NETWORKS OF CARE

AN ARCHITECTURAL APPROACH FOR FOSTERING SOCIAL INTERACTION

RESEARCH PLAN

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4 INTRODUCTION

Architects care[1]. Or perhaps, architects should care? Care about the well-being of individuals and communities, and care to create spaces that support physical, emotional, and social needs. This involves not just functional design but also an approach that deeply considers how environments can nurture and sustain human relationships and community connections.

Modern societies are facing a growing crisis in providing adequate care, particularly as populations age. In the Netherlands, as in many European countries, shifting demographics—such as an aging population (CBS, 2020)—along with the erosion of the welfare state, are placing increasing pressure on both formal healthcare systems and informal care networks (Verbeek-Oudijk, 2019). This strain highlights the need to fundamentally rethink care, moving beyond traditional healthcare boundaries to embrace a holistic, integrated approach to community well-being (Schouten, 2024).

Collective community spaces could play a vital role in fostering social interaction and community care. However, they are often not designed with consideration for the needs of care (Imrie & Kullman, 2017). This is particularly significant because evidence shows that social cohesion—defined as the presence of trust, sense of belonging, and supportive social networks— is linked to better physical and mental health outcomes (Pérez et al., 2020). Therefore, the design of collective community spaces can directly influence community health by fostering or hindering social cohesion.

Traditional architectural approaches prioritize efficiency and autonomy, often neglecting the relational aspects of care (Krasny, 2022). By adopting a feminist perspective—which emphasizes the importance of care, relationships, and interdependence—this study seeks to rethink how collective community spaces can better support care practices. Drawing on feminist care ethics, architectural theory on social interaction, and mapping of care networks, this research aims to develop architectural interventions that enhance care, social interaction, and community well-being.

[1] This phrase draws inspiration from Nicholas Coetzer's exploration of "an architecture of care" in his analysis of the architect's moral responsibility. Coetzer emphasizes that caring is intrinsic to the architectural discipline, framing it as both an ethical foundation and a commitment to social and environmental considerations in design (Coetzer, 2023).

6 THEORETICAL FRAMEWORK

The theoretical framework presented integrates perspectives from care ethics, spatial analysis of care networks, architectural theory, and feminist epistemology to understand care within architectural and urban environments (figure 1). By viewing care as relational, spatial, and dynamic, the framework positions the research within existing literature while guiding architectural design processes that prioritize inclusivity, comfort, and social connection.

Introduction to Care Ethics and Care Networks

This research draws from feminist care ethics to establish the conceptual foundation for understanding care as a relational and ethical practice. The works of political theorist Joan Tronto and philosopher Virginia Held emphasize that care is not just a functional activity but a moral and emotional obligation linked to social relationships and power dynamics (Held, 2005; Tronto & Fisher, 1990). Care is seen as inherently situated within personal contexts, where emotional and ethical aspects are as vital as the practicalities of providing care.

Building on this foundation, the concept of care networks plays a critical role in this framework. Rutherford and Bowes (2014) discuss the concept of informal care networks, highlighting the significance of unpaid care and its socio-economic implications. Kemp et al. (2013) expand on this idea with their “convoy of care” model, which proposes a dynamic and evolving relationship between formal and informal caregivers. This model illustrates the fluidity of care structures, where support evolves over time based on the needs of individuals and the involvement of formal support systems. Finally, Ho et al. (2021) add depth with the concept of “webs of care,” which analyzes the spatial and temporal dimensions of care networks, focusing on how care is distributed across everyday spaces and how individuals exercise agency in giving and receiving care.

Spatial and Architectural Context

The spatial distribution of care is crucial for understanding how architectural design can enhance or hinder caregiving. The ideas from Care and Design: Bodies, Buildings, Cities (Bates, Imrie, and Kullman, 2016) help to underscore how design can actively contribute to creating environments that facilitate care by focusing on the interaction between bodies, buildings, and cities. Milligan and Wiles (2010) introduce the concept of "landscapes of care," which highlights the geographical and spatial context of care relationships. This concept challenges the notion that care only happens within specialized institutions, instead recognizing that care also occurs in public spaces, homes, and neighborhoods, dynamically connecting formal and informal caregiving.

Rasmussen (2017, 2020) explores this spatial idea of landscapes with his concept of "para-homes," derived from ethnographic studies on elderly care in Copenhagen. He illustrates how public urban spaces, such as parks, benches, and local cafes, become an extension of home environments for the elderly, providing comfort, familiarity, and attachment. These "para-homes" offer insights into how urban design can foster a sense of belonging and support informal caregiving practices.

The architectural discourse on care is further enriched by the work of Jane Jacobs, an urban theorist known for her advocacy of diverse, vibrant urban environments that prioritize community interaction, and Jan Gehl, a Danish architect and urban design consultant focused on improving urban life by designing cities at a human scale that prioritize pedestrian experiences. Jacobs (1961) critiques conventional urban planning, advocating for urban environments that preserve diversity and incrementally foster human interaction. Gehl (2010), similarly, emphasizes the importance of designing cities at a human scale, prioritizing pedestrian experiences, and fostering social connections through thoughtful urban design. Together, these theories suggest that urban spaces should be designed to encourage interaction, comfort, and inclusivity, supporting caregiving at both the community and individual levels.

Place Attachment and Emotional Bonds

It is crucial to understanding the emotional and psychological aspects of caregiving environments. Particularly in fostering a sense of belonging, security, and emotional comfort. In their book, "Creating Great Places: Evidence-Based Urban Design for Health and Wellbeing" (2020), Cushing and Miller explain how designing spaces that encourage positive connections can improve health and well-being.

They also argue for evidence-based design as a critical tool in creating environments that are inclusive and health-promoting, drawing from well-researched theories to guide urban design decisions that directly impact well-being (Cushing & Miller, 2020). Altman and Low (1992) and Manzo & Devine-Wright (2013) introduce Place Attachment Theory. They argue that the emotional bonds people form with specific places play a crucial role in their well-being. For individuals receiving care, these connections can provide a strong sense of stability, comfort, and safety. By designing environments that strengthen these emotional bonds, we can improve the quality of care and the experience of those receiving it.

In the context of care networks, strong attachments to everyday places can enhance the effectiveness of care. **Public spaces**, **community centers**, and **urban features** can serve as extensions of the home, contributing to a broader network of supportive environments.

Feminist Epistemology as an Underlying Lens

This theoretical framework (and the methodology) is underpinned by feminist epistemology, which critiques traditional notions of knowledge production that often overlook marginalized voices. Feminist epistemology, as explained by Nancy Tuana (2017) and as discussed in Care and the City: Encounters with Urban Studies (Gabauer et al., 2022), emphasizes the **situated nature of knowledge** and the influence of social power structures on what is considered valid knowledge. This perspective is important for understanding how care practices are both shaped by and challenge urban environments. By applying a feminist epistemological lens, this research seeks to challenge the power dynamics inherent in architectural practices and care systems. This perspective is important for creating architectural and urban design practices that are more inclusive, responsive, and able to meet the different needs of people in care networks.

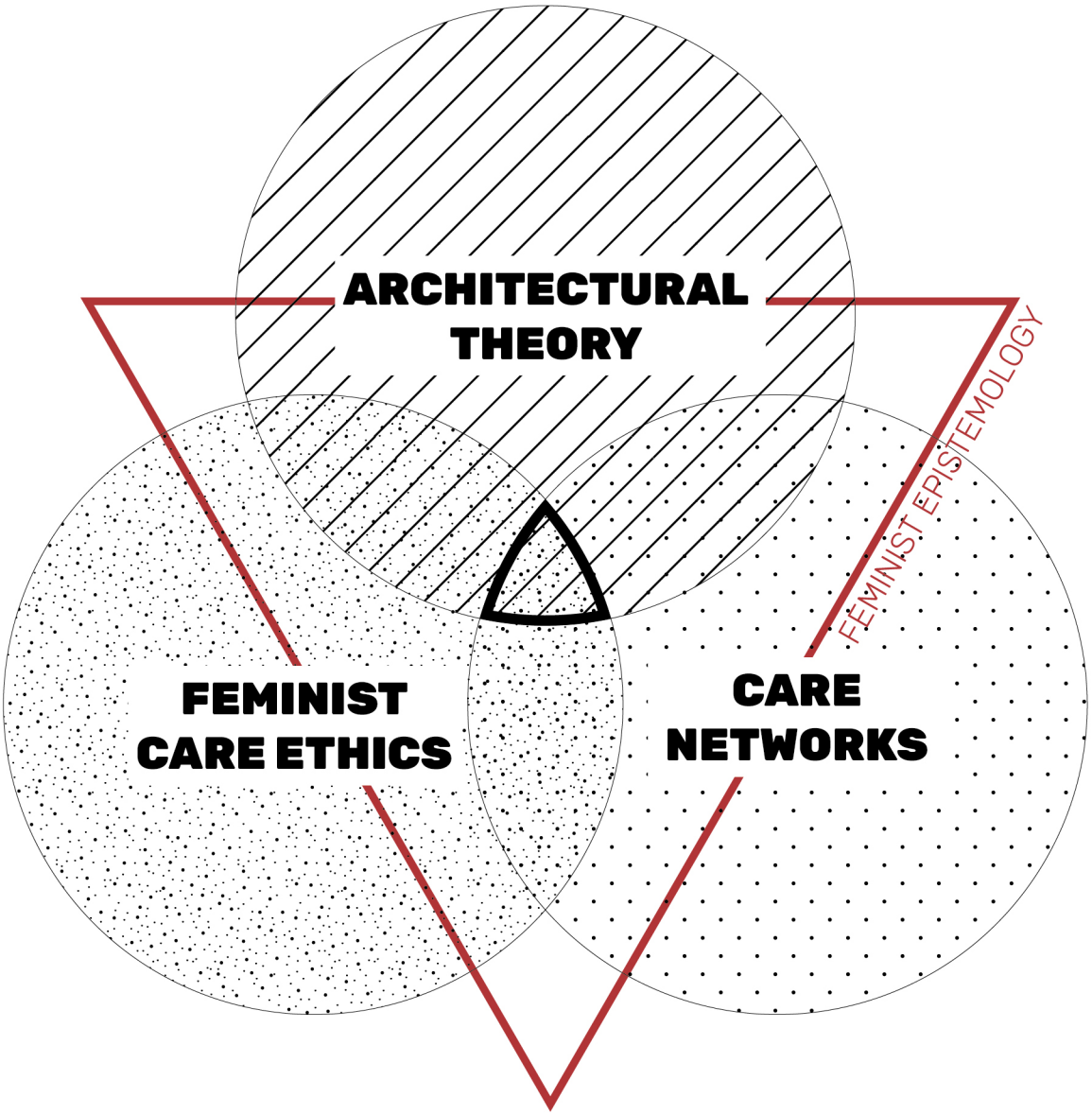

Fig. 1 Positioning of the research within existing theory and literature.

10 HYPOTHESIS + QUESTIONS

From preliminary research, I hypothesize that in every neighborhood or community, there exists an inherent landscape of care. This landscape consists of a network of informal and formal care relationships that support the well-being of its residents. However, I suspect that this network of care can be fragmented or weakened due to socio-economic pressures, physical barriers, or lack of adequate infrastructure.

As architects and urban planners, our role is to identify this network of care, and enhance, repair, and strengthen it by designing spaces that foster physical and mental well-being. Through thoughtful architectural interventions, we could strengthen these existing care networks, creating environments that support vulnerable populations, encourage social interaction, and integrate informal and formal care services.

The research questions of this thesis are:

How can spatial mapping of existing care networks reveal the strengths and weaknesses of care nodes within urban neighborhoods?

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What architectural design interventions could strengthen care network nodes to enhance social interaction and foster community well-being?

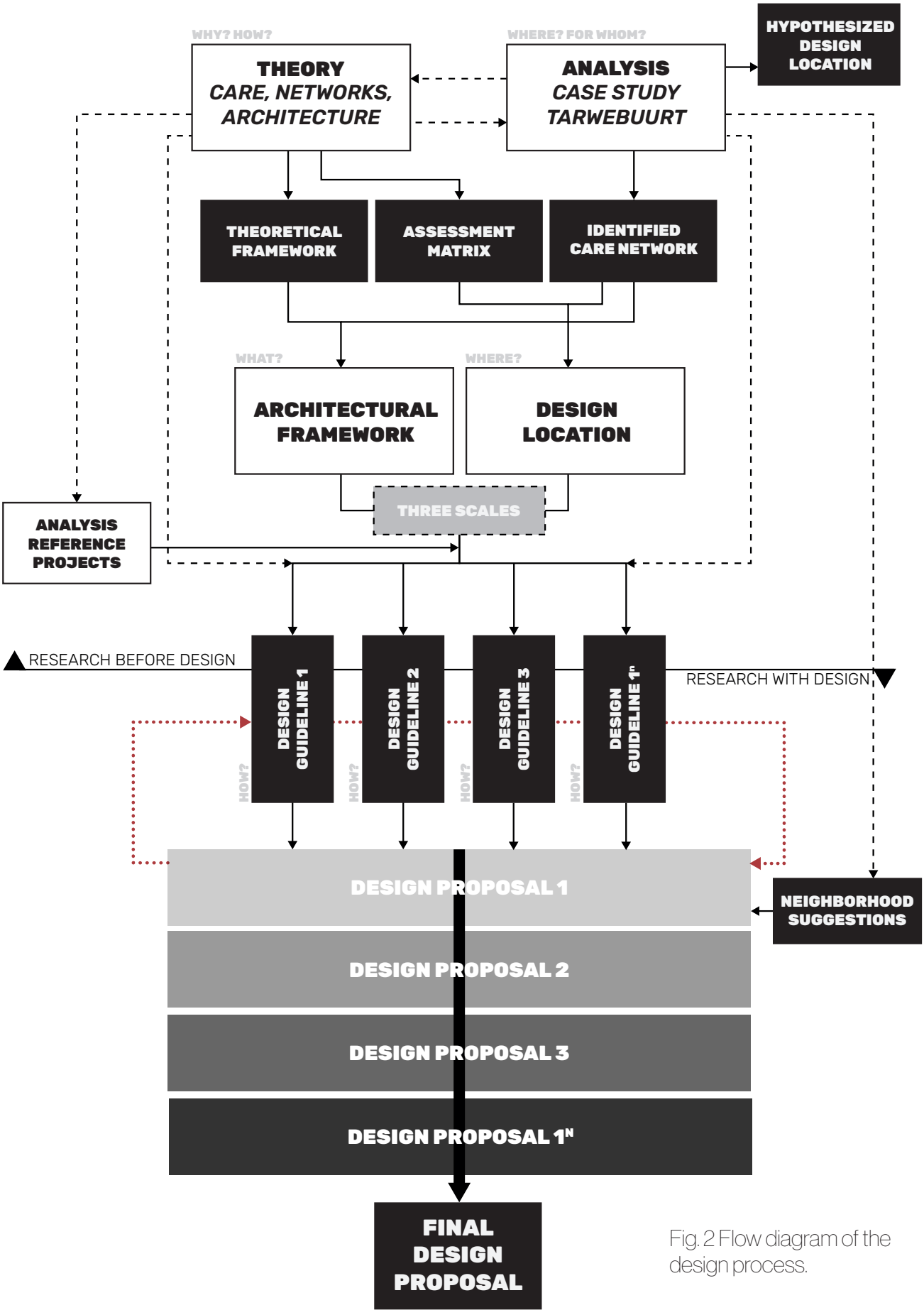


Fig. 2 Flow diagram of the design process.

12 METHODOLOGY

The neighborhood of Tarwewijk, located in the south of Rotterdam, Netherlands, serves as the focal point for this research, which includes a detailed case study. Tarwewijk is characterized by significant socio-economic challenges, including issues of safety, crime, poverty, poor street cleanliness, and inadequate maintenance (Koning, 2018). These conditions present a valuable case study for exploring how architectural interventions can strengthen and enhance care networks within a community under such pressures.

To narrow the scope, the sub-area Tarwebuurt, located within the larger Tarwewijk, will be the specific focus of the study (figure 3).

The methodology is structured to understand both the social and spatial aspects of care networks, as well as to provide actionable design interventions for improving these networks through architectural means. The research process involves the following steps and is also visualized in a flowchart diagram (figure 2):

1. Literature Study

The first step involves conducting a comprehensive literature study focused on three main theoretical domains:

- *Feminist Care Ethics:* Understanding care as an ethical practice, focusing on relationships, responsibilities, and the undervaluation of care labor.
- *Care Networks*: Exploring formal and informal care networks, emphasizing their dynamics, socio-economic implications, and role in community well-being.
- *Architectural Theory on Social Connection*: Examining how architectural and urban design can foster social interaction and care, highlighting theories by Jane Jacobs, Jan Gehl, and others that advocate for human-centered, inclusive environments.

This step establishes a foundational understanding that will guide the subsequent phases of the research.

2. Mapping Existing Care Networks:

Community members can individually identify their own personal care networks, but it is a mistake to assume that merging these networks creates a collective care network for the entire neighborhood. Individual care networks often involve relationships that

are not accessible to everyone, meaning that the combination of multiple individual care networks does not automatically form a cohesive or inclusive support system for the broader community. However, when layering multiple individual care networks together, areas of overlap may appear where multiple residents share access to certain people, places, or resources (figure 4). These overlapping nodes are **summative** rather than collective because they are accessible to some but not to everyone. Nonetheless, these shared nodes might hold potential as focal points for community-wide support initiatives, serving more residents if they are strengthened or made more inclusive.

The methods for this step involve mapping the existing care networks within Tarwebuurt using a combination of quantitative GIS data and participatory workshops:

Fig. 3 Sub-area Tarwebuurt within the larger Tarwewijk.

- *GIS Data*: Quantitative GIS data will be used to visualize and map the spatial distribution of care networks in Tarwebuurt. This will help identify the locations of key care nodes and pathways.
- *Workshops*: Community workshops will be conducted to gather local knowledge and validate the data collected. These workshops will engage residents to identify critical care locations and discuss their significance. This participatory approach ensures that the mapping process incorporates community knowledge and values. The exact structure of these workshops is yet to be finalized, though the initial idea is to conduct a participatory mapping exercise. An outcome of these workshops could be a narrative or illustrative map, inspired by the work of architect Nadia Nena Pepels (NADIA-NENA, n.d.) and visual artist Jan Rothuizen (Rothuizen, 2014). The work of Subjective Editions also serves as an example of bottom-up cartography (Stroet et al., 2023; Vet, 2018).

Fig. 4 Visualisation of a fictional summative care network.

3. Assessment of Care Network Nodes:

Following the mapping, the summative care network nodes will be evaluated based on their effectiveness and functionality using assessment questions derived from Tronto's five aspects of care (2022): Caring About, Caring For, Care Giving, Care Receiving, and Caring With (appendix 1). Additionally, a neighborhood survey will be conducted to evaluate the perceived significance of these care nodes by local residents. Using a poll allows for a higher number of participants to be reached, providing a dataset of community perspectives. This dual approach ensures a comprehensive understanding of both the functional and community aspects of care within each node, and identifies areas that may require architectural intervention. These two parts will be combined and visualized in a single diagram (figure 5) to provide a clear overview.

4. Selection of Design Location:

Based on the assessment of care network nodes, a specific design location within Tarwebuurt will be chosen. The selection will focus on areas where care infrastructure is most fragmented or where there are significant opportunities to strengthen existing networks through architectural interventions. This ensures that the selected location will have the highest potential for impact in terms of improving care networks.

5. Qualitative Research on Design Location:

In-depth qualitative research will be conducted at the chosen design location. This will include interviews with key community members and users, such as caregivers, care recipients, and other local stakeholders. Additionally, a "Day in the Life" study will be conducted to gain insights into the daily experiences and challenges faced by both caregivers and care recipients. This qualitative approach will provide a nuanced understanding of care dynamics and the lived experiences of individuals within the community on the design location. Based on an hypothized design location examples of interview questions are presented in appendix 2.

6. Reference Project Analysis:

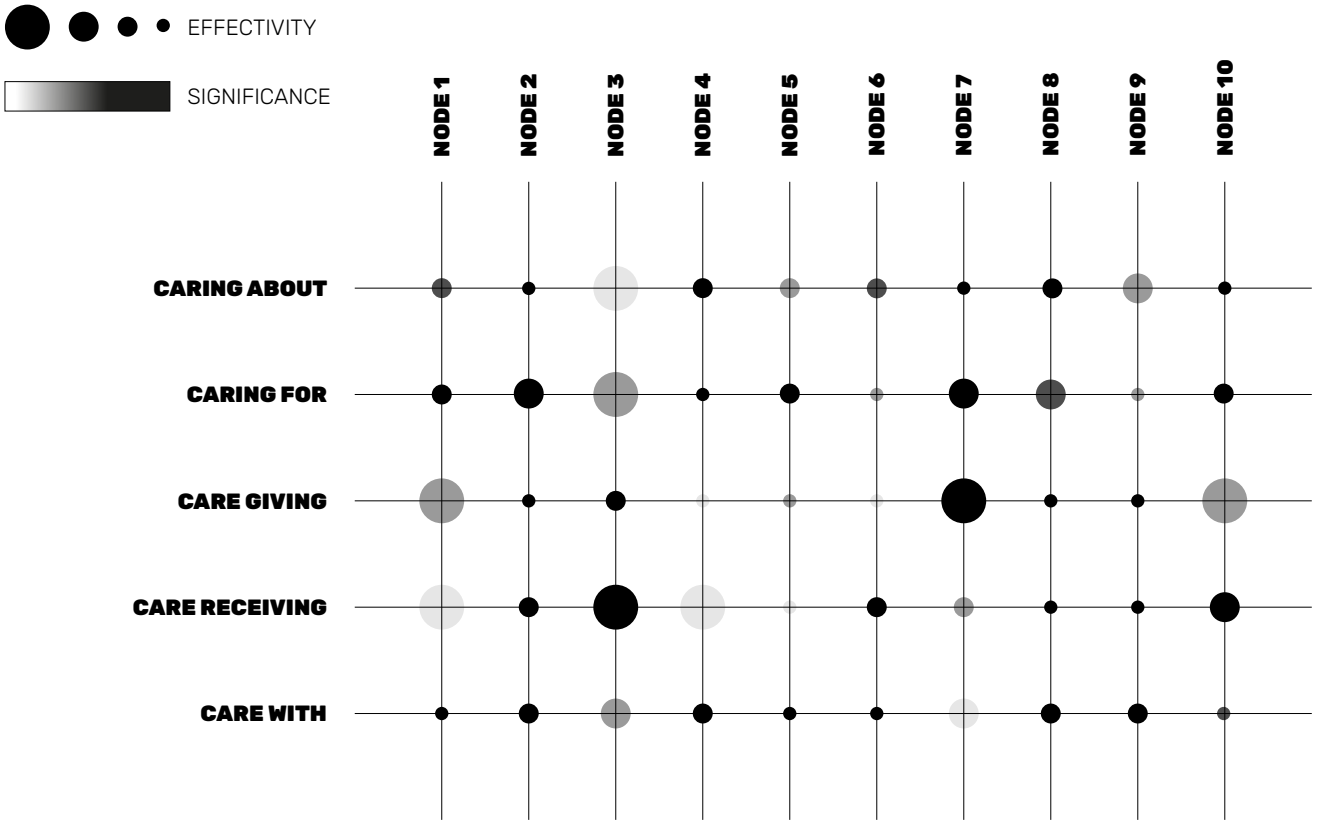
Reference projects with similar socio-economic and spatial contexts as the chosen design location will be analyzed to inform design guidelines. These projects will be selected based on their relevance to the identified challenges, with the goal of pinpointing successful interventions and design features that have effectively supported care networks in other urban areas. While specific reference pro-

jects are yet to be determined, they will be chosen to closely align with the unique conditions of the neighborhood and specific design location.

7. Development of Design Guidelines:

Finally, design guidelines will be developed based on the research findings, addressing three scales: public spaces, community centers, and urban features. These guidelines will aim to inform architectural and urban design interventions that can enhance care networks, support community well-being, and foster inclusivity. Grounded in both the theoretical framework and qualitative findings from Tarwebuurt, the guidelines will be contextually relevant and actionable. A timeline for this process is presented in figure 6.

Fig. 5 Visualization of a fictional assessment matrix.



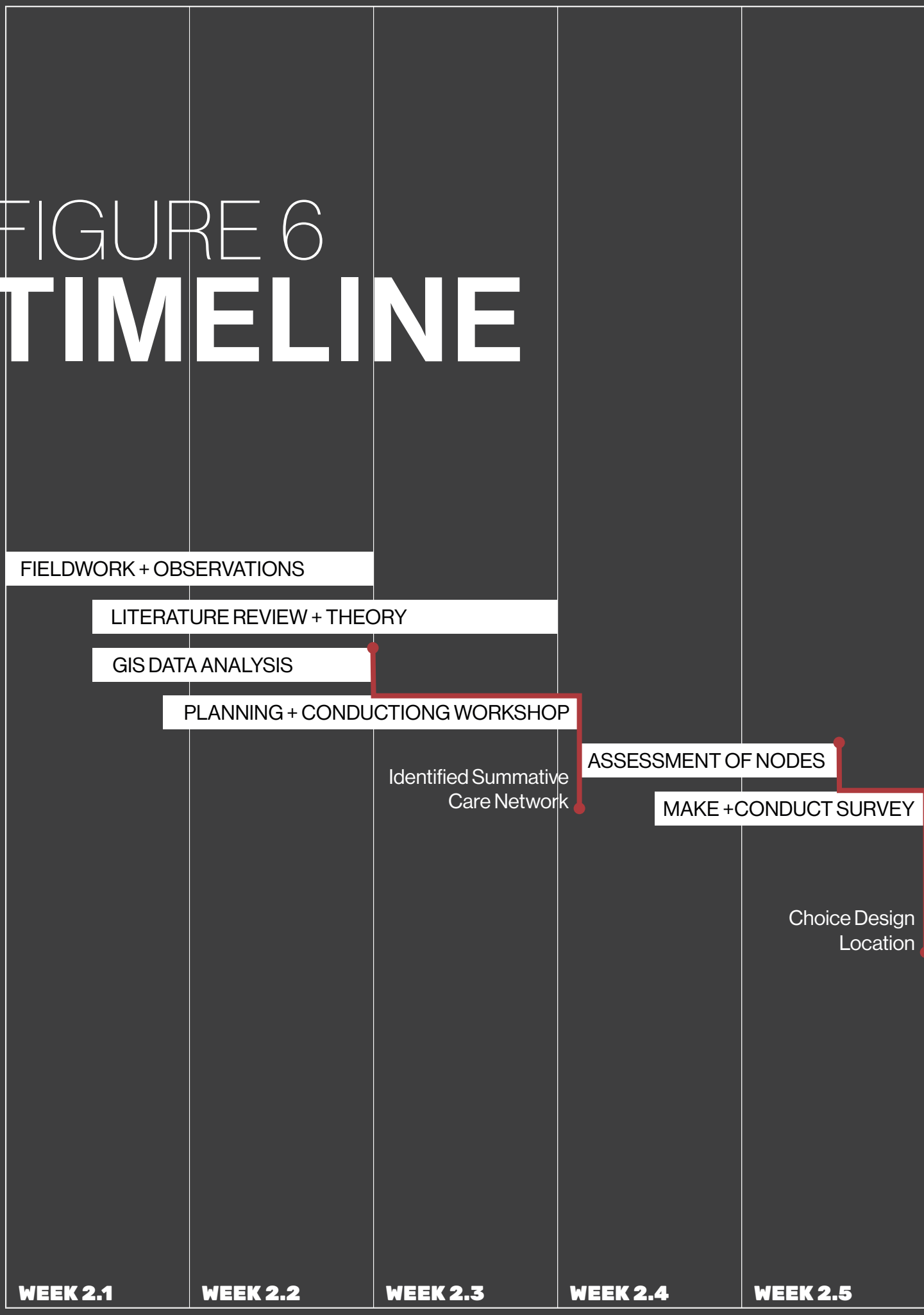
Ethical Considerations

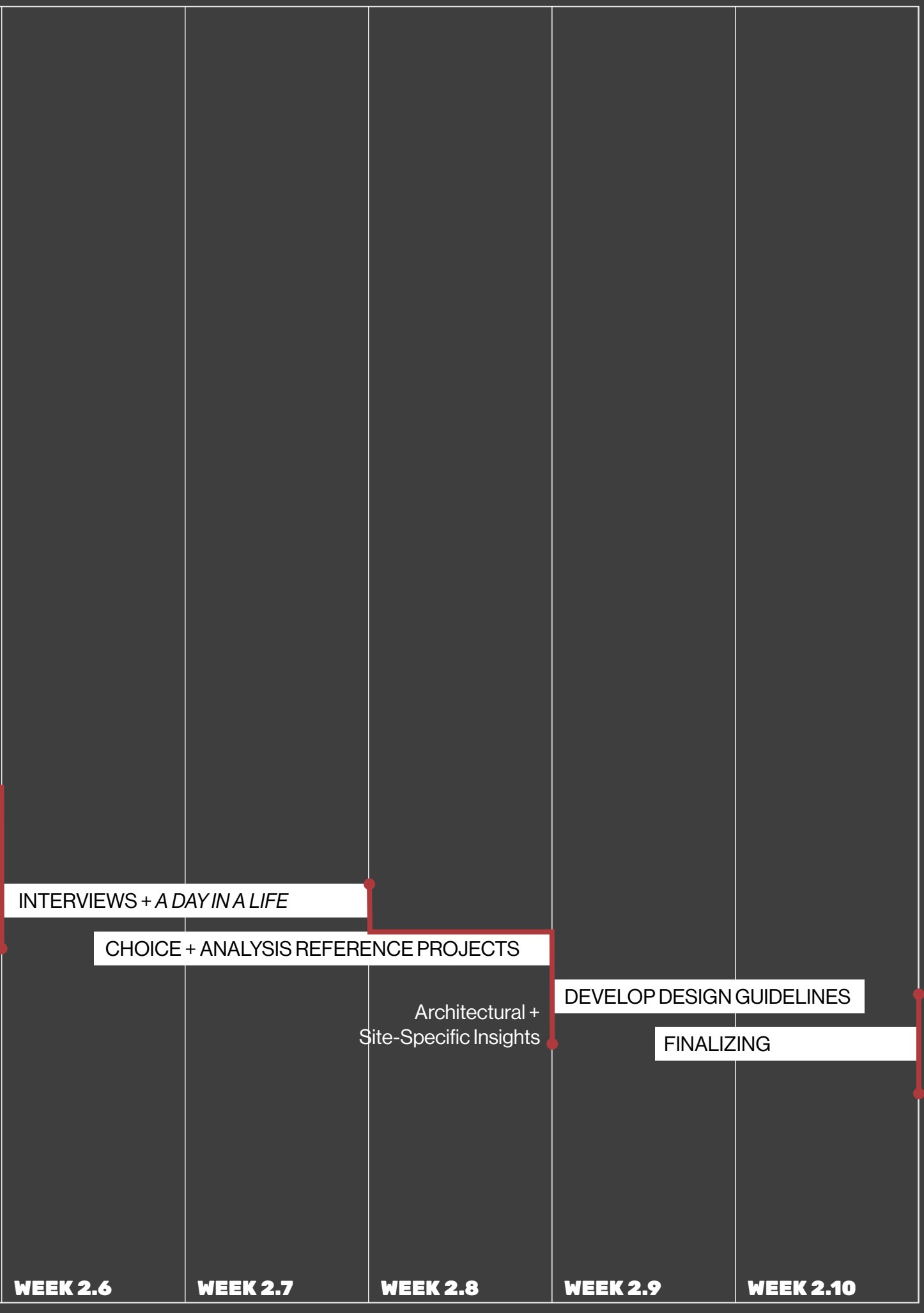
Ethical considerations are crucial as they help build trust between researchers and participants, protect vulnerable groups, and ensure that research outcomes are credible and responsible. This research will follow ethical guidelines from the TU Delft Integrity Office to manage risk in human research. Key strategies include:

- *Minimizing Risk*: A proactive approach to identifying and addressing potential risks will be integrated into planning. This involves identifying potential risks, determining who may be affected, and developing safety measures to ensure participant safety and minimizing personal data collection.
- *Informed Consent*: Participants will receive a clear consent form explaining their role, risks, and data management. This form will serve as an agreement, ensuring understanding and voluntary participation.
- *Participant Safety*: Research risks involving location, methods, and participant vulnerability will be checked and reduced. The emotional, physical, and reputational safety of participants will be prioritized, with regular evaluation to make sure ethical standards are followed.

These guidelines are essential for maintaining research integrity and protecting participants' rights while contributing to ethical standards in architectural research on community care.

FIGURE 6
TIMELINE




INTERVIEWS + *A DAY IN A LIFE*
CHOICE + ANALYSIS REFERENCE PROJECTS
Architectural +
Site-Specific Insights
DEVELOP DESIGN GUIDELINES
FINALIZING
WEEK 2.6
WEEK 2.7
WEEK 2.8
WEEK 2.9
WEEK 2.10

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APPENDIX 1
ASSESSMENT QUESTIONS

1	**CARING ABOUT** RECOGNIZING THE NEED FOR CARE	Is the need for care noticed in this node of the network? Are the people who need care being seen?
2	**CARING FOR** TAKING RESPONSIBILITY FOR PROVIDING CARE	Is there an entity or group responsible for providing care in this node? How is responsibility for care being taken up?
3	**CARE GIVING** THE ACTUAL WORK OF CARE	How well is care being given in this node? Are the physical and social environments facilitating effective caregiving?
4	**CARE RECEIVING** THE CARE RECEIVER'S EXPERIENCE	How are care recipients responding to the care they receive? Are their needs being met? Are they satisfied with the care?
5	**CARING WITH** A SHARED RESPONSIBILITY, SOLIDARITY, AND COOPERATION IN CARE	Is care being carried out in a spirit of cooperation and shared responsibility? Are all members of the community involved in care?

APPENDIX 2
INTERVIEW QUESTIONS

The following interview questions are designed to gather insights into how a community center or playground association might serve as a central hub for care, social interaction, and well-being within a neighborhood like Tarwewijk. As the final design location is yet to be determined, these questions are based on a fictionalized, hypothetical setting in the neighborhood.

1.Background + contextual

- Could you tell me a bit about how often you visit this community center?
- What activities do you typically participate in here, and with whom?
- How did you first become involved with this center?

2. Care + Support

- In what ways do you feel supported by this community center?
- Are there specific people here who you rely on or feel particularly connected to? Could you describe those relationships?
- Have you noticed any changes in your sense of connection with the community since you started coming here? If so, could you describe them?

3. Social Interaction + Community

- What role does this center play in building or strengthening your relationships with others in the neighborhood?
- How do you feel about the diversity of people who come here? Do you feel the center brings together different groups within the community?

4. Spatiality + Architecture

- Are there specific spaces here that make it easier to connect with others or spend time with people you care about?
- If you could change or improve one thing about the design of this center, what would it be? Why?
- Are there any features of the building or landscape that give you a sense of safety or security? If not, what changes would make it feel safer?

5. Day in the Life Perspective

- Could you walk me through a typical day or visit here?
- What do you do first, and what are the most meaningful parts of your visit?