When a "Home" Becomes a "House": Care and Caring in the Flood Recovery Process

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This article focuses on the spatialities of care that are revealed, disrupted, and produced by the dependencies and vulnerabilities associated with flood recovery. It is based on a case study of the summer floods of June 2007 in Hull, Northeast England. The authors use a real-time, diary-based methodology to document and understand the everyday experiences of individuals following the floods. In contrast to the literature, which looks at the impact of care and caring on the home, they ask what we can learn about caring when the home is disrupted. Focusing on the diaries, the authors explore what flood reveals about the emotional and physical landscapes of caring in the context of recovery and illustrate the intimate connections that exist between ideas of dwelling and caring. In drawing on the accounts of carers (who are often also those displaced by flood), they explore the tensions and intersections between the spatialities of caring work as these are enacted between the routines of everyday "normal" life and the specific disruptions generated by flood.

Keywords: care; flood; home; emotional geographies; disaster

> I'm over two miles from the nearest bus stop, further away from the people who need my help most + badly missing my own home, which wraps itself around me when I walk through the door.
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> Caroline, diary

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> Sometimes I get depressed and stressed out but I'm also looking after an elderly neighbor next door to me now. I mean I'm cooking all her meals for her because they [the workmen] are in her house at the moment; she's got no cooking facilities, no electrics in her kitchen or anything.
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> Helen, group discussion

> She's not an easy person to live with. On one side we totally understand because she's lost so much, she's also not a well person, but the toll it's taken on my family, my husband especially, myself and my children, it's just been horrendous.
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> Sophie, interview

On June 25, 2007, a Monday morning in the northeast of England, the residents of Kingston-upon-Hull were starting their normal working week. Across the city, people were busy having breakfast, traveling to work, and taking their children to school. It was raining, heavily. Large puddles were starting to form, drains were overflowing, and within a matter of hours, water was running freely across fields, over pavements, and—for some—into people's houses. Fast-forward to summer 2008, and the disaster facts and figures have been catalogued. We know, for example, that over 110 mm of rain fell on Hull on June 25, with rainfall intensities of over 6 mm an hour from 8 a.m. to 5 p.m. (Coulthard et al., 2007a). We know that more than 8,600 households, incorporating around 20,000 people across the city, were flooded and that 91 schools were affected (Coulthard et al., 2007b). We also know from the growing body of research that has documented the social impacts of flooding and the technical recovery processes involved that the disruption in Hull is ongoing (Erikson, 1976; Sims et al., 2008; Tapsell & Tunstall, 2001; Tunstall et al., 2006; Watson et al., 2007). But far less is known, however, about the effects of the flood on formal and informal care work.

This article is based on participatory research with respondents who suffered severe flooding in this disaster. The study uses a real-time, diary-based methodology, with the aim of capturing the "what, how, and when" of people's everyday experiences as they move through the drawn-out process of recovery. Following an approach previously used to investigate recovery following the 2001 foot and mouth disease disaster (Convery et al., 2005; Convery et al., 2008; Mort, Convery, Baxter, & Bailey, 2005), participants are contributing weekly diaries, in-depth interviews, and group discussions for up to 18 months. There are 48 participants, comprising 43 residents and 5 "frontline workers" (although 6 of the residents are also frontline workers[2]).

Here we focus on the accounts of the three "carers" quoted above. Drawing upon insights from the sociology of care, emotional geographies, and meanings of home, we follow their stories to explore the ways in which people's everyday practices of care are revealed, disrupted, and produced by the floods. The resulting analysis leads to an enhanced understanding of the role of space and place in care, which demonstrates that place and home are important, not just in a practical, embodied sense but also in terms of the consequences for people's emotional landscapes of caring.

Work on place, care, and the emotional geographies of the home is helpful in understanding not only how "homes" can shape care work but also the impact on care from disruption to the home. Turning to our three case studies, we begin with Caroline, whose normal carer role is disrupted by displacement from her home. In contrast to the disruption of care provision illustrated in Caroline's account, Helen's experience demonstrates how the impact of flood and flood recovery reveals existing

relations of care that intensify as both the carer and cared for experience forms of disruption. Finally, Sophie's story highlights how new forms of care dependency are produced and brought into the fabric of her home as a consequence of flood recovery. Looking across these accounts, we highlight the interdependent relationships between the art of dwelling and the art of caring, before concluding that care itself is redefined by the changed physical, social, and emotional landscapes that result from disasters such as flood.

The Emotional and Material Geographies of "Home"

In recent years, social scientists have highlighted the importance of place within health care settings (Angus, Kontos, Dyck, McKeever, & Poland, 2005; Morris & Thomas, 2005; Poland, Lehoux, Holmes, & Andrews, 2005; Popay et al., 2003; Twigg, 1999). Such accounts move away from viewing place and space as physical entities toward a more nuanced understanding that acknowledges that place is a multidimensional, socially constructed concept that can hold multiple and often contested meanings for different people simultaneously (Andrews, Holmes, Poland, & Lehoux, 2005; Kearns & Moon, 2002; Lehoux, Daudelin, Poland, Andrews, & Holmes, 2007). The social, cultural, and emotional dimensions of place are now considered to be just as important as its material and physical qualities.

Following this line of thought, studies have explored the expanding phenomenon of home care, where health and social support is provided outside of an institutional setting. Such shifts in the place of care are in accordance with U.K. government policy, which is attempting to encourage more people to receive care at home in a bid to reduce the burden on hospitals and care homes (Department of Health, 2006). It is often argued that home care is preferable on the grounds that receiving care in familiar surroundings affords a greater sense of autonomy, security, and personal control for the patient or service user (Andrews et al., 2005; Morris & Thomas, 2005). However, others argue that the relationship between the home setting and the quality of care is not straightforward. For example, Twigg (1999) shows how home care interventions challenge the meaning of home, whereas Angus et al. (2005) make a similar argument to illustrate the ways in which the "logics of care"—in terms of the technologies, routines, and patient/carer interactions required—can come to intrude upon the logics of the domestic sphere. In the same way that more nuanced understandings of place have been articulated, care itself has been explored as a process of negotiation, of trying things out and continual rearrangement (Mol, 2008).

Discussions of home care cannot, however, be separated from the question of what a "home" is and what it means to its inhabitants (Mallett, 2004). The anthropologist Mary Douglas (1991) describes the home as a "kind of space," one that involves the rigid ordering of family behavior within its walls in what she describes as the "tyranny of the home." Others draw on sociological and social-psychological perspectives to argue that the home satisfies a person's deep need for ontological security, "a security of being" and "a sense of confidence and trust in the world as it appears to be" (Dupuis & Thorns, 1998, p. 26, drawing on Saunders, 1984, 1986). Twigg (1999) argues that the home acts as "a buttress to the individual"—in short, as a marker of identity and social class for its inhabitants. Other authors go further, and drawing on the phenomenological tradition (after Heidegger, 1962), home is considered as identity produced through the transaction of place and person.

Such evolving and complex meanings result from the fact that "homes" are highly emotional landscapes with a strong degree of personal significance for their occupants. Emotions are now recognized to be a vital part of how we understand and interact with the spaces and places around us (Anderson & Smith, 2001; Thien, 2005). More recently, researchers have come to investigate how emotions are embodied and located in particular places (Davidson, Bondi, & Smith, 2005) and incorporate the physical, social, and representational facets of place (Cloke & Jones, 2001; Convery et al., 2005; Harada, 2000). These approaches have much in common with Heidegger's notion of "dwelling," as developed by Ingold (1995, 2000) and Cloke and Jones (2001), where our sense of being in the world and attachment to place arises from engagement with both the human and nonhuman (material and social) aspects of place. Such ideas highlight the intense and interdependent nature of the relationship between the home and caring practices. For Heidegger, "to dwell successfully is to live intimately with a place—to care for that place and to feel comfortable and at home there" (Seamon, 1979, p. 41). In addition to emphasizing the importance of care for the environments and communities in which we live, Heidegger's phenomenological approach also illustrates the bonds that exist between the inhabitants and the familiar objects and routines of the home. As Seamon (1979) describes, "A phenomenology of environmental behaviour and experience emphasises the significance of routine and regularity in daily living as a complement to mankind's freedom of action. People have the ability to change their lives and places, but another half of the story of living involves a time and space continuity, which, when it is upset, may lead to stress of one kind or another" (p. 47). The consequences of such disruption to household objects and routines are made explicit in the stories of the three diarists that follow. However, Harada's (2000) study of life in communal shelters following an earthquake makes a similar point as the earthquake survivors used familiar items in the nonfamiliar place of the shelter to re-create aspects of everyday social life and care for friends and family.

Emotional attachments to the home are of course revealed when disruption occurs. The meanings of home can be transformed from the inside by life events such as birth, marriage, illness, or bereavement (Angus et al., 2005; Hockey, Penhale, & Sibley, 2001; Morris & Thomas, 2005) and equally from external events such as burglary, toxic pollution, earthquakes, and risks from industrial processes. The latter disruptions indicate that central to the concept of home is the extent to which home is defined by excluding undesirable aspects of the outside world and controlling what goes on within its walls (Twigg, 1999). Kaika (2005) refers to the "selective porosity" of home as a place that creates a sense of safety for its inhabitants by maintaining a separation between "nature" and "culture." For example, water is only allowed into the house once it has been tamed and controlled; otherwise, it remains wild and dangerous. The waste water produced within the home—for example, sewage and used bath water—is then removed via a hidden infrastructure of pipes and sewers. The significance of this "selective porosity" can be illustrated by Edelstein (1987), who considers "the inversion of home" in his examination of the effect of groundwater contamination on a community's perceptions of home. Edelstein describes how home became identified with danger and defilement, no longer a refuge, a safe place.

Thus, the affective consequences of external threats to the home are considerable. As outlined previously, care itself can represent a threat to the logics of the home (Angus et al., 2005; Twigg, 1999). However, although the impact of care practices on the domestic sphere is relatively well documented, little is known about the reverse phenomenon. In this article, we are concerned about understanding what disruption to home implies for our understanding of care and caring. The Hull floods of June

2007 illustrate that the home function of filtering out undesirables collapsed as "bad" water encroached upon the "safe" spaces of homes. The disruption caused by the flood involved a disassemblage of the bodies, emotions, objects, and technologies that constitute the very places in which care takes place while at the same time creating new care practices. As we shall show, care is reshaped as carers and the cared for engage in processes of reassembly through which new forms of (in)dependence, autonomy, and vulnerability are constituted.

Care as Disrupted

Caroline experienced a change in the meaning of home since the floods, finding her home becoming more important to her than ever. She was forced to move into rented accommodation while her house was repaired, and she described herself as "desperate" to get back home. Her diaries reflect a huge emotional investment in her home and garden as she plans her return:

> For all I've felt bogged down with concerns re. our house, just planting seeds [in the garden] is a small sign of my investing in the future. Can't visualise what the house will look like but have made plans to have lots of colour in the garden, which was decimated by the floods. It's one rebuild we can do ourselves without needing builders!! (Caroline, diary entry)

During the first months of the study, Caroline was waiting for her "Drying Certificate,"[3] and physical repairs to her home were very slow. As a result, her initial efforts were restricted to the emotional work of reimagining and mentally re-creating her home. Later, she was able to take on the role of project manager, spending days "camped out" in her greenhouse so that she could help the workmen, supervise the repairs, and generally feel involved in the rebuilding of her home.

The floods disrupted Caroline's life at a very difficult time for her family. Caroline has a very young grandson, Luke, who was born severely disabled and subsequently diagnosed as terminally ill. Prior to the floods, she had been making regular visits to her daughter and son-in-law so that she could help with his care and spend precious time with him. However, due to heavy demand, the only rented house she could find was outside the city on the edge of a small village and a long distance from the nearest bus stop.

Caroline herself has a disability, which means that she cannot drive or walk very far, and as a result, the journey to care for her grandson, which had been easy from her home, became impossible from her rented house. A few months into the study, Caroline reported that her daughter and son-in-law had made the heartbreaking decision to put Luke into permanent care as they could no longer cope with looking after him at home. For Caroline, isolated in her rented house, this personal tragedy was impossible to separate from the impact of the floods. She wrote in her diary,

> I feel impotent. I can't help them make this horrendous decision, only support them when they make it. Luke is the light of my life, so precious and fragile. . . . Until we moved into this temporary accommodation, I was helping on a regular basis, going to their bungalow to be there when one of them needed to go out, as Luke needs 2 people to care for him at all times. I'm further away now and it's harder for me to go out when it's cold as I don't drive and have to rely on buses. In my lowest moments when logic flies out of the window, I feel very angry at all the agencies who failed in their responsibilities when the

floods happened—local council, Environment Agency, Yorkshire Water etc. not only for the trauma people have suffered re. damaged homes + property, but the side effects—far reaching and unique to each family. I'm over two miles from the nearest bus stop, further away from the people who need my help most + badly missing my own home which wraps itself around me when I walk through the door.

Therefore, the immobility resulting from spatial displacement and the loss of her home had serious repercussions for Caroline's role as carer for her grandson, in both the practical and emotional sense. By disrupting her home, the floods disrupted her caring activities and affected the kind of support she was able to provide, as she was no longer able to offer practical help or draw emotional strength from her surroundings. However, this disruption did not just affect Luke. The previous examples show that, for Caroline, caring was not a burdensome activity but a creative and nurturing process that gave her a sense of her own role and allowed her to feel that she was making a positive contribution to the people and places surrounding her. Since becoming disabled, Caroline had invested large amounts of effort in caring for her grandson and caring for her home—indeed, the year before the floods, she had enjoyed redecorating the downstairs of the house. When the floods stripped these caring activities away from her, she was left feeling disconnected from her home, her family, and her sense of herself. The diary entries presented here show how she attempted to fill this void by caring at a distance—for example, by mentally re-creating her home in her mind and emotionally supporting her family as they made the difficult decision about Luke's future care. She also adapted her caring practices to do what she could, when she could—for example, by working on the garden at her house so that she could make positive changes without needing builders. In addition, although the "rented house" could never replace her home, she considered it her responsibility to care for it for the owners, and she found some pleasure in putting food out for the birds every day:

> 17th Feb: A bit better day. Like to listen to the gardening programme on local radio from 8-10 am Sunday mornings. I sit in the kitchen watching the birds in garden. I feed them every day & am rewarded by having lots of different kinds visit for the bread & wild bird food. Hope the next tenant continues to put food out.

For Caroline, such small caring activities were also supplemented by being able to take part in the research project. Caroline found writing the diaries to be hard because they forced her to confront the difficult emotions she was experiencing. However, she was adamant that she wanted to continue to take part in the project in the hope that it might help people in the future. Her story highlights the bond between caring and dwelling and the consequences of disruption to this relationship, which is also illustrated by Helen's experiences.

Care as Revealed

Helen lives on a large estate in Hull, which is renowned in the local media for high levels of crime and social deprivation. She is in her 60s and suffers from severe asthma and breathing difficulties, and her house was flooded badly. From a surface reading of events, therefore, Helen might be perceived as a vulnerable person who is likely to be a receiver rather than a giver of care. In reality, the reverse is true. As Milligan, Bingley, and Gatrell (2005) highlight, many older people put a good deal of effort into providing

practical and emotional support to friends and relatives, and Helen is no exception. However, in her case, the care that she provides extends outside the more usual environs of home and family to the people and places of her local neighborhood in the aftermath of the floods:

> Sometimes I get depressed and stressed out but I'm also looking after an elderly neighbor next door to me now. I mean I'm cooking all her meals for her because they [the workmen] are in her house at the moment; she's got no cooking facilities, no electrics in her kitchen or anything. So I'm also seeing to my house and making sure that they're eating next door to me, cooking their meals every day for her and taking them in and that. So I'm doing sort of, like, two lots of things, plus doing our committee work, which we [herself and her friend] do, and I'm on other boards as well. . . . I do a lot in the area for different things, trying to keep and make sure that everybody is all right. (Helen, group discussion)

The practical and emotional support that Helen provides for her neighborhood was not created by the flood. Instead, the events of June 2007 revealed a logic of care that was born from a strong attachment to place and that can be traced back over the past 25 years during which Helen has been an active member of her local community group. Although much of her activity over the past year has involved supporting neighbors through the flood recovery process, this work has only arisen as a consequence of her preexisting role as a community carer ("normal tasks" for the community group include visiting residents and tenants and helping them with any problems, delivering newsletters, liaising with local schools, and consulting with the police over antisocial behavior in the area).

Her example highlights the complex relationship between the carer and the cared for because, although she does not consider herself to be particularly vulnerable, as demonstrated by her description of others on the estate as "pensioners" (rather than herself), in practice she has had to negotiate the tension between the need to care for her own flooded house and the need to provide emotional and practical support to the wider community. Maintaining this balance has been difficult because, unlike Caroline, for whom caring was a pleasurable activity that was freely given, Helen sometimes felt overburdened with her role. She revealed that, as key members of the community group, things would be left to her and her friend, Rose, because no one else would take on the responsibility. Having worked for the group for 25 years, it was simply assumed that Helen and Rose (who was also a pensioner) would continue to sort out residents' problems indefinitely. This situation was particularly problematic because, although Helen was 20 years younger than some of the people she was caring for, in practical terms, she was struggling with the same problems. As a council tenant with no insurance and no job (she was registered disabled on account of her breathing difficulties), she was living on a very restricted income, and although her floors and kitchen were eventually replaced by the council, she had to finance—and physically carry out—the rest of the repairs herself. Consequently, while she was providing care for her neighbors, she also had to rely on help from her family for similar things, as she described during an interview:

> *Helen:* For about a fortnight I couldn't come downstairs at all because the house had to dry out down here. I was waiting for the council to bring me driers, which they never did, they never brought me any driers. So to dry my house out downstairs I was leaving my central heating on all day and all night downstairs to dry my house out. . . .
> *Interviewer:* So did someone help you clear anything?

> *Helen:* No, nobody came in to clear anything, it was me. My brother-in-law and my sons came down, they took all my flooring up and then . . . we had to clean everything with disinfectant and mops, buckets and we had to keep going over and over and over it.
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> *Interviewer:* So nobody from the council came to ask what had happened, if you needed any help?
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> *Helen:* No, nothing. All they came to do was to remove furniture and that out of people's gardens. But they never came to clean your house, nothing. . . . My eldest son tried to get me some help because he does work for the council. . . . He tried to get help and even he couldn't get help for me, I just had to do it relying on family; otherwise, I would have had to do it myself.

Helen's story thus illustrates the complexities involved in understanding care as an "art of dwelling." Although she first became a carer largely on account of a profound affection for the social and physical landscapes of the community that had developed during her longstanding residence there (Cloke & Jones, 2001; Ingold, 1995), her circumstances have shifted over the years so that she is now caring for others at a point in her life where she is struggling to meet her own needs. Her experiences also call into question the relationship between the kinds of informal care provided by relatives and community groups and the more formal support provided by the council. In Helen's neighborhood, it appears that residents have stepped in to try and care for each other in the absence of much help from the local authority, although she noted that council tenants in other areas of Hull had received more assistance from the authorities.

Finally, her experiences highlight the intensely spatial and temporal nature of the landscapes of caring revealed by the flood. In terms of space and place, many analyses of the "home" in relation to care focus on the practices that take place within the four walls of the house (Angus et al., 2005; Twigg, 1999). However, Helen's work of caring has been very much orientated toward the post-flood needs of the wider community, to the extent that her own home has, in some ways, taken second place. "I don't think I think about myself half the time," Helen explained during a group discussion.

Care as Produced

Like Helen and Caroline, Sophie also lost her home as a result of the floods. However, in her case, the damage caused was not the physical destruction brought about by flood water but the emotional damage resulting from the burden of new forms of care. As a wife and mother of two children, Sophie was already in a caring role. However, the floods resulted in major changes to the extent and form of care that she had to provide when her elderly mother-in-law, whose house was flooded, came to live with them for 8 months while her home was repaired. This led to the production of a whole new regime of care for the family as Sophie's mother-in-law was suffering a number of chronic illnesses in addition to awaiting hip and knee surgery, which meant that she could not use the stairs.

On one hand, Sophie recognized that the floods represented a major tragedy for her widowed mother-in-law, who was distraught at the loss of her home and her personal possessions. However, as the story unfolded, it became apparent that Sophie had also lost her home in a different but equally damaging way, as the task of emotional and physical caring upon which she embarked affected every area of her family's life:

> It's been absolutely horrendous, it's been awful. The whole family has fallen apart so many times since then. She's not an easy person to live with. On one side we totally understand

because she'd lost so much—she's also not a well person—but the toll it's taken on my family, my husband especially, myself and my children, it's just been horrendous. That's one of the reasons why I wanted to do this [the diary study] . . . I know people at work who have been flooded out and they are living with their parents—the amount of stress it puts on the family because the people who are flooded are so unhappy and they can't get over the fact that they are so unhappy. And it just carries on and it infests every single thing and the rest of the family. (Sophie, interview)

The first and most immediate impact of this new regime of care was the transformation that took place to the physical and material fabric of Sophie's house. As her mother-in-law could not manage the stairs, Sophie's living room had to be converted to a downstairs bedroom, and her 8-year-old son gave up his bed and slept on an inflatable mattress for the first 2 months of his grandmother's stay. New bedding had to be bought, together with a high-seated chair suitable for those suffering from hip pain. The temporal routine of the household was also upturned as Sophie and her husband had to provide continuous care following her mother-in-law's hip operation. Social events were affected as the children were unable to have friends to stay or watch their favorite TV programs if their grandmother wanted to watch something different. In addition to this, two family holidays had to be cancelled, Sophie's husband was unable to bring clients to his home office, and friends stopped coming round. Insurance payments for the flood repair work were also slow to arrive, and so Sophie and her husband had to incur large credit card debts so that repairs on her mother-in-law's house could be completed as planned.

However, perhaps the most profound transformation to take place concerned the emotional landscapes of the family home. Tensions escalated as the children's relationship with their grandmother changed and resentments among other relatives began to grow. Sophie's two sisters–in-law did not help with looking after their mother as their own houses were flooded and they lived far away from Sophie's house. However, although Sophie and her husband accepted this at the time, the lack of help they received gradually became more problematic. Things came to a head when a second family holiday had to be cancelled after Sophie's sister-in-law, who had agreed to look after her mother while the family had a short break in a caravan, pulled out the day before departure.

That absolutely ripped the family apart, I was really angry, the kids were devastated, my husband was upset but frustrated by the fact that his sisters both pulled out and it was just left to us. And from September until December it caused such a massive rift. Nobody was talking to each other; every single thing was left then to us to do. And it really wasn't until the beginning of December that they actually starting talking to each other and you know, trying to reconcile their differences, and now he's really close to his sisters now, and they are working together more as a team. But it's been hard. (Sophie, interview)

Sophie's mother-in-law was able to go back to her home in February and yet, although it is now more than a year since the floods took place, both women are still struggling to reclaim some sense of meaning and normality to their homes in the context of a new pattern of care. This is because, having lived in a different house for 8 months, Sophie's mother-in-law has lost all her independent living skills, and she feels deeply unsettled in a house that does not feel like home anymore, as Sophie described:

Every single thing in her life has changed . . . maybe somebody who was in their 30s or their 40s, it's a case of "yes it's been horrendous but we've got new things now, well let's

just start a new life." But when you are 76—she's 77 this year—she got new things and she has no idea—she was only comfortable in her own home because she was comfortable with turning the TV on, the microwave, the oven—she knew in her head. She could control her memory loss because everything was where it had always been, it's not a new thing. Whereas now she cannot turn the TV on and we'll have her ringing up saying, "I don't know which remote to press . . . I can't remember which drawers, where do I put these?" . . . The only thing that hasn't changed is her bedroom, so you'll often find her living in her bedroom because she feels comfortable and safe in there. Her house has gone from being quite old-fashioned but how she really loved it, to now being a plastered wall, cream plaster, modern TV, modern cabinets, because you couldn't replace what she had, and she hates it. (Sophie, interview)

As a result of this situation, Sophie and her husband visit regularly, and the family is now trying to develop a "care rota" so that they share this work. Therefore, although Sophie has regained her own space, her home life is not the same. She wrote in her diary, "We are all finding it hard to adjust. The worry when we have left her is as hard as when she was with us."

Conclusions: The Art of Dwelling and Caring

These three stories offer a number of insights into the nature of care and home. First, these accounts are typical examples of the gendered nature of flood recovery work in our study more generally where we have found that, in the majority of cases, women have been on the frontline in the recovery process: keeping up the pressure on insurance companies, project managing builders, choosing the décor for the home, and organizing deliveries of new household items (Ketteridge & Fordham, 1995). Women have also played a major role in supporting friends and family, comforting children, and "re-creating the social" (Harada, 2000)—that is, trying to create a convivial space in temporary accommodation (such as caravans and upstairs bedrooms) where family life can continue with some semblance of normality. There are several possible reasons for this. Because many women work part-time or are at home with children, it often falls to them to stay home for deliveries, make phone calls, and supervise tradesmen. Many are also heavily involved not only in the practical work of the home but also in the more aesthetic aspects of homemaking, in terms of choosing colors and styles for the house (Douglas, 1991; Dupuis & Thorns, 1998; Hockey et al., 2001). This can result in them taking a stronger "project management" role in the repairs.

For whatever reason, the end result is that the re-creation of home involves caring in both the practical and the emotional sense, and the stories presented here (and overwhelmingly in our study) show that this most often falls to women. This is not to say that men do not care or contribute to the work of flood recovery. However, the fact that women have been so closely involved in domestic recovery raises interesting questions about how this work is gendered.[4]

Second, the preceding accounts of post-flood caring practices provide a strong support to studies that have highlighted the importance of place and space within health care (Angus et al., 2005; Poland et al., 2005; Twigg, 1999). On a practical level, new forms of care can result from spatial and temporal changes to people's living conditions. For example, Caroline was no longer able to help with her grandson on account of her remote geographical location. However, the emotional landscapes of care also change as the home becomes disrupted, and this is reflected in the constantly

Table 1. The Art of Caring

	Role	Spatiality of Care	Significance of Home	Art of Caring/Dwelling
Caroline	Carer for grandson	Displaced from home and limited mobility	Location of and attachment to home was integral to caring role	Crisis of mobility precipitated by flood affected her ability to care in a practical and emotional sense
Helen	Carer for neighbors	In the community but also in her "house"	Living in own home that was flooded but responsible for the homes of others and the community more generally	Care role evolved from longstanding residence in community
Sophie	Carer for mother-in-law	Trapped in own home, unable to leave	Invasion of home by cared for; rearrangement of physical setting	"Home" undermined by relationship with cared for; new care relationships restrict capacity to return

shifting relationships between the carer and the cared for. For example, Sophie's sympathy for her mother-in-law's plight was tested to the limit by the difficulties that caring for her caused.

Such altered practices of—and feelings about—care were also played out in the changed meanings of home that developed out of the floods. For Helen, the work of caring for her neighbors sometimes took precedence over her efforts to recover her own home. By contrast, for Caroline, Sophie, and Sophie's mother-in-law, the idea of home was actively sought as a source of security, identity, and normality. However, the homes they ended up with often held very different meanings from those they had lost, albeit for very different reasons.

Most crucially, however, the stories presented here inform our understanding of the links between the landscapes of dwelling and the landscapes of caring. As the material and emotional character of the home changes, new forms of care are also revealed, disrupted, and produced. Such intimate connections between dwelling and caring are summarized in Table 1.

Through illustrating what happens to care when the home is disrupted, such experiences support Heidegger's point about the inseparability of caring and dwelling. For example, caring can be viewed not just as a practical activity but as an emotional response that helps us to develop a clearer sense of ourselves and connects us more deeply with the people and places around us. Caring is therefore an integral part of what it means to feel "at home" somewhere (Seamon, 1979). However, just as changes to care practices can result in changes to the home (Angus et al., 2005; Twigg, 1999), disruptions to the meanings, objects, and routines that help make up the home also can have profound consequences for the material and affective landscapes of care. When you disrupt the home, you not only damage the financial and physical resources that people use to care for others—you also disrupt the reference point by which they make sense of themselves and their role in relation to friends, family, and the community more generally. As the examples given here illustrate, such changes will inevitably affect the ways in which caring relationships are conducted.

In the final analysis, therefore, it is the care process itself that is redefined in disasters. We can see how care is not one thing but a process of ongoing negotiation that takes its meaning from its situations (Mol, 2008). Just as home is visibly reshaped and its significance is altered forever, so what it means to care and be caring is also transformed through changes to the physical, social, and emotional landscapes of place that result from disasters.

Notes

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2. Defined as those who may not have been flooded themselves but who have been working with flood victims as part of their employment. The 11 frontline workers we have interviewed comprise 2 teachers, 3 caretakers/community centre managers, 2 community wardens, 3 council/voluntary sector employees and 1 journalist.

3. Insurance companies require one of these to be issued before repairs can take place on a flooded property.

4. It is not possible to give a thorough account of all the gender issues raised in this article, and therefore we will be writing about this in more detail elsewhere.

References

Anderson, K., & Smith, S. (2001). Editorial: Emotional geographies. *Transactions of the Institute of British Geographers*, *26*, 7-10.

Andrews, G., Holmes, D., Poland, B., & Lehoux, P. (2005). "Airplanes are flying nursing homes": Geographies in the concepts and locales of gerontological nursing practice. *Journal of Clinical Nursing*, *14*, 109-120.

Angus, J., Kontos, P., Dyck, I., McKeever, P., & Poland, B. (2005). The personal significance of home: Habitus and the experience of receiving long-term home care. *Sociology of Health and Illness*, *27*, 161-187.

Cloke, P., & Jones, O. (2001). Dwelling, place and landscape: An orchard in Somerset. *Environment and Planning A*, *33*, 649-666.

Convery, I., Bailey, C., Mort, M., & Baxter, J. (2005). Death in the wrong place? Emotional geographies of the UK 2001 foot and mouth disease epidemic. *Journal of Rural Studies*, *22*, 99-109.

Convery, I., Mort, M., Baxter, J., & Bailey, C. (2008). *Animal disease and human trauma: Emotional geographies of disaster*. Basingstoke, UK: Palgrave Macmillan.

Coulthard, T., Frostick, L., Hardcastle, H., Jones, K., Rogers, D., & Scott, M. (2007a). *The June 2007 floods in Hull*. Kingston-upon-Hull, UK: Independent Review Body.

Coulthard, T., Frostick, L., Hardcastle, H., Jones, K., Rogers, D., Scott, M., et al. (2007b). *The June 2007 floods in Hull: Final report by the Independent Review Body*. Kingston-upon-Hull, UK: Independent Review Body.

Davidson, J., Bondi, L., & Smith, M. (2005). Introduction: Geography's emotional turn. In J. Davidson, L. Bondi, & M. Smith (Eds.), *Emotional geographies*. Aldershot, UK: Ashgate.

Department of Health. (2006). *Our health, our care, our say: A new direction for community services*. London: Author.

Douglas, M. (1991). The idea of home: A kind of space. *Social Research*, *58*, 287-307.

Dupuis, A., & Thorns, D. (1998). Home, home ownership and the search for ontological security. *The Sociological Review*, *46*, 24-47.

Edelstein M.R. (1987) 'Toxic exposure and the inversion of home' *Journal of Architectural Planning and Research* vol. 33 pp. 237-51.

Erikson, K. (1976). *Everything in its path: Destruction of community in the Buffalo Creek flood.* New York: Simon & Schuster.

Harada, T. (2000). Space, materials, and the 'social': In the aftermath of a disaster. *Environment and Planning D: Society and Space*, *18*, 205-212.

Heidegger, M. (1962). *Being and time.* London: SCM Press.

Hockey, J., Penhale, B., & Sibley, D. (2001). Landscapes of loss: Spaces of memory, times of bereavement. *Ageing and Society*, *21*, 739-757.

Ingold, T. (1995). Building, dwelling, living: How people and animals make themselves at home in the world. In M. Strathern (Ed.), *Shifting contexts: Transformations in anthropological knowledge.* London: Routledge.

Ingold, T. (2000). *The perception of the environment: Essays on livelihood, dwelling and skill.* London: Routledge.

Kaika, M. (2005). *City of flows: Modernity, nature and the city.* Abingdon, UK: Routledge.

Kearns, R. A., & Moon, G. (2002). From medical to health geography: Novelty, place and theory after a decade of change. *Progress in Human Geography*, *26*, 605-625.

Ketteridge, A. M., & Fordham, M. (1995). Flood warning and the local community context. In J. W. Handmer (Ed.), *Flood warning: Issues and practice in total system design.* Enfield, UK: Flood Hazard Research Centre, Middlesex University.

Lehoux, P., Daudelin, G., Poland, B., Andrews, G., & Holmes, D. (2007). Designing a better place for patients: Professional struggles surrounding satellite and mobile dialysis units. *Social Science and Medicine*, *65*, 1536-1548.

Mallett, S. (2004). Understanding home: A critical review of the literature. *The Sociological Review*, *52*, 62-89.

Milligan, C., Bingley, A. & Gatrell, A. (2005) 'Healing and feeling': The place of emotions in later life. In J. Davidson, L. Bondi, & M. Smith (Eds.), *Emotional geographies.* Aldershot, UK: Ashgate.

Mol, A. (2008). *The logic of care: Health and the problem of patient choice.* London: Routledge.

Morris, S., & Thomas, C. (2005). Placing the dying body: Emotional, situational and embodied factors in preferences for place of final care and death in cancer. In J. Davidson, L. Bondi, & M. Smith (Eds.), *Emotional geographies.* Aldershot, UK: Ashgate.

Mort, M., Convery, I., Baxter, J., & Bailey, C. (2005). Psychosocial effects of the 2001 foot and mouth disease epidemic in a rural population: Qualitative diary based study. *British Medical Journal, 331,* 1234.

Poland, B., Lehoux, P., Holmes, D., & Andrews, G. (2005). How place matters: Unpacking technology and power in health and social care. *Health and Social Care in the Community*, *13*, 170-180.

Popay, J., Thomas, C., Williams, G., Bennett, S., Gatrell, A., & Bostock, L. (2003). A proper place to live: Health inequalities, agency and the normative dimensions of space. *Social Science and Medicine*, *57*, 55-69.

Saunders, P. (1984). Beyond housing classes: The sociological significance of private property rights in means of consumption. *International Journal of Urban and Regional Research*, *8*, 202-222.

Saunders, P. (1986). *Social theory and the urban question.* London: Hutchinson.

Seamon, D. (1979). Phenomenology, geography and geographical education. *Journal of Geography in Higher Education*, *3*, 40-50.

Sims, R., Medd, W., Kashefi, E., Mort, M., Watson, N., Walker, G., et al. (2008). *The ongoing experience of recovery for households in Hull: Response to the Pitt Review Interim Report.* Lancaster, UK: Lancaster University.

Tapsell, S., & Tunstall, S. (2001). *The health and social effects of the June 2000 flooding in the North East region.* Report to the Environment Agency, Flood Hazard Research Centre, Middlesex University.

Thien, D. (2005). After or beyond feeling? A consideration of affect and emotion in geography. *Area*, *37*, 450-456.

Tunstall, S., Tapsell, S., Green, C., Floyd, P., & George, C. (2006). The health effects of flooding: Social research results from England and Wales. *Journal of Water and Health*, *4*, 365-380.

Twigg, J. (1999). The spatial ordering of care: Public and private in bathing support at home. *Sociology of Health and Illness*, *21*, 381-400.

Watson, N., Walker, G., Medd, W., Kashefi, E., Tapsell, S., Twigger-Ross, C., et al. (2007). *Understanding response and resilience in post-flood communities: Lessons from the Carlisle pilot study*. Lancaster, UK: Lancaster University.

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