REPORT

The Future of Care

ihtimam

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Introduction

Throughout modernity, care has largely been treated as an invisible, "natural" activity belonging to the private sphere, often relegated to households, patriarchal arrangements, and the unrecognized labour of women. Today, however, care stands before us as a complex and systemic social infrastructure shaped by multiple intersecting forces, from demographic transformations and the climate crisis to technological developments and macroeconomic structures. The pandemic, overlapping crises, ecological destruction, and economic uncertainty have made clear that care is far too essential to be sustained through individual sacrifice or within the narrow boundaries of households alone. They have also exposed the extent to which existing care systems are under strain, both quantitatively and qualitatively.

Population ageing, increasing social isolation, growing precarity in working life, and the rapid expansion of digital technologies into care provision are transforming care into a large-scale, complex, and deeply political issue. We are at a turning point: one in which care may become further marketized, algorithmically governed, and commodified, or alternatively be reorganized around collective responsibility, public rights, and mutual interdependence.

This report approaches the future of care not as an inevitable story of collapse, but as a critical threshold. Within civil society, futures thinking is more than a tool for linear prediction; it serves as a compass for identifying ethical, restorative, and strategic pathways for action in the present. At İhtimam Association, we believe that the future is not a predetermined destination but an active space of design shaped by the choices we make today. Examining possible futures enables civil society to move beyond a reactive role of merely filling gaps and toward a proactive role in shaping more just futures.

It is with this purpose that we prepared this report: to make visible the emerging signals shaping the future of care and to outline a roadmap toward a more just, equitable, and care-centred future.

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Drivers of Change and Critical Uncertainties

Why Do We Need to Talk About the Future of Care Now?

Care may be as old as human history itself, but the challenges we face today extend far beyond familiar patterns of social inequality. Demographic transformations, economic uncertainty, the climate crisis, and the increasing invisibility of care labour all point to care systems reaching their structural limits.

According to estimates by the World Health Organization (WHO), the global population aged 60 and over is expected to increase from 1 billion in 2020 to 1.4 billion by 2030. The number of people aged 80 and over is projected to triple, reaching 426 million. In Europe, the number of people requiring long-term care is expected to rise from 30.8 million in 2019 to 38.1 million by 2050. Meeting this demand is projected to require approximately 7 million additional care workers by 2030 (CECOP, 2022). In other words, while the need for care is growing rapidly, the collective capacity to meet that need is not expanding at the same pace.

Moreover, the burden of care is not shared equally. Globally, women spend between two and ten times more time on unpaid care work than men (Matthew, 2017). Growing care deficits in higher-income countries are increasingly being addressed through the labour of women migrant workers moving from the Global South to the Global North. As a result, the care crisis is not only producing inequalities within countries but is also generating new forms of inequality on a global scale (Hochschild, 2000).

Structural inequalities within care systems have profound consequences for both care providers and care recipients. The unequal distribution of unpaid care work creates a "double burden" for women, who are expected to combine paid employment with care responsibilities (Fraser, 2016). Data from the United States indicate that women provide between USD 148 and 188 billion worth of unpaid care labour each year. At the same time, care responsibilities reduce the paid working hours of middle-aged women by 41 percent, increasing their economic insecurity. This disadvantage in women's careers resulting from care responsibilities has been described in the literature as the "care penalty" (Folbre, 2001). Furthermore, despite providing more care throughout their lives, older women often have less access to care in later life than men due to lower lifetime earnings and persistent gender inequalities (Adam et al., 2026).

In Türkiye, care continues to be organized largely through informal family networks. Families are seen as the primary providers of childcare, elder care, and disability-related support. However, this model structurally places the burden of care on women. As a result, care is often understood not as a public right but as a "natural" responsibility of women, limiting women's participation in employment and public life while reproducing gender inequalities (Kandiyoti, 2016).Bakım krizinin görünmeyen aktörlerinden biri de göçmen bakım işçileri. Zengin ülkelerdeki bakım sistemlerini ayakta tutan bu emek çoğu zaman düşük ücretler, düzensiz çalışma saatleri, sosyal güvencesizlik ve fiziksel ya da duygusal istismar koşulları altında sürdürülüyor (Adam vd., 2026). Dahası, göç eden kadınların geride bıraktıkları çocuklar ve aileleri de bakım yoksunluğu yaşayarak literatürde "bakım sömürüsü" (care drain) olarak tanımlanan yeni bir eşitsizlik biçiminin parçası hâline geliyor (Ehrenreich & Hochschild, 2003).

Peki neden bakımın geleceğini şimdi tartışmalıyız? Çünkü bütün bu göstergeler, bakımın sessizce ev içine, kadınların ve güvencesiz çalışanların omuzlarına bırakıldığı mevcut modelin toplumsal ve ekonomik sınırlarına ulaştığını gösteriyor. İnsanların, toplulukların ve ekosistemlerin varlığını sürdürebilmesi bakım sayesinde mümkün olsa da bakım uzun yıllar kamusal değer üretiminin dışında bırakıldı ve özel alanın görünmez yükü olarak konumlandırıldı. Bugün karşı karşıya olduğumuz kriz, bakımın artık bu şekilde örgütlenemeyeceğini açıkça ortaya koyuyor. Önümüzdeki temel soru artık daha fazla bakım hizmeti üretmek değil, bakımın nasıl örgütleneceğini, kimler tarafından üstlenileceğini ve hangi değerler temelinde yeniden tasarlanacağını birlikte düşünmek. Bu rapor da tam bu sorudan hareketle, bakımın geleceğini şekillendirebilecek eğilimleri, kritik belirsizlikleri ve olası senaryoları birlikte düşünmeyi amaçlıyor.

Drivers of Change

The future of care will not be shaped by a single linear trend or policy choice. Rather, it is being shaped by interconnected and sometimes conflicting demographic, technological, economic, ecological, and social transformations. These forces are already influencing how care is organized, who provides it, and under what conditions it is delivered.

In this section, we examine the key drivers of change that have brought care systems to their current limits, as well as the critical uncertainties emerging from these transformations. Our aim is not simply to present a list of future trends. Rather, we seek to identify and make visible the underlying fault lines that will be strategically decisive for the future of care and that require action and intervention today.

Demographic Threshold: Longer Lives, Greater Care Needs

We are passing through a demographic threshold unprecedented in human history. Across the world, life expectancy is increasing while birth rates are declining. As a result, the need for care is no longer a temporary, exceptional, or short-lived phase of life. Instead, it is becoming a long-term and enduring reality that extends across a significant portion of the life course. At the same time, populations are ageing rapidly, while the traditional family structures that have historically absorbed much of the responsibility for care are becoming smaller and less able to provide support. Household-based care networks are weakening, creating a widening gap between growing care needs and declining caregiving capacity within families. This imbalance is pushing existing care systems toward structural strain and increasing pressure on their ability to meet future demand (Christopherson, 1997).

Marketization and Financialization of Care

Care is increasingly being reorganized through market logics, private providers, platform models, and financial investment mechanisms. Across many countries, public care infrastructures have been weakened while responsibility for meeting care needs has shifted toward households and private markets. As care becomes commodified, access to quality care is increasingly shaped by income, geography, and social position, raising fundamental questions about rights, and collective responsibility.

Technology Is Not Neutral in Care

Artificial intelligence, remote monitoring systems, platform-based models, and automation tools are being rapidly integrated into care systems. Technology is often presented as a technical and cost-saving solution to the care crisis. Yet these developments also carry significant risks of eroding the relational dimensions of care.

When developed without strong ethical safeguards and public oversight, such systems can reduce care to a set of measurable tasks and processes. In doing so, they risk treating care as a technical operation rather than a relational practice grounded in human connection, dignity, and interdependence. This can transform care into a subtle mechanism of surveillance and control, one that embeds existing inequalities into the algorithms and technologies shaping the future of care (Montori et al., 2025; Lee S.Y., 2026).

Time Poverty and the Crisis of Social Reproductioni

Rising living costs and precarious labour regimes are pushing households to become increasingly dependent on market participation in order to sustain their livelihoods. At the same time, inadequate public infrastructure is creating profound forms of time poverty for individuals and families. While mainstream technology narratives often claim that artificial intelligence will free people from routine tasks and create more leisure time, current economic structures rarely translate these gains into time available for care. Instead, flexible and productivity-driven work regimes frequently intensify expectations of continuous work and efficiency.

Care, by its very nature, cannot be fully automated. It requires relational forms of time shaped by attentiveness, compassion, listening, and accompaniment. These are dimensions of care that cannot simply be accelerated or optimized. As artificial intelligence continues to increase the pace of productive activity, the gap between the demands of productivity and the slower temporalities required for care continues to widen. The result is a growing inability for people to find time to care for themselves, for one another, and for their communities. This dynamic poses a direct challenge to society's capacity for social reproduction and the sustaining of collective life.

The Climate Crisis as a Silent Force Increasing Care Needs

The climate crisis, environmental degradation, food insecurity, and biodiversity loss are increasing care needs through a powerful yet often overlooked process that affects both human well-being and the environments in which life unfolds. As ecological crises intensify, they directly impact health, livelihoods, and living conditions, generating new and growing demands for care.

At the same time, ecological disruption reminds us that care is not limited to relationships between people. Care also encompasses our relationships with non-human life, land, water, and the ecosystems that sustain us. In this sense, care is no longer only a matter of social policy. It has become a question of planetary repair, collective survival, and the conditions necessary for sustaining life itself (The Care Collective, 2020).

These drivers of change do not shape the future in a single direction. Rather, they generate critical uncertainties about the future of care. Will technology become a tool that strengthens care relationships, or will it contribute to the further mechanization of care? Will growing care needs be addressed through public and collective solutions, or will responsibility continue to be shifted onto families and precarious forms of labour? Will climate and economic crises strengthen social solidarity, or will they deepen existing inequalities?

There are no single or predetermined answers to these questions. How these uncertainties unfold will depend not only on future developments, but also on the ethical, political, and strategic choices made today by public institutions, civil society organizations, the private sector, and individuals. For this reason, rather than treating the future of care as an inevitable crisis, we need to explore multiple possible futures and identify opportunities for action and intervention in the present.

Global Megatrends: Long-Term Dynamics Shaping the Future of Care

The future of care is shaped not only by developments within the care sector itself, but also by long-term global megatrends that are transforming societies worldwide. Demographic shifts, technological advances, economic structures, and ecological crises are fundamentally reshaping the scale, form, and meaning of care. This section aims to make visible the broader global dynamics upon which future care scenarios are likely to unfold.

Rather than treating megatrends as singular forces that determine the future, we understand them as the structural context within which care systems evolve, revealing the pressures, constraints, and opportunities that will shape how care is organized and experienced. In developing this framework, we drew on the global megatrends identified by the Copenhagen Institute for Futures Studies (CIFS) and examined them through a care-centred lens.

World

Globalisation

The world is growing closer together. With globalisation comes both opportunities and risks, and regional issues or challenges quickly become global in scope.

Population Growth

The world population will see an explosive growth throughout the 21st century and is expected by the UN to peak at 11 billion in 2100.

Environmental Change & Sustainability

Climate change carries key risks for ecosystems and cultures. The push for sustainability seeks a mutually beneficial balance between human activity and the environment

People & Society

An Ageing World

A combination of improved longevity, improved health at old age, and declining birth rates is causing the world population to age. As the world grows older, societies will change, and new consumption patterns will arise.

Individualisation & Empowerment

Networks of empowered individuals form new communities in both physical and digital realms, giving rise to a pluralisation of ways of living and working.

Focus on Health

With a growing understanding of how genetics and lifestyle influence health, coupled with new technologies enabling a more preventive rather than reactive approach, we may see a greater personalisation of health in the future

Urbanisation
In the future, urban areas will be much larger, more complex, and interconnected than today. It is in cities that the global challenges of our century will need to be solved.

Technology & Science

AI & Automation
Advances in artificial intelligence and robotics will change not only how we work in the future, but also how we live, how we learn, and how we entertain ourselves.

Biotech Revolution
Biotechnology will likely be as important in the next half century as computers have been in the previous half century. With biotech comes the ability to manipulate genes, create new forms of life, and connect human and machine at previously unseen levels.

Greater Interconnectedness
The number of internet-connected devices in the world far exceeds the number of people. These devices help improve the quality of the products and services we depend on while also giving rise to issues related to loss of privacy and abuse of personal data.

Engineering Advances
New materials, new energy sources, better production processes, and improved product designs will change our lives in the decades to come while also playing a major role in combating climate change and environmental damage.

Economy

Network Economy
The ongoing digitalisation of society gives rise to new peer-to-peer processes and the creation of value in decentralised networks that rely on flat hierarchies and collaboration, and which operate both on local and global scales.

Service Economy
The evolution of the service economy gives rise of the platform business model and growing 'servitisation' – the erosion of old divisions between products and services in favour of a service-product continuum, where 'solutions' that combine the two are what's on offer to businesses and consumers.

Economic Growth
Most individuals alive today are significantly better off than their ancestors when measured economically. While the historical benefits of economic growth are clear, its future trajectories are much less certain.

Concentration of Wealth
While global inequality between countries has declined, income and wealth inequality within countries are growing in many parts of the world, with more and more wealth being concentrated in the hands of fewer and fewer people.

Critical Uncertainties Shaping the Future of Care

The future of care will be shaped not only by the trends we can observe today, but also by the critical uncertainties that will influence how those trends unfold. For this reason, the scenarios presented in the next section are not intended to predict the future. Rather, they are designed to make visible the key uncertainties that will shape the care landscape and to help us imagine a range of possible futures.

This report identifies two critical uncertainties. The first concerns the organization of care: will care remain primarily an individual and household responsibility, or will it be reimagined and organized as a public and collective right? The second concerns the role of technology in care: will technology evolve into a system that replaces and standardizes care relationships, or will it become a tool that supports caregivers and strengthens the relational dimensions of care?

These uncertainties are not independent of one another. How care is organized directly influences the purposes for which technologies are developed and the ways in which they are deployed. Likewise, decisions about the design and governance of technology shape who provides care, under what conditions, and according to which values.

The scenario framework presented in the next section explores four possible futures of care that emerge from the intersection of these two axes. The purpose of these scenarios is not to identify a single "correct" future. Rather, they serve as a tool for reflecting on how the political, technological, and organizational choices made today can make certain care arrangements more likely while making others less possible.

The matrix on the following page brings together the critical uncertainties that are likely to shape the future of care and the strategic tensions associated with them. The poles represented in the matrix should not be understood as mutually exclusive or predetermined futures. Instead, they represent different trajectories along which care systems may evolve. The scenarios that follow make visible coherent future possibilities emerging from the interaction of these dynamics. The aim is not to predict what will happen, but to invite reflection on the kinds of care futures our choices today are making possible.

Critical Uncertainties Matrix

POLARITY A	CRITICAL UNCERTAINTY	POLARITY B
Care is treated as a public right and a collective responsibility	**Organization of Care**	Care is individualized, household-based, and addressed through the market
Care is financed by the state/ society	**Financing and Access to Care**	Care is marketized, a service dependent on ability to pay
Care work is a valued, well-compensated profession	**Status of Care Work**	Care work remains invisible, precarious, and undervalued
AI and robotics serve as supportive tools that enhance the human touch	**Role of Technology in Care**	Automation replaces human touch; care becomes dehumanized
Use of care data is transparent; empowers the care recipient/field	**Data and Privacy in Care Technology**	Data is used for profit, surveillance, and control
Care shifts toward community/ home-based, diversified models that support independent living	**Spatial Setting of Care**	Care becomes platformized, institutionalized, and centralized in large-scale facilities
Care is seen as a universal need and a social investment	**Social Values Surrounding Care**	Care is framed as a “burden” and a cost item
Care is driven by an ethic centered on interdependence and relationality: time, trust, and emotions are valued	**Ethical Paradigm Driving Care**	Care is delivered as a standardized, measurable, unit-based transaction: efficiency and cost are valued
The concept of care expands: includes chosen families, collective care networks, and more-than-human care	**Scope and Subject of Care**	Care remains confined to the heteronormative nuclear family model: responsibility largely relies on family/kinship ties

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Possible Care Futures: Thinking Through Scenarios

In this section, we present four scenarios that explore different, yet simultaneously plausible, futures of care. These scenarios are neither predictions nor normative preferences. Rather, they represent coherent future possibilities that emerge from different combinations of key uncertainties, including how care is organized, the conditions under which care work is performed, the role of technology, and the extent of public responsibility for care.

The scenarios approach care not merely as a sector of service provision, but as a system of values that shapes everyday life, social relationships, and the ways in which societies organize and sustain life. Our purpose is not to predict the future or advocate for a single ideal outcome. Instead, by placing different care futures side by side, we seek to reflect on how the political, technological, and organizational decisions we make today enable certain worlds to emerge while making others increasingly unlikely. We therefore offer these four scenarios as an invitation to think critically about what more just, sustainable, and liveable care futures might look like.

Scenario 1: Platformized Care

In this scenario, care is increasingly organized through digital platforms that promise fast, scalable solutions to growing care needs. Care services become accessible through applications in much the same way as transportation, food delivery, or accommodation services. They are matched, rated, monitored, and managed through algorithmic systems. While this model appears to make care more accessible and flexible, it also fundamentally transforms the nature of care relationships.

In a world of platformized care, care is primarily defined through individual demand. Decisions about who receives care, when, and to what extent are shaped less by public policy and more by a person's purchasing power, digital literacy, and visibility within platform systems. The role of the state shifts away from directly providing or guaranteeing care and toward regulating or facilitating market-based solutions. As public care infrastructures weaken, care increasingly becomes a service purchased in fragmented and transactional ways.

Within this scenario, care work becomes flexible, fragmented, and often insecure. Care workers obtain short-term assignments through digital platforms, while working conditions, compensation, and access to future opportunities are largely determined by algorithms. As care labour becomes measurable, comparable, and continuously evaluated, the emotional and ethical dimensions of care are systematically pushed into the background. Visibility, performance metrics, and speed become the primary indicators of success, while continuity, attentiveness, and relationship-building receive diminishing recognition.

Technology occupies a central position in this care system. Artificial intelligence systems predict care needs, match services, and assess quality through data-driven metrics. Remote monitoring technologies, automated assessments, and predictive analytics increase operational efficiency, yet this understanding of efficiency often obscures the human and relational dimensions of care. Rather than functioning primarily as a tool that supports caregivers, technology becomes the core infrastructure through which care is standardized, monitored, and governed.

This future may also create new opportunities for some groups. Care services could become more accessible for people living in rural areas, those who have

limited access to conventional care services, or those requiring greater flexibility in how care is received. Care work may also provide income opportunities for groups whose labour has historically remained unrecognized. However, without strong regulatory frameworks and ethical safeguards, these opportunities may quickly evolve into new forms of inequality and exclusion.

The central risk of this scenario is that care comes to be understood less as a relationship and more as a transaction. Care ceases to be a practice grounded in continuity, trust, and mutual responsibility and instead becomes a series of services delivered in response to immediate demand. At a societal level, care moves away from being a shared responsibility and becomes an individualized concern that people are expected to solve through their own resources. Over time, this dynamic deepens isolation and exhaustion among both those who provide care and those who rely on it.

The Platformized Care scenario offers the potential for technical and scalable responses to the care crisis, but it also carries the risk of eroding the ethical, relational, and public dimensions of care. It may expand access to services; yet as access grows, the qualities that make care meaningful, including trust, continuity, and reciprocity, may gradually weaken.

Signals to Monitor

- Increasing public and private investment in care platforms.
- The rapid expansion of care services delivered through digital platforms.
- A shift in public care systems from direct service provision toward service procurement and digitally mediated models.
- The growing prevalence of platform-based contracts for care workers.
- User ratings becoming a primary factor in the selection and allocation of care services.
- The widespread adoption of AI-enabled care assessment and monitoring systems.
- The increasing dominance of “efficiency” and “scalability” narratives in care policy and service design.

Tipping Points

- A significant share of public care services becoming primarily delivered through digital platforms.
- The emergence of platform monopolies in the care sector.
- The majority of care workers being employed through platform-based contractual arrangements.
- Algorithmic rating and evaluation systems becoming decisive in shaping care work and working conditions.
- Public care services contracting to a level where they can no longer adequately meet basic care needs.

Potential Benefits and Trade-Offs

This scenario may generate certain benefits while also introducing significant trade-offs. Access, speed, and scalability could increase, enabling care services to reach broader segments of the population and making some forms of care labour more visible and economically recognized. At the same time, the relational and ethical dimensions of care may weaken, precarious forms of employment may become more widespread, and access to care may become increasingly dependent on individuals’ economic resources and digital capabilities. At a societal level, care may gradually shift away from being understood as a shared responsibility and instead become a system driven by individualized solutions and market-based access.

Scenario 2: Fragmented Care

In this scenario, care is sustained neither by strong public systems nor by scalable technological solutions. While care needs continue to grow, the institutional structures that once supported the organization of care have eroded, public support mechanisms have retreated, and collective solidarity networks have weakened. The resulting gap has not been sustainably filled by either markets or communities. Care has increasingly become a fragmented and burdensome responsibility carried by individuals and households.

In this future, care remains largely invisible. People in need of care are often forced to rely on family members or informal networks for support. Formal assistance is limited, temporary, or difficult to access. Navigating care services becomes increasingly challenging due to complex administrative procedures, unclear

eligibility criteria, and scarce resources. For low-income households, older people living alone, persons with disabilities, and migrants in particular, access to care becomes a matter of daily survival.

Care work in this scenario is organized through deeply unequal arrangements. The burden of care falls disproportionately on women, especially those facing low incomes, precarious employment, and limited social support. Migrant care labour becomes increasingly insecure and invisible, while caregivers are often left to cope with exhaustion and burnout on their own. Care work receives little economic recognition and insufficient social value. As a result, caregivers experience both material disadvantage and emotional isolation.

Technology plays only a limited and fragmented role. Digital tools fail to provide integrated responses to the care crisis. While some households benefit from remote monitoring systems or digital support services, many remain excluded. Digital inequalities further reinforce existing care inequalities. Rather than reducing care burdens, technology often serves to shift responsibility more explicitly onto individuals and families.

Within this care landscape, crises do not become opportunities for transformation. Instead, they intensify existing vulnerabilities and structural inequalities. Pandemics, climate-related disasters, and economic shocks increase care needs at the very moment that care capacity continues to decline. Each crisis pushes care further back into households, placing greater pressure on families and accelerating caregiver exhaustion.

Social bonds weaken in this world. Care is no longer understood as a shared concern but becomes an individualized responsibility governed by a "everyone must cope on their own" logic. This creates invisible tensions not only between care recipients and caregivers, but also across generations and social groups. Solidarity gradually gives way to guilt, stigma, and quiet resignation.

A defining feature of this scenario is that care has become neither fully marketized nor intentionally collectivized. Instead, it exists in an institutional vacuum. As care loses political ownership and public visibility, its social value is steadily eroded. Care remains a force that shapes everyday life, yet it is treated as a private burden rather than a collective responsibility.

The Fragmented Care scenario illustrates one of the most severe trajectories of the care crisis. It reminds us that care systems do not strengthen automatically. Without public commitment, collective organization, and long-term policy choices, care arrangements can gradually unravel over time. This scenario therefore serves as a tool for reflecting on how today's inaction and fragmented interventions may shape the care futures of tomorrow.

Signals to Monitor

- Persistent and structural reductions in public spending on care services.
- Increasing barriers to accessing social assistance and care support programmes.
- Rising levels of burnout, exhaustion, and invisibility among caregivers.
- The growing inadequacy of temporary responses to care needs during periods of crisis.
- Families being increasingly required to shoulder care responsibilities on their own.
- The weakening of volunteer-based and community solidarity networks.
- An increase in the number of people leaving the labour market or reducing their working hours due to care responsibilities.

Tipping Points

- Public care services shrinking to a level from which recovery becomes difficult.
- A significant proportion of caregivers withdrawing from the labour market or being pushed out of economic life due to care responsibilities.
- Families becoming unable to sustain care needs through their own resources and support networks.
- The inability to maintain continuity of care services during disasters, pandemics, or economic crises.
- A substantial share of care needs being met within households without any institutional support.

Potential Benefits and Trade-Offs

The potential benefits within this scenario are limited. In the short term, reductions in public spending may appear to generate economic savings. Over time, however, the social costs become increasingly severe. As care responsibilities are concentrated within individuals and households, care needs become less visible and more

difficult to address collectively. The capacity to respond to those needs weakens, while social exhaustion, inequality, and the impacts of the care crisis deepen. Ultimately, care ceases to be understood as a shared social responsibility and instead becomes a private burden carried quietly by individuals and families.

Scenario 3: Techno-Relational Care

In this scenario, care has neither collapsed nor been fully surrendered to digital platforms. Instead, a dynamic and continually negotiated balance has emerged between technological systems and human relationships. Care systems draw on technological tools to respond to growing needs while seeking to preserve the relational and ethical dimensions of care. The resulting arrangement is not seamless. It evolves through ongoing tensions, adjustments, and negotiations.

In this world, responsibility for care is shared across public institutions, community networks, and digital infrastructures. The state has not withdrawn entirely from care provision, yet neither has a comprehensive care welfare regime been established. Instead, care services are supported through standards, regulations, and ethical frameworks, while local solutions and hybrid models play a significant role in practice. Care becomes less a centrally managed system and more a shared field sustained by multiple actors.

Care work in this scenario remains the subject of ongoing struggles for recognition and fair conditions. Care workers are not entirely precarious, yet their working conditions and status vary considerably across contexts. In some areas, technology reduces administrative burdens and creates more space for the relational dimensions of caregiving. In others, digital tools introduce new forms of monitoring, evaluation, and performance pressure. Care labour is neither fully invisible nor fully protected; its value and conditions remain matters of continuous negotiation.

Technology is viewed neither as a universal solution nor as an inherent threat. Artificial intelligence and digital systems are designed to support care processes, yet the limits of these technologies remain subjects of ongoing public debate. Remote monitoring tools, data-informed decision-support systems, and automation assist with certain aspects of care, but they do not entirely replace face-to-face interaction. There is broad social recognition that technology should not substitute for care relationships, although translating this principle into practice is not always straightforward.

Inequalities do not disappear within this scenario, but they are mitigated in some areas. Communities with access to digital infrastructure are often able to benefit more effectively from care services, while digital divides continue to shape unequal outcomes. In places where local governments and civil society organizations are strong, care is organized in more relational and inclusive ways. Where such capacities are weaker, technology is more likely to assume a substitutive role. As a result, the quality and character of care vary according to geography, governance capacity, and social relationships.

Crises in this world are not uniformly destructive, nor do they automatically generate transformation. Some crises accelerate technological innovation, while others reinforce awareness of the irreplaceable human dimensions of care. This dual dynamic requires care systems to remain adaptive and responsive. No solution is regarded as permanent; care practices continue to evolve through experience, feedback, and ethical reflection.

A defining feature of this scenario is that care is never considered a finished system. It is continuously rebuilt, debated, and recalibrated. While this creates new tensions and risks, it also opens opportunities for learning, adaptation, and improvement. Care is neither a purely private burden nor a perfectly functioning public service. Rather, it becomes an ongoing practice of balancing relationships, technologies, and political choices.

The Techno-Relational Care scenario suggests that the future of care is unlikely to be defined by simple oppositions between technology and humanity. Instead, it represents a transitional space in which societies continually negotiate how technological innovation can coexist with relational values. Preserving the human dimensions of care, defining the limits of technology, and adapting to changing conditions require sustained attention, ethical judgment, and collective commitment. This scenario highlights that a meaningful balance between technology and relational care will not emerge automatically. It requires deliberate design, clear boundaries, and strong governance.

Signals to Monitor

- The development and adoption of ethical guidelines and standards for care technologies.
- Increasing investment by local governments in hybrid models of care that combine human support with digital tools.
- A growing emphasis on maintaining human connection and relational care within AI-enabled care services.
- The inclusion of care workers in the design, governance, and decision-making processes surrounding care technologies.
- Expanding public debate and critical scrutiny regarding the role of digital technologies in care.

Tipping Points

- Ethical standards for care technologies becoming mandatory and enforceable across the sector.
- Hybrid care models becoming institutionalized within public care systems.
- The design and governance of care technologies proceeding without the meaningful participation of caregivers and care recipients.
- Technological tools shifting from a supportive role to a substitutive role within care relationships.
- Performance metrics, monitoring, and efficiency pressures beginning to overshadow the relational dimensions of care.
- Digital inequalities becoming a major determinant of access to care services.

Potential Benefits and Trade-Offs

In this scenario, no benefit can be taken for granted as permanent. Technology may reduce some care burdens, improve access to services, and create more space for the relational work of caregiving. However, sustaining these gains depends on the protection of ethical principles, inclusive governance, and ongoing public oversight. While greater flexibility, innovation, and responsiveness become possible, the risk of reproducing existing inequalities never disappears entirely. The relational dimensions of care can be preserved, but maintaining this balance requires deliberate choices, robust governance mechanisms, and continuous societal dialogue about the role and limits of technology in care.

Scenario 4: Collective and Restorative Care

In this scenario, care is reimagined not as an individual burden or a market commodity, but as a shared social responsibility and a collective value. The need for care is recognized not as an exceptional circumstance, but as an inevitable part of being human. This recognition fundamentally transforms how care is organized, who provides it, and under what conditions it is sustained. Care becomes more than a domain of support; it serves as a foundation for intentionally cultivating social bonds, trust, and mutual interdependence.

In this world, care is organized through collaboration between strong public infrastructures and local communities. The state plays an active role in ensuring care provision rather than acting solely as a regulator. Care services are approached through a rights-based framework and are designed to be accessible to all. Local governments, civil society organizations, and community networks collectively shape the everyday practices of care. Rather than operating as a centralized and standardized system, care is organized through plural, flexible, and locally responsive arrangements.

Care work is recognized, valued, and protected. Caregivers are acknowledged not merely as service providers but as holders of knowledge, experience, and expertise. Working conditions are designed to reflect the physical, emotional, and relational dimensions of care labour. Collective support mechanisms are established to prevent caregiver exhaustion and burnout. Care work derives its meaning not from individual sacrifice, but from shared responsibility, reciprocity, and mutual support.

Technology plays a supportive and complementary role within this care system. Digital tools are used to reduce administrative burdens, facilitate coordination, and improve access to care. However, technology does not replace care relationships. Artificial intelligence and digital systems are developed and governed in ways that respect the ethical and relational dimensions of care. Technological success is measured not primarily through speed and efficiency, but through continuity, attentiveness, trust, and the quality of relationships.

In this scenario, care is understood not only as a relationship between people but also as a social and ecological practice. Relationships with non-human life, local environments, and the ecosystems that sustain life are recognized as integral to care. A restorative

approach to care seeks not only to respond to present needs but also to repair relationships, institutions, and systems that have been neglected or harmed. Care therefore becomes both future-oriented and attentive to historical injustices and accumulated forms of harm.

While inequalities do not disappear entirely, care is intentionally used as a means of reducing them. Responsibility for care is shared across society rather than concentrated on particular groups. This sharing involves not only material resources but also time, attention, and responsibility. Care becomes a practice that strengthens social cohesion and deepens collective well-being.

The primary challenge of this scenario is that it requires sustained political commitment, public investment, and broad social consensus. Collective and restorative care does not emerge automatically; it must be continuously defended, maintained, and renewed. Economic crises, political reversals, and social polarization may weaken these arrangements. Yet this vulnerability also highlights that such a future depends on conscious choices and ongoing collective effort.

The Collective and Restorative Care scenario demonstrates that the future of care is not simply about delivering better services. It envisions care as a practice that repairs social relationships, rebuilds trust, and contributes to more just, sustainable, and liveable futures. In this world, care is not only a policy domain but also a way of organizing society and living together.

Signals to Monitor

- An increasing number of policies and legislative reforms that recognize care as a public right.
- Growing investment by local governments in care infrastructure and community-based care models.
- Improvements in wages, labour protections, and social recognition for care workers.
- The integration of care ethics and restorative approaches into public policy and institutional practice.
- The expansion of ecological care perspectives that recognize responsibilities toward non-human life and ecosystems.
- The strengthening of community-based care networks and solidarity-driven models of mutual support.

Tipping Points

- The institutionalization of care as a fundamental right within social policy frameworks.
- Public care infrastructures becoming sufficiently established and resilient to withstand political shifts and changing government priorities.
- The implementation of structural protections and guarantees for care workers.
- Community-based care models becoming a permanent and integral component of care systems.
- Care policies being supported through long-term public investment and multi-stakeholder governance mechanisms.

Potential Benefits and Trade-Offs

As with all futures, the benefits envisioned in this scenario cannot be assumed to endure automatically. Strong public investment, community-based organization, and the recognition of care work can contribute to the development of more just, inclusive, and restorative care systems. Sustaining these achievements, however, requires ongoing political commitment, social consensus, and collective responsibility.

Decision-making processes may become more participatory, but also more complex and time-intensive. In return, care systems become more resilient, social trust is strengthened, and collective capacity to respond to crises is enhanced. In this future, resilience is valued alongside efficiency, continuity alongside speed, and collective trust alongside individual flexibility. The emphasis shifts from optimizing care delivery to sustaining the relationships, institutions, and ecosystems that make care possible.

Risks, Opportunities, and Vulnerabilities: A Cross-Scenario Analysis

The four scenarios presented in this report illustrate different possible futures of care. Their value, however, lies not only in the distinct worlds they describe, but also in the shared patterns, tensions, and lessons that emerge when they are considered together. Viewed side by side, the scenarios reveal the common risks, opportunities, and vulnerabilities that are likely to shape the future of care across a range of possible trajectories.

This section brings the scenarios into conversation with one another to examine how different pathways of change generate different consequences for care systems, care workers, care recipients, and society as a whole. By comparing these futures, we can better understand which developments may strengthen the resilience, equity, and sustainability of care, and which may deepen existing inequalities, exclusions, and pressures. Rather than evaluating individual scenarios in isolation, this analysis highlights the broader implications of the choices, priorities, and governance approaches that will shape the future of care.

Systemic Threats: What Could Be Lost in the Future of Care?

When the four scenarios are considered together, one of the most significant systemic threats that emerges is the erosion of the relational dimensions of care. In both the Platformized Care and Fragmented Care scenarios, care is either broken into discrete tasks in the name of speed and efficiency or pushed back into households as public responsibility retreats. In both cases, care moves away from being a social practice grounded in mutual responsibility, continuity, and trust.

Another major threat is the possibility that care becomes more visible in public discourse while its structural challenges become increasingly obscured. Institutions, corporations, and digital platforms may promote narratives of compassion, well-being, or togetherness, while the precarious conditions of care work, the withdrawal of public responsibility, and the growing burdens placed on caregivers remain unaddressed. This dynamic risks reinforcing what is increasingly discussed in the literature as carewashing: the symbolic embrace of care's ethical and relational values without addressing the structural conditions necessary to sustain them.

A further systemic risk is the increasing precarization and invisibility of care work. Across all scenarios, care labour remains the foundation upon which care systems depend. Yet in contexts where public responsibility is weak, this work can become systematically undervalued and under-supported. In care arrangements where technology is primarily used for performance measurement, monitoring, and control, care labour risks being reduced to quantifiable indicators. Such developments can weaken the ethical, emotional, and relational dimensions that are central to meaningful care.

Finally, the scenarios point to the risk of deepening inequalities within care systems. Those with access to digital infrastructure, strong social networks, and economic resources may be better positioned to secure care and support. Meanwhile, people living in disadvantaged socioeconomic conditions, those experiencing digital exclusion, and those with limited access to institutional support may bear the greatest consequences of the care crisis. In futures where care becomes increasingly individualized or fragmented, these inequalities have the potential to reinforce and deepen existing patterns of social injustice rather than alleviate them.

Strategic Opportunities: Which Futures Open New Possibilities?

The scenarios reveal not only risks, but also significant opportunities. In particular, the Techno-Relational Care and Collective and Restorative Care scenarios demonstrate that care systems can be intentionally reshaped through thoughtful design, governance, and collective action. When guided by strong ethical frameworks, technology can help reduce the burdens placed on caregivers, strengthen coordination, and expand access to care. This creates important opportunities for organizing care in ways that are more inclusive, equitable, and sustainable.

The Collective and Restorative Care scenario further illustrates how care can serve as a powerful force for strengthening social bonds. In this future, care is no longer understood merely as a service that is activated in moments of need. Instead, it becomes an everyday practice that shapes the fabric of social life. Such a shift creates opportunities to rebuild social trust, strengthen intergenerational relationships, and enhance collective resilience in the face of future challenges.

The scenarios also point to opportunities for reclaiming care as a political and public concern. The future

of care will be shaped not only by technological innovations or institutional reforms, but also by the values and priorities that societies choose to advance. This creates space for civil society organizations, local governments, care workers, and community actors to play a more active role in influencing the direction of change. In this sense, care becomes more than a service domain; it emerges as a powerful lever for advocacy, rights-based action, democratic participation, and broader systems transformation.

Systemic Vulnerabilities and Critical Tipping Points

A comparison across the scenarios suggests that the future of care will be shaped by a number of critical tipping points. These include the irreversible weakening of public care infrastructures, widespread caregiver exhaustion, and the unchecked expansion of technologies without adequate oversight or accountability. Once such thresholds are crossed, rebuilding care systems becomes significantly more difficult, costly, and time-consuming.

The Techno-Relational Care and Collective and Restorative Care scenarios, in particular, highlight that care is not a permanent achievement but a social good that must be continually protected, maintained, and renewed. Sustaining these care arrangements requires strong governance, clearly defined ethical boundaries, and enduring social commitment. Political reversals, macroeconomic crises, and growing social polarization can rapidly undermine these foundations, increasing the vulnerability of care systems and limiting their capacity to respond to future challenges.

For this reason, we view critical tipping points not only as potential risks but also as opportunities for early warning and strategic intervention. They indicate where attention, resources, and political will need to be concentrated in order to strengthen the foundations of care. The future of care may unfold in very different directions depending on whether these systemic risks are recognized in time and whether meaningful action is taken before critical thresholds are reached.

3

Strategic Pathways for Shaping the Future of Care

The future of care cannot be shaped through the actions of any single actor alone. As the scenarios in this report demonstrate, transformation in the care landscape will depend on the dynamic interaction between civil society's relational capacity, policymakers' ability to build and govern public systems, and the willingness of businesses to rethink the ways care, labour, technology, and value creation are organized. At a moment when the connections between the institutions that structure care and the households that experience and provide it are increasingly under strain, the responsibilities of all actors are being redefined.

This section outlines a set of complementary long-term strategic pathways for the key actors within the care ecosystem. Rather than offering prescriptive solutions, it highlights areas where collective action, institutional innovation, and sustained commitment can help shape more just, resilient, and caring futures.

Civil Society's Role in Shaping Care Futures

For civil society, the future of care is not simply a new service domain or a temporary advocacy issue. The scenarios explored in this report suggest that care is increasingly at risk of being technicized, while responsibility for meeting care needs is progressively shifted onto households and individuals (Dzierzak & Grönvall, 2026). In this context, the primary role of civil society is not to temporarily fill gaps left by failing systems, but to develop alternative models for the future of care and actively shape pathways of transformation.

- **Advocating Relationality**: Preserving the ethical and relational dimensions of care within public debate is of critical importance. As illustrated in both the Platformized Care and Fragmented and Individualized Care scenarios, care is increasingly being defined through the lenses of speed, performance, and measurable outputs. Civil society can play a vital role in developing new narratives that make visible the temporal, reciprocal, and relational qualities of care (Kontos & Naglie, 2009). This also requires challenging transactional understandings of care that reduce care to a service, a task, or a market exchange. Civil society can help advance a relational ethic of care grounded in attentiveness, mutual responsibility, interdependence, and the recognition that care is fundamentally a relationship rather than a transaction.
- **Creating Experimental and Learning Spaces**: The future of care will not emerge through one-size-fits-all solutions but through experimentation, adaptation, and learning across diverse contexts (Sacre & Godfrey, 2026). Civil society can support the development of small-scale yet transformative initiatives such as care cooperatives, neighbourhood-based networks, care commons, and local solidarity practices. The objective is not only to create new services, but also to design tools and processes that make care relationships visible, foster collective learning, and enable institutions to reflect on and strengthen their own care capacities. One example of this approach is the Care Networks Mapping Tool developed by İhtimam Association. The tool seeks to make visible the often-unseen networks of care that sustain individuals, organizations, and communities. It enables participants to collectively

examine who provides care, through which relationships, and with what forms of support. Through the mapping process, organizations can assess their existing care capacities, identify how care responsibilities are distributed, and recognize areas where care systems are under strain. This visibility creates opportunities for institutions to redesign their internal care policies, organizational cultures, and support mechanisms in more intentional and equitable ways.

- **Advancing a Rights-Based and Inclusive Care Agenda**: The knowledge and lived experiences of caregivers should be placed at the centre of research, advocacy, and policymaking processes (Sacre & Godfrey, 2026). The role of civil society is not to romanticize care work, but to expose the structural pressures that shape it and to reframe care as a matter of social justice. At the same time, civil society can help broaden dominant understandings of care beyond human-to-human relationships. Approaches that recognize non-human life, ecosystems, and shared living environments as integral to care can strengthen connections between care policy and broader issues such as climate change, biodiversity loss, and environmental justice. In doing so, care can be reimagined not merely as a response to human needs, but as the web of relationships that sustains collective life itself.

Policymakers' Role in Shaping Care Futures

The future of care is not only a matter of social assistance policy. It is also a fundamental determinant of societal resilience, democratic governance, and long-term economic sustainability (Alam & Houston, 2020). The scenarios explored in this report demonstrate that when public responsibility for care weakens, care crises can rapidly evolve into broader systemic crises. In this context, the primary responsibility of policymakers is to reposition care as both a public right and a foundational social infrastructure.

- **Building Care as Rights-Based Public Infrastructure**: Care should be designed not merely as a collection of targeted social assistance programmes, but as a public infrastructure accessible to all people throughout the life course (Ministerio de Asuntos Exteriores, 2023; Binet et al., 2023). Recognizing care as a universal and rights-based system is one of the essential conditions for strengthening the resilience and long-term sustainability of care systems.
- **Governing Care Technologies and Ensuring Algorithmic Accountability**: Artificial intelligence and digital systems offer significant opportunities within care systems. However, their impact will depend on how they are designed, for what purposes they are deployed, and under which ethical and regulatory frameworks they operate (Dzierzak & Grönvall, 2026). Policymakers should ensure that technology is governed as a tool that supports and enhances care relationships rather than replacing them. This requires robust oversight, transparency, accountability mechanisms, and meaningful participation by caregivers and care recipients in the design and governance of care technologies.
- **Strengthening the Structural Foundations of Care Work**: Recognizing care work, ensuring secure working conditions, and providing fair compensation are not only labour market concerns; they are fundamental prerequisites for the sustainability of care systems themselves (Ministerio de Asuntos Exteriores, 2023). Policymakers should also develop policies related to time, income, and social protection that reduce the unequal distribution of care responsibilities across gender lines. Strengthening the structural foundations of care work is essential for building care systems that are both equitable and resilient over time.

Business's Role in Shaping Care Futures

For businesses, care is not simply a matter of employee well-being or human resources policy. The scenarios explored in this report demonstrate that care constitutes an essential, though often invisible, infrastructure that sustains economic production. As such, care should be recognized as a core component of long-term corporate sustainability strategies..

- **Recognizing the Care Crisis as a Business Challenge:** Treating care responsibilities as purely private matters belonging to employees' personal lives is no longer sustainable. The costs of the care crisis are increasingly visible through employee turnover, burnout, reduced productivity, talent shortages, and workforce disengagement. Rather than externalizing these costs, businesses should recognize care as a strategic issue and integrate it into risk management, workforce planning, and organizational resilience strategies.
- **Making Technological Choices that Strengthen Relational Capacity** Technology should not be adopted solely to increase efficiency or reduce costs. It should also be used to strengthen people's capacity to provide and receive care. Instead of prioritizing systems that intensify performance pressures or normalize continuous monitoring, businesses should invest in flexible working arrangements, accessible digital support tools, and technologies that enable employees to sustain meaningful relationships and caregiving responsibilities alongside their professional lives (Dzierzak & Grönvall, 2026).
- **Sharing Responsibility Within the Care Ecosystem:** While the growth of the care economy creates new areas for investment and innovation, it also raises the risk that care infrastructures become concentrated in the hands of a small number of dominant companies. Such concentration can reinforce monopolistic tendencies over access to care services, data ownership, and technological standards. The role of business should not be to treat care as a closed market that generates competitive advantage, but to contribute to an open and pluralistic ecosystem in which value is co-created by multiple actors. To achieve this, companies should build long-term partnerships with public institutions, civil society organizations, cooperatives, social enterprises, and local communities. They should contribute to the development of shared standards and support multi-stakeholder governance models that prevent the concentration of power within care infrastructures. At the same time, businesses must move beyond treating care as a matter of corporate messaging or branding. Meaningful commitment to care requires structural changes across workplace policies, including working conditions, compensation practices, caregiving leave provisions, and organizational culture. In this way, care can evolve from being a service delivered by individual companies into a shared social responsibility sustained by a diverse ecosystem of actors.

4

Care 2040: The Everyday Rhythm of a Caring Future

Futures studies do not only analyse trends and uncertainties; they also seek to make visible how these transformations might be experienced in everyday life. For this reason, this chapter draws on a character-based everyday life narrative, a method commonly used in futures and foresight practice.

The story presented here imagines a possible year 2040 in which the megatrends, critical uncertainties, and strategic choices explored throughout this report have evolved into a collective and restorative care ecosystem. It is neither a prediction nor a vision of a perfect utopia. Rather, it offers a tangible illustration of how the relationships we build, the decisions we make, and the care policies we develop today may shape the rhythms of everyday life in the future.

Elif stands in the kitchen, brewing tea as she looks out onto the street. Her mother, Emine, is chatting with Hasan outside the neighbourhood care centre. Today, Hasan is on companionship duty. Seeing them together puts Elif at ease. There is something reassuring about her mother beginning the day with a conversation. It softens everything that follows.

Emine is eighty-four years old. She forgets things from time to time, but she still enjoys choosing her clothes in the morning. Elif does not interfere. Some days Emine pairs colours that do not quite match, other days she changes her mind three times before leaving the house. Elif lets her. The ability to make these small decisions has become an important part of how care is understood.

Her brother Murat will arrive soon. Today is his day with their mother. Once a week, he takes Emine out for a walk. Sometimes they go down to the waterfront, sometimes they sit in the park and share a bowl of soup. Murat does not describe this as "helping." He sees it as a natural part of the family's care arrangements. At the organisation where he works, care time is recognised as a right for everyone. No one is expected to justify it or explain it.

The previous week, Murat had said something that stayed with Elif:

"Care used to be something I tried to squeeze into my life. Now it's one of the first things I consider when I organise my time."

Elif liked that sentence. It captured something important. Care was no longer at the margins of life. It had become part of its structure.

On their way back from their walk, Murat and Emine stop by the Living Garden, a community food garden in the neighbourhood. This month, their street is responsible for the garden's care rota. Some people water the beds, others turn the compost, while children collect seeds. The harvest is not distributed on a first-come, first-served basis. It is shared according to need.

Today, the family in apartment 4B has requested spinach. The neighbours coordinating distribution remember that one of the children has an allergy and suggest chard instead. Attentiveness to one another has become part of the neighbourhood's culture of care.

The garden has been designed so that people of different ages and abilities can participate together. Hasan

plants seedlings while seated. Emine sorts seeds. Children take responsibility for watering. No one appears to be helping anyone else. Everyone is simply contributing to a shared practice of care.

Elif's son, Deniz, is twenty-one years old. He studies engineering and has chosen a minor in care technologies. For him, technology is not only about creating new solutions; it is also about knowing where those solutions should stop.

Last semester, his class was asked to design a system based on continuous monitoring of people receiving care. Deniz and his classmates objected.

"Care is not the same as constant observation," he argued. "Data cannot replace relationships."

The project was not cancelled, but it was redesigned. The final system only activates when needed. It offers suggestions to caregivers but does not make decisions for them. Whenever Deniz talks about it, he repeats the same principle:

"Technology should know how to step back."

The wristband Emine wears does not collect personal data. It simply signals to the care team that she is feeling more tired than usual today. It does not explain why. It does not interpret her condition. When Murat arrives, he does not look at the wristband. He looks at his mother. They sit down together over soup and talk without rushing. Care moves here not through speed, but through attention.

Elif's daughter, Özgür, is nineteen and studies Environment and Society. For her, care is not limited to ageing or illness. During the major heatwave the previous summer, she volunteered at neighbourhood cooling centres established for pregnant women, older people, and those with chronic health conditions. That summer made something clear to her: climate change makes care needs visible.

In her classes, they call this earth care. She is learning how humans, other living beings, and ecosystems are deeply interconnected. Care is no longer discussed only within households. It has become a guiding principle in urban planning, disaster preparedness, and environmental decision-making.

On her way home that afternoon, Özgür checks the neighbourhood's water stations. During the summer, residents take turns refilling water bowls for birds and street animals, repairing shaded areas, and maintaining insect gardens. These are not considered acts of charity. They are ordinary responsibilities involved in sustaining shared life.

Cem, who works at the neighbourhood care centre, is in his early thirties. He describes himself as a care relationship facilitator. He is neither a nurse nor a social worker. His role is to support and strengthen the relationships between those giving and receiving care. Technology is one of the tools he uses, not to make decisions on behalf of others, but to notice when relationships are under strain.

As he often says:

"When care becomes mechanical, relationships weaken."

Later that evening, Elif sits on the balcony with her mother. Children's voices drift up from the street below. A message appears on her phone from Deniz:

"The project was approved. They removed the monitoring requirement."

Elif smiles. These small victories seem to accumulate over time.

It is not a perfect day. There are tensions, misunderstandings, and moments when solidarity feels fragile. Yet care is no longer hidden. It is visible, shared, and woven into the fabric of everyday life.

Elif knows that this future did not emerge on its own. It was built by people who chose to make time for care rather than accelerate it, who protected relationships instead of prioritising control, and who preferred accompaniment over substitution.

Tomorrow, the neighbourhood care rota will continue. Shared life will once again be sustained through the everyday work of care.

Care is no longer at the edge of the future. It has become part of the centre of life itself. Sometimes slow, sometimes difficult, but increasingly capable of shaping the rhythm of a world where living together remains possible.

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