

Technology Design for Community-Based Care in Rural Contexts: National Conditions and Local Practices

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Abstract. This workshop examines how innovative digital technologies can improve and reshape health, care and social services in more integrative, community-oriented, and ethically grounded ways. It focuses on how these dynamics unfold across different national welfare and care regimes and in rural areas. Framing these challenges through HCI and CSCW lenses, we emphasize socio-technical systems, participatory design, and human-centred approaches. While macro-level frameworks shape institutional conditions, care is ultimately enacted through local practices shaped by social, cultural, and infrastructural contexts. These local practices are also shaped by technological infrastructures, a perspective emphasized in CHI research on socio-technical systems and participatory care design. The workshop addresses how digital tools can foster collaboration among diverse stakeholders and how participatory design and socio-technical approaches can ensure these tools are context-sensitive and inclusive. Emphasizing interdisciplinarity, the workshop brings together researchers from CSCW, HCI, sociology, social work, healthcare, public administration, and technology development. Through collaborative discussions, participants will examine how institutional conditions affect local care provision, explore strategies for participatory design, and identify generalizable and context-specific challenges in digitalizing social services. The goal is to foster theoretical and practical insights that bridge disciplinary boundaries and inform the design of equitable, sustainable, and responsive digital infrastructures for community-based care.

Keywords. Community-Based Care, Collaborative Work, Infrastructuring, Co-Creation

1 Background & Motivation

HCI and CSCW have put out a large body of research examining socio-technical systems in community-based social and health services. Across many countries, studies have examined how digital tools facilitate collaboration among social and healthcare providers, social workers, families, and volunteers. These studies focus on diverse contexts, from medical treatment and hospital care networks in Scandinavia (Bossen and Grönvall 2015) to municipal digitalization initiatives in Denmark (Bødker and Kyng 2018) or collaboration within healthcare in Denmark and France (Abou Amsa et al. 2021). Research provides valuable insights by examining how digital tools can enhance coordination, knowledge sharing (Ackerman et al. 2013, 2014) or support in managing large amount of information to provide effective services (Anuyah et al. 2023, 2025). Community-based social and health services are becoming a particularly pressing concern in rural regions, where demographic change, the retreat of public infrastructure, and institutional distance from administrative centres converge. At the same time, rural regions are not merely sites of deficit, they are also places where alternative, community-grounded care arrangements have long existed or are emerging anew e.g., neighbourhood-based teams like the Buurtzorg-Model with its small independent teams, working together with formal and informal care networks (Hiob et al. 2022), an approach with is also addressed by the concept of knot-working (Abou Amsa et al. 2021; Abou Amsa and Lewkowicz 2016; Marref et al. 2022). Further examples of new community-based concepts include the Japanese model of the community-based Integrated Care System (Tsutsui 2014) or the visionary ‘Caring Community’ concept discussed in German-speaking countries (Klie 2015). Examining how digital tools are designed for, appropriated within, or fail in such settings therefore raises questions that go beyond service delivery. It raises the question of what counts as innovation in rural contexts, and whose imaginaries shape it. Digital platforms can connect caregivers, care receivers, social workers, and volunteers in real-time, thereby improving the responsiveness and effectiveness of care networks (Aal et al. 2023). They can also help to make invisible work visible or minimize invisible work (Premanandan et al. 2024; Verdezoto et al. 2021). As societies grapple with demographic shifts, fiscal constraints, and increasing demands for inclusivity and efficiency, digital tools offer innovative ways to enhance access and delivery of community-based social and health services as well as empowerment through building up health literacy and digital literacy (Fitzpatrick 2023; National Academies of Sciences, Engineering, and Medicine 2019). Especially in rural areas, digital information and communication technologies, including applications such as telecare and telemedicine, play a forward-looking role in light of demographic shifts, geographical distances, and declining service infrastructures (Huang et al. 2025). They can facilitate and deepen physician-patient relationships, streamline monitoring and emergency call systems, and address not only professional services but also promote the integration of informal community services and activities. Hardy et al. (2019) emphasizes that infrastructure gaps are a core and recurring

feature of rural areas in developed/high-income countries, including uneven internet access and, more broadly, missing transportation networks.

The successful implementation and equitable distribution of ICT solutions necessitate a careful consideration of interdisciplinarity encompassing actors from diverse professional backgrounds, including social work, healthcare, public administration, health insurance providers, and policymakers responsible for establishing regulatory and institutional frameworks. Each group brings unique perspectives, priorities, and expertise, requesting a holistic approach that considers the diverse needs and constraints of all stakeholders. Managing the challenges inherent in a wide-spread user base with diverse backgrounds requires substantial common ground to work with. By enabling collaborative boundary work (Pedersen and Bossen 2024), boundary objects can mitigate certain disconnections between different actors (and their specific background). While their meanings may vary across different social worlds (Lee 2007; Star 2010), boundary objects possess a structure that facilitates intergroup collaboration. Lee (2006) posits that all objects traversing communities of practice function as boundary objects, capable of both pushing boundaries and establishing or destabilizing ordering principles and action protocols. Drawing upon CSCW and HCI research, participatory design methodologies emphasize co-creation with end-users (Sanders and Stappers 2008), thereby mitigating the risk of developing top-down systems that may fail to gain traction. Furthermore addressing potential barriers to digital adoption, such as limited technical skills, resistance to change, and concerns regarding privacy and data security, is crucial for building trust and ensuring widespread acceptance of new technologies, especially in older adults (Feroz et al. 2023; Qian et al. 2024; Sehart et al. 2024).

Despite these advances, most CHI and CSCW projects remain local or regional in scope. They typically focus on specific groups or domains and are often limited in duration. This focus makes it difficult to compare findings across projects or derive transferable lessons. Social services and the provision of care at the local and regional level are fundamentally shaped by the interplay of (national) law, institutional arrangements and the specific characteristics of the communities they are located in (Schmid 2010). They are embedded within existing social, institutional, and cultural fabrics. While welfare state regimes establish the overarching framework for social policy and systems of care (Esping-Andersen 2009; Evers 2011), the actual implementation and uptake of social care provision are determined in local communities performed through concrete social practices like in caring communities (Klie 2015). For example, conservative welfare states (e.g., Germany, France) emphasize family-based care, liberal states (e.g., the United States, the United Kingdom) rely on market mechanisms and individual responsibility, and social democratic regimes (e.g., Sweden, Denmark) prioritize state-led social security (Esping-Andersen 2009). A similar concept is that of the care regime (Van Damme et al. 2025), which is likewise used to examine and discuss the varying national relationships between the state, family, market, and community – a constellation often known as the care diamond (Ochiai 2009). The care diamond constellation of state, market, family, and community might be stressed disproportionate in rural areas: market mechanisms might not reach, public

services might stretch thin, and family and community networks might carry disproportionate weight. Understanding these frameworks is essential to situate local socio-technical systems within their broader environment.

Some studies have shed light on infrastructuring mechanisms (Bowker and Star 1998; Karasti et al. 2018; Pipek et al. 2017; Pipek and Wulf 2009), asking how national infrastructures are appropriated locally. Concepts like boundary objects and knot-working help explain how coordination occurs across different communities of practice, professional roles, and organizations (Abou Amsa and Lewkowicz 2016; Lee 2007; Marref et al. 2022; Star 2010). These insights highlight that while local practices have been well studied, the interaction between macro-level policy contexts and local socio-technical systems remains underexplored. Approaching rural community care through this lens requires us to be cautious about dominant innovation narratives. Rural care practices follow their own logics. They rely on dense but fragile interpersonal networks, on informal work that resists formalization, and on infrastructures of maintenance and repair rather than continuous expansion. This workshop addresses this gap and asks how national and regional conditions form community-based care at the local level, a perspective we term "recognizing the big in the small." This is important for the design of new systems as they always are embedded in a bigger perspective.

2 Goal

We will explore how innovative digital tools can help bridge gaps between these interdisciplinary actors, fostering more integrated and cohesive approaches to social service delivery. Recognizing the globalized and interconnected nature of contemporary societies, it aims to facilitate knowledge and collaborative problem-solving. By convening researchers from HCI, CSCW, social work, healthcare, public administration or technology development, the workshop seeks to foster meaningful dialogue and generate actionable insights from communal settings with possible global applicability. This interdisciplinary mix incorporates participatory methods, co-creation, and socio-technical collaboration (Bødker and Kyng 2018). By examining case studies and best practices across diverse countries and welfare state models, participants will gain valuable insights into how digital tools can support collaboration across professional and institutional boundaries. Emphasizing the role of interdisciplinarity and participatory approaches, this workshop aims to highlight the critical interplay between institutional contexts, socio-technical frameworks, and collaborative practices. We particularly focus on how research on care infrastructures and equity in technology design can inform these discussions. In doing so, we seek to contribute to the development of digital solutions that are both innovative and responsive to the complex realities of social service and care provision.

Participants in the workshop will collaboratively develop insights, theoretical frameworks, and practical tools to address the challenges and opportunities of digitalization in social and healthcare services. Specifically, the workshop pursues the following goals:

1. **Deepen understanding of institutional and contextual influences:** Participants will share how national contexts – such as different welfare state and care regimes – shape the conditions for community-based social and health services with particular attention to how these contexts play out in rural communities. Together, we will examine to what extent challenges and solutions are context-specific or generalizable across national boundaries, and how rural specificity reshapes assumptions built into context-aware HCI and cross-cultural digital practices.
2. **Encourage cross-disciplinary collaboration:** The workshop will highlight the importance of engaging researchers from diverse fields – including social work, healthcare, public administration, technology development, CSCW, and socio-informatics research – and equip participants with strategies to facilitate effective communication and collaboration across disciplinary boundaries.
3. **Co-create actionable pathways for participatory design:** Building on shared perspectives, the workshop will facilitate the development of design strategies and participatory approaches that ensure digital solutions are inclusive, equitable, and responsive to the realities of local care practices.
4. An additional cross-cutting concern is how ethics shapes the design of technologies. One example is the concept of care-led innovation (Lechevalier et al. 2025), which refers to an approach in which the development of technologies is guided by situated care practices, evolving needs, and ethical orientations of care, rather than being driven primarily by service optimization or abstract user requirements.

By the end of the workshop, participants will have a more nuanced understanding of the complexities of community-based care in diverse institutional contexts. They will also gain access to a network of peers committed to advancing interdisciplinary and participatory approaches to digital innovation. Depending on the level of engagement and interest, the workshop will serve as a starting point for joint publications and ongoing collaborative initiatives.

3 Workshop Format & Participant Selection

The workshop will be designed as a half-day on-site event aiming to foster exchange between researchers and practitioners. The objective is to create a collaborative environment that promotes the development of innovative approaches and practical solutions for the digital transformation of social services and healthcare. Invitations to participate will be distributed through a broad network of academic and practitioner communities, including HCI, CSCW, and social work research, as well as relevant fields such as sociology, public administration and policy design. Interested participants will be asked to submit a short position paper (2-3 pages) outlining their expertise and perspectives digitalizing community-based social and health services. Participants will be selected based on the relevance, quality, and diversity of their contributions to ensure representation of various perspectives and contexts. We aim for 6-8 participants which might be extended to 10 participants

maximum. We particularly welcome contributions that bring perspectives from rural studies, geography, infrastructure research, innovation policy, STS, or ICT4D – the workshop is designed to be productive for participants who study rural regions broadly, even without a primary focus on health or social care

4 Planned Schedule

The workshop will be divided into two sessions: (1) Identifying challenges and opportunities, and (2) developing solutions and roadmaps.

Session 1 (120 min with individual breaks): Identifying Challenges and Opportunities

- **Welcome and introduction** (15 min) – Brief overview of goals, organizers, and framing
- **Impulse talks** (15 min) – Organizers present key challenges and examples from own research
- **Participant lightning talks** (5-8 min each, 45 min) – Sharing research, practice, and local perspectives
- **Plenary discussion** (30 min) – Identify common themes, challenges, and opportunities

Break 20 Minutes

Session 2 (120 min with individual breaks): Developing Solutions and Roadmaps

- **Group work** (45 min) – Interdisciplinary teams (HCI, CSCW, social work, healthcare) co-develop approaches to identified challenges.
- **Group presentations & synthesis** (30 min) – Collective discussion of solutions and insights.
- **Closing discussion & envisioning next steps** (30 min) – Roadmap for collaboration, and potential publications.

5 Follow-Up & Publication

The workshop outcomes, including roadmaps and visions, will be publicly shared on a dedicated platform to foster continued discussion and collaboration within the field. The organizers will actively encourage a joint publication of contributions to further disseminate the valuable insights and approaches developed during the workshop. This may be a combined case study paper from the participants or a proposal for a special issue within a suitable journal. We also would like to

encourage the participants to expand their position paper with the insights gained during the workshop.

Why attend?

- Gain insights into international approaches and best practices.
- Discuss the design of user-centred and innovative digital solutions with experts.
- Network with an interdisciplinary community of academics and professionals and gain new insights for your work.

Join us!

We invite participants to submit a short position paper (2–3 pages) outlining their expertise, ongoing projects, or perspectives on digitalizing community-based social and health services. Contributions that highlight participatory design, socio-technical systems, or interdisciplinary collaboration are particularly welcome. At least one author per position paper must attend the workshop.

For more information and to register, please visit [Link t.b.a].

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- [TV4: Health and Ageing](#)
- [TV5: Social and Inclusion](#)
- [SFB 1187: Media of Cooperation A05](#)

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