

Households, bubbles and hugging grandparents: caring and lockdown rules during COVID-19, by Jackie Gulland

When the full lockdown to tackle the spread of Coronavirus began in March 2020, mountains of legislation and guidance were published to coerce or encourage people to stay at home. I followed the daily updates closely to try and understand what the rules meant and what the implications might be for families with caring responsibilities. I was struck early on by the use of the term 'households' as the key element of discourse in the guidance. I wondered how this worked for families and particularly for women who rely on networks of care in normal times and for whom the household may not be a safe, secure or sufficient space.

As the pandemic progressed the rules changed, allowing some people to form 'bubbles' with other households, extending their opportunities for social mixing. As a socio-legal scholar, feminist, lecturer in social work and informal carer I wanted to explore the meanings of the terms 'households' and 'bubbles' in the rules and what this meant for gendered caring roles and for inequalities. My article *Households, bubbles and hugging grandparents: Caring and lockdown rules during COVID-19* ([springer.com](https://www.springer.com)) is the result of that thinking.

In the article I explore the legislation under lockdown in the UK (March-October 2020) and the implications for women's gendered caring roles. The regulations and guidance assumed that households are separate units and ignore the interdependencies which exist between households and between individuals and wider society. The continuing focus in the lockdown regulations has been on households as autonomous,

safe, adequate and secure. This overlooks the interdependency of human life, gendered aspects of caring and the inequalities of housing and living conditions, highlighted by feminist scholarship. In the paper I show that a feminist analysis of the lockdown rules exposes neo-liberal assumptions about the family household as autonomous and sufficient for the provision of reproductive labour. Feminists have long noted that reproductive labour has been, and continues to be, heavily gendered, with women continuing to carry out the bulk of childcare, housework and adult care. Feminist and disability scholars question neo-liberal ideas about autonomy and emphasise the interdependency of human life. A feminist 'ethics of care' recognises this interdependency and that care is fundamentally relational. In the paper I show how the failure by policymakers to take account of this interdependency has made lockdown more difficult for carers and those in receipt of care. This burden has fallen on women and on low paid, working class and black and minority ethnic women in particular.

The article emphasises the unequal impact of COVID-19, with growing evidence that the greatest health impacts of COVID-19 have been on those in the poorest areas of the country, particularly on black and minority ethnic communities and that there are clear relationships between existing structural health inequalities and the effects of the virus. Evidence from disability organisations, older people's groups and carers' organisations shows that life has been particularly difficult under lockdown. Women have been particularly badly affected by the social consequences of lockdown across a range of issues.

The article outlines the main legal and regulatory framework of lockdown in the four jurisdictions of England, Scotland, Wales and Northern Ireland and how those changed between March and September 2020. Few people probably read the actual legislation but the article notes that language is important

and that the use of terms like 'household' and 'care' in both the legislation and the guidance has important symbolic effects, even where regulations are not strictly enforced.

Further examination of these concepts from a feminist perspective helps to reveal the underlying assumptions in the lockdown regulations. The idea of 'household' implies that homes are safe, secure and that there is sufficient space for everyone to isolate together. The idea of the household also assumed that small groups of people or single people could exist in isolation from other households. The exceptions allowing people to leave their homes during peak lockdown were very narrow, with the priorities being work, healthcare, essential shopping, exercise and supporting others who were defined as 'vulnerable'. As the regulations changed over the summer the concepts of 'extended households' or 'bubbles' were introduced to allow some households to mix more often. While these undoubtedly helped some people, particularly those living on their own, the concept of the bubble did not solve the problem of care needs or social isolation for many parents, older people, disabled people or carers.

I conclude the article with a final reflection on my own position as an informal carer and how the lockdown affected my and my relative's position.

I started writing the article in August 2020 and it was published in November. Since then there have been further lockdowns across the UK and a whole new concept of the 'Christmas Bubble' as we approach the holiday period. The article does not address these new rules but the issues remain. The evidence of the unequal effects of the virus and its social consequences has become even stronger. Let us hope that the virus itself will diminish in its effects but the underlying social inequalities will remain unless there is clear government action to tackle inequality. My own research now turns to thinking about how to better understand and recognise networks of care and inequality and in particular

how these affect older women.

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