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Achille's Heel: How Gendered Ideologies Undermined the UK Efforts to Tackle Covid-19

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This article explores the links between austerity, Brexit and the UK government's response to Covid-19. Specifically, it looks at the way in which Covid-19 has compounded the impact of austerity policies and Brexit on the UK gender regime. Our article sets out how the UK government's response to the pandemic is the result of ten years of austerity and how it is intended to pave the way for more policies designed to maintain gendered and racialized hierarchies currently underpinning the UK socio-legal and economic system.
Our analysis revolves around the issue of care work as a way of illustrating governments' lack of consideration for the impact of gendered social practices on decision making processes. Whereas Covid-19 has highlighted that care and caring are key pillars of society, policymakers have ignored the way this practice is gendered. In this context, it is important to think about the place of care in the market economy, as well as who is doing the caring and who is being cared for.

Covid-19 as a Continuing Crisis

The crisis generated by the Covid-19 pandemic is not only affecting public health but is also disrupting economies and labour markets. It exacerbates prevalent vulnerabilities in social, political and economic structures which, in the UK, have been weakened by waves of previous crises. The outbreak of the 2020 pandemic occurred just after the UK officially withdrew from the European Union (EU) on January 31, 2020 and in the midst of ten years of austerity linked to the 2008 Global Financial Crisis (GFC). The government's response to the latest health crisis, thus, needs to be understood as a continuum that started with the 2008 GFC and continued with the Brexit process. Austerity policy is directly contributing to undermine gender equality in the UK (Karamessini/Rubery 2014) by cutting back on state provision of services used predominately by women such as childcare, women shelter, health and education. The delivery of Brexit further contributes to the losses around gender equality (Guerrina/Masselot 2018), normalised forms of toxic masculinity, a general silencing around gender issues and the rise in violence against women in the public sphere (Guerrina/Masselot 2021; Achilleos-Sarll/Martill 2019). There is also evidence that domestic violence increases and becomes amplified in times of crises. Moreover, the disestablishment of support structures under austerity policies

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increased women's vulnerability (Walby 2020; Walby/Towers/Francis 2016). This is more acute amongst migrant and ethnic minority communities who are disproportionately targeted by austerity measures and Brexit (Solanke 2020; Bassel/Emejulu 2018).

Following the 2010 general election, George Osborne, the Chancellor of the Exchequer under Prime Minister Cameron (Conservative and Unionist Party), set out to implement a strict austerity regime. Welfare and public sector cuts affected a range of services intended to support women's access to the labour market, employers were encouraged to become more flexible and individual families were made responsible for filling the gaps left by the cuts in social welfare and care services. Throughout this process, little or no consideration was given to the effect on an ageing society, the need to expand the labour pool and the impact of caring on individuals' ability to engage with the labour market (Fawcett Society 2010; Women's Budget Group 2010).

Ten years on, there is ample evidence of the asymmetrical impact of austerity measures on women and minority groups across the UK. Non-traditional families and women of colour are amongst the worst affected groups and increasingly face precarious work (Bassel/Emejulu 2018). Legal protections rooted in industrial modes of production and based on an outdated male breadwinner/female caregiver social norm (Crompton 2006) have not only proven insufficient to guarantee labour rights to such workers, but have also entrenched segregated work along gendered and racialized lines (Forstater 2015; Caracciolo di Torella/Masselot 2013).

Focussing on the experience of black and minority women who have experienced social and economic hardship for much longer, Leah Bassel and Akwugo Emejulu (2018) reveal deeply rooted patriarchal and colonial processes, for instance in the ways in which care workers have historically been rendered invisible in their gendered, migrant and ethnic diversity. The unpaid/under-paid nature of this work has led policy-makers to underestimate its value, often viewing it as un-productive to the market economy (Tronto 2002). Whereas the austerity policies adopted in the wake of the financial crisis reified this binary, Covid-19 brings to light that caring is in fact essential work for life and cannot be disconnected from paid work.

The 2016 EU Referendum and the Brexit process further exposed overarching blindness and casual disregard for gender and intersectional issues within political debate, mainstream media and the academic record this historic moment. The Brexit process and the associated institutional mechanisms created for negotiating the UK's withdrawal from the EU have almost entirely been focussed on 'high stakes' issues, such as trade, migration and sovereignty. Such (economic) questions are considered unconnected to social politics. Yet these issues are in fact highly gendered and impact disproportionately on minoritized and racialized groups. For instance, trade directly affects women and minority groups who are unequally positioned in the market, particularly due to care responsibilities (Stephenson/Fontana 2019). Similarly, migration is neither gender nor racially neutral, as paid work is often linked to work

visas and women, more often than men, take time off to care for others, disrupting their continuous period of employment and thus risking their visa status. The UK's withdrawal from the freedom of movement provisions in the final trade agreement with EU (2020) will have significant implication for the position of migrant women in the UK, as well as the care-work industry's heavy reliance on migrant women.
In the political arena, Brexit has normalised a highly divisive political discourse. The rise in toxic masculinity and violence against women in the public sphere is one the most significant impacts of Brexit on political culture in the UK (Guerrina/Masselot 2021). The murder of Member of Parliament (MP) Jo Cox (Labour Party) during the referendum campaign, whilst she was out campaigning in her constituency, is one of the legacies of the 2016 campaign. The House of Commons Joint Committee on Human Rights (2019) has linked the increased violence against women and ethnic minority MPs to Brexit. The violent rhetoric has not been limited to the political sphere. The media frames have been setting the scene for a more violent and conflictual discourse in society, including against the judiciary, critical voices in the Brexit process and female experts (Galpin 2018), in an effort to silence women's voices as experts (Haastrup/Wright/Guerrina 2016).
These issues have gained increased significance in the context of Covid-19. It was almost inevitable that the response to the pandemic would slot into a pre-existing gendered trajectory. The agenda has been defined by an ideologically driven government focused on scaling down the public sector and shifting responsibility for care to the family. The securitization of public health policy, with lockdown measures as the primary defence against the virus, were an opportunity to re-familiarize the function of care (Walby 2020). The link between Brexit and Covid-19 is one that requires us to think about who fulfils the function of care in the public sphere. For instance, in connection with the freedom of movement, the National Health Service (NHS) and the care sector have been critically reliant on migrant (female) workers to fill ongoing vacancies, especially in nursing. Yet, following the Brexit policies on migration, many EU workers face an increasingly hostile environment in the UK and as a result, they have started to repatriate, thus leaving the UK health and care sector more exposed than ever (Huijg 2019).

Gender Consequences of UK Government Response to Covid-19

The first confirmed cases of Covid-19 in the UK were reported on January 31, 2020, which coincided with the date the UK formally left the EU. Most of January was spent in the UK debating the final terms of the exit, the ratification of the European Union (Withdrawal Agreement) Act 2020 and the way the country was going to mark this date. Meanwhile, in the rest of Europe a number of Member States increased alert levels and surveillance related to the emergence and potential spread of this novel disease. The emerging Covid-19 thus provides a useful illustration of the impact of Brexit on the UK polity. Having absorbed much of the political bandwidth for

the best part of four years, Brexit also created a significant blind spot at the beginning of 2020 that adversely affected national preparations for the larger crisis looming on the horizon.

With the third highest death rate in the world at the end of June 2020, the UK government has been criticised in the media for being slow off the mark. It is too early to ascertain the rationale and drivers behind key decisions, but there are some useful insights that can be gained by examining the way the government has approached this public health crisis in the first six months of 2020. The announcement of the lockdown was accompanied by the slogan "Stay Home, Save the NHS, Save Lives", underscoring that during the first stage of the government's response, the NHS took centre stage. Health care workers, doctors and nurses, were described as heroes for doing work under strenuous circumstances in what was branded the new frontline in the fight against the virus. The discourse deployed by the government consistently heralds the work of frontline workers as courageous and exemplary of the national spirit, continuing the militarized narrative used in relation to Brexit. What was not discussed was that the NHS was itself facing this crisis on 'life support', having endured ten years of austerity cuts, labour shortages and wholesale devaluing of care work and caring (Enloe 2020), as well as loss of staff resulting from Brexit migration policy.

During this first phase of the pandemic, public health became securitized. The public sphere is where the virus can attack and thus the primary site of insecurity. Conversely, the so-called private sphere, the family home, becomes a space of safe harbour. The policy discourse and decision surrounding the closing of schools, staying at home and safeguarding, were based on a number of blind spots. The assumption that the home is a place of safety disregards gender-based and domestic violence as causes of insecurity. The mainstream media was 'surprised' at the increased volume of reports of domestic violence during the lockdown, despite the existence of a vast body of research that points to trigger factors for an increase in domestic violence, including economic uncertainty, stress and living in crowded accommodation (John et al. 2020; Walby 2020).

Care work is another blind spot. As schools shut their doors to most pupils during the lockdown, families assumed responsibility for supporting their children in the transition to online schooling. Families thus reorganised work and family life accordingly, however the burden of schooling and caring fell largely on women/mothers (Hupkau/Petrologo 2020), highlighting the economy's reliance on women's invisible domestic work as well as their management of emotions and wellbeing (Hochschild 1997; Hochschild/Machung 1989).

The UK government's response to Covid-19 has highlighted one of the most fundamental limitations of UK's equal rights policy model. Focusing primarily on access to the employment market, it has done little to challenge deeply rooted gender divisions of care work in households. In many ways, policy responses to Covid-19 have underscored the longevity of the values associated with the male breadwinner

model (Caracciolo di Torella/Masselot 2020). Unsurprisingly, there is now growing evidence that Covid-19 has increased the burden of care and gendered work in the private sphere (EIGE 2020).
The challenge for the UK as it emerges from the pandemic will be to embed a gender lens into its economic model. Essential workers such as nurses, care and social workers, teachers, supermarket attendants and cleaners, these feminized and racialized workers that truly supported the country and the economy through the worst of the pandemic, were not employed in those sectors of the economy that are rewarded with high wages. Uncovering the gendered and racialized consequences of Covid-19 is to expose the lack of value placed on care work and caring. The gendered and racialized nature of this work explicitly highlights the deep-rooted socio-economic hierarchies in contemporary British society. In many ways, Covid-19 has only brought existing inequalities to light (EIGE 2020), but these hierarchies will also shape the post-Brexit and post-Covid-19 gender regime.

Covid-19: Who Cares?

What is important to note about Covid-19 is the level of continuity in terms of gendered and racialized assumptions about care both in the public sphere, e.g. hospitals and care homes, as well as in the family. Public displays of support for the efforts of key workers, especially health and care workers during the crisis, have not led to a revaluing of care work and caring. Moreover, the UK care industry's reliance on the work and efforts of migrant and minority ethnic women (Bassel/Emejulu 2018) has become obfuscated by Covid-19. The repatriation of many migrant care workers as a result of Brexit exposes the inequalities underpinning the UK's neoliberal gender regime. In the absence of this labour force, the family (i.e. women) will absorb the increased care load with significant implications for gender equality (Walby 2020).
Undoubtedly, Covid-19 has highlighted the role played by women in the economy. However, such recognition has not resulted in a revaluation of its value to society and the economy. It is interesting to note that investment in the care infrastructure is not at the top of the government agenda for its post-Covid-19 recovery strategy. Caring therefore continues to remain invisible in the official accounting of the economy. Yet the makeup of the key workers should bring renewed ways of thinking about the value of work to include both production and reproduction. Such a reflection on the economy could be underpinned by the theory of the ethics of care, which is based on the idea that life is a series of mutual and interdependent relationships without which we would not exist (Caracciolo di Torella/Masselot 2010). Just one year from the start of this pandemic, it is clear that the gender bias is actively limiting the government's public policy options by favouring traditionally male dominated sectors of the economy as key to economic recovery.

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