Care in Place: A case study of assembling a carescape

Abstract[1]

In this article we analyse the process of the multiple ways place and care shape each other and are co-produced and co-functioning. The resulting emerging assemblage of this co-constituent process we call a carescape. Focusing on a case study of a nursing home on a Dutch island, we use place as a theoretical construct for analysing how current changes in healthcare governance interact with mundane practices of care. In order to make the patterns of care in our case explicit, we use actor-network theory (ANT) sensibilities and especially the concept of assemblage. Our goal is to show - by zooming in on a particular case - how to study the co-constituent processes of place- and care-shaping, revealing the ontological diversity of place and care. Through this, we contribute a perspective of the heterogeneity and multiplicity of care in its dynamic relationship of co-production with place.

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Introduction

In this article we analyse the meaning of place for how health care is imagined, shaped, and enacted. Specifically, our goal is to capture and make explicit the dynamics of the processes by which care becomes emplaced, as well as the different ontologies that emerge from this emplacement. Place is an increasingly important topic in health care and has recently come to the foreground in, for example, governance practices through policies of concentration and decentralisation, becoming 'a focal point for policy-makers, managers, professionals, and patients' (Oldenhof et al. 2016: 2). The restructuring of the healthcare sector, as well as demo- graphic and technological changes have led to an increased diversity of settings where care is received (Andrews 2002). This has sparked a research interest in the meaning of place for care practices (see Moon 1995). One of the most important research foci within spatial health geography is the home as a place of care (see Dyck et al. 2005, Milligan 2001, 2003, Twigg 1999). Others include the spatiality of nursing (Andrews 2002, Liaschenko 1997, Malone 2003), therapeutic landscapes (Gesler 1992, Williams 2002), rural care (Cutchin 1997, Milligan 2003), chronic illness (Lian and Rapport 2016), women's health (Mahon-Daly and Andrews 2002, Moss and Dyck 1996), wellbeing (Wiles et al. 2009), voluntarism (Milligan 2001, Milligan and Conradson 2006), patient safety (Mesman 2011), and gerontology (Andrews et al. 2007). Recently, a promising new avenue of architecture and design in health- care has been introduced by Martin et al. (2015), advocating the prolificacy of places and the built environment for the sociology of health care.

The analytical conceptualisations of place and care, however, have received less attention. Milligan and Wiles (2010: 740 emphasis in original) conceptualise people-place relationships with the term 'landscapes of care . . . the *complex embodied and organizational spatialities* that emerge from and through the relationships of care'. The landscapes operate analytically on both the macro and micro levels and are both a 'product and productive of social and politico- institutional arrangement for care' (Milligan and Wiles 2010: 740). Focusing on place specifically, as opposed to spatiality of care more generally, Milligan (2003) uses Auge's differentiation between 'anthropological places' – which carry meaning and identity – and 'non-places', to problematise the relocation of care for dementia patients. Bowlby (2012) introduces another relevant concept – 'carescape', along with its counterpart, 'caringscape', in an attempt to link the spatiality of care with a time-space continuum. She calls for developing a carescape framework,

'addressing the interactions between caringscapes and longer-term changes in the discourses, policies, and services affecting care' (Bowlby 2010: 2114). We answer this call, building on Milligan and Bowlby's concepts and focusing on the place of care explicitly, as opposed to the more general spatiality in health care. Sharpening our unit of analysis and using literature on place, as well as an actor-network theory (ANT) sensitivity to materiality and semiotics, we show how places matter for, and are in turn shaped by, how care practices come into being and are (spatially) enacted. By focusing on the role of ontologies of care in place and showing how these are balanced, negotiated, (un)coordinated, and entangled, we contribute a perspective of the heterogeneity and multiplicity of care in its dynamic relationship of co-production with place.

We zoom in on a specific case: a nursing home 't Zilt[16] on a small island in the Netherlands. In the late 2000s the home was threatened with closure as a consequence of an increasingly depleted elderly population and insufficient quality of care. In 2012 only six residents were left, insufficient for the nursing home to legitimate its existence. Yet it managed to survive a series of reforms that not only reconfigured the home, but the process of caring – both for the island and the home's inhabitants. In what follows, we introduce the theoretical underpinnings of the paper, showing how we build on and contribute to debates on place and care. Next, we describe our methodology, followed by a presentation of our results, where we zoom in on three of the ontologies making up the nursing home's carescapes, and a discussion.

Theoretical framework

Place is a term understood and used differently across a number of disciplines. For this reason it is perhaps more productive to delineate what place is not (Oldenhof et al. 2015). Crucially, it is not a synonym for space, which has been theorised as an abstract concept, often in the realm of neoliberal economics and politics (Lefebvre 1991). In contrast, place is imbued with the lived experiences and symbolic interactions of humans; it is 'space invested with meaning in the con- text of power' (Cresswell 2004: 12). Despite the very fruitful 'spatial turn' (Thrift 2006) in social theory, the analytical potential of this dual relationship between place and space is still to be developed. Place is a tool for scrutinising spaces of organisations, images, ideas. It is not merely a backdrop to social

16 All names are fictional.

interaction, but it is 'a force with detectable and independent effects on social life' (Gieryn 2000: 466). Furthermore, place is not static, it does not have 'single, unique identities', but is 'full of internal conflicts' (Massey 1994: 155), always in a process of becoming. In healthcare governance, place can be useful for focusing analysis on the specificities of care practices 'on the ground', without getting lost in universal claims of decontextualised management discourses. Pollitt (2011: 41, emphasis in original) in particular, points to this decontextualisation as a danger of forgetting that public services 'serve very different places.'

The notion of place has taken hold in health and illness scholarship, and for good reason. In a 1993 seminal paper, Kearns suggested that the experience of health and illness could not be detached from the places where care happens, and that medical geographers had been concerned with locations only, paying little attention to places. Macintyre et al. (2002: 131) called this 'the black box of places', 'unspecified' miasma which somehow, but we do not know how, influences some aspects of health' (Macintyre et al. 2002: 129). Milligan and Wiles (2010: 736) present a solid conceptual 'framework for unpacking the complex relationship between people, places, and care' by using the term 'landscapes of care'. They deftly engage the literature in human geography to tease out the interplay between the macro and the micro levels of care practices. Care relationships, they point out, are affected by where they take place. 'Landscape of care' signposts a fruitful and necessary avenue for research, yet the term stays closer to spatiality in general, making less use of place, and it needs more intensity and focus in order to show how the spatial element is constituent of the doing of care.

Another good example of conceptualising places of care is Bowlby's (2012) notion of 'car- escape'. Bowlby makes a distinction between 'caringscape' (the metaphorical terrain one travels while making health decisions in one's lifetime) and 'carescape' (the available resources of care which are linked to macro shifts in the economy and policy).

'Carescape' represents here various infrastructures, which influence health delivery. While the dual framework of caringscape/carescape offers a possibility for understanding place-shaping through resources and power, it is however unable to make sense of the messiness 'on the ground', losing out on complexity and dynamics, inherent to care emplacement. The notion of scapes, moreover, is hardly new and has proven to be useful in analysing complex and unstable phenomena. Describing the 'new global cultural economy', which is in a state of 'fundamental disjunctures', Appadurai (1990) employs 'scapes' to capture

the dynamics of what he calls cultural global flows – ethnoscapes, mediascapes, technoscapes, finances- capes, and ideoscapes. These scapes create imagined worlds similar to Anderson's (1991) 'imagined communities', and following their own trajectory they often destabilise each other (Appadurai 1990). Importantly, the scapes allow for an analysis of highly dynamic and complex interactions, adding value to Bowlby's 'carescape'. A carescape must be able to hold more than resources and health delivery. It must engage with ontological diversity, multiplicity, and imaginations, if it is to offer a deeper understanding of care emplacement. We there- fore define carescape as a fluid concept, which 'signifies and captures the process of care emplacement in a context of ontological multiplicity of care and place'.

Ontological multiplicity is well served by another theoretical construct we employ in our analysis: assemblage. Assemblage was introduced in the work of Deleuze and Guattari (1987), who attempted to transcend the binary between agency and structure. To them, structure was too static to account for dynamism and change in the social world. Assemblage emphasises precisely the emergent, processual character of the social, 'while preserving some concept of the structural' (Marcus and Saka 2006: 102), and thus recognising 'both flow and turbulence, produced in the interaction of open systems' (Venn 2006: 107). Ong and Collier (2005: 4) see assemblages as 'ensembles of heterogeneous elements', and stress the emergent temporality inherent in the concept: '[Assemblage] does not always involve new forms, but forms that are shifting, in formation, or at stake' (Ong and Collier 2005: 12).

In employing these concepts, we stay attuned to ANT (Latour 2005). According to Mol (2010: 265) ANT is not a coherent framework, rather offering 'a set of sensibilities.' With such sensibilities, we search for the complexity of care emplacement and work with, rather than simplify, its ontological diversity. Mol's (2002) work on ontological multiplicity has influenced greatly our analysis. She argues that ontologies are not simply there, but they 'come into being, sustained, or allowed to wither away in common, day-to-day, socio-material practices' (Mol 2010: 6). To look at care practices is to look at ontologies that come into being or wither away in place.

The theoretical underpinnings of this paper are located within the health geography literature, which has productively engaged with human geography and spatiality. We build on Milligan and Wile's (2010), Bowlby's (2012), and Appadurai's (2010) conceptual metaphors, in order to enrich and sharpen the

notion of 'carescape' as an analytical tool. Yet we are aware of the prominent use of '(land)-scape' in these works as a perspectival object of analysis. Wylie (2007) problematises landscapes as objects to be observed by a distant 'other'. There- fore, we believe that place is a better-suited concept for engaging with heterogeneity, as places are more than spaces (Gieryn 2000) and richer (in experiences) than landscapes (Wylie 2007). We employ place in conjuncture with carescape to offer a fuller analysis, avoiding the pitfalls of perspectivism. Building on these diverse literatures, we analyse a case study of care emplacement. Our contribution is in revealing the heterogeneity and fluidity of care emplacement. There are multiple landscapes of care, which exist in multiple entanglements, and as Mol's (2002) atherosclerosis remind us, multiplicity is more than one but less than many. This is true of Windland, our case study 'place', which exists simultaneously on many planes.

Locating the case-study

Windland is a small island located to the northwest of the Netherlands. Travelling to the island and back is organised by means of a boat connecting Windland to the mainland on a strict schedule. There are 1,100 residents on the island, the majority of whom live in the only village.

We became interested in the island when we learned of the problems its only nursing home had been going through. Prior to arriving on site, we conducted broad archival research and interviewed key actors connected to 't Zilt (3 face-to-face, 1 by phone). On Windland, we con- ducted 15 semi-structured in-depth interviews with residents and professionals in 't Zilt and healthcare providers on the island, as well as villagers and policymakers. This choice of participants reflected our dual interest in both organised care and life on the island more generally. We performed extensive observations and took field notes. All interviews were transcribed verbatim and, along with the field notes, were later openly coded and analysed for common themes and patterns.

Our initial assumption that care is located and therefore not a universally performed set of practices required a specific methodology. An ethnographically guided investigation proved the best way to understand the emplacement of care. The first author immersed herself in life on the island for the duration of the field work – 8 days in February 2015 – and used phenomenological tools and practices for understanding our research participants' daily lives (Groenewald 2004). Immersion in the everyday life of such a small locality gave us rich ethno-

graphic material, despite the relatively short period of fieldwork. Combined with preparation work and interviews before arrival, this method proved invaluable in understanding the place under study. Moreover, regularly employed self-reflection provided an interesting out- sider-perspective of life on the island, which was shared and tested in conversations with the locals. Where applicable, the first author participated in and helped with activities in the home, such as serving morning tea for the inhabitants and helping out at events. Numerous informal conversations of different length and depth were conducted, without a recording device. All nursing home inhabitants and their families were informed about the research, as was all staff. Participants were always asked for permission before taping interviews and reminded of our research role before conversations. Following Dutch ethical regulations, ethical permission for this research was deemed exempt.[17] We were careful to make our presence unobtrusive and respectful.

Windland as a research location was both an obvious and a divergent choice. A small island off the north coast is as much a unique place as can be. Admittedly, this was partly a pragmatic choice, because of its struggling nursing home. Yet we chose the island, in a way, exactly for its uniqueness. Where else do patterns shine so clearly and are read as easily as tealeaves, but on a small island? It is in such a place that placemaking processes are most translucent and vivid, as if put under a magnifying glass. As Thomas (2011: 514) says of the subject of study, it can be chosen because it is 'an interesting or unusual or revealing example through which the lineaments of the object can be refracted'. We believe that Windland shows how care emplacement practices emerge and form a carescape. Such processes are not unique to this place. Rather, each place forms its unique carescapes. Our goal is to show the underlying principles of care emplacement and to do this we must dive into the ontological multiplicity of 't Zilt and get to know this place.

Results

> A loud whistle signals our arrival. I feel a sudden shudder under my feet as the boat finally docks. Stepping outside, I look back: all water as far as I can see. Out of the terminal, I climb up on the dike, listening to birds

17 Exempt by The Medical Ethics Committee Erasmus MC.

> singing, frogs croaking, and waves sliding over the stones below. It is loud, yet quiet, because I hear no cars, no motor- cycles or trains in the distance. I fill my lungs with fresh air and head toward the village. On my way down, I walk past an elderly man sitting on a bench in front of his house. 'The boat was late' - he says matter-of-factly.
>
> I stop uncomfortably, not sure if he is talking to me. I check my watch: he is right. 'Fifteen minutes' – he continues, peering at me from the veranda, as if I had something to do with it – 'I always take my pills right after it docks, so I know.[18] (Field Notes, Arrival)

A special place

Time on Windland is structured around the boat's schedule. Hotels prepare for incoming guests; shops are ready to welcome customers; villagers come to the terminal to meet family and friends or wave them goodbye. Windland's inhabitants refer to time as 'before the noon boat' or 'after the last boat' and can always tell the time by the loud boat salute as it docks or departs. The boat is an invisible clock, which has become a part of the spatiotemporal ordering of the island. Space here, too, is a curious experience for a newcomer. On a sunny day, one can look over the water far in the distance and feel a sense of openness and freedom. But as darkness envelops the island, a newcomer may feel isolation:

> The first years of living on Windland, I always felt a sense of dread when the last boat left. I imagined myself here, with no way of leaving until the next boat . . . (Windlander, Interview)

Interestingly, the idea of distance from the mainland could also be experienced as positive. Preservation of nature is an important ideal for Windlanders – for environmental, economic, and nostalgic reasons. Within this junction controversies arise.

The island depends on tourism for its survival, yet its charm is in its tranquility and disconnectedness from the outside world. For those engaged in the tourist industry, such as hoteliers, attracting more guests is the raison d'etre of their business, defining Windland as a place of tourism. For inhabitants who are not part of this industry such definitions seem exclusive. They see Wind- land

18 All field notes are provided here in their original language. All interview transcripts are translated from Dutch.

as a place to be protected – a special place. Controversies arise as to the kind of tourist Windland should attract, as well as the kind of island it should be. When hotel owners developed plans to create another golf course on Windland, many inhabitants were against, worrying about the island's nature and authenticity. At a municipavote, it was decided not to build the golf course. Our informants called this decision 'a big relief'. Despite this reluctance to change, inhabitants understand the importance of connecting with the mainland. One Windlander shared how happy she is to have a swimming pool on the island. She goes swimming every morning and feels in her 60s again ('a spring chicken'). She was adamant that such services would not have been possible on such a small island, if it were not a tourist destination. However, as we have seen before, there is a difference in the kinds of services desired (swimming pool) and undesired (golf course) and by whom (hotel owners, 'spring chickens').

Yet, the situation is not as simple as nature versus industry. In today's mobile world, places must define themselves to attract visitors (Salazar 2010). Windland has traditionally defined itself as an island of quiet and serenity. Nature is its most treasured (tourist) attraction, folding nature and economics into one:

> People come here for the quiet, for nature. It is what makes Windland Windland. We shouldn't lose that. (Windlander, Interview)

The island's identity is at stake and this identity is linked to both the economy and ecology of Windland. Many questions arise from this intersection. Who profits from tourism and who does not? What does this mean for the kind of island it (does not) wants to be? In the ontological politics (Woolgar and Neyland 2013) of Windland, multiple visions are constructed and contested at different times for different purposes. These are all part of the diverging and dynamic process of assembling 'the island'.

Care and quality of care are crucial pieces in this assemblage, because the carescapes of Windland draw their breath from the ontological multiplicity on site. What is at stake here is not only the (future) identity of the island, but its very survival. Whether Windland will continue to be a liveable place is tied to its economy, to whether there is a swimming pool, to tourism. And crucially: to whether there is a (good quality) healthcare provision or not, as will be made clear below. Without care, tourism will not flourish, people will not move to Wind- land, and many might leave. This is how the ontological politics of the

island become the ontological politics of 't Zilt. They are one and the same. Carescapes here are not simply about quality and delivery (as Bowlby used the term) but also about this place's present and future (s). The carescapes we analyse are made up of complexity and messiness, which is exactly why we must look at them as assemblages of heterogeneous objects, ideas, and imaginations.

't Zilt as an ontological assemblage

> Walking toward 't Zilt takes you up a slight elevation, as the place used to be a dune. Step- ping through the doors and going to the first floor, one only has to open a small back door to get at the other side of the hill. I came to use this back door to reach my hotel faster. Others seem to use it regularly to reach their home or the ambulance station. 't Zilt appears to be a public place, a way 'through' the island literally and symbolically. (Field notes)

't Zilt is a big compound built in the 1960s to welcome pensioners retiring to a quiet life. Some of them had health conditions requiring medical support, but most were mobile and eager to enjoy retirement. Couples moved in the retirement centre, leaving their houses to their children. This changed with time, as healthcare policies in the Netherlands placed emphasis on people living as long as possible in their homes. Residents and finances dwindled, and the home found itself with six residents in 2012 and failing quality standards. The Health-care Inspectorate threatened it with closure, until in 2014 it was taken over by a mainland health- care provider. At the time of writing, the building shelters eight residents. Their age varies from 78 to 98 years, with some having lived in 't Zilt for years and others having scarcely arrived. In the care of a nurse, the residents have a room with basic amenities and participate in commonly organised activi-ties. The building houses furthermore an ambulance post, physiotherapist office, independent living apartments, and mortuary quarters, while some of its rooms are rented temporarily to people in need of medical attention.

What the building is, what it stands for, and what it means varies depending on the interaction of many elements and how they assemble to make sense of the care it offers. It is within this ontological assemblage that island politics and imaginings are implicated. Care is part of the island, part of the building, and part of the ontologies of both; it is through care that both are enacted. We show this here by tracing three ontologies of 't Zilt. The first one is that of a home. 't

Zilt is home to the eight residents who live in the home and to 20+ who live in the independent apartments in the building's left wing. For most residents, 't Zilt is their last home:

> For them this is their last address. It is the final buoy before open sea. (Nurse, Interview)

Importantly, this last address is on the island. For the majority of residents, who were born and raised on Windland, it is crucial to grow old in their home-place.[19] The alternative would be to move them to a nursing home on the mainland, where most of the population speaks a different language (Frisian)[20] and where they would have fewer visits from friends and family due to the distant commute.

There is furthermore a personal connection people build with the places where they live (Tuan 1977). For such a small piece of land, surrounded by nothing but sea, this connection may even intensify, with strong affective relationships to the materiality of the island. More- over, as some of our informants insisted, a person should have the right to decide where they die. The oldest inhabitant of Windland, at age 98, who has lived at 't Zilt for more than 20 years, told us about her funeral plans:

> I want to lie here in the cemetery. Yes, and I have arranged all of that already. I've said I don't want black sheets over my coffin. That's so sad. No, I will have the Windland flag. Yes, I am a Windlander, can't do anything about that, I love Windland. So, when I die, the Windland flag will hang over my coffin. That's what I want. (Windlander, Interview)

When 't Zilt was in trouble due to low quality of care, people who fought to keep it open – professionals, municipality officials, locals – talked about the 'crime' of moving the residents away. One interviewee suggested that 'these people will figuratively die on that boat', in relocation. 'Being home' is memory, and memories are 'all these people have left now', as a volunteer at the home ruminated. The many photographs we saw in the residents' rooms show their

19 It should be noted that the idea of home has often been romanticised, failing to acknowledge that it may be a dangerous or dreaded place. See Sev'er (2002) for an example of the home as a site for domestic violence.

20 Windland was officially part of the province North Holland until the 1950s when it was subsumed under the province Friesland, where Frisian is predominately spoken. Practically, in most nursing homes in the province Frisian is spoken among its residents.

loved ones, some long gone, while paintings in the corridors depict Windland's dunes. Here we see the material-semiotic production of a carescape through the personal belongings of the residents and their memories, locked in photographs on the walls. The objects that make up 'home' create Windland as a special place of remembering. The building incorporates the whole island within its walls and is the residents' 'social space' (Wiles et al. 2009), meaning their environment incorporating everything from social relationships and physical objects they treasure, to symbolic places they cherish. The island and the building are therefore one in the ontological reality of 'being at home'. 'Home' is a key word in multiple: the house one grew up in, the nursing home, one's personalised room, the island (of one's youth, of today, of tomorrow). These layers produce each other, and assemble the multiple meanings of 'home', which the building symbolises.

Another way to think about 't Zilt is as a place of care. With no hospital on the island, the building serves as a port of call in any health-related situation. When a woman suffered a miscarriage, nurses in the building cared for her. When a boy staying at the camping site broke his rib, he was placed in a room on the third floor. 't Zilt even extends care to the dead. In the building there is an aula, which is being used as a mortuary. In the case of a death on the island, the deceased is brought in the building to be washed and prepared. A woman from Norway suffered an accident and passed away:

> Such a situation . . . it is of course very sad. She had come here on vacation, nobody expects this. You just want to help, make the arrangements in a dignified way. And it is very nice . . . rewarding, to be able to help. So, but yes, they brought her here in 't Zilt because we have the facilities . . . and we can take care of the body. (Nurse, Interview)

Care in the building may not only be medical. Many volunteers come to 't Zilt to spend time with its residents or organise and participate in an activity. Most say that their participation in 't Zilt is not only a service to the community, but a pleasure as well. One of the volunteers who had recently lost family shared that visiting the home gave her purpose again. The building, then, offers a place of care for the dead and the living, the locals and the visitors, the young and the old. Despite this inclusivity, 't Zilt's care has been questioned. The home is not only a place of care, but a place of insufficient-quality care. The question of medical

expertise has become part of the discursive image of 't Zilt. The ontology of care is not only about who is cared for (inclusivity), but how is cared for (quality). Both are without a doubt interdependent and come together in the third ontology we discuss here, that of the island.

Windland's very identity is at stake in the building's foundations – its economy, future, and survival. Having or not having a care facility shapes what kind of place this is. The island has seen families leave in search of better education or job prospects. If 't Zilt's inhabitants are moved to the mainland, Windland would become 'a sort of museum', as one of our interviewees insisted. The island would offer little diversity; becoming an artificial place; less than a harmonious whole, and would eventually become uninhabited and uninhabitable. It is clear from a local governance perspective that, in order to maintain the island, care must be avail- able. The nursing home, despite going through managerial, practical and quality difficulties, has been kept open for this reason:

> We want people to stay here. We try to provide everything. Because if we can offer services, then living on Windland would be the same as living anywhere else, only here there is also beautiful nature and quiet, safe environment.
> (Municipal official, Field notes)

The island also wants to attract new population and visitors. It relies heavily on tourism for its economy, so it must provide medical care in emergencies. As the municipality officials said: 'tourists won't visit here if there is no care facility, people won't buy a house here if they can't get sick or old here.' To both keep and attract a population, Windland must offer care. This is a matter of identity for the island, which, as a result of its size and location, must continuously prove that it is a 'real' place. Here care connects to the ontological politics of Wind- land. All of the discussions about the kind of island Windland should be are related to care, because inhabitants need care, tourists need care, and people who wish to live here need care. Care for 't Zilt is therefore, in this ontological plane, care for the island as well.

The 60-year-old compound has grown in and through the island like a vine. Designed for a different time and purpose, it has entered a dialogue with Windland and become a force in its own right, shaping care practices – think of its mortuary – and representing the island symbolically – the pictures on the

wall, the open hall where events take place, the paint of sea col- ours. The building is yet another agent (Gieryn 2002) in Windland's carescapes. It gives a way 'through' the island, which many people use daily. The building is not only for the residents; parts of it are public. When built, a huge dune had to be dug out to make room for the foundations. It used to welcome retirees to a comfortable life, while now it is referred to people's 'last address' and a place of low-quality care. In this dialogue with the island, the building is agentive and a crucial element of the carescape on Windland.

These ontologies – of home, care, and island – are linked, assembled, and working together, or perhaps not. Sometimes they are coordinated and make sense together, sometimes they are assembled in contradictory ways, but they are all there in the building. They almost 'hang together' in Mol's (2002) terms, and their messiness, coordination, and entanglement are best understood as an assemblage of ontologies. It is these ontologies that are at work in shaping the carescapes on the island. These carescapes are specific to Windland – remoteness, tourism, and small-scale care. We describe them in detail, in order to show their co-production, dependency, and enactment. Yet, other places, deep into the mainland's heart or in a bustling urban centre, are just as surely made up of multiple ontologies and make up emergent carescapes of their own. The processes of co-production are the same, every place is 'assembled' and produced, every carescape complex and heterogeneous. Other places tell different stories, of other ontologies, objects, and imaginings. But all carescapes have this in common: they tell how care comes to be and is done in place.

Doing care in place

In 2012 't Zilt was almost closed by the Healthcare Inspectorate, because the quality of care was below standards. The professionals working at the home were said to be lacking necessary medical skills and knowledge. 't Zilt stayed open despite these reports and in 2014 it was taken over by a mainland organisation. As a result, care in the home was restructured, with different practices taking shape. 't Zilt is now much better connected to knowledge and expertise. The personnel follow regular medical courses on the mainland, where they practise necessary medical skills. In an emergency, the nurses receive advice from a medical specialist. These changes have reorganised the kind of care the building offers, quality is vouched for by an external organisation and consequently the home stayed open.

Yet care on Windland still differs from the mainland in many ways. To begin with, there is strong sense of having to work together:

> I always say you should make do with what you have[21]. We must make the best of things. People here gossip, but if something happens, we help each other. (Windlander, Interview)

If a confused elderly man loses his way in the big city, she continues, he would be in trouble. Here people would simply help him back to his house. The conviction that 'we are all in this together' is likely a result of the size of the island and its population, but also has to do with its location. Materially separated from the mainland, Windland is surrounded by water and people have tended to rely on each other. This attitude creates a sense of informality when it comes to governance affairs, and especially enforced rules on the national level. It has produced an image of the mainland as far removed from what goes on Windland. Care practitioners and municipality officials often emphasised that care here 'is a little different'. This means that quality and 'good care' are understood primarily in practical terms and not necessarily in terms of protocols, which were composed and written in places far away from here and for places different than here (Pollitt 2011). Yet, when the Inspectorate threatened closure due to quality issues, the conversation became about more than quality of care. As we have seen above, 't Zilt offers not only medical care, but also symbolic care in legitimating the island. Keeping the home open is important on different levels. Professionals are therefore caught between the specificities of doing care on a small island and the need to provide quality care for the sake of the island. To cope with this, professionals resort to 'tinkering' (Pols and Willems 2011, Wallenburg et al. 2003), trying to 'fix things' as best they can in each situation. Creativity is needed to find suitable solutions:

> You must find other solutions if you don't have something at hand . . . If you don't have a patient-lift and it arrives with the next boat, you must find another way to get things done. You must be creative. (Nurse, Interview)

21 On the island, many expressions use boating and sea metaphors. In this case 'roeien met de riemen die je hebt' which literally translates as 'rowing with the oars at one's disposal.

Medical expertise has been especially problematic at 't Zilt. This is an important characteristic of care on Windland – the island relies on external expertise and multi-skilling. The size and remoteness of the place make specialised expertise unsustainable. Medical professionals try to gain knowledge in different fields and practice as diversely as possible. Since being taken over by a mainland health provider, all personnel of 't Zilt follow courses on the mainland, preparing for a variety of health conditions. The problem is that even when prepared for everything, they do not perform many procedures, due to a lack of specialized needs patients. This makes the issue of expertise difficult to pinpoint and the notion of 'good care' controversial. Professionals 'tinker' with this issue by connecting, linking, and multi-skilling. For instance, 't Zilt's personnel have a line with a medical specialist in cases they need help unavailable on the island. The GPs have a digital connection with a hospital on the mainland, where photos are analysed, tests are ordered, and patients are referred Windland's care links up with quality standards on the mainland through the Inspectorate's forms and evaluations. These linkages on and outside the island do not 'make up' good care, but they are how care is done, how the carescape comes to be and how it is assembled. Doing care on Windland frames the different ontologies we found in the building through practices. 'Tinkering' is doing care inside cares- capes of ontological multiplicity.

This shows the importance of the concept of assemblage in our analysis. The heterogeneity of the carescapes does not only refer to the island's ontological planes, but to its interconnectedness. Carescapes do not have a beginning and an end and they do more than link networks operating together. They are a 'fluid space' (Mol and Law 1994: 660), where 'it's not possible to determine identities nice and neatly, once and for all' or to discern 'inside from outside, this place from somewhere else', because similarity and difference come 'in varying shades and colors'. Carescapes are fluid spaces because their linkages are unstable and gradient – they do not exist and cease to exist, rather they flow. How does one understand their shape? We argue that the co-shaping of their assembled elements offers a view on how they flow. Carescapes are always an assemblage of fluidities. In the case of Windland these fluidities reach out of the island to grasp at the mainland shores, landing with hospital equipment, health provider and quality forms, but in other cases they will flow into other points, linking – or spilling – into other places.

How does place matter, if places spill into each other? It does precisely because care and place cannot be practically or analytically separated and because places have identities, purpose, and real effects. For instance, in assembling the carescape on Windland, we see that care here is 'a little different': it is small-scale, familiar, sometimes by necessity creative; it happens through connecting, linkages, and associations. 'Doing care' on Windland is about solving problems and 'making do with what you have', about 'tinkering' and linking to external expertise, and multi-skilling. Windland is a place of unique carescapes (as every place is) that flow through and beyond the island in an assemblage of ontologies. Unless we recognise this flow, our understanding of a carescape will always be limited. To look at places is to see what places do. To look at carescapes is to see how carescapes flow.

Conclusions and discussion

Our goal in this paper was to contribute to the growing literature on place and care by enriching the concept of carescape and employing it in the analysis of care emplacement. We traced the processes by which care emplacement emerges and evolves in the carescapes of a particular place, a small island in the Netherlands. During our fieldwork, we came to see the cares- cape on the island as an assembled multiplicity of Windlands and 't Zilts and this ontological diversity allowed us to identify the crucial role of ontology as folded into the processes of care emplacement. Our analysis showed that carescapes are unstable assembled phenomena, where social and material objects interact by forming short-lived equilibriums. An assemblage is a notion that transcends the boundaries of a specific place – becoming fluid and thus ideally sui- ted to trace the 'fluid space' of carescapes. By employing assemblage, we avoid the pitfall so easy to fall into when talking about place: making it a rigid spot on a map. In our analysis place is about specificities, because these are important in shaping care, but we also show that place is multiple and ontologically ambiguous.

The analysis of three ontologies of the building shed light on the diverse nature of a cares- cape. Attuned to ANT, we used what Neyland (2016: 68) calls 'deflationary sensibilities', a way to 'move away from accepting the fixed or agential character' of a phenomenon. We build on Bowlby's (2012) and Milligan and Wiles's (2010) conceptualisations of place and care and take a step further, beyond their fixed definitions. This allows us to rework and enrich the concept of carescape by showing that there are multiplicity and assembling being done,

heterogeneity and messiness to be acknowledged. A carescape, which is fluid and multiple, can achieve a truer and sharper analysis of the relationship between care and place. We problematise this relationship by showing how the carescape in our case study is assembled of ontologies and produced through materialities and practices. Assembling is an important verb, because it shows the work being done to keep care in place. This work is in coordinating the different ontologies of the carescape in a way that they make sense together. These ontologies are not aligned; they have their own, specific trajectories; or may even be contradictory.

In our island case, the ontology of care is about quality, standards, Inspectorate visits, proto- cols, safety, medical professionalisation and good practices. The ontology of home is about one's memories and room with its objects – old couch, picture frames, the afternoon sun through the window, pots with plants, the dunes on the island. The ontology of the island is about a future and sustainability, about the municipality ensuring a standard of living, about being far away and close to the mainland; about Windland as a tourist destination. These ontologies come together within the contours of 't Zilt, where each produces and informs the other: an ontological 'home' is why a care facility exists on Windland, despite all difficulties, while the care facility provides not only medical, but symbolic care for the island, which in turn becomes concrete through practices. The ontologies spill into one another, leading in different trajectories to multiple futures. The care ontology may lead to insufficient quality of care and closure of 't Zilt. Its documents travel to the building of the Inspectorate, on the mainland. The home ontology may lead to heart-breaking decisions of selling one's house. The island ontology may lead to actions by the municipality to re-organise care on the island. The work involved in assembling these diverse ontologies is how, ultimately, we see the emplacement of care in our case study. 'Doing care' on the island is about coordinating, tinkering, adjusting, and making it all somehow fall into place. The assembling of the multiplicity of care on Wind- land shows how the constant (re-)coordination of ontologies is part of the emplacement process; it is at the core of how care is done in place.

We see such tracing of care emplacement processes as a promising avenue for future research. While much has been done on the relationship between care and place in health geography, more work is needed to problematise and shed light on how care becomes emplaced. We have identified the role of ontological multiplicity and heterogeneity in assembling a carescape, but we believe more empirical studies are needed to understand the assembling of ontologies. A

material-semiotic perspective on the production of carescapes could be an entry point in studying care emplacement as a process, while keeping in mind that although places are unique (as this island is), the processes, which emplace them follow a similar logic of assembling.