## Placing Care in Times of Austerity

## Introduction

There has been a flourishing of geographical studies of care and caring in recent times. Drawing on a range of new theoretical insights, and driven by questions of *who* and *where* in the provision of care, geographers have critically examined the spaces, relations, emotions and politics of caring in contemporary society (Milligan and Wiles, 2010). The evolution of this body of work has shown how the landscape of care is being continually transformed. In recent times, the unfolding phenomenon of ‘austerity’ has once again begun to transform this landscape. This phenomenon has been characterised by significant neoliberal reform of care provision in many countries, involving a programme of financial cutbacks and the adoption of private-sector inspired management in public services and welfare (Clarke, 2012). This latest reform is an ideologically driven ‘step up’ from previous ‘roll-back’ strategies from state-centred collective provision at the end of the twentieth century to a more wholesale withdrawal of the state and an increase in individually-focused packages of care provided by a mix of public, private and third sector organisations. Such a change in state care provision has consequences for individuals, families and supporters, and local organisations. This special issue explores the spaces, places and relations of this new care landscape in a public sector in the grips of austerity, and a concurrent political shift towards individualism and consumption. In doing so, it builds on arguments developed in previous stand-alone papers and special issues in *Social & Cultural Geography* and other journals (Milligan, 2000; Conradson, 2003a; Milligan, 2003; Parr, 2003; Staeheli and Brown, 2003; Lawson, 2007; McEwan and Goodman, 2010; Milligan and Wiles, 2010; Atkinson *et al*, 2011; Cox, 2013; Hall and McGarrol, 2013). This special issue is a selection of papers from a session at the Royal Geographical Society Annual Conference 2013, which examined the reconfiguration of care within an era of austerity, in a range of contexts, including Switzerland, Sweden, England and Scotland.

This editorial frames the selection of papers, mapping the transforming geographies and relations of care, in the context of welfare reform and ongoing austerity in the public sector. The special issue draws on diverse strands of social and cultural geography to explore emergent forms and spaces of care provision, and how individuals, families and local community institutions are negotiating, and in some cases contesting, this new landscape. As such, it engages with a range of scales of care, from the individual to the institutional and the broader politics of provision; further, it examines possible new and progressive forms of care that are emerging in the midst of funding cuts (resonating with new forms of ‘progressive localism’ identified by Featherstone *et al* (2012)).

Further, this special issue highlights the increasingly complex landscape of care, with state, private, and voluntary and third sector organisations all now involved in delivering and shaping new spaces of care, as public sector funding and ~~so~~ provision is significantly reduced and other organisations seek to fill the gaps that emerge (albeit unevenly and unequally). It highlights a number of key emerging and related themes: how decentralised care is leading to the reconfiguring of places as sites of care in local neighbourhoods (Hogstrom); how care and support is being relocated from formal care sites to mainstream community settings, where people attempt to cultivate meaningful lives in local areas (Power and Bartlett); how the closure and constrained access to care services produces unexpected new sites of care, such as local museums (Morse and Munro); and how the steady withdrawal of publicly funded care is promoting an expanded role for the private sector (Schwiter *et al*).

More broadly, the special issue pays attention to how the current context of austerity is accelerating existing trends in the provision of social care. Austerity is the neoliberal ‘project’ of retrenchment of government spending as part of a broader (and long-standing) reduction in the role of government. The austerity agenda has to varying extents taken centre stage across many Western countries including the US, Canada, Sweden and the UK. It has also made a decisive advance across Europe more generally, particularly in countries which suffered from the 2008 post-banking crises, including Ireland and Greece. Switzerland, and some other countries, have not advanced an explicit ‘age of austerity’ agenda, as Schwiter *et al*’s paper shows, having long adopted the principles of low taxes and a small state.

In the field of care provision, austerity has established a well-defined context of sharp cuts in government spending, reduced entitlements, new assessments and stricter eligibility, and looking to families and communities to step in. However, as this special issue shows, austerity has arguably accelerated existing trends in social policy of ‘personalisation’, ‘choice and control’, and independent living; localism; and ‘third way’ approaches to create a mixed economy of care provision, including an increased role for voluntary and informal sector.

Care has been an ongoing theme explored in *Social & Cultural Geography*. Conradson (2003a) captured the practical and emotional aspects of caring, always sited within particular socio-spatial context; the special issue examined the spaces (including the home; Milligan, 2003), complex relations (e.g. giving and receiving mental health care in rural communities in Scotland; Parr and Philo, 2003) and local community contexts (the care and support found in a ‘drop-in’ centre in a deprived area; Conradson, 2003b) in which caring is practiced. Atkinson *et al* (2011) strengthened the argument for a distinctive geography of care, emphasising both the range of scales where caring occurs and the consideration of the place of care in society, for example as individual or collective provision/responsibility. The papers in the special issue set out how care is a profoundly embodied and emotional relation, involving both providers and recipients of care (Wiles, 2011), in a regime of care increasingly dominated by individualism and commodification (Hall, 2011).

Geographers are increasingly drawing on feminist notions of ‘ethics of care’ and the emphasis on interdependence and the values of caring (Lawson, 2007; Green and Lawson, 2011; Hall and McGarrol, 2013). As such, for Atkinson *et al* (2011), ‘care’ is about more than care, it ‘affords geographers a richness of possibilities through which to engage critically with a range of politically charged discourses’ (563), raising questions of choice, rights and responsibilities, relations and ethics. Cox’s (2013) special issue examined the commoditisation of care, and in particular, its gendered aspects. The rapid expansion of paid-for care, the increasing role of private sector providers, and cuts to welfare state provision, have made care a commodity, changing the ways in which it is given and received and where it takes place. More generally, it has changed how care is to be understood and how it is valued. Dominant gendered understandings of care in which women perform ‘good care’ in particular sites are evident, for example looking after children in the home (Schwiter, 2013; Busch, 2013) and paid-for elderly care (England and Henry, 2013). Cox’s (2013) focus on commodification acts as a bridge to this present special issue; the rebalancing of state, private and third sector care, as welfare austerity continues, and increasing popular expectations of independence and ‘choice and control’, are raising important questions of the spaces, relations, experiences and values of care.

## Care: Mapping the Boundaries

There has been an expansion of the boundaries of the study of care in geography, from the examination of formal sites and delivery of health and social care, to the relations and emotions, and ethics and politics of care and caring, in formal and informal spaces, at a range of scales, from the individual to the global (Atkinson *et al*, 2011; Cox, 2013). Feminist geographers have played a key role in this expansion, shifting the discourse of care beyond service provision and dependency, to the care relationship and the broader ‘acts of caring’ which occur in everyday spaces (Lawson, 2007; Hall and McGarrol, 2013). This contribution to the literature was in part a response to the ways in which women were arguably confronted with a social and moral duty or obligation to provide care, referred to as ‘compulsory altruism’ (Land and Rose, 1985; Schwiter *et al*, this issue), which often led women to become involved in different ‘caring cycles’ as various family members moved through the life course such as young children, disabled or sick relatives and elderly parents (Cox, 2013).

This early work – and the coining of the term ‘informal caregiver’ – also coincided with the broader context of social care policy in the 1980s, in particular the erosion of state-run institutions (Park and Radford, 1997). This period saw the emergence of ‘community care’, which was welcomed by many proponents of social care reform, as it was envisaged that care recipients would take up more active and valued roles in their neighbourhoods. For many policy makers though, it was envisioned that community care would mean care *by* the community, rather than *in* the community. In other words, many countries which had led the way with deinstitutionalization such as the US, Canada and the UK, arguably failed to provide the range of formal services to enable independent living in the community a reality (Milligan and Wiles, 2010). Local communities, and homes/families, were seen as ‘natural’ sources of care; however the reality failed to live up to this guiding principle.

Geographers, such as Dear and Wolch (1987), chronicled the initial emergence of ‘service dependent ghettos’ and rising homelessness following the first wave of deinstitutionalization in the 1980s and coined the term ‘landscapes of despair’ to illustrate the resulting urban geography. In this context, the locus of care shifted into a community-based ‘asylum without walls’ for many people (6). This work, particularly from the North American perspective, traced how state and volunteer services were often being positioned in inner-city metropolitan areas, which were often stigmatized places. Meanwhile, Wolch’s (1990) pivotal conceptualization of the voluntary sector as a ‘shadow state’ raised attendant questions about its role in delivering health and social care services.

There was particular concern within this early geography of care literature with the ‘patchwork quilt’ of community services that evolved throughout the 1980s and 1990s. Despite being a patchwork, a discernible landscape of care nonetheless developed during this time in many countries for people with disabilities, mental health issues and older people, including designated day care centres, intermediate care facilities, shelters and residential care homes (‘group homes’) in mainstream neighbourhoods. Geographers have chronicled the complex and varied spatial aspects of care-giving across these sites.

Meanwhile the home has also received much attention from geographers given the complex and evolving socio-spatial relations between individuals and their homes, and the increasing number of people who receive care in their homes, in part to sustain their independence. Milligan (2000) and Power (2008) have examined the changing meaning of the homespace for family caregivers, particularly for those caring for frail older people and people with learning disabilities. Care in the home has given rise to new care technologies, formal care workers, and other professionals increasingly entering the private sphere, thus blurring the boundaries between public/institutional and private homespace, what can be described as an ‘institutionalization’ of the home. These issues raise delicate moral and ethical questions for families, and the expanding numbers of people employed to provide care-giving (Dyck *et al*, 2005).

Further geographic work examines how care-giving continues across public space in terms of the management of both the tasks and perceptions by members of the public, for example the complex and ongoing interactions between parents of learning disabled children (who may not be able to conform to appropriate behaviours) and members of the public (Ryan, 2005). In this case, care-giving becomes more than physical supportive acts and involves complex relational practices and coping strategies, in particular sites. The ‘ethics of care’ encourages consideration of the relationships involved in caring, with those who are known and unknown to the individual, and further how local places and communities can, in the right circumstances, become positive spaces of caring and inclusion.

## Reconfiguring Care

There has always been a ‘mixed economy’ of social care for disabled and older people, including formal sites provided by health services and local government (e.g. day centres and care homes), the informal settings and services of voluntary organisations (e.g. local groups and activities), and private sector companies (e.g. assistance for people at home); the non-funded ‘informal’ caring by family members and friends should also be included in the mix of provision. The ‘personalisation’ of social care funding and provision, now the dominant model in most welfare states (Hall, 2011), has further ‘stirred up’ this mixed economy, increasingly ‘loosened’ with budgets devolved to individuals and families to organise and purchase care. Hall (2011) and others (Cox, 2013) have described this as the ‘commodification’ of care, in which a ‘marketplace’ is created where individuals exert ‘choice and control’ over ‘packages’ of care provision. Such ‘empowerment’ has been a long-term goal of the disability movement, and many disabled people and others have taken up the opportunity to, for example, employ a personal assistant. However, for others, such ‘powers’ are challenging to use and the closure of community-based facilities as personalisation expands negatively affects many (Hall, 2011).

Importantly, as austerity ‘bites’ and local state funding is cut, fewer people will be deemed eligible to receive personal budgets to spend in the care marketplace (Hall, 2011; Green and Lawson, 2011). Those with severe disabilities will continue to receive funding, and those with other income will be able to purchase care from private companies. However, an increasing number of people will look to families and friends, and local voluntary organisations, to provide the care and support they need (Hall and McGarrol, 2013). Cox (2013) has raised the important question of what ‘care’ and, in particular, ‘good care’ becomes in an era of austerity and ‘welfare retreat’. As noted above, the disability movement welcomes the ‘freeing’ of care from supposed structures of dependency, whilst others view any involvement of the private sector in provision of care as morally unacceptable. Cox (2013) argues that as the ‘who’ and ‘where’ of care provision becomes ever more complex, we have to engage with the many spaces and providers of care; it is less the paying or not paying for care that is the issue, and more the contexts within which care takes place, and who is doing the caring.

The reconfiguration of care has also been marked by a significant decentralisation process in how services respond to individual lives, emphasising a dwelling of one’s own, accessibility in and through the built environment, and cultivating an openness and engagement with local community spaces including gardens, libraries, and so on. These new and emerging geographies stand out in contrast to the spatial ‘fix’ which emerged from the first wave of community care from the 1970s. A key concern here is how the social care sector responds to the challenges associated with the provision of care in a more diverse and fragmented environment, arguably exacerbated by the effects of welfare state restructuring on the ground including cuts to transport services and geographically dispersed and uneven staffing levels. Meanwhile, service users, whilst having greater choice and control on the one hand, are having to navigate more complex systems and take on more personal responsibility in managing and paying for one’s own care on the other hand.

These issues are increasingly being seen alongside the expansion of private and voluntary sector involvement into the provision of care, another discernible trend from the mid-to late 2000s (Hall, 2011). While there has been a dearth of work in geography specifically examining the private sector in care, some research has explored the increasing use of migrant health and social care workers filling the gap in private sector home care provision within the context of ageing societies (Walsh and O’Shea, 2010; also Schwiter *et al*, this issue). More broadly, Green and Lawson (2011) highlight a global trend towards the commodification of care within market logics of choice and interrogate how care is being repositioned (read: displaced) within market relations of exchange. They present a world where the space within which negotiations over care between family and state is being replaced by the market as the instrument of intervention. Meanwhile, building on the seminal work of Wolch (1990), Milligan (2001) and others have developed increasingly sophisticated theorizations of the role of voluntary organisations and volunteers in the provision of services, supports, advocacy, self-help, and in some cases activism and resistance. The new boundaries which the sector increasingly occupies vis-à-vis the state give rise to wholly new geographies, where voluntary organisations are increasingly being recognized and co-opted, through different political governance models including neoliberal, third way, or big society contexts.

The continued trend towards voluntarism and privatisation has been reinforced by a strong ‘localism’ agenda, which has unfolded in many countries. The UK Coalition government’s 2010 flagship policy of the ‘Big Society’ powerfully articulates a ‘refreshed’ vision of previous governance models such as the ‘third way’, to relocate the provision of public services from central government to a range of ‘local’ actors who, it is argued, are better placed to identify and find solutions to a range of ‘local’ social problems (Norman, 2010). These local actors include voluntary-run community organisations, private companies, professionals, and social enterprises that are expected to provide for local people’s welfare needs. The inevitable outcome is a patchwork of provision, raising questions of unevenness and inequality, sustainability, responsibility and where should care happen.

## New Spaces of Care

Another important theme within this work is how, in response to the social care reform agenda and broader climate of austerity, care is increasingly being found in new and undesignated spaces (Hall, 2013; Munro, 2013). As day centres and care homes close in many areas, older and disabled people are encouraged to live independently in their own homes, and the private and voluntary sectors take a greater share of the caring burden, alongside families, supporters and friends. The landscape of care as a result becomes more and more difficult to map and interpret. This special issue is an initial attempt to do this.

The rapid take-up of personalised funding and choice and control has led to the opening up of new sites and relations of caring, in both expected (e.g. people’s homes and community centres) and unexpected (e.g. local museums and allotments) places. Support is thus increasingly becoming woven into everyday spaces within the community. Consequently, support is being re-framed from ‘care’ in care settings towards enabling meaningful lives within local neighbourhoods and mainstream community settings. Geographers are becoming more attuned to the relations of care which are taking place within a growing myriad of ‘ordinary’ spaces of care including cafes (Warner *et al*, 2013), parks (Laws, 2009), community gardens (Milligan *et al*, 2004), and arts spaces (Parr 2008; Hall 2013), where innovative and progressive forms of caring can emerge (Hall and McGarrol, 2013). Deverteuil (2016) argues that these innovative spaces and practices of care are a political and spatial form of resistance and creativity in the face of neoliberal driven gentrification and austerity.

Geographic work has already begun to trace the outcomes of day care centre closures and greater expectations for former service-users to take up valued lives in the community and occupy positions in the open labour market. Hall (2005), for instance, has noted the blurring of boundaries between social inclusion and social exclusion for persons with disabilities; thus to feel part of the wider community a person with a disability may at times experience greater feelings of social exclusion, whilst simultaneously being constrained from collective and interdependent forms of support (Hall, 2005). Similarly, Power (2013) critically reflects on the emerging gap between the personalisation agenda’s desire to cultivate meaningful inclusion and ‘belonging’ for social care users on the one hand and the wholesale and rapid transformation towards individualised support on the other. The paper argues that the process of making ‘natural’ connections and support arrangements within the community will and *should* take time.

## Placing Care in Times of Austerity

The four papers highlight some of the foremost theoretical, methodological and policy contributions of geographical scholarship on care in times of austerity.

Hogstrom describes the deinstitutionalisation of mental health care in Sweden, from state-run hospitals to a diverse set of community and family-based spaces of care, driven by, at first, a ‘humanisation’ and normalisation of care, later by an agenda of promoting independence and choice, and most recently by austerity. Importantly, in Sweden austerity is part of a broader process of neoliberalisation of care, with the accompanying expansion of a ‘marketplace’ of care services, as a ‘welfare state’ makes way for a ‘welfare society’. Hogstrom characterises the emergent landscape of care as one of ‘multiscalarity’, with mental healthcare ‘in many forms and places, like pieces in an austerity jigsaw. But the pieces never quite fit together, as each piece is always under review or being subject to reduction’. More positively, in this period of ‘spatial flux’ new (albeit often temporary) and hopeful spaces of care open up, what Hogstrom terms ‘interstitial urbanism’.

Power and Bartlettexplore the ‘self-building practices’ of people with learning disabilities within the context of day care centre closures in the UK and the commitment to personalisation in adult social care. Drawing on participatory research, the paper identifies new safe and relational, ordinary and unconventional, spaces of care which are being negotiated, often to avoid experiences of harassment and isolation in local neighbourhoods, but also to meet people and seek ‘insider status’, including allotments, marinas, bingo halls, and fish and chip shops. Underpinning these spaces are delicate and precarious networks of support from advocates, volunteers and friends which seek to sustain the use of these spaces. In light of the findings, the paper argues that broadly-based ethical relations and contexts of caring can emerge, in spite of or perhaps even because of the context of austerity.

Morse and Munro examine how care is becoming a newly embedded practice within the unexpected and undesignated spaces of museums in the UK. Museums are increasingly expected to perform a social role, promoting the social inclusion and, more recently, health and wellbeing of marginalised groups through community engagement programmes. The significant cuts in both cultural and social care budgets and the localism agenda to draw local voluntary and private organisations into community-based care, have generated new partnerships between some museums and social care services. Drawing on evidence from museums in north-east England and Scotland, Morse and Munro focus on the ‘ordinary everyday performances and practices’ of museum staff, such as building self-confidence, taking time to listen and talk to people, and using objects and activities to stimulate and calm, all within the safe space of the museum, which together constitute an ethics of care. Austerity is an ever-present threat to these activities, but there are some small examples of how museum staff engaging with communities develop projects that allow resistance to ‘austerity politics’ to be aired.

Finally, Schwiter *et al* examine how Switzerland, although not experiencing austerity cut-backs of public spending to the same extent as other EU countries, has nevertheless undergone a profound transformation, with an ageing population, families unwilling/unable to care for relatives, and no state aid for elderly care. As a result, Swiss households are now increasingly buy elderly care services in a privatized care market. This commodification has been accompanied by the recent emergence of numerous private suppliers of 24hour home care. As labour market intermediaries, these agencies hire migrant women from Eastern European countries and sell packaged care services to the elderly and their families in Switzerland. In so doing, the agencies play a key role in configuring the commercialized care market. They shape the working conditions of the live-in migrant care workers and the definition of care itself as a marketable good. The paper analyses the strategies and practices of these new corporate intermediaries based on a market analysis and on interviews with representatives of care agencies, illustrating how the current reconfiguration of elderly care transforms the home into a new space of commercialised care and discuss its consequences for families, care workers, care recipients and the state. Schwiter *et al* conclude that this new emerging market ‘serves as a prime example of the consequences of austere neoliberal governance’.

## Conclusion

There is an increasing need to apply geographical perspectives and approaches to the multidisciplinary challenge of understanding care in an era of personalisation, austerity, decentralisation localism and commoditisation. Importantly, care in the era of austerity is not a uniform tale of cutbacks and an erosion of caring. As Deverteuil (2016) argues, neoliberal reforms of care and ‘post-welfarism’ are not all encompassing; there is resistance, and more importantly, creativity and innovation. New spaces, relations, networks and practices of care and caring are emerging in difficult times, in unexpected and unconventional places.

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