



## RESEARCH ARTICLE

# Home care process interrupted: barriers to maintaining and repairing houses and apartments

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In the current study, we examine what kinds of barriers appear with home maintenance and upkeep practices as a form of the care process. Maintaining a home can be seen as providing care for both the dwelling and its inhabitants. To investigate which barriers may interrupt the home care process and how they hinder its progress, we explored interview data (n=28) of homeowners, tenants and right-of-occupancy residents living in Finland. The findings are presented in relation to the four phases of the care process in which the barriers are hindering the process. In our analysis, we identify barriers related to the elements of practices, actions or practices of other people and time. Often, care is hindered by interlinked combinations of several different barriers. When the care process is interrupted, it affects both the comfort of the residents and the condition of the home. Our results bring forward that care, the residents, the house or apartment, and the environment are interconnected and interdependent. In addition, the residents' possibilities to care for the home are tied to barriers. This research contributes to home maintenance literature by introducing the perspective of care in the prevailing discussions and the growing discussion on care within consumption studies. It provides a nuanced understanding of how the barriers delimit consumers' agency in carrying out home maintenance practices as a form of care.

**Keywords** home maintenance • care practices • care process • Finland • interviews

### Key messages

- The study views home maintenance as a form of care, in which care is provided for both the dwelling and its inhabitants.
- The practice elements, time and actions or practices of other people interrupt the performance of the care process.
- An interrupted care process can deteriorate the living comfort, residents' well-being and condition of home.

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## Introduction

Houses and apartments are not always built to last a lifetime, as the buildings decay and break down due to the destructive actions of weather and living organisms (Ingold, 2013: 48 in Carr and Gibson, 2016). Furthermore, as homes have a central role in our daily lives, they are constantly re-created in social, material and economic contexts through routine, repairs and renovations (Cox, 2021: 1) to better suit the residents' needs. A home primarily serves as an environment that supports its residents with its basic functions such as shelter, safety and comfort (Chapman, 2001).

Homes are also hubs for care practices and social relations (Power and Mee, 2020). These *care practices* can be seen as providing care for both the dwelling and its inhabitants. Care practices directed at the home include maintaining structural elements like the roof, plumbing and heating system, as well as the upkeep of aesthetic and functional features. Proper care can prolong a home's lifespan, improve energy efficiency and reduce housing emissions by reducing heat loss, energy consumption and the need for rebuilding, while also improving resident well-being (Godin and Langlois, 2021). However, despite these multiple benefits, it is not always self-evident that the care practices can and are carried out because the residents' resources can limit their ability to properly maintain their home.

Care is a way of maintaining and preserving the world, whether it is directed towards people, animals, objects or nature (Fisher and Tronto, 1990). It can involve different activities depending on the type of care the object requires. Caregiving requires expertise, time and material resources. Care is a process consisting of four distinct phases: 'caring about', 'taking care of', 'caregiving' and 'receiving care' (Fisher and Tronto, 1990: 40). The concept of care is increasingly being used in discussions of consumption research. Ethics of care have been studied, for example, in relation to food consumption (Koskinen and Jauho, 2024), energy consumption (Lucas-Healey et al, 2022; Wågström and Michael, 2023; Gram-Hanssen, 2024; Madsen, 2025) and circular consumption (Mesiranta et al, 2024; Tölg and Fuentes, 2024).

Home-related maintenance has been studied from various perspectives, including energy renovations (for example, Maller et al, 2012; Judson and Maller, 2014; Fyhn and Baron, 2017), goods repair (Gregson et al, 2009; Godfrey et al, 2022), DIY home improvement (Watson and Shove, 2008; Morrison, 2012; Moio et al, 2013; Cox, 2016a), cleaning (Isboli et al, 2023), home renovation (Hand et al, 2007), home improvement (Cox, 2021), hiring maintenance help (Cox, 2013) and maintenance issues faced by elderly people (Fausset et al, 2011; Coleman et al, 2016). However, the specific practices of home maintenance and upkeep, such as cleaning, maintenance and repair of surfaces, structures, systems and appliances, have not been extensively studied as a form of care. A couple notable exceptions include Cox (2013), who examines home repairs as a form of caring focusing on gender relations, and Tölg and Fuentes (2024), who have highlighted two issues (lack of resources and multiple

needs of care) in the performance of care when studying circular consumption. However, there is still limited understanding of different barriers of carrying out care practices for homes, such as the reasons for stalling energy renovations or delayed maintenance, upkeep causing premature decaying of buildings and apartments, and lack of housing comfort.

To fill these gaps, the current study aims to examine barriers to performing home care practices. We investigate which barriers may interrupt the home care process and how they hinder its progress. To understand the contextual emergence of these obstacles, we combine theoretical understanding of the care process with the practice theoretical approach. We contribute to extant studies on (1) home maintenance (for example, [Watson and Shove, 2008](#); [Fausset et al, 2011](#); [Cox, 2013](#); [2021](#); [Coleman et al, 2016](#)) by introducing the perspective of care in the prevailing discussions, and (2) the growing discussion on care within consumption studies ([Wågström and Michael, 2023](#); [Gram-Hanssen, 2024](#); [Koskinen and Jauho, 2024](#); [Mesiranta et al, 2024](#); [Tölg and Fuentes, 2024](#); [Madsen, 2025](#)) by providing an understanding of the barriers faced in carrying out home maintenance as a form of care. Analysing barriers through the lens of the care process offers a more profound insight into residents' routines, aspirations and lived experiences, while also illuminating the relational dynamics and interconnections inherent in caregiving. Care not only enhances the living comfort of current and future residents but also preserves the value of the house or the apartment. The structure of the article is as follows. First, we review existing literature related to home maintenance, and then we introduce what home care practices are and how care processes unfold. Next, we discuss the context in which we study home care practices, as our data have been collected in Finland where housing practices have their own characteristics. Then, we present our research data and explain how we analysed them. After that, we move on to the findings. Finally, we summarise the study in the discussion and conclusions section.

## Home care practices

Housing maintenance and retrofitting are part of the ongoing making of a dwelling ([Fyhn and Baron, 2017](#)). Repairs are often initiated when the material capacity of an item no longer supports the desired practice ([Godfrey et al, 2022](#)). Also, renovations may be carried out to make homes more energy efficient or otherwise 'greener'. However, the success of such retrofits requires a better understanding of households' experiences, desires, and both current and future preferred routines ([Maller et al, 2012](#); [Judson and Maller, 2014](#)). According to [Hand et al \(2007\)](#), kitchens and bathrooms are renovated to create more space for new technologies and items. Conversely, domestic practices have changed over time, necessitating different kinds of spaces to accommodate them. To engage in home improvement or item repair, one needs skills and knowledge ([Watson and Shove, 2008](#); [Gregson et al, 2009](#); [Cox, 2016a](#)). This competence can diminish with age, making it harder to carry out maintenance tasks ([Fausset et al, 2011](#); [Coleman et al, 2016](#)), which may negatively affect the resident's well-being ([Coleman et al, 2016](#)).

Home maintenance and improvement are also tied to identities related to gender ([Cox, 2013](#); [2016a](#); [2021](#); [Moisio et al, 2013](#)), sexuality ([Morrison, 2012](#); [Cox, 2016a](#)), social class ([Moisio et al, 2013](#)) and nationality ([Cox, 2021](#)). Through maintenance,

individuals can construct their own identities. Ultimately, home improvement can be both rewarding and alienating work (Cox, 2021), but at its best, repairing things at home can be a form of care directed towards one's family (Cox, 2013).

The concept of care, rooted in feminist ethics, originated in Carol Gilligan's (1982) work, is integral to understanding the practices that maintain and sustain our world. Care is central to our individual and collective survival (Lawson, 2007; Jackson, 2025: 44) but also a necessity to maintain the condition of houses and apartments. Care, as discussed in various scholarly works, is a practical and necessary activity that encompasses a wide range of actions aimed at sustaining our environments, bodies and ourselves (Fisher and Tronto, 1990). As Fisher and Tronto (1990: 40) argue, care is 'a species activity that includes everything that we do to maintain, continue, and repair our "world" so that we can live in it as well as possible'. This broad definition highlights the inherent connection between care and the material world. As Lawson (2007) states, 'care ethics begins with a social ontology of connection'. The concept sees care as a way of knowing and interacting with the world, emphasising our vulnerability and interdependence (Tronto, 1993; Jackson, 2025: 45).

Moreover, care is a practice and a disposition (Tronto, 1993: 104; Lawson, 2007). In social practice theories, care is both produced by and productive of practices, meaning that it is realised in and through these practices (Tölg and Fuentes, 2024). Care will lead to some type of action (Tronto, 1993: 102). The recipients of care can be humans, animals, things and the environment (Fisher and Tronto, 1990: 40; Tronto, 1993: 103), thus including also homes and all the material things and living beings at home. The responsibility of care involves recognising the need for care and identifying appropriate solutions. Care practices involve physical work and require access to resources, including *time, material resources, knowledge and skills* (Fisher and Tronto, 1990: 41). There are similarities between the concept of care and practice theory. Practices are made up of the elements of materials, competences and meanings (Shove et al, 2012). Regarding housing care practices, materials can be, for example, the apartment itself or its structures, surfaces, appliances or tools. Competences refer to the ability to repair and maintain the home, while meanings include, for example, what motivates one to take care of the home and how it should be done. Practices are always carried out within temporal constraints (Southerton, 2003).

Since care is a process, it is composed of four distinct phases. These phases are caring about, taking care of, caregiving and care-receiving (Fisher and Tronto, 1990: 40). *Caring about* involves paying attention to our environment and focusing on continuity, maintenance and repair such as on a home's condition. It is a phase where people choose and attach themselves to features of their environment that affect their well-being. Deficiencies in resources influence what people can care about or what people choose to care about. *Taking care of* means addressing these aspects such as how to maintain or repair a home. In this phase of care, responsibility for care actions is taken. At this point, more information about the situation and the outcome of the actions is needed as a method of giving care is chosen. However, without resources, care cannot be given. *Caregiving* entails the hands-on work of maintenance and repair. At this phase, care requires more time than the 'taking care of' phase. More information and the ability to adapt the strategy according to the situation as well as other resources are required. The last phase, *care-receiving*, involves the responses from those who are the recipients of care, such as the apartment, house or its inhabitants. In this phase, the connections to other people are again meaningful, as a dispute can

arise between caregivers and those receiving care. Eventually, power relations shape how needs are defined (Fisher and Tronto, 1990).

Each phase follows one another so that each phase is a condition for the next. The phases can be carried out by one person or divided among several individuals or groups. Each phase requires ability factors, but their balance varies depending on the situation and the individual. An imbalance can lead to inefficient and even destructive situations. If these four phases are recognised, care is more easily noticed (Tronto, 2006 in Cox, 2010).

Activities of care are inseparable from the consumption and use of resources (Godin, 2022); thereby, care is also intertwined with maintaining the home. Care practices within the home, such as maintaining the comfort of household members, are necessary for the well-being of individuals and the household (Godin and Langlois, 2021). Maintenance and repair work, as discussed by Denis and Pontille (2015), are processes that are dedicated to restoring order and consider the decay and vitality of matter. Maintenance work involves a bodily commitment and engagement with material objects, revealing the perceptive competences through which material vulnerabilities are addressed.

## Research context and methods

### *Research context: Finnish housing system*

In Finland, over 60 per cent of the population lives in owner-occupied housing, circa 36 per cent are renting and 2 per cent live in right-of-occupancy housing (Statistics Finland, 2025). The high level of home ownership is a consequence of cultural and political targets, especially during the post-war urbanisation (Naumanen and Ruonavaara, 2007).

There are two types of owner-occupied housing in Finland: owning real estate, typically a single-family house, or holding shares in a housing company. A real estate owner has the least limitations to act in home maintenance. They can decide for themselves about various renovations, although some of them may require a building permit. Buildings must comply with construction-related legislation and local land-use planning requirements. If one lives in owner-occupied housing in an apartment building, row house or semi-detached house, it is typical that the person owns shares of the housing company. The Finnish housing company system is globally unique; it is a specific form of a limited company, where a housing company owns the building and apartments, and shareholders own shares that grant the right to manage a specific apartment (Ruonavaara, 2005; Charlesworth, 2024). In this case, decisions about renovations related to the building are made collectively, and if structural repairs are carried out, they are typically implemented across all apartments simultaneously. In such cases, each shareholder is responsible for covering the costs of the renovation. In addition, the resident must obtain permission from the housing company for major apartment-level changes, such as intended structural alterations in walls, piping, electrical wiring, outlets, heating radiators or ventilation systems. Typically, for more minor renovations, it is enough to submit a notification of the modification work before acting.

When it comes to rented housing, residents' control over the condition and appearance of their homes vary across tenure status. Most commonly, a tenant

cannot make any changes without the landlord's permission. If the apartment includes household appliances, the landlord is usually responsible for their repair and replacement. The tenant is not allowed to make changes to the structures, fixed furnishings or surfaces of the apartment, such as painting. A rental apartment can be owned by a public entity or a private landlord, whether a rental housing company or an individual property investor. A tenant may have a greater opportunity to negotiate changes related to the apartment with a private property investor than with a public entity or rental housing company. Since the landlord, as the owner of the apartment, benefits from any improvements in its value, they often cover the costs. Right-of-occupancy housing means that upon moving in, the resident pays a right-of-occupancy fee and then a monthly maintenance fee. They have better housing rights than a tenant but still have similarly limited opportunities to influence the structures and fixed furnishings of the apartment. A reward system may allow them to make changes at home and request repairs, but independent modifications are not permitted. The resident must seek permission for various changes in the apartment, and the changes may not necessarily be allowed. In a municipal rental apartment or a right-of-occupancy dwelling, you may have the opportunity to participate in resident governance, where you might be able to influence future renovations in the building.

### *Data and analysis*

This research employs a qualitative research method, as the aim is to create contextual understanding of the barriers of home care practices. Interviews are a common method to study care practices (for example, [Tölg and Fuentes, 2024](#); [Madsen, 2025](#)). The interview data were collected in March through May 2024. Interviewees were recruited by sharing the call for participation in various places, such as websites, social media and email lists. Data were collected from residents living in the Helsinki metropolitan area in Finland. A total of 28 interviews were conducted (Appendix 1). Of the interviewees, 23 were women and five were men, with an average age of 56 (ranging from 31 to 77). The interviewees lived in either owner-occupied, rental or right-of-occupancy apartments. Only one of the renters lived in an apartment owned by a private landlord, while the others rented from the municipality or a foundation. The residents lived in duplexes, townhouses or apartment buildings. Only one homeowner lived in a single-family house. The gender distribution among the interviewees reflects a higher level of interest from women in participating. This may relate to the fact that topics such as home and consumption have traditionally been associated with women, potentially giving them more perspectives or experiences to share. Home maintenance is more of a male domain ([Bartiaux, 2022](#)), but the interviews covered the home more broadly. On the other hand, residents of detached houses were not the primary focus when the data was collected, which makes the dataset limited in that regard.

The interview themes included neighbourhood and identity, sustainable housing, water and electricity consumption in housing, apartment maintenance, repairs and renovations, item repair, children and repairing (if there were children living at the interviewee's home), and socialisation into repair practices. The interviews were conducted at the interviewee's home (12), workplace (1) or remotely via Microsoft Teams (6) or by phone call (9). The interviewees were able to choose their preferred

interview method and place. The interviews lasted an average of 85 minutes (ranging from 44 to 182 minutes) and yielded 395 pages of data.

The study adopted an abductive approach, involving a continuous movement back and forth between theory and empirical data. The analysis process was iterative and multi-phased. Initially, the data were categorised according to the residents' ownership status of their dwellings. The transcribed material was then read several times and coded at the same time. The material was read through the lens of practice theory, with particular attention to situations involving the maintenance and repair of the home. Within these situations, the analysis sought to identify factors that prevented or delayed the performance, such as upkeep practices. These factors were subsequently thematised into themes comprising the practice elements, temporal constraints and other people. Here, 'other people' serves as an analytical category, by which we mean that there can simultaneously exist multiple practices related to home maintenance, which is why the carriers of these practices, or people, act in different ways. In addition, other practices, carried by these other people, may prevent the performance of a practice related to home maintenance. Although the analysis was data-driven, the initial framework of the study was practice theory. Therefore, the barriers are interpreted through the conceptual lens of practice-theoretical elements.

As the analysis progressed, it became evident that these hindering factors were not necessarily contingent upon ownership status. Consequently, ownership was discarded as a relevant criterion for data classification. The focus then shifted towards conceptualising home maintenance and repair as acts of care, because this theoretical reframing enabled a more nuanced understanding of the practices involved in sustaining the condition of the home. It illuminated various interdependencies and revealed how caring for one's home constituted a form of care not only for close relations but also for the broader ecological context.

Home maintenance was thus interpreted as a care practice. At this juncture, the concept of care and the associated care process became central to the analysis. It was observed that previously identified factors, elements of practices, other people and time are barriers to the care process itself. Ultimately, the findings were categorised according to the phases of the care process. In the findings section, a selection of illustrative quotations is interpreted through close reading to facilitate the analysis of the broader dataset.

## Findings

The findings are presented according to the four phases of the care process (Fisher and Tronto, 1990), where the barriers hinder the process. According to the analysis, the practice elements (materials, competences and meanings), actions or practices of other people or time can interrupt the care process at any phase. We have selected individual excerpts from the data to illustrate the results of our analysis. The barriers identified in these excerpts do not necessarily function as obstacles at the same phase of the process in every situation. Instead, the following analysis highlights the interlinkages of these obstacles within data examples in each phase of the care process. Next, we will demonstrate how the interruption occurs with examples from our interview data.

*Competences, other people and meanings hindering caring about the home*

In the first close reading of an excerpt, competence, other people and meanings become entangled in a way that interrupts the care process before the ‘caring about’ phase. *Competences* may relate, for instance, to a lack of knowledge about how to care for the dwelling, insufficient skills to engage in care practices or an inability to provide care due to life circumstances or health conditions (Fausset et al, 2011; Coleman et al, 2016). A lack of competence may also stem from reasons related to *other people*, resulting in the resident having little to no capacity to provide care for the dwelling. In the following excerpt, in addition to competence and the influence of other individuals, the absence of *meaning* also acts as a barrier to care. In this context, motivation serves as a source of meaning for the practice of care. Hanna describes how, in her previous rental home, the underfloor heating in the bathroom was far too hot. Fixing it was not of interest to *other people*, and she was lacking *competence* and *meaning* to solve the problem herself, thus hindering the care process from the beginning.

But back then [in a municipality in the Helsinki metropolitan area], I lived in an old apartment building, and it was hot in the bathroom. The floor heating was set way too high, and no one did anything about it. I don’t know what could have been done, but we certainly didn’t do anything about it at the time. Maybe awareness has grown with age, of course, since it’s been quite a few years since I lived there. But yeah, I’m more interested in taking care of my own home than a rental apartment. (Hanna, owner-occupied duplex or townhouse)

The resident describes her situation by stating that she understood the need for care but was not particularly interested or skilled enough to act. At this point in the care process, people choose what they care about, such as the resident here who has made her choice. The quote represents *a competence gap*, as the resident did not know how to lower the heating. Previous research has found that many people have struggled to adjust the underfloor heating correctly (Madsen, 2018; 2025). The owner of the apartment was also not interested in the floor heating and the excessive energy consumption associated with it, because they did not do anything to fix the heating problem. The resident’s living comfort was thus affected by the *behaviour of another person*. More specifically, this may refer to the fact that the homeowner lacks *the meaning element* of the care practice, as they do not seem to have any interest in solving the tenant’s problem. Because Hanna lived in a rental apartment, she was not as interested in influencing matters related to it as she would have been if she had lived in an apartment she owned, in other words, *the element of meaning* was lacking. She says that now she has more willingness to influence the condition and comfort of her home because she lives in a property that she owns, in this case, one care process was hindered, but possibly others, later on, were encouraged by the incident. When individuals who require care take on the role as their own caregivers, they need to learn or self-teach the necessary caregiving skills (Fisher and Tronto, 1990). In terms of apartment maintenance and upkeep, this may mean that a resident has a greater desire to care for the apartment as an owner and thus also to find out what actions need to be taken at any given time.

In the previous excerpt, excessive floor heating consumes energy and can therefore unnecessarily generate greenhouse gas emissions. This example highlights how maintaining the condition of a home can impact energy consumption, as energy technologies influence

the ways in which home comfort and care practices are carried out. Palmer et al (2015) found that landlords and property managers (that is, other people) did not allow tenants to make changes to the property or apartment so they could live more sustainably, and landlords were reluctant to invest in housing upgrades that would increase thermal efficiency and reduce energy cost if it only benefits the tenant. Also, Gabriel and Watson (2012) found that investors and property owners were not interested in the environmental performance of their rental property. Many interviewees pointed out that one reason for maintaining the condition of their home was that it is beneficial for the climate. For the interviewees, this meant that caring for their apartment or house prolongs its lifespan. As Anne said: ‘What comes to my mind [about sustainable housing] is just ... everyone’s personal care about things. About the home, everything. So that everything lasts as long as possible. Not intentionally ruining or wasting anything.’ Therefore, *element of meaning* may facilitate the beginning of the caring process.

#### *Time and materials preventing taking care of the home*

In the second close reading of an excerpt, time and materials jointly interrupt the care process before the ‘taking care’ phase. Caregivers may have competences but no time to apply them (Fisher and Tronto, 1990). Previous research has already highlighted the impact of time on the performance of practices (for example, Southerton, 2003). In addition to time, the material element of care practices can act as a barrier to providing care. This may refer, for example, to the apartment, its belongings, technologies or financial obstacles (Godfrey et al, 2022). In another situation, accumulated items in the home may prevent repair measures related to the home. Eija has limited *time* for tidying up *material things*, which affects how she cares for her home, as in this example:

One room is like a storage room for us, a small room, and it’s missing some vinyl flooring. That needs to be fixed. It was like that when we bought the place, but I didn’t notice it at the time. Things like that should be done. ... The small room should be fixed up, and I would move there to sleep, and keep this room, where I currently am and work, as a better office space. ... I should first get rid of some clothes that have become too small and make space so that we can renovate here. (Eija, owner-occupied duplex or townhouse)

Eija wishes to repair the floor in the storage room and turn the room into a bedroom. She wants to convert the current bedroom into an office. Before that, she needs to empty the storage room and put away some clothes. Now, Eija faces two obstacles to being able to take care of her home: *the materials*, that is, the items stored in the storage room, such as clothes, and the *time* needed to put those clothes away. Practices compete for time (for example, Southerton, 2012), which means that some practices are not performed. Other practices have taken up Eija’s time, so she has not had the *time* to start arranging clothes, so it has been left undone. The care process is still in its early phase, because although a plan has been made regarding what requires care, the resources have simply prevented it (Fisher and Tronto, 1990). The passage illustrates that houses and apartments are continually degrading and (could be) undergoing repairs, which act as essential sources of diversity, creativity and improvisation (Graham and Thrift, 2007). If there were no barriers, the resident would have ideas on how to renovate the apartment.

*Other people, competences and materials preventing home caregiving*

In the third close reading of an excerpt, other people, competences and materials collectively prevent giving care. The problem of tackling issues head on and truly resolving matters related to housing comfort and condition becomes particularly evident in the homes of rental and right-of-occupancy residents. Efforts are made to solve the problem, but if it is not resolved immediately, the care process remains unfinished. This may be because property owners, property managers, contractors or maintenance companies do not have enough expertise, financial resources or the ability to adapt their strategy (Fisher and Tronto, 1990). This means that people have different opportunities to do home maintenance (Cox, 2021: 2). Since rental or right-of-occupancy tenants cannot decide on renovations in their homes themselves, they lack *the element of competences* to carry out caregiving. It is like one tenant (Merja) says: ‘It comes from a higher authority ... I mean, our landlord sets the pace’. Additionally, *the material element* of the practice may act as a barrier. As Cox (2016b) writes, materials produce home qualities such as thermal insulation. Materials also demand different amounts of maintenance and renovation (Cox, 2016b). According to previous studies (for example, Judson and Maller, 2014), a common reason to renovate and make changes at home is related to the comfort of the apartment’s temperature. In Madsen’s (2018) study, the notion of comfort was embedded in the material structure of the home, and it was interpreted through bodily sensations. Conversely, excessively hot or cold temperatures have health effects (for example, Krieger and Higgins, 2002). The data show situations where, despite efforts, more heat has not been obtained in the resident’s cold apartment. In the next excerpt, the negative pressure causes coldness in the apartment:

It’s draughty, there’s too much negative pressure. ... They’ve tried quite a lot to fix my apartment with renovations, but they haven’t been able to get the negative pressure under control, because the building was constructed in the late 90s. At some point, someone thought it would be a good idea to install a fancy exhaust fan on the roof that adjusts its suction based on the users. But since it doesn’t measure apartment-specific conditions, it measures the entire building, so there are winners and losers. And I belong to the latter. So, it’s like the new technology doesn’t work in an old building. ... The property manager stopped responding to me six months ago. ... The walls are 11 degrees Celsius, which is the indoor wall temperature. So, the kids complain about the cold, get sick constantly and sometimes the place smells like a basement when it’s damp. It’s a poor living situation. It affects our living comprehensively, and there’s not much energy left for anything else since everything goes into staying warm. (Kristiina, right-of-occupancy apartment in an apartment building)

The apartment has negative pressure, which is caused by the combination of *building materials* or old and new technology in the building. Attempts have been made to fix the negative pressure in the apartment, but they have not been successful. The problem has therefore been cared for, and attempts have been made to take care of it, but care has not been given, as the problem remains unresolved. Currently, the property manager does not even respond to the resident’s enquiries, so they have communication problems. Thus, care process is affected by the connection with *other people*.

It may be that the different home care practices of various practice carriers do not fit together. The practice that is ultimately performed is determined by where the power lies, that is, with the homeowner or the property manager who works for the owner. In addition, Kristiina lacks the *competence* to do anything about the matter, as she cannot decide to fix it herself. At this point, the resident is already exhausted by the constant cold, leaving her without the energy to give care to the apartment. In this way, the *material aspect*, namely the temperature of the home, acts as another kind of barrier to giving care. The resident has become stuck between the ‘caring about’ and ‘caregiving’ phases in the care process. This is because previous attempts to take care of the negative pressure have not been successful. New efforts are needed. Moreover, the ‘receiving care’ phase is also hindered, as the children complain, and the resident herself is not feeling good at home. At this stage, the process is no longer progressing. The excerpt highlights well how maintaining the condition of a home also constitutes care for its residents (see also Cox, 2013). Additionally, in Madsen’s (2025) study, heating and warmth were closely connected to caring for household members: care is a way to manage technology to ensure well-being. On the other hand, the resident’s ability to care for the apartment is now limited; she is compelled to care for her children in other ways, thereby enabling them to remain in the cold apartment.

#### *Other people and materials preventing homes and residents from receiving care*

In the fourth close reading of an excerpt, other people and materials act as obstacles, preventing receiving care. For instance, power relations (Fisher and Tronto, 1990) are seen in the *actions of landlords, property managers or maintenance companies* that dictate renovations and maintenance tasks, while residents may feel that the actions of property owners, property managers or maintenance companies do not always meet their needs. Tenants and right-of-occupancy residents have little influence over schedules and the necessity of renovations. Owner-occupiers may have similar doubts, as Eija describes: ‘They’re also planning to replace the windows. I don’t feel that they need to be replaced right now, but apparently, some are in worse condition.’ If the housing company in Eija’s building decides to replace the windows, the windows in her apartment will also be replaced, and she will be responsible for covering the costs. Residents of a housing company may hinder the progress of maintenance measures, even when such actions are deemed necessary by others. Similar to Eija, in the following excerpt, a tenant, Anne, wonders why a kitchen renovation was done in her apartment.

I’m really puzzled about the kitchen renovation, as I haven’t found any issues with my kitchen. The surfaces are fine, the tiles are fine, the seams are fine. Everything is intact. ... There was an inspection here. ... But they certainly didn’t visit every apartment. It’s true that there’s a huge difference between them. ... I remember when there was a family in our stairwell who moved from the same stairwell I moved from. They also moved to this same stairwell. And then the gentleman once asked me to come and look at the apartment before they moved. My goodness, the condition of that kitchen was shocking. It looked like there had been water damage, with everything swollen, the baseboards and ... the countertops were just. ... The stove looked terrible; all the edges of the stove were burnt. The kitchen looked awful.  
(Anne, municipal or foundation rental apartment in an apartment building)

Within the housing company, a need for kitchen renovations was identified, indicating that the condition of the apartments and the well-being of the residents were considered. Subsequently, a plan for renewing the kitchens was developed, demonstrating that care was taken regarding both the apartments and their inhabitants. Now that the renovations have been completed, it can be said that the property owner has actively given care to the apartments and the residents. The caregiving process is in its final phase, as the kitchen has already been renovated or, in other words, it has received care, even though Anne indicated that she has cared for and maintained her apartment, that is, the kitchen had already received care, and thus, there was no need for renovation or care from *the apartment owner* for her kitchen. Anne is therefore not satisfied with how care has been provided. The condition of the kitchen in her home, *a material element*, was sufficiently good so it prevented Anne from receiving care from the apartment owner. Nevertheless, the resident noticed that the kitchens in some apartments were in very poor condition before the renovation. It appears that the municipality owner renovated the kitchens in all the apartments at the same time, even though not all of them needed it. This excerpt also points to the existence of parallel care processes and practices, where not all apartments have received care in the same way or at the same pace. The asynchronous nature of these processes highlights disparities in how care is initiated and sustained across different settings. Care for *other people's* homes thus affects how others are able to care for their own homes.

## Discussion and conclusions

This study examined home maintenance from the perspective of care practices (Fisher and Tronto, 1990). We investigated which barriers may interrupt the home care process and how they hinder its progress. Our research contributes to extant studies on home maintenance by expanding the exploration of the concept of care to include home maintenance (for example, Watson and Shove, 2008; Fausset et al, 2011; Cox, 2013; 2021; Coleman et al, 2016) and to the growing discussion on care within consumption studies (Wägström and Michael, 2023; Gram-Hanssen, 2024; Koskinen and Jauho, 2024; Mesiranta et al, 2024; Tölg and Fuentes, 2024; Madsen, 2025). When home maintenance practices are viewed from the perspective of care and the care process, it opens a new way to analyse the performance of these practices, thus adding to Tölg and Fuentes' (2024) two issues regarding the performance of care. Through our analysis, we identified a broader range of interlinked obstacles specifically related to care for the home. Additionally, the analysis strongly highlighted how care related to the home is also evident in the relations: care for the home is care for the people.

The analysis highlighted the significant barriers that residents face, including the practice elements (competences, meanings, materials), the practices or actions of other people, and time constraints. Often, the care process is hindered by different combinations of various barriers. These barriers are evident in the four phases of the care process: caring about, taking care of, caregiving and care-receiving (Fisher and Tronto, 1990: 40). Based on the analysis, each of these barriers may hinder or slow down the giving of care at any phase of the care process. The interrupted performance of care practice occurs in two primary ways. First, within the practice itself, the practice elements or time and actions or practices of other people fail to align.

Second, one or more practice elements may be entirely absent. Simultaneously, temporal constraints or the actions or practices of others may prevent the performance of the care practice. However, the analysis suggests that the same factors can also act as driving forces. If the elements of the practice are interconnected, and there is enough time as well as supportive involvement from others, these components, time, practice elements and others, collectively enable the performance of the care practice. Such pushing factors may, for example, relate to the element of meaning: the understanding that residential comfort arises from a certain temperature helps motivate action towards improving thermal comfort. Close reading of the excerpts revealed that changes in the housing ownership, and possibly also previous experiences, referring to increased competence, can influence how one wants to care for their home, and thereby for themselves. This demonstrates that, for the successful performance of a practice, it is essential that all elements (competences, meanings, materials) are interconnected. Furthermore, both our research and prior studies (Southerton, 2003; 2012) indicate that practices compete for time, meaning that a practice requires sufficient temporal space to be realised. Barriers caused by other individuals highlight the presence of competing modes of action and the coexistence of other practices. Care practices can therefore also be connected to other practices. This, however, is already evident in how other practices or different care practices, through other people, compete for performance.

Moreover, care demonstrates how barriers not only hinder the maintenance of the dwelling but also affect the well-being and comfort of the residents, and care may also be connected to the environment. Additionally, hindered care can cause dissatisfaction (for example, the wrong kind of care or the care is perceived as unnecessary as the kitchen renovation situation highlights), potentially harm health (for example, a cold home as the case where the negative pressure caused coldness) and reduce living comfort (for example, cold apartment or too hot underfloor heating). The study also highlights how an apartment or house and its residents are interdependent: apartments and houses require care, just like their residents. This is clear in a situation where negative pressure has caused the apartment to become very cold; the building's technical systems require care, that is, repairs, and the residents also need care in the form of warmer living conditions. This is supported by Tronto (1993), Lawson (2007) and Jackson (2025), who state that care is a connection and interdependence. In addition, the study suggests the need for a broader recognition of the ethical dimensions of home care practices, emphasising the interconnectedness of care also for the environment (for example, Tölg and Fuentes, 2024). Developing the ability to care for one another and the world is essential for navigating and responding to the challenges posed by global environmental crises (Carr, 2023), although maintenance and repair do not solve all environmental challenges.

Our research demonstrates that residents have varying capacities to perform care practices within their homes and housing communities (Cox, 2021: 2), due to barriers such as the power relations with others, material failings, lack of meanings or limitations in skills or available time. Previously, the literature has argued that the responsibility of care involves recognising the need for care and identifying appropriate solutions, which implies an agency from the person providing care (Fisher and Tronto, 1990). Thus, in practice, one strategy to improve home care practices is to enhance residents' possibilities to act. Based on our findings, this should entail addressing resource deficiencies, enhancing communication and fostering collaboration among

residents, landlords and property managers to improve care practices for home. However, our study has its limitations, as it has focused on the resident perspectives in a single case country. Thus, our study calls for further research to focus on how to translate these care-hindering factors into forces that drive, accelerate or support home care processes, whose task this could be on the system level of the housing and construction sector and what kind of interventions and policies should be designed (see also, Madsen, 2025). Finally, future research would also benefit from examining a broader sample, for example based on gender and housing tenure.

In conclusion, home maintenance is a multifaceted practice that involves caring for both the apartment and its inhabitants. By addressing the barriers that hinder residents' ability to maintain their homes, we can enhance living comfort and residents' well-being, preserve the value of housing and promote environmental sustainability. This study underscores the importance of integrating care practices into home maintenance to ensure the well-being of residents and the longevity of their homes.

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### Contributor statement

SL was responsible for leading the research project. All authors, SL, HS and EK, contributed to the conceptualisation of the study. SL carried out the data curation and data analysis. SL drafted the original versions of the manuscript, and HS and EK provided comments and made corrections or additions to the text. SL was responsible for editing the manuscript based on the feedback provided by HS and EK.

### Research ethics statement

This study follows Finnish Code of Conduct for Research Integrity issued by the Finnish National Board on Research Integrity (TENK). According to these ethical guidelines for human sciences formal ethics approval is not required, as this research was carried out in a manner that respected the dignity and autonomy of adult and informed research participants, and it did not pose significant risks, harm, or damage to the participants, the communities involved, or other subjects of research.

### Data availability statement

Data sharing is not available due to confidentiality agreements with organisations involved in this study. If you would like more information about the nature of the data, please contact the corresponding author.

**Conflict of interest**

The authors declare that there is no conflict of interest.

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