



‘It’s Amazing What You Can Store in Other People’: Grassroots Community Care Organisations and the Caring City

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Images (L-R): a prepared food package from the Despensa Solidaria de Chamberí, meals waiting to be sent out by the Brussels Community Kitchen.

Epigraph

“Tiffany couldn’t quite work out how Miss Level got paid. Certainly, the basket she carried filled up more than it emptied. They’d walk past a cottage and a woman would come scurrying out with a fresh-baked loaf or a jar of pickles, even though Miss Level hadn’t stopped there. But they’d spend an hour somewhere else, stitching up the leg of a farmer who’d been careless within an axe, and get a cup of tea and a stale biscuit. It didn’t seem fair.

‘Oh, it evens out,’ said Miss Level, as they walked on through the woods. ‘You do what you can. People give what they can, when they can. Old Slipawick there, with the leg, he’s as mean as a cat, but there’ll be a big cut of beef on my doorstep before the week’s end, you can bet on it. His wife will see to it. And pretty soon people will be killing their pigs for the winter, and I’ll get more brawn, ham, bacon, and sausages turning up than a family could eat in a year.’

‘You do? What do you do with all that food?’

‘Store it,’ said Miss Level.

‘But you --’

‘I store it in other people. It’s amazing what you can store in other people.’”

Terry Pratchett: *A Hat Full of Sky*

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Abstract

The 'Caring City' - a form of urbanism and urban planning that centres feminist care ethics, has captured the attention of urban planners in recent years. This is both a descriptive claim - a city is primarily a place where people do care work for one another, not a tool for economic growth, as well as a normative claim - city policy should centre the needs of carers in their decision-making across every scale. Most of the literature on care in the city focuses on how architecture and urban design can support care in family and friendship networks. There is a lack of literature on supporting care as it already exists in cities, especially the importance of grassroots care organisations. This thesis aims to study two such organisations: the Brussels Community Kitchen in Brussels, Belgium, and the *Despensa Solidaria de Chamberí* (Chamberí Community Pantry) in Madrid, Spain. Using a reflexive thematic analysis process combining interviews, ethnographic research, and document analysis, this study aims to ask the following research questions:

1. How can informal urban care organisations be understood through the perspective of feminist care ethics?
2. Does this differ when the care offer of these organisations is internally versus externally focused?
3. To what extent does local space and context mitigate care in these organisations?
4. How does centering informal care organisations change our understanding of 'Caring City' urbanism?

Virtues associated with feminist care ethics are identified in both organisations, in particular responsibility, competence, and responsiveness. Differences between the organisations are discussed, including gender, apoliticality, and the construction of limits of who can receive care. Informed by these findings, recommendations are provided for how urbanists interested in the 'Caring City' can integrate these types of organisations.

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Section 1: Introduction

Cities, like all social orders, are dependent on constant and generally unseen maintenance work. Feminist theorists generally refer to this work as reproductive labour or care. While social research has generally concerned itself with understanding the development of social orders, many researchers are now focusing instead on this maintenance work. In particular, there is a growing field of research in urbanism focusing on the so-called 'Caring City'. This thesis is an attempt to add to this body of research through an exploration of two organisations whose main goal is to feed people. Feeding people, especially in a way that directly responds to their personal and cultural preferences, is a fundamental aspect of social reproduction and care. Beginning from this assumption, I aim to explore how these organisations fit within the larger social order of the city. Using feminist care ethics as my theoretical foundation, I aim to explore the following research questions:

- How can informal urban care organisations be understood through the perspective of feminist care ethics?
- Does this differ when the care offer of these organisations is internally versus externally focused?
- To what extent does local space and context mitigate care in these organisations?
- How does centering informal care organisations change our understanding of 'Caring City' urbanism?

This thesis aims to explore how two urban care organisations in Madrid and Brussels represent ethics of care as defined by Tronto (1993, 2015). The broader objective of this thesis is to contribute to literature around the 'Caring City', and in particular address a research gap where pre-existing informal urban care institutions are not considered a part of social infrastructure that needs to be centred to develop a more caring city.

The two cases at the centre of this thesis are the Brussels Community Kitchen (generally referred to in this text as the BCK) and the *Despensa Solidaria de Chamberí* (generally referred to as the DSC). The BCK is a food kitchen which, in collaboration with the Red Cross, provides around 5000 meals a week to undocumented asylum seekers and homeless people in the *Hub Humanitaire* of Brussels. The DSC is a self-organised community pantry where lower-income Latin American migrant women come together to collect food donations from neighbours and share them amongst one another. Unlike the BCK where anyone can receive a free meal, the DSC provides its food internally - one must work directly with the organisation to receive a food parcel. This difference between externally focused 'charity' within the BCK and internally focused 'solidarity' within the DSC is the main difference used in the comparative analysis of the cases.

The concept of the caring city is an ontological and normative turn in urban studies. The core thesis is that, rather than being an engine of economic growth, a city is first and foremost a place where people care for one another. This has an ontological aspect: like any social order, a city exists exclusively because of the often-unseen work of social reproduction done primarily by women. There is also a normative aspect: urban politics should be re-oriented towards

developing cities that facilitate this work of social reproduction as much as possible, rather than exclusively focusing on work of economic production.

This concept has developed some important urban design concepts: radical changes to how we build houses, workplaces, and public spaces (Davis 2022), but also simple changes such as clearing snow from roads that lead to schools before roads that lead to workplaces in the morning because parents drop their kids off at school before going to work (Kern 2020). Discourse around the 'Caring City' tends to focus on top-down practices that can encourage care - building what Klinenberg (2019) refers to as social infrastructure.

Another school of thought with regards to care in the city is that care itself is the social infrastructure that builds a city (Hall 2020, Alam and Houston 2020). From this point of view, the space of a city is a Lefebvrian 'practice of works', and individual-level care work is work that reifies and reproduces the city.

This thesis takes two urban care organisations as examples of pre-existing social infrastructure that reifies and reproduces the space of the city. It uses Tronto's (1993, 2015) 'phases of care' as a framework to analyse the care done in these organisations. The term 'informal care organisations' is used to refer to networks of care that are neither centred around the state, the market, or the family. While the care provided by them will involve interaction with the three 'nodes' mentioned, the primary node is what Razavi (2007) refers to as 'non-profit' in her theory of the care diamond.

I argue that, in certain contexts, these informal care organisations are uniquely qualified to provide true care in a way that top-down urban organisations cannot, and they should therefore be privileged in 'Caring City' academic literature.

This thesis also aims to contribute to discussions around urban politics and local care organisations. In particular, it looks at what Swyngedouw (2005) refers to as the 'Janus-Face' of non-profit volunteering. This is the idea that neoliberal states use non-profit organisations such as those discussed as a means to pull back on service provision, instead outsourcing that service to these organisations. These organisations then become 'Janus-Faced' in that on the one hand they are providing a crucial service for marginalised people, but on the other hand they become complicit in these people's marginalisation by propping up the neoliberal state. It also aims to address the depoliticisation of care, and the challenges faced by care organisations in balancing care and politics. This is brought into evidence from the strong

Finally, this thesis aims to compare between care that is internally focused and care that is externally focused. One of the studied cases (the Brussels Community Kitchen), is primarily run for and funded by more privileged 'expats', who do not benefit from the care provided by this organisation. The other (the *Despensa Solidaria de Chamberi*), is almost exclusively run by less well-off Latin-American immigrant women, who do benefit from the care provided. It has been theorised (Saltiel 2021, Lafaut and Coen 2019, Evans 2011) that 'self-care' is inherently more egalitarian because externally focused care has a hierarchising element, and carers are more likely to pick and choose who receives care. This is explored through comparison of the two cases.

This is a qualitative thesis. The method used in this thesis is primarily reflexive thematic analysis of interviews. A total of 11 interviews were conducted with participants in both organisations, and five themes were constructed through analysis of these interviews. A second important part of the analysis was directly working with both organisations - a total of 60 hours participating directly in the care tasks over 3 months for each organisation. Based on the work of Williams (2016), notes formulated through this work were used to create a more accurate image of the care provided. Finally, document analysis was employed to further develop analysis of the themes.

Ultimately, this study finds that both organisations represent care ethics as described by Tronto, and they very often provide care better than state alternatives are able to. While there are some limitations to the care provided, especially in cases like the DSC where they are

operating at their capacity, the organisation and its members show a clear attentiveness to need, take responsibility to address need even when it falls outside of what they are required to do, and address that need with competence in a way that is responsiveness to the changing needs of their care receivers. This, in my opinion, is a clear argument towards the view that grassroots organisations such as the DSC and the BCK are a fundamental part of the caring infrastructure that 'Caring City' urbanists must centre. The role of an urban designer aiming to encourage the 'Caring City' is not to centre their design in the care. Rather, it is to find people who are already caring, and create open infrastructure they can use to maintain what they are doing.

Section 2: Literature Review

Section 2.1: Introduction

This thesis sits at a thematic crossroads between a number of theoretical frameworks. Most notably, the issue of care and social reproduction in a city - particularly the 'Caring City'. It also draws heavily on research into volunteering at a local level and its importance in provision of services, particularly in the neoliberal city. For the purposes of this study, care and social reproduction are considered to be on the same level as volunteering - they are both core infrastructures in the modern city for the local provision of care.

While feminist care ethics were originally formulated in the 1980s as a primarily epistemological and ontological field, there has been a broader move in recent years to centre care within broader political projects. This generally involves recognising and reevaluating the importance of unseen care and maintenance work done primarily by women, as well as advocating for a world in which access to, and responsibility to provide care are equally distributed.

When urban researchers attempt to draw on care ethics in their vision of the city, they generally use the term 'caring city'. Broadly, this is an understanding of the city as a place where people care for each other, and a normative/ontological understanding of the city as a place where care is done, and therefore a place which should facilitate greater care networks, not solely (non-care) economic networks. Generally speaking, academics consider the 'caring city' to be a policy problem - one that will be solved by government action and urban design (Davis 2022, Kern 2020, Umstattd Meyer et al 2019, Amati et al 2023, Ashraful and Houston 2020, Franz and Gruber 2022, Nussbaum-Barbarena and Rosete 2021, Fitz and Krasny 2019, Ergler et al 2022). Other researchers have identified how care in the city often happens through informal networks, and most relevant for this project through voluntarism (Saltiel 2021, Evans 2011, Nihei 2010, Rosol 2012, Lafaut and Coene 2019). While scholars generally agree that volunteer work often represents an ethic of care, they are critical of a complicity in state failure as well as a potentially hierarchy-reinforcing recognition of need. While research on care policy that takes into account established networks of care (schools, hospitals, elder-care facilities etc.) are important, it is equally important to understand how care happens in grassroots institutions. This is the research gap I will attempt to explore in this literature review.

This literature review will contain three sections - an initial discussion of feminist care ethics, a scan of literature involving the caring city as a concept in urban design, and finally an exploration of how the concept of the caring city applies and is problematized through an analysis of 'third space' urban volunteer organisations.

Section 2.2: Feminist Care Ethics

Section 2.2.1: An Introduction to Feminist Care Ethics

Care is central to human life, but in a rapidly globalising world it is more and more difficult to provide care through the domestic sphere. The two solutions generally provided are the

marketisation of care and providing care through national social welfare programs. There is a growing body of research that problematises both of these solutions. The former is problematised simply due to its exclusion of those who cannot afford care. A spatial lens is needed to address the latter - care is something that happens at a local level, and therefore a national level analysis of the provisioning of care is not enough. Proximity and locality is a crucial aspect of care, and therefore must be a crucial aspect of studying care.

Scholars generally agree on Joan Tronto's (1993) definition of care and care ethics: "Care is the perspective of taking others' needs as the starting point for what must be done" (pp. 105). Tronto defines care as having four phases: caring about, caring for, caregiving, and care receiving. Caring about means recognising that a person is in need of care. Caring for means taking personal accountability for providing that care. Caregiving means doing the actual work of providing that care. Finally, care receiving is about the person on the other side of care communicating. This is the idea that the person receiving care is a core part of the care relationship, and their reaction to the care should impact future care. It also implies that a care relationship is rarely a one-way street with a clear carer and care-receiver and is much more often a blurred and fluid relationship. This is especially true over time.

Each of these four 'phases of care' have a corresponding ethical virtue - attentiveness, accountability, competence, and responsiveness respectively. Tronto is clear that, while the phases of care are something that can be assumed to be happening in any care relationship, developing the four virtues both as an individual and as a caring system are what differentiates good care from bad care - to develop those virtues is therefore to fulfil the 'duty of care'.

Tronto has since (2015) added a fifth phase of care as a response to criticisms of her work as ignoring the political coercion of women into care-work, and the associated devaluation of care work. She refers to this phase as 'caring with' - working to create a 'caring democracy' that equalises care rights and responsibilities across its polity: "Democracy is the allocation of caring responsibilities and assuring that everyone can participate in those allocations of care as completely as possible" (pp. 15). This understanding of care as a political action with liberatory potential is elaborated on by Lynch (2022) who argues that current theories of the self struggle with what she calls 'methodological individualism'. Following Chodorow's (1974) theories of the reproduction of gendered identity through relation or opposition, Lynch argues that male-dominated social science has assumed identity-formation to be a primarily individual process. This ignores the importance of relations and relational work to the development of identity – we are not who we are as individuals, but only in relation to other people. This, she argues, has led to a dismissal in academia of relational work as a crucial part of human growth, liberation, and solidarity.

Generally speaking, where care work is not provided through informal networks such as reciprocal family networks (Conlon et al 2014), it is either provided through the market or through the state. Market-provided care work has clear issues such as the deepening of global inequalities (Hochschild 2015) as well as 'care-less' care leading to worse health outcomes. This was particularly clear during the Covid-19 pandemic (Lynch 2022) where excess mortality in private nursing homes was significantly higher. Generally, the solution to this is state-provided welfare systems. The articulation of this, as well as some important criticisms, can be found in section 2.2.3.

Section 2.2.2: The Crisis of Care and Capitalism

Literature on care is generally in agreement on one point - capitalism and care are generally at odds. Many authors (Pérez-Orozco 2015, Castells and Banet-Weiser 2017) present the

argument that capital accumulation is directly in opposition with work done to maintain the sustainability of life. Under patriarchy, the solution to this is to place the work burden of maintaining the sustainability of life on women (and increasingly non-white women), while simultaneously devaluing this work. A political argument towards anti-capitalism must therefore be feminist, and *vice versa*. In this section I will explore some of the literature around how care work under capitalism has been foisted upon first women, and then migrant women. Not only has this devalued and invisibilized care work, it has reified gendered and racial categories - enabling the interlocking systems of oppression of capitalism, patriarchy, and racial inequality to reproduce themselves.

Much of the literature on care in recent years argues that care is in crisis. This is considered to be partly as a result of socio-demographic changes and partly as a result of the intensification of capitalist forces. The concept of a 'crisis of care' can generally be traced back to Nancy Fraser (2016), who argues that capitalism has used patriarchy and white supremacy as a tool to separate economic activity and social reproduction - commodifying and valuing (non-care focused) economic activity while decommodifying and devaluing care work (as well as the bodies of care workers). As capitalism continues to demand more and more resources to maintain itself, its ability to maintain the care necessary for social reproduction lessens. Capitalist fixes such as depending on transnational networks of care (Hochschild 2012, 2014) fail to address the root of the issue, and often result in more extensive care needs down the line.

Lynch (2022) takes a similar stance in her book *Care and Capitalism*. Here she explores concepts of 'affective relations' and love labour, arguing that these are inherently un-commodifiable. She uses the simple example that a meal cooked for you by someone you love carries more meaning and social value than that same meal cooked in a restaurant. If this labour cannot be marketised, and is therefore incongruent with capitalism, a capitalist society cannot truly be caring. Since care is fundamental for human existence, she argues that it must be restored and revalued in our economics, at the cost of capitalism. If this does not happen, we will see continued and polysemic crises of care.

It is important to note that the capitalist marketisation of care has a distinct racial element on top of the gendered element. Hochschild (2012, 2014) notes that more well-off western families are able to pay for care. This care is generally provided by low-paid migrant women who, in turn, are not able to care for themselves or their dependents and must rely on familial networks.

Ultimately, the capitalist divide between those who can afford care and those who cannot solidifies systems of marginalisation. Further than economic disadvantage, this is a direct biopolitical construction of hierarchy. This is to say when a certain group does not have the means to take care of themselves, and is not taken care of by another, their lives are devalued. Tronto (2015) refers to the imbalance between those who have easy access to care and those who do not as 'privileged irresponsibility' - when certain social groups can abdicate their care responsibilities onto others, and others (often the same who are caring for the former) do not have the power to take care of themselves.

Section 2.2.3: Care and Welfare Regimes

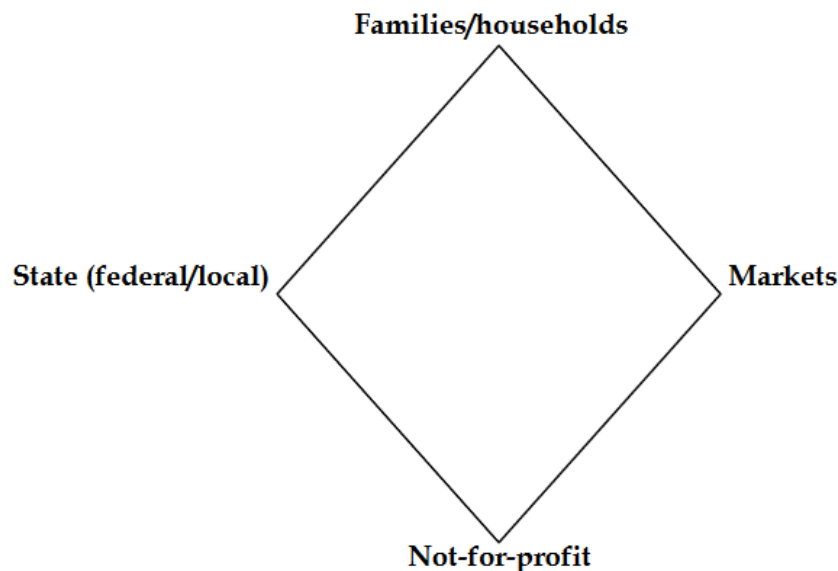
Contemporary analyses of state-provided care tend to draw on Esping-Andersen's seminal work (1990), which articulates the different typologies of Western European welfare regimes. Historically, welfare in western democracies was assumed to be controlled at a state-level, and subject to state-level path dependencies and political pressures. With this in mind, Esping-Andersen divides welfare regimes into three 'worlds' - liberal, social-democratic, and conservative. These are divided by their level of decommodification of welfare services, the degree of social stratification, and whether care/welfare is delivered by the market, family, or the state.

Esping-Andersen's work has been subject to criticism in recent years. In a literature overview, Bambra (2007) outlines several of these. While broader methodological issues with how Esping-Andersen collected and analysed data are salient and important, there are greater definitional issues. The first is to do with the original typology's gender-blindness - especially with regards to the extent that familialisation (and by extension the unseen labour of women) features in individual welfare regimes. A further relevant complication lies in the extent to which individual countries have a single coherent welfare regime. Critics argue that very few countries consistently represent a single welfare typology, especially as neoliberal privatisation continues. Bertin et al (2021) show that there is a need to focus on specific policy areas when examining welfare regimes, as coherence with a typology varies on this axis.

Finally, a growing body of literature criticises state-level analyses of welfare systems, as care and wellbeing are in most cases a local-level activity. Barañano Cid (2023) presents this argument in detail, arguing that while national and supranational level care politics cannot be ignored, the local scale is equally important. A similar view is taken by Raghuram (2012), arguing that the social construction of care is primarily dependent on the local context of family structure, different markets, and different systems of civil society. An analysis of care and wellbeing that takes diversity of scale into account is therefore crucial in both ontological analyses and normative suggestions of what care does and should look like in the new world. This is why I argue the scale of the city (and in many cases the neighbourhood) must be given precedence.

An important theory that needs to be taken into account here is Razavi's (2007) theory of the care diamond. This diamond is a map of the infrastructure through which local care happens:

Figure 1: Care diamond



(Source: Razavi 2007 pp. 21)

Unlike Esping-Andersen, Razavi does not exclusively centre national-level differences in her typology. Rather, she acknowledges that care diamonds are influenced by national contexts but argues that each individual care act will position itself slightly differently on the care diamond. Raghuram (2012) develops this, arguing that the articulation of each node in the care diamond is highly dependent on local context. She takes the example of family differences at local levels,

especially where transnational family networks bring added complexity (c.f. Kofman and Raghuram 2015).

Section 2.3: The Caring City

Section 2.3.1: Integrating Care Ethics into Urbanism

Historically, theories of care and welfare have not taken the city as the central spatial dimension, but this is changing. Davis (2022) outlines her vision for what she refers to as the 'caring city': a city that is designed to empower informal and formal care networks. The city, she argues, is where care is done in the modern world, and should be designed accordingly: "caring urban design would be that which attends to and supports relationships and interdependencies rather than claims of autonomy as self-sufficiency" (pp. 17). Kern (2020) argues similarly for a 'feminist city': "one where barriers—physical and social—are dismantled, where all bodies are welcome and accommodated. A feminist city must be care-centred, not because women should remain largely responsible for care work, but because the city has the potential to spread care work more evenly. A feminist city must look to the creative tools that women have always used to support one another and find ways to build that support into the very fabric of the urban world" (pp. 41).

On top of being a normative ideal, the concept of the caring city is an ontological claim. In an introduction to a special issue exploring care across six different contexts, Näre and Isaksen (2019) explore the concept of 'local micro-mobilities of care', arguing that in order to understand care we must look at the day-to-day but everchanging loops of care, rather than exclusively focusing on global care networks. The local space, and by extension the city, becomes the space of care.

Section 2.3.2: The Caring City and Urban Design

The concept of reorienting urban design towards the 'caring city' has been growing among urbanists. Concepts like play streets (Umstattd Meyer et al 2019, Amati et al 2023) as well as other 'urban experiments' (Bertolini 2020) show clearly that working to create caring cities create better health and wellness outcomes. Ashraful and Houston (2020) argue that, rather than thinking about urban infrastructure as something that enables care, care should be understood as infrastructure in itself. Given that true care is by its nature participatory due to the 'care-receiving' phase, 'care-full' urban environments allow for much greater citizen participation, especially from groups like children who cannot participate through traditional means (Ergler et al 2022). Core concepts of urbanism such as housing (Franz and Gruber 2022) and gentrification (Nussbaum-Barbarena and Rosete 2021) are being re-analysed through the lens of care ethics. The lens of caring architecture is also being applied to questions of ecology and sustainable development (Fitz and Krasny 2019). While there is a larger ideological component to the concept of the caring city, it is also understood by these theorists as a set of concrete principles that align to the virtues of feminist care ethics outlined above.

The concept of the caring city has been absorbed into the discourse of some European urban political parties. Most notably for this thesis, the Madrid city council under Ahora Madrid created a *ciudad de los cuidados* (caring city) policy that ran from 2015-2019, before they were replaced in government by a right-wing coalition. As Porras Sanchez (2023) argues, this policy went beyond simple discursive framings of existing care institutions in the city towards a total

discursive re-articulation of the representation of the city. Unfortunately, this policy was quietly repealed before we could conceivably see any effect on the concrete makeup of the city.

Section 2.3.3: Care as Alternative Infrastructure

Section 2.1 focuses primarily on aspects of care ethics that can be integrated into the design of things we generally consider to be urban infrastructure - housing, transport systems, etc.. There is a growing discussion around centering social infrastructure instead of focusing solely on physical infrastructure. The most oft-cited piece of literature advocating for this is Klinenberg's (2019) *Palaces for the People*. In this text, Klinenberg points to empirical evidence of how social capital is one of the greatest predictors for health and wellbeing outcomes, especially for people in more vulnerable situations. He takes this a step further to argue that, in building infrastructure that builds this capital (libraries, community gardens, playgrounds etc.) we can build up that social capital and save lives. Put simply, for Klinenberg social infrastructure is "the physical places and organisations that shape the way people interact" (pp. 15)

Other authors take this further to argue that care itself is a form of social infrastructure. Hall (2020) argues that writing around social infrastructure has over-emphasised physical space which has had a gendered and racialised effect of erasing the work done by carers in creating social space. An understanding of social infrastructure through the Lefebvrian lens of space as 'a practice of works' (Lefebvre 1992). For Hall, recentring social reproductive work as infrastructure has the dual purpose of giving us a new means of understanding the ontological reality of community-building as well as re-politicising concepts that have been considered as simply architectural.

Section 2.3.4: Bottom-Up Ontologies of the Caring City - a Research Gap?

It is important to note from the above section that a large proportion of research into the caring city is focused primarily on top-down urban design policy. A short cross-section of studies that aim to measure whether a city is or is not caring (Kussy et al 2023 re: Barcelona, Marcigliano et al 2023 re: Brussels, Porras 2023 re: Madrid) shows that the current framework to measure care in a city is primarily based around policy frameworks - municipal experiments, transport policy, and broader care policies respectively. These frameworks are undeniably important, but they miss a key fact of care - a city is a place where people care, regardless of whether or not the state is involved in that.

It is not only the case that top-down policy has been over-emphasised when considering the caring city from a normative perspective. The aforementioned special issue headed by Näre and Isaksen (2019) runs into the same issue - while it accepts that mobilities of care are local and patchwork, the studies focus primarily on the interaction between carers and the state.

There is a gap therefore in our understanding of the caring city. How is care organised by groups that do not or cannot depend on state welfare? How does care happen at the informal level in cities, and to what extent is that care responsible for the reproduction of the city as a social order?

Section 2.4: Voluntarism, Mutual Aid, and the Third Space

Informal care organisations are not a monolith. The clearest difference between the two cases discussed here is that one can be understood as a volunteer organisation, and the other as a

space of mutual aid. Broadly speaking these are networks of people who, when faced with a crisis of care, took personal responsibility to organise and address the care needs that were constructed. The difference between volunteer care and mutual aid in my reading is where the care is focused - externally i.e. towards people who are not a part of your direct community, or internally i.e. towards people who are (family etc.).

Section 2.4.1: Voluntarism

The concept of voluntarism/the third space is one that has caused some debate among theorists. While some consider it to be a space in which citizens can resist neoliberal policies and reassert their right to the city/the right to the city of marginalised groups, others consider it to be complicit in neoliberal policy - essentially papering over (and propping up) state failures. In this section I will outline both of these arguments, while also explaining why volunteer spaces can be understood through the lens of the caring city.

Arguments that volunteer organisations are complicit in neoliberal state failures are generally traced to Swyngedouw's (2005) theories of 'governance-beyond-the-state'. Swyngedouw's argument is that part of the 'soft' policies of neoliberalism are to delegate the administration of certain state functions to citizens organisations. Ostensibly this is done in an effort to engender a more participatory democracy, but ultimately the effect of this is to enable increased marketisation of core welfare services. Similar arguments can be found in the work of Fyfe (2005), who argues that Blairite 'Third Way' political philosophy included a policy of 'neo-communitarianism' - the development of government-voluntary sector 'compacts' to provide government services. The ultimate effect of this for Swyngedouw is the 'post-political city' (Swyngedouw 2007) - where neoliberal governments have depoliticised the city as just a question of technocratic management of services.

These arguments have been taken and expanded upon in numerous case studies. Examples of these include Rosol's (2012) exploration of Berlin's community gardens and more recently Andersen et al.'s (2022) study of volunteer care work during Denmark's Covid crisis. While both of these articles have a similar throughline argument around the volunteer networks being used by the neoliberal state to abdicate certain responsibilities, Andersen et al.'s argument is clearer of the gendered dimension visible - volunteer care work, like most care work, is primarily imposed on women. This is a crucial aspect where feminist research on care will need to act as a theoretical basis.

Other theorists still consider volunteer organisations as a space for resistance to neoliberalism. Evans (2011) takes a similar view as above when discussing a 'low-barrier' homelessness shelter in Toronto. Rather than viewing the organisation as complicit in neoliberalism, Evans argues that this expands definitions of citizenship in the city beyond simply those who can contribute to neoliberal growth. If neoliberalism involves a biopolitical construction of the 'active citizen', that citizen can themselves challenge that biopolitics through their action.

Theories of biopolitics also figure in criticisms of volunteer care networks. As argued above, all care involves an attentiveness to need. While this is generally considered a virtue, it is important to note it as a political act - being attendant to one form of need necessarily constructs some objects as needing, and some as not. Foth (2013) explores this through a case study of nurses under the Nazi regime. Since Nazi ideology is inherently about defining certain lives as 'unworthy of living', Foth argues, care (and especially the identification of need through care), is an inherent part of this biopolitical production of difference.

That the attentiveness to needs constructs biopolitical reality is a feature seen in much analysis of urban volunteer networks - particularly those aimed at caring for those uncared for

by the state. Evans' (2011) article argues that the homelessness shelter is a 'gray zone' which constitutes "the borderlands of a wider political geography through which life is permitted entry into politics." (pp. 31). Thus, by virtue of creating a hierarchy of the needful and the care-giving, the voluntary sector acts as part of the shadow state - reflecting and reinforcing neoliberal citizenship regimes. Catungal et al. (2021) outline a similar case in LGBTQ+ healthcare during the Aids crisis in Vancouver. The authors argue that queer care networks at the time were heavily racialised and class-inflected, focusing primarily on white middle class gay men. Again, we can trace a case of care networks defining the needful, although in this case the more marginalised cases are completely ignored. A similar example in a Brussels specific context is explored below through Saltiel (2021).

Section 2.4.2: Mutual Aid Networks

Do issues of complicity and biopolitical construction of hierarchy manifest themselves similarly in mutual aid networks? This question is especially relevant in the context of the most recent crisis of care - the Covid-19 pandemic. The pandemic created a twofold crisis - one of immediate physical need, and a breakdown of political structures that pointed to a need for change - a crisis of care and a crisis of capitalism. Many authors (Nel-lo t al 2023, Mould et al 2021, Firth 2022) have pointed to an explosion of mutual aid networks as a direct result of this crisis. These networks are generally positioned as fundamentally different from charity and external volunteer organisations.

Similarly to the above authors, Spade (2020) argues that what he refers to as the 'Charity model' inherently constructs hierarchies between the giver and receiver and comes with strict 'eligibility requirements'. Mutual aid networks, he argues, are a potential method of addressing both of these issues.

Other authors argue that, in finding ways to do care for themselves despite 'privileged irresponsibility', organisations of marginalised groups challenge the dominant social order. Similar to Evans (2011), Lampredi (2023) uses Isin's (2008) concept of 'acts of citizenship' (the idea that citizenship is not a static force but rather one that is reconstructed in day-to-day activity) to argue that the daily work of self-care by a marginalised group challenges 'dominant models of involvement' with these groups and therefore represents an irruption with the social order. Although it is generally not considered as such by those doing the care or by society at large, this care creates a space for self-determination of these groups and is therefore an inherently political act.

With regards political complicity, mutual aid networks offer a tentative means to engage in meaningful praxis. Many authors (Mould et al 2021, Firth 2022) tie the concept of mutual aid directly to anarchist thought. Mould et al note that there is a tendency for some organisations¹ to organise among lines of mutual aid while eschewing radical politics. In his study of mutual aid networks in London and New York, Firth finds that there is a routine conflict between those who are interested in mutual aid as a means to an end of larger societal change (the vanguardists), and those who are simply trying to provide solutions to a perceived need. For a mutual aid network to truly address the question of political complicity, it must therefore find a way to bridge the gap between providing aid and enacting structural change. The aid itself will not transform the system.

Section 2.4.3: Grassroots Care Organisations as Alternative Infrastructure

As argued in Section 2.2, there is a growing movement among theorists of urban social infrastructure to not look at social infrastructure as physical and legal frameworks that allow care

¹ The authors cite Alcoholics Anonymous as an example

to happen, but instead to look at the care itself as a form of urban infrastructure. While this is often researched exclusively through formal networks, some authors focus on grassroots care organisations through the perspective that they provide an alternative infrastructure within cities.

Gutiérrez Sánchez (2021) provides a clear example of this in what she refers to as “Infrastructures from Below”. In a study similar to this one, she looks at three grassroots care organisations (including a refugee support space and a self-organised community pantry) in Athens that are responding to what she refers to as a ‘crisis of social reproduction’ brought on by austerity measures in the wake of the 2008 financial crisis. These organisations have been successful in creating a new infrastructure through which the most vulnerable of Athenian society are able to ‘perform their right to care and be cared for’. Further, they re-affirm the citizenship of its partners - the care is the infrastructure through which citizenship is claimed. Gutiérrez Sánchez argues that grassroots initiatives like those she studies are by their nature precarious - often hidden, ephemeral, and vulnerable to economic and political pressure. She contends that these organisations engender political change not just in re-affirming the citizenship of the marginalised, but also in generating the social and political capital these groups will be able to use in further resistance.

A similar view is taken by Alam and Houston (2020). In a study of three different informal care organisations, they show that the care done by these groups is a crucial element within the transition to a ‘caring with’ democracy as articulated above. For the authors, the infrastructural turn in care ethics is not solely a means of addressing problematic gender elements of modern discussion of infrastructure that overemphasises large physical projects but is also crucial in ensuring that care can become a central part of the imaginary of the city moving forward. Similarly to Gutiérrez Sánchez, they note that these informal care networks are precarious by their nature. They argue that this is a consequence of a system which devalues care and institutionalises economic reproduction over social reproduction. Part of the argument for care as alternative infrastructure, they contend, is to rethink how care constructs the public, with a focus on unseen day-to-day care activities.

Section 2.5: The Brussels Context

Literature on ‘caring city’ policies in Brussels is underdeveloped. Marcigliano et al (2023) present possibly the only scholarly text on caring city policies in Brussels. In a study of mobility policies in the Brussels region and how they affect specifically female migrant care workers they find that, although there is some ‘caring city’ language used in the elaboration of the policy, the reality is that Brussels is not a caring city. Ultimately the urban policies being presented by the Brussels’ government are antithetical to the daily realities of care work. As articulated above, this study deals heavily with how policy dictates care in Brussels. There is no available literature on how routine informal care happens in the Brussels context.

There is an exception to the above claim. Given that the refugee crisis was a flashpoint in Brussels, there is some literature that deals specifically with care responses to the crisis. This is especially notable around studies of volunteer-led refugee support organisations. Issues around care and voluntarism are clearly seen in Saltiel’s (2021) study of the Maximilian Park refugee camp in Brussels. Saltiel shows through her work with the Maximilian Park that asylum seekers arriving in Brussels were met with dis care if not active hostility by the Brussels government. The Maximilian Park was a partly self-organised, partly volunteer-managed refugee arrival space. While there was a political side to this, Saltiel points out that the ultimate aim of the park was to

'fill a gap' in care - a care crisis (lack of housing, food, education etc.) was recognised by individual citizens, and steps were taken to address this.

This is not to say that the care provided by these volunteer organisations has not been seen to have any political bent. An important finding Saltiel drew was that non-subaltern volunteers contributed to a hierarchy of who is worthy of citizenship in a border regime. She points to how volunteers often refused to give aid to pre-existing *sans-papiers* as they were volunteering to support specifically refugees of the Syrian crisis. The paternalistic discourse of refugee care, Saltiel argues, inherently contributes to an othering of refugees. She does make a further case that the 'self-care' enabled in such spaces as the Maximilian Park allowed refugees to resist border citizenship regimes by affirming their own right to exist. The issue in Saltiel's eyes seems to lie in the 'non-needful' volunteers.

Similarly, Lafaut and Coene (2019), argue that the Maximilian Park represented a complex political space defined by humanitarian care. Humanitarianism was generally motivated by a compassionate desire to care for refugees especially in the wake of the Aylan Kurdi picture, but may have contributed to an othering of refugees, and created a hierarchy between the 'worthy' refugee who had a certain moral purity versus the 'unworthy' refugee who traded with or stole gifts given, or was a man.

Broadly speaking, the context in Brussels is one of a state which is not generally interested in providing for care and is especially uninterested in providing care for those it deems as 'non-citizens' i.e. the *sans-papiers*. Volunteers have stepped in to fill this gap, but there is an understanding that 'self-care' (understood in this thesis as mutual aid) must be prioritised as much as possible. This is the local context in which the case of the Brussels Community Kitchen evolved.

Section 2.6: The Madrid Context

There is an emerging body of literature on care ethics in Spain as a whole. There is a growing acceptance in the Spanish context that this analysis must include the local scale, not just the national. This does not mean excluding the national, but rather recognising them as complementary and interconnected. As Barañano Cid (2023) argues, contrary to other urbanists who focus more on economic and cultural flows and therefore find that cities are globalising places, 'care urbanists' must focus on the day-to-day, and day-to-day care is by its nature local (she recognises the emergence of 'cyber-care', but argues that nevertheless face-to-face care is crucial for socio-cognitive development and maintenance). Drawing on Hochschild's (2000) theories of global care chains, Barañano Cid argues that care is an important example of 'glocalism' - an inherently spatially constrained activity that nonetheless is impacted by and complicit in the development of networks of globalisation.

The focus on the local scale is especially important in the Spanish context where we are seeing a familist care regime which has become slightly more egalitarian but facing significant patriarchal backlash (Gracia and Esping Andersen 2015, Barbeta-Viñas and Muntanyola-Saura 2021). Research has found that, while changes have emerged in terms of female participation in the workforce, there is still a significant gender imbalance in participation in care-work. The Spanish model persists in prioritising local-level informal networks as the main providers of care. (c.f. Lebrúsan and Gómez 2022 re: aging in place, Witten et al 2009 re: parenting in place) Coupled with this, we are seeing a rise in far-right politics that often exists at the exact same local levels we are discussing (Santamarina 2021). Within the Madrid context, centering care at

the neighbourhood level will not only allow us to better understand and enable care work, it will provide us with a crucial lens in challenging the rise of the Spanish far-right.

Local level policy on care has been a growing feature of Spanish municipalities in recent years. Most notably, Barcelona is considered to be an 'ur-example' of caring city policy. Barcelona en Comu's 'care municipalism' is considered by many authors (Kussy, Palomera, and Silver 2023) to be a 'paradigm shift' away from individual capital-focused urban policy towards a policy of the commons. Similar policies were implemented in Madrid during the tenure of Ahora Madrid. Porras (2023) outlines how Ahora Madrid's policies espoused feminist discourse, particularly around care and the centering of human life. However, while Ahora Madrid's successor (Mas Madrid) won the most seats in the 2019 election, a coalition between centre and far-right parties has governed the city from 2019 to the present. This coalition has quietly ceased implementing caring city policies in Madrid.

While top-down care policy has not truly materialised in Madrid, scholars have noted a significant increase in mutual aid organisations aimed at filling care gaps, especially during the Covid-19 lockdown era. Cobos Tribiño and Laosa Crespo (2023) in particular have looked in detail at how organisations like the Vallecana Somos Tribu (we are a tribe) have built mutual aid networks in the face of growing need and a lack of government support. They argue that while mutual aid in Vallecas is drawing on the historical fight against Francoism and therefore inherently political, the organisation has faced the same question of using the network as a politically active social movement versus as a tool to provide necessary care as has been articulated above.

To fully understand the context in which the Despensa Solidaria de Chamberí is functioning, it is important to explore some of the literature around specific care needs faced by low paid female migrant domestic workers in Madrid, as these represent the vast majority of partners in the organisation. The Spanish reaction to the 'crisis of care', as explored by Escrivá and Skinner (2008), was to import generally female migrants from former colonies, particularly Latin America. This was generally done through favourable visa programs and paths to citizenship (Parreñas 2015). Generally speaking, Spanish familism has meant that middle class Spaniards avoid placing their children or elderly/disabled relatives in institutional care, which is often limited or financially prohibitive. In this regime, domestic labour must take a central place in bridging care gaps.

These domestic workers (generally referred to as *internas*), face several unique pressures. Firstly, there is the question of caring for their own family on top of the family of another. Sánchez Carretero (2005) explores the pressures of attempting to maintain a 'transnational family', where one's own children are likely still in the country of origin. Compounding with low wages, migrant workers are generally socially expected to pay remittances to their home nations. This is true even when they have children in the country. This combination of financial pressures was brought to a boil during the 2008 financial crisis and is the context that led to the rise of the Despensa Solidaria.

Section 2.7: Conclusion

Attempts to understand the sociopolitical role of urban volunteer networks under neoliberal political regimes has been a feature of urban studies for nearly two decades. Research on these networks has tended to focus on the question of complicity - is voluntarism responsible for papering over the gaps left by neoliberalism, and therefore a factor in the reproduction of inequality? On the other hand, do volunteer networks allow subaltern groups to affirm their right to the city? Is the point of a volunteer network to resist dominant structures by providing an alternative model, or simply to address a care need? A further complication is added to these analyses by the addition of feminist care ethics, and particularly the question of attentiveness to

need. Theories of the caring city tend to argue that openness to individual carers unique understandings of the needs of the care-receivers is an inherently good thing. Analyses such as those presented by Catungal et al (2021), Saltiel (2023), Lafaut and Coene (2019), and Evans (2011) problematise this by showing that the individual attentiveness to need shown by volunteers is not objective. It can not only contribute to the 'othering' of care receivers as inherently needful, but it also often involves a hierarchical assignment of who is and is not deserving of care from the volunteers. This question will form the basis of my theoretical framework.

Section 3: Theoretical Framework

The primary theoretical lens through which this study takes place is feminist care ethics. I will specifically be exploring the virtues of care as they apply to an individual care interaction, as well as how they are expanded to larger care relationships. I will also be exploring the politics of care - both the existing power relations through which care is organised, as well as more utopian ideals of the 'Caring Democracy' and the 'Caring City'. I will be using these both as justifications for why scholarly analysis of this form of urban institution is important, but also as a framework through which I will evaluate and analyse both organisations. Finally, I will explore the different theories around where care is pointed - inwardly towards one's community and family versus outwardly towards people one does not have any personal connection to.

Section 3.1: Feminist Care Ethics

There does not exist a single theory of feminist care ethics. Feminists generally align under theories of the 'relational self' as well as Tronto's (1993, 2015) phases of care. In this section, I will briefly expand on these concepts in order to provide a theoretical framework for the following discussions.

The concept of the 'relational self' was first a mainstay of second wave feminism, but it can in many cases be traced back to Chodorow's (1978/1999) work on psychoanalysis and the reproduction of mothering. The argument is simple - understandings of the development of self as individual are an artefact of male bias in psychoanalysis; if we were to take women as the starting point, we would create a view of the self that is relational, i.e. we would understand ourselves through our interdependence and relation to other people, not through our independence and difference. Gilligan (1982) drew and expanded on this to create the first view of the relation self as a moral self, and to argue for a prototypical ethic of care whereby interdependence and contextuality would supersede abstract conceptions of justice. While much of this work was criticised for being gender essentialist, concepts of the relational self as the core subject, interdependence, and contextuality are foundational to modern care ethics.

Tronto's (1993) phases of care represent another core tenet of feminist care ethics. Tronto's aim in outlining these phases was to both describe what is common to all individual care interactions and to discuss the core virtues needed for an individual to provide good care. The four phases and their associated virtues are as follows:

1. Caring About/Attentiveness
Caring about is the initial noticing that a being other than oneself has a need. The associated virtue of attentiveness implies a strong sense of interdependence that recognises the unique and contextual needs of others.
2. Caring For/Responsibility
The second phase of caring for is about deciding that one should do something about the need. The associated virtue here is responsibility: a personal duty to respond to a perceived need.
3. Caregiving/Competence
In the third phase, the actual care is done. The associated virtue here is competence - providing good care. There is a complexity around this virtue when we consider the unequal distribution of care work - doing more care work makes you more competent, which ultimately provides justifications seen in many relationships for the 'more competent' partner (generally the woman) to do more of the care work. Another aspect

of this is that the competence must be contextual - good care in one situation is bad care in another (c.f. Noddings 1999 for an example re: teaching)

4. Care Receiving/Responsiveness

Care is a relational act. The care one person reacts well to may not be suited to another. In order to provide truly good care, one must be receptive to the personal needs of the care-receiver. The phase of care receiving refers to the act of responding to the care-receiver's response and adjusting future care accordingly. The associated virtue of responsiveness refers to the willingness to empathise with the distinct individual reality of the other person.

There is clearly some overlap in these four phases and virtues - each phase may be happening simultaneously, and aspects of one virtue are seen in the other. For example, considering competence as necessarily contextual implies that attentiveness and responsiveness must exist for true competence to be shown. Nevertheless, recognising these phases and virtues is needed to recognise true care, and encouraging/valuing these virtues is fundamental to creating more caring politics.

It is also important to note that these virtues should be understood as socially constructed rather than *a priori* philosophical context. Gilligan's (1982) initial theories of care were clear that the reason for women developing a different ethic than men was to do with the social space they functioned in. Further, as articulated by Tronto (1995), the ethics of care we describe here are built up and reified through the act of caring. There is no ethic without action, and how that action manifests itself is dependent primarily on the social context the care giver and care receiver find themselves in. This ethic must also be understood as dependent on local context (Raghuram 2012, Barañano Cid 2023), and as something that evolves over time through the 'patchwork' of care labour (Isaksen and Näre 2023). Unlike what Gilligan considered male-centred moral virtues, care virtues only exist and can only be understood in their action. Therefore, a sociological approach to exploring them which centres the day-to-day acts that are taken by the actors involved is the only way to truly explore these concepts.

The virtues articulated here create a theoretical framework through which I will evaluate the organisations I study, in particular with regards the first question: "How can informal urban care organisations be understood through the perspective of feminist care ethics?". They also serve as a crucial part of the theories I draw on further on in this section to look at politics in care as well as care infrastructure.

Section 3.2: Feminist Care Ethics and Politics: Caring With

A common criticism faced by scholars like Tronto was that, in centering care as a virtue, they were ignoring the political oppression of women. Simply put, women are more likely to be carers because they were forced to be so by the patriarchy, not because they exhibit more virtue. The depoliticisation of the care work done is a part of this oppression. Tronto (2015) addresses this with her concept of the 'Caring Democracy'. In it, she articulates how power relations are central to how care happens: "What it means to be powerful, in caring terms, is to be able to foist off the unpleasant parts of care onto others and to take on only the care duties we find worthwhile" (pp 12). She argues that this happens across the micro and macro scale (small p and capital P 'politics' in her words). Each individual care act happens in a complex negotiation of power, but that individual-level negotiation is mediated by larger institutions - the welfare state, cultural codes and gender roles, capitalism etc.

The fact that care is foisted onto certain groups by more powerful groups does not make care a bad word. Instead, it means a need to radically reframe our politics around care. This is what Tronto attempts to do with her fifth phase of care - 'caring with'. 'Caring with', she argues, is what happens when the four ethics of care that have been discussed above are spread evenly among the polity. This creates what she terms a 'Caring Democracy', a definition of democracy as "the allocation of caring responsibilities and assuring that everyone can participate in those allocations of care as completely as possible" (pp 15). This allows us to rethink core conceptions of politics and ultimately arrive at a new economy.

In the *Care Manifesto* (2020) argues that the core crises of our time - Covid-19, climate change, inequality etc., are symptoms of 'carelessness' at the core of our politics. Their solution again is a caring democracy: "reimagining the limits of familial care to encompass more expansive or 'promiscuous' models of kinship; reclaiming forms of genuinely collective and communal life; adopting alternatives to capitalist markets and resisting the marketisation of care and care infrastructures; restoring, invigorating and radically deepening our welfare regimes; and, finally, mobilising and cultivating radical cosmopolitan conviviality, porous borders and Green New Deals at the transnational level" (pp.12). It is important to note here that these are not vague utopian ideals. They are a set of practices and virtues that are already in place at certain scales, and that could be translated to others.

There are clear theories about applying care to politics. Historically we find that the reverse to be true: politics are absent from care. Drawing on second wave feminism, in particular the works of Chodorow (1974), theorists like Fraser (2016) and Pérez Orozco (2015) explore how gender and the family are tools used to divide care from economic activity in order to reproduce capitalism. Care is gendered, generally through the family, in order to support the individualistic ideal on which capitalism depends. In order to do this, it must also be separated from politics. Thus, care work (and the people who do it) becomes depoliticised. Repoliticising care work through the ideals expressed above are therefore a challenge to capitalist structures.

Section 3.3: 'Caring With' Politics in the Context of Urbanism

Section 3.3.1: The Caring City

As articulated in the literature review, there has been a growing interest in integrating care ethics within urbanism. This falls broadly under the 'caring city' umbrella. What this means in reality is dependent on context. Some urban planners, such as the City of Vienna (Stadt Wien 2021), refer to the process as 'Gender Mainstreaming' - the conscious decision on designers' part to consider gender, and particularly care, in every single design decision that needs to be made.

Davis (2022) provides a set of design considerations that urban planners and architects should consider to move towards a 'Caring City': geographically placing care, rather than economic production, in the centre of the city, resisting displacement and building continuity of care, addressing atmospheric issues such as air pollution that hinder care, and openness.

The latter is, for the purposes of this thesis, the most important design consideration. If care is a routine task that creates its own space through the individual labour of the carer, the role of a designer is to create an infrastructure that allows carers to cultivate their space. In order to do this, they must design infrastructure that is open i.e. infrastructure that allows for continuous development through the participation of the user. A clear example of this is given in her exploration of the Aranya community housing development in Indore, India. Houses in the development are simple - small, modular housing with a connection to the electricity and water grid. The idea behind this is to create openness in the design which allows residents to make

their own changes to their housing in accordance with their housing needs. This is coupled with financial and consultative arrangements to ensure that residents are empowered to make adjustments as needed. Urban design and architecture cannot account for the multiplicity of care needs. On the other hand, the routine labour individual carers can. Carers that demonstrate attentiveness to the needs of others in their community and, more importantly, respond to these needs as they change are much better suited to address these needs than urban designers who can never see this whole picture. The role of the designer is therefore to create the space and get out of the way.

Section 3.3.2: Care as Infrastructure

It is important to note here that the focus in 'Caring City' literature is generally on how urban infrastructure supports care. Generally, the extent to which informal care itself is crucial to the functioning of the city is ignored. In order to address this through my thesis I will be using theories of care as a form of urban infrastructure.

The argument here is clear, as described in section 3.3 of the literature review. While the 'stuff' that makes up a city is a part of how life in the city can be maintained and how the social order can be reproduced, it does not happen without care labour. While this care labour can function within formal networks for some of the population, marginalised groups are more and more excluded from these networks due to the 'crisis of care'. Therefore, the alternative care provided by grassroots organisations like the BCK and the DSC are a crucial urban infrastructure to maintain the lives of marginalised people within the community. How they provide that care, the political issues inherent, and the virtues/lack of virtues that we might find therefore represent an important avenue of analysis if we wish to understand the social infrastructure of the modern city. Since care is a routine activity that must be considered as the patchwork of daily actions in a specific local context, understanding these groups from an individual sociological basis is the only way to understand this urban infrastructure. The personal is political, but it is also infrastructural.

The upshot of this for urbanists interested in the 'Caring City' is that building 'caring infrastructure' is not the only path they can take. Care is already happening in the city both within and without formal institutions. This care is the 'caring infrastructure' they are interested in building. The best, and most efficient, path they can take is therefore to identify successful caring organisations (be they formal or informal) and find ways to support them. While focusing on formal care organisations is a valid form of 'Caring City' urbanism, this thesis is aimed at informal care organisations.

Section 3.4: Feminist Care Ethics in the Context of Informal Care Organisations

How do the ethics that were described in section 3.1 apply at an organisational level? In Tronto's original reasoning, these were primarily individual-level acts and ethics. Using these ethics to analyse groups requires some theoretical elaboration. I will primarily be focusing on attentiveness and responsibility as one framework to analyse my cases, and responsiveness as another.

The main connection between the two cases chosen for this study are that they are informal care organisations. Referring back to Razavi's (2007) theory of care diamonds (c.f. section 2.2.3 for an illustration), the connection is clear - while both cases are linked to other 'nodes' within the diamond, they sit closer to the 'non-profit' node than anywhere else. There are

key differences which need to be explored, but the core reality is that these are organisations of people coming together outside of the market, state, or family to do care work. They interact with the other three nodes, but they cannot be explained without taking informal networks as a key lens.

How do individuals notice a need and decide to take action on it? How does this manifest itself in an organisation? On an organisational level, no care can be given without a group of people initially raising awareness of the need, and creating a space where people can move towards the second phase: taking responsibility.

For externally focused informal care organisations, individual-level motivation for volunteering is not monolithic (Same et al 2020, Hansen and Slagsvold 2020, Cho et al 2018), but generally volunteer opportunities are diverse, so one might expect a recognition of who is the most deserving of care to figure into a person's choice of where to volunteer. This attentiveness must be understood as a choice on both the organisational and individual level - there is no shortage of need that can be addressed. Deciding that one group is worthy of care inherently means deciding another is less worthy, so there is a fundamentally hierarchising aspect to this phase.

Internally-focused informal care organisations are sometimes argued to not have this issue (Saltiel 2021, Spade 2020, Catungal et al 2021, Evans 2011). Simply put, they are not attentive to another's need, but rather to their own. This is further explored in section 3.5.2.

The other side of caring I mean to explore in this project is care receiving/responsiveness. As articulated in section 3.1, caring is a relational act. Care that doesn't consider the response of the individual being cared for is ultimately less relational, and therefore negates the individual subjectivity of the person receiving care. The extent to which a volunteer organisation manages to be truly responsive to the individual subjectivities of its targeted group therefore defines the amount it will be able to challenge the inherently hierarchising aspects discussed previously.

Section 3.5 Political Issues at the Center of Volunteer-Led Care and Mutual Aid

Section 3.5.1 Conflicts between providing care for marginalised people and resisting structural causes of marginalisation

Following Tronto's (2015) ideas of a 'Caring Democracy', volunteer organisations can be understood as an attempt to create a more utopian ideal where the responsibilities of care are more evenly divided among the populace, and the rights to receiving care more available for disadvantaged groups. This is challenged by questions of complicity with the neoliberal state. For example, Swyngedouw (2005) argues that these organisations are 'Janus faced', in that they are used by the state in order to outsource services have been historically state-run. This means that these organisations contribute to the neoliberalisation of the public sector. There is an argument to be made that the care imperative of volunteer organisations is at odds with the political imperative - that is to say the day-to-day resolution of needs faced by marginalised groups contributes to their continued marginalisation. The reverse can often be true, as shown in the cases discussed by Firth (2022). The organisation of the cases in Firth's work is done primarily by anarchist organisers who are more interested in structural change. Often, the volunteers themselves felt a contradiction here - they were primarily interested in

providing care, not in being a vanguard of a larger political movement. This is a key conflict at the core of volunteering in care-focused organisations.

Section 3.5.2 Placing Limits on Who Receives Care

For Tronto (2015), the ‘small p’ politics of care (i.e. the micro-level daily power relations) generally concern two questions: who does the care, and who receives it. At a simple level, every individual and organisation has a limited capacity to how many people they can care for and must eventually make (and remake) the decision as to who to care for and who not to. Another important aspect that needs to be considered is the biopolitical construction of the carer and the care receiver in the process of caring. As articulated in the literature review (c.f. Spade 2020, Saltiel 2021, Catungal et al 2021, Evans 2011, Foth 2013), the question of who an organisation chooses to care for and not to care ultimately shows who the organisation defines as ‘worthy’ of care. Part of understanding the care ethic of an organisation is therefore understanding if the organisation places limits on who it gives care to, where it places those limits, and how it justifies them.

A common argument in the literature (Saltiel 2021, Spade 2020, Foth 2013, Lampredi 2023, Evans 2011) is the so-called ‘solidarity versus charity’ argument - that charity (where the carer has a large power difference with the care receiver, and the care receiver is not involved in their care) will generate more hierarchisation and stricter limits on care than a mutual aid focused solidarity movement. In this way, mutual aid has an inherent political advantage because it represents path-breaking ‘acts of citizenship’ (Lampredi 2023, Evans 2011) that allow for a marginalised group to advocate for itself simply by reproducing its own social order that exists outside of the dominant social order. From this perspective, the earlier discussion re: Firth (2022) about a contradiction between the care imperative and the political imperative in mutual aid organisations becomes less important, simply because the two are rejoined. The issue then, for anarchist mutual aid organisers, becomes how to modify their political theory to include care work, not how to get care workers to focus on their political theory.

Section 4: Methods

Section 4.1: Introduction

This thesis was to compare care in two food-focused organisations in Brussels and Madrid to contribute to literature on the caring city. To do this, I undertook a mixed-methods qualitative study. My main research method was thematic analysis of interviews with volunteers and partners of the respective organisation. I then verified and improved my understanding of the initial themes using a combination of ethnographic fieldnotes and document analysis. Since I was directly involved in care work with both organisations, it was crucial to familiarise myself with the research implications of volunteering, and to approach my analysis from a reflexive standpoint.

Section 4.2: Comparative Analysis

Given the research question aimed to address the difference between organisations that focus externally versus internally focused mutual aid organisations, a comparative analysis approach was deemed most appropriate. While urban studies as a whole has been historically reluctant to compare cases with internal differences across socio-political contexts that also share differences, Robinson (2022) challenges this assumption. She argues that a properly inductive approach to urbanism should take as many cases as possible, exploring local contingencies, and avoiding any possible grand narratives.

With this in mind, I chose two cases from extremely different contexts. This presents an epistemological problem in terms of recognising when a difference between cases is due to local-level context versus due to the difference in internal vs externally focused care I aim at addressing. With careful exploration of local level contingencies and high reflexivity, I believe this issue can be minimised. The cases are explored in detail in section 5.

Section 4.3: Data Collection

Section 4.3.1 Interviews

The primary method of data collection for this thesis was interviews with people who were directly involved with the DSC and the BCK. A total of 7 interviews ranging from 15 minutes to an hour were collected from the DSC, and 4 interviews of an hour each were collected from the BCK. All interviews with the DSC were in Spanish, and all interviews with the BCK were in English. Interviews were manually transcribed before being uploaded into NVivo 14 for analysis.

Given that the theoretical framework for this project dealt heavily with individual-level ethical considerations of care, the need for interviewing individuals as a means of understanding the organisation became apparent. If care is something people do for each other, one must understand how each individual acts to be able to fully understand care.

All interviews were semi-structured. The interview guide is available in the appendix (Section 11.1.1). While the interview guide was originally split between an interview for leaders and for volunteers/partners, it became apparent through participant observation that the boundary between both categories was blurred in all cases, so this structure was not closely followed.

Each interview participant volunteered personally to be interviewed. This means that the sample is over-represented of those who are more involved in the organisations, as those who were less involved were both less likely to hear the request for interviews and less willing to take the time to be interviewed. A short summary of each interview with identifying information removed is available in the appendix (Section 11.1.2)

Section 4.3.2: Participant Observation through Research Volunteering

As articulated in the theoretical framework, the practice of care happens in the everyday patchwork of individual practices. Since these practices are grounded in the mundane, it is very difficult to explore them through interviews where discussion is likely to move towards the exceptional. For this reason, researchers like Williams (2016) recommend volunteering directly with the organisations in order to uncover the everyday practices of care. This allows the researcher to form theories that are more grounded in reality while also forming more trusting bonds between the researcher and the researchees. There are epistemological risks involved with this kind of research. Working directly with an organisation creates a strong personal connection with the organisation and can align the researchers' subjectivity with the goals of the organisation. It is crucial to maintain a critical lens on any conclusions drawn from this participant observation. As part of my research, I volunteered directly with both organisations.

Between October and February of 2022, I volunteered as a portioner with the BCK at least once a week. Like most volunteers, I registered through Serve the City Brussels' 'ServeNow' app. Volunteering as a portioner would begin around 11:00 and end around 15:00. The process, as described above, was menial, but it allowed for a lot of informal conversations with other volunteers and leaders.

Volunteering for the DSC happened between March and June of 2024. Unlike the BCK, there was no formal means of volunteering, so organisation was more informal. I organised directly with some members of the organisation to work at the distribution sessions every second Sunday from 7:00 to 12:00 and attended the general meetings every other Saturday from 16:00 to 18:00. Finally, I also volunteered to help out transferring food from a storage space to the distribution space in May of 2024.

Section 4.3.3: Document Analysis

Finally, documents were collected to triangulate findings. Since the interviews and volunteering had already been done by this stage, the documents were used primarily to substantiate and add detail to themes of analysis. Using document analysis at this stage allows the research to make use of the strengths of the method (availability, cost-effectiveness, exactness), while minimising the limits (Insufficient detail, issues in sampling) as described by the literature (Bowen 2009, Morgan 2022).

As the BCK is larger and less informal, there were more documents available to analyse. These included news articles, a website dedicated to the BCK, and three years of annual reports done by Serve the City Brussels, which included information about the number of volunteers at the BCK. Particular attention was paid to sourcing documents around the BCK partly because this information was more available given the scale and function of the organisation, but also because there were less interviews done for the BCK in comparison to the DSC.

Less information is publicly available with regards the DSC. Some data were collected through leaflets which are distributed to neighbours, sheets explaining rules and norms of the organisation, and a short online blurb.

A list of all documents analysed along with a full transcription is available in the appendix (Section 11.2). Where sources are available publically they are cited in the bibliography. If they are not, a photograph of the document is included.

Section 4.4: Reflexive Thematic Analysis

The data collection process invited certain researcher subjectivities into the project. Rather than treating this as an issue, I take a constructivist view which sees this subjectivity as an analytical tool. From a constructivist standpoint, all knowledge is created through a synthesis of the data and the researcher's subjectivities (Charmaz 2014). From this standpoint, an approach was selected that embraces researcher subjectivity as a resource for research, rejecting positivist notions of researcher bias (c.f. Varpio et al 2021).

In order to engage in this analysis with rigour, reflexive thematic analysis as defined by Braun and Clarke (2021) was selected. The goal of thematic analysis as defined by the authors is to develop, analyse, and interpret patterns or themes across a qualitative dataset using a process of systematic coding. *Reflexive* thematic analysis takes as a central tenet of analysis that the themes uncovered through analysis are not objective but are rather constructed by the researcher. Reflexivity therefore becomes about critically analysing the researcher's position, and how that position affects the research process.

Braun and Clarke offer a 6-step process which was slightly modified to suit the purposes of this research. This is:

1. Data familiarisation
 - Once interviews were collected, they were read through and manually transcribed where appropriate. Through this process I became deeply accustomed with the core dataset
2. Systematic data coding
 - Using NVivo 14, each interview was inductively coded. Where possible codes were aggregated throughout the process, but where I found even a minor difference between a data point and an existing code a new code was created. As much as possible it was aimed for codes to be a literal translation of what was said in order to avoid researcher interpretation at this stage. In order to avoid research of one case colouring another, a separate codebook was created for analysis of interviews from the BCK and the DSC. A total of 74 codes were created for the BCK, and 122 were created for the DSC.
3. Initial theme generation
 - Once the process of coding was complete, these codes were aggregated and focused into groups. This is the initial point at which meaning was deliberately assigned to the codes. The initial writing of this process was done in a research journal. A total of 5 broad themes were created which are discussed in the findings section.
4. Developing and reviewing themes
 - Once the initial themes were created, they were refined and developed using ethnographic notes and document analysis. This was done in order to address potential gaps in knowledge or communication that might have occurred during the interviews, and to expand the analytical base the themes hold. Ethnographic

notes were not coded and are instead spoken to directly in the findings section. Documents were coded manually, again in separate codebooks to eliminate any bias. A total of 44 new codes were created for the BCK, and 32 for the DSC.

5. Refining and naming themes
 - Finally, themes were named and discussed with regards to the theoretical framework.
6. Writing up
 - The themes are explored and discussed in sections 6 and 7 of this report. Section 6 (Findings) deals with the initial themes as they appeared in the data - the aim here was to only use information gleaned from interviews, documents, and ethnographic notes. Section 7 (Discussion) takes these themes and passes them through the lens of the theoretical framework.

Section 4.5: Reflexivity

As articulated by Williams (2016) and Braun and Clarke (2021), reflexivity is crucially important in qualitative studies of this type in order to embrace researcher subjectivity. Qualitative knowledge production is a co-creative process between the researcher and the researchee (Charmaz 2014). Therefore, it is important to understand both.

The most important positionality I worked with throughout this process was my own care responsibilities. I am a young childfree man with parents in good health. This means that my own familial care responsibilities are relatively non-existent. While I have of course had care responsibilities at different stages of my life, without having had dependents myself I cannot comment on certain personal subjectivities of care. As a 28-year-old who has lived independently from age 18, I have a relatively strong personal understanding of domestic labour. I also have professional experience of care through time spent as an au pair and as a holiday co-ordinator for adults with intellectual disabilities.

I am also a 'serial volunteer'. Especially during and after the Covid-19 pandemic, I have attempted to spend at least a few hours a week volunteering - helping out in vaccine centres, cleaning houses for people with mobility issues, foodsharing, working with local activist groups etc.. From my reading of the literature, I have a strong sense of the nuance and complexity associated with volunteering. From personal experience I am a strong believer in the value of volunteering from a spiritual development perspective as well as from a social good perspective. It was important for me to note this belief in order to prevent it from unduly colouring my analysis of the data.

I am half-French and half-Irish. My main spoken languages are therefore French and English. I estimate my level of Spanish within the Common European Framework for Reference of Languages (North 2014) at a B2 level. Simply put, I may have missed some things in my work with the DSC due to a language barrier. While I received support from Spanish-speaking colleagues in the analysis, I performed all interviews myself.

I am a white man who grew up in a middle-class family in a Global North country. I have never personally needed to make use of mutual aid or charitable services. There was therefore a distance between myself and members of the DSC. Given that most of the volunteers I interviewed from the BCK were from a similar background as myself, the reverse is true in that case. In both cases this is something I needed to reflect on carefully when constructing my analysis.

Section 5: Cases

Section 5.1: La Despensa Solidaria de Chamberí

The *Despensa Solidaria de Chamberí* (lit: Chamberí Solidarity Pantry) (hereafter DSC) is a horizontally organised group of neighbours in the Chamberí area of Madrid who collect food donations from neighbours, then divide this food equally amongst themselves once every two weeks. In order to gain access to a food package each family must contribute a minimum of 4-6 hours work every two weeks, depending on the size of the family.

Section 5.1.1: History

Despensas such as this one were founded across Spain in the wake of the 2008 financial crash. The DSC was founded in April of 2015 (Casa Cultura de Chamberí 2024). Originally, the project was set up through a collaboration between activists who were working in other community organisations such as the *Red de Solidaridad* (lit: Solidarity Network) and local actors who were already involved in mutual aid. The initial goal of these activists was to attempt to start locally with a goal of eventually creating state-level sociopolitical change. The DSC has existed in several spaces across Chamberí before settling in the *Casa Cultura de Bellas Vistas* (lit: Bellas Vistas Culture House), although they are currently collecting funds to move to a new space.

Section 5.1.2: Participants

The partners² in the DSC are nearly exclusively low-paid migrant women. All but one of the 70-80 regular families participating in the time I was working with the organisation were female-fronted, and the women did the vast majority of the work. Most women were immigrants from Latin America or the Philippines, although there were some North African families. Every partner I spoke to, either in formal interviews or informal discussions, was either retired or worked as a domestic worker of some form.

There were also three regular activists who worked with the DSC. They were the only Spaniards, and the only people who contributed but did not collect a food package. They generally acted in a more advisory and logistical capacity, but would occasionally pitch in for other tasks. The number of activists getting involved had dropped dramatically as the organisation became more established.

Section 5.1.3: Procedure

The DSC functioned on a two-week cycle. Jobs were split between collection tasks, organising the distribution, and other management tasks. The distribution happened once every two weeks on a Sunday around noon. The other week, there would be a mandatory general meeting on Saturday between 16:00 and 18:00. In order to receive your food package for a cycle, a family had to provide between 4-6 hours of work (depending on the size of the family), attend (or send a proxy) the general meeting and contribute €2 towards the cost of the van.

² I use the term partners as the women working there are neither volunteers nor beneficiaries.

Section 5.1.3.1: Collection

There were two ways donations were collected. The first was the *mesa* (table). At least two partners would set up a table outside a supermarket, distribute leaflets explaining what they were doing, and collect donations from neighbours. Often a table would be set up at multiple entrances to the same supermarket. This was always done with explicit permission from both the supermarket and the police. There was also collaboration with other *Despensas* to make sure that there was no overlap. Once the donations had been collected, they were brought to a storage space.

The second method was to leave a box in certain participating supermarkets where neighbours could leave donations when there were no partners around. It would then be the responsibility of one or two partners to collect these donations and bring them to the storage space.

Section 5.1.3.2: Organising the Distribution

The distribution happened once every two weeks. Detailed notes were kept on what donations had been collected to make sure it was distributed evenly. What follows is an example of what a food package would consist of every two weeks:

- 4 litres milk per person
- 1 kg lentils per package
- ½ kg sugar per package
- 1 kg pasta per package + ½ kg extra pasta per person
- ½ litre soup per package
- 6 eggs per package
- 1 kg rice per package + 2 kg rice per person on top
- 3 tins tuna per package
- 1 kg dried pulse vegetables per package
- 2 jars cooked pulse vegetables per package
- 4 boxes chopped tomato per package
- 1 pack sanitary towels per package
- Diapers for families with babies
- 1 pack biscuits per package
- 1 litre oil per package

Other donations (laundry detergent, soap/shampoo, cocoa powder, breakfast cereal etc.) were divided through raffling. Every participating family received at least one extra item during each distribution.

Every two weeks between 3-5 partners would oversee organising the distribution: arriving at the space at 8:00, laying out a space for each family's package, dividing the food equally amongst the spaces, and managing the raffle. Other partners would then arrive around noon to collect their package.



(Left to Right: the food before distribution, a finished food package waiting to be picked up. Source: own work).

Other partners were tasked with transferring the food from the storage space to the distribution space the night before, and with cleaning the distribution space after the distribution is finished.

Section 5.1.3.3: Managing the Organisation: The *Asamblea* and the *Comisión*

The *Asamblea*, which I translate as general meeting, happened every second week when there was no distribution. Attendance was strictly mandatory. This meeting was used to collect money for the van and to verify who would be participating in each distribution.

The meeting also served the purpose of registering new members. Generally, new members were friends of existing members, but they were occasionally referred to the DSC by charities (Caritas in particular). Members were given a quick rundown of the rules, the members of their family and any specific needs were recorded, and then they were given their task for the upcoming distribution.

Finally, the meeting served the purpose of debating and voting on any changes to the rules. As the organisation was designed to be horizontal, any and all rule changes had to be voted in. Discussions around rules and information sharing made up the bulk of the meeting.

Occasionally, other community organisations and activists would attend these meetings to share information about housing, immigration law, and labour issues.

While every effort was made to make sure the organisation was horizontally led, there was a central commission which was voted in. The purpose of this commission was to deal with issues that were time sensitive and manage any problems that were too personal to be discussed in front of a large group.

Section 5.1.4: Rules and Norms

The DSC was relatively strict about certain rules. Firstly, a family could not receive a food package if they did not contribute the minimum working time. The representative of the family had to attend the general meeting every week. If they couldn't attend for reasons of illness, they had to send a proxy. This could not be done more than twice in a row.

The group was also relatively strict about what constituted a family. One could only collect a food package for one's immediate family. That is to say a single partner, children, and parents if they were dependent on you. If for example two cousins wanted to collect the same food package, they would be told that they would both have to register individually.

The minimum amount of work every two weeks was between 4-6 hours. In practice many of the women were working twice as much. While this was not enforced, participant observation revealed strong social pressure especially at the general meetings to volunteer more time to make sure the organisation stayed viable.

Section 5.2: Brussels Community Kitchen

Founded in response to the growing asylum crisis in Brussels, the Brussels Community Kitchen (Hereafter BCK) is a volunteer-led organisation that aims to provide daily meals to Brussels' undocumented migrant population through a collaboration with the Red Cross and *Hub Humanitaire*. The BCK now provides around 5000 meals a week, or around 500-600 meals every session. Volunteers are sorted either through the Holy Trinity Anglican church or through Serve the City, a volunteer network. The BCK also employs a full-time kitchen manager and two part-time operations managers as paid employees.

Section 5.2.1: History

The BCK was founded in 2019 through the Holy Trinity Anglican Church in response to the growing asylum crisis in Brussels. Initially the group could only provide 100 meals a session with around 2-3 sessions a week. While the original founders and volunteers were all members of the church, the group has evolved to be more secular. The church now provides the kitchen space, some grants, and is a large source of volunteers. The BCK has now established itself as a charity (ASBL). Volunteers are largely sourced through collaboration with other organisations: the Red Cross, Serve the City, L'Oasis, and Le Phare among others.

As the scale of the asylum crisis has grown, the Belgian government has been forced to provide some support. This is done through logistical grants to the Red Cross and through the creation of a space for undocumented asylum seekers known as *Hub Humanitaire*. While the BCK distribute meals across the city to different groups, the bulk of the meals are sent to the *Hub Humanitaire* through the Red Cross. Since the Belgian state is only required to feed documented asylum seekers, the meals provided by the BCK are often the only meals these undocumented asylum seekers have access to.

Section 5.2.2: Participants

Section 5.2.2.1: Volunteers

The BCK is a primarily volunteer-led organisation. Around 100 volunteers a week participate in either cooking or portioning. The executive team is exclusively composed of volunteers. Given that the kitchen is located in an Anglican church and the main language used is English, there are very few Belgian volunteers. Volunteers are mostly professional class 'ex-pats' - students, EU workers, and other high-income workers. As the group has grown, previous and current beneficiaries of the kitchen have begun to regularly volunteer, diversifying the volunteer pool.

Portioning is one of the volunteer opportunities in Brussels with the lowest barrier to entry. Volunteers who register through Serve the City can simply sign up through their 'ServeNow' app. No training or vetting is required. This allows the BCK to attract a large number of 'transient' volunteers - non-locals aiming to get involved with no long-term commitments.

On top of its goal to feed those in need, the BCK also aims to provide a community space for its volunteers. With that in mind it organises special social volunteering sessions, such as a portioning session reserved to women over 70.

Section 5.2.2.2: Full-time employees

As of last year, the BCK has begun working with paid employees. These are generally ex-volunteers, especially (but not exclusively) ex-volunteers who were also beneficiaries of the service. Funding to pay these employees comes out of the donations and grants-based solidarity fund.

Section 5.2.2.3: Partner Organisations

The BCK partners with a number of other NGOs or ASBLs across Brussels. Some of the partners (l'Oasis, the Red Cross, Serve the City) provide logistical transport support and access to volunteers. Others (CollectMet, the Barn) provide food through collecting unsold food or working directly with producers. Other groups provide legal and social support to vulnerable beneficiaries. Many of these organisations have roles more focused on political lobbying, and these groups occasionally partner with the BCK for more political activities. For example, in Christmas of 2022, the organisation partnered with a celebrity chef (Isabell Arpin) and 10 other NGOs to provide a gourmet Christmas meal to asylum seekers with the aim of raising awareness of the situation (Mears 2022, BX1 2022).

Section 5.2.3: Procedure

In order to guarantee cultural and dietary compliance, to keep costs low, and to reduce the risk of contamination, the BCK exclusively prepares vegetarian meals. Food is generally collected through donations of either unsold food or through partnerships with producers. The cost of meals is around €0.30 per meal distributed (Communitykitchen.be). Special attention is paid to pulse vegetables (especially chickpeas and lentils) as a source of protein.

The Food is prepared by a team of 4-5 cooks, and then sent to be portioned while still hot by a team of 11-15 portioners. Finally the portioned meals are packaged in heat insulated boxes and collected by the Red Cross and other partner organisations to be distributed.



(L-R: Food being prepared in the BCK kitchen area, Volunteers portioning cooked food into foil containers to be delivered in insulated boxes. Source L-R: thebulletin.be, own work)

The BCK is certified by the AFSCA (the Belgian federal food safety administration). In order to maintain this certification the kitchen must ensure cooks and portioners follow food hygiene precautions, that the food is kept within a specific temperature range, and that all allergens and potential contaminants are properly labelled (Mears 2022).

Section 6: Findings

My analysis of the data revealed five major themes. In this section I will discuss these themes as they pertain to each of my cases. I will discuss them initially through the interviews I conducted, and then I will add more details and context through documents and ethnographic notes.

Section 6. 1: Attentiveness to Need/Responsibility

All interviews dealt heavily with the question of why people involved felt the need to participate in these organisations. The aim of these questions was to reveal how their own individual attentiveness to need was created, as well as to what extent they felt they had a responsibility to act on this. In both cases the need was essentially the same: a group of people facing hunger due to a long-term crisis. Interviews revealed differences between the participants' understanding of the need and their personal responsibility.

Section 6.1.1: Despensa Solidaria de Chamberí

The members of the DSC generally considered the need as a given. They did not join out of any political or ideological motivation, but simply to feed their families. Of the 5 women interviewed, every one of them joined solely as a means to feed their family. Some partners, especially those who have been with the organisation for longer, have developed a personal attentiveness to the need of the DSC in general. This is best described in this excerpt:

“For me, before I didn’t have any work and [the DSC] helped a lot. So, I see the needs of others as well. For this I involved myself more and worked nearly 24 hours for the Despensa. Because this is the benefit, and it’s only the salary that we don’t receive. And this Despensa is a big help for all of us.”

[DSC2, author’s own translation]

On a day-to-day basis, while one interviewee mentioned the social connections to women from the same social and racialised background as her as a factor, most interviewees’ routine motivation remained the same: to feed their families.

While interviewees generally focused on attending the Despensa to feed their families, participant observation revealed some complexity. The minimum amount of work hours required to receive a package is between 4-6 hours. Some members were doing twice or even three times as many hours. The requests to organise extra volunteering generally took place during the general meetings. There was a core group of women who were more involved, and these women would speak up about the extra work they were doing, often focusing on the physical toll it was having on their bodies. They would then passionately request extra support, and a few of the women who were newer to the organisation would raise their hands to get involved. In this way, a pattern of developing a group ethic of care through social ties with the organisation could be seen. It appeared from participant observation that, over time, the women who volunteered based on pressure would develop their own attentiveness to the needs of the group, and eventually take over in developing that ethic in others. This would take a longer-term research project to verify.

In order to investigate this question further, interviewees were specifically asked if they worked extra hours, and why they chose to do so. While one interviewee was clear that she only

did what was required to feed her family, all others worked many more hours than required. It is important to note that there is a sampling bias evident here - the women I interacted with most and who were more likely to agree to an interview were those who put in more work in general. Of the four women who worked extra hours, three felt it was a personal duty due to their closeness to the organisation. Other explanations were clear that if they didn't, the DSC would fail:

"But we continue because we know that if we don't support the Despensa, it will go by the wayside"

[DSC3, author's own translation]

Finally, social connections featured heavily - one participant [DSC1] was clear that she worked the minimum to feed her family, but the rest was because she felt personally connected to others within the DSC.

Section 6.1.2: Brussels Community Kitchen

Motivations for getting involved with the Brussels Community Kitchen were more varied than being simply based on an attentiveness to the need. This in part reflects the participants' backgrounds. All but one of the interview participants received no tangible benefits for working with the BCK and while participant BCK3 was currently employed by the kitchen, she began working with them as a volunteer. Generally speaking, the need was less personal than it was for those in the DSC.

One theme that ran throughout three of the interviews was that of life-long volunteering. Rather than being neutral participants who had seen an exceptional need and acted, all of the participants had been involved in direct social action in some shape or another throughout their lives. They mostly came to the BCK because they were seeking a new volunteer opportunity, not because their awareness of the need forced them into action. In fact, most volunteers were not aware of the scale of the need before working with the BCK:

"Interviewer: Would you say most volunteers were aware of how bad the crisis was when they started working with Serve the City or with the Community Kitchen? Or is it an awareness that grows as they help?"

BCK1: Oh, I think it's definitely. Yeah. Yeah, yeah. I mean, yes, you see people on the street. But until you're aware that there are literally hundreds and hundreds of people, you know queuing up for food. You know, you get a sense of the scale of it. So, I think definitely people are educated. You know, once they get involved in the projects, you know what the scale of the problem is."

[BCK1]

Since the need itself was somewhat invisible, initial motivations for volunteering varied. Most participants argued that, equally important to the service to the beneficiaries, the organisation served as a community space for the volunteers, allowing them to address their own feelings of loneliness. The organisation itself runs specific volunteer sessions for specific groups, such as a session only for women over 60.

Originally, the BCK was a church-based organisation, and the church still features heavily in funding and sourcing of volunteers. For some of the volunteers, the church remained a strong motivator, especially to the extent that they could point the church's abilities outwards:

“And I loved that my church was very supportive of the cause and giving it resources and really like seeing this as an extension of what we are as a church and that was incredibly significant and and important to me”.

[BCK4]

The pragmatic nature of the care offered was a strong motivator. There was a sense that doing individual-level, human-to-human care would offer an antidote to what was perceived as useless discussion of the issue through the media:

“For me as well, I feel like people's talk so often about, like, social justice, and have so many opinions about things and highlight all of these issues. But I'm also always wondering like, what are you doing beyond sharing something to Instagram? Like, are you doing anything? And it doesn't have to be the cause that you know you've shared about. But how are you involved in your community? Because if you're so focused sometimes on what's happening elsewhere, which is important, and we need to do, and we need to be calling for accountability and working on it. But still, like, there's people who need stuff like within, you know, 30 minutes, 40 minutes walk from your apartment and like, are you not helping or are you not involved? So I also get very frustrated. I find with people who have a lot of talk and a lot of critique, but aren't actually doing anything, and it doesn't have to be the same thing. But just like being involved. And I think being involved in your community is a really, really big part of that. So yeah.”

[BCK4]

Finally, it is important to remember that not all volunteers with the BCK come from privilege. The BCK heavily recruited volunteers who are current or ex-beneficiaries of the service. The case of participant BCK3 is illustrative of this. An Iranian asylum seeker, this woman relied on BCK's services, but began working directly with the kitchen as she settled into the city. Eventually she was able to access part-time employment through the kitchen, and even received settled status in Brussels thanks in part to letters of recommendation written by other volunteers. Her initial motivations were partly based on giving back to the organisation, but also simply to avoid idleness. Similar to other volunteers, she had experience helping out at community kitchens in other refugee camps, so the BCK was just another step on her volunteering journey.

Section 6.2: Politics and Apoliticality

As articulated in the theoretical framework, modern discussions of care center politics, and define care as an inherently political act. The question of whether or not the work being done could be considered as political was a core focus of the interviews.

Section 6.2.1: Despensa Solidaria de Chamberí

The DSC was founded by anti-capitalist activists and is in many ways a core example of anarchist ideals of local mutual aid. Given this, it could therefore be expected that partners of the DSC would express strong political opinions. This is not the case.

All participating women had a strong negative reaction when questions of politics were broached. The most common reaction (4/5 interviews) was that the organisation itself was not a political organisation:

“We never speak of politics. Politics or religion never enter here. Neither does race or anything of the sort.”

[DSC4, author’s own translation]

In many cases the care provided by the organisation was presented as oppositional to politics. Participants felt that politics had failed them, so they found a way to help each other that existed outside of politics:

“The truth is that no, because we carry ourselves. Let’s see, one part is that there are so many politicians that the poor need alliances with who leave them stagnant. Because many times we go to knock on doors, and no one opens it. So that’s why we all help each other. Here, for example, if one has a health problem or whatever and one tries to help the other. Sending them towards politics is, for us, a little ugly”

[DSC2, author’s own translation]

Many other participants considered themselves individually apolitical. Here their logic was that they are feeding their families, and the family is an apolitical entity.

The exception to this apoliticality was found in the interview with participant DSC6. This participant, rather than being a partner in the organisation like the others, is an Spanish anticapitalist activist who works with the organisation for logistical support, and does not receive a food package. For him, the organisation is political, but the partners don’t see it because they feel unrepresented by spanish politicking³, and this politicking has either ignored or been actively hostile towards them:

“I think that my companions are referring to the fact that this is not a case of politicking. Because normally people conflate politics with the politics that’s on television, in the media. I don’t consider this politics; I consider it politicking. That is the market of politics, the market of ideas. I think that this is what my companions are referring to.”

[DSC6, author’s own translation]

For DSC6, and for other activists working within the organisation, this represented a challenge. Their ultimate goal was to challenge capitalist structures and change the larger-scale political reality. While the organisation itself did not directly broach these subjects, for activists like participant DSC6, working with these organisations was a step on the way to making larger-scale change:

“In any moment you have to think that we must change the situation. I think that staying eternally dependent on your neighbours helping you and that isn’t... isn’t sustainable. In any moment we have to address the issues and change the issues and [inaudible]. So yeah. For me it’s important. So I always try to give this perspective. But I can’t think of this if my fridge isn’t full.”

[DSC6, author’s own translation]

We can see a clear dissonance here when we compare the words of the partners with both the words of DSC6 but also with the language used in documents analysed. Across all documents analysed, the discourse was notably political - making reference to anticapitalism, feminism, and global level political change. A good example of this can be found in the leaflet handed to neighbours when partners are collecting donations:

³ The specific term used here was ‘politiqueo’, which in the Spanish context might be better translated as demagoguery or partisan politics.

“Why?”

Because we believe that mutual aid and the creation of a social fabric makes us strong against a system that attacks us constantly and brings us crises at the same time as it leaves us to the side.

Because we believe that a neighbourhood with networks of support is a strong neighbourhood with solidarity and with life.

Because we believe in fighting from the local to change the global

Because we believe that solidarity can only be developed among equals”

(C.F. Appendix Section 11.2.2.2 - author's own translation)

While the language here is of course designed to be inspiring to encourage donations, it is clear that there is a disconnect between what the writers of the documents believe the goal of the DSC to be and what the partners of the DSC believe.

Section 6.2.2: Brussels Community Kitchen

Given the overrepresentation of expats, members of the BCK were generally more involved in politics. With the exception of BCK3, all interviewees either directly worked with the European commission or were married to someone who directly worked with the EU. There was still some discussion as to how political the work done by the BCK was and should be.

The BCK works in collaboration with NGOs such as l'Olivier which work in politically lobbying to change the structures that are causing the asylum crisis. On the other hand, the organisation itself does very little activism. Explanations for this varied. For some, getting directly involved in political action was impossible as this was an anglophone community, and political debates in Brussels were happening primarily in Dutch or French.

A further explanation giving by two of the interviewees was that apoliticality allowed for more flexibility in ensuring care:

“ I don't think it's possible for the state to adequately take care of everyone. Maybe that's my American. But like we have the capacity to respond and adapt in a way that's not possible. If it were a formal state-run organisation. We can, you know, if it comes in and somebody says we need meals. We need 500 meals somewhere tomorrow. We could do it. And so I think the fact that we are independent, we are independently run, we run off donations. We have a lot more flexibility and capacity to respond in a way that when you are a state structure.”

[BCK4]

Further than feeling that apoliticality was a fact of this kind of organisation, it was in fact considered a blessing, and something to be encouraged:

“ I would hate to see the kitchen become so big and trying to branch out to do other things because ... you know I'm a great believer in knowing your strengths, doing what you're good at and not what you're not good at and. [...] But I also think that any organisation, the voluntary sector needs to be careful of, you know, expanding too much. You know, I think, you know, I just don't think that and maybe that, you know, if there's another branch of something that's needed here, they want to start building houses for, for homeless people. Then that's just different, different things rather than providing food.”

[BCK2]

One contrast that was felt between the BCK and the DSC was that members of the BCK had seen their politics shift as a result of working with the organisation. While they were each aware of the problem in general, the developed attentiveness to need that was described above as well as the day-to-day interactions had gradually pushed many of the volunteers towards stronger pro-refugee political opinions:

“Interviewer: Would you say that through working with the Community kitchen or through volunteering in general your political views have changed in any way?

BCK2: Yes, probably. Yeah. I grew up in Northern Ireland for politics. Of course, it was always, you know.

Interviewer: Complicated.

BCK2: Absolutely. But but. Probably we were a middle-class family in a suburb of Belfast. Probably more conservative than anything else, but I think since volunteering over the years, not just with the Community kitchen, I've become probably more of a socialist and would be more aware of kind of the needs of other people”

[BCK2]

The apoliticality of the BCK is also evident from document analysis. Documents that were aimed simply to discuss the work done by the BCK (Serve the City 2021, 2022, 2023, The Bulletin 2023, Church of England 2024) were generally positive about the work being done, and rarely explored causes of the crisis. The only exception to this is passing references to state failure in the Serve the City reports (c.f. Serve the City 2022 pp. 14). The BCK website has two documents with a more political slant. The first, titled - “Watchdog rules “make no sense”” (communitykitchen.be 2022) is a demand for more flexibility in order to maintain the service. As discussed above this is a common theme among volunteers who argue that the most important thing is being able to continue providing the care, and flexibility is needed for this. The other article, titled “Michelin-starred feast” (communitykitchen.be 2023) details a protest action taken which the BCK were involved in, but importantly notes that other organisations were the drivers of this action.

This apoliticality becomes even more evident when contrasted with documents written by and about other organisations in the same space. A salient example of this can be seen in an article written by Médecins sans Frontières (Médecins sans Frontières 2022) discussing the *Hub Humanitaire* where food from the BCK is sent. The language in this document is much more clearly aligned with the idea that this is a politically made crisis, and not a simple care need. Further, the document details a set of demands. These demands go above simple finance and infrastructure investments to maintain operations, but larger scale political changes to bring about an end to the asylum crisis in Brussels.

Section 6.3: Competency and Responsiveness

As articulated in the theoretical framework, to consider an act caring it must be competent care work, and it must be responsive to the specific needs of the care receivers. How was this addressed by both organisations?

Section 6.3.1: Despensa Solidaria de Chamberí

The exact details of the work done by the DSC are available in the Cases section (specifically section 5.1.4). This process developed over time and is constantly evolving. The group is well organised, and they are consistently able to gather enough food for all partners every two

weeks. When asked about the future sustainability of the organisation, all interviewees were optimistic that it could continue, and even potentially grow to include other types of mutual aid - education of children, support of elderly members etc.

An important point to note is that the aid given is not necessarily one-size-fits-all. The group had a strong sense of specific needs of individual members - some needing lactose-free milk, some needing diapers for children or elderly dependents etc. Generally speaking, this was organised informally - since the nature of the organisation meant the partners all spent a lot of time with one another, the process of articulating specific needs was generally a simple conversation.

The exception to this is the internal commission, as described in the Cases section 5.1.4.3. This group, staffed by a rotating group of elected members, managed the handling of more sensitive cases. This allowed for a broader responsiveness that avoided stigmatisation of certain needs. Generally speaking, the partners who worked in the commission were the partners who went above and beyond - those that demonstrated the additional responsibility explored in section 6.1.1. Again, there was clearly an iterative element to their competency - they spent more time caring and working for the organisation, which built in them a better understanding of how everything worked, and which members of the DSC needed specific accommodations. This made them more suited to deal with sensitive issues in the commission not just due to a better understanding of what was possible, but also simply due to a better interpersonal connection with every other member of the organisation.

Section 6.3.2: Brussels Community Kitchen

The key competency for the BCK is cooking a nutritious and culturally appropriate meal. Cultural appropriateness is generally considered more of a challenge especially historically because the bulk of people cooking had a very different palate to the bulk of people receiving the meals.

All meals are vegetarian. While this is partly for financial reasons as all meals need to cost less than €0.20 (Church of England 2024), it is also in order to ensure that food is allergen free, and to make sure it is suitable for people with different dietary preferences, religious or otherwise.

The number of meals cooked has risen drastically. According to Serve the City Brussels' annual reports (Serve the City 2021, 2022, 2023), meals cooked rose from 1600 a week in 2021, to 1800 a week in 2022, to 4000 a week in 2023. Although there is not yet a final number for the year, the number is believed to have risen to 5000 a week in 2024 (Serve the City 2024). This outstrips the increase in volunteer hours, pointing to a rise in efficiency.

Further, responsiveness is regularly seen in how the meals are cooked. The Red Cross collects feedback from the diners after every meal, and this is used to adjust cooking in the future. An example of this was shared by a volunteer/founder:

“You know, in the early days, you know, when we were cooking, doing pasta and pasta sauce, you know, for example, we would buy cheese. You know, of course, you know, if you're going to do pasta with a, like, a tomato, veggie sauce, you have to have cheese on top because that's what we all do, put cheese on our pasta. So, you know, we were buying, you know, massive bags of grated cheese thinking, you know, this was nice. And then, you know, eventually we're getting the feedback stop with the cheese! You know, they don't really ... these guys (it's mainly men, mainly from Africa), they don't really know what that is. It's not necessary. You know, you

don't need the cheese. Which, so that was helpful. And also it meant it was cheaper for us because that was quite a big cost, this cheese. So often we do learn.”

[BCK1]

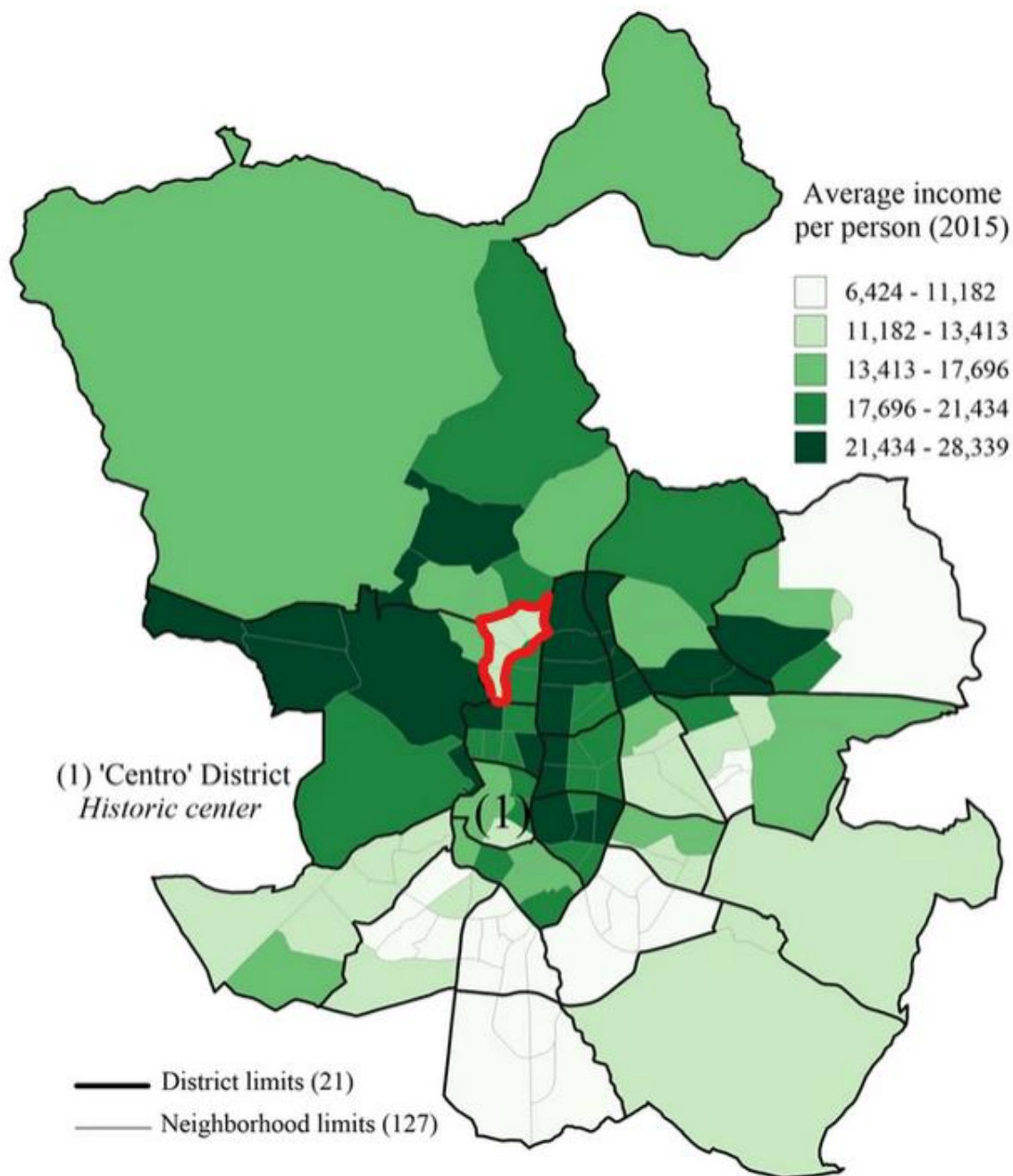
This level of responsiveness in their care takes the work being done by this group to a more personal, humanitarian level. This is noted further in this interview when the participant notes that many asylum seekers who have been granted papers and are therefore eligible to receive food from the state continue to attend meals at the *Hub Humanitaire*, because the care is of better quality.

Section 6.4: External Collaboration/Conflicts

Like all care work, the work done by these organisations does not exist in a vacuum. We can learn a lot about the groups by understanding more about who they collaborate with. In this section I will map out and describe the core collaborations each of these groups engage in, and how these collaborations are expected to grow. These networks of collaboration and conflict exist at a number of intersections - some defined by geographical scale, some by governance complexities, and some still by social categories (race, gender, religion).

Section 6.4.1: Despensa Solidaria de Chamberí

The core alliance created by the DSC is with neighbours. Without regular donations from more well-off neighbours, the DSC would not function. Many of the interviewees considered maintaining social connections with regular donors while collecting donations to be a key part of their role, and general meetings would often include discussions about exactly how to communicate with donors. It is important to note that Chamberí is a relatively well-off district within Madrid, and the neighbourhood within which the partners live (Tetuán/Bellas Vistas) is a lower-income enclave within a higher-income area:



(Source: López-Gay et al 2020, Tetuán marked in red by author)

This is part of how the DSC can manage and maintain such success. We can therefore understand the local space of the neighbourhood as the major point of collaboration for the DSC. On the other hand, this local space is under strong pressure from socio-economic forces. None of the partners interviewed currently live in Chamberí, but the majority (with the exception of DSC1) did live there when they started working with the DSC. Generally speaking, they were forced to move out due to rising rental prices after the Covid pandemic. They now live on the outskirts - Batán, Vallecas etc. While they have left the neighbourhood, the neighbourhood connections persist:

“Sometimes in the centre, like these centres, you pay a lot in rent so well, we move on. And so we go a little far but we don’t forget that we’re here, linked to this neighbourhood, for example, where we started everything”
[DSC3, author’s own translation]

We can safely conclude that there is a strong connection to the neighbourhood, even amongst the partners who don’t live there anymore. This is largely due to the continuing success of the Despensa thanks to its geographical position.

There is another conflict related to this scale. An issue partly caused by the local success of the DSC is that newcomers are coming from far specifically to come to this Despensa, even when a Despensa exists in their neighbourhood. Further, because the boundaries of the local space of the neighbourhood are not clearly defined, they are facing some competition from other Despensas to work in certain supermarkets. There is therefore more and more of a push to collaborate horizontally at a city scale between Despenas:

“We don’t see why people have to come from other provinces in Madrid to this Despensa. It’s because of this that we set the rule that we don’t receive people from outside. Because, I don’t see it well. Because since we work, they also have to work. Our goal is to train people that come from afar, train them so that they can go implement the same project as we have here. So that they know, but they don’t do it. So this is the reason that, ultimately we’re already 80 people and they come from all over so we had to say no. You have to live here and that’s it.”
[DSC2, author’s own translation]

The DSC also faces conflicts with local charities. Caritas, a Catholic social service organisation, is running into issues with the DSC. At many of the general meetings of the DSC, new people arrive saying they have been sent by Caritas to receive a food package. Generally they had not been briefed on how the organisation actually works, and were unaware they would need to work to receive food. At the time of research, no one sent by Caritas had actually joined up with the organisation. Caritas refused a request for an interview to discuss this.

Finally, the DSC has a tenuous relationship with the state. Technically speaking, the DSC receives no state support, and is a grassroots organisation. The space in which they meet for distributions is primarily managed by the community but receives some state finances (Espacio Bellas Vistas 2024). Further, in order to collect donations from supermarkets, they must negotiate with and receive a permit from the Madrid police. It is perhaps best to qualify the DSC as tolerated, but not supported by the state.

Section 6.4.2: Brussels Community Kitchen

The BCK sits within a large network of collaboration. Getting food into the *Hub Humanitaire* means working closely with the Red Cross. Volunteers come from a number of different organisations. They also regularly do information sharing and collaboration sessions with more politically involved organisations such as l’Olivier and Oasis (communitykitchen.be 2024).

It is important to note that a lot of the success of the BCK comes from the social and cultural capital of its members. An example of this in action came through in one of the interviews:

“And there’s a guy called [redacted] when he ever came across [redacted] and the church. A wonderful man who’s well up in his 80s and has still sings for the most amazing tenor voice at

this age. [...] He was he was a Cambridge choral scholar. But he's the treasurer and looks after the funding, looks after the money. And he does wonderful work to keep the finance flowing you know and I think had some great contacts and if the funds are running low. He can make a couple of phone calls and a few thousand more comes into the into the coffers".
[BCK2]

Other interviewers have discussed being able to pull in volunteers and funding from their professional and personal networks. As I have discussed in the theoretical frameworks, there are clear issues to having care for a group come from people external to that group. There is no doubt that part of the success of the BCK is because its members can leverage their existing privilege to collaborate more effectively with certain organisations and collect capital.

Similarly to the DSC, the BCK receives very little state support. While the COCOF (*COmmision COmmunautaire Française* - representative of French-speaking Belgian state in Brussels) does offer some support (Serve the City 2021), volunteers generally perceived the state as deliberately avoiding feeding undocumented asylum seekers⁴. The *Hub Humainaire* where food is sent is a state funded space, and the Red Cross receives a regular state subsidy to manage and maintain this space.

It is important to note that, while the BCK is not a religious organisation, it receives a huge amount of support from the Holy Trinity Anglican Church. According to participant BCK1, around 60-70% of funding for the kitchen comes from church-related grants. Church of England documents (2024) reveal that this funding comes not only from the Brussels Anglican church, but from the Church of England's Diocese in Europe, the United Society Partners in Gospel, and the Episcopal Church in Europe Refugee Grant Programme. Access to a large transnational network such as this church has clearly been of crucial importance to the growth of the BCK.

On top of this, the kitchen and related spaces all form part of the church. This is perhaps the only aspect of the BCK that is completely local. Volunteers come from all over the city, and indeed all over the world. Church funding is related to a transnational episcopal network, not a local church or parish. Non-church funding comes primarily from professional networks and therefore from transnational economic circles. The space, however, comes from a single local church community, albeit one that serves almost exclusively english-speaking immigrants.

Section 6.5: Gender and the Family

Section 6.5.1: *Despensa Solidaria de Chamberí*

All but one of the 80 families partnered with the DSC were female fronted. This is to say that, while men occasionally pitched in, it was by and large the women who took care of organising the work shifts, attending the general meetings, and doing the majority of the work.

The families that were being supported by the DSC were generally traditional two-parent nuclear families, although they were sometimes multi-generational. It was clear from working with the DSC that the care provided by the group was considered to be an extension of 'maternal-coded' care within the family, rather than the economic activity which men were

⁴ The state does have a legal obligation to feed asylum seekers once they have received initial documentation. The BCK are therefore focused on feeding specifically those the state has no obligation to feed.

engaged in. It is unclear the extent to which the DSC contributed to the development of these gender roles, and engaging with that further was considered out of the scope of this project.

It is important to note that the structure of the family which the DSC supports is relatively rigid. When a new family joins, they must go to a general meeting, present themselves, and present who is in their family to be registered. At one such meeting a woman arrived and said she would be collecting for her and her cousin. She was told this was impossible. In order to receive food, your family must be a single partner, dependent children, and potentially a dependent elderly parent. If this is not the case each individual must register (and provide the minimum work hours) separately. As stated in the “Rules of the Despensa” document, a partner family must provide identification documents for each family member to register them. The DSC then takes this information and, generally at a general meeting, decides by vote whether the family is eligible to join.

Section 6.5.2: Brussels Community Kitchen

The gender mix in the BCK was less one sided. While there are certainly more women than men, the ratio varies from 60-70% women. Similarly, family connections never featured in discussions of motivation to work with the BCK. It would not be fair to say gender imbalance in care is not a feature of the BCK, but it is much less stark than in the DSC.

Section 7: Discussion

This thesis investigated urban care through the perspective of two food-focused care organisations in Madrid and Brussels. It aimed to add to the literature on the 'caring city' in a way that acknowledged how care is already being delivered in cities, often outside of the traditional urban infrastructure academics tend to focus on. The following research questions were asked:

- How can informal urban care organisations be understood through the perspective of feminist care ethics?
- Does this differ when the care offer of these organisations is internally versus externally focused?
- To what extent does local space and context mitigate care in these organisations?
- How does centering informal care organisations change our understanding of 'Caring City' urbanism?

In this section, I will take the findings developed through analysis of interviews, documents, and ethnographic notes and, through the lens of the theoretical framework, provide an answer to these three questions.

Section 7.1: Care Ethics in the Organisations Studied

The original research question of this study was whether these organisations could be considered caring within theories of feminist care ethics. In order to answer this question, I drew on Tronto's (1993, 2015) framework with the aim to explore whether the organisations displayed attentiveness to need, responsibility, competence, responsiveness, and solidarity. Over time, it became clear that Tronto's feminist care ethics were evident in both organisations studied.

Section 7.1.1: Attentiveness to Need and Responsibility

The initial stage of any care action is becoming aware of a need in someone outside of yourself and making yourself personally responsible to do something about that need. Was this seen in the BCK and the DSC?

From the findings, I believe there is no doubt that both organisations represent examples of the attentiveness to need and responsibility. Participants in both cases displayed a strong attentiveness and responsibility to address respective needs. It is notable that awareness of need was generally not what precipitated volunteering in the BCK case, but that through volunteering members became more aware of the need, and therefore gained more responsibility.

Similarly, within the DSC, a pre-existing awareness of individual family-level need pushed people to join the organisation in the first place, but members who had been there longer were more likely to be aware of, and take responsibility for, the larger needs of the organisation. This was true even if addressing the needs of the organisation did nothing to help their family any more. It is also notable that this isn't a given - not everyone is willing to go the extra mile. There was a clear power struggle here as, like any organisation, the negotiation of who takes the extra action was sometimes fraught.

As articulated in the theoretical framework, ethics of care are not innate and unchanging, but rather develop and change throughout the act of care. I argue this is what we see within these organisations - individuals arrive at the organisation with a pre-existing sense of attentiveness to need and personal responsibility which motivates their initial action, but their attentiveness and responsibility is mediated through the routine act of caring within these organisations, and thus becomes shaped by their specific contexts. The attentiveness demonstrated is in many ways a self-reinforcing process - people care because they notice a need, but that caring gives them a deeper and more personal understanding for that need, and ultimately a deeper sense of responsibility to do something about it.

Section 7.1.2: Competence, Responsiveness, and Flexibility

A care act is more caring not only if it is done competently, but perhaps more importantly if it responds to how the care-receiver reacts to the care - if care is not responsive to differences between the carer and the care receiver, it is inherently worse. Can the DSC and BCK be argued to demonstrate these virtues?

Both the DSC and the BCK have created a care offering that is more suited to the needs of their care recipients than any state-provided alternative. It is clear that each organisation displays the competence necessary to be considered truly caring.

This competence is in no small part thanks to the responsiveness that these groups have been able to offer. Both organisations have demonstrated how they are able to adjust their offering based on changing care needs. Further, both organisations are constantly looking for and responding to feedback from their care recipients. This responsiveness would not be possible without the inherent flexibility of a small, care-focused organisation. As articulated by Tronto, responsiveness is a process of two-way communication between the carer and the care receiver. In order for this to be possible, communication needs to be as open as possible. This appears to have been achieved by both organisations precisely because they are bottom-up and focused on a small care need.

This represents a challenge for these organisations. Both organisations have enjoyed success because of this responsiveness, but that success is now causing them to grow to a point where that responsiveness becomes more and more difficult. It is interesting to note that they have responded in different ways: the DSC is aiming to limit the number of participants and encourage others to create similar initiatives in other neighbourhoods, while the BCK is professionalising - hiring several full-time employees and making large changes in the name of efficiency.

The question of what happens as these groups scale up has implications not only for how the state can partner with and support care-focused organisations, but also on the validity of individual-level care ethics as a framework for exploring the care provided by larger urban institutions. Although this question falls outside the scope of this thesis, further investigation into these questions is imperative for urban planners and policy makers.

Section 7.2: Limits on Who Receives Care

An aspect of caring organisations discussed in the literature (Saltiel 2021, Foth 2013, Catungal et al 2021, Gutiérrez Sánchez 2021) is the power negotiations involved in giving care to some, but not to others. While this is a natural fact of care - it is impossible to help everyone - where and how those limits are drawn matters.

Within the context of this study, there was a clear attempt by the BCK to avoid drawing these lines as much as possible. Food was sent to the *Hub Humanitaire*, and anyone who needed it could receive it. While the majority receiving the food were asylum seekers and especially *sans-papiers* who, as explained above, have no other legal recourse to receive food

aid, the *Hub* does not refuse a meal to anyone who requests it, and this was a point of pride for interview participants. This can perhaps be explained simply because the BCK has the capacity to do this. The BCK has seen huge growth in the number of meals being provided without a concomitant rise in volunteer hours. The question of how the organisation will limit care if further crisis forces it to confront its limits remains to be answered.

The DSC, on the other hand, frequently limits who receives care. Research has revealed three avenues of restriction: those who are not willing to work, those who live in a different neighbourhood where a separate *Despensa* exists, and those who are collecting for someone outside of their family as defined by the group. These limits are clearly assigned because the group is collecting just enough for the people it currently works with and will struggle in the future to continue providing care unless it keeps its numbers low.

This is not to criticise the DSC as less caring than the BCK. Rather, it is to argue that the ability to provide untargeted care is a privileged one. As articulated in the findings, volunteers at the BCK can draw on networks of social and economic capital (the Anglican Church, professional networks, personal networks etc.) to maintain their success. This is not true of the DSC, which must rely exclusively on local-level networks as well as on potential collaboration with other (similarly marginalised) mutual aid organisations.

I argue that this issue adds important nuance to an overly optimistic view of grassroots organisations' place within the 'Caring City'. The utopian ideal of 'Caring Democracy' is one in which everyone has equal access to and responsibility for care. A central tenet of that is openness. More marginalised organisations such as the DSC simply do not have the capacity for that openness. They must close themselves off to survive.

The advantages the BCK have over the DSC in terms of capacity to care are not politically neutral. Rather, they are a result of generational capitalist accumulation. Prioritising organisations like the BCK which have more capacity to care is not the path to create a genuinely open caring city. Rather, urban designers must find ways to allow 'self-care' organisations to expand and open themselves up. They must trust that organisations like the DSC have the capability to care for themselves but are obstructed by structural inequality.

Section 7.3: Politics: Solidarity or Complicity?

The fifth ethic as defined in the theoretical framework is solidarity. Does the care provided in these organisations contribute to the construction of a more equal world. Are these organisations a part of the larger political journey towards the 'caring city', or are they just providing food and nothing else?

The concept of the 'caring city' from an academic perspective is an inherently political ideal. As articulated in the literature review, it is a utopian view on how we can fundamentally change the politics of the city: revaluing care and social reproduction and devaluing capitalist growth. Academic literature on care and care urbanism takes this political message as central. Both care organisations I studied made conscious efforts to be apolitical. How can this dissonance be explained?

Section 7.3.1: The Post-Political City and Neoliberal Depoliticisation

One explanation is the neoliberal depoliticisation of care. As articulated in the literature review (Swyngedouw 2005, 2007, Fyfe 2005), a common analysis of NGOs and charities in modern cities is as, at least in part, tools in state pullback from welfare. The construction of these organisations as apolitical and simply caring is in this model a means to obfuscate the politics of neoliberalism.

The other side of this argument posits that organisations that care for people marginalised by society are inherently political because they reconstruct marginalised people as worthy of care (c.f. Evans 2011, Catungal et al 2021, and Saltiel 2021 as discussed in Section 3.1). This is often argued to be especially true when 'self-care' is involved - a group that is uncared for by the state or the economy and finds a way to care for itself can be argued to be creating an alternative to the state and to the economy.

Aspects of both of these arguments were uncovered through this research. Members of the BCK especially were clear that they felt the organisation had a greater potential to help by remaining politically neutral. Ultimately, the BCK is a very successful urban care organisation, and this is in no small part due to their focus on maintaining an achievable remit. The cost of this is that the crisis continues. The growth in meals provided each week from around 1600 in 2021 to 5000 in 2024 is often presented as a success story but is also indicative that the crisis facing asylum seekers in Brussels has not improved in any way and is in fact worsening. While the blame for the crisis absolutely cannot fall on the shoulders of volunteers simply trying to address their own helplessness, the argument towards complicity cannot be ignored.

This argument becomes especially salient when we compare the language around the work of the BCK with language around work done by organisations in the same space, such as the Médecins Sans Frontières article discussed in the findings. The care being provided by the BCK is important, but it must be considered and discussed in the context of response to a crisis, and not in the context of day-to-day care. While the care work being done by members of the BCK is unequivocally a good thing, the organisation cannot maintain an apolitical stance even if it means losing some capacity to care. If the crisis continues this 'flexibility' will be moot regardless.

Section 7.3.2: Gender and Apoliticality

The apoliticality of the DSC perhaps represents a more novel counterpoint to academic literature. The partners in the DSC are marginalised by mainstream Spanish society but have found a way to self-organise in order to survive and thrive. Arguably, surviving in a political system that doesn't want you to survive is an act of political resistance. Why, then, do they consider themselves to be an apolitical organisation? There is some merit to the idea articulated by participant DSC6 that care comes first in a hierarchy of needs, and only when those needs are met can political needs be articulated fully.

I argue that there is a strongly gendered element to this apoliticality. Critical feminist theories of the family have often argued that the idea of the nuclear family as an apolitical entity is a construction of the patriarchy that aims to sublate women's care labour in order to maintain capitalist growth (c.f. Federici 1975, Fraser 2016). Particular attention was paid in this research towards how partners in care organisations become responsible. As discussed in the theoretical framework, the even social development of this virtue of responsibility is an important feature of the 'Caring Democracy'. I note that family responsibility is still considered an apolitical reality for the women of the DSC. Since there is no question that these women should do whatever they can to support their families, the work they are doing becomes a given, and therefore cannot be framed as transformative. This is made clear in the interviews when the partners go further than to simply argue that the DSC is apolitical, but to argue that they themselves have no interest and no stake in politics.

This is a gendered construction - when what participant DSC6 refers to as *politiqueo* (c.f. findings section 6.2.1) does not represent women and particularly mothers, politics as a whole moves out of the remit of these women. I argue that the dissonance between the political language around the DSC in interviews with activists and in activist written documents with the apoliticality of the women is an obstacle in the work of the DSC. Without a critical feminist lens

in the anti-capitalist activism of mutual aid organisers that acknowledges and challenges this, these organisations will fail to create a truly transformative political movement.

There were less clear gender lines in the BCK. This is emblematic of a trend that is generally seen across volunteering in Northern Europe - while there are generally more women than men in volunteer organisations, there is a trend towards gender equality (Sánchez-García et al 2022, Boje et al 2020). There is some evidence that a gendered orientation towards care ethics is the central predictor of volunteer activity (Karniol et al 2003). While we cannot point to the same depoliticisation of carers on gender lines when discussing volunteer organisations, there is an argument to be made that the mismatch between the care ethic at the centre of volunteering and the justice ethic at the centre of politics depoliticises volunteering. An academic focus on the gendered ethic of volunteering gives us a method of discussing the questions of neoliberal complicity discussed above without dismissing the important routine work done by these organisations.

Section 7.4: Internally vs Externally Focused Care

One of the goals of this research was to explore the difference in care that was internally vs external focused i.e. care where the people doing the majority of the care work are or are not receiving the care personally. As mentioned in the literature review, it has been hypothesised that 'self-care' mutual aid organisations would be able to avoid issues around hierarchies of care and reification of care receivers as dependent (Saltiel 2021, Spade 2020, Firth 2022).

Firstly, there is some nuance in the extent to which the BCK is solely a one-way charity, as well as the extent to which the work done by partners in the DSC is solely to help themselves. It is true that a large proportion of volunteers at the BCK come from positions of relative socio-economic privilege in comparison to the care-receivers. However, the organisation works closely with *sans-papiers*, and often integrates them directly within the work. The example of participant BCK3 which is discussed in the findings is not a unique one. Similarly, while the main motivation for people joining the DSC was unequivocally to support their own family, the amount of extra labour done by many of the partners to support each other clearly goes beyond self-care. There is also the question of the activists who work with the organisation and do not receive a food package in exchange, although this is a relatively small proportion at the moment.

As expected, motivations also differ. Motivations for volunteering for members of the BCK are more often around socialisation, a sense of meaning, and a desire to 'stay active'. On the other hand, members of the DSC are more focused on receiving the food package.

The original hypothesis drawn from the literature was that externally focused care would run into more problems with a care giver - care receiver hierarchy. There was no evidence from this analysis that this was the case. In fact, as argued above, the DSC restricts who receives its care much more than the BCK. I argue this could have two implications. Firstly, if there is an issue of hierarchisation it is not immediately clear from short-term participant observation and interviews. Secondly, if there is no issue of hierarchisation there must be specific institutional design features that prevent this from happening - integration of care receivers in providing the care, a culture of responsiveness to need etc.. In both cases it is impossible to get a clear answer given time constraints on this study. A further long-term study of both organisations would be the best way to move forward.

Section 7.5: Place and Space

In order to avoid undue abstraction, it is important not to ignore the specific effects that local socio-spatial context has on both cases. There are important elements in both cases that would not occur in the others' city, even if other differences were removed.

As described in section 6.4.1, the DSC is successful in part thanks to its location in a poorer enclave within a much more well-off area in the city. However, this is a double-edged sword. Many of the partners have been forced to move due to rising rents. Rental pressure and gentrification are not something that can be simply explained, but in the Madrid context this is likely due to a rise in short-term rentals to cater to an ever-increasing tourism market (Ardura Urquiaga et al 2020). While this was originally only visible in more central areas of Madrid, there is a rapid rise in short-term accommodation in Chamberí which is having clear rental pressure on the area. The specific effect this has on the care mobilities of the women working in the DSC is unique to the Madrid context and must be considered as such when comparing the two.

Another important consideration is how social space is constructed in both organisations. Both organisations build the social cohesion necessary to function through daily care work, but also through a sense of belonging. For the DSC, this primarily manifests itself as a connection to South America (through dance classes, cooking certain meals during neighbourhood parties etc.). For the BCK on the other hand, there is a strong link with the anglophone 'ex-pat' community. Long-term volunteers are often members of the Anglican church and started working with the BCK for social reasons as well as out of more altruistic motivations. While this doesn't ultimately affect the care being provided, it is important to note that without this initial social capital these organisations likely would not have survived.

Returning to concepts of care as alternative infrastructure, there is a key geographical issue here. What is clear is that the care done by both organisations is the infrastructure that creates social space. However, especially in the case of the DSC, economic and political pressures create a schism between the social space and the physical space. While Madrid's mobility infrastructure has been generally successful in bridging this schism it still exists and is a key obstacle in the DSC's success.

Section 7.6: Implications for the 'Caring City'

The goal of this thesis was to explore the contribution of analysis of organisations like this to literature on the 'Caring City'. Generally speaking, the term is used primarily as a policy proposal. Therefore, it is important to explore the policy implications of the findings of this thesis. This research has shown a clear value for urbanists in integrating informal care organisations into the 'Caring City'. This section will explore how this could be done.

It is important to reiterate that the solution to the care crisis is not the marketisation of care. As Lynch (2022, Ch. 3) argues, some aspects of care work are inherently unmarketisable. She gives the simple example that even though you can buy your favourite meal, you cannot buy the emotional value of someone close to you making that meal for you. Within the context of both the BCK and the DSC we can clearly see that the care done by members of these organisations, particularly in their responsiveness to the care-receivers individual needs, go far beyond that which market solutions are able to provide. A simple example here is that when documented asylum seekers in Brussels can receive food from the state (or more accurately from catering services engaged by the state), many of them still return to the *Hub Humainaire* to receive a meal prepared by the BCK. The genuine care exhibited by this organisation has created a space of social cohesion for asylum seekers in Brussels. It is not

just that these organisations care for people where the market failed to. They do it better than the market could be expected to.

The first and most obvious conclusion from this is that city collaboration with caring organisations must be a part of ‘caring city’ policy. I believe to have clearly shown through this research that the care provided organisations represent key infrastructure for the social (and physical) reproduction of life for marginalised groups in their respective cities. Urbanism has historically struggled with creating a theoretical framework that acknowledges and supports informal infrastructure in cities (Mbaye and Dinardi 2019). As we continue to move towards a form of ‘acupuncture’ urbanism that rejects large projects and acknowledges the value of the smaller scale, this informal infrastructure will become more and more important.

These organisations are a core part of the informal caring ‘patchwork’ of urban citizens - providing care for vulnerable citizens but also community, purpose, and meaning for both carers and care receivers. In the BCK case, there is a clear argument that the organisation provides an avenue for social mix in a city that is rarely seen. The story of BCK3, who was able to get a visa in no small part thanks to connections made in the BCK, is a clear example of the value of organisations that create these weak ties (c.f. Granovetter 1983) across social groups. Organisations of this type bring people together in a way that urban designers can only dream of doing, and this should not be ignored.

It is clear through analysis of these groups that they represent a crucial social infrastructure within their communities. It is also clear that they function more-or-less independently of the state. As I have previously articulated, more state involvement with groups of this sort often implies more state pullback from providing these services, and ultimately forces these groups to be complicit in the neoliberalisation of the city. This is why, in my view, cities must recognise care itself as a crucial social infrastructure within the city. A caring city is one where the city provides space and support for individuals to care both within and outside their own social groups. This is where Davis’ (2022) conception of openness in urban design as discussed in section 3.3.1 is most relevant - creating open infrastructure that supports grassroots care organisations is in essence a Keynesian multiplier - open infrastructure allows for care, which is in and of itself infrastructure that supports the city, ultimately creating more care.

This has several benefits for the city that go beyond the simple fact that it is efficient. The most important of these is that it is not paternalistic. It recognises that marginalised people are not passively waiting for an all-powerful state to fix their problems but are instead actively cultivating their care networks to ensure their survival. It recognises that the care work being done are ‘acts of citizenship’ (Lampredi 2023, Evans 2011) that enable people to construct their own lives, not the lives that an urban designer believes they must have. Ultimately, it is a crucially important avenue for creating a truly participatory democracy.

We must not forget to maintain a critical lens. We must contend with questions raised by authors like Swyngedouw (2005) about these organisations being used by the neoliberal state to outsource services they should be providing themselves. There is no question that these claims have validity. However, the ‘Caring City’ is ontological before it is normative - it is not that a city *should* be primarily a place for care, it is that it *is* primarily a place for care, and we should acknowledge this. Acknowledging that the care work done in these organisations is a crucial social infrastructure for the city is in many ways a test of the humility of urban design - this is an infrastructure that policy cannot control. Considering the caring city to be a design question is arguably flawed - the structures that have created much of the marginalisation these groups are faced with forms a part of urban design, but the care work that they are doing to maintain their social bonds do not. Why then should it be policy makers who define themselves as carers?

Finally, it is worth reiterating how valuable the social ties created by these organisations are. There is an ongoing debate in the field of urbanism with regards to social mix. While some academics (Galster and Friedrichs 2014, Van Kempen and Bolt 2012) argue that policy that

decreases socio-spatial segregation will ultimately increase inter-group social cohesion and decrease inequality, others (Slater 2012) argue that the 'neighbourhood effect' is a statistical misreading of structural causes of poverty and bringing people geographically closer does nothing to address these structural causes. While social mix policies have been historically popular, they have not been conclusively shown to influence inequality (Capp et al 2024, Sturgis et al 2015).

We have seen examples from both the BCK and the DSC in promoting social cohesion. Although this is primarily in-group cohesion in the case of the DSC, the BCK has successfully allowed for inter-group exchange, cohesion, and even capital sharing (taking the case of participant BCK4 as an illustrative example). Returning to questions of care as social infrastructure, we can clearly see the value of organisations that exhibit an ethic of care in creating true social mix. There is a growing interest in urban sociology in using participatory community initiatives to promote social cohesion (e.g. Meir and Fletcher 2017), although these have had mixed results. The question of whether organisations that exhibit an ethic of care promote social cohesion and therefore true social mix is one that was outside the scope of this study. Nevertheless, there is a strong argument to be made for this; one that merits further investigation. Again, similarly to section 7.2, we see a clear example of how power defines how much care can be provided.

Section 8: Limitations

Part of any reflexive piece of social research must be an acknowledgement of the limitations of the research, a discussion of how attempts were made to minimise these limitations, and a discussion of what could be done in future research to address outstanding issues. I will discuss some of the limitations of my research here.

Section 8.1: Language

Interviews and document analysis for this study happened across three languages: English, French, and Spanish. While I possess native-level fluency for the former 2, my Spanish sits around the B2 level. From a data collection perspective, I attempted to minimise this by spending as much time as possible with the partners of the DSC. This not only allowed me more time to approach theoretical saturation that could have been reached much faster with better language skills, but it also gave time to both myself and the partners so that we could get used to communicating with each other. From an analysis perspective, I heavily depended on both online translation tools, and on working with native Spanish speakers for more tricky translations. Nevertheless, the language barrier could not be fully addressed. To truly address this issue, I would need to spend a much longer time with the organisation, improving my language skills as I went.

Section 8.2: Geographical and Sociopolitical Differences

This is a comparative study between two fundamentally different contexts. As articulated in the cases section, the socio-political context of the Spanish and Belgian welfare states differs in several key aspects. Further, the organisations differ in the direction care is focused as well as in the demographics of the participants. While the choice of two relatively different cases was deliberate in order to function within new paradigms of comparative urbanism (Robinson 2022), this does raise questions of epistemological validity for the larger conclusions. This could be addressed further by doing more in-depth studies of relevant cases in both contexts, and exploring how conclusions relate and differ within different levels of comparison.

Section 8.3: Time

There were strong time constraints on each of these studies. Due to the nature of the 4Cities Masters, I found myself in each of these cities for between 5 and 6 months. I also found myself in these cities at radically different points in my research process. The conclusions drawn are therefore limited. A proper study on the evolution of care ethics within these organisations would need to take place over a much longer time period. In the ideal, a grounded theory approach that tracked the evolution of care ethics in individual participants as well as the organisation as a whole over a period of years would yield much more empirically valid conclusions.

Section 8.4: Data Collection

Section 8.4.1: Interviews

The process for interview sampling for this study was not random. All participants personally volunteered to be interviewed, and especially in the context of the DSC were people I had already met and formed connections with. This has meant that I was much more likely to interview people who were more deeply involved with their respective organisations, as these were the people most likely to respond to requests for an interview. There are also potential questions of research bias due to my personal connection with many of those interviewed. Again, this is an issue that could only be resolved through a longer-term study of these organisations, and perhaps through the integration of cases which I had not directly volunteered with.

Section 8.4.2: Documents

Similarly, sampling for documents was not perfect. Neither of the organisations has any kind of in-depth document with concrete information about what they are. In order to create as comprehensive an image of the organisations as I could, I therefore had to use what I could get my hands on. Often these were documents with a clear discursive purpose - collecting donations, encouraging people to volunteer, etc. It is therefore to be expected that the information in these documents might be positively biased towards the organisations. This is why spending time directly working with the organisations and forming conclusions based on ethnographic research was so important.

Section 9: Conclusion

This thesis has aimed to explore care-focused informal organisations to contribute to literature around feminist care ethics and the city. A review of the literature found an undue focus in 'Caring City' urbanism towards formal infrastructure design, which is not reflected in where actual care happens in a city. In order to address this, the research took two grassroots urban care organisations - the Brussels Community Kitchen and the *Despensa Solidaria de Chamberí*. It asked the following questions:

- How can informal urban care organisations be understood through the perspective of feminist care ethics?
- Does this differ when the care offer of these organisations is internally versus externally focused?
- To what extent does local space and context mitigate care in these organisations?
- What does a study of these types of organisations reveal about 'Caring City' urbanism?
-

In order to address these questions, a framework based primarily on the work of Joan Tronto (1995, 2015) was created to analyse care ethics in these organisations based on how each organisation represented the five virtues associated with her five phases of care - attentiveness to need, responsibility, competence, responsiveness, and solidarity. Two organisations were

compared to address the question of internal versus external care, and both were researched through a combination of direct participation in volunteering, interviews, and document analysis. Finally, a reflexive thematic analysis process was taken to analyse the data collected.

The answer to the first question reached was that both organisations are successful in caring for their specific beneficiaries and show clear but nuanced examples of the first four virtues. In both cases, we saw groups of people who regularly built up an awareness of need both within and without their own social groups, took personal responsibility to address those needs, and addressed those needs in a way that was not only efficient, but that was responsive to the ever-changing needs of those they were caring for.

A clear nuance to this answer was found when considering more political aspects of care ethics. As described in the theoretical framework (section 3.2), there has been a move in recent years to include more political ideals in our frameworks of good care. Tronto (2013) refers to this through her fifth phase - 'caring with', with solidarity as the associated virtue. This aspect of the framework raised deeper questions when applied to the cases. Both organisations had a tendency to present themselves, and particularly any care work they did, as apolitical. When contrasted with more utopian care ethics in academia (Tronto 2015, The Care Collective 2020, Davis 2022, Lynch 2022, Klinenberg 2019, Hall 2020, Castells 2017), and linked to urban academic writing around complicity of volunteer organisations in neoliberal capitalism (Swyngedouw 2005, 2007, Fyfe 2005), as well as literature around biopolitical subject reification and hierarchisation (Saltiel 2021, Foth 2013, Catungal et al 2021), this apoliticality represents a challenge to more idealistic conceptions of care ethics. Many of the authors cited in this study draw the conclusion that grassroots care organisations will, almost by necessity, resist the structures that have prevented them from caring. The fact that this is not something the members of these organisations seem to agree with is something that must be acknowledged and explored if the political ideals of modern care theorists are to be brought to fruition.

The question of internally versus externally focused care was more nuanced than expected - care from the 'externally focused' organisation often involved care beneficiaries directly in the work and demonstrated a high amount of responsiveness to feedback from the care receivers. Further, 'internally focused' care had clearly developed an ethic in more long-standing members to be focused on the success of the organisation at the same time as the needs of their family. An important question was raised around how each organisation limits who can receive care. While it was found that the internally focused DSC was much more restrictive than the externally focused BCK, this was argued to be primarily due to practical limitations - the BCK had not yet reached its productive capacity, but the DSC had.

Regarding place and local context, it was clear that geographical space as well as socially constructed space were prerequisites for the success of both organisations. However, especially in terms of the DSC, gentrifying pressures represented a key risk to the long-term success of the organisation.

Finally, this research contributes to literature that maintains that, rather than being a question of designing new 'caring infrastructure', 'Caring City' urbanism should centre care itself as core social infrastructure. Top-down urban design cannot represent the virtues of attentiveness to need and responsiveness in the same way these informal organisations have been able to. If cities want to be more caring, they must collaborate directly with groups who are involved in care in their cities. Concretely, the requests from the organisations are to be given space and infrastructure to be able to do what they are already doing, but to avoid defining what

type of care they provide or how they should do it. This is the ethic of openness defined by Davis (2022) and discussed in the theoretical framework (section 3.3.1).

This openness is valuable for several reasons. Firstly, these organisations are in many ways more able to provide care than the state - they represent a more genuine ethic of care. Secondly, perhaps more importantly, creating a city that is open to these kinds of organisations is key in the creation of a more participatory democracy. More than just being a meal, the care provided through these organisations is an 'act of citizenship' (Lampredi 2023, Evans 2011). That is to say, by creating a grassroots organisation that truly cares for individuals that the state has defined as 'unworthy' of care (c.f. Tronto 2015 pp. 10-12), organisations like the BCK and the DSC push the boundaries of citizenship, and ultimately create a more open and inclusive society. Designing a city with openness that allows people to genuinely care for each other is a multiplier. Not only does it allow people to maintain the social order that is already there, it allows them to build on it and expand on it in radical ways.

It is worth reiterating that there are important limitations to this study: language, socio-political differences between cases, sampling biases, and most importantly time. In order to truly answer the questions being asked by this study, a much longer-term grounded theory study of the cases would need to be undertaken. This would not only allow deeper research into the questions raised by this study but would also allow research into how an ethic of care develops in a participant in an organisation of this type. All interviewees had been working with their respective organisations for years, and therefore had a strongly developed ethic of care. The hypothesis at the centre of this thesis is that it is through working with organisations of this type that this was developed, but that remains to be analysed. Working directly with the organisations for a longer term, one would naturally see newcomers develop into veterans, which would mean one could track the development of care ethics within an individual. A grounded theory process would allow a researcher to take the framework developed through this thesis and test/retest it across different stages in the organisation and individual partners' development.

Another avenue to explore in order to address limitations of this study would be to add further cases. Both of these organisations exist within a much larger context, and it is likely that many of the conclusions held about these organisations would not hold for other organisations in the same context. The only way to truly explore this would be to devote more time to exploring other *Despensas* in the Madrid case, and other organisations aimed at supporting the *sans-papiers* community in Brussels. In both cases, this would provide clearer insights not only into the original cases studied, but also into the larger research questions around integrating organisations like this into broader political visions.

This research has shown that there is a clear value to centering pre-existing informal care organisations in academics' conception of the 'Caring City', but that this is not often the target of the literature. These organisations clearly fit into seminal theories of feminist care ethics, while simultaneously representing alternative and innovative ways of ensuring care is maintained during an ongoing 'Crisis of Care'. The care they provide functions as social infrastructure for their communities and, in the case of the BCK, for external marginalised groups. A lack of focus on these types of organisations is at best a missed opportunity, and at worst an epistemological challenge to the marriage of care ethics and the city. Top-down questions of architecture, transport planning etc. are, undeniably, important and should be a part of policy. A truly 'caring' designer must never lose sight of the fact that care is something people will do regardless of their design, and the best design they can do is one that centres the care, not the design.

Section 10: Bibliography

1. Alam, A., & Houston, D. (2020). Rethinking care as alternate infrastructure. *Cities*, 100, 102662. <https://doi.org/10.1016/j.cities.2020.102662>
2. Andersen, D., Toubøl, J., Kirkegaard, S., & Bang Carlsen, H. (2022). Imposed volunteering: Gender and caring responsibilities during the COVID-19 lockdown. *The Sociological Review*, 70(1), 39–56. <https://doi.org/10.1177/00380261211052396>
3. Ardura Urquiaga, A., Lorente-Riverola, I., & Ruiz Sanchez, J. (2020). Platform-mediated short-term rentals and gentrification in Madrid. *Urban Studies*, 57(15), 3095–3115. <https://doi.org/10.1177/0042098020918154>
4. Bambra, C. (2007). Going beyond The three worlds of welfare capitalism: Regime theory and public health research. *Journal of Epidemiology and Community Health*, 61(12), 1098–1102. <https://doi.org/10.1136/jech.2007.064295>
5. Barañano Cid, M. (2023). “Cuidados, Bienestar, Territorio,”. In Díaz Martínez, C., and Pecourt Gracia, J. (Eds.) *La omnivoridad sociológica. Contribuciones en torno a la obra de Antonio Ariño*. Madrid: Centro de Investigaciones Sociológicas.
6. Barbeta-Viñas, M., & Muntanyola-Saura, D. (2021). Ideological Discourses of Fathers on Paternity Leave in Spain. *Journal of Family Issues*, 42(8), 1706–1736. <https://doi.org/10.1177/0192513X20949892>
7. Bertin, G., Carrino, L., & Pantalone, M. (2021). Do standard classifications still represent European welfare typologies? Novel evidence from studies on health and social care. *Social Science & Medicine*, 281, 114086. <https://doi.org/10.1016/j.socscimed.2021.114086>
8. Boje, T. P., Hermansen, J., & Møberg, R. J. (2019). Gender and Volunteering in Scandinavia. In L. S. Henriksen, K. Strømsnes, & L. Svedberg (Eds.), *Civic Engagement in Scandinavia: Volunteering, Informal Help and Giving in Denmark, Norway and Sweden* (pp. 153–174). Springer International Publishing. https://doi.org/10.1007/978-3-319-98717-0_7
9. Bowen, G. A. (2009). Document Analysis as a Qualitative Research Method. *Qualitative Research Journal*, 9(2), 27–40. <https://doi.org/10.3316/QRJ0902027>
10. Braun, V., & Clarke, V. (2021). *Thematic Analysis: A Practical Guide*. SAGE.
The Care Collective. (2020). *The Care Manifesto: The Politics of Interdependence*. Verso.
11. Brussels Community Kitchen. (2024). *Our Partners*. Available online at <https://communitykitchen.be/partners/> [Accessed 03/08/2024].

12. Brussels Community Kitchen. (2024). *Recipes*. Available online at <https://communitykitchen.be/recipe/> [Accessed 03/08/2024].
13. Bulletin, The. (2023). "Perfect mix: Brussels' Community Kitchen feeds refugees and is a stepping stone to integration" *The Bulletin*. Available online at <https://www.thebulletin.be/perfect-mix-brussels-community-kitchen-feeds-refugees-and-stepping-stone-integration> [Accessed 04/08/2024] [Transcribed in appendix]
14. BX1.be. 2022. 1000 repas gastronomiques distribués aux demandeurs d'asile de la rue des Palais. *BX1.be*. Available online at <https://bx1.be/categories/news/1000-repas-gastronomiques-distribues-aux-demandeurs-dasile-de-la-rue-des-palais/> [Accessed 08/08/2024].
15. Capp, R., Porter, L., & Kelly, D. (2024). Re-scaling social mix: Public housing renewal in Melbourne. In *Creating Mixed Communities through Housing Policies*. Routledge.
16. Castells, M. and Banet-Weiser, S. (2017). Economy is Culture. In Castells, M. (Eds). *Another Economy is Possible: Culture and Economy in a Time of Crisis*. Cambridge: Polity Press.
17. Catungal, J. P., Klassen, B., Ablenas, R., Lambert, S., Chown, S., & Lachowsky, N. (2021). Organising care and community in the era of the 'gay disease': Gay community responses to HIV/AIDS and the production of differentiated care geographies in Vancouver. *Urban Studies*, 58(7), 1346–1363. <https://doi.org/10.1177/0042098020984908>
18. Charmaz, K.. (2014). *Constructing Grounded Theory: 2nd Edition*. London: Sage Publications.
19. Cho, M., Bonn, M. A., & Han, S. J. (2018). Generation Z's Sustainable Volunteering: Motivations, Attitudes and Job Performance. *Sustainability*, 10(5), 1400. <https://doi.org/10.3390/su10051400>
20. Chodorow, N. (1974). *Family Structure and Feminine Personality: The Reproduction of Mothering*. Brandeis University.
21. Church of England. (2024). "World Refugee Day: The community kitchen working from a church that is feeding thousands". <https://www.churchofengland.org/media/stories-and-features/world-refugee-day-community-kitchen-working-church-feeding-thousands> [Accessed 03/08/2024].
22. Cobos Tribiño, L., and Laosa Crespo, L. (2022) "Las redes comunitarias y la crisis de la Covid-19: Un estudio de caso de las experiencias en Córdoba (Argentina) y Madrid (España)". In Nel.lo O., Blanco, I. and Gomà, R. (Eds). *El apoyo mutuo en tiempos de crisis: La solidaridad ciudadana durante la pandemia Covid-19*. Buenos Aires: Clasco.

Pp. 227-251

23. Juliet Davis. (2022). *The Caring City: Ethics of Urban Design*. Policy Press.
24. Escriva, A. and Skinner, E. (2008) 'Domestic Work and Transnational Care Chains in Spain', in H. Lutz (ed.), *Migration and Domestic Work: A European Perspective on a Global Theme*. Hampshire and Burlington: Ashgate, pp. 113-126
25. Evans, J. (2011). Exploring the (bio)political dimensions of voluntarism and care in the city: The case of a 'low barrier' emergency shelter. *Health & Place*, 17(1), 24–32. <https://doi.org/10.1016/j.healthplace.2010.05.001>
26. Federici, S. (1975). *Wages against housework*. Bristol: Falling Wall Press.
27. Firth, R. (2022). *Disaster Anarchy: Mutual Aid and Radical Action*. Pluto Press. <https://doi.org/10.2307/j.ctv2rr3gms>
28. Foth, T. (2013). Understanding 'caring' through biopolitics: The case of nurses under the Nazi regime. *Nursing Philosophy*, 14(4), 284–294. <https://doi.org/10.1111/nup.12013>
29. Fraser, N. (2016). Capitalism's Crisis of Care. *Dissent*, 63(4), 30–37. <https://doi.org/10.1353/dss.2016.0071>
30. Fyfe, N. R. (2005). Making Space for "Neo-communitarianism"? The Third Sector, State and Civil Society in the UK. *Antipode*, 37(3), 536–557. <https://doi.org/10.1111/j.0066-4812.2005.00510.x>
31. Galster, G. C., & Friedrichs, J. (2015). The Dialectic of Neighborhood Social Mix: Editors' Introduction to the Special Issue. *Housing Studies*, 30(2), 175–191. <https://doi.org/10.1080/02673037.2015.1035926>
32. Gracia, P., & Esping-Andersen, G. (2015). Fathers' child care time and mothers' paid work: A cross-national study of Denmark, Spain, and the United Kingdom. *Family Science*, 6, 1–12. <https://doi.org/10.1080/19424620.2015.1082336>
33. Granovetter, M. (1983). The Strength of Weak Ties: A Network Theory Revisited. *Sociological Theory*, 1, 201–233. <https://doi.org/10.2307/202051>
34. Gutiérrez Sánchez, I. (2021). Infrastructures From Below: Self-Reproduction and Common Struggle in and Beyond Athens in Crisis. In Gabauer, A., Knierbein, S., Cohen, N., Lebuhn, H., Trogal, K., Viderman, T., & Haas, T. (Eds). *Care and the City: Encounters with Urban Studies* (1st ed.). Routledge. <https://doi.org/10.4324/9781003031536>
35. Hagan, J. (2022). The Pitfalls and Potential of Participant-Observation: Ethnographic Enquiry in Volunteering. *VOLUNTAS: International Journal of Voluntary and Nonprofit*

- Organizations*, 33(6), 1179–1186. <https://doi.org/10.1007/s11266-021-00421-y>
36. Hochschild, A. (2012). *The Outsourced Self: Intimate Life in Market Times*. Metropolitan Books.
 37. Hochschild, A. (2014). "Global Care Chains and Emotional Surplus Value". In Engster, D. and Metz, T. (Eds). *Justice, Politics, and the Family*. New York: Routledge.
 38. Isaksen, L. W., & Näre, L. (2019). Local loops and micro-mobilities of care: Rethinking care in egalitarian contexts. *Journal of European Social Policy*, 29(5), 593–599. <https://doi.org/10.1177/0958928719879669>
 39. Isin, E.F. (2008). Theorizing Acts of Citizenship. In E.F. Isin and G.M. Nielsen (eds.) *Acts of Citizenship*. New York: Palgrave Macmillan, pp. 15–43.
 40. Karniol, R., Grosz, E., & Schorr, I. (2003). Caring, Gender Role Orientation, and Volunteering. *Sex Roles*, 49(1), 11–19. <https://doi.org/10.1023/A:1023953401662>
 41. Klinenberg, E. (2019). *Palaces for the people: How social infrastructure can help fight inequality, polarization, and the decline of civic life*. Broadway Books.
 42. Kofman, E., & Raghuram, P. (2015). *Gendered Migrations and Global Social Reproduction*. Palgrave Macmillan UK. <https://doi.org/10.1057/9781137510143>
 43. Kussy, A., Palomera, D., & Silver, D. (2023). The caring city? A critical reflection on Barcelona's municipal experiments in care and the commons. *Urban Studies*, 60(11), 2036–2053. <https://doi.org/10.1177/00420980221134191>
 44. Lafaut, D., & Coene, G. (2019). "Let Them In!" Humanitarian Work as Political Activism? The Case of the Maximiliaan Refugee Camp in Brussels. *Journal of Immigrant & Refugee Studies*, 17(2), 185–203. <https://doi.org/10.1080/15562948.2018.1430283>
 45. Lampredi, G. (2023). Activist care: Acts of care as acts of citizenship. *International Journal of Care and Caring*, 1(aop), 1–14. <https://doi.org/10.1332/239788221X16903901573257>
 46. Lebrusán Murillo, I., & Gómez García, M. V. (2022). The Importance of Place Attachment in the Understanding of Ageing in Place: "The Stones Know Me". *International Journal of Environmental Research and Public Health*, 19, 17052. <https://doi.org/10.3390/ijerph192417052>
 47. Lefebvre, H. (1992). *The Production of Space*. London: Wiley-Blackwell.
 48. López-Gay, A., Andújar-Llosa, A., & Salvati, L. (2020). Residential Mobility, Gentrification and Neighborhood Change in Spanish Cities: A Post-Crisis Perspective. *Spatial Demography*, 8(3), 351–378. <https://doi.org/10.1007/s40980-020-00069-0>
 49. Marcigliano, A., Ragozino, S., & Corsi, M. (2023). Is Brussels a 'Care city'? A gender investigation on the effects of the public transportation system on carers' lives. *Scienze*

Del Territorio, 11(2), Article 2. <https://doi.org/10.36253/sdt-14430>

50. Mbaye, J., & Dinardi, C. (2019). Ins and outs of the cultural polis: Informality, culture and governance in the global South. *Urban Studies*, 56(3), 578–593.
<https://doi.org/10.1177/0042098017744168>
51. Mears, E. (2022). Michelin-starred Feast. *Brussels Community Kitchen*. Available online at <https://communitykitchen.be/michelin-starred-feast-for-asylum-seekers/> [Accessed 08/08/2024]
52. Mears, E. (2022). Watchdog rules “make no sense”. *Brussels Community Kitchen*. Available online at <https://communitykitchen.be/food-watchdog-rules-make-no-sense/> [Accessed 08/08/2024]
53. Meir, D., & Fletcher, T. (2019). The transformative potential of using participatory community sport initiatives to promote social cohesion in divided community contexts. *International Review for the Sociology of Sport*, 54(2), 218–238.
<https://doi.org/10.1177/1012690217715297>
54. Médecins sans Frontières. (2022). *Le Hub Humanitaire depuis 5 ans à Bruxelles : lieu indispensable pour personnes migrantes en errance et pourtant sans perspective d’avenir*. Médecins sans Frontières. Available online at <https://www.msf-azg.be/fr/news/le-hub-humanitaire-depuis-5-ans-%C3%A0-bruxelles-lieu-indispensable-pour-personnes-migrantes-en> [Accessed 04/08/2024] [Transcribed in Appendix]
55. Morgan, H. (2022). Conducting a Qualitative Document Analysis. *The Qualitative Report*. <https://doi.org/10.46743/2160-3715/2022.5044>
56. Mould, O., Cole, J., Badger, A., & Brown, P. (2022). Solidarity, not charity: Learning the lessons of the COVID-19 pandemic to reconceptualise the radicality of mutual aid. *Transactions of the Institute of British Geographers*, 47(4), 866–879.
<https://doi.org/10.1111/tran.12553>
57. Nihei, N. (2010). Reconsideration of the Problem of Complicity between Volunteering Activities and Neo-liberalism. *International Journal of Japanese Sociology*, 19(1), 112–124. <https://doi.org/10.1111/j.1475-6781.2010.01124.x>
58. North, B. (2014). *The CEFR in Practice*. Cambridge University Press.
59. Parreñas, R. S. (2015) *Servants of Globalization: Migration and Domestic Work* (2nd edn.). Stanford: Stanford University Press.

60. Pérez-Orozco, A. (2015). Subversión Feminista De La Economía. *Sociología del Trabajo*, 83, 7-15.
61. Porras Sanchez, Sara. (2023). "La Des/rearticulación de los Discursos en torno al modelo de ciudad. La mirada feminista en el gobierno de Ahora Madrid." Doctoral Thesis.
62. Pratchett, T. (2004). *A Hat Full of Sky*. London: Corgi Books.
63. Raghuram, P. (2012). Global care, local configurations – challenges to conceptualizations of care. *Global Networks*, 12(2), 155–174.
<https://doi.org/10.1111/j.1471-0374.2012.00345.x>
64. Razavi, S. (2007) .The political and social economy of care in a development context: conceptual issues, research questions and policy options, *Gender and Development Paper no. 3*. Geneva: UNRISD. <https://cdn.unrisd.org/assets/library/papers/pdf-files/razavi-paper.pdf>
65. Robinson, J. (2022). *Comparative Urbanism*. John Wiley & Sons, Ltd.
<https://doi.org/10.1002/9781119697589>
66. Rosol, M. (2012). Community Volunteering as Neoliberal Strategy? Green Space Production in Berlin. *Antipode*, 44(1), 239–257. <https://doi.org/10.1111/j.1467-8330.2011.00861.x>
67. Saltiel, R. (2021). "Care as an Act of Inequality? Complex Social Relations Within the Refugee Camp in Brussels' Maximilian Park Throughout 2015" In Gabauer, A., Knierbein, S., Cohen, N., Lebuhn, H., Trogal, K., Viderman, T., & Haas, T. (Eds). *Care and the City: Encounters with Urban Studies* (1st ed.). Routledge.
<https://doi.org/10.4324/9781003031536>
68. Same, A., McBride, H., Liddelow, C., Mullan, B., & Harris, C. (2020). Motivations for volunteering time with older adults: A qualitative study. *PLOS ONE*, 15(5), e0232718.
<https://doi.org/10.1371/journal.pone.0232711>
69. Sánchez-Carretero, C. (2005) 'Motherhood from Afar: Channels of Communication among Dominican Women in Madrid', *Migration: A European Journal of International Migration and Ethnic Relations*, 43/44/45, pp. 145-164
70. Sánchez-García, J., Gil-Lacruz, A. I., & Gil-Lacruz, M. (2022). The Influence of Gender Equality on Volunteering Among European Senior Citizens. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*, 33(4), 820–832.
<https://doi.org/10.1007/s11266-021-00443-6>

71. Same, A., McBride, H., Liddel, C., Mullan, B., & Harris, C. (2020). Motivations for volunteering time with older adults: A qualitative study. *PLOS ONE*, 15(5), e0232718. <https://doi.org/10.1371/journal.pone.0232718>
72. Serve the City Brussels. (2021). *Annual Report 2021*. Available online at <https://cdn.servethecity.net/wp-content/uploads/sites/2/2022/09/stc-annual-report-2021-en.pdf> [Accessed 03/08/2024] [Relevant sections included in Appendix]
73. Serve the City Brussels. (2022). *Annual Report 2022*. Available online at <https://cdn.servethecity.net/wp-content/uploads/sites/2/2024/02/annual-report-2022-stc.pdf> [Accessed 03/08/2024] [Relevant sections included in Appendix]
74. Serve the City Brussels. (2023). *2023, a Year of Growth*. Available online at <https://www.servethecity.brussels/2024/01/31/2023-a-year-of-growth/> [Accessed 03/08/2024] [Relevant sections included in Appendix]
75. Serve the City Brussels. (2024). "Community Kitchen reaches 5000 weekly meals!". Available online at <https://www.servethecity.brussels/2023/09/12/community-kitchen-reaches-5000-weekly-meals/> [Accessed 03/08/2024] [Full article included in Appendix]
76. Spade, D. (2020). Mutual Aid for Mobilization and Survival. *Social Text*.
77. Sturgis, P., Brunton-Smith, I., Kuha, J., & Jackson, J. (2015). Ethnic diversity, segregation and the social cohesion of neighbourhoods in London. In *Multiculturalism, Social Cohesion and Immigration*. Routledge.
78. Vienna Centre for Gender Mainstreaming. (2021). *Gender Mainstreaming Made Easy*. Stadt Wien.
79. Swyngedouw, E. (2005). Governance Innovation and the Citizen: The Janus Face of Governance-beyond-the-State. *Urban Studies*, 42(11), 1991–2006.
80. Swyngedouw, E. (2007). The post-political city. *Urban Politics Now. Re-Imagining Democracy in the Neoliberal City*, 58–77.
81. Tronto, J. C. (1993). *Moral Boundaries: A Political Argument for an Ethic of Care*. Psychology Press.
82. Tronto, J. C. (2015). *Who Cares?: How to Reshape a Democratic Politics*. Cornell University Press. <https://doi.org/10.7591/9781501702761>
83. Van Kempen, R., & Bolt, G. (2012). Social consequences of residential segregation and mixed neighborhoods. In Clapham, D., Clark, W. A. V., & Gibb, K. (Eds) *The Sage*

Handbook of Housing Studies. (pp. 439–460).

<https://doi.org/10.4135/9781446247570.n23>

84. Varpio, L., O'Brien, B., Rees, C. E., Monrouxe, L., Ajjawi, R., & Paradis, E. (2021). The applicability of generalisability and bias to health professions education's research. *Medical education*, 55(2), 167–173. <https://doi.org/10.1111/medu.14348>
85. Williams, M. J. (2016). Justice and care in the city: Uncovering everyday practices through research volunteering. *Area*, 48(4), 513–520. <https://doi.org/10.1111/area.12278>
86. Witten, K., Kearns, R., McCreanor, T., Penney, L., & Faalau, F. (2009). Connecting Place and the Everyday Practices of Parenting: Insights from Auckland, New Zealand. *Environment and Planning A: Economy and Space*, 41(12), 2893–2910. <https://doi.org/10.1068/a41377>

Section 11: Appendix

Section 11.1: Interviews

Section 11.1.1: Interview Guide

Section 11.1.1.1 Interview for Leaders

Category	Question	Spanish	Notes
Overall Organisation	What is the function of the organisation?	¿Por qué existe esta organización?	
Overall Organisation	How is the hierarchy organised? Are there clear leaders? Is there a board to take care of key decisions?	¿Cómo está organizado? ¿Hay líderes? ¿Quién toma las decisiones?	
Overall Organisation	How is the organisation funded and administered? Do you receive help from the state? Would you consider it to be a grassroots initiative? What sort of flexibility does the organisation have to address issues in a way the state cannot?	¿De dónde vienen las fondeas? ¿Es una organización popular?	
Reasons for Volunteering	What would you say motivates the majority of volunteers? Why did you personally get involved?	Para ti solo, por que te involucraste con esta organización? Y las otras voluntarias?	Should reveal questions on attentiveness of need and responsibility
Awareness of need	What is the need your organisation addresses? How do you understand what the group you are serving needs? Are there specific constraints on the	¿Cuál es la necesidad de ayuda que la organización aborda? ¿Cómo sabes cuáles son las necesidades del grupo que ayudas?	Cf. Tronto 1993

Category	Question	Spanish	Notes
Overall Organisation	What is the function of the organisation?	¿Por qué existe esta organización?	
	food you serve?		
Hierarchies of Need	How do you decide who is worthy of care? If the organisation is targeting one group what happens when a person who doesn't fit asks to use your service?	¿Cómo sabes a quién dar ayuda?	Cf. Saltiel 2023
Politics	Should the state be providing care instead of this organisation? Would your group still have a value if the state provided the care you provide?	Sería mejor si el gobierno tratará de dar este cuidado?	Cf. Swyngedouw 2005
Politics	Have your political views changed as a result of the work you are doing?	¿Trabajar en esta organización ha cambiado tus opiniones políticos?	
Politics	How does the organisation balance providing for immediate needs of your target group and advocating for political change?	La organización intenta abogar por el cambio político?	Cf. Swyngedouw 2005, Firth 2022
Standards of care	Can you tell me about the minimum standards of care expected of every meal you provide/of the service you offer?	Cuales son las estándares mínimos del cuidado que ofrecen	Cf. Lynch 2022, Brown et al 2019
Standards of Care	Are you able or willing to go above the minimum standard in appropriate cases?	A veces haces más que el mínimo cuando parece necesario?	Cf. Lynch 2022, Brown et al 2019

Category	Question	Spanish	Notes
Overall Organisation	What is the function of the organisation?	¿Por qué existe esta organización?	
	How do you choose when to do that?		

Section 11.1.1.2: Interview for Volunteers

Category	Question	Spanish	Notes
Personal Information - connection	Do you have a personal connection to the group you are volunteering to help? If yes does the type of care you deliver differ because of this personal connection? If no, what motivated you to work with people you have no connection to?	Tienes un conexión personal a la organización?	
Personal Information - function	What is your role? What does your day-to-day look like?	¿Cuál es tu parte en esta organización? Que haces cada día	
Personal information - time demand	How much time a month do you dedicate to the organisation? How long have you been doing this? How long do you plan to continue?	¿Cuánto tiempo dedicas a esta organización cada mes?	
Reasons for Volunteering	Why did you personally get involved with this organisation?	¿Por qué te involucraste con esta organización?	Should reveal questions on attentiveness of need and responsibility
Volunteer information	Who are the volunteers? Did you know them before this?	¿Quiénes son los voluntarios? Los conocía antes de que existiera la organización??	
Politics	Have your political	¿Trabajar en esta	

	views changed as a result of working with this organisation?	organización ha cambiado tus opiniones políticos?	
Politics	Should the priority of this organisation be to provide the service you offer or to create political pressure to change the structures creating the need in the first place?	Crees que la organización debe luchar contra problemas políticos más, o solo intentar cuidar a la gente que lo necesita?	Cf. Firth 2022, Swyngedouw 2005
Awareness of Need	What made you aware of the need faced by this group?	Como te diste cuenta de que había gente en tu entorno que necesitaban cuidado?	Cf Tronto 1993
Hierarchies of Need	How do you personally believe this organisation should define who receives the care?	¿Puedes hablarme de las personas a las que ayuda la organización? ¿Cómo decide la organización a quién dar ayuda?	Cf. Saltiel 2023
Location/Territorialisation	Your connection to the space, your connection of neighbourhoods	¿Vives aquí? ¿Tienes una conexión al barrio?	
Future	What do you see happening with this organisation in the future? How does the organisation survive outside of the crisis it was originally set up to address.	¿Cuál va a ser el futuro de esta organización en tu opinión?	

Section 11.1.2: Interview Participants

Section 11.1.2.1 Brussels Community Kitchen

Participant Tag	Age	Nationality	Job	Summary
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BCK1	50s/60s	English	Lawyer - Founder of CK	Lifelong volunteer and member of Anglican church. While volunteering with the Maximilian park she realised the church had facilities that could provide food more efficiently so she set up the BCK. Deep personal passion for the work done by the BCK.
BCK2	50s/60s	Irish	Retired business owner	Lifelong volunteer - moved to Brussels with his husband (an EU diplomat) when he retired. An Anglican, the BCK is one of a number of church communities he tried to work with, and one of the more open and accepting. Strong belief that the organisation must stay small to be able to provided the care it does - too much growth and it would become unwieldy.
BCK3	20s/30s	Iranian	Chef with CK - regularised migrant	Originally came to Brussels as an asylum seeker. She had previously cooked for large groups in migrant camps in Greece, so came to the BCK with a lot of experience. A regular fixture at the BCK, she was able to secure both full-time employment and support for documentation from other volunteers.
BCK4	20s/30s	American	Lobbyist in EU parliament	Lifelong volunteer who found the BCK through the church while between jobs. Strong belief in taking action rather than just discussing politics. Runs sunday shift as she is now working full-time.

Section 11.1.2.2 Despensa Solidaria de Chamberí

Participant Tag	Age	Nationality	Job	Summary
DSC1	40s/ 50s	Dominican	Cleaner	This partner has been in Spain for 18 years, and joined the DSC 4 years ago through a friend to help collect food for herself and her husband. As a very social person, she found a strong social connection to people like her through the Despensa. Throughout the interview she expressed pride in working for food rather than in collecting charity. Was previously a member of the central commission, and is being asked to return.
DSC2	50s/ 60s	Paraguayan/ Spanish	Domestic Worker for elderly	In Spain 19 years, with the DSC 9. This partner is one of the core members of the Despensa, and regularly does double the amount of hours required of her. She has a strong personal connection to the DSC, but believes it must stay apolitical to function.
DSC3	60s/ 70s	Bolivian	Retired domestic worker	In Spain for 19 years and with the DSC since the beginning, this person expressed much more political opinions including a strong belief that the government of Spain deliberately excluded migrants from welfare. Regardless, she still maintained that the DSC must be an apolitical organisation. She often works extra hours out of a belief in mutual aid, and believes this is something that grows over time. Previously lived in Chamberí, but had to move as prices rose after the Covid-19 pandemic.
DSC4	50s/ 60s	Paraguayan	Domestic worker/ex <i>interna</i>	In Spain 17 years, and with the DSC 6 years. Again strongly apolitical but willing to go above and beyond to support the DSC. She was also forced to move out of Chamberí due to rising prices. Strong belief that the DSC only works if everyone follows the rules.
DSC5	40s/ 50s	Venezuela	Retired	In Spain for 3 years. Lives with her daughter, husband, and three grandchildren. Works with the DSC to try and support the family as she can no longer work. Refuses to do more than the bare minimum work as she is here to support her family, not the organisation.
DSC6	30s/ 40s	Spanish	Activist	Activist who helped originally set up the DSC, and now supports it logistically. Believes mutual aid networks such as this are a tool in challenging capitalism. Was previously involved at the national level but believes the local level to be more useful.

Section 11.2: Documents

Section 11.2.1: Summary of Documents

Section 11.2.1.1 Brussels Community Kitchen

Document Title	Author	Notes
Serve the City Belgium Annual Reports (2021-2023)	Serve the City Belgium	These documents give evidence on volunteer hours dedicated to the BCK, food created, and includes volunteer stories. Very important to trace historical evolution. Note that the 2023 annual report is much shorter.
https://communitykitchen.be/	Brussels Community Kitchen	Main website for BCK. Specific attention was paid to https://communitykitchen.be/michelin-starred-feast-for-asylum-seekers/ and https://communitykitchen.be/michelin-starred-feast-for-asylum-seekers/https://communitykitchen.be/food-watchdog-rules-make-no-sense/ which detailed the more political action from the BCK.
“Perfect mix: Brussels’ Community Kitchen feeds refugees and is a stepping stone to integration”	The Bulletin Belgium	English language belgian news aimed at international community.
“ World Refugee Day: The community kitchen working from a church that is feeding thousands”	Church of England	Church based newsletter that gave clear information on role of church within the BCK
“Le Hub Humainitaire depuis 5 ans à Bruxelles : lieu indispensable pour personnes migrantes en errance et pourtant sans perspective d’avenir” [The <i>Hub Humainitaire</i> since 5 years in Brussels: an indispensable space for migrants, but no future prospects]	Médecins Sans Frontières	Not strictly about the BCK but gives an important counterpoint to apoliticality and positivity seen in other texts

Section 11.2.1.2 Despensa Solidaria de Chamberí

Document Title	Author	Notes
Leaflet for Bellas Vistas Community Center	Bellas Vistas Community Center	Gives key information on the space in which the DSC operates, but does not directly discuss the DSC. Not publically available
Leaflet for the DSC	Despensa Solidaria de Chamberí	Handed to neighbours when collecting donations outside supermarkets. Written by activist organisers rather than by partners. Not publically available.
Despensa Solidaria de Chamberí	Casa Cultura de Chamberí (website)	Short discussion of the DSC - aims, origins, etc.
Rules of the Despensa	Despensa Solidaria de Chamberí	List of agreed-upon rules and norms that the DSC is organised upon. Found within the Bellas Vistas Community Center. Not publically available.

Section 11.2.2: Document Transcriptions

Section 11.2.2.1 Brussels Community Kitchen

Extracts from Serve the City Annual Reports Regarding the Brussels Community Kitchen

“The partnership with Community Kitchen started during the most difficult moments of 2020, and now it has become one of our most cherished allies in our fight against food insecurity. Since April 2021, Serve the City volunteers have joined the Community Kitchen team to cook and portion out an average of 2000 meals per week. Volunteers help the cooks in the kitchen four times a week, but also join portioning shifts, dividing the meals into individual, take-away containers that are easier to distribute and more hygienic. The meals are still distributed at Serve the City distributions Lunch 4 All and Le Phare, and altogether, we are able to provide a hot meal to approximatively 600 vulnerable people every week. The cost of the hot meals is covered in equal parts by the Community Kitchen and Serve the City. In 2021, the project was partially funded with the support of the COCOF.”
([Annual Report 2021](#) pp. 12)

“ We cooked 114,514 meals with Community Kitchen”
([Annual Report 2022](#) pp. 7)

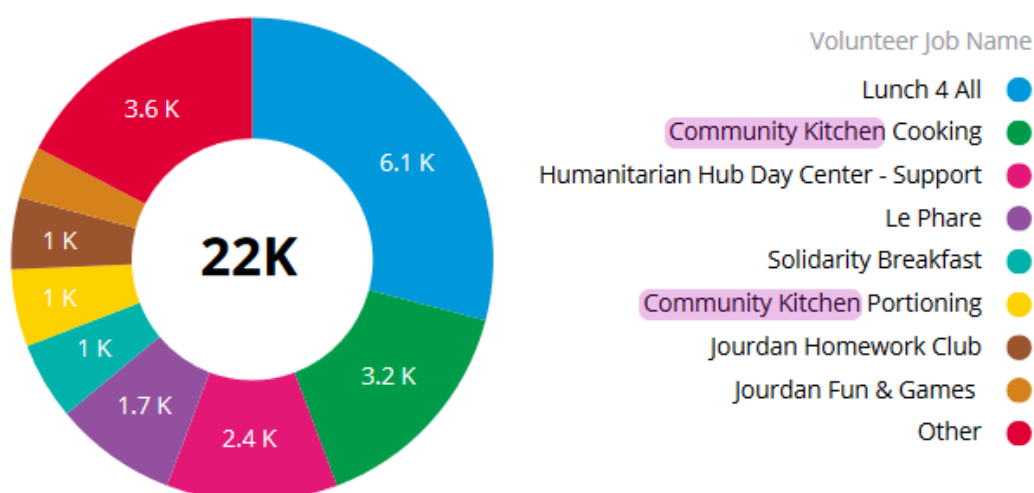
“Asylum crisis in Belgium

What has been done

The 2nd half of 2022 was extremely challenging. Belgium failed to accommodate 3000 asylum seekers. Families and unaccompanied minors found themselves living on our capital's streets. We provided as much support as possible through our Solidarity Breakfast project at Petit Château. When the registration was moved to Boulevard Pacheco, we moved with them and collaborated with other NGOs, such as Cuistots Solidaires and Médecins sans Frontières, to optimise resources. As the number of asylum seekers grew, our Lunch 4 All distribution saw a rise from 400 to almost 700 beneficiaries per distribution. Together with our partner, Community Kitchen, we surpassed the tragic figure of 100,000 meals cooked for the homeless. Asylum seekers were also supported by our Street Kindness team. These teams visit the streets of Brussels once a month supporting those in need. When 2022 ended, the reality on the frontline was desperate. Notwithstanding various declarations by the Federal government and State, more than 1000 people, including women and children, were still seeking refuge in the occupied building “Palais des Droits” in Brussels. For months, the authorities failed to offer food and accommodation. At the end of 2022, in protest, a group of 11 associations, gathered by the General Delegate for children's rights, Bernard De Vos, and Michelin Chef, Isabelle Arpin, stepped in to provide a healthy and nutritious meal for the residents. STC, along with the Community Kitchen, sent a strong message that if a group of volunteers could be gathered within the space of 24 hours to provide 500 meals, using 3 teams in 3 kitchens then surely the government could do more.”

([Annual Report 2022](#) pp. 14)

Sum of total hours worked



([Annual Report 2022](#) pp. 29)



([Annual Report 2023](#))

Community Kitchen reaches 5000 weekly meals! [Press Release: Serve the City]

In the early summer, we received an urgent request to start providing food for an extra 3 meal distributions at the Hub. Our friends at Community Kitchen had already gone above and beyond, steadily increasing the number of meals they make weekly for the past year. We contacted them to see if they could make these extra 3 distributions happen and they amazingly said they could!

We asked Akkara, the Kitchen Manager at the Community Kitchen, to share a bit about how she felt when we first asked them to increase their numbers again. Here's what she said:

"I felt nervous and excited at the same time. In the past we used to make 450 to 500 meals a day. But now that we make food for the evening it can sometimes get challenging, we don't always have a full set of portioners or cooks. We make approximately 1000 meals on Mondays, Tuesdays, Wednesdays and Saturdays."

"We try to find solutions to make our cooking and portioning easier. So, we experiment and try new techniques. Sometimes it works, sometimes it doesn't and that's okay! We rotate the meals so everyone can enjoy them."



When the Community Kitchen first started, they were preparing 200 meals a week. This seemed like a big challenge at the time. The growth the kitchen has had has been amazing to see.

Thank you again to Community Kitchen for always being willing to adapt and for being so efficient in your coordination. This coordination doesn't come without its challenges, however. To make all of these meals work, the Community Kitchen always needs teams of volunteers to prepare food, to cook, and to portion the food. Go to our app ServeNow to find out how and when you can help Community Kitchen and become part of this incredible team.

[\(Source\)](#)

World Refugee Day: The community kitchen working from a church that is feeding thousands
[Church of England Press Release]

20/06/2024

With a budget of around 17 pence per head – 20 cents – the Brussels community kitchen works hard to pack as much nutrition as possible into each meal it cooks for refugees while getting maximum value for money.

The now independent not-for-profit organisation, working from the kitchens of the pro-Cathedral of Holy Trinity Church, Brussels, in the Diocese in Europe, provides the majority of hot meals – 85% – for a humanitarian hub in the city.

Project Director Gayl Russell, a Holy Trinity congregation member and one of the founders of the community kitchen, says the meals are mostly vegetarian, with the menu typically bean curries, stews and lentils, along with couscous, pasta and rice.

“It is simple stuff, but the sort of thing we can prepare in big pots in our kitchen and the portion it out in our hall,” she said.

“In Brussels there is a huge number of refugees, they are living on the streets, in hostels, squats and asylum centres, and so there is a huge need for food. As our kitchen has got bigger and more organised, we have been asked to do more and more.”

The church premises have been used to prepare meals for refugees since 2019 after she realised that its generous sized kitchens were needed for this work.

The project started ‘small’, she says, with 200 meals a week, but grew massively under the Covid lockdowns, providing food to people on the streets. It is now making 5,000 meals a week and has a small staff including cooks and an operations manager.

An army of volunteers, working from the church hall, helps get the food packaged and transported to the humanitarian centre.

The community kitchen is funded from donations – including from the Church of England’s Diocese in Europe, the USPG, the Episcopal Church in Europe Refugee Grant Programme and private business. It is feeding refugees and asylum seekers from conflict and crisis-hit countries across the world.

Source URL: <https://www.churchofengland.org/media/stories-and-features/world-refugee-day-community-kitchen-working-church-feeding-thousands>

Perfect mix: Brussels' Community Kitchen feeds refugees and is a stepping stone to integration [TheBulletin.Be]

In a quiet residential street behind Brussels' stylish Avenue de la Toison d'Or, a team made up largely of volunteers quietly and efficiently produces 5,000 meals a week to feed the city's constant flow of refugees and asylum seekers.

[Community Kitchen](#) operates every day from the cellar of Holy Trinity Church in Ixelles. Part of a network of social and charitable organisations, it supplies almost 80% of the hot food distributed to people in need at the [Red Cross](#)'s Humanitarian Hub in Avenue du Port.

The non-profit social kitchen is not only committed to providing nourishing meals to the most vulnerable in society. By including refugees in its core team, it encourages them to contribute to Brussels life.

Some 100 volunteers come to assist each week. Divided into morning and afternoon shifts, they chop and prepare vegetables and portion the steaming casseroles of nutritious vegetarian food into individual containers that are picked up by the Red Cross twice a day.



Volunteers also staff the foodbank, in the foyer of the building. A new initiative, it opens every Monday afternoon to provide some 50 needy families with essential items and fresh produce. Importantly, it does not ask them for documents.

All this activity is carried out behind the unassuming façade of Holy Trinity in Rue Capitaine Crespel. While Community Kitchen is an entirely independent set-up, it operates under the auspices of the Anglican church.

From 200 to 5,000 meals a week

The kitchen's activity has mushroomed since its launch in 2019. Project director Gayl Russell (*pictured below*) is the founder and the driving force behind it.

A specialist in drafting EU legislation, the British lawyer and Holy Trinity congregation member was volunteering at the Salvation Army. While struggling to make soup on a single hob in a tiny kitchen close to the Bourse one day, her mind wandered to the church's facilities. "I thought, 'this is ridiculous, we have this enormous kitchen there that we're not using'."



After presenting the idea to the church council, Russell and a small team started producing 200 meals a week. “Then Covid struck and everything exploded, even though the need for what we were doing has always been there.”

With the Red Cross requiring a reliable partner to supply meals for its Hub, Community Kitchen stepped up. “It was initially something to occasionally do as a volunteer,” says Russell. “If you’d told me I’d be managing a project making 200,000 meals a year and employing three people, I’d have said ‘no way’.”

She’s quick to credit the church’s network of charitable organisations. They include [Serve the City](#), which provides most of the volunteers and delivers and distributes many of the meals, [L’Olivier](#), which manages the food bank, and [Oasis](#).

“We were also able to tap into this enormous pool of goodwill in the city. Every time we said ‘let’s do more meals’, we opened another shift on the [ServeNow](#) app and people responded.”

With a full-time kitchen manager, Akkara, and two part-time operations managers, Aline and Nezka, now on staff, Russell no longer handles the day-to-day running of the project.



Roya's story

One of Community Kitchen's success stories is kitchen volunteer Roya, an Iranian refugee (*pictured above*).

After nine years seeking asylum in Belgium, she's just heard that her application has been successful. Recommended by Oasis, an organisation that helps women in precarious situations, her volunteer role in the kitchen played a major part in gaining the right to remain and legally work in the country.

Russell hopes that Roya, "a fast and very good multi-tasking cook" can eventually be given an official contract – though her long-term ambition is to be a tram driver. "On a personal level, we are absolutely delighted for her, but we also feel very proud that the kitchen has contributed," she says.

Community café to open

Integration is at the heart of the project's philosophy. It aims to be a welcoming and inclusive space for everyone, while offering friendship and the chance to learn new skills.

That's why the spacious basement facilities are being revamped to house a Community Café, serving coffee – a new Italian espresso machine is on order – plus cake and light snacks. It's due to open in the spring, with a pre-launch festive meal planned for guests on 24 December.

"The café will be open to everybody, including families visiting the food bank. If people can afford to pay, they'll be asked to make a donation," says Russell (*pictured with Akkara above*), who is hoping people will also wander in from the nearby busy shopping streets.



“When people come, there’ll be deliveries and food trolleys trundling past. So they will see that by buying a coffee and a bowl of soup, they’re actively contributing to the kitchen.”

The daily meals supplied to the Red Cross could also be on the menu. “It’s part of our USP: if you come here, you’re eating the same tasty food.”

Reliant on fundraising

Community Kitchen currently runs with a €150,000 annual budget. With no state support, its finance is underpinned by Church of England related organisations, which have specific funds for refugees. Rice is provided for free by the Red Cross, while fresh produce for the food bank and some of the kitchen’s vegetables are donated by organic market [The Barn](#).

Individual donations are also important, with law firms, the Brussels Rotary Club and the Brussels Women’s Club among generous supporters. From January, donations of €40 or more to the kitchen are tax deductible.

The kitchen counts on these donations to just about break even, but it cannot fully guarantee future employment contracts. “We never know where we’ll be in six months,” says Russell. “While we’re always looking for the cheapest way of cooking, it would be nice to be able to offer more treats.”



For the Christmas meal deliveries on 24 and 25 December, the kitchen is again stretching its budget to make the dishes a little more special. Fresh herbs will be included and a festive dessert of chocolate and coconut covered dates is on the menu (*pictured, Roya and Rachel making the date confection last year*).

Volunteers needed

The kitchen has a constant need for volunteers. Its current rota is a mix of ages, nationalities and backgrounds.

“It’s like the United Nations here,” says Russell. “We often have a coffee or meal after a shift, and around the table there could be people from Italy, Germany, Iran, Syria, Pakistan, and everything from students and retired Commission officials to homeless people.”

While cooking, portioning and chopping are always called for, the café project presents an additional challenge. “We are opening our space to everyone, including people in difficult situations, so we need volunteers who are trained in how to welcome and interact with them.”

Personally rewarding

For Russell, the kitchen and its recent massive expansion “is, without question, the most rewarding thing I have ever done”.

She considers herself fortunate to be in a “privileged position” and able to dedicate so much time to the project through being self-employed. “It’s certainly more rewarding than teaching people how to draft legislation,” she says with a laugh.

“I use so many different skills. One minute I’m mucking in doing the washing up, other times I’m presenting the project at a big event or dealing with grant applications and helping the treasurer manage the budget.”

([source](#))

Le Hub Humanitaire depuis 5 ans à Bruxelles : lieu indispensable pour personnes migrantes en errance et pourtant sans perspective d’avenir (Medecins Sans Frontieres)

Depuis 5 ans, organisations de la société civile, collectifs et bénévoles apportent aux personnes migrantes en errance les aides indispensables (médicales, psychologiques, juridiques, matérielles...) que l’État ne leur fournit pas. Des milliers d’hommes et de femmes ont poussé sa porte depuis 2017. Pourtant, malgré un financement régional et un bâtiment mis à disposition, le Hub Humanitaire ne dispose pas de moyens ni d’infrastructures pérennes. Les pouvoirs publics doivent aujourd’hui s’engager à la hauteur des besoins et de la qualité du travail réalisé par les organisations de la société civile.



Dans ce centre, Médecins sans frontières apporte depuis cinq ans une aide psychologique aux migrants sans abri. Notre psychologue Hager est ici pour un entretien de suivi avec l'un de nos patients. D'autres organisations proposent des soins médicaux, une assistance juridique, une distribution de vêtements ou de repas dans le centre, entre autres © Albert Masias, 2020

Tous les partenaires appellent ensemble à des perspectives d'avenir

Aujourd'hui, le consortium du Hub se compose de Médecins du Monde, Médecins Sans Frontières, la Croix-Rouge de Belgique, SOS Jeunes-Quartier Libre AMO et la Plateforme Citoyenne BxlRefugees. Au Hub, Médecins Sans Frontières fournit une assistance psychologique aux migrants en errance. L'ensemble des partenaires demande maintenant aux autorités de renforcer leurs efforts et d'offrir plus de perspectives d'avenir au centre humanitaire.

Nous demandons :

- **Une réponse adéquate** : Le Hub vise aussi au développement de mécanismes d'accueil et d'orientation pour toute personne en errance. Des mécanismes qui doivent prendre en compte les besoins spécifiques des migrant.e.s en transit en Belgique. Et cela, à travers le tissage d'un réseau de prise en charge associatif adéquat et à travers la sensibilisation auprès des autorités publiques sur leurs besoins de première nécessité. Cette réponse doit s'intégrer dans tous les dispositifs d'accueil en Belgique.
- **Sortir de l'urgence** : Cinq ans après son ouverture, force est de constater que les populations en errance font partie intégrante de la réalité bruxelloise et qu'il est plus que

temps de sortir de l'urgence pour faire de l'accueil et l'accompagnement des ces populations un axe structurel de la politique d'accueil bruxelloises et belge. En effet, les problématiques des bénéficiaires du Hub sont au croisement des différents niveaux de compétences (fédéral/régional/communautaire/communal), ce qui freine une réponse compréhensive aux besoins.

- **Concertation** : Les partenaires du Hub s'étonnent du manque de concertation entre ces différentes instances de pouvoirs publics sur les questions des personnes migrantes, y compris les MENA (mineur.e.s étranger.e.s non-accompagné.e.s).
- **Pérennisation** : Les partenaires du Hub demandent la pérennisation du Hub Humanitaire. Celle-ci passe par une sécurité financière et une infrastructure adaptée pour répondre de manière qualitative aux besoins d'accueil et d'accompagnement des bénéficiaires.



Depuis la fin de l'année dernière, le réseau d'accueil des demandeurs d'asile en Belgique est systématiquement saturé. La crise de l'accueil exerce une pression supplémentaire sur nos services. © Julien Dewarichet, novembre 2021

Une implication impressionnante des organisations et des volontaires

Autour de ce consortium, de multiples associations, du public et du privé se mobilisent et révèlent l'impressionnante implication citoyenne dont le Hub ne pourrait se passer pour

fonctionner. Au total, 50 bénévoles et 60 employé.e.s s'activent au quotidien pour faire tourner le Hub.

Le Hub en chiffres (janvier-août 2022)

- **12.320** entrées/mois au Centre de jour par mois ;
- **1.000** repas distribués/jour ;
- **850** douches/mois ;
- **2.150** visites/mois dans les services spécialisés : distribution de vêtements, consultations médicales et psychologiques, rétablissement des liens familiaux, consultations pour femmes via le Front desk de la Sister's House et accompagnement des MENAs.
- **261** nouveaux MENAs rencontrés depuis janvier.

Les services du Hub de plus en plus qualitatifs au fil des ans

« Les besoins et services du Hub ont beaucoup évolué grâce à l'expertise que nous avons accumulée depuis 2017 » nous dit Lorenzo Durante Viola, coordinateur du Hub Humanitaire. « Notre réponse se veut de plus en plus qualitative et adaptée aux besoins et vulnérabilités des bénéficiaires. Nous voulons leur donner un accueil digne et surtout qu'ils et elles se sentent en sécurité ici. »

Depuis la pandémie de COVID-19, le Hub humanitaire a à nouveau adapté son organisation : pour compléter son dispositif, un centre de jour avec distribution alimentaire de la Croix-Rouge de Belgique est désormais aménagé dans un bâtiment jouxtant le Hub. Les personnes migrantes en errance ne sont donc plus obligées de se déplacer jusqu'au parc Maximilien pour obtenir des repas. Ceux-ci sont apportés sur place par les associations et collectifs de citoyens

Au centre de jour, les personnes peuvent aussi se reposer, prendre une douche, déposer leurs affaires dans une consigne et recevoir une écoute et une réorientation adaptées à leurs besoins. Enfin, depuis mai 2022, une entrée unique entre les deux bâtiments rend la fusion entre les équipes, effective.

Pression supplémentaire due à la crise de l'accueil

« Depuis la création du Hub, chaque crise et chaque manquement ont eu un impact sur notre travail et nos activités » ajoute Lorenzo Durante Viola. « Récemment, la saturation du réseau d'accueil pour les demandeurs d'asile de Fedasil a ajouté une pression supplémentaire sur les activités du Hub. Entre juin et août 2022, notamment, les repas distribués chaque jour dépassent de plus de 200 la moyenne de 750 repas par jours depuis janvier ».

([source](#))

Watchdog rules "make no sense" (BCK Website: Eleanor Mears)

Belgium's Federal Agency for Food Chain Safety, AFSCA, is demanding that non-profits serving food to people in need stamp every portion with the date, the name of the dish and a list of all allergens.

Community Kitchen, which is staffed mainly by volunteers, prepares hundreds of meals a day. These are distributed primarily to a humanitarian hub for asylum seekers and refugees. Whilst food safety is of course a top priority for Community Kitchen and its partners, AFSCA's stringent rules threaten to undermine the efforts of Community Kitchen and other charities to feed the most impoverished people in our city.

"Putting labels on each small portion of food that's going to be handed out in an hour's time seems like a very tall order for a group of volunteers, who are already feeling overwhelmed by an ever-increasing demand [for our services]," Catriona Laing, a coordinator at Community Kitchen, told the media outlet [BX1](#).

Nathan Torrini from partner organisation Serve The City agrees: "We're here to respond to a humanitarian crisis. I don't think our charities should be diverted from their mission by rules that make no sense," he said.

AFSCA argues that the rules, imposed by the EU, are necessary to ensure public food safety. "If there's illness or contamination, we need to be able to trace its source and remove that foodstuff from the market so that more people don't eat it and fall ill," spokesperson Aline Van Den Broeck told BX1. She added that labelling rules had already been relaxed for charities, and that certain information about ingredients and allergens could be given orally.

AFSCA says it plans to run food safety training sessions for volunteers working in the sector, starting in December 2022.

Read [the full article from BX1](#) [in French].

([Source](#))

Michelin-starred feast (BCK Website: Eleanor Mears)

Asylum seekers received a tasty surprise before Christmas when 11 charities teamed up to distribute 1,000 meals at the Palais des Droits in Schaerbeek.

The initiative was the brainchild of Michelin-starred chef [Isabelle Arpin](#), who provided the [recipes](#), children's commissioner Bernard de Vos, and several rights organisations. Volunteers at Community Kitchen helped prepare and distribute the meals.

Due to a lack of accommodation, many new arrivals fleeing war and persecution have been forced to take shelter in public buildings during the harsh winter months. This includes 1,000 people currently sleeping in the empty building in Schaerbeek. The Belgian government has a legal obligation to provide food and lodging to registered asylum seekers. However, in hundreds of cases it has failed to do so.

"Despite the declarations of the federal government, the reception of asylum seekers is still not effective for more than 2,700 people (Fedasil figures) who are still sleeping outside or in unhealthy and undignified places. This is notably the case for the 1,000 people living in the 'Palais des Droits' occupation. The aim of this action is to highlight and denounce the inhuman conditions in which children, women and men have been living for months due to the flagrant failures of the authorities and to remind that material aid (including housing and food) is a fundamental right that the federal government flouts every day", the organisers said in a statement.

Watch [BX1's video of the event](#).

If you would like to offer help with food preparation and distribution to asylum seekers and homeless people, we would love to welcome you as a [volunteer](#).

Section 11.2.2.2 *Despensa Solidaria de Chamberí*

¿QUIÉNES SOMOS?

Vecinas y vecinos como tú. Personas que vivimos en Bellas Vistas y estamos comprometidas en mejorar nuestro entorno desde lo local y lo cercano.

En 2020 pusimos en marcha "El Espacio", un lugar donde encontrarnos, compartir y construir una **herramienta social para nuestro barrio**. Estamos en la calle Álmansa, 22.

EL ESPACIO

Es un centro abierto y sin ánimo de lucro, **aconfesional, apartidista y horizontal** en su gestión, funcionamiento y actuación.

En él desarrollamos **actividades propias** (Cañas y barrio, mercadillo, Biblioespacio, Tejiendo Bellas Vistas, reparto de los grupos de consumo ecológico Corazón de Melón y Bella Huerta) y acogemos otras de **colectivos, asociaciones y entidades de la zona**.

LA ASOCIACIÓN

El Espacio depende orgánica y administrativamente de la **Asociación Cultural Espacio Bellas Vistas**.

Si quieres formar parte de la asociación, puedes hacerlo rellenando el formulario del QR.



Extracto de los artículos 5, 11 y 15 del Reglamento interno.



ESPACIO
BELLAS
VISTAS

NUESTROS PRINCIPIOS

Las Vistas es una **herramienta social para el barrio**,
cuya misión es fomentar las relaciones interculturales e
institucionales para el desarrollo comunitario.

ESPACIO ES...

...INTERCULTURAL

Reconocemos el valor intrínseco de la pluralidad y la riqueza de la diversidad cultural.

...FEMINISTA

Defendemos la igualdad de derechos y oportunidades, la perspectiva de género, la
equilibrada y el empoderamiento de las mujeres de manera transversal.

...COMUNITARIO

Identificamos y desarrollamos el talento y las inquietudes de la población local.

...ECOLÓGICO

Somos conscientes de nuestro impacto ambiental sobre el planeta y por eso
promovemos un consumo responsable, ético y de proximidad.

...SOLIDARIO

Por la solidaridad comunitaria, promovemos la ayuda mutua para lograr un
bienestar de las personas y rechazamos toda forma de asistencialismo porque
genera dependencia y perjudica la dignidad de la persona.

...AUTOGESTIONADO

Es un modelo participativo que exige responsabilidad, compromiso y cooperación entre
las personas que lo componemos.

PARA
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REDES SO



CORREC



¿Quiénes Somos?

Vecinas y vecinos como tú. Personas que vivimos en Bellas Vistas y estamos comprometidas en mejorar nuestro entorno desde lo local y lo cercano. En 2020 pusimos en marcha “El Espacio”, un lugar donde encontrarnos, compartir, y construir una herramienta social para nuestro barrio. Estamos en la calle Almansa, 22.

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La Asociación

El Espacio depende orgánica y administrativamente de la Asociación Cultural Espacio Bellas Vistas. Si quieres formar parte de la asociación, puedes hacerlo rellenando el formulario del QR.

Nuestros Principios:

El Espacio Bellas Vistas es una herramienta social para el Barrio. Nuestra misión es fomentar las relaciones interculturales e intergeneracionales para el desarrollo comunitario.

El Espacio Es:

Intercultural

Promovemos el valor intrínseco de la pluralidad y la riqueza de la diversidad cultural

Feminista

Fomentamos la igualdad de derechos y oportunidades, la perspectiva de género, la participación equilibrada y el empoderamiento de las mujeres de manera transversal

Comunitario

Promovemos y desarrollamos el talento y las inquietudes de la población local

Ecológico

Somos conscientes de nuestro impacto ambiental sobre el planeta y por eso fomentamos un consumo responsable, ético, y de proximidad

Solidario

Creemos en la solidaridad comunitaria, promovemos la ayuda mutua para lograr un empoderamiento de las personas y rechazamos toda forma de asistencialismo porque entendemos que genera dependencia y perjudica la dignidad de la persona

Autogestionado

Es un espacio participativo que exige responsabilidad, compromiso, y cooperación entre las personas que lo componemos

¿En qué consiste?

La Despensa Solidaria es un proyecto de apoyo mutuo y solidaridad así como una herramienta de resistencia, creado por y para las familias trabajadoras más golpeadas por este sistema socioeconómico, ideada para cubrir una necesidad tan básica como es la alimentación.

Este proyecto se construye sobre la idea de que no hay diferencia entre quien da y quien recibe, pretendiendo organizar al colectivo para empoderar a los trabajadores que lo forman.

Para ello, la Despensa Solidaria se acercará a diferentes puntos del barrio para recoger alimentos que se obtendrán a partir de donaciones de vecinos y vecinas y de la autofinanciación de la Despensa Solidaria. Una vez recogidos, periódicamente, se harán repartos para las personas que participen en la Despensa.

¿Por qué?

Porque creemos que el apoyo mutuo y la creación de tejido social nos hace fuertes ante un sistema que constantemente nos ataca y nos trae crisis a la vez que nos deja de lado.

Porque creemos que un barrio con redes de apoyo es un barrio fuerte, solidario y con vida.

Porque creemos en luchar desde lo local, para poder cambiar lo global.

Porque creemos que la solidaridad solo se puede construir entre iguales.

¿Cómo funcionamos?

La Despensa Solidaria se gestiona horizontalmente a través de una asamblea en la que participan las personas que voluntariamente quieran echar una mano y las propias personas beneficiarias de la Despensa.

Es, además, un proyecto abierto a toda la gente del barrio que quiera construir y no se discrimina por etnia, género, cultura, religión, etc.

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“Despensa Solidaria de Chamberí” [Casa Cultura de Chamberí Website]

“Proyecto solidario de compromiso mutuo entre iguales que persigue el empoderamiento de las personas a través de la auto-organización colectiva, y no el asistencialismo o la caridad. Sus señas de identidad son: Auto-gestionada y auto-sostenible. Integrada en el tejido social del barrio. Lo más participativa posible. Dirigida a personas que viven o trabajan en Chamberí.

Sus principios básicos son: Confianza, solidaridad y fraternidad.

Implicación con: la inmigración, la intolerancia, la precariedad y la falta de derechos.

La D. S. de Chamberí inicio sus actividades en Abril del 2015 y tras varias reuniones organizativas se iniciaron las recogidas de alimentos en las puertas de 3 o 4 supermercados dos sábados al mes así como las asambleas y repartos posteriores. También se han implicado varios establecimientos del barrio.”

([Source](#))

Rules of the Despensa [Posted inside the Bellas Vistas Community Centre]

NORMAS BÁSICAS



1.- Participar en actividades comunitarias en la zona de Chamberí o Tetuán. Cuando haya 5 o más familias que vivan o trabajen en una misma zona diferente de Chamberí o Tetuán, se intentará desarrollar una despensa allí o se contactará con la que ya exista.

2.- La Asamblea es el lugar de decisión principal. Todas y todos somos iguales, somos clase trabajadora, y tenemos igualdad de derechos y deberes ante la Asamblea. La Asamblea será flexible y valorará excepciones a estas normas. En casos de extrema urgencia se podrán tomar decisiones por mayoría en el WhatsApp.

3.- Rellenar la ficha de reparto familiar y entregar una copia del padrón o copia de pasaporte, libro familia, etc de todos los miembros de un lote familiar. Cuando una familia se incorpore a la Despensa, informará de su situación a la Asamblea que decidirá aprobar su incorporación.

4.- No se admiten mentiras, agresiones, malos modos como gritos o faltas de respeto. Tampoco se admiten actitudes racistas o machistas. La Asamblea hará mediación en conflictos. **La asamblea valorará sanciones temporales o permanentes.** La sanción debe ir **acorde a la falta de la norma**, en proporción.

5.- No se admiten robos ni venta ni acaparamiento, no se permiten envíos o donaciones a otros lugares ajenos al lote familiar sin aprobación de la Asamblea. Todo ello es motivo de expulsión inmediata.

6.- La asistencia a la Asamblea y a las actividades que se decidan es obligatoria para optar a lote. Las faltas de asistencia deben ser comunicadas antes a la Asamblea, que decidirá si aprueba la falta. **Cada familia debe colaborar aportando trabajo, la única garantía que tenemos para obtener recursos:**

- **Familias de 1 a 3 personas:** 4hs cada 2 semanas (supermercado o mesa)

- **Familias de 4 o más personas:** alguna de las siguientes opciones:

- 2hs en supermercado + 4hs en mesa (6hs en total) cada 2 semanas

- 8hs en supermercado cada 2 semanas

7.- Puntualidad. Las Asambleas son a las 16:00hs y las recogidas a las 10:30hs. Se firmará a la llegada de la Asamblea o al inicio de la Recogida. Llegar más de 15 minutos sin justificar ni avisar, supondrá la pérdida del derecho a lote.

9.- La Despensa Solidaria se encarga de recoger alimentos como actividad principal. En determinados casos, **se pueden tratar cuestiones que nos afectan a todas las familias o a su mayoría:** vivienda, trabajo, racismo, exclusión social y precariedad laboral...

10.- Las normas de reparto se determinarán en función de la **guía de reparto**. El grupo de reparto tiene autonomía para tomar decisiones dentro de su función, debiendo explicar en Asamblea un resumen de las dificultades y decisiones cuando haya alguna duda que aclarar.

11. La Despensa no es un supermercado. Se reparte en función de lo disponible. En caso de duda, se solicitará información al grupo de reparto en el momento de retirar el lote. Quien no quiera llevar algún producto, podrá devolverlo al almacén.

1. Participar en actividades comunitarias en la zona de Chamberí o Tetuán. Cuando haya 5 o más familias que vivan o trabajen en una misma zona diferente de Chamberí o Tetuán, se intentará desarrollar una despensa allí o se contactará con la que ya exista.
2. La Asamblea es el lugar de decisión principal. Todas y todos somos iguales, somos clase trabajadora, y tenemos igualdad de derechos y deberes ante la Asamblea. La Asamblea será flexible y valorará excepciones a estas normas. En casos de extrema urgencia se podrán tomar decisiones por mayoría en el WhatsApp
3. Rellenar la ficha de reparto familiar y entregar una copia del padrón o copia de pasaporte, libro familia, etc. de todos los miembros de un lote familiar. Cuando una familia se incorpore a la Despensa, informará de su situación a la Asamblea que decidirá aprobar su incorporación.
4. No se admiten mentiras, agresiones, malos modos como gritos o faltas de respeto. Tampoco se admiten actitudes racistas o machistas. La Asamblea hará mediación en conflictos. La asamblea valorará sanciones temporales o permanentes. La sanción debe ir acorde a la falta de la norma, en proporción.
5. No se admiten robos ni venta ni acaparamiento, no se permiten envíos o donaciones a otros lugares ajenos al lote familiar sin aprobación de la Asamblea. Todo ello es motivo de expulsión inmediata.
6. La asistencia a la Asamblea y a las actividades que se decidan es obligatoria para optar a lote. Las faltas de asistencia deben ser comunicadas antes a la Asamblea, que decidirá si aprueba la falta. Cada familia debe colaborar aportando trabajo, la única garantía que tenemos para obtener recursos:
 - Familias de 1 a 3 personas: 4hs cada 2 semanas (supermercado o mesa)
 - Familias de 4 o más personas: alguna de las siguientes opciones
 - 2hs en supermercado + 4hs en mesa (6hs en total) cada 2 semanas
 - 8hs en supermercado cada 2 semanas
7. Puntualidad. Las Asambleas son a las 16:00hs y las recogidas a las 10:30hs. Se firmará a la llegada de la Asamblea o al inicio de la recogida. Llegar más de 15 minutos sin justificar ni avisar, supondrá la pérdida del derecho a lote.
8. [Sic]
9. La Despensa Solidaria se encarga de recoger alimentos como actividad principal. En determinados casos, se pueden tratar cuestiones que nos afectan a todas las familias o a su mayoría: vivienda, trabajo, racismo, exclusión social y precariedad laboral...
10. Las normas de reparto se determinarán en función de la guía de reparto. El grupo de reparto tiene autonomía para tomar decisiones dentro de su función, debiendo explicar en Asamblea un resumen de las dificultades y decisiones cuando haya alguna duda que aclarar.
11. La Despensa no es un supermercado. Se reparte en función de lo disponible. En caso de duda, se solicitará información al grupo de reparto en el momento de retirar el lote. Quien no quiera llevar algún producto, podrá devolverlo al almacén.

