

CARING COMMUNITIES: SOCIAL INNOVATION FOR EUROPE'S AGEING SOCIETIES

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Abstract: *Caring communities address the growing needs of Europe's ageing societies by mobilizing resources through a multisectoral approach. Grounded in principles of care and compassion and informed by a nuanced understanding of the needs of care recipients and their relatives, these communities might offer a pathway for transforming Europe's care system in response to demographic shifts.*

Analysing Caring Communities as a form of social innovation reveals how new social relations, recombined resources and actors from across sectors - state, market, third sector and informal sector - collaboratively envision, implement and disseminate models for healthy and active ageing. These models embrace the realities of death, disease and mutual care as integral aspects of community life.

This paper explores the theoretical and historical moorings of caring communities, evaluates their social value using the analytic framework of social innovation theory. A review of current, mostly community-based, research highlights the regional embeddedness of existing caring communities. In conclusion the paper argues, to foster institutional change and overcome the existing fragmentation of the social systems, broader social transformation is required - one that builds on the relations between existing regional initiatives, their experiences, concepts and resources.

The theory of Transformative Social Innovations (TSI) provides a framework for understanding how Caring Communities as niche innovations emerge and evolve in the field of care in Europe's ageing societies.

Keywords: *social innovation; regional innovation; transformative social innovation; relational sociology demographic development; community-based research.*

JEL: *I31, I38, J14.*

Introduction

In this paper Caring Communities are conceptualized as a social innovation, i.e. a set of social practices that respond in a new and better way to existing social needs, than previous solutions. A social innovation like any other innovation is disseminated, implemented and creates impact. Unlike business innovations social innovations do not necessarily require markets to grow. They can be disseminated by copying social practices, spreading solutions via associations and networks or by influencing social policies.

Caring Communities respond to growing needs in Europe's ageing population.

Ageing population is an apparent long-term development in Europe, driven by historically low fertility rates, increasing life expectancy and, in some cases, migratory patterns. Population projections suggest that the ageing of the Europe's population will quicken in the coming decades. One remarkable aspect of the projected population structure concerns the progressive ageing of the older population itself: people aged 85 years or higher is growing at a faster pace than any other age group.

Another demography-related indicator is old age dependency ratio, i.e. the ratio of the population 65 years and older to the population 15 to 64 years. Bulgaria for

example had the 2nd highest old age dependency ratio in the EU in 2024 (with Italy having the highest with 38.4), expressed per 100 persons of working age (15-64). (Eurostat). European societies face social and economic challenges, particularly financing care solutions for the growing elderly population.

As a result, present models of care services are increasingly challenged (European Union 2021), since well-coordinated and high-quality services will be needed, delivered by well-prepared staff to address the specific needs and risk factors affecting older people. Informal care provided by family and friends will need to be supported and improved to allow people with functional limitations to stay at home as long as possible, which is preferred by most of them. However, public policy has been slow to support a shift from institutions and hospitals to home-based settings (Genet et al. 2011). In all European countries, informal care accounts for most care-hours, while comparative studies in the field of home care are still rare, particularly in Central and Eastern European countries (Genet et al. 2011). These major challenges represent a need for innovative solutions that transform the institutional setting of care in Europe.

Meaning of Caring Communities

Caring Communities are a concept that addresses needs of ageing populations, is built on a new cooperation between civic engagement, family support and professional care. One popular definition is: "A Caring Community is a community in a neighbourhood, municipality, or region where people care for and support each other. Everyone both gives and receives, and together they take responsibility for social tasks" (Swiss Caring Community network). Zängl (2023: 7) characterizes these communities as an equal and mindful coexistence of people within a neighbourhood or community, whereby their success depends on a well-balanced relationship between individual and shared responsibility; essential components are empathy, care, active participation and fluid boundaries between the public and private spheres.

A related term in the international discourse is 'compassionate community', based on seminal work of public health

sociologist Allan Kellehear (2005). Compassionate Communities specifically address individuals in challenging life situations, particularly at the end of life. The entire community is viewed as a stakeholder in healthcare and social provision, fostering a culture of empathy and mutual support.

The concept of Caring Communities is based on an understanding of care, that is about more than just providing assistance; it follows a holistic view of humanity and is geared toward enabling people to live fulfilling lives despite their need for care (Kohlen 2015).

Caring Communities are conceptualized in layers (Knobloch/Kleiner 2022: 314). The first layer refers to an informal understanding within a group of people who recognize each other as a community. Within this group, individuals take shared responsibility for caring for one another and act thoughtfully and respectfully. Secondly, Caring Communities also describes a formalized approach to urban planning, where care as core value is viewed as guiding principle for how municipal services are designed and provided. Both layers aim at creating a more just and equitable culture of care within society.

From a welfare economy perspective, caring communities are regarded as reliant on contributions to welfare provision from each sector: state, market, community (informal sector) and third sector. The concept of a multi-sectoral welfare mix is therefore employed as an analytic framework for caring communities. A welfare mix is predicated on the interrelationship between elementary social orders (community, market state and associations), as well as social institutions (households, private companies, public institutions and nonprofit organizations) (Brandsen et al. 2005, Pestoff 1992). It is understood that all sectors, social orders and institutions contribute to the functioning of a caring community.

Research on Caring Communities

The current state of research on caring communities is in an early stage, with most of the existing studies being conceptual and/or case studies. A significant proportion of the research was conducted using a participatory community-based

approach.

Although often used interchangeably, the concepts of caring communities, compassionate communities and caring societies reflect distinct intellectual lineages and normative orientations. Compassionate communities emerged from public health palliative care and emphasize collective responsibility for experiences of dying, death, loss, and frailty, drawing on the work of Kellehear (2005) and the global movement for health-promoting end-of-life care. In contrast, caring communities denote broader, place-based ecosystems of mutual support that integrate professional services, civic engagement, and informal networks to strengthen everyday wellbeing, social participation, and ageing in place. The notion of caring societies or caring democracy (Tronto 2013) shifts the analytical lens to the macro level, framing care as a societal and political responsibility that requires robust public infrastructures, redistributive policies, and a reorientation of welfare states toward care-centered values, as articulated in feminist care ethics and global social policy debates.

In his work on compassionate cities Kellehear provides a comprehensive overview of the historical, political and conceptual underpinnings of community development models for end-of-life care (Kellehear 2005). The author's compelling argument posits that contemporary societies are in need of a more profound understanding of end-of-life care that extends beyond the scope of conventional medical intervention. A shift in perspective is imperative to achieve an understanding of end-of-life care that transcends its current perception as a purely medical challenge, which is managed solely through health care organisations. The Hospice and Palliative Care movement has adopted a more holistic approach, to end-of-life care, with objective of improving the quality of life (and health) for the dying and their families. The approach is to reintegrate illness, dying, death and grief into the fabric of daily community life.

This book was followed by a series of case studies in an edited volume of Kellehear, Wegleitner and Heimerl (2015) entitled *Compassionate Communities*. The publication *Case Studies from Britain and Europe*

comprises case analyses of existing compassionate communities in Ireland, England, Switzerland and Austria. Kellehear expounds on the notion of *Compassionate Communities*, delineating it as a paradigm of self-help and self-empowerment through volunteering and community development. The underlying logic of this initiative is not to serve as a cost-cutting program, rather its objective is to empower communities to provide care for their members. This will ensure the provision of care, prevention and harm reduction. The means by which this objective of continuity and optimal quality of care can be accomplished, is through a partnership between formal services and the communities that surround and support individuals and families.

Klie (2020, 33) identifies five conceptual dimensions of Caring Communities (CC):

- (1) *Remunicipalization*: emphasizing the importance of local social policy and implies, in political terms—including in long-term care policy—a strengthening of the resources and competencies of local authorities.
- (2) *Democratization of long-term care*: The willingness to engage with care issues, whether civically or politically, increases with care experience. This implies a potential for democratizing issues of long-term care that lies in the CC approach, if it is taken up by civil society and/or integrated into municipal participation processes.
- (3) *Identifying unmet needs*: CC concepts systematically focus on unmet needs, uncover exploitative conditions, and address issues such as the many households in which care tasks are performed exclusively within the family.
- (4) *Recourse to voluntary work*: In CC volunteering complements the range of services, ensures affordable services, and compensates for gaps in the system of capped long-term care insurance benefits.
- (5) *Fair distribution of care responsibilities*: Concepts of Care Revolution and Caring Societies (Knobloch et al. 2022) establish a broader political context, placing the issue of the caring community in the context of both a capitalist

economic system and gender inequality in care issues.

Klie et al. argue in their Vienna Thesis (Klie 2020, 37), that CCs relate citizens' existential experiences to questions about appropriate political frameworks for care and strive to promote the democratization of care through broad citizen participation and the co-creation of care networks.

Empirical analysis on these forms of democratization of care and co-creating care networks are currently in progress through cooperative projects between CCs and research teams, for example in Landeck (Austria) with Wegleitner & Schuchter (2018); in Vienna's 8th district with Wegleitner & Schuchter; in Rinn: FÜREINANDERDASEIN with Fink et al., in Innsbruck: MSI, Austria with Caritas, or in the Network Caring Communities Switzerland with FH Nordwestschweiz and (Migros Kulturproduzent). In addition, CC innovation infrastructures emerge, such as the Compassionate City Lab (FH Bern) or the AgeLab (Switzerland).

Social innovation as analytic frame

As Caring Communities signify a shift in social practices of care, they can be regarded as a form of social innovation. The term social innovation is defined as the introduction of new products, services, or new combinations of social practices that are intended to address emerging or previously unaddressed societal needs (Caulier-Grice et al., 2012). Examples include the spread of car sharing and the development of social housing. In contrast to an invention, such as a new technology, innovation is only mentioned when the created solution is also disseminated to society. However, the concept of innovation is not confined to the description of absolutely patterns of action, it also encompasses also relatively new patterns of action.

A more normative position defines social innovation as the process of effecting change to the social structure with the aim of empowering the disadvantaged. This approach is firmly grounded in the notion of a more equitable society (Moulaert et al., 2010). However, a more widespread understanding of social innovation is primarily concerned with the description of new solutions to social problems to improve the social situation in general

(Phils et al., 2010) or, even more pragmatically, as "intentional, targeted recombination, or reconfiguration of social practices" (Howaldt and Schwarz, 2010).

Innovations are described as social phenomena due to their reference to a socially accepted but unmet need. This suggests that the innovation is indeed legitimate, a notion that can be substantiated through public discourse. Social also refers to the diffusion of certain innovations, which mostly occurs through organizations with primarily social purposes (Mulgan, 2006). Such dissemination of new solutions has been shown to serve as the foundation for social change (Ogburn, 1957), thus becoming the focal point of modernization theories.

The manifestation of social innovations manifest occurs at three distinct levels: macro, meso and micro. Changes of this nature may be observed at the macro level as sociopolitical reform, alterations in regulatory frameworks and shifts in institutional norms. At the meso level, these innovations manifest as novel business models, services and management practices. At the micro level, these phenomena may be observed as the strengthening of user participation and the emergence of new professional practices that generate added value for the addressees. Social innovation in social service organizations often occur as the development of new or improved demand-oriented social services, improved forms of advocacy or models for the new or more effective use of existing resources.

The extant conceptual and empirical studies on Caring Communities suggest that the model aims at three dimensions of change:

- (1) Enhance the quality of life of people in need of care (micro level).
- (2) The collaboration between the state, private, nonprofit and informal sectors should be strengthened by involving not only local government and nonprofit social service providers, but also private enterprises, citizens and family members in communities of mutual care (meso level).
- (3) This activation and involvement also lead to stronger participation of citizens, a democratization of care and a more equitable distribution of care

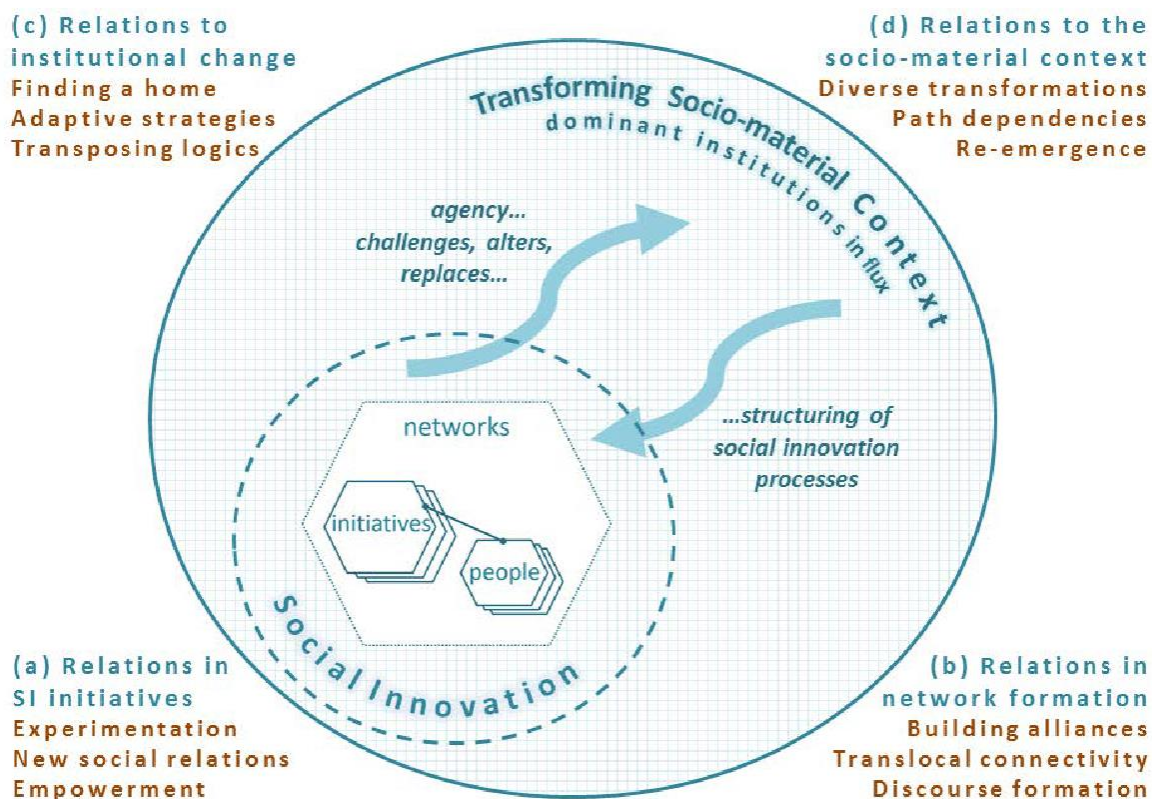
responsibilities in society (macro level).

The necessity for institutional change and broader social transformation is necessary to facilitate both cross-sectoral collaboration and the democratization of care. The Transformative Social Innovation (TSI) framework (Haxeltine et al. 2017) provides insights into how such institutional changes can be achieved through transnational social innovation networks. The term TSI is defined as "the process of challenging, altering, or replacing the dominance of existing institutions in a specific social and material context" (ibid., 3). TSI is conceptualized as a multitude of processes in which "SI networks, initiatives, and people" (ibid.) create and engage in networks that become part of movements contributing to transformative change. The present middle-range theory offers a framework, for the analysis of change within the field of care across nine European countries located in the Danube region.

As posited by Haxeltine et al. (2017), significant drivers for TSI are constituted by the empowerment of individuals and collectives, network formation processes, and institutional dynamics with are embedded in historically emergent socio-material contexts. Institutional change is preceded by actor-constellations that develop new knowledge and new practices that address identified needs, which make use of available resources (ibid, 9). Institutional change and the transformation of the socio-material context occur over time, involving "the evolutionary dynamics of path dependencies, patterns of re-emergence and diverse transformations" (ibid).

The TSI model not only supports the argument that Caring Communities function as niche innovations with transformative potential. It also allows for distinguishing between incremental innovation, institutional reform, and regime transformation (see figure 1). This allows empirical analysis to locate the level of change evidenced by different Caring Communities.

Figure 1: Transformative Social Innovation process and interlinked dynamics



Source: Haxeltine et al., 2017

Figure 1 shows the dynamic relations between social innovations and their institutional context. Changes in this context are described as Transformative Social Innovation. Individuals, initiatives and network challenge, alter and finally replace dominant institutions. The existing socio-material context and its institutions also influence and structure social innovation processes. The model implies one analytic focus on relations among different networks of social innovation initiatives.

Cases of Caring Communities as social innovation

The socially innovative character of these initiatives is illustrated by cases of Caring Communities in Austria and the Basque Country. Furthermore, they demonstrate the potential for more extensive social transformation, thereby indicating their possible contribution to transformative social innovation.

Vienna's 8th district (Austria)

Josefstadt, a city district of Vienna, was designated a Caring Community in 2020, and has been referred to as the "mindful 8th district". Josefstadt is the smallest district in Vienna in terms of area and has always been characterized by a close-knit community. "People know each other and greet each other on the street, and they value neighborhood solidarity regardless of age, origin, or educational background" (Martos and Dressel 2022, 3).

Many care services, predominantly catering to the elderly, infirm, and vulnerable, have already established in Josefstadt and are popular among the local population. The objective of the project is twofold: to enhance the visibility and accessibility of existing services to citizens and secondly to cultivate a stronger sense of community and mindfulness. It is evident that a combination of voluntary and institutional engagement is conducive to the creation of opportunities for encounters, exchange, engagement, information, and networking. These opportunities serve to deepen existing care relationships and expand the local care network. Opportunities to engage in daily activities are increased for the elderly, individuals afflicted by dementia, those with restricted mobility, and other groups encountering challenges in participating in daily activities (ibid.).

Contributions to the project come from each of the following sectors: local government (state), enterprises, acting as corporate citizens (market), citizens, families and neighbours (informal sector), and nonprofit organizations (third sector). The sponsors of the project 'ACHTSAMER 8' are Vienna Health Promotion (WiG), Healthy Austria Fund (FGÖ), and the district. The former and current district administration and district councillors from various political backgrounds provided a wide range of support.

Some activities of the project are:

In Josefstadt, twelve companies have been awarded the label "Age-Friendly Business" in recognition of their provision of complimentary toilet facilities, emotional support, rest areas, in addition to their expertise in addressing the needs of individuals experiencing memory impairment.

All services in the caring community are facilitated in a so-called "care map" which serves to illustrate the various service providers and their respective areas of responsibility. Several events throughout the year contribute to a district culture of mutual care, most notably the annual 'day of mindfulness'. This event has been designed to raise awareness among citizens in the district of the needs of people with dementia and to encourage mindfulness of people in need of care.

The project is seeking volunteers to participate in activities in the district. This is based on the notion that people gain experiences (including caregiving), expertise and skills through childcare, providing everyday assistance for elderly people, and offering legal assistance and translations to migrants. They may also have learned to listen and offer emotional support. These experiences are then utilized in care conversations, responses to care boxes, homework buddies schemes, and other forms of neighbourhood support.

The district values the knowledge and experience of the elderly, and encourages them to share their stories in workshops with people of all ages. Topics include 'herbs and bathing – hygiene then and now', 'district history'; storytelling cafés' in addition to dance and boccia events.

Analysis based on a TSI perspective needs to highlight that project activists were also involved in initiating the international Caring Communities network, with relations to experts, universities and welfare associations in Austria, Germany and Switzerland. This interdisciplinary and interprofessional exchange of knowledge and experience on Caring Community is an important step towards the development of supra-regional network structures, with the potential for institutional change.

Getxo Zurekin (Basque Country)

Getxo Zurekin is an initiative that promotes the creation of a compassionate community in Getxo, one of the most populous cities in the province of Biscay (Basque Country, Spain), where 25.46% of the population is over the age of 65. This case study focusses on the need analysis and listening process, that were employed to develop an Open Innovation Platform (Nambisan et al. 2018), which resulted in a wide variety of community activities being established.

“Getxo Zurekin is a social awareness, training, research, and care network to accompany people and families facing advanced chronic disease, end of life situations, bereavement and the solitude one faces as a consequence. The initiative was launched in 2017 with the aim of bringing into power healthcare and social care professionals and the community, as leaders in the compassionate community movement.” (Hanson et al. 2022, 2).

The needs analysis comprised several methodologies, such as active listening and co-creation of actions and strategies towards improving care and quality of life for people and families facing advanced disease and end of life situations.

The listening methodologies enabled a profound comprehension of the perceptions and perceived challenges of the various agents operating within the community from patients and families to health and social professionals, public services, local administration and policymakers, as well as local business and third sector partners (ibid., 3). Several listening activities were conducted, encompassing Death Cafés, awareness workshops, informative talks as well as formal, in-depth semi-structured interviews. These activities were pursued with the objective of achieving two distinct goals: “to listen and build

a shared narrative in Getxo with respect to how people live end of life situations and advanced illness, and to contribute to the social awareness and involvement of people in the initiative” (ibid., 3).

Co-Creation sessions were conducted in both physical and virtual formats during the course of the listening activities. These sessions were designated to stimulate the generation of new ideas, concepts and services that would address the expressed demands and needs of the community. Diverse groups were invited to participate in a re-examination of existing narratives, as well as brainstorming ideas for additional actions and solutions.

Based on the results of the listening phase and co-creation sessions, new ideas for services and activities in the community were modelled and evaluated. Such activities were:

- Death Café sessions, where participants have coffee while speaking about illness, end-of-life and death
- Community influencers, which promote a mutual support system within neighbourhoods for people in situations of frailty, advanced illness with care needs
- Bereavement groups, led by community members, who have lost a loved one, being accompanied by professional grief counsellors.
- Training programs for people providing formal care (f.e. migrant women)
- ‘Lokkaria’ project, which aims at creating a community figure that promotes social cohesion and serves as a intermediary between community and public administration.
- Community theatre, which brings narratives about death and dying in the community to life.

The activities and organizations that offer care related service were mapped in a ‘compassionate chart’. Overall, the initiative has reached more than 1,000 people in the city of Getxo and more than 2,000 people through external dissemination between 2017 and 2022.

Like the Vienna example, Getxo Zurekin is related to a global movement to change attitudes and behaviours around death, dying and bereavement. Not only were

similar models developed in other municipalities in the Basque Country, actors also formed a network of Compassionate Communities in the Basque Country, which is linked to other international compassionate communities' network, for example in the U.K.

A discussion of both cases in the context of the TSI framework reveals compelling evidence that caring communities can be conceptualized as a form of social innovation.

- Both projects initiated a new combination of social practices,
- which responded to social needs in the community.
- Both communities have developed activities and services, which improved the quality of life of people in need of care and have raised the general awareness for the demands and situation of people in need of care.
- Both communities activated and included contributions from public, private, nonprofit and informal sectors.
- Both communities are engaged in broader networks to support the inter-regional and international implementation of caring and compassionate communities.

As demonstrated by the case descriptions, there are many examples for incremental innovation, as well as some institutional changes at the local level. However regime transformation, which encompasses substantial alterations or replacements of dominant institutions at the national level, has not yet been accomplished.

Conclusion

The present study investigates the relationship between caring communities and social innovation research. Drawing upon the findings of conceptual research and a case comparison, there is compelling evidence that caring communities can be conceptualized as a form of social innovation. Caring communities have been shown to develop new services and activities that address unmet needs, thereby improving the quality of life of people in need of care. This approach facilitates the incorporation of contributions from diverse societal sectors (public, private, non-profit, informal). These cross-sectoral contributions emphasize the activation of civic engagement in the informal and private sectors.

The concept of Caring Communities is not without limitations that warrant careful consideration. Their emphasis on local responsibility and civic engagement risks unintentionally legitimizing welfare state retrenchment (Altenberichtscommission 2015). Community-based solutions can obscure the state's responsibility for ensuring equitable care infrastructures (Tronto 2013). At the same time, the strong reliance on unpaid engagement raises concerns about sustainability, volunteer overburdening, and the reproduction of gendered care roles and in feminist analyses of informal care work (Daly & Lewis, 2000). Moreover, participation often reflects existing social inequalities, privileging resource-rich groups while marginalizing those with limited time, mobility, or cultural capital (Tonkens, 2012). These risks are further compounded by the persistent romanticization of community cohesion, which can obscure power asymmetries and exclusionary norms (Klie 2020, Wegleitner and Schuchter 2018). Finally, the blurred boundaries between professional and informal care create governance challenges and raise questions about quality, accountability, and long-term viability (Klie 2020). Recognizing these limitations is essential not to dismiss the potential of Caring Communities, but to situate them within broader debates on care justice, welfare state responsibility, and the structural conditions required for genuinely inclusive and sustainable local care arrangements. Therefore, the research focus should be on the creation of alternative practices that aim to transform broader social and cultural conditions. The objective of these practices is to ensure a more equitable distribution of care responsibilities.

In conclusion, this paper puts forward the argument that, in order to effect change and overcome the existing fragmentation of the social systems, a more extensive social transformation is required. This, in turn necessitates a change in both social and cultural conditions, as well as fostering institutional change. In accordance with Haxeltine et al. (2017) the 'term transformative social innovation' is employed to underscore the notion of change that is built on the relation between existing regional initiatives, their respective experiences, conceptual frameworks and extant resources.

Future Research

The present study suggests that there is promising early research on individual caring communities, as well as research results on transformative social innovations in the field of sustainability. Further research is required to facilitate a more profound comprehension of the

conditions that might result in the more effective support of regional caring communities, as well as the relation between such regional social innovation initiatives, to enhance their potential contribution to broader institutional change, i.e. transformative social innovation in the field of care.

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