

The Icy Path: Accounting for Weather in the Care and Support of Vulnerable Populations in the Home and Community

Gillian M Joseph¹, Nicole M Yantzi² and Mark W Skinner^{3*}

¹Clear Pane Research Services, Canada

²School of the Environment, Laurentian University, Canada

³Department of Geography, Trent University, Canada

Abstract

This short communication reviews an emergent body of qualitative health research into the connections between weather and care. It focuses on a series of recent Canadian studies that have examined the important yet under-researched every day, often taken-for-granted aspects of weather in the care and support in the home and community. It calls for governments, health care organizations, and service and support providers to recognize and account for the impacts that weather has on vulnerable individuals and care workers.

Keywords: Weather; Home and community care; Vulnerable populations; Resilience; Health geography; Medical sociology

Introduction - Author's Contributions

In this short paper, we reflect on the burgeoning interest in exploring the connections between weather and care. Our goal is to continue the call for governments, health organizations and service providers to recognize the impacts that weather has on vulnerable individuals and care workers in the home and community. This stands in contrast to the prevailing focus in risk management within the literature and policy debates on climate change, which looks at the implications of extreme events, while neglecting the difficulties of weather for coordinating, managing, providing and receiving care and support. Climate change will undoubtedly continue to affect the health of vulnerable individuals. We highlight here a series of recent Canadian studies that emphasize the important, yet neglected every day, often taken-for-granted aspects of weather in the care and support of individuals in the home and community.

Drawing on a human-environment tradition in health geography, Skinner, Yantzi and Rosenberg [1] began exploring the connections between weather and care not only by teasing out the often overlooked and understated impacts of everyday weather events and conditions, but also how they shape the experience of providers and receivers of in-home and community-based care for vulnerable older adults and children with disabilities. Their interview-based qualitative analysis focused on how winter weather conditions translate into geographical, administrative, economic, operational, physical, social and psychological barriers within and across different 'scales of care' (organizations, communities and households). In setting the foundation for this emerging field of inquiry, Skinner et al. [1] remarked on how few studies explored in detail how weather challenged these health care systems and identified the overall lack of planning and funding directed towards overcoming weather-related barriers.

In parallel research into institutional long-term care work, Leach and Joseph [2] found that weather was one of a number of overlooked factors that contributed to absenteeism, labour shortages and over-work. Joseph, Skinner and Yantzi [3] expanded on this work by re-examining experiences of how 'bad' winter weather in rural areas shapes the experiences of front-line care workers (nurses, nursing assistants and personal support workers). The front-line workers articulated a perceived lack of institutional understanding of, or concern about, the challenges that everyday weather poses for health care systems and, in addition, noted a lack of institutional preparedness for seasonal bad

weather. The authors contend that this oversight is occurring in the context of declining community supports, placing health care workers and thereby recipients of care at risk and that the lack of accounting for winter weather decreased the reliability of the systems and services that front-line staff depend upon. By highlighting these concerns, Joseph et al. [3] raised important health services and policy questions about why the implications of weather are still taken-for-granted and accepted as a part of life that is beyond human control.

Lindsay and Yantzi [4] deepened the line of inquiry by focussing on weather in relation to disability. In their qualitative analysis, young respondents noted that winter weather made them particularly vulnerable to physical barriers and social exclusion, health and safety concerns, and psychosocial issues including worry and dependence. Expanding on this perspective, most recently, Lindsay, Morales, Yantzi, Vincent, Howell and Edwards [5] explored how young people with a disability use assistive mobility devices in winter. Interpreting young participants' weather journals and photographs to guide semi-structured interviews, the authors found that youth with disabilities experience many similar challenges in winter compared to their typically developing counterparts, such as health and safety concerns and accessibility issues – only to a greater extent. While youths with disabilities reported more challenges going outdoors during winter and negative psychosocial impacts, including loneliness and increased dependence, Lindsay et al. [5] also described developing several adaptive strategies that have helped them to cope with these challenges.

Taken together, these qualitative health studies [1-5] represent an emerging and coherent contribution toward a better understanding of the intersections of weather and care. Set against the context of winter weather conditions in Canada, the authors mutually identified system related barriers that inhibit the provision of community-based care in

***Corresponding author:** Mark Skinner, Department of Geography, Trent University, 1600 West Bank Drive, Peterborough, Ontario, Canada, Tel: 00 1 705 748 1011; Fax: 00 1 705 748 1205; E-mail: markskinner@trentu.ca

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bad weather conditions and have identified a public and organizational system-related oversight around recognizing the impact of bad weather on paid and unpaid care workers and individuals with disabilities that stems from an ideological assertion of being “powerless” in terms of everyday weather. Indeed, the collective findings on this aspect of the research thus far would suggest that public and organizational policy makers consider weather to be what Kolko [6] calls a ‘wicked problem’ – a challenge so complex that it is beyond the scope of governments or policy to address. This leads us to consider the next step of the research journey, especially the more recent incorporation of adaptive strategies advocated by Lindsay et al. [5] that raises the potential for ‘resilience’ to add another strand in the tapestry of weather and care.

Competing Interests – The Potential of Resilience

Resilience is a relatively recent addition to disaster management, weather and climate change literature [7], but it has already been criticized as being particularly problematic in the diversity of meanings and interpretations that are ascribed to the concept [8,9]. Although resilience is explored across a wide variety of disciplines from engineering to philosophy, the common denominator is “the ability to bounce back from challenges or dangers that the individual or system cannot resist” [8,6]. In the disability literature, resilience is seen as a positive attribute made up of cumulative effects of multiple protective or resilience factors that when put together allows an individual to be successful in managing challenges associated with disability. It is not applied to biological conditions, but is a set of tools available to contest or resist negative stereotypes, to promote empowerment, reduce dependency and to contribute to positive mental health [10]. In other words, resilience in this context is seen as a positive attribute that rises up in resistance to inaccurate stereotypes and ableist policies and practices.

There are also negative dimensions to the application of resilience as a concept. Neoliberalism is an ideology that increasingly shapes care policy worldwide [11]. Joseph [9] makes an observation that can also be applied in the context of health care policy and health systems when he describes the neoliberal ideologically-based assertion that the world is an increasingly complex system and therefore individuals need to assume responsibility for adapting to change. In terms of health care policy, governments rationalize the need for public resiliency in order to shift responsibility for the care of vulnerable people away from publically funded services and supports and into the domain of individuals and families who are often ill equipped to deal with such challenges [11]. Moreover, once socialized into accepting the ‘logic’ of this ideological perspective, proponents see those who are unable to be ‘resilient’ in overcoming challenges as uncaring and lazy workers or as recipients and individuals who are a drain on the system [11-13]. Instead of empowerment that is the outcome of the disability model of resiliency, Neoliberalism encourages public resilience as a cost saving strategy by suggesting that resilience is a ‘normal’ response to overcome challenges in this way, thus marginalizing those workers or vulnerable individuals who are not able to be resilient [9].

So, how to reconcile these two different viewpoints in relation to weather and care research? In a critique of public management response to climate change, Pollitt [14] highlights how much information has been published by academia in public management on the challenges associated with climate change, but how slow public management at the applied level has been in developing policies that support systems that can help in adaptation or overcoming challenges. Pollitt [14] suggests that recently all levels of government have been talking about ‘joined-up government’ ventures that might engage national, sub-national and local governments in partnerships to find ways to meet the challenges

of weather and climate change, and that, if it happens, certainly holds promise. Potential partnerships that might be struck between governments and other stakeholders might also be effective. Perhaps this speaks to a new kind of resiliency as governments, not to mention social and health care institutions, bounce back from a platform of powerlessness associated with filling the gaps in health policy to overcome some of the problems in the health care system associated with providing service and protecting providers and individuals in bad weather.

Looking forward, and to employ the Canadian winter as metaphor, we are mindful of the icy path that lies ahead in exploring these and other new intersections of weather and care. Unlike the older, younger, paid and unpaid respondents who participated in our foundational qualitative health studies [1-5] and often undertake this icy journey in reality – we walk a metaphoric path. Our hope is that by further expanding this field of inquiry to incorporate resilience a true accounting of everyday weather in policy will improve the experiences of all care workers and individuals and families living with disabilities in their homes and communities.

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