Introduction

This book sets out to consider the potential of urban design in terms of care in cities. It is concerned with how urban design supports the diverse inhabitants of cities in meeting their needs and developing capabilities, enabling them to thrive and flourish into the future. It is also concerned with the role of urban design with respect to care practices and relations – with its potential to condition the dependencies of people on others, to foster patterns of interdependence, and to enact care for future generations.

For a long time, the potential of design with regard to care or caring was principally explored through particular spaces associated, for example, with the care of children, the elderly, refugees, homeless people, disabled people and the sick. The result is a rich and still rapidly growing corpus of studies of typologies of care-centred architecture – from the hospitals, hospices, historical asylums and day centres of healthcare, to the nurseries and schools of childcare, to the residential settings of care in families and communities (see, for example, Briller and Calkins, 2000; Nord and Högström, 2017; Worpole, 2009). Though important exceptions exist (such as Mitchell et al, 2003), the significance of urban design was not considered to the same degree. Hence, relatively little emphasis was placed on the relevance of the locations of particular spaces of care in cities relative to other land uses for care. Similarly, relatively little emphasis was placed on the role of various aspects of urban form and qualities of urban places and infrastructures with regard to how people are involved in and practise care for one another and in communities.

This relatively narrow focus on the potential of design regarding care has been gradually broadening in recent times, however. Since around 2010, an increasingly wide array of urban places and infrastructures have cropped up in literature as important ‘spaces of care’, encompassing streets, cafés, museums, allotments and other urban green spaces (see, for example, Munro, 2013; Artmann et al, 2017; Mangione, 2017, 2018). There is rising interest in how morphological characteristics of neighbourhoods shape caring relations, including the accessibilities and porosities of
infrastructures and amenities (Barnes, 2011; Kullmann, 2014; Bates et al, 2017). A widening lens on care beyond institutions and contexts of formal care has, in turn, led to greater focus on the physical and material qualities of spaces of informal care between neighbours, friends and even strangers (for example, Williams, 2005; Kehl and Volker, 2013; Pont et al, 2013). There is an emerging conceptualization of urban care in terms of the repair of places impacted by traumas of decline, conflict or redevelopment (see, for example, Till, 2012). Informed by environmental studies and the climate emergency, there has also been an increasing emphasis on how architecture and urbanism may embody care for the resources and fragile ecosystems of planet earth upon which all life depends (see, for example, Fitz et al, 2019). As part of these lines of exploration, there has also been growing discussion not just of how design may shape care practices but also how it may embody an ethic of care and actually be a care practice in itself (Fathers, 2017; Bates et al, 2017).

To date, however, there has been no single monograph devoted to the caring potentials of urban design. This is the gap in theory which this book sets out to fill. Across its eight chapters, I will explore how urban design is relevant to care needs, relations and practices pertaining to diverse citizens in multiple ways. I will show how urban design can respond to care needs and help develop capabilities for wellbeing and flourishing. I will also show how an ethic of care can be reflected in urban design practice and become embodied in urban places to foster more humane, attuned and resilient cityscapes than many live in today.

Caring urban design?

To accomplish these tasks, I begin in quite a dry place, with the complexities inherent to the notions of both urban design and care and by setting out some of the ways in which these will be utilized and studied throughout the book.

Let’s begin with urban design. Urban design encompasses a range of activities and scales that relate to how, as a discipline, it lies between and partially overlaps with town planning, landscape design, architecture and, increasingly, also ecology. Stemming from its relationships to these other fields and the consequent hybridity of knowledge that it encompasses, it is, as Matthew Carmona writes, a ‘mongrel’ discipline (Carmona, 2014: 1). In the broadest terms however, urban design is a practice involving a variety of social actors and professional competencies leading to the shaping of aspects of urban form, characteristics of place and the patterns of movement in cities. Hence, it denotes the processes of design that produce urban places and, at the same time, the spatial and physical outcomes of urban design themselves.
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The process of urban design is shaped by many contexts, actors and agencies – from policy and regulation to governance arrangements related to particular sites and projects, to financing and real estate, to land ownership patterns, to the professional roles and networks through which design is valued and produced (Carmona, 2016; Madanipour and Hull, 2016 [2001]). It is also often shaped by design philosophies, political orientations and methods that are distinctive to particular practitioners, reflected in aspects of design ranging from forms of site analysis, to participatory approaches to design, to scenario-building. Design process may also reflect particular moral standpoints regarding the role of the designer and the nature of good design or best practice.

The physical, material outcomes of urban design, in turn, have been defined in different ways. A key focus of urban design production is the ‘spaces between buildings’, which, as Ford shows (Ford, 2000), include a huge range of types of urban space: from commercial spaces such as markets, to thoroughfares such as alleyways and streets, public, recreational and ceremonial spaces such as parks and squares and even ordinary, semi-public territories including driveways, parking lots and suburban gardens (also see Gehl and Koch, 1987). But urban design is also, in a larger sense, concerned with the various ‘elements’ of urban form (as in Dempsey et al, 2010) that make up the built environment encompassing buildings, the spaces between them and all their interrelationships leading to masterplans, design codes and urban frameworks as key activities in which urban designers in practice engage. Urban design may relate to radically different scales of intervention: from small elements of urban furniture, to the sorts of small urban spaces famously characterized by William Whyte (1980), to grand public plazas, parks, large urban extensions or even whole cities. And while urban design is often concerned with the morphology and spatial characteristics of new places, it may also involve the development of strategies that shape the transformation of cities over time. Such strategies may involve the establishment of particular relationships between old and new, or between continuity and discontinuity in the management of urban growth or decline (see, for example, Inam, 2013; Carmona, 2021). Increasingly, urban design is engaged in addressing the transformative context of Anthropogenic climate change, with theory and practice working towards the sustainment and resilience of communities and whole cities within fragile ecosystems and on a warming planet (see, for example, Pickett et al, 2013). How urban design has shaped the transformation of cities historically has of course often been the focus of critique within urban studies, from the work of Jane Jacobs (1992 [1961]) in the 1950s on the destructive impacts of design-led urban renewal on life in American cities, to contemporary accounts of the relation between designs for urban regeneration, gentrification and the displacement of low-income communities (for example, Lees and Ferreri, 2016).
The variety of the potential output of urban design, as of concepts associated with the practice, has led leading scholars in the field such as Matthew Carmona and Kim Dovey to endeavour to set out a number of broad categories of urban design thinking to delimit the scope of this fluid field. Thus, for Carmona (2021), the primary dimensions of urban design, which cut across different types of urban forms, scales buildings and spaces, are: ‘morphological’, ‘perceptual’, ‘social’, ‘visual’, ‘functional’ and ‘temporal’. Dovey (2016) sets out a different range of themes, however, for his own guide to ‘urban design thinking’. While these do include typologies such as towers and shopping malls, they also include elements of urban form such as ‘access’, ‘mix’, ‘density’ and ‘interface’, and experiential qualities such as ‘atmosphere’ and ‘memory’. This book, similarly, is organized according to a set of themes within urban design, though I should stress that the selection of these came about through immersion as much in care scholarship as in urban design literature and that they are in no way intended to be read as a toolkit or formula for caring cities. A major advantage of a thematic approach is that it allows me to consider spatial, material and experiential aspects of urban design in relation to care in a broad sense before focussing in on design projects that deploy the aspects in question in response to particular care issues, practices and relations in cities. The approach also allows me to avoid defining either particular spaces in the city as zones of care (rather than others) or particular people as subjects of care (rather than others), reflecting instead a view that care is relevant to all. Throughout the book, urban design will be considered in terms of both processes of design and the physical outcomes of urban design practice. My methodology has been crafted to allow care to be revealed and understood in the context of urban design as complex, linking different social actors, spaces, materialities and times.

Let’s now consider care. Like urban design, understandings of care are varied and continue to unfold. As Maria Puig de la Bellacasa puts it (Puig de la Bellacasa, 2011), care has long been a ‘contested concept’ within interdisciplinary care scholarship. Three primary reasons for this may be identified. First is the fact that care stands for subtly different things when used as a noun (the care) or a verb (to care). The Oxford English Dictionary (OED) traces the etymological roots of care as a noun to the Old English word caru or caeru, which means mental suffering. Caru in turn derives from an Old High German word, chara, which means trouble or grief. From these words, the OED suggests, stem the ongoing use of ‘care’ in common parlance as in to ‘have a care’, signifying a burden, a concern or worry that weighs the person or people bearing it down. Care as a verb is said to arise from a related root in the Old High German word châron, which was linked to chara, denoting the actual process of grieving, lamenting, feeling concern and assuming a burden.2
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However, the meanings of care in both senses have evolved over time and quite different meanings are encompassed by each today. Part of this evolution has been the development of more positive ideas of care and concern, moving beyond notions of burden, worry and lament (see Michael Fine, 2006). While care as a noun may still be used to refer to woes or burdens, it may also give name to a practice involving attending to specific people or groups – as in the care of children. When care is used as a verb, as in ‘to care for’ or ‘caring’, it can mean to have concern or take interest (Frankfurt, 1998), to like or enjoy something or to look after someone or something. Used in the context of ‘taking care’, however, it can also mean to refrain from doing harm to self or someone/something else – to perform acts of preservation motivated by a sense of the worth of the cared-for (Held, 2006: 29–30). Furthermore, when we describe someone as caring, using care now also as an adjective, we are typically not saying they are weighed down with burdens or grief but that they are empathetic and kindly, disposed to feel and act out of concern for others, noticing their situation and needs.

Care is a contested concept, second, because the sorts of activities that it can be seen to encompass are highly diverse, leading to difficulty in defining the scope of care as a practice in general terms. Caring dispositions and practices might be formulated in response to the increasing incapacity of a person with declining health to take care of themselves, the destruction of rainforests worldwide or the exploitation of resources which future generations should be able to rely on. The combinations of actors and activities required to address these contexts of caring would clearly be very different. As Puig de la Bellacasa puts it, depending on context, care ‘implicates different relationalities, issues and practices’ (2017: 3), with these being key to any empirical understanding of its ethical and practical dimensions. For many scholars, the breadth of caring practices has produced a certain resistance to defining care, let alone good/bad care, other than in context.

However, the development of care ethics from the early 1980s has involved the production of more generalized understandings that, though debated, evidence – as Michael Fine argues – a certain ‘convergence of definitions of care around common themes’ (Fine, 2006: 26). This has been important as the range of practices regarded as care and for which care is viewed as relevant has only continued to expand, with care coming to prominence in a range of disciplinary and practice-based contexts spanning fields as diverse as medicine, social care, agriculture, political theory, urban studies and architecture. These understandings centre not so much on the specificities of practices but on what care implies about personhood and relationships, what it broadly involves and how it can be regarded as a moral theory of practice. Perhaps the best-known example of a generalized understanding
of care is that formulated more than thirty years ago by Joan Tronto and Berenice Fisher (1990), which continues to make regular appearance in care-related studies in many disciplines today:

Care is a species activity that includes everything we do to maintain, continue and repair our ‘world’ so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web. (Fisher and Tronto, 1990: 40; Tronto, 2001: 61)

Care is a contested concept, third, because of the ways in which it is has been debated in the context of care ethics and, indeed, how it has been defined as an ethic. The definition of care as an ethic began with the groundbreaking theoretical work of Carol Gilligan in her book In a Different Voice (1982), and was rapidly taken up and developed by other feminist scholars (see, for example, Noddings, 1984; Baier, 1986; Fisher and Tronto, 1990; Held, 1993; Kittay, 1999). In a Different Voice details the outcomes of Gilligan’s research into the different ways in which men and women approached moral dilemmas in personal life. An ethics of care, she argued, emerged as a distinctive feature of women’s choices and decision-making processes, arising from a primary concern with important relationships in their lives, with the interdependencies and emotional attachments they involved and the nature of responsibilities for and towards others.

Over the years care ethics has moved far beyond this basis in the gender politics and feminist theory of the late 1970s and early 1980s. Some key elements of Gilligan’s analysis do, however, remain at the heart of contemporary care ethics, particularly her recognition of persons in an ontological sense as continually constituted by and through relations with others and her concern with the flourishing of those involved in care relations. But, as care ethics has grown into a distinct branch of moral philosophy, new concepts have been introduced and/or developed. For example, scholars taking the theory forwards have debated understandings of the role of emotion in moral reasoning associated with care (Kittay, 1999; Held, 2006: 35), the roles of autonomy, dependency and interdependency in care (for example, Kittay and Feder, 2002), the relationship between care as value and as practice (Held, 2006), the role of such values as trust in care (Baier, 1986) and the problems of how power is exercised in care including how care is often devalued (Tronto, 1993, 1995, 2013). The possible common features of ‘good’ caring have also been the subject of considerable debate, both at a theoretical level and in relation to specific care practices (see, for example, Tronto, 1993; Mol, 2008, 2010). These will be discussed in further detail in Chapter 1, where their relevance for urban design thinking and the analysis of specific projects as care will also begin to be drawn out.
Suffice to say here that care ethics is typically concerned with how the concrete and particular needs of human and/or non-human others are recognized and addressed. It works with, as Virginia Held (2006: 13) puts it, ‘a conception of persons as relational rather than as the self-sufficient independent individuals of the dominant moral theories.’ Care ethics places emphasis on the quality of practices of care and how these may be evaluated as genuinely attuned to care needs (Fisher and Tronto, 1990; Tronto, 1993; Tronto, 2001; Sevenhuijsen, 2016). Related to this is a recognition of the role of emotions such as sympathy, empathy, concern and love in motivating caring action and shaping the quality of care. Finally, care ethics is future oriented, placing emphasis on action oriented towards the potential of all those involved in care relations and ‘circles of care’ (Abel and Nelson, 1990) for thriving and flourishing.

To address my primary aims to explore the caring potentials of urban design and, in the process, develop new understandings of the ethics of urban design, this book brings into conversation debates on the scope and social/ecological impacts of urban design and discussions on the nature of caring practice/care ethics. Doing so has involved integrating hybrid literatures spanning not only the fields of moral philosophy and urban design but also sociology, geography and science and technology studies (STS), across which fields a vast corpus of research on care is distributed.

Here, at the very start of addressing my aims, it would seem clear that a key opportunity arises from how closer and broader definitions of care have been framed. As I will argue in more depth in the upcoming Chapter 1, care ethics points to the need to focus on practices of attunement to situated care needs, relations and practices in contemporary cities – to understand care as Imrie and Kullmann also endeavour to do (Imrie and Kullman, 2017) through specific projects in which such disposition and practice is apparent. And yet, care ethics also provides the conceptual means to develop a set of more general understandings of what ‘good care’ in the context of urban design might entail and what, indeed, a ‘good city’ in these terms might be.

The city has of course long been constructed according to notions of goodness, classic examples including Plato’s republican polis – shaped around an ideal of democracy – St Augustine’s city of God – shaped around Christian ideas of salvation – and Thomas More’s utopia of social and political order. More recent attempts to define the features of a good city are provided by urbanists Kevin Lynch (1981), Alan Jacobs (2011) and Ash Amin (2006), each of whom offers a different set of criteria for imagining and assessing contemporary cities in this way.

In this book, another set is offered again, drawing on ideas of care. This, however, shares broadly with Lynch an emphasis on goodness as defined by ‘performance’ and ‘fitness’ rather than through the prescription of idealized forms, with Jacobs an emphasis on theorizing through the detail of specific examples, and with Amin an emphasis on establishing an ethics
of caring urban design with the ‘repair’ of damage and ‘relatedness’, as well as flourishing and fulfillment at its heart.

The bones of an argument

The book will argue that urban design may be thought of as caring and as embodying an ethic of care in a range of ways. Design can support people in their everyday lives, enabling them to meet needs and develop capabilities key to wellbeing and flourishing. It can pattern the giving and receiving of care between people, fostering awareness of others’ needs across lines of cultural and generational difference. It can help maintain bonds between people and places, acting as a repository for memories that people hold dear. It can facilitate adaptations necessary to respond to how the care needs of individuals and groups shift over time. It also has the potential to contribute to the maintenance of resources vital to life on earth. Its doing so effectively, however, requires careful attunement on the part of designers to place-based situations and contexts.

These lines of argument are developed over the chapters that follow, concluding with a summary of elements of an urban ethic of care. In Chapter 1, I set out a series of ways of understanding care as a practice and an ethic, and consider what this suggests for the theorization and analysis of cities and urban design as caring.

Building on the ideas I establish here, in Chapter 2, I consider how to identify and evaluate care in the context of urban design. The key challenge, as I will argue, lies in the complexity of urban design’s shaping role, as discussed earlier, which is distributed across the physical and material outcomes of design practice and the often multifaceted, drawn-out processes of design themselves. Thus, I discuss how ‘materialities of care’ (Buse et al, 2018) may be identified in urban forms, infrastructures and urban transformation processes as designed, but also how care may be detected in the ideas, intentions and methods of design adopted in practice. In this chapter, I also crystallize the themes which form the focus of the six chapters that follow, and outline some of the features of the research underpinning them.

Chapters 3 through 8 explore various ways in which urban design may be thought of as shaping care relations and practices and how, in so doing, it may embody an ethic of care. Each involves the identification of a key theme within urban design and discussion of the potential framing of that theme in terms of care. Building on the contention of feminist care ethicists that care is always situated and specific, each chapter also involves the exploration of the theme in question through two specific case study urban design projects. In each chapter, these offer examples of design processes and physical designs that develop the theme in question in view of particular care needs, relations and practices. Each chapter concludes with reflections on what the research suggests for an understanding of cities and urban design as caring.
Chapter 3 focusses on the role of urban design with regard to the ‘place of care’ (Sevenhuijsen, 2003) in cities. It explores how ways of valuing and recognizing care, as of constructing responsibilities for care in society, are reflected in cities and shaped by planning and design practices. It also considers how practices of care in neighbourhoods are articulated through the deployment of intimate spaces of the home, interpersonal spaces of sociability and communal spaces (Madanipour, 2003: 95–144). The two case studies for this chapter, though very different, both offer ways of thinking about how urban design may help to stage encounters and create possibilities for supportive networks to grow.

Chapter 4 focusses on accessibility, a concept that has more often been framed in terms of ideals of autonomy and self-sufficiency than of care. Here, I show how accessibilities of urban infrastructures can improve the reach of care services and resources, condition patterns of interdependence within care relations and help carers and those cared for alike.

Chapter 5 focusses on how ‘urban atmospheres’ of care in cities may be identified (Griffero, 2013; Gandy, 2017; Böhme, 2018). I begin this chapter by showing how both ‘affective atmospheres’ (Böhme, 2013, 2017; Anderson, 2009) and atmosphere in the sense of gases and air quality (Adey, 2013a, 2013b) have each been associated with issues relevant to care and/or to specific care practices. Through the chapter’s two case studies, I go on to consider how forms of atmospheric urban design may complement practices of preventative healthcare and seek to foster experiences of well-being, embodying an ethic of care in the process.

In Chapter 6, discussion turns to what Carmona (2021) refers to as the ‘temporal dimension’ of urban design. Chapter 6 itself considers how notions of ‘openness’ in urban design (Kendall, 2000; Sennett, 2007) can correspond to the capacity of places to respond to people’s changing involvements in care over time. Its two case studies reveal different strategies of openness encompassing incomplete form, adaptability and flexibility, all of which are revealed as significant for how care needs and practices unfold over the lifecourse.

Chapter 7, by contrast, considers urban design that enables continuity of place as a form of care. It begins by discussing how place can be ‘wounded’ (Till, 2012) by such approaches as comprehensive redevelopment that sever place-based attachments between people and their environments. Through its two case studies, this chapter shows how design can, alternatively, seek to maintain, repair and cultivate place-attachments through strategies that become attuned to the values of continuity in the urban environment from the perspectives of those who know and live them.

Finally, Chapter 8 considers how care for future generations may be practised through urban design. It takes as examples strategies that, in different ways, support the preservation of fragile resources such as air and water upon which life itself depends, hence establishing caring relations between today’s world and future generations. While all the chapters in
the book are concerned with the production of material and spatial aspects of urban places that stand to condition care between people, this chapter is unique in considering design care in the broader sense that Puig de la Bellacasa (2017) conceives care, that is, as a practice that attends not just to other people directly but also to the environmental contexts of life, to our ‘more-than-human’ worlds.

The conclusion of the book brings together the various ideas arising from each substantive chapter about the potential of urban design to facilitate, foster and actually give care. I also develop the proposition that the good city of the twenty-first century and beyond may be framed as a ‘caring city’, embodying care as an ethic of urban design.

As the book draws on debates that cross many different disciplines, it has the potential to appeal to a broad academic readership. However, I have endeavoured to write the book in a way that will not seem too dry or scholarly to appeal to non-academic audiences. Doing this reflects my contention that care is a topic that connects everyone, as all need it, and which, however much theorized, is always ordinary and everyday. Through the book, I hope to stimulate discussion on the importance of care in design, on the failings as well as strengths of existing city forms and places, and on how urban design could shape webs of care and dependency in your city, positively impacting the lives today and in the future of its diverse citizens, including those you directly care for and about.