tronto, 2010). Within this broader view, the care activities that everyday people perform in their intimate spheres become crucial. Is this type of care the one that is under-represented and overlooked, at times even addressed as 'invisible caregiving'.

This type of care is complex, existing in relationship webs between people and beings (de la Bellacasa, 2017). As a result it is difficult to measure, and its value difficult to communicate. Nonetheless care has a central role in our society, with care activities supporting the development and well-being not only of vulnerable people, but of everyone[1]. The discussion can even return to professional care if we reflect on the impact of relational care on health, with studies linking the lack of quality of social relationships with a higher incidence of illness and mortality (Ortiz-Ospina & Roser, 2020). This argument is supported by the connection between relationships and mental well-being, which ultimately has a considerable impact on physical wellbeing and the 'burden of disease' (World Health Organization, 2023). If the majority of care happens outside of medical institutions and involves us all in a 'life-sustaining web' (Tronto, 2010), then care is a responsibility we all share. To successfully support mothers and young children, to improve the ability of people to guard their own health, and to protect the vulnerable (and the not-so-vulnerable) in our society, we need to shift our perception of care.

1 Including all who work and aspire to work. This means that although measurement is difficult, care is defendable from an economical (and profit-oriented) perspective. This line of argumentation won't be within the focus of this thesis (see preface).

1.1 Multidimensional care

In everyday conversation care often refers to attention, we 'care' for all sorts of matters that we deem important. Another common association of the word care is with healthcare, where medical professionals support the maintenance and repair of our bodies. Both instances are important examples of care, however, the term is much more encompassing.

According to the Cambridge English Dictionary (2023), care is the process of providing the resources and attention necessary for the needs and protection of "someone or something". Under this definition, care exists in the everyday acts that people perform to maintain the well-being of others or themselves, and includes acts that support growth, offer protection, encourage healing or facilitate repair.

One of the seminal authors on care is Joan Tronto, who argues that care goes beyond the personal level and is a topic with complex social and political dimensions. For Tronto, care is "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" (de la Bellacasa, 2017, citing Tronto & Fisher, 1993, Loc. 94).

From a practical perspective, Tronto identifies four different levels of care that correspond with four ethical qualities: Attentiveness, responsibility, competence and responsiveness. Attentiveness corresponds to assigning importance, 'I care about something and thus I pay attention'; responsibility relates to acquiring the responsibility to care about something, 'it is my role to care for something through these activities'; the next level of care is competence, which means having the capacity to fulfil said responsibility in an appropriate manner; finally for Tronto the last level of care is responsiveness, which expands to the ability to perceive how the receiver of care is responding to the care activities, and adjust them accordingly (Tronto, 1993).

Maria Puig de la Bellacasa (2017) discusses care from an ethical perspective. According to the author care is an act that underlines all relationships between beings.

These 'beings' are human and non-human, and include ourselves, our environment and other creatures. The author places emphasis on the interdependent nature of care, the roles of care-giver and care-receiver intertwining in the extensive network of care (or not-care) that is the world. This is where the ethical perspective comes into play, in a world where we are deeply interconnected with each other we can choose to build relationships based on care, or not. Under this definition, pressing issues like the frequent outsourcing of labour to places where human rights are denied, the ships that unload waste in poor countries from overseas, and the destructive extraction of natural resources for the production of consumer goods, are all symptoms of a world without an orientation towards care.

Both authors present a broad perspective on care, under which many human activities can be considered. To differentiate between 'care' and 'not care' activities, Tronto points that care involves "taking the concerns and needs of the other as the basis for action"(Tronto, 1993, P. 103), and that care exists mainly in activities of maintenance, continuation, repair and protection[2] (Tronto, 1993).

For defining these needs Tronto takes the approach of Martha Nussbaum and Amartya Sen, who frame needs as those that enable the development of a person's capabilities; consequently, 'needs' that undermine the development of one's own or another's capabilities cannot be considered as such (Tronto, 1993, citing Nussbaum and Sen, 1992). Under this perspective the relationship between care and autonomy is highlighted: care

2 Activities of protection can be considered as care when they respond to the needs of the cared-for. If instead 'protection' is a response to an imagined or perceived threat, Tronto considers it as not-care (1993).

exists when the care-giver is able to support the development of another's capabilities[3].

This important relationship between care and autonomy is echoed by Chatzidakis et al (2020): to receive care is to admit a position of dependency in front of another, but only through care can anyone "develop and maintain whatever capabilities they have to enable some sense of autonomy, and escape from the pathologies of being rendered completely helpless and passive" (p. 28). The coexistence between autonomy and dependency becomes then a fundamental characteristic of care.

In synthesis, two dimensions of care are considered during this project (Figure 1). From an abstract point, care is an ethical question that drives behaviour in an interdependent existence; a characterization that comes directly from de la Bellacasa's work (2017). From a practical point, care is the act of supporting a being's autonomy. This definition builds upon the work of both Tronto (1993) and de la Bellacasa (2017). From Tronto it extracts three categories of acts of care: those that support development (by initiating change or supporting growth) those that support the maintenance of balance (by providing for needs or by offering protection) and those that support the recovery of stability (by encouraging healing or facilitating repair)[4]. It also defines support within her four care levels: attentiveness, responsibility, competence and responsiveness. Finally, it emphasises the role of care in supporting a care-receiver's autonomy. Departing from de la Bellacasa, it acknowledges the more-than-human nature of care. Without forgetting this notion, within this project I will focus mainly on care from an interpersonal perspective.

3 Tronto (1993) points out the difference between 'smothering care' (that atrophies the care-receiver's capacity to take decisions and develop their capabilities) and care that leads to autonomy.
4 Out of these three categories, Tronto directly addresses acts of maintenance and stability. However, the author indirectly hints at development by using Nussbaum's perspective of needs as those that enable the development of capabilities. After reflecting on acts of care as education and nurture I decided to include this third category.

Fig. 1. Working definition of care from a practical dimension

1.2 Design and the care challenges

In 2020 The Care Collective published 'The Care Manifesto', declaring the urgency of working towards a caring world (Chatzidakis et al. 2020). The manifesto argues that, our global lack of care exists on a social level when we become experts in tolerating others' pain, when we assign less social value to care labour, or when we communicate that depending on others is just for the weak. Bellacasa (2017) goes a step further, tying carelessness to the environmental degradation that threatens our existence. But what are some of the cultural factors that favour carelessness? And how do they relate to design?

If we depart from Tronto's care levels, it's possible to list four causes of our current 'carelessness'. First, it's difficult to be attentive in the midst of the attention economy. The overload of information that exists around us makes it difficult to choose what to care for. What deserves our attention and what does not? (Davenport & Beck, 2001). However, for Tronto this argument only covers part of the issue. According to the author, the matter of attentiveness is also a matter of disposition. It's not enough to be able to identify relevant information, it is also important to be willing to "direct [our] attention to others' particular concerns" (Tronto, 1993, p. 130).

Second, addressing our attention to others, and most importantly acquiring responsibility for others is difficult in contemporary societies, where individuality and independence are perceived as maximum values (Chatzidakis et al., 2020). The authors of The Care Manifesto (2020) propose that by thinking of ourselves as isolated beings we deny our shared interdependencies and we obstruct our ability to give and receive care[5]. This is amplified by the current division of labour, where our interdependence on personal others has decreased and our interdependence with impersonal others has increased (Tronto, 1993). In a context where it's difficult to see or even recognize those in our network of care, a difficulty to be sensible and responsible for others can be expected.

A third reason why we might be unsuccessful at taking care of ourselves, others, and our environment is because we have given up our autonomous skill to care, assigning most of these roles to centralised transactional institutions (Illich, 1973). Under these circumstances, our competence to care gets compromised. As articulated in The Care Manifesto "We have, for a very long time, been rendered less capable of caring for people even in our most intimate spheres, while being energetically encouraged to restrict our care for strangers and distant others" (Chatzidakis et al, 2020, p. 4).

Finally, responsiveness in care requires a time dimension that is difficult to conceive in today's world. The culture of speed and immediacy we live in (Nielsen, 2009) hardly corresponds with the long-time effort required to observe and carefully respond to another's needs of care (Tronto, 1993). Today, we consider speed both as a practical utility and as a luxurious pleasure, and with the arrival of new media, the reduced distances of technology have become instead 'here and now' (Nielsen, 2009, citing Tomlinson, 2007). On the other hand, responsive care requires a patient approach that is able to discover (instead of assume) another's needs, and that is able to balance the power relationships that emerge when one opens its vulnerabilities to others.

By dividing the issue of care into these four main causes, It's possible to infer the role that design plays in the current situation. As a design student and practitioner, I have observed that we professionally compete in the attention economy, we regularly push narratives of individuality in the products and services we create, we limit or enhance the use of people's competencies with products, and we pursue immediacy of satisfaction as part of our value propositions. Many of these practices are conducted in the pursuit of profit. The ability to increase profit in an organisation legitimates

5 Among the multiple implications of such a context of care is that the nuclear family has become the main non-commercial provider and receiver of care (Chatzidakis et al, 2020) which has consequences over the burden caregivers in vulnerable families address.

the design discipline within an industry and a market with few tools to perceive value through other indicators (Rauth et al, 2014). Although this strategy has proved useful to disseminate the design discipline to an elongating list of applications and to higher levels of decision-making power (Calabretta & Kleinsmann, 2017); oases to pursue other design drivers[6] like 'justice' within governmental institutions, are threatened as the market mentality expands, and for example, transforms 'citizens' into 'consumers' (Bauwens et. al, 2022).

However, if we look towards alternative lines of thought in design, like critical design, participatory design and social design, it is possible to visualise a future (and a present) where design capabilities are driven by different values. In the specific context of this document, the invitation is to explore alternative values in the generation of care solutions. The possible effect of a design discipline that rethinks its values should not be underestimated. Design has the ability, not only to condense values into products, services and systems, but also to challenge said values (Escobar, 2018) in order to contribute to societal change.

6 What drivers are pursued in non-profit organisations, or in design research? This question remains open for future discussions.

1.3 Community: an alternative of care

If today's predominant approach to care is through individuality, professional institutions and consumption, perhaps it is worth considering a perspective of care that is communal, relational and creative[7].

The Care Collective (2020) calls on the importance of considering community as a fundamental scale on which to consider care and de la Bellacasa (The Swamp Pavillion, 2018) also discusses the concept of eco-commoning as a strategy to address the care of more than human worlds. Interestingly, communitarian care is also addressed by what could be called 'mainstream players': the World Health Organization (2020) includes community care as an integral part of providing adequate, universal care, although there is no specification of what community or community care exactly entails.

In everyday life the use of the term 'community' is extensive. Sometimes it is used as a synonym of 'group' to describe people who live in the same area or, more recently, to refer to people who follow the same social media accounts or use the same products. The term is also diffuse across academic disciplines (Bauwens et. al, 2022). The lack of common understanding of the term has allowed it to proliferate with a myriad of meanings, that include community as an entity with decision-making ability; as a group of stakeholders that collaborate; as a group of people with a common identity; as a scale of action in between the individual and governmental scales; and as a 'third way' of organisation, distinctive from 'market' and 'state' (Bauwens et. al, 2022). In this research, community will be discussed mainly[8] from an organisational perspective. This will allow me to highlight the care relationships that exist in communities, the care systems that develop inside them, and the motivations that guide community activities and choices.

7 'To create' is used here in opposition to 'to consume'. 'To produce' seemed inappropriate.
8 By the end of the document I reflect on the implications of community as a scale for design practice.

If a community is a type of organisation, what are the elements that compose it? According to the Oxford English Dictionary (2023), a community has one or more of the following characteristics: a shared place, a shared identity, similar circumstances or background, a common belief or goal, and/or the practice of common ownership. Most of these elements can also be found in academic research. Bellah et al. define community as “a group of people who are socially interdependent, who participate together in discussion and decision making, and who share certain practices that both define the community and are nurtured by it” (Bellah et. al, 2007, p. 333). Other frequently mentioned characteristics of community are the capacity to involve members in voluntary, collective action (Tilly, 1973; Smith, 1992), the existence of commonly controlled goods (Tilly, 1973; Rheingold, 2000), and the existence of a boundary, or a clear distinction between members and not members (Smith, 1992). Figure 2 represents a community as defined through these characteristics.

The question of boundary is also linked to two distinctive types of community found in literature: intentional and unintentional communities. Unintentional communities are formed because of a given circumstance, external forces enforce their boundaries (Smith, 1992). On the other hand, in intentional communities, members actively join the group, and the requirements and criteria for participation emerge from within. Some of the motivations identified in literature include a mix of economic, social, political and environmental drivers (Bauwens et. al, 2022). Intentional communities are particularly interesting for the project because they focus on internal motivations that keep members of a community together.

From these initial conceptualizations, it is possible to draw a parallel between care and community. Both depend on relationships: communities are networks of interdependent people and care requires the recognition of our interdependencies. Meng et al. (2019) also point out a relationship between care and community. According to the authors, the artefacts and processes that enable the mobilisation of a community “depend first on the formation of attachments and entanglement” (p. 5) both important elements of de la Bellacasa’s work (Meng et al., 2019, citing de la Bellacasa, 2017).

It’s possible to dig deeper into the relationship between care and community by addressing a common concern among community enthusiasts: the disappearance of communities. Back in 1887, sociologist Ferdinand Tönnies declared that communities were being dissolved and degraded as the emergence of larger cities was displacing communitarian relationships and replacing them with impersonal, contractual and commercial associations (Tönnies & Loomis, 1887). For Tönnies the problem of community was one of scale and place, and since then, multiple academics have insisted on a progressive decay and loss of community (Driskell et al, 2002). Critics of this perspective point out that the loss of community is mostly framed around communities that depend on place for the formation of

Fig. 2. Working model of a community and its defining elements.

their relationships, which ignores the existence of non-physically bound communities. Tilly (1973), defends that instead of proximity or place, the necessary condition for the existence of a community is 'accessibility', meaning frequent 'access' of members to one another. In consequence, although communities that are primarily bound by place have indeed diminished, non-territorial alternatives have appeared[9].

Yet, is there some validity to these concerns? If we cannot affirm the disappearance of communities, perhaps we can point to their weakening. If a community is defined by their relationships of interdependence, wouldn't communities be harder to form in a world where interdependencies are denied, relationships weakened and care skills limited?

As a final note, it is important to address that communities are not inherently beneficial and/or caring environments. The same elements of cooperative action and common ownership can be used to achieve harmful goals, and communities of hatred do exist. The definition of boundaries can relate to exclusion and completely isolated communities can become harmful to their members. Within this project these types of communities won't be covered, but it's key to acknowledge they exist. For the present time, and within the complexities of defining community, whenever the term is used within the following pages it refers to a safe space for their members and the beings that interact with it.

9 This notion of new communities that are not bound by space has found resonance with the apparition of 'virtual communities'. Authors like Rheingold (2000) maintain that virtual groups can become communities, as far as webs of sustained personal relationships are formed.

1.4 Design perspectives on community

Before diving deeper into the relationship between care and community, I'd like to explore the relationship between community and design. 'Community' has been addressed by the design discipline with the same plurality that characterises the term. After exploring existing literature on community and design, I have identified four main perspectives from which interventions approach communities: community as a 'patient', community as a 'consumer', community as an 'instrument', and community as a 'goal'. The main difference between these approaches is the level of agency and autonomy that is conceded to the communities that participate in a given (design) intervention process.

Perhaps the most dated perspective on community is the perspective of community as a 'patient'. From this first perspective, communities require a top-down intervention to 'fix' or 'save' them; and a community is reduced to a group of people with few resources. According to Dickinson et al. (2019), "The dominant current approach to civic tech aims to improve the delivery of city services, which is a transactional and deficit approach to "fixing" communities (and by extension the individuals who make up those communities)" (p.2). Although Dickinson et al. specifically refer to the deployment of technological interventions, echoes of this perspective on community were widespread in humanitarian design not so long ago. Although present research points to the importance of community involvement and ownership for successful (and long-lasting) interventions, the perspective of community as a 'patient' still permeates the imaginary about communities in some places of the world.

The perspective on communities shifted with the dissemination of human-centred design. In this second approach, communities are perceived as a collection of consumers with similar characteristics. In this perspective, communities still need to be 'fixed', but community members are included in the design process to provide expert knowledge that is used to generate fitting service or product

proposals. Today this perspective is popular in design contexts with authors like Dickinson et al. (2019) pointing out that “Many of the efforts in smart cities work under the assumption that cities are service providers, and residents are consumers”. The issue of considering communities as consumers (for example by providing a polished and formalised service to a community instead of providing tools that enable the community to better service themselves) is that community members’ participation is obstructed and their ability to create and feel ownership for their common spaces limited (Le Dantec, 2012).

In both the patient and the consumer perspective, communities are regarded mainly as a collection of underprivileged individuals. But as van Zuthem (2014) identifies, it’s different to consider communities as a collection of individuals than to consider them as entities with distinct characteristics and capabilities. If the two previous perspectives considered communities as a group in need of assistance, the following perspectives recognize communities as an entity with agency.

Communities are considered from an ‘instrumental’ perspective when their internal capabilities are being used in order to achieve specific, measurable outcomes that are outside of the community itself (Bauwens et al., 2022). When a community is considered as an instrument the focus is mainly on what can be achieved with the community, and the internal dynamics of the community fall to a second place. According to Bauwens et al. (2022), there seems to be a growing interest in instrumental notions of communities in academic research.

Finally, communities are considered from a goal perspective when the development of their internal capabilities is emphasised. From this perspective, communities are relational entities with the power to pursue their self-determined goals. This last perspective also draws from Bauwens et. al (2022), who define a transformative perspective on communities that emphasises “the social and political motivations of communities over economic gain as well as the potentially transformative features of communities as drivers” (p. 12). On a similar note, Dickinson et al. (2019) mention the importance of addressing communities from a perspective that recognizes their internal capabilities or ‘assets’: “By designing civic technologies that build upon and amplify assets, we have an opportunity to support underserved communities in enacting change independent of outside resources and growing local power” (p. 16). Out of the four perspectives described, community as a goal seems to be the least common. It challenges common transactional approaches (Dickinson et al., 2019) that place economic objectives in the focus of communitarian activity, helping to distinguish communities from other, commercial-focused, actors (Bauwens et al., 2022).

It's possible to see echoes of the instrumental perspective in recent research on community care. Gu et al. (2020) and Willard et al. (2020) explore the demand and impact of community care (online and offline) among elderly adults and their caregivers. Verberne et al. (2019) investigate the impact of community care platforms on the empowerment of (individual) cancer patients[10].

These investigations aim to address concerns about ageing populations and overburdened healthcare systems, and they highlight the effects of communities on individual health. However, there seems to be a lack of exploration and clarity on the internal mechanisms of communal care.

After exploring the connections between design, community and care, I identify a gap in the exploration of community as an alternative approach to care. Despite existing awareness of the instrumental outcomes of working with communities, clarity on the internal mechanisms of care that exist within a community organisation is lacking. These internal mechanisms could inform design proposals aimed at addressing care outside of traditional, institutionalised and professional perspectives. For these reasons, this graduation project investigates in detail the relationship between care and community and reflects on the possible impact of these learnings on design practice.

10 I consider this case as an example of communities viewed from an instrumental perspective, because the community is viewed as a tool for achieving individual gain. In the 'community as a goal' perspective the development of the community itself is emphasised.

What can communities tell us about care?

Part 2, the Investigation

To explore the internal mechanisms of care within communities I decided to use an empirical approach. Using research through design, I conducted a small-scale design process with two communities as a tool for: first, investigating community care, and second, exploring the role of a designer from the 'community as a goal' perspective. In this chapter, I present in detail the research approach used, and the process followed with the participating communities. The results of this process are analysed in Part 3.

2.1 Using the design process as a research approach

'Research through design' is an approach where design methods and processes are used to explore research questions (Stappers & Giaccardi, 2017). In this project, I used a design process structure and tools to collect information on the interaction between care and community. Since the aim of this knowledge is to inform the design of alternative care proposals, the main research question of the project is: 'What can intentional communities tell designers about interpersonal care?'. This broad perspective is further divided into two sub-questions that orbit each other during the whole process: first, what is the relationship between care and community? and second, how can designers contribute to community care?

The design process allowed for the simultaneous exploration of these questions by creating a setting where community care could be both observed and inquired about and where the information collected could be used for the exploration of a care design intervention. Although a designer's capacity to offer a pertinent intervention remained up to question, the reasons for pursuing it were twofold. First, the pursuit of this intervention enabled me to explore the performance of design within the community care context. Second by setting up the goal of 'developing a care intervention' I anchored the project from the community as a goal perspective. The main advantage of using this perspective is that the communities' internal mechanisms and assets are highlighted, allowing me to investigate care as an element situated within community dynamics. Another important advantage of this approach is that it allowed me to offer something back to the participating communities by the end of the process.

The design process was conducted with two different communities with the objective of comparing and drawing conclusions from the observations made in each. For this reason communities with similar conditions were selected. The main criteria were: First, each community had to be accessible and have daily interactions in order to increase the opportunities for organising visits. Second, the community should have defined boundaries (to limit the scope of what could be considered as 'community care'). Third, the communities should be intentional, which allowed me to inquire about the motivations of the community members to stay together and form care (or not care) environments. After considering different communities for the project I concluded that central living[1] communities fitted all criteria. Of the five communities contacted and visited, two moved forward with the project, and only one completed all activities (this development is evaluated as part of the research results).

The structure of the design process was formulated a priori in order to establish an agreement with the participating communities. Given my limited understanding of the difference between working with communities and working with individuals, I decided It would be prudent to make group sessions, granting group dynamics (instead of individual perspectives) centre stage. The participants would change from session to session, allowing me to do multiple sessions without exhausting the participants and to explore the community from a larger pool of perspectives. The final design process proposal consisted of three phases and six sessions with each community (Figure 3). The learnings from each session (on care, but especially, on how to conduct the design process) fluctuated between both communities, meaning that the whole process had an iterative character, where emerging knowledge acquired when working with one community helped shape the process with the other.

The first phase of the process was focused on building a working relationship with the communities. At this phase, I was slowly introduced to different community members until we were able to set up the agreement for the design process. Although this

1 Central living communities are communities where members decide to live together and share a significant part of their material resources. They are popular in the Netherlands as a housing alternative.

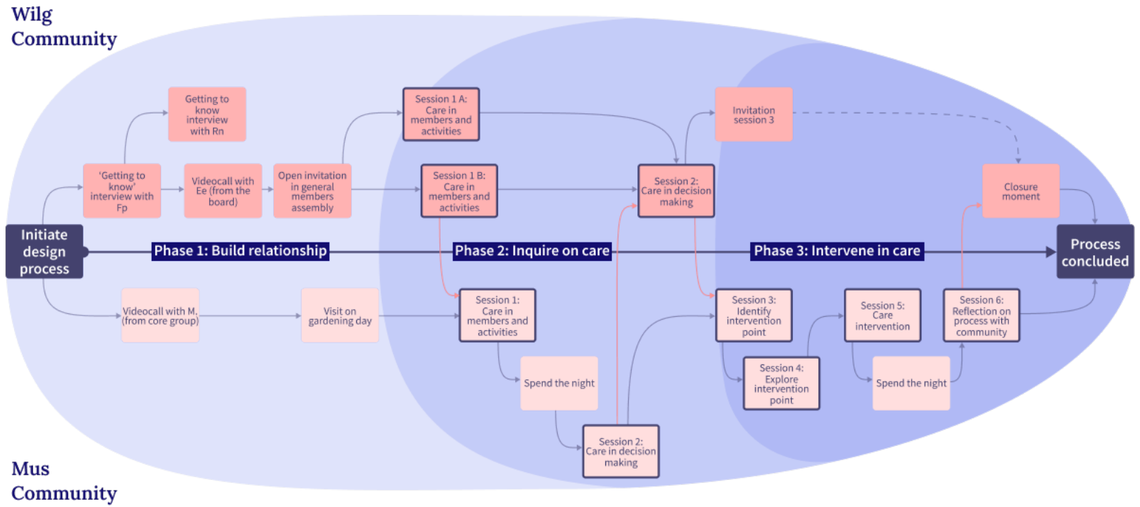


Fig. 3. Touchpoints with the communities. Wilg (top) and Mus (bottom) communities will be introduced in more detail ahead.

initial agreement was an important starting point, building a working relationship with the communities was an endeavour that continued during the whole process and affected the development of the following phases.

The sessions with the communities were conducted during the second and third phases. Although the relationship between care and community was explored throughout the whole design process, the second phase directly inquired about community care and revolved around the questions: How do communities put care into practice? And what are the effects of care on community? I conducted two sessions during this phase. Session 1 was oriented toward exploring care in the relationship between members and in daily activities, and session 2 was oriented towards discovering care in decision-making and resource management.

Using the information collected in the second phase, the third phase of the process focused on identifying and developing a care intervention. It revolved around the questions: How to define the intervention? And how to acquire the capacity to intervene? Again, these are questions that underline the whole process, but they are given special attention in the third phase. Sessions 3 to 6 were part of this phase, with session 3 focusing on identifying an intervention point, session 4 on broadening the understanding of the intervention point, and session 5 on proposing a specific intervention. Session 6 is also part of the third phase, however its focus is on reflecting with the community on the process, and on receiving feedback.

2.1.1 Tools for data collection

During each of the group sessions, I used canvases[2] and prompts to generate directed discussions with community members (Fig. 4). To generate this material, I took inspiration from the generative sessions discussed in the book Convivial Toolbox (Sanders & Stappers, 2012). According to the authors, generative material is more suitable for reaching deeper levels of knowledge.

In each session, I used 1 to 4 canvases that inquired for care as related to specific community elements:

2 A canvas is a graphic template that supports structured thinking. The business model canvas is a known example.

Fig. 4. Canvases used during the project.

members, activities, governance, resources, purpose and identity (discussed in section 1.3). Although instances of care often intersect with multiple community elements at once, this systematic approach allowed me to elicit a broad range of care situations that represented all community elements. Now, in order to generate specific prompts to support the discussion I used the three different categories of acts of care discussed in section 1.1: to support development, to maintain balance, and to help regain stability. By combining the community elements with the categories of acts of care I was able to generate prompts that inquired for specific situations (Table 1)[3].

3 In order to prompt for specific situations, only concrete community elements were used in this matrix. In the canvases of 'purpose' and 'identity' the inquiry for care was more abstract.

The material and content of the sessions was adjusted according to the communities' response and the learnings I was collecting about conducting design practice within this context. The material was altered to improve the flow of the sessions, to respond to the communities input, and especially for sessions 5 and 6, to reflect the information collected during the process.

Finally, each session was recorded in audio and photography and reviewed for later analysis. The collection, use and storage of information were performed under the basis of informed consent (Appendix 2).

Share an example of___	**Support Development**	**Maintenance of Balance**	**Help to Stabilise**
Members	community members helping each other start something new	"community members helping each other: - Feel appreciated - Maintain health - Avoid harm"	community members providing support when a member felt sad or ill
Activities	A community activity that supports positive change	"A community activity for: - Communication - Maintenance of the place - Keeping in touch with each other"	An activity where the community: - Deals with disruption - Deals with difficulties"
Governance	A process where change was initiated	A process where responsibilities were assigned	A process where a: - difficult decision was taken - a challenge was addressed"
Resources	A use of resources to support change	"A use of resources for:- Every day needs - Fun"	A management of resources in an unexpected situation

Table 1. Matrix used to generate inquiry prompts. The X axis is the categories of acts of care, and the Y axis is four of the community elements.

2.1.2 Analysis method

There were two analysis moments during the project. The first one was part of the design process and it consisted of an analysis of the present care situation in each community. This analysis oriented the process during part 3, but it also provided interesting insights about the relationship between care and community. The second analysis moment directly addressed the research question. It was conducted after the process with the communities was concluded and it focused on understanding the interaction between care and community, as well as the challenges and insights I identified as a designer trying to contribute to community care.

Analysis within the design process

For the analysis within the design process I used Tronto's levels of care (section 1.1) and the community elements identified in section 1.3 to create a template where the information collected on care could be organised. First I used a canvas where I associated the care levels of Tronto with one or two community elements (Figure 5), but after realising that there were situations of attentiveness, responsibility, competence and responsiveness in all community elements, I decided to switch my approach to a matrix (Figure 6). In this matrix axis X represents the community elements and axis Y the levels of care. With it I was able to organise the observations of care from the communities in a way that highlighted the richness of each. Additionally, the matrices were compared to provide additional information on the interaction between community and care (section 3.1).

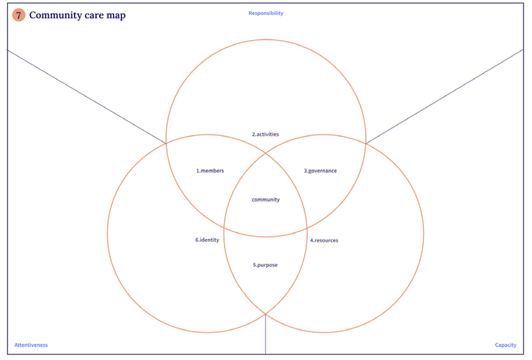


Fig. 5. Canvas for associating care levels with community elements

Fig. 6. Matrix with that associates the care levels with community elements

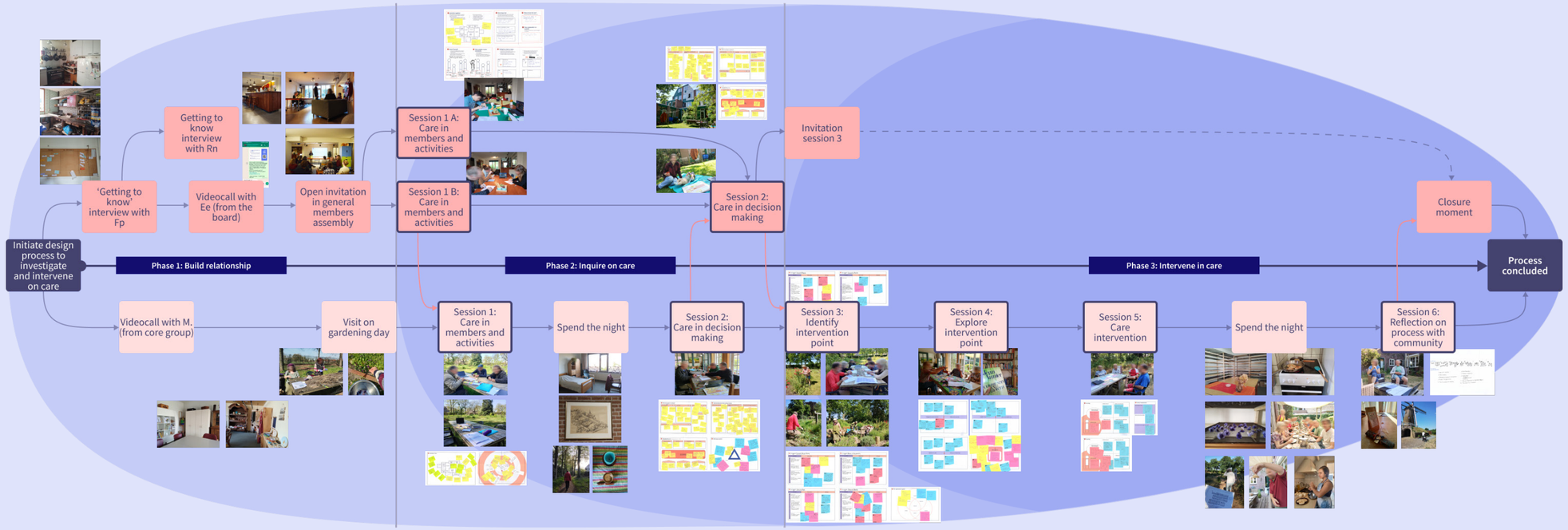


Fig. 7. Touchpoints with the communities and visual data collected in those touchpoints

General analysis

For the second analysis moment, the data collected from both communities was analysed using the abductive method of 'analysis on the wall' described by Sanders and Stappers (2012). First, the visual data collected was chronologically organised on a board, making a parallel between the process in both communities (Figure 7).

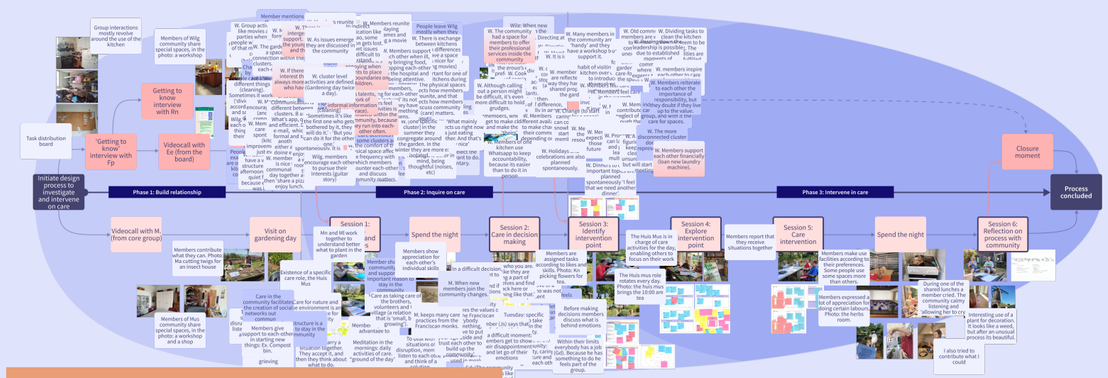


Fig. 8. Collected data on the interaction between care and community

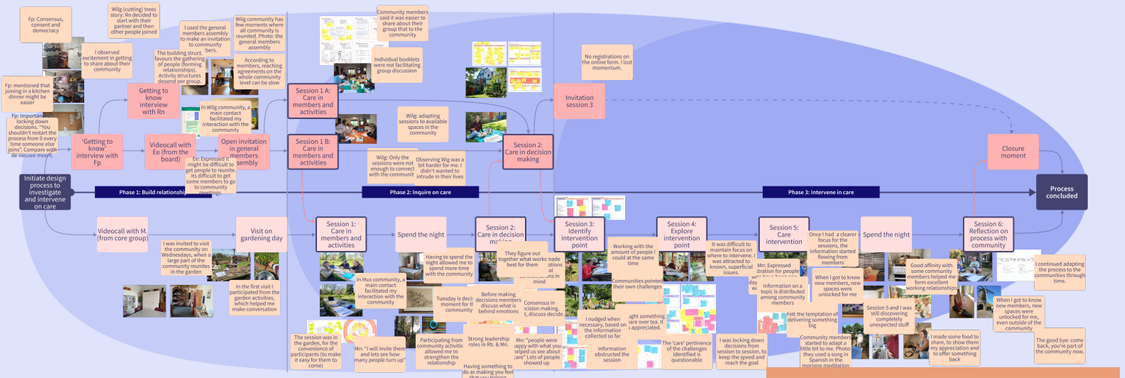


Fig. 9. Collected data on the intervention process

Second, I added to the board two different types of coded data collected during the sessions and visits: data relevant for understanding the interaction between care and community (specifically, how does the community engage in care? and, how does care seem to affect the community?)(Figure 8); and data relevant for understanding the intervention process (Figure 9) (specifically, what were the challenges identified in defining where to intervene, and what affected my capacity to form an intervention).

Third, I processed the information from both boards independently, following the DIKW method. I clustered the data, labelled the clusters and made visible the relationships between the clusters I had constructed. Then I identified groups of related clusters that describe the main takeaways from this process (Figures 10 and 11). The learnings from the analysis process are reported in Part 3, and discussed in Part 4.

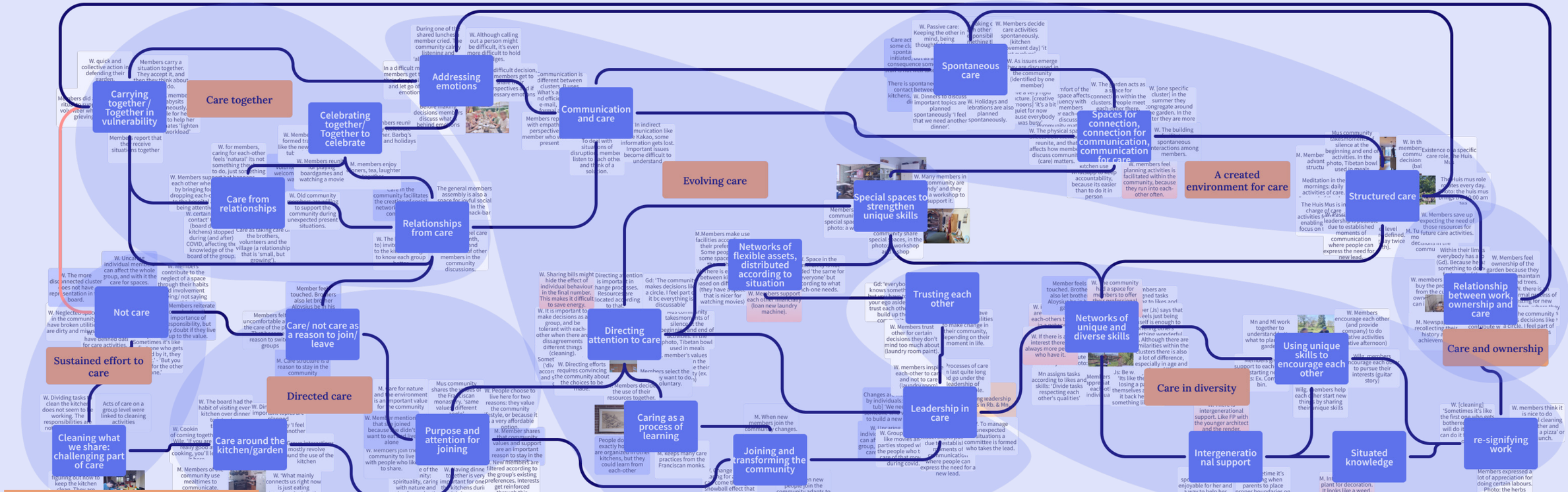


Fig. 10. Clusters and relationships on community care

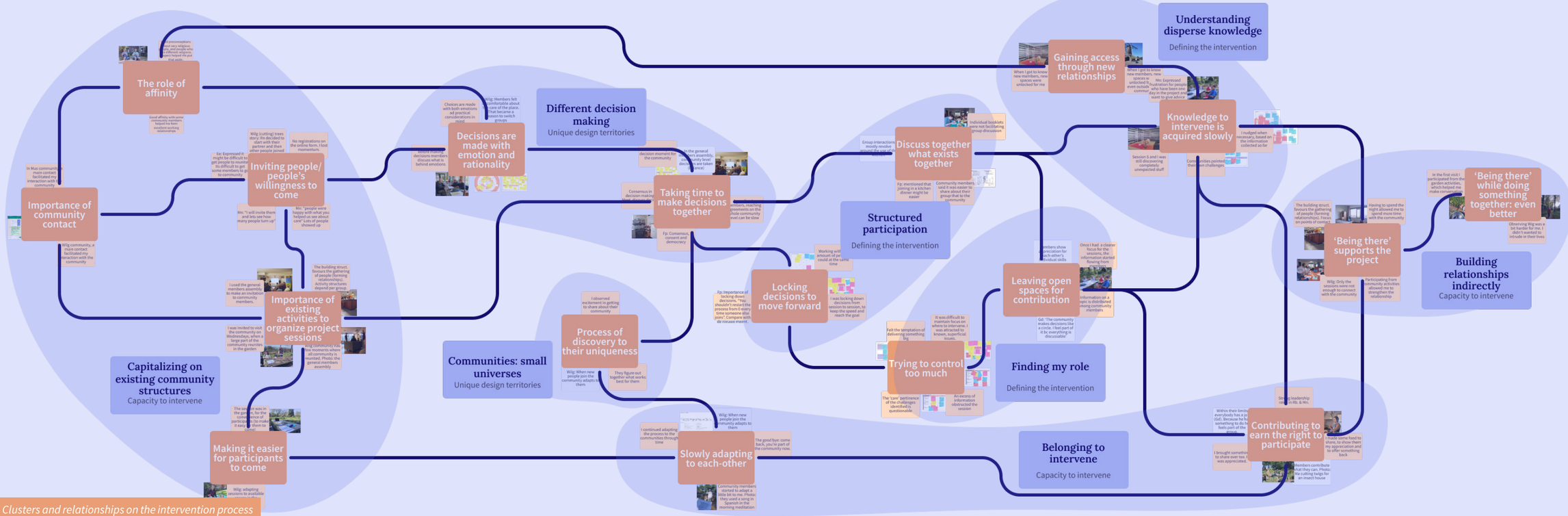


Fig. 11. Clusters and relationships on the intervention process

2.2 Design process with the communities

In this project the design process is a tool to explore what intentional communities can tell designers about interpersonal care. Parts 3 and 4 of this document report on the observations pertinent to this question, but in this section the focus is on the design process itself. In the following pages I present a chronological recollection of the process followed with the communities, detailing their context, the specific situation of care in each community and the steps taken towards a final intervention. Additionally to supporting the learnings shared ahead, this section allows me to honour the richness of the communities context, and the window they opened to their unique world.

Wilg community

Located in South Holland, Wilg Community is a central housing cooperative with around 100 residents, from all ages and from different backgrounds. People in Wilg Community reside in 4 interconnected buildings, specially designed to promote communitarian relationships among the residents. People in the community live by themselves, with their partners or with their families; they rent one or more rooms within the building for long periods of time. In addition to essential facilities like kitchens, bathrooms and laundry rooms, the community shares gardens, workshops, entertainment spaces and even a bar. More importantly, they share the administration and maintenance of the place, self-organising and making collective decisions about their community and their belongings.

The community started in the 80s when three people (two architects and one sociologist) had the initiative to develop a communitarian living alternative. During the following 8 years, the group grew, and together they undertook the task of designing their future living space. “The act of designing also became a way to strengthen the social relationships within the group” said FP, a Wilg resident, and one of the original initiators of the community (Wilg, phase 1 visits). Before they moved in together, the group also started meeting regularly and doing activities like camping to get to know each other. According to FP, this was a crucial part of keeping the group together while plans to build their living accommodation progressed.

Wilg community is a unique example of community living because the building was designed with the purpose of dissolving families into a bigger structure. The whole community is divided into 4 clusters (semi-independent buildings), each cluster containing 2 to 3 groups consisting of up to 10 people. Each group shares one main kitchen and is composed of multiple rooms that connect directly to the common spaces. This organisational structure also impacts decision-making within the community. Groups make decisions by consensus (everybody needs to agree), and clusters make decisions by consent (if nobody is against it). Finally, community decisions are taken through voting. “It’s funny, the higher up we go in the structure, the less we care if people agree or not” mentioned FP (Wilg, phase 1 visits).

Mus community

Located in South Brabant, Mus community is a group united for the pursuit of spiritual values. Members of the community engage in different levels of participation: there is a core group of 5 members, that live together and organise the communitarian activities; a stable group of volunteers that participate in said activities, and an adjacent community of catholic monks that share activities and resources with the core group. Members of the community are mostly middle-aged adults and senior citizens.

The community has its origins in the 90’s when a Franciscan monk decided to live according to his faith by taking care of nature communally. This first community had around 20 members. After 27 years of work, the living space of the community was compromised due to economic reasons. Then, three members of the community moved to the current location and started a new project that has been active for the past 5 years.

Mus community revolves around a clear set of principles: care for nature, communal life, and spirituality. Although the community itself is not religiously affiliated they have inherited customs and knowledge from the catholic faith and catholic monastic life. Their daily life revolves around said principles and it is transversal to both practical and social affairs.

2.2.1 Phase 1: Establishing a connection with the communities

Building a connection with the communities was the first step towards a successful design process. Many central living organisations in the Netherlands have websites that they use (among other things) to recruit new members. After contacting each community through email, a first meeting was set up. From this meeting I established a relationship with the person who would become my main 'community contact', a person who mediated a significant portion of the communication between me and the rest of the community. After visiting each community in person, I was able to invite a larger part of each community to work on the project.

Building the connection with Wilg community followed an organic, snowball process. The first person that I contacted from Wilg presented me with other members in the community. One of these new persons was part of the administrative board of Wilg, and became my main 'community contact'. She helped me invite other members to the project in the annual general members' assembly (Figure 12), where I got to see some of the community dynamics in play, specifically, decision-making on a macro-community level. The community agreed to receive open invitations for each one of the 6 sessions, and each member would decide independently whether to participate or not.

Building the connection with Mus community followed a directive approach facilitated by one of the core members of the group. The first person that I contacted became my 'community contact'. After an online meeting where I explained the project, she took the information to the rest of the group. Together, they decided to accept the visits, after which we scheduled a first physical meeting with the community. The community engages in different weekly activities, and it was decided I would visit on Wednesday, where an extended part of the community reunites around the shared garden (Figure 13). During this

Fig. 12 Invitation to Wilg Community

Fig. 13. Day of the invitation to Mus community

initial visit, I asked general questions to community members while doing certain activities in the garden as well. Following the daily schedule, the community and I took tea together. During this moment of pause I was able to present the project to the whole group, after which a set of 6 sessions, to be conducted on Wednesdays, was officially accepted.

2.2.2 Phase 2: Understanding care in the community:

The first two sessions of the project were oriented towards understanding the current expressions of care in the community. For this objective six canvases were used, each one inquiring about one different community element. As mentioned in section 2.1. 1, Table 1 was used to generate prompts that were used in combination with the canvases to support discussion.

Session 1

Session 1 covered the canvases of care in community relationships and in community activities, which helped me map the way members give and receive care, and the routines of care that exist within the community. The format of the material used changed between both communities (Figures 14 and 15) with the aim of improving the flow of the session, but in general, the same information was collected.

In Wilg community all participants were from different groups. During the exercises from the booklet, participants reported difficulty expressing common activities or common traits within the whole community, and they preferred to do the activity from the perspective of their individual groups. The session was marked by interesting discussions about the differences in care activities in-between groups, since all participants had different experiences (Figure 16). This might be due to the fact that each group defines its own habits and activities. When new members are considered for joining groups, existing members make a selection process where they favour people with similar interests, and who agree with existing group practices.

The participants from Mus community in session 1 were two members of the core group and one volunteer (Figure 17). During the session, it was highlighted the relationship between the core group, the volunteers and the brothers, with a special emphasis on the distinctive role of the latter. The participants shared specific situations where they had provided care to one another, especially in moments of hardship. The participants complimented each other's stories, forming together one picture of the community.

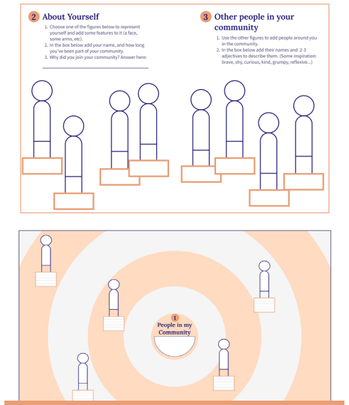


Fig. 14 and 15. Comparison between material in booklet (top) and canvas (bottom) format

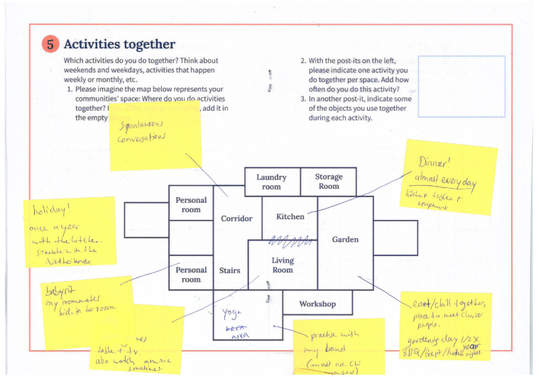


Fig. 16. Bottom, Wilg Community Session 1. Top, sample of collected material (Booklet)

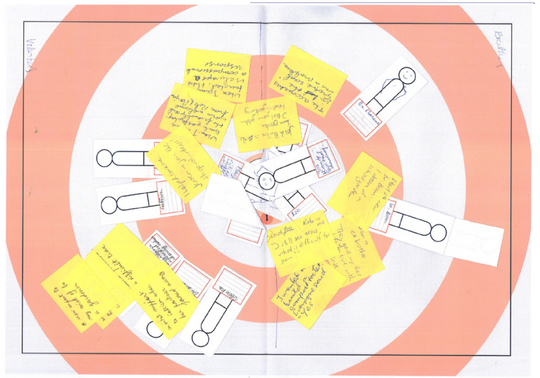


Fig. 17. Bottom, Mus Community Session 1. Top, a sample of collected material (Canvas 1.1)

Session 2

Session 2 started with the canvas of identity, as a warming-up exercise for the canvases on governance and resources. The canvas of identity (2.1) allowed me to map what characteristics community members shared, and with it what community members assigned importance to. The governance canvas (2.2) allowed me to assess how the community makes decisions in care situations. Following the acts of care identified in section 1.1, I inquired about three specific situations: when change is initiated (development), when responsibilities are assigned (balance), and when challenges are addressed (stability). The resource canvas (2.3) allowed me to identify how the community administers resources for care activities. Again I inquired about situations where resources were used to support development, maintain balance, and help regain stability. Finally, I ended the session with a more abstract canvas inquiring for purpose (2.4). This allowed me to explore any expressions of care in this community element (Figure 18).

Not many participants responded to the invitation for the second session in Wilg community (Figure 19). The session was conducted with one participant, who, being a member of the board, had a good overview of the whole community. The specific situations discussed during this session reflected both dynamics within their specific group, cluster and the general community. The dynamics were different in each. Group-level acts of care included the daily division of cleaning responsibilities. Cluster-level acts of care included the improvement and transformation of common spaces, like the laundry room. Finally, community acts of care included the protection of the property from external stakeholders. Decision-making in all these levels was also conducted in a different manner, with stronger structures in place for decisions that pertained to the whole community.

The session in Mus community was conducted with two members of the core group and a volunteer who was applying to become a member of the core group as well (Figure 20). Similar to the first session, participants recalled together past situations, laying them down to form one picture. During this session I realised that participants observed each canvas, understood it together and then started offering their perspectives on the question at hand. The situations discussed included

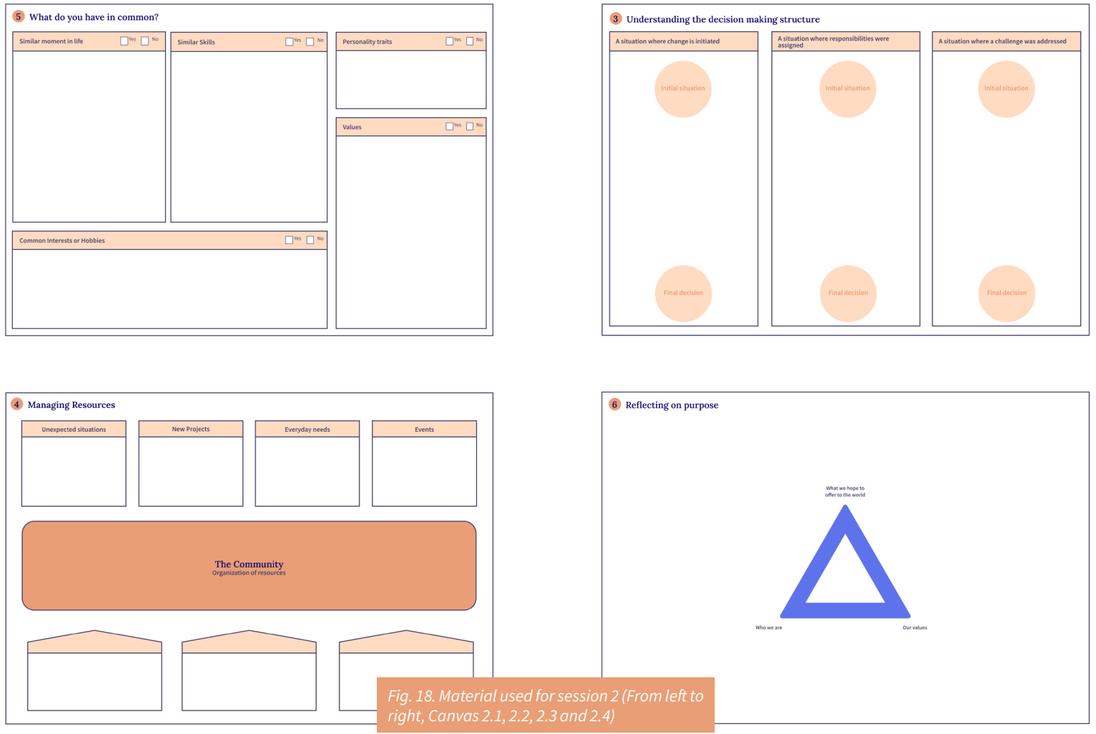


Fig. 18. Material used for session 2 (From left to right, Canvas 2.1, 2.2, 2.3 and 2.4)

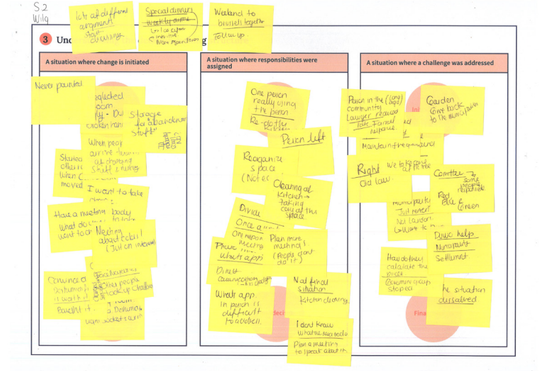


Fig. 19. Bottom, Wilg Community Session 2. Top, a sample of collected material (Canvas 2.2)

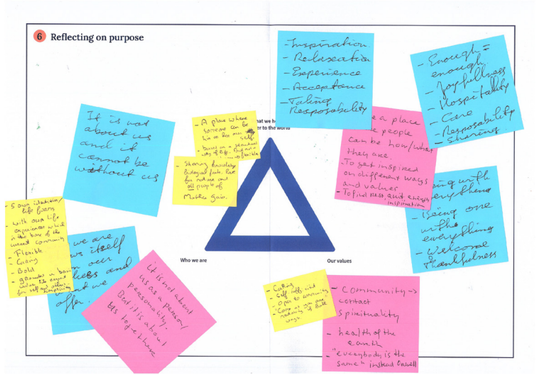


Fig. 20. Bottom, Mus Community Session 2. Top, sample of collected material (Canvas 2.4)

the division of responsibilities, the management of unexpected situations, and the ways processes of change were pursued. All of these situations are discussed in specific spaces that the community routinely organises.

Present situation of care

Phase 2 concluded with an analysis of the present situation of care in each community, which oriented the process in phase 3 (the tools for this analysis are described in section 2.1.2). During the sessions with Wilg community I identified a mixed situation of care (Figure 21). Community members expressed different levels of care awareness and satisfaction depending on the community element that was being discussed, and the type of care activity performed. Members expressed special satisfaction with the care provided to one another in the community and pointed out that their shared space provided them with frequent interactions where they could offer spontaneous support to one another. On the other hand, members from different groups had different levels of satisfaction regarding the activities for care. Distributing and following routine care responsibilities (for example towards the shared space) seemed to be a challenge. Regarding identity I noticed that members shared common identity traits, especially inside each group; and regarding purpose[4], most members reported joining the community with the objective of sharing their lives with others. From the information collected in these sessions I concluded that Wilg community was immersed in a system (the building design) that allowed for spontaneous care, but specific systems dedicated for routine care were not successfully defined in all groups. The management of monetary resources seemed to be an exception to this rule, most groups had systems in place that clearly defined financial responsibilities across members.

During the first two sessions with Mus community, I identified a strong awareness towards care activities (Figure 22). Community members expressed pride in supporting one another and getting to care for the space around them, especially the garden. The community had established activities and responsibilities for care, and verbalised the

4 The original purpose of the community was to build a shared living space (they succeeded). Now the purpose of members of the community is to live with people who enjoy sharing with others.

importance of supporting each other during moments of hardship. Some of these activities and responsibilities are inspired or even anchored in the practices of the adjacent monastery, with which they share resources, rhythms and most importantly values. Community members were aligned in the description of their identity and their purpose, which seemed to contribute greatly to their expression of care (I would phrase the purpose of Mus as being to be a space of reflection and communion in nature for the world[5]). By assigning importance to similar things, they managed to organise their efforts towards a common outcome.

Fig. 21. Analysis process, community care in Wilg community

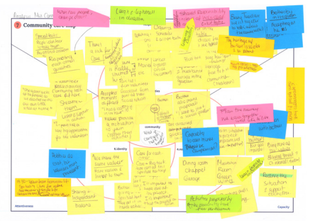


Fig. 22. Analysis process, community care in Mus community

5 This sentence is not verbatim the purpose of the community. It paraphrases the bits and hints I captured during the process.

2.2.3 Phase 3: Intervening in community care

The third phase was meant to focus on the development of a care intervention within each community. As mentioned before, only Mus makes part of phase 3. In order to develop an intervention six canvases were used in session 3 and 4, to guide the community towards the selection and exploration of an intervention point. Another three canvases were used for sessions 5 and 6, where the intervention was delivered and the process was reflected upon. These last canvases were developed to respond to the specific context of Mus community.

Session 3

The objective of session 3 was to define, with the community, an intervention point that could support the community in care-related matters. For this session 6 canvases (one for each of the community elements) were used (Figure 23), that rotated among community members. The objective of the canvases was to prompt community members to share care challenges or care opportunities that community members would like to explore. To support the session with the findings of sessions 1 and 2, I added a summary of the care situation on the left.

It was not possible to continue the original design process with Wilg community within the time limits of the project due to a difficulty to set up meetings. For this reason, Wilg does not participate in phase 3. However, a final closure moment was scheduled with the community where the learnings of the process were shared (described in detail in session 6).

During Session 3 (Figure 24), members of Mus community identified three main aspects that they would like to intervene in. The first one was to attract more people from outside of the community to participate in workshops[6] organised by the community. The second one was to improve the participation of volunteers in the formulation of community plans (improving communication of community plans was also part of this point). The third one was to improve

6 Mus community executes their commercial activities together. Their main commercial activity consists in offering 'activities' that people from outside the community can access. The activities are oriented mostly towards teaching and experiencing spirituality and connection with nature. In the main text the term 'activities' is replaced by 'workshops' to avoid confusions with the community element 'activities'.

the participation of young people in the community (Figure 25).

I noticed that the material for Session 3 was not as appropriate as the material prepared for previous sessions. Initially, I included the 'care summary' as a way to maintain care in the centre stage of the discussion, because I anticipated the risk of members focusing on challenges and opportunities outside of care. Unfortunately, the 'care summary' was an unsuccessful measure, the session was a bit 'stiff' and generating discussion on the points of improvement was difficult. Participants seemed confused, and spent a significant amount of time reading the 'care summary'. Most importantly, although the connection of the identified challenges with care is defendable, it's not self-evident. As an immediate response to the performance of this material, I adjusted the material for sessions 4, 5 and 6, with simplified canvases that contained only prompts, and counting on the community for providing rich content.

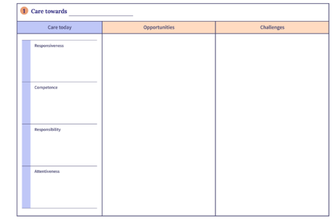
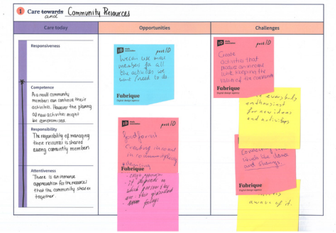


Fig. 23. Material used for session 3. (Top Canvas 3.1, Bottom canvas 3.1.3)

Fig. 24. Mus Community Session 3.



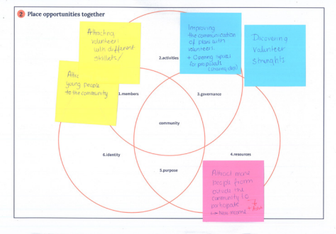


Fig 25. (Top) Sample of collected material (Canvas 3.1.4) (Bottom) Points of improvement

Session 4

The objective of session 4 was to open the spectrum of possible interventions to the selected challenge with the community.

The canvases were used in the following order (Figure 26, from left to right): Canvas 4.1 inquired about the things the community has done in the past to try and solve the challenge. Canvas 4.2 inquired about the obstacles the community is facing to solve the challenge. Canvas 4.3 inquired about the resources that perhaps are necessary to obtain in order to solve the challenge (for example information). Finally, Canvas 4.4 was used to diverge.

After following this reflection process, community members were invited to propose different things, big and small, that could be useful to solve the challenge.

Since the participating community members were changing from session 3 to 4, I decided to select the final challenge at the beginning of session 4. Each one of the three participants had an interest in a different challenge, so I suggested working on attracting more people from outside of the community to participate in workshops.

My reasoning for this choice was as follows: the challenge identified that was more closely related to care was the one of improving the participation of volunteers in the formulation of community plans.Following the reasoning of section 1.1, by improving the participation of volunteers in decision making volunteers could be better listened to in their needs, contributing to the 'support of their autonomy'. However during session 3 I identified slightly contradicting responses from both volunteers and core group members to this proposal, and since this challenge had not been pointed at during previous sessions, and I was unsure whether I had enough time in the remaining sessions to cover this challenge with the due consideration required, I decided this was not an adequate option.

The remaining challenges (A. to improve the participation of young people in the community and B. to attract more people from outside of the community to participate in workshops organised by the community) had a similar relation to care. Although neither of them is an intervention on community care dynamics, addressing them would be an act of care (further

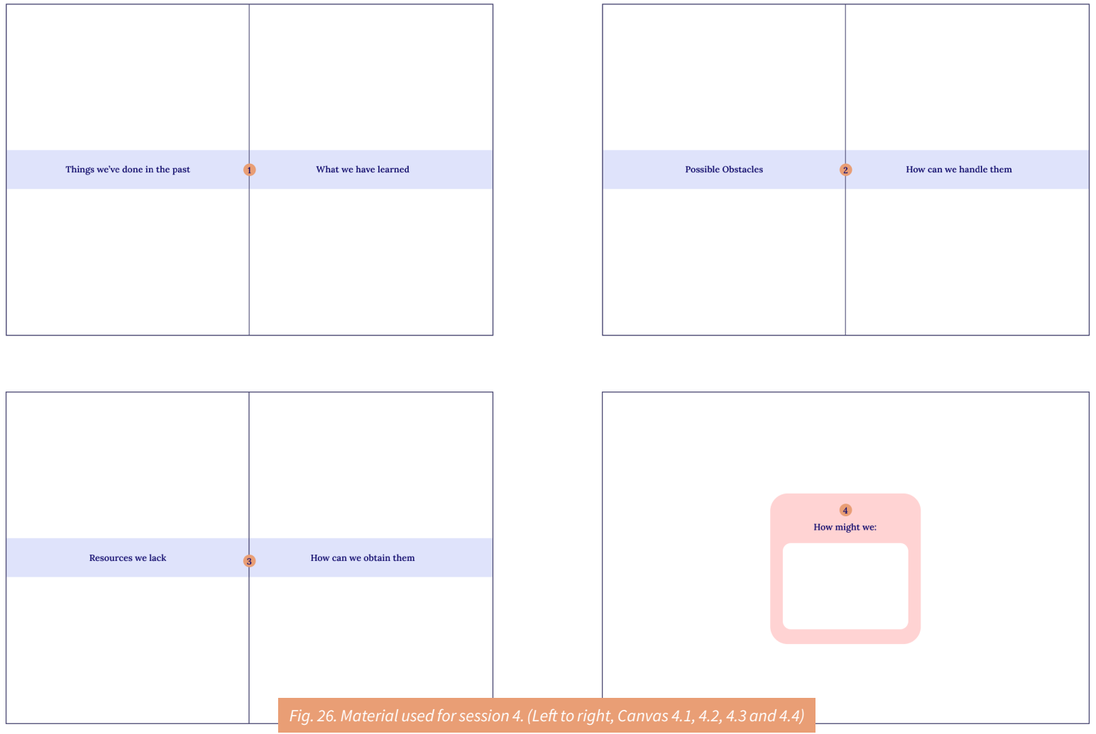


Fig. 26. Material used for session 4. (Left to right, Canvas 4.1, 4.2, 4.3 and 4.4)

discussed in section 3.2.2). For me this distinction was only visible in hindsight; in the moment I decided that it was best to choose a challenge that was safe[7] to pursue within the limited time available, even though it was not a perfect fit with the original project brief.

In particular I selected challenge A because during previous sessions the community had manifested frustration with this challenge. Members expressed that cancelled workshops were a source of sadness and the lack of participation negatively impacted their ability to reach their purpose (to be a space of reflection and communion in nature for the world).

Once this challenge was selected, the tools used during the session

7 I mean, it avoids causing accidental discomfort in internal community dynamics.

Fig. 27A. Mus Community Session 4. Member takes a photo of the proposals produced in the session.

Fig. 27B. Mus Community Session 4. Sample of collected material (Canvas 4.4)

helped the community deconstruct a challenge that they considered very difficult to address (Figure 27). By the end of the session, they proposed different actions to solve the challenge. Afterwards they selected and applied two of these actions independently.

Session 5

The initial goal of session 5 (the original agreement with the communities) was to finalise the design process by implementing an intervention that could support the community in a challenge of care. As preparation for the session, I evaluated the proposals to solve the challenge generated in session 4, and selected one to turn into a final intervention. Then I prepared material to enact said intervention with the community. I would have preferred to select the proposal for the final intervention with the community, however I decided that within the limited number of sessions available for the project it was acceptable to select a proposal using the following criteria: First, It was a proposal that, according to my knowledge of the community context and the experience I have as a designer, was likely to support the community in their efforts of solving the challenge. Second, It was a proposal that was within my designer expertise and skill set to support.

The final intervention were two tools to support a more precise formulation and communication of the community workshops (Fig. 28). The first tool is a canvas that combines relevant elements of the business model canvas and a personas canvas. With it community members can define the profile, needs and interesting value propositions for workshop participants. The second tool helps them organise the information defined in the structure of a clear and concise workshop communication.

During session 5, we used the tools to cover a couple of profiles and make examples of what the workshops and the communications could be. Community members were particularly invested in the session. They identified 4 distinctive guest profiles with different needs and new activities that could be offered to them (Figure 29). By the end of the session they volunteered positive feedback about the utility of the tools.

To allow for the tools to be re-used in the future, I left in the community a handmade version of the canvas with a clean copy of one of the clearest examples that emerged during the session. I chose to do it handmade because community members expressed appreciation for handmade things, and I thought it would make it more accessible to replicate.

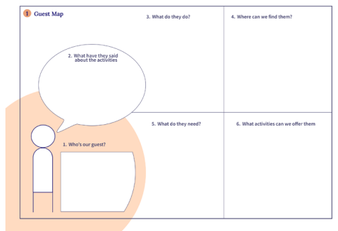
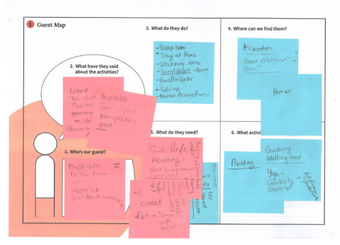


Fig. 28. Material used for session 5. The word 'guest' is used to describe workshop ndees.



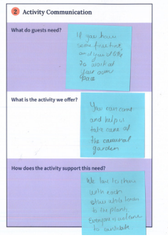


Fig. 29. Bottom, Mus Community Session 5. Top, sample of collected material (5.2)

Session 6

The objective of session 6 was to receive feedback from the communities and to generate a space for the closure of the project. I prepared a canvas that depicted the whole process to support the session[8].

To prompt the feedback, I followed four steps: First, I dedicated a moment to recap the whole process with the community. Second, I expressed my appreciation for their contributions and participation, and opened a space for their feedback. Third, I presented a rudimentary version of the learnings I had collected during the process. Fourth, I proceeded to express future commitments (what were the next steps of the process, what I was going to

8 Since session 6 was conducted after an overnight stay and it needed to collect the whole process, I prepared the material by hand.

Fig. 30. Mus Community Session 6. Session material at the bottom.

Fragment 1. Mus, session 6:
Feedback from the last session

[Speaking about the first zoom meeting]
"Mn: And I realised that it could take time, but you were flexible and well, the Wednesday is a morning we are already busy with others. And it turned out to be a good moment for you and for us to share and for you to be here and talk to other folks. It was not very… It didn't take as much time as we feared. So, you moved along with us and that's what I see in these pictures. […]

Js: In your… In the talks we had on the table and I was surprised by the amount of structure that you brought into that. They were very structured talks, which on one side made it a little uncomfortable for me, like, 'what am I getting into here? And on the other hand, it made it very clear that these were your… points of dissertation. I could see that from the way you structured it. At first I thought: 'Okay, this is very helpful for her investigation, but what is it, what is it going to give us?' Then I found out that through the structure that you, that some, some of the things that I wasn't seeing in normal life, uh, became obvious. On the table, that was for us to [discuss] which I liked.

I liked the way, the difference between you being the way you are when you're here. Kind of really looking, 'oh, where can I…' almost like, 'I don't want to take too much space'. That's… it's a way of, you know, like you come somewhere and you adapt to that situation. You don't want to be a disturbance. And I like that. And on the moment that we say, okay, now we're going to do your thing, you stand like 'this'. 'Now we're going to do it like this and this and this'. And it's very beautiful that this, you know, it's like a fluidity, like a possibility to adapt to different situations. Sometimes you meet people who are always like 'this', you know, whatever situation and other people are always like 'this', whatever situation and you are, apparently you're able to take both roles to adapt according to the situation. And yeah, that's a very…

Mn: Good observation.

Js: Nice quality. I like that. And in the same, in communication, I think you're a good listener to hear that you refer or give back what people have said or make notes and you go to the core, hear what, or in my impression, you hear what people say. And when you have something to say, I think that then you can still learn something, that you give yourself a little bit more time when you talk, when you explain things, you tend to become very hasty. And, and, and it's, well of course it's a little bit of a language thing as well. But it becomes difficult to, to really hear what [intelligible] […] There's so much you want to say in little things, so I would like to invite you to relax a little in that area: 'Okay, I have to say something, but it doesn't have to be perfect or everything at once or…'
I feel you're concerned about giving the whole picture. And sometimes that's too much. Because you see all the details, but for me it's a new thing what you're telling. So maybe the big line or the big structure is enough on that moment. And the fine tuning… you know, it's more confusing than helpful."

do with the information, and extending an invitation for the final presentation).

It was important for me to listen to the perspective of Mus community on the process. The final session ended on a positive note (Figure 30), with members expressing they felt heard and understood (Fragment 1). Although requested feedback must always be treated cautiously, I am happy with the conclusion of the process.

Additional closure moment

Later in the project there was a closure moment with the two main people who supported my work with Wilg community. Same as session 6, the objective of this last meeting was to share the preliminary outcomes of the research, thank them for their support, and most importantly, to take the time to close the process. Dropping contact without a respectful goodbye would have been difficult, because of the relational component of this project (more details in section 3.2). I noticed that the relationship with community members was different to the aseptic relationships that purely rational work can accommodate, so a warm goodbye was necessary. We discussed a bit about the topics mentioned above, about the plans of the future for the research, and the process with Wilg community was concluded.

Caring with community

Part 3 | The Learnings

This chapter covers the learnings identified during the design process with the communities. Corresponding with the research sub questions, these learnings are divided into two groups: First learnings about the relationship between care and community, and second, learnings about intervening in care from a design perspective.

3.1 Care that builds community and community that builds care

During the process with Wilg and Mus I observed that the situation of care in a community is strongly shared. Care in a community has a direct impact on all community members, but it depends on the direct involvement of all community members as well. Within this shared care environment a specific care dynamic emerges, where the enactment of care activities reinforces community relationships, and the relationships within the community reinforce the capacity and inclination of members to provide care. In other words, it seems that care builds community, and communities enable the provision of relational care.

A recurrent theme within the sessions of both Wilg and Mus community that illustrates the shared character of community care is the idea of 'carrying situations together'. In Wilg, members organise quickly to deal with external threats, forming committee groups responsible for taking action and engaging other community members and resources as needed. In Mus community, members report that their strategy to address difficult situations is to discuss matters, process feelings and seek for a solution together (Fragment 2).

But 'carrying together' not only happens in extreme situations, it is something that happens in everyday community life. Members of Wilg community carry together the daily tasks of keeping the kitchen clean, maintaining the garden and keeping an eye on each-other. Members of Mus community take it a step further, they carry together the load of wanting to be a space of reflection and communion in nature for the world.

Through these acts of care, relationships within the communities are formed. In Mus the activities within the community reinforce the creation of social networks that expand outside of the community spaces and boundaries, and moments to care for community matters in Wilg (like the general members assembly) also become spaces for joyful social interaction. With these relationships in place, it is no surprise that members often reunite to celebrate together. Celebrating birthdays, watching movies, playing board games, planning holidays or simply sharing meals, are spaces of enjoyment that strengthen the relationships themselves, so much so that caring for each other becomes 'obvious' (Mus, Session 2) or 'feels natural' (Wilg, session 1). As one of Wilg members pointed out, even if a care activity seems hard or annoying "you can do it for the other" (Wilg, session 1).

These two parts of the community care dynamic: care that strengthens community relationships, and community relationships that generate a distinctive style of care are explored in detail in the following two sections.

Fragment 2. Mus, session 2:
Receiving a difficult situation together

"Js: One of the examples is that you presented your paper [Referring to Mn] for the, um, for the brothers and they responded kind of, well, it's not good enough or, you know, this and this and this need to be, so it's kind of a... which is important for our future. They are going to make the decision: 'Are we going to go on with this project or not for the next six years?' So this paper is quite important.

Mn wrote it and thought, 'well, this is, this is how we're going to do it'. And they've got some response: 'Well, it's not quite enough'. I mean, you know: 'you need to involve, um, bring more of our values in this, and it's not clear'. And so that was quite, uh, devastating. Maybe that's too big of a word... It was an emotional response. And, we heard what you [Mn] had to say and gave you support and then decided: okay, how we're going to handle this? you know, like really looking together for how, how can we handle this serious business? What's wise to do?

And then, you know, we decided that she was going to talk some more with some other brothers and see how serious this is, and then re-evaluate the paper with some other papers from them to see if you could integrate it more or not. So it's really, uh, um, yeah, receiving the situation and then support each other and look 'okay, what's the best thing to do here?' So it's no panic or, you know, it's just accepting the situation.

Mn: We carry it together.

Js: And then see how you can go on. It's no, no resisting the situation, but receiving it and then see how you can move on. "

3.1.1 Care and the construction of community

During the design process with the communities I observed that care affects communities in both expected and unexpected ways. As logical, a desirable situation of care in a community strengthens community elements. In particular, I found it easier to observe these effects in the communities' members, activities and resources. In the following paragraphs I present examples of different situations of care in relation to said community elements. To differentiate between different situations of care I support myself on the care levels identified in section 1.1.

For example, I observed that communities whose care for members could be considered on the responsiveness level are able to adapt and respond to their members' unique capabilities. In Mus for example, the designation of tasks is adjusted according to each person's preferences and capacity, and there are feedback systems in place to adjust this distribution as needed (Figure 31).

The distance between attentiveness and responsibility can make a significant difference in the state of community activities. In Wilg community, for example, members show attentiveness by expressing the importance of group activities like the annual willow[1] tree-cutting day. However, responsibility towards these activities might be questioned, because participation is not as consistent as members consider adequate. Competence towards activities is manifested when activities are accomplished in a way that nurtures the community, and responsiveness is reflected when there are mechanisms in place to learn from and improve previous activities (for example the internal evaluations that Mus community conducts after each workshop they offer).

Fig. 31. (Picking flowers for tea) The core members of Mus assign responsibilities according to each members capabilities.

In the same manner, handling resources with competence can mean having resources destined to manage unexpected situations, and using resources in a way that supports the present or future wellbeing of the community. For example, groups of Wilg have a fund for replacing shared furniture and electronics in case something breaks or malfunctions, which allows community members to share expensive and long-lasting elements in a comfortable way. Reparations, changes or damages are not shouldered only by the current members of the group, but by previous members who both used the appliances and contributed to the fund.

But the way care affects community transcends individual community elements; It supports the construction of the community itself. I observed three ways in which care affects the construction of community: Care can direct the community's behaviours and practices, the enactment of care can impact the way members perceive community elements and activities and finally, a lack of care can degrade community's elements and exhaust its members.

Directed by care

Care guides the construction of community because what members 'care for' dictates important community characteristics. For example, a community's purpose acts as a filter that supports the inclusion of members who, in principle, have their attention addressed toward similar values or goals. The collective pursuit of a purpose manifests in behaviours and preferences unique to each community. In Wilg community, for example, many members reported that their reason for joining the community was a desire to live a shared life. I observed that this desire was often backed by an openness to others, a tolerance for difference and the drive to perform acts of service for their housemates. The commitment to a shared life manifests in Wilg community's building, which has an open layout with few private spaces.

1 'Wilg' means willow in dutch. This is piece of information is the origin of the nickname of Wilg community.

Members are used to walking into each other's floors (what would be the equivalent of an apartment) and 'simply knock on the door' when they are looking for support, company or entertainment.

In Mus, where the purpose is closely related to a care for nature and each other, many important community activities centre around the garden; like the morning meditation, the morning and afternoon tea, and during summer, most meals. Members also dedicate many of these activities to keep in contact with each other and share their feelings; all distinctive community practices formed in favour of what they 'care for'.

Care that re-signifies

I observed that the enactment of care within a community can resignify entities or activities. For example, care can resignify work because an everyday task like taking out the trash, or preparing a meal, becomes a way to care for the other, a sentiment expressed by members of both Wilg and Mus community. Moreover, I identified that 'to care' generates a sense of ownership. New members of Wilg are encouraged to transform and improve community spaces to make them 'home', and old members feel ownership for community elements like the garden and its trees because through their decades-long maintenance they have become 'theirs'. This sense of care and ownership extends to the whole community. Members of Mus community report that their 'job', the labour they offer to the community, is what allows them to feel part of the group. In this sense, 'to care' supports the definition of the community boundary, meaning that it supports the conformation of the community itself.

Effects of not-care

To care is an act that requires constant and sustained effort. This can be challenging at times. For example, many of the care instances that Wilg members found unsatisfying were not the unexpected or extreme situations, but the daily and small tasks of cleaning and tidying up their shared space. Although members of Wilg consider each other to be warm and attentive people, who offer support to one another, and who enjoy each other's company, many of the groups struggle with keeping accountability for these care tasks.

Unfortunately, when the challenges of care are not overcome, the resulting carelessness can be detrimental to the community. At its least damaging, lack of care can manifest in disconnection, with inadequate communication among groups or people within the communities. Lack of care can have visible consequences for spaces, with neglected ones having broken utilities, being dirty or misused (fragment 3).

Finally, a lack of care can transform into a pervasive overburdening of other community members. The discomfort that members experience when they feel that there is "either a few people doing everything or nobody doing anything" (Wilg, session 1), or that "sometimes it's like the first one who gets bothered by it, they will do it" (Wilg, session 1) can become a reason to leave. For example, both members of Wilg and Mus pointed at inadequate care situations (like a lack of care for

Fragment 3. Wilg, session 1
The laundry room: Neglected space and change

"EE: So initially it was a neglected… it was just, uh, it was ugly. It had never been painted. It was, uh, it was very dusty. [...] There were broken hangers, the hangers where the clothes were meant to dry on, they were old and some, some of them were broken. There was a lot of stuff in there, personal items of some housemates, they were just stored there, so that made it really cluttered and not enough space for the clothes, for the actual purpose of the room. Yes, I think it took a whole year to fix it. [...]
According to FP, it had never been painted, the room. Oh, this situation was for a long time, long, long time for years and years. And the housemate that had stuff there… There were 2, they had lived here also for the last 15 years. It makes sense that... At some point, they put it there, and if nobody says, no, if nobody mentions it... One of those roommates actually moved out, which was... It affected this positively because the other roommate just, well, reacted positively and cleaned up and said, like, 'okay, yeah, you're right. I shouldn't leave this here'. She cleaned up. But the other roommate was quite a personality and it was really difficult to argue and then after a lot of different arguments he moved out. And this is sad, but it was a relief for that. It was really negative. We can see that stuff has been happening since he moved out.

[when was the moment when you decided 'it's time to speak about this'?]
When other rooms got cleaned up. So we started to clean this kitchen when KA and I moved in, and then, um, KA started to paint the living room and we decided we wanted to improve the Internet. When we did that together, One housemate, she said, 'Okay, there's so many spaces we improved. I want to be in charge of improving the laundry room because that space really needs improving'. Somebody needs to take the lead and be the blur of the whole gang in the initiative. Right? So, she did that. [...] It's a snowball effect. I think "

community resources and not enough consideration for the care among members) as important reasons that motivated members to leave their old communities or groups and join their current ones.

3.1.2 Distinctive care within communities

I also observed that communities engage in a distinctive style of care that can be observed in their purpose, identity, and governance system. This 'style of care' directly sheds light on the internal mechanisms of care within communities.

The orientation of care in a community can be evidenced in its purpose. As mentioned in the previous section, the purpose of a community is an important part of what members direct their attention and efforts towards. An orientation towards care can also be evidenced in a community's identity, because it reflects the values that members hold (collectively) dear. In Mus, for example, members value communication, reflection and kindness (all values that support the pursuit and execution of care). These values are practised in morning meditations, in reflection and gratitude spaces during the meals, and in the communication style that happens among members when they are discussing difficult situations. Members identify themselves with these values, and they have become part of the community's identity, guiding their daily practices in a similar way that purpose does.

The pursuit of care required by a community's purpose, and the orientation of care that can be evidenced in a community's identity can (or should) be reflected in their governance system. For instance, in Wilg community where their purpose is to 'share life with each other' and where they value the equal participation of all members, changes are mostly initiated and executed by individuals who gather the support of other interested members around specific issues (there is more information on Wilg's unique governance system in section 2.2). Consequently, communication becomes a fundamental part of effective caregiving within communities. In Wilg and Mus there are multiple instances of informal communication, but specific communication structures are defined by the governance system in order to keep members informed and engaged in all community activities, including activities of care.

Purpose, identity and governance come together to give each community its distinctive style of care. However, I identified three characteristics of care that were common among both Wilg and Mus communities: the particularity of caring within diversity, the need for an evolving concept of care, and the coexistence of spontaneous and structured care practices.

Care in diversity

Although united by their purpose, members from both Mus and Wilg communities present different preferences, aptitudes and vulnerabilities that take on a special significance from the perspective of care. Members of Mus community expressed this idea with the phrase 'be as you are' (Mus, session 2). Community members are encouraged to offer what they can, even in the presence of limitations. For

Fig. 32. Volunteer Mv (right) is a senior citizen. She is cutting twigs to make an insect house.

example, many volunteers are people who are no longer able to participate in the workforce, who have little contact with their families, or both. In preparing and distributing tasks in the garden, core members are careful to provide activities that suit each member of the community (Figure 32). Cutting branches for insect houses, or picking up flowers, all are worthy contributions to a space that is meaningful both in its practical utility, and in its role as a point of congregation for community members. This promise of acceptance and appreciation even in a vulnerable stage of life is touching for community members, who recall these instances with fondness (Fragment 4).

But caring in diversity goes beyond accepting the vulnerabilities of each person, it also means opening space for each member's unique care contributions. In Wilg, the diversity of hobbies and inclinations that each member has means that members are able to nurture each other's capabilities. For example, members reported that they received help in creating and practising an exercise plan from another of their housemates; a person who felt shy about their guitar skills was encouraged by another member to practise together; and a group of people have been doing a 'creative afternoon' where members join to accompany each other while they do their creative projects. The use of the members' diverse skills seems to be enabled by a relationship network where members are aware of each other's talents, and comfortable enough to request or offer support.

I noticed that a community's ability to provide care within diversity is

Fragment 4. Mus, session 2
The garden of brother Aloysius*

"Js: This, this kind of 'accepting person as he is', is the same in the group of brothers. There's a, there's a elderly (they're, they're all elderly). There's a guy, Aloysius, brother Aloysius, who has been doing the garden for a long time, but he's not very clear anymore in his thinking and, uh, not very influenceable. He's doing the garden in front of their recreation room, but he does it in a terrible way, but nobody's saying anything about it. They sometimes give him a suggestion, but they let him go. You know, everybody knows, 'oh my God, there it goes again' but he does it and nobody's taking him away or 'no, you don't do it that way'. They just, you know: 'okay, this is his way. It's not very nice for everybody, but it's his way and let him do his thing. What he still can do'. So, for me, that was very touching to hear that there's really, you know, longing for some other brothers to do this garden in a totally different way, but they don't interfere with him, they don't interfere with his heart. That's so beautiful. Even if he is mentally not totally able anymore, you know, so what? Of course there's a limit to that, but... [...]

Rb: And that's to see the person. They also say if he cannot work in the garden, then he will die."

facilitated by the large pool of assets that, being under the community's control, are flexible. For example in both communities facilities and spaces are not divided equally, but according to what each person needs. Again these distributions are possible to an existing network of relationships that facilitate these discussions and distributions. This flexible distribution allows for the creation of dedicated spaces that can strengthen members' particular inclinations and skills. From an individual point of view, these spaces can easily be considered as impossible luxuries; but the workshops and big gardens of Wilg and Mus (Figure 33) do not reflect the acquisition capacity of members as individuals, but the result of their collective efforts.

My interpretation of the varied instances of support that I observed

Fig. 33. Dedicated spacest in Wilg and Mus communities
(From left to right, one of Wilg's gardens and carpentry workshop. Mus repair workshop and herbs room)

during the process with Wilg and Mus is that they open a space for the uniqueness of each of its members to truly shine, everybody being able to contribute something different. As said by a member of Mus in regard to his contribution to the community's purpose: "That is really touching that, you know, that I don't experience that I have, uh, that I have to be in a special way or, you know, be very holy or whatever, I can just be me. And that seems to be enough. That's enough! Good heavens. When did that happen?" (Mus, session 2).

Evolving care

In a community, care is something that evolves. The different situations that a community can go through present different care challenges, and adequate care can look different as the community itself transforms. The diversity of members and their opinions, the way their needs and views can change through time, and especially, the new needs and skills that are added to the community when members join and leave; all demand the transformation of the panorama of care in a community.

This transformation is in its own way a process of learning 'how to care' that for the most part can be a process of trial and error. Sometimes these learnings can come from peer communities, like Wilg members identified through our sessions (after listening to the experiences of each participant, they expressed amazement at the perspective of how much they could learn from each-other). Sometimes these learnings come from old traditions, present in projects that preceded the current community, like is the case of Mus, who has inherited practices and values of care from the franciscan brotherhood with whom they have been associated since their foundation.

I evidenced that when changes of care are needed, or when needs of care change, communities engage in a process of directing care, which means directing a community's attention and resources towards a vision of care. In Wilg community for example, it's not enough to identify an instance where care needs to be provided, it's also important to agree on how the care will be provided before any resources can be disposed of (fragment 5), and in Mus, meetings where members discuss and agree on how to proceed in a situation that demands attention are an important part of their distinctive style of care.

Leadership within the community is also an important factor of the process of directing care. For example, group members in both communities have the ability to initiate change, and in doing so they often assume a leadership role that directs the care efforts of a community. Who leads which care activities is a matter of diversity, interest, and opportunity; it depends on what diverse members are interested in, and of course in the time they have available to dedicate to the care effort. For these same reasons, transferring care leadership seems to be an important and delicate part of community care, especially for long standing situations. Community activities can suffer from abandonment when the leaders who promoted them leave, as happened to Wilg community during covid. As a final note, it is important to acknowledge that care

Fragment 5. Wilg, session 2
How to care? Agreeing and convincing

[Discussing a needed renovation of the laundry room]
"EE: She said, like, 'okay, let's have a meeting to discuss what we want to change'. Then that meeting happened and then she was like, okay, so, so people are talking about paint that seems like the base for a space. And let's have a meeting about colours. She went to the store, and had this, uh, papers all the, like, she had a hundred of them so that there was a, a small group and people that are interested in colours, they just come and the rest of the house is like, oh, I'll trust them.
And uh, and then we were like, no, but we don't want to spend too much money on this. So only colours from the things we have already available, so that limited a lot of options. [...] There's a like a group that is really like, 'oh, yeah, let's pick the colours'. And then the rest of us saying, 'yeah, but you can't spend any money'.
[...]
And then the other housemate, well, this, this girl, she moved out (who had the initiative) [...]. So, two other roommates took over and said, like, now, but what really matters is the hangers and all this stuff. They just bought some new stuff, hung it up. And everybody's happy with that. It needed to be decided that they could spend money on that. And then the last thing was a really annoying thing that clothes didn't get dried. [...] So, now we have a dehumidifier. Yes. One of our roommates has it in their room. They tried it out too. Well, the humidity makes your costs for gas higher. Yeah. So to lower the humidity in the room would lower your cost of gas. That's the idea. Yes. Even though you're spending in electricity. So yeah, everybody got convinced and said like, okay, spend money on it. It has worked really well."

leadership can be 'negative'. Uncaring individuals can affect the behaviour of the group, and with it the shared care situation of the community.

Spontaneous and structured care

The final care dynamic that I observed within communities is a combination of spontaneous and structured care. Spontaneous care, the drive or 'feeling' of wanting to support another, is enabled by community relationships, and is part of the charm that members of Wilg and Mus identify in their communities. Members of both communities are able to 'raise their hand' and address identified issues as they emerge. Moments to evaluate the state of the community can also occur spontaneously, like in one of Wilg community's groups, where important group matters are often discussed over special dinners. These dinners don't follow a strict schedule, but instead they are planned as group members "feel" the need for them (Wilg, session 2. Spontaneous care also covers swift action in unexpected situations, and celebrations and moments of enjoyment that might lose some of their charm if they are always planned.

Spontaneous care is facilitated by surrounding community structures that favour moments of encounter. This is particularly evident in Wilg, where the physical space affects how and how often members reunite, and consequently the discussion of community matters (fragment 6). In a building specially designed for their community, members feel that planning activities together is facilitated by their spontaneous and frequent encounters. These spaces enable connection, the connection enables communication, and proper communication enables care. But spaces for connection are not only physical structures, but also non-physical ones. In Mus community for example, the morning meditation serves as a moment to "look the other in the eye" (session 1) and get a sense of how they are feeling.

But spontaneous care by itself might not be enough, and when responsibilities or decisions are not clearly established care itself might be compromised. That's why in addition to spontaneous care communities devise structures that facilitate the maintenance of care practices. In Wilg, community level decisions are made in structured moments (a bi-annual general members assembly) where the rules for discussion are carefully planned, and strict minutes are

Fragment 6, Wilg, session 1
That is why you need a living room

"DA: Also, yeah, [other clusters] have kitchen living rooms, but ours is really small, so it's not actually a living room. It's mostly a kitchen.[...]
FP: You once had a living room in the beginning
BA: [Where now are the bikes]
DA: Yeah, we tried to revive it, but nobody's going there.
FP: So it is too far away.
DA: Yeah, it's also very open with the corridor, so there's things of noise and cold and the drafts, so it's, yeah.
FP: That's not the right place, no.
DA: No."[...]
"DA: [Later, speaking about important miscommunications in her cluster]
FP: Oh, what a pity.
DA: Yeah, it's a pity.
FP: So you need a living room there.
DA: Yeah, exactly. Yeah, we tried to revive it.
FP: And in summer, you have the garden. Do you all use the garden? So that you meet each other?
DA: We all use the garden, but the people from kitchen [B] sits next to their own wall, like next to their own kitchen. And uh, people from kitchen [A] are almost never outside. So I mainly meet people from kitchen [C] and sometimes from kitchen [B] in the hot tub... It's the main place to meet them. Um, but yeah, in the summer is better, but in the winter...
FP: In the summer you have the garden.
BA: In summer you have the garden, in the winter you are more on your own."

followed. Cluster level meetings act as moments where leadership for care activities can be transferred, which is especially important in long-lasting care processes.

Moreover structured care also is important for everyday care activities that might be difficult to sustain at an individual level (fragment 7). Mus in particular has a dedicated role for preparing meals, attending the door and tending for any member that might be sick: the 'Huis Mus'[2]. A 'house sparrow' is a pejorative term used in the Netherlands to describe a person that stays at home and 'only' performs care tasks, but members of the Mus community have reclaimed it. The term represents an appreciated role that is rotated daily among community members (Figure 34). The case of the Huis mus is also a fitting way to close this section, because it exemplifies what for me is at the core of shared community care: divided tasks, but a shared responsibility.

2 This is the origin of the nickname of Mus community

Fragment 7, Mus, session 2
Advantages of structuring care together

"Js: For instance, the cleaning as well of the house, you know, that's taken care of too. It's structured, so everybody has its tasks, so it's really built in to take care of the normal direct household things, the cleaning, food, shopping, these kinds. I think that's, that's for me, that's very helpful. The way of doing it, you don't have to discuss or, you know, it's just was obvious. It's clear.

I think it's spiritual care for each other, I think it's important too. Because we do the meditations, we take our silent moments and we do that together. So in this, when I see, when I live alone or with my partner, then it's easy to let go of this structure. You know, not do it all. 'Oh, it's not comfortable.' But when you're with a little bit more people, then you know you have this structure too. And you take your silent moments and you do the things that, that are necessary to maintain your spiritual health. So it's taking care of each other too."

Fig. 34. The Huis Mus of the day (centre) bringing tea for the 10:00 am break.

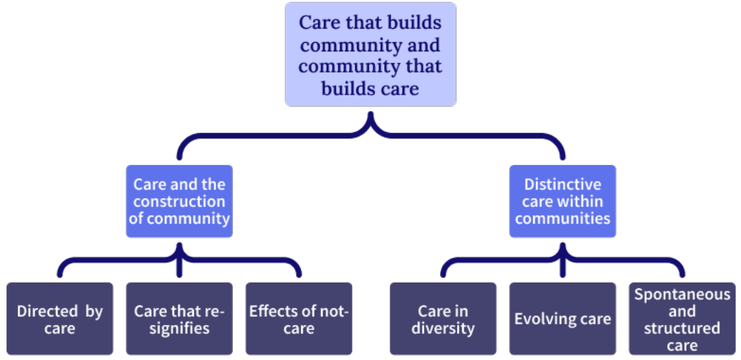


Fig. 35. Interaction between care and community

The analysis of community care shared in this section (Figure 35) indicates a strong relationship between care and community, where care constructs community and community provides the conditions for a distinctive style of care.

The most important characteristic of community care identified in this section is that it is shared. This might seem as a redundancy, after all care is a condition of existence that connects all beings (de la Bellacasa, 2020). However, in a world where we can easily detach from care relationships by framing them from a commercial perspective (Chatzidakis et al, 2020), I find uniqueness in the way community members directly participate in the reciprocity of care. The distance that characterises many of today's interactions (and that enables carelessness as described in section 1.2) is reduced in communities, where carers

and cared are near and the effects of care easily appreciated.

As could be expected, shared care supports shared community elements, however the relationship between care and community is deeper. Care supports the consolidation of the community itself by being a goal that drives behaviour (which echoes the first definition of care established in section 1.1). It is an act that improves connection within the community by resignifying the people and objects who receive care. It is so significant that the effects of a lack of care are quickly manifested, with members citing the situation of care as a reason to join or leave a community.

Besides being shared, I identified three additional qualities of community care: First, care within communities is diverse because the scale and nature[3] of the relationships it contains can accommodate the diversity of community members. Second, care within communities seeks mechanisms to evolve and respond to the transformations that happen inside them (more details in section 3.2). Third, care within communities relies on both structures and spontaneity to provide both consistency and flexibility. And as will be elaborated in Part 4, the development of these structures opens a door for design.

Although these learnings provide insight on the main project question (what can intentional communities tell designers about interpersonal care?) This investigation is not complete without analysing the possible role of design in relation to these care processes. In the next section I recollect the learnings obtained about intervening in community (care) from a design perspective.

3 Emotional, affective, personal.

3.2 Communities as unique design territories

Although the design process executed during this project was oriented at understanding how designers could contribute to community care, my knowledge of design within community was so limited at the beginning of this process that the learnings of this section must start from the interaction between community and design. The experience with the communities allowed me to reflect on the differences between practising design to develop projects with communities, and practising design to develop projects with market organisations[4]. Communities are distinctive in the motivations that guide their every-day activities, in their transformation processes, and in their decision making structures. These characteristics invited me to understand communities as a distinctive design space, where specific competencies are required.

Regarding the motivations of communities, if in market organisations profit is a main consideration, each community has unique motivations that underlie decisions and activities. For example, the motivation (the purpose) of Mus community is the care of nature and the care of vulnerable people, while living a (radically) shared life is in itself the purpose (of many of the members) of Wilg community. These motivations have implications on the way these communities operate. In Mus, the purpose of caring for vulnerable people is reflected in the way members make space for the collaboration of everyone in the community even if their skills are limited. In Wilg community the purpose of sharing life is reflected in their decision making system, where all members have a say in community decisions. These motivations and corresponding ways of working have a strong impact on the design process. In my specific experience with Wilg and Mus, they helped me reflect on what was sensible, or not, to try to change.

Regarding the way communities

4 I suspect there are also differences regarding projects in governmental organisations, but I lack the evidence to make an informed comment.

are transformed and consolidated, I evidenced that communities undergo a very specific process. Established communities transform slowly but constantly through a process that tries to maintain cohesion by filtering new members, but once members are included their influence produces change. In Wilg, for example, when new members are considered for a group there is a selection process that favours people who appreciate the values and practices already in place within the group itself. Prospective members are invited to an interview, where they are asked about personal preferences and informed about the importance of participating in existing group routines. In turn, once community members join there is an adaptation process, where new members transform the community from the inside. One of the Wilg residents called this process 'nesting', or 'the process of making your new home comfortable for yourself'. This internal transformation process is particularly visible in Mus community. The community has weekly spaces where they reflect about recent and future events, and when a member expresses discomfort, or identifies an opportunity for change, it's discussed so that they can 'figure out what works best for them'. Both dynamics (filters that maintain status quo and transformations to accommodate new members) define a slow transformation process. The consequence of these slow, bottom up transformations is that practices or routines present in communities can be intricate, having multiple purposes or layers of meaning that might be hard to comprehend at first sight.

As an additional reflection, I believe that these dynamics are responsible for the uniqueness of each community. The 'otherhood' of Wilg and Mus communities does not reside in the particularity of the individuals that compose them, but from the activities, routines and preferences that have been formed by members coming together as a community. By filtering and accommodating new members, communities reinforce the creation of unique spaces (or small universes) that are important to address with curiosity before attempting to intervene.

Finally, a design process will depend greatly on a community's particular decision making processes. In Wilg for example, groups, clusters and the overall community employ different systems: consensus, consent and majoritarian voting respectively (detailed in section 2.2). At the larger scale, decision making events happen twice a year, and are reserved for the discussion of topics that affect the whole community. With over 75 members, certain decisions can be discussed for long, and depending on the topic reaching agreements might be difficult. In Mus community there is a meeting every Tuesday in which decisions are made by consensus. Changes that pertain to the whole community must be accepted by all five core members. Volunteers, on the other hand, do not take an active part in this decision making process, although they are welcome to comment on community decisions. Depending on these systems, decisions in the community might be taken at different speeds, which is an important factor to take into account for a design process. Decision making can be slow depending on the amount of members involved and the frequency with which community members reunite. From my experience with Wilg and Mus, this slow speed of action is not something to be corrected. On the contrary, by moving slowly, communities allowed their members to fully understand and participate from decisions made.

But it's not only specific structures that make community decision-making processes unique. Decisions are also made with both emotion and rationality in consideration. In spaces where relationships and vulnerability are fundamental (section 3.1), addressing emotions does not seem optional. For example, members of Wilg recognize that when neglected, negative emotions can produce negative consequences for the whole community. Since creating a space where everyone can feel comfortable is a priority for many groups, members make an effort to discuss uneasy situations, with a member pointing out that although 'calling out' community members might be difficult, it's even more difficult to hold grudges. Regarding specifically to decision making processes, I noticed that in Mus community members open a space for emotions and feelings during[5] important discussions They are an important part of understanding a situation, and of discussing what should be done next (Fragment 2). Mus members are skilled in supporting each other in sadness, encouraging each-other in expressing their

5 As part of the important discussion, not as a preparation tactic to be able to set feelings aside for a 'rational conversation'.

emotions and acknowledging their feelings. Later in the process I also realised that the feelings of participants towards the final intervention affected their willingness to implement the solutions outside of the project sessions, with important implications for any given design process.

All of these characteristics come together to form a distinctive design space where new competences are required. During my process with Wilg and Mus communities I realised that I needed two competences in particular: the capacity to intervene, and the skill to define an adequate intervention.

3.2.1 Building the capacity to intervene

In traditional design processes reaching an agreement with a client might be sufficient to gain access to company's information and employee's time, but in communities members participation is voluntary. This means that a designer attempting to intervene in a community (from the community as a goal perspective) will find the challenge of gaining the community's long-term interest and support. Without this involvement a designer might find serious difficulties in gathering information, proposing design activities, and in initiating change. This is ever more important in the care context, close as it is to vulnerabilities and emotion. I define this capacity to gather member's interest and support in a project, as a designer's capacity to intervene.

During my process with Wilg and Mus I experienced the impact of both developing and not developing the capacity to intervene within a community. With Mus community, I slowly built a capacity to intervene. As time progressed I noticed that community members opened more to me, that more delicate information was shared, and that there was more enthusiasm in participating in the activities. By contrast in Wilg community I did not build this capacity correctly, which means that no participants signed up for further sessions, and eventually the process stopped. I identified three actions that helped me build a capacity to intervene: first, to capitalise on existing community structures; second, to build relationships indirectly; and third, contributing to earn the right to participate.

Capitalising on existing structures and relationships

I had to start design activities in the communities before my capacity to intervene was developed. I noticed that a way to compensate for this obstacle is to capitalise on existing community structures and relationships. In both communities, the support of a community contact that would mediate my interaction with the communities was invaluable. EE in Wilg community and MN in Mus discussed with their respective groups on behalf of the project. They were the people I contacted the most, to discuss the location of an activity, how to contact participants and in the specific case of EE, how to think of alternatives when the connection with the general community became fragile. It is important to recognize the role of affinity in forming these connections. By having similar views and interests outside of the project, forming these crucial relationships with my community contacts was facilitated.

Despite having excellent community contacts in both, the process was successful in Mus community but relatively unsuccessful in Wilg community. I think the difference resides in the way I made use of existing community activities to open space for design activities. A 'critical mass' of Mus community reunites each Wednesday around the garden, and I could rely on that routinary activity to insert myself in the community and advance key steps of the process. During the whole process I continued adjusting the sessions schedule and materials to the existing routines of the community. By contrast the established spaces where Wilg community reunites are dispersed throughout the year, meaning that If I wanted to reunite with a group of community members, I had to create the space. This had definitive consequences for the project in Wilg community. Since there were no established community routines I could utilise, and I didnt have enough traction to gather the participation of multiple community members, the project eventually reached a deadlock[6].

Building relationships indirectly

Although using existing community structures is useful to supplement a designer's initial capacity to intervene, this capacity is truly built by developing reliable relationships with community members. Forming these relationships requires frequent interactions

6 Examining the situation in hindsight, I think it would have been better for the project to focus on one of the sub-groups inside of Wilg community. Subgroups have established routines and points of contact.

to form, but in a project it is easy to prioritise only 'official' interactions with tangible outcomes, like interviews, ethnographic observation or generative sessions. Depending on the time or resources available, these moments might be too little to form a reliable or actionable connection.

In my particular experience, the distant placement of Mus required me to spend the night at their location every time I made a visit (Figure 36). This had the welcomed consequence of spending a considerate amount of time with the communities outside of the sessions. I noticed that by allowing myself to participate in the spaces and activities created by the community, and then remaining accessible in the time between them, I opened a space for discovering the unexpected: unexpected knowledge about care,

Fig. 36. Some in-between activities with Mus. Collecting flowers in the garden and morning walk.

and strengthened relationships that supported the development of the project.

The type of activities where a designer can involve themselves might also affect the development of these relationships. I identified this in the visit I made to present the project to each community. In both situations, I was joining an existing community activity; in Mus it was the weekly gardening Wednesday, in Wilg, it was the bi-annual general members assembly. In Mus the situation revolved around working on the community garden, an activity where I was welcome to engage. Engaging in the manual tasks of the garden served as a way to ease into conversation, while allowing me to comfortably take moments of silence and be able to observe. On the other hand the general members assembly of Wilg community was directed towards members; I was welcomed to observe but not to engage in the activity, and as a consequence, I became an additional task to manage during an already busy session. Comparing both situations, I have concluded that engaging in Mus' community activities opened the space for me to build crucial project relationships indirectly.

As a final note, I would like to point out that the complexity of building relationships goes beyond having a space for frequent interaction. From my experience with the communities I suspect it is a mix of affinity and understandment (both rational and emotional), but I think a quality of 'indirectness' is even more important in this respect than in the previous one. Devising a plan to form a relationship does not seem possible, and instead there is only the hope of providing what is necessary for the nurture of that relationship. During the design process I guided myself with what popular knowledge suggests: time, attention, and respect.

Contributing to earn the right to participate

Community decisions are taken by community members. Members earn the right to participate in community decisions by contributing to community activities, by deeply understanding their community and by having 'skin in the game'. In particular, I had the opportunity to notice this dynamic in Mus community. Volunteers GD and ML highlighted how significant it is for them to contribute to community activities. Having 'something to do' is what enables them to feel as part of the group. As

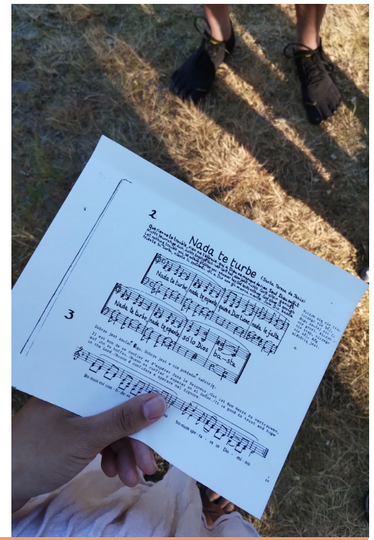


Fig. 37.(Mus) Left, offering some traditional Colombian food to share.Right, community members prepared a song in Spanish for the morning meditation.

volunteers they feel they have a say in community matters, and they feel listened to by the core group. On the other hand, the core group members have strong responsibilities. The leadership roles they occupy within the community demand constant attention and activity, and they require extensive knowledge of community matters. Members of the core group feel strongly for their place, and express pride for community achievements and concern for presenting issues. I noticed that volunteers recognize those in leadership roles because of their contributions to the community. Their leadership is strengthened by their constant care for their place.

Observing this, I concluded that if I wanted to build the capacity to intervene in the community, if I wanted to be able to participate in change, it was important to contribute to the community within their terms; that means, outside of the project. This was facilitated by the frequent manual activities in which the group engages. It's not only that helping in the garden, washing dishes and bringing some food to share at lunch allowed me to spend time with the community to learn more, It's also that by sincerely contributing to community dynamics I was able to express that I cared (Figure 37).

The effects of these forming relationships arrived later: excitement to participate in community sessions, good will even when sessions were confusing, access to sensitive community documents, and small adjustments of their routines to accommodate me (Fig. 37). In sum, the interest and support that indicated to me that the capacity to intervene in Mus community was being built.

3.2.2 Defining the intervention

Since communities are complex structures defining an intervention can be a difficult process. The ability to properly define an intervention in a community is a skill that needs to be acquired because it requires a deep and transformative understanding of the communities. I consider this understanding 'transformative'[7] because it places emphasis on the internal systems of a community, which all respond (and need to accommodate) to any given intervention.

7 This echoes Bauwens transformative perspective on communities, section 1.4.

During my experience with Mus I realised that I found it difficult to avoid defining the problem for the community. When the community opened up their complex interior it was difficult for me to distinguish what 'could be improved' from what 'should be changed' (according to the project) and I noticed that throughout the process I was easily distracted/ attracted to familiar design issues that I knew how to solve. I realised that the appeal of these distractions increased when I focused on delivering something exceptional to the community as a 'payback' for their collaboration and time. In this sense, relationships and emotions shaped my project. In the end, by reflecting on what I had learned about care from the community I decided to deliver a small intervention that truly responded to their concerns and current skills. Although the final intervention does not exactly meet the initial challenge of being an 'intervention of care', It is an intervention made with care with the community.

In any case, the process I carried out of defining an intervention could certainly be improved. I identified three learnings that I think, having known them before, could have helped me define the intervention better: First, the disperse nature of community knowledge; second, the importance of structuring participation and third, the importance of defining my role within the community as part of defining the intervention.

Disperse knowledge: taking time to understand and activate

The knowledge of a community is distributed among its members, and that might make it difficult to verbalise or to access in an organised way. Members of Mus community all hold different perspectives and perceptions of events and activities, and I noticed that in the sessions they often discussed prompts together, recognizing each-other's stories, building upon them and at times contradicting them. From these discussions a unified picture of the community emerged. Members of Mus community expressed satisfaction from these spaces of memory and recognition. For the design process it meant understanding the disperse nature of a community's knowledge.

Accessing this disperse knowledge was, again, facilitated by the relationships I was building within the community. Each new relationship opened doors to new parts of the community, with a literal example happening around session 5. There had been a member of the core group, MR, who had been sick during the first visits of the project. When I finally got acquainted with her she helped me discover completely new spaces in the community: a printing, repair and carpentry workshops, a herbs room for making tea from garden plants, and a meditation room, all very important and distinctive resources of the community I had been unaware of until that point. This experience made me realise how much I still didn't know, and it reinforced to my eyes the importance of developing a small intervention.

Structured participation

Although community members participate in decisions, not all community members can participate in all decisions (especially if we consider long-existing communities where members change through time). As a single researcher conducting a design process with limited sessions, it was quickly evident that I was going to have to make decisions with only parts of the community at the same time. Which decisions to make with whom, and when became then an additional factor into the project; I consider this process one of structuring participation.

Successfully structuring participation means opening spaces for community members to participate, but locking down decisions so that the design process can advance. This is an important ethical question within itself, that I had difficulties answering during my interactions with Mus community. Given that from previous interviews conducted when I was still recruiting communities to participate, (one with FP, architect of Mus community; and one with HS, developer of a community who didn't participated from this project) I had learned that circling endlessly around a decision can be as detrimental for a community project as hyper-productivist speed. Thus I decided to lock down certain decisions, and make certain decisions myself, to be able to follow through with the commitments made to the community at the beginning of the process.

Finding a role in the community

The most important learning I had about defining the intervention in my process with Mus, was that of defining my role within the community. By participating, I had slowly built the capacity to intervene, but a respectful intervention meant being aware

of the limitations of my knowledge and the time I had available with the community. Balancing these factors helped answer the question: What could I offer to the community (if anything was needed at all)?.

Finding my role was a process of trial and error. When I tried to control too much of the process (like in the over-complicated session 3) encounters were 'stiff' and the resulting information sterile. By contrast, when I focused on a limited amount of prompts that opened a large space for participants' contributions, the information was rich and the value of the session exceeded the limits of the design activity, by strengthening my relationships with community members.

To define the final intervention I tried the same idea of 'opening a space' for community members. What could I offer within my specific capabilities that supported community members in their own interests and objectives? Framed in this manner this question became a question of care: how to support another in their autonomy? I tried to maintain the initial purpose of the design process with Mus (creating an intervention of care) open to the indications and contributions from members. The final intervention was then a very specific tool that community members could apply to their appointed challenge as they saw fit.

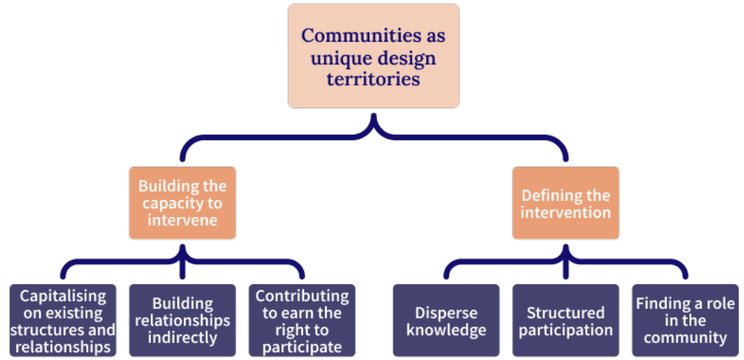


Fig. 38. Design and community.

The analysis presented in this section (Figure 38) about the possible role of design in community care reveals that communities are unique design territories. I identified two competencies that can be useful for designers aiming to intervene in community (care): being able to build a capacity to intervene, and being able to define an adequate intervention.

Communities differ from other design spaces in the motivations that guide their every-day activities, in their transformation processes, and in their decision making structures. Echoing Escobar (2018) these three characteristics build upon each other for the creation of unique spaces (or small universes) that designers must address with curiosity before attempting to intervene.
The discussion enters the care territory

if this curiosity transforms into a willingness to act from a sincere understanding of another's needs (Tronto, 1993). But the way care informs and questions design expands beyond this point. For example, while discussing the importance of building a capacity to intervene within communities, I encountered the importance of relationships, and of contributing within each community's terms.

The exercise of care demands from designers the ability to observe and comprehend the context and needs of the beings we are designing for. In communities, it demands the ability to be patient, while gathering the disperse knowledge needed to design with through understanding. This is in direct contradiction with the fast paced 'agile' design praised in many design circles.
Moreover, to be careful in design means being aware of the limits of the tools and resources that, as designers, we have within our reach. I framed this under the idea of 'finding one's role within the community': the act of balancing what the community requires with what we can competently offer.

To finalise, I want to emphasise that to care for a community means strengthening the community's capabilities to a point that external intervention is no longer needed. After contrasting my experience in Mus community with Escobar's perspective on autonomous design (2018) and Illich's perspective on convivial technologies (1973) I think that interventions that provide tools or techniques that communities can use and maintain themselves must be prioritised. Only with this objective in mind can we say that our exercise of design is truly caring. As established in section 1.1: to care is to support another being's autonomy.

Opportunities for design practice

Part 4| the Possibilities

In this part I will use the learnings from Part 3 to address the question: 'What can intentional communities tell designers about interpersonal care?'. These reflections are presented in two sections: First, reflections about the way communities address the care challenges identified in section 1.2, and second, reflections about how design can support community care.

4.1 Communities and the care challenges

In section 1.2 I explored care as a challenge by describing it from the perspective of four levels of care: attentiveness, responsibility, competence and responsiveness (drawing from Tronto, 1993). After analysing the particularities of community care (section 3.1) this section employs the same four level structure to reflect on how communities engage with different challenges within care.

From a general perspective, I think the main way in which communities favour the exercise of care is by providing a concrete other towards whom care can be consciously addressed. In section 3.1 I make the point that the distinctive characteristic of community care is that it is shared directly. People in communities effect and receive direct impact from the (main) care network they inhabit[1]. This is a big variation from most of contemporary relationships outside of the intimate sphere, which are significantly mediated by artefacts and actors that invisibilize those in our care networks.

When we don't see or recognize those who care for us (and those we are careless towards) it's easy to deny our interdependencies and, as a consequence, we undermine our capacity to receive and provide care (Chatzidakis et al, 2020). In communities the network of care is close and proximal. Care is not an anonymous responsibility addressed to abstract 'others', it's a responsibility that exists here and now with concrete beings.

Communities favour the exercise of attentiveness through both their purpose and their boundary. The contribution of care that emerges from purpose it's extensively described in section 3.1.1: a community's purpose is a consolidation of what community members agree to care about. Communities also facilitate the exercise of attentiveness through their boundaries. In the case of care, the boundary acts as a guideline about who and what to care for. This is in contradiction with de la Bellacasa (2020) and Tronto (1993) who defend that care is a responsibility that extends to all beings in 'our world'. Although I recognize this ethical responsibility, as a designer I also recognize the difficulties people might face when requested to care towards abstract beings in abstract situations[2].

It is under these considerations that the contribution of a limited and accesible 'place' towards which to direct care can be truly appreciated: communities provide an anchor point where our attention can focus and where subsequent levels of care can be exercised.

In a similar manner, the problem of responsibility is also addressed by providing concrete beings towards whom to direct care: communities become the first place towards which our responsibilities are engaged. I do not mean to suggest that our only responsibility of care should be towards the communities we belong to, in fact Tronto (1993) defends that indirect care is a fundamental part of care and of modern society (for example tax systems support welfare programs for vulnerable people). But in a world where the designed

1 Although, as all of us, community members continue to engage in large care networks (they go to the supermarket, to the hospital, pay taxes, etc) they have a close and intelligible network as well.

2 Meaning impossible to perceive and difficult to understand. What are the consequences that emerge when being careful requires so much education? (Think for example of topics like sustainability).

Fig. 39. Online delivery services are an example of systems where those who care for us are invisibilized.

environment continues to augment the distance between us and those who satisfy our daily care needs (Figure 39) it is important to support the development of places where our interdependent nature is evident, acts of care are simple, and a constant disposition to care possible.

Communities contribute to competence through their ability to mobilise resources for care. They are able to acquire and activate a more significant amount of assets than single individuals in a more precise way than national or global organisations. In other words, communities have the capacity to mobilise resources that are at a scale for adequate (and careful) action. Among these resources one can count knowledge, time, and material resources. These assets are unevenly distributed among members and to access them it is necessary to navigate through the relationship network that is a community. Although successfully navigating this network is hard work, the payoff is the power to engage an extended and diverse network of assets into care activities within and beyond the community.

Communities are also able to mobilise more effectively their members' capabilities to care. Those who care in a community are not only the strongest or more capable, but everyone. Communities' diverse and longstanding approach opens routes through which all members can use whichever competences they have to contribute to the collective efforts of care. Individuals that in our society are deemed too 'young', too 'old', too 'weak' to care can become valuable caregivers within the context of community[3].

Finally, communities allow for the expression of responsive care by becoming a space where due attention can be paid to the particularities of their members and the space they inhabit. The longstanding relationships between members allow a deep awareness of each-other talents and needs, and their extended knowledge over a specific domain or territory also provides an understanding of its advantages and shortcomings. In communities where all members have the capacity to raise their hand and propose change, all members become able to perceive and highlight the effect of current care practices in the community.

For all its advantages, care within a community doesn't come without difficulties. Engaging with people from a position of vulnerability demands both confidence and the capacity to trust. It is reasonable to have doubts about the reliability of others and their willingness to hold up their responsibilities of care. However, given that our current individualistic and rational approach to care is (to put it mildly) giving poor results, I believe that the alternative of building 'places'[4] where care can be pursued communally is worth the risk and effort.

3 I find there is a certain dignity in providing care that society denies to some of its members.

4 Although it is not covered in the present document, this notion of 'place' is reminiscent of Marc Augé's discussion of places and non-places.

4.2 Community care and design practice

Since caring within communities is an interesting care alternative, how can designers support community care? After reflecting on the outcomes of this research, I have identified three opportunities: designers can support care within communities, support communities with care, and support care that exercises community values.

4.2.1 Supporting care within communities

During my experience with Wilg and Mus I didn't have enough information on where or how to support care within communities. After reflecting on said process I have identified two ways in which designers can contribute: by supporting communities in their learning processes of care and by supporting the development of community systems that favour the expression of both structured and spontaneous care.

First designers can support communities in their process of learning how to care. During the time with Wilg and Mus community I realised that learning how to care within a specific community is a very particular process. Designers can use their iterative exploration skills to support communities in discovering care practices that work for them. However, communities (as care environments) share certain characteristics, which means that they can learn how to care from each other. I propose that designers investigate further on these care practices to build a base of knowledge from which communities can draw inspiration on ways to care.

Second, designers can also help communities in creating conditions for care. During section 3.1.2 I emphasised the importance of both structured and spontaneous care within communities. For this reason, designers can contribute to the development of systems that enable these two expressions of care. Regarding structured care, I would like to highlight the importance of systems that favour the maintenance of care practices. Maintaining care is as important as developing it (after all care is a longstanding effort) and practices that help keep track of the situation of care in a community are fundamental, especially when 'things are going well'. Now, regarding spontaneous care, it is important to develop systems that facilitate casual encounters. During the work with the communities I noticed that these spaces should be inviting and accessible (this echoes Tilly's argument, section 1.3) so that community members can spend enough time there to develop meaningful and actionable relationships.

4.2.2 Supporting communities with care

If an intervention on care is not possible or desirable designers can also contribute to community care by caring for the communities. After all, as elaborated in section 3.1 communities become spaces for the expression of care. Designing with care in mind (aiming at supporting a community's autonomy) is particularly important from the community as a 'goal' perspective, where the aim of a given intervention is to 'amplify internal assets with the goal of strengthening a community' (section 1.4).

Reflecting about the process with Mus I have concluded that an important part of designing with care for a community is to be aware of the need to balance power within decision making[5]. In section 3.2.2 I point out the importance of structuring participation during a design process with communities. A designer should be able to balance the need to maintain direction during a design process while allowing the proper participation of community members. Under the context of care, proper participation means opening a space in the identification, formulation and implementation of a given intervention.

Members participation in the identification of an intervention point is crucial because only who receives care should define their own needs (Tronto, 1993). Their participation in the formulation

5 For more information on power dynamics within the design process, one can visit Maya Goodwill's Power Literacy proposal.

and implementation of said intervention is key to their autonomy.

4.2.3 Support communal values in care

A third alternative to support community care is to design care with community values in mind. What are the care alternatives we imagine when we think about long standing relationships, diversity, emotion and spontaneity? How can we make care more direct or care networks more visible? How can we allow all people to contribute to care?

By designing answers to these questions we can build a future where it is easier for communities to thrive. As elaborated in section 3.1, relational care supports the development of community, which means that advocating design that promotes, makes visible and simplifies care is a way of opening spaces for the emergence of community[6].

6 This is an interesting thought regarding the 'disappearance' of communities (section 1.3).

Communities offer an alternative perspective through which care can be explored. This perspective has clear contributions to the different aspects of the challenge of care.

The findings of this project correspond to the observations made in two central living Dutch communities. Both communities are intentional, and the assets within each community belong to all members.

This means that the arguments and the conclusions here provided should be contrasted with further observations on different communities. I suggest further research to explore the role of care in non-intentional communities, where members are forced together by an externally enforced boundary. It would also be desirable to look into community care across communities that meet more sporadically, including those that meet virtually. Finally, the impact of different cultures on the expression of community should be considered.

Final reflection

The outcomes of this research inspire reflection beyond the context of community. They open an invitation to consider design as a practice of care. What happens if we acknowledge that designing for others is an act of care (or not care) where we have power? When is it adequate to exercise that power over people that we can't reach and that we understand only as abstract archetypes? When is it 'careless' to design for large scale application and when is it appropriate?

On the other hand, how can design change if we assume some of the community care practices? For example by opening a space for relationships, for diverse knowledge and for long standing associations? What happens if we reframe our interdependencies as a way to connect with each other, instead of a problem to solve with technology? What is there to gain and to lose by exercising design on smaller scales?

The intersection between care, community and design is a topic that promises to be the passion of a lifetime. As a designer in the search for opportunities to address inequality and support diversity, I truly believe in communities as an alternative space for the ethical/careful exercise of design.

Fig. 40. Going to a session in Mus community

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Appendix Overview

A Project Brief
B Informed consent form

(Appendixes are located in a separate document)