

The re-organization of care and working lives during the pandemic: Lived experiences of the COVID-19 policy context in the UK

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Abstract

In this paper, we propose that the reproduction of labor-power, achieved through the expropriation of women's work at home and in the community, is acutely relevant to the analysis of the consequences of the COVID-19 crisis. Capitalist structures of exploitation rely heavily on undervaluing women's and other marginalized peoples' work, specifically tasks related to social reproduction and care. In this paper, we assess the effects of COVID-19 remedial state policies on the re-organization of care and working lives during the pandemic within the UK, an example of a neoliberal regime with an individualist approach to responsibility for care. Drawing on data from the European H2020 project RESISTIRÉ (RESponding to outbreakS through co-creaTive inclusive equality stRatEgies), we first assess the policies brought in by the UK government in response to the pandemic from a gender perspective, with a particular focus on the extent to which the work-care nexus has been considered. We then draw on the personal narratives of women in the UK, who were differentially affected by the pandemic, to analyze the lived experiences of this policy context and the challenges faced in "reconciling" paid work and care. These experiences

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demonstrate that any attempt to effectively respond to and reverse structural inequalities needs to address the dynamic interrelationship of paid and unpaid work, and particularly unpaid care work that women undertake at home and beyond. This is crucial in our attempt to challenge neoliberal capitalist organizing, transform societies and build a fairer, more inclusive post-pandemic future.

KEYWORDS

COVID-19, feminist political economy, neoliberalism, policy, work-care reconciliation

1 | INTRODUCTION

The global health crisis brought about by COVID-19 from early 2020 has had severe social and economic implications for both individuals and communities, exacerbating social and gendered inequalities across the world (e.g., Andrew et al., 2020; Prasad, 2020; Wasdani & Prasad, 2020; Wenham et al., 2020). The United Nations stated in 2020 that the COVID-19 crisis has been responsible for “deepening pre-existing inequalities, [and] exposing vulnerabilities in social, political and economic systems” (Women, U.N., 2020: 2). Market-made global health insecurities and the structural transformations of neoliberalism, which were propagated in the global political economy of health, prepared a fertile ground for negative repercussions of the COVID-19 crisis. A compelling case has been made by a number of scholars that the devastating impacts of COVID-19 in countries such as the UK can largely be explained in terms of the failure of the neoliberal regulatory state (Jones & Hameiri, 2021) and the effects of extensive commodification, privatization, and financialization (Gouzoulis, Giorgos & Giorgos Galanis, 2020; Sparke & Williams, 2022). Neoliberal policies, these researchers argue, have exacerbated social and health inequalities and stigmatized disadvantaged populations, shifting the blame for poor outcomes from government to individuals. Neoliberal discourses of responsabilization have had adverse consequences, especially for marginalized subjects (Kotsko, 2017) and an unfavorable impact on gender equity in the context of public health (Ewig, 2006).

The pandemic affected all the sectors of the economy, transforming working lives and the employment relationship, as well as disrupting unpaid reproductive work at home (Bahn et al., 2020; Blundell et al., 2020; Garcia, 2021; Qian & Hu, 2021). The pandemic has thus embodied “the pathologies of neoliberalism in a profoundly material way” (Sparke and Williams (2022: 17). As evidenced in other crises, such as the 2008 economic crash (Daskalaki & Fotaki, 2017), capitalist economies rely on women’s unpaid work and “ability to absorb the shocks of stabilisation programmes, through more work and “making do” on limited incomes” (Elson, 1993: 241). Given longstanding trends for women to take on the majority of childcare—even when they also work full-time, in what Hochschild (1989) terms the ‘second shift’ (Craig & Mullan, 2011)—a gendered dimension to these impacts has been widely documented. For example, evidence collected during lockdowns suggests that far greater numbers of mothers reduced their working hours to accommodate increased unpaid caring responsibilities than fathers (Collins et al., 2020; Shockley et al., 2021). We have also witnessed particular gender differences in relation to the ‘third shift’ (Duncombe & Marsden, 1995), consisting of the additional mental burden and planning aspects related to care work, which is overwhelmingly undertaken by women and appears to be especially resistant to moves toward equality (Meier et al., 2006; Offer, 2014). According to Dotsikas et al. (2023: 1), evidence indicates that mental health has deteriorated as a result of the pandemic, in particular for women: “This gender difference could be explained by the distinct experiences of women during the pandemic, including the burden of unpaid domestic

labor, changes in economic activity, and experiences of loneliness” (see also Aldossari & Chaudhry, 2021; Amatori et al., 2022; Thibaut & van Wijngaarden-Cremers, 2020).

Social distancing and lockdowns enhanced the need for households to rely on private forms of care, and reinforced neoliberal individualized healthcare approaches. At the same time, the boundaries between the work sphere (productive) and domestic sphere (reproductive) were challenged, as much of the workforce were required to work from home (Dogra & Priyashantha, 2023; Galasso & Martial, 2020). With the emphasis during lockdowns on remote working and the closure of schools and nurseries, paid work and childcare have converged in the home space and new challenges have emerged for the ‘reconciliation’ of these two spheres. Households have had to navigate simultaneous and competing physical, mental, and temporal demands in unfamiliar and stressful circumstances. Although governments intervened on a global scale to mitigate the financial and social impact of the COVID-19 pandemic, it is unclear to what extent they targeted the gendered issue of work–care reconciliation. Such extreme conditions of strict isolation (at home) while maintaining paid work (from home), present a fertile ground for studying how neoliberal regimes, such as the UK (Tomlinson, 2007), framed the intersection of productive–reproductive domains in the context of crisis, and the ways in which ‘the need for reconciliation’ was addressed through neoliberal state policies.

Accordingly, this article explores the gender dynamics of the COVID-19 pandemic, specifically in relation to new challenges in the nexus between paid work and unpaid care, and the ways in which policy regimes have responded. In this case, we focus on the UK as an example of a neoliberal regime with an individualistic approach to responsibility for care (Tomlinson, 2007). We draw on feminist perspectives that problematize the separation of the reproductive and productive spheres, focusing on women’s lived experiences during the pandemic and, specifically, how they negotiated government policies that were introduced (or not) in the UK to reorganize care and working lives. In particular, the study explores how women narratively constructed the intersection of their productive and reproductive roles, highlighting the central role of care struggles in this process. To situate these care struggles, we first analyze UK COVID-19 policy reforms, exploring whether and to what extent the work–care nexus was accounted for. Existing policy perspectives on responsibilities for care are likely to have shaped government interventions to the heightened challenges in this context and, following the welfare regime literature (Addati et al., 2018), we anticipate that this will affect how individuals themselves reflected on and interpreted their experiences of productive and reproductive labor, and how they perceived care as an individual or collective responsibility during the crisis.

Our contribution is twofold: First, we add to current literature through an analytical juxtaposition of policy analysis and policy manifestations with the lived experiences of women residents in the UK, demonstrating how the reproduction of labor-power is achieved through the expropriation of women’s care work at home and in the community (Federici, 2004). We contribute to scholarly feminist work that problematizes the separation of paid and unpaid labor (Federici, 2004) by presenting a provocation to the aspired ‘reconciliation’ induced by neoliberalism. We argue that to transcend and move beyond such discourses and address gender inequalities, we ought to account for the structural dynamics that reinforce and maintain the separation of the productive and reproductive spheres, as well as capitalist strategies of gendering reproductive labor. Second, contributing to critiques of the neoliberal (feminist) subject (Bröckling, 2005; McNay, 2009), we focus on caring practices and discourses of responsibility and resilience during the COVID-19 pandemic. Prior literature on welfare regimes (Esping-Anderesen, 1990, 1999; Lewis, 1992; Orloff, 1993) has suggested that collective approaches to care (observed mainly in socio-democratic regimes) attribute responsibility to wider societal structures and so state provision (e.g., financial benefits or access to services) is prioritized. In contrast, neoliberal regimes’ prioritization of individual and family responsibility results in limited state support and infrastructures for care. Despite creating an unstable and untenable situation, caring responsibilities are not accounted for in the ‘ideal’ neoliberal worker, who must remain fully committed to the job, working around the clock and prioritizing their professional over personal life (Acker, 2006; Brumley, 2014; Davies & Frink, 2014). This appears to persist regardless of moves to promote workplace flexibility, resilience, and work–life balance (e.g., Chung & van der Lippe, 2020; Clark, 2000; Lewis &

Humbert, 2010). Contributing to this work, we will explore the construction of the “resilient feminist subject” during the pandemic, and how resilience and (self-)care become key in women's encounters with structural inequalities; that is, efforts to overcome inequalities and reclaim collective practices of care as part of radical, intersectional feminist praxis.

The paper is structured as follows: First, we bring together welfare regime perspectives on the work–care nexus with feminist critiques of the political economy of care to problematize notions of reconciliation and neoliberal, individualist approaches to care during the pandemic. Drawing on feminist political economy of care perspectives, we discuss care and resilience under neoliberalism, and particularly the work of Rottenberg (2018) on the ‘resilient’ neoliberal feminist subject. We then introduce the study, its methodology, and its methods. In the findings section, we begin by analyzing the UK policies that were introduced in response to the virus, focusing on the government's (un)responsiveness to new vulnerabilities and tensions in the productive and reproductive spheres. We go on to present three case studies that illustrate how women navigated identities, roles, and expectations related to paid work and unpaid care, following policies introduced by the UK during the pandemic. The paper concludes with a discussion of how a mix of individual and structural interventions can resist the individualistic paradigm of the neoliberal order (Fotaki & Prasad, 2015) and can offer self-organized, collective spaces of social reproduction.

2 | THE POLITICAL ECONOMY OF CARE UNDER NEOLIBERALISM: A FEMINIST CRITIQUE

Our work draws on a feminist critique of the political economy of care in order to challenge neoliberal approaches to caring, and particularly discourses that stress the need for ‘reconciliation’ of paid work and care. Contributing to scholarly feminist work that problematizes the separation of paid and unpaid labor (Federici, 2004), we suggest that the reproduction of inequalities, exacerbated during the pandemic, is achieved through the individuation or privatization of care, a complex process that is embedded in neoliberal policies that priorities self-reliance (over self-care) and resilience (over collective care as resistance). We draw on the political economy of care perspectives and the ethics of care tradition (Held, 2006), where care is defined not only as a form of labor but also as “practices of care”, which “create moral-political relatedness that calls into question the subject's alleged independence” (Hoppania & Vaittinen, 2015:75). Caring includes “everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible” (Tronto, 1993: 203). Caring practices are understood as exposing our interdependencies as active political subjects who not only respond to the emotional and physical needs of others but also care for themselves (Tronto, 1993). This perspective frames care as a collective action and challenges neoliberal ideology of care as “a private affair, occurring in homes and families” (Lawson, 2007, p. 3) where women maintain capitalist social order through the endless, unpaid work that they undertake in the reproductive sphere (Daskalaki et al., 2021; Federici, 2014).

Accordingly, care is perceived as a form of reproduction that includes not only procreation but also all the activities necessary for the reproduction of human life, such as housework; safeguarding the health, productivity, and socialization of the current workforce; the production of culture; and caring for those in need (see e.g., Bhattacharya, 2017; Ferguson, 2019). Neoliberal discourses shift responsibility for balancing unpaid reproductive work and paid productive work onto individuals, typically women, rather than collectives such as the state or organizations (Gregory & Milner, 2009). The notion of “balance” or reconciliation of these domains is positioned as a “normative frame and ultimate ideal” (Banet-Weiser et al., 2020: 8). Feminist political economy approaches have stressed that managing the dual challenges of work and care should not be a “private experience, but the result of complex interdependencies between economic and socio-cultural contingencies” (Carreri & Dordoni, 2020: 824). Following this critique, in our study, we challenge this gendered aspired balance (and the discourse employed to reinforce it), and argue that to address the interdependencies of paid labor and unpaid care work during crises, we

need to fully understand the strategies of gendering reproductive work as these are embedded in policy interventions during capitalist crises.

One of these strategies, we will argue, is infusing (self-) care with neoliberal guilt (e.g., Stringer, 2014; Whiley, et al., 2021); that is, care is being appropriated and incorporated into discourses of consumption and indulgence (Gill, 2008; Martínez-Jiménez, 2022; Newcomb, 2022; Ward, 2015). As Caldera writes: “activities such as rest are integral to self-care, yet I've felt guilty about resting—having no defined goals and no list of daily accomplishments” (Caldera, 2020: 714). Guilt arises from the neoliberal focus on individual responsibility and societal expectations of traditional gender roles according to which women, in particular, should dedicate their emotional, labor, and financial resources on their care duties (Hays, 1996; Smolović Jones et al., 2021). For Nietzsche, guilt is infused in the majority as a means to maintain control and subjugate individuals. Similarly, guilt is mobilized by the state through the strategic creation of a normative environment that produces guilty subjects (Butler, 1990; Foucault, 1977, 1982), attached to dominant arrangements of power (Miller, 2015; see also Cain, 2016). The state purposefully institutes this normative environment through welfare programs that are “primarily intended to encourage self-reliance rather than seek to ameliorate the condition of oppressed or marginal groups” (MacLeavy, 2016:252).

Caring is framed as an individual practice rather than what Fisher and Tronto (1990) refer to as a “life-sustaining web”. This struggle also demonstrates that neoliberal notions of self-sufficiency and individual responsibility are often internalized, resulting in limited (if any) resistance to neoliberal demands to reconcile care and work that are posed upon them. When faced with upheaval, individual responsibility is prioritized and there is a pressure to be “resilient”. This echoes the work of Rottenberg (2018) on neoliberal feminist subjects and McRobbie's (2020) on resilience. A neoliberal feminist subject “accepts full responsibility for her own well-being and self-care, which is predicated on crafting a felicitous work-family balance” (Rottenberg, 2018: 53). Such feminist subjects are centered around self-responsibility and develop or utilize their “resilience” in such a way that they “no longer demand anything from the state or the government or even from men as a group” (Rottenberg, 2018: 70). Resilience is thus constructed as a “pro-capitalist, therapeutic device” (McRobbie, 2020: 63), which reinforces divisions between women and compromises coordinated demands for structural change. Thus, for resilient neoliberal feminist subjects, gender inequalities are portrayed as an individual problem rather than a structural one.

In this study we will focus on women's care struggles against care individuation, self-reliance, and guilt, and demonstrate the profound implications of centering the “right to care” (Noddings, 2002) in challenging discursive constructions of “work-care reconciliation”. Assessing public policy interventions in the UK—which are characterised by a neoliberal agenda and individualistic approach to work-care provision (Tomlinson, 2007)—from a gender+ perspective (Verloo et al., 2011) enables us to investigate whether the spatial re-arrangement of paid work and schooling (moved into the home as a result of pandemic-induced social distancing policies) destabilized or challenged (neoliberal) policy “solutions”, and mobilized women to resist neoliberal demands of/for care-work reconciliation.

3 | METHODS

This paper draws from data collected and analyzed in the first two cycles of the EU-funded RESISTIRÉ project,¹ which aimed to understand the unequal impacts of the COVID-19 outbreak and its policy responses on behavioral, social, and economic inequalities in 31 countries (EU27 plus Iceland, UK, Serbia, and Turkey). The project was proposed through a multi-disciplinary consortium of 11 partners from 9 European countries who have specific in-depth knowledge of quantitative and qualitative research on inequality, intersectionality, and gender. The consortium was supported by a network of 38 National Researchers who undertook data collection across the 31 countries involved. The authors were involved as a core consortium partner and also acted as National Researchers

for the UK. The project brought together policy analysis with quantitative and qualitative research activities to investigate, analyze and monitor the impact of COVID-19 and of different policies developed by both the public and private sectors, in different policy domains and grounds.² It was underpinned by a gender+ approach that “recognises that gender inequality and other inequalities are connected and are thus best addressed with those possible intersections in mind” (Verloo et al., 2011, p. 4).

Under the guidance and common guidelines of the RESISTIRÉ Consortium, the network of National Researchers undertook research activities for the project during two cycles in May–June 2021 and December 2021–March 2022. These activities include the mapping of 298 national policies across the 31 countries of focus, providing a detailed overview of the design, implementation, monitoring, evaluation, and omissions of concrete gender+ focused policies across Europe (Cibin et al., 2021). In addition, over the two cycles, 494 individual narrative interviews were collected across the 31 countries to develop insights on lived experiences within Europe of the pandemic and related policy and societal responses (Axelsson et al., 2021; Sandström et al., 2022).

For the exploration of the impacts of the COVID-19 pandemic on the gendered division of labor under a neoliberal regime, which is the focus of this article, we draw upon the policies and interviews mapped and collected over the two cycles in the UK that are most relevant to the work–care nexus. Using this data, we undertake two forms of analysis: an exploration of the extent to which five UK policy responses to the COVID-19 pandemic addressed work–care challenges, and an analysis of women’s lived experiences within this context through three narrative interviews.

3.1 | Policy analysis

The RESISTIRÉ project’s key objectives in scoping COVID-19 related policies were to provide a representation of the ways in which public policies responded to the crisis, with a special focus on the degree to which key pandemic policies considered gender+ inequalities and vulnerable groups. In doing so, these policies provided a reference point to analyze the behavioral, economic, social, and environmental impact of the pandemic. In the first cycle, National Researchers were required to map 10 national or subnational policies that focused explicitly on the inequality domains and target groups of concern to the project. In the second cycle, researchers were asked to analyze EU National Recovery and Resilience Plans for their country. For non-EU countries, such as the UK, two equivalent social, economic, or environmental policies aimed at “recovery” were mapped, using a gender+ perspective.

From the twelve pandemic-response policies mapped from the UK in the first two cycles of the RESISTIRÉ project, five are relevant to the work–care nexus and have therefore been selected for analysis in this paper: the Job Retention Scheme, the Self-Employment Income Support Scheme, schooling provision for vulnerable children, provisions for children with separated parents, “support bubbles”, and “childcare bubbles”. Since government policies and measures in response to the pandemic have differed across the UK, this paper focuses specifically on the policy context in England, where our interviewees resided. A nationwide lockdown, business closures, working-from-home measures and school closures were first introduced on March 23, 2020 in the UK. From early May, social-distancing restrictions began to diverge across the four nations of the UK and measures were gradually relaxed, with schools and businesses incrementally encouraged to reopen. Subsequent lockdowns were introduced in England in November 2020 and from January to May 2021. These restrictive measures disrupted the day-to-day routines of the whole population and brought new challenges relating to work and care within the home space. The five policies that are analyzed in this paper were introduced by the UK government to address these work–care challenges. We outline and critique their design and provisions through a gender+ lens (Verloo et al., 2011) to assess the extent to which the work–care nexus was considered and to contextualize analysis of the narrative interviews that follow.

3.2 | Narrative interview analysis

The purpose of the interviews collected for the RESISTIRÉ project was to provide rich, intersectional data on individuals' lived experiences of behavioral, economic, and social inequalities resulting from the COVID-19 pandemic and its policy responses. The project consortium decided upon a narrative technique for these interviews to allow for a fast collection of participant-led data that foregrounded a diversity of experiences, attitudes, and behaviors. In contrast to more traditional techniques of interviewing, the narrative interview does not follow a question-answer format and is instead largely unstructured, moving away from the idea that informants have answers to questions posed by an interviewer, and toward the idea that informants are active participants with stories to tell (Axelsson et al., 2021; Chase, 2005; Kim, 2019). All interviews followed the same format, starting with demographic questions, followed by one open, "grand" question: "Can you describe to me how you have been affected by COVID-19 and what this has meant for your situation?". National Researchers were encouraged to pose follow-up questions to gain greater detail where relevant, and at the end of the interview, the researcher summarized their understanding of the participant's narrative to aid clarity and understanding.

In line with the gender+ approach of RESISTIRÉ, narrative interview participants across Europe were strategically recruited to prioritize the experiences of people who identify as women. In addition, people with intersecting vulnerabilities were particularly sought, including those from poorer socioeconomic backgrounds and individuals from the LGBTQ+ community. In the first and second cycles of the project, each country was tasked with collecting six and 10 narratives, respectively. In most cases this target was met, leading to almost 500 narratives from across Europe, which was considered the maximum that could be collected and analyzed within the time and resource constraints of the project. In some cases, including in the UK, individual interviews were particularly rich and touched on several key themes so were considered equivalent to two (or even three) narratives and fewer participants were sought from those countries as a result. Researchers used personal and professional networks to locate suitable interviewees, as well as community groups on social media. Interviews were audio recorded and National Researchers noted personal characteristics such as gender, age, and employment status using an analytical template, along with a summary of the participant's description of events, the main actors involved, and any causes and consequences of difficulties. Researchers then came up with keywords to reflect the findings, identified particularly telling quotes, highlighted the intersecting inequalities experienced by the participant, and recorded the inequality grounds and COVID-19 policies that their experiences related to.

Of the 14 individuals who took part in narrative interviews in the UK across the two cycles, 12 were women and two were men. Ages ranged from 24 to 70 years old at the time of interview. Six of the interviewees self-classified as disabled or medically vulnerable, two identified as LGBTQ+ and seven were either parents or grandparents with caring responsibilities. Three of the interviewees were self-employed business owners, six were employees, two were unemployed, two were retired, and one was a full-time student. All participants identified as White British, which means that we have not been able to analyze the vulnerabilities that occurred during the pandemic at the intersections of race or migration.

For the purposes of this paper focusing on the lived experiences of COVID-19 UK policy responses on the re-organization of care and working lives, we have selected three interviews from the seven UK participants with caring responsibilities to analyze in depth using an intersectional, gender+ approach (Verloo et al., 2011). These three were chosen as their narratives clearly engaged with the work-care policies we analyze in this paper, providing rich descriptions of the complexities occurring within different family networks and varied living conditions. These three interviews not only provide rich gendered experiences but also gender+ experiences, capturing different family constellations, caring needs, employment situations, and socioeconomic backgrounds. As such, these vignettes provide examples of resilient feminist subjects negotiating the difficulties of an unprecedented crisis alongside preexisting pressures. It is important to stress that these three interviews were not chosen to be representative of the wider population, or indeed of our sample, but to illustrate the interconnectedness of multiple UK policies to specific, gendered care experiences during the COVID-19 pandemic.

4 | FINDINGS

4.1 | Consideration of the work–care nexus in UK policy responses

When considering UK policies that could be interpreted as addressing work–care challenges in the context of COVID-19, we find a clear focus on the side of paid work. There were two key employment policies: one targeting those classed as employees—the Job Retention Scheme or “furlough”³; and another for the self-employed—the Self-Employment Income Support Scheme (SEISS).⁴ In both cases, these were wage replacement policies, which were introduced with an intention to mitigate a situation of mass unemployment and redundancies as businesses struggled to stay afloat, as well as encourage adherence to lockdown measures.

Employees could not choose whether they were furloughed and not all employees were able to access the scheme due to eligibility criteria. In response to widespread issues with combining childcare and paid work, the policy was changed in July 2020 so that employers could furlough staff who were unable to work due to caring responsibilities, even if the business was not experiencing loss of service due to the pandemic. However, although employees could request to go on furlough for this reason, their employer did not have to accept. Data from the Trades Union Congress (TUC, 2021) indicates that 73% of employers refused such requests from parents.

In the first lockdown, more men were furloughed than women; however, subsequently, women made up a greater proportion of furloughed workers (ONS, 2021). This reflects the fact that women in the UK took on the majority of additional childcare during the pandemic (Andrew et al., 2020), but it is also linked to male-dominated industries, such as construction, being permitted to return to work in subsequent lockdowns. Meanwhile, service sectors, which typically employ more women, remained closed for long periods (HMRC, 2020). The ramifications of these governmental decisions for gender equality at work and in the home are revealed in the narratives that follow.

For the self-employed who had less work or no work as a result of the coronavirus pandemic, eligibility criteria meant many newly self-employed, those whose profits did not meet specific thresholds (below £50,000) and directors of limited companies were not able to access financial support. Following pressure from external groups, the government added a “parental extension” so that self-employed workers who had recently taken maternity/paternity/adoption leave retained eligibility for the SEISS based on duration of trading and profits. This extension also applied to those who were pregnant or caring for a child under the age of one; however, no allowance was made for parents who were caring for older children or for those who missed out due to other eligibility criteria. Also, parents who were still eligible to file a tax return during periods of parental leave were not helped by the parental extension and their grant may have been reduced if profits fell during this period. Given the limitations of the parental extension, the UK maternity rights campaign group “Pregnant Then Screwed” unsuccessfully took the government to court to argue that the ways in which SEISS entitlements are calculated indirectly discriminated against women who had a baby in the last 3 years. The Women's budget group (WBG, 2021) found that, overall, fewer eligible women (60%) than eligible men (68%) made an SEISS claim.

Although paid work received by far the greatest focus, there were a limited number of UK COVID-19 response policies to address care needs in the context of school and care provider closures. When pandemic lockdown and social distancing policies were first announced in March 2020, one of the few provisions taking into account care responsibilities was that children whose parents lived apart were able to move freely between the two households. Schools were also requested, but not obliged, to provide face-to-face teaching for children who were considered especially vulnerable or who had at least one parent who was deemed a critical worker. Since this was not an enforced policy and staffing was limited, many schools struggled to meet demand and had to introduce extra criteria or restrictions (Department for Education, 2021). The narratives that follow offer diverging experiences of these early care policies, and illustrate how the closure of schools resulted in a myriad of work–care challenges and dilemmas for working parents.

As the pandemic progressed and widespread problems within the work–care nexus became apparent, policies had to be amended and further measures were introduced by the UK government. From June 2020, 'support bubbles' allowed certain vulnerable households to mix freely with one other household. Initially, the policy focused on adults living alone to address issues around loneliness and social support but was expanded in December 2020 to include provision of continuous care (for adults and young children with a disability and for babies under the age of one). Criteria were linked to assumptions about who requires support. For example, households with children over the age of five who had a disability requiring constant care were not included. A separate, more restricted, 'childcare bubble' policy was introduced in November 2020 to support informal care provision for older children and to help parents remain at work. The policy permitted two households to share the continuous provision of informal childcare for children under the age of 14 when the child's parent or regular carer was not present. Childcare bubbles could not be used to mix with another household for other reasons (e.g., one-off playdates or adults meeting socially). These eligibility criteria indicate assumptions about childcare needs, implying, for example, that childcare support is only required when a parent or registered carer is not present. Crucially, it was not clear whether a childcare bubble could be used when a parent was working from home. Households were limited to only being part of one support bubble and one childcare bubble, which was problematic for those living in house shares and also for families with multiple caring needs (such as more than one vulnerable relative). We will see in the narratives that follow how support from friends and family was crucial for navigating work–care struggles and addressing gaps in policy provision.

Our assessment of these UK COVID-19 policies finds that considerations of gendered challenges at the interface between paid work and unpaid care were lacking in government responses, particularly in the early stages of the pandemic. The (lack of) work–care policy reflects a neoliberal mentality of individual care responsibility and suggests a lack of foresight about the (gendered) needs of carers in government decision making.⁵ The later introduction of support and childcare "bubbles" somewhat departs from an individualized approach and acknowledges the need for collective practices of care, however to a limited extent. Caring practices were opened up to only one other household of presumably close family or friends rather than the wider community or state-led forms of childcare support. How working parents were supposed to face the combined challenges of working from home directives and school/childcare provider closures within a neoliberal paradigm of individual responsibility is not accounted for. Recommendations were made for schools to remain open for children of key workers, but there were no guidelines for those working from home. Examples of the challenges this created and the pressures it placed on working mothers are evident in all three narratives that follow. Amendments to the furlough policy attempted to mitigate this situation by extending the qualifying criteria to parents with caring needs; however, the neoliberal nature of this policy severely limited its efficacy since employers had the freedom to reject parents' requests and the vast majority did (TUC, 2021). In sum, this analysis suggests that UK COVID-19 response policies largely maintained a neoliberal, individualist perspective on caring responsibility and reflect a lack of political understanding and consideration about caring needs and practices. The government's efforts to address the nexus of work and care appear as an afterthought, driven by demand rather than prior consideration of the realities of care.

To understand how this policy context was experienced in practice and to what extent it aided (or hindered) efforts to negotiate productive and reproductive work, we turn to analyze the narratives of three women with diverse work–care needs who confronted these policies during the pandemic in multifarious, intersecting ways.

4.2 | Lived experiences of work and care in the UK pandemic context

4.2.1 | Bethany—Managing the triple shift in an intergenerational household

Bethany is a 29-year-old self-employed mother of two, who gave birth to her youngest child during the first lockdown. She provided a narrative of the intertwined and complex challenges of combining intergenerational care with running a business during the pandemic.

Both Bethany and her husband are small business owners, in the design and construction industries, respectively. As the directors of limited companies, Bethany and her husband did not meet the strict eligibility criteria for the SEISS, which led them to have serious concerns about their finances. Fortunately, her husband benefited from the government easing restrictions for the construction industry relatively early in the pandemic and he was able to return to work. However, Bethany resented the fact that her offices were forced to close for a long period and experienced a loss of income and business opportunities. As can be seen in the following quote, governmental decisions about which industries would reopen had direct implications for gender equality within this couple, creating economic disparity and a shift from shared childcare arrangements to Bethany taking on a primary carer role:

Before the pandemic, my husband and I would usually be really good at splitting work and childcare 50/50. If anything, there was a slight lean on my work with me doing three days in work and him doing two. During the pandemic, because all my work went, it was only natural that I took on all the childcare, since construction carried on and my husband was full-time doing extra hours to make up for my lack of income.

Bethany described feeling very conflicted about this shift to more traditional gendered roles and the difficulties it posed for reconciling her productive and reproductive work:

It was great that we had an income and I was excited that his business was doing well, but at the same time I was frustrated that it meant I had to stay home. I would try and do work in the evenings, but it was a struggle since I was so tired. There wasn't much opportunity for discussion about it because we needed to earn money.

It is interesting to note that Bethany framed the contrast in her husband's business experiences in terms of "luck" rather than directing her frustration toward government or reflecting on the possible gendered dimensions of opening up a masculinized industry. Nonetheless, she questioned why construction was given "special treatment" and implied that she found the differentiated policy to be unfair:

I was just unlucky that my industry was particularly badly hit. I feel kind of funny about that because I don't know why the construction industry was given special treatment. In my studio we are all very separate, whereas in construction they're all on top of each other constantly.

The interdependence of work and care in the pandemic became more challenging for Bethany when her second child was born in April 2020. Pandemic restrictions caused anxiety for Bethany in the final weeks of pregnancy, with the prospect of her partner not being able to attend the birth a particular concern. Fortunately, restrictions at her maternity unit were less severe than elsewhere and the birth went smoothly; however, government regulations limited the community support they were subsequently able to access:

Having a baby during the lockdown was horrific because there were no clubs, there was no support, there was no childcare. All the things we would have normally done like going to baby groups weren't an option.

Bethany also mentioned that her time with the baby was disrupted in other ways due to the pandemic. In particular, her ineligibility for SEISS meant she felt unable to take as much maternity leave as she wanted, due to the increased vulnerability of her business and her feelings of responsibility toward her staff:

I didn't know whether my business would collapse if I took leave, I wasn't sure whether my staff would be able to continue without me and there was no option for furlough at that time. It was an absolute mess and I felt responsible for everyone's wellbeing!

The care burden for Bethany was compounded further by being part of an intergenerational household that included her parents-in-law, one of whom was clinically vulnerable and had to "shield" at home⁶ during the pandemic. Bethany described taking on a key role in managing the various practicalities associated with this, alongside caring for her children and running her business:

It was really stressful. I was the one who was trying to do it all, it was the worst part of isolating. I was organising all the food shops, I was the sole one looking after my son at night due to feeds, I was looking after both children during the day while my husband was on construction sites, I was helping with my in-laws, and I was shouldering a lot looking after my own business.

Accommodating different needs of intergenerational household members was complex and, in some cases, different types of care such as childcare and eldercare were in conflict, creating dilemmas for Bethany and her family in whose needs to prioritize:

Because of the need to protect my father-in-law, we also decided to take my daughter out of school early, before the official closures. When her intake was invited back in the summer term, we had a lot of debate about whether that was a sensible thing to do.

Protecting her father-in-law meant that the rest of the family also became very isolated and grew increasingly concerned about whether they could continue to get access to essentials. Bethany was more explicit in laying the blame for this situation in the limitations of government interventions⁷ and describes how she drew on community support to fill this gap in policy provision:

There was no support from the government and it felt like we'd been forgotten. In theory, there was a support line you could call to ask for someone to step in, but it felt a bit extreme. All we needed was access to supermarkets or deliveries. There was no vetting over who could access food deliveries and so slots went immediately when they were released. My mother-in-law and I were both tag-teaming, refreshing the internet, trying to get a slot, but we didn't manage. [...] We had 10 days where we were really scared we wouldn't be able to get any food and had run down our supplies. In the end friends had to bring food and things to us and looked after us.

Overwhelmingly, in Bethany's narrative, we see evidence of the triple shift (Duncombe & Marsden, 1995). In addition to keeping her business afloat, she was charged with meeting the contrasting reproductive needs of young children and vulnerable adults. Bethany's struggles highlight the lack of government policies for meeting the needs of intergenerational households. This was combined with the mental load of feeling responsible for the care and wellbeing of both family members and her employees. We see the limitations in government policies for the self-employed, such as SEISS, and the wide-ranging ramifications of Bethany falling through the gaps of strict eligibility criteria. Furthermore, even where support was offered, as in the case of helplines for shielding households, neoliberal notions of self-reliance and guilt created a reluctance to use these resources.

4.2.2 | Charlotte—Finding an opportunity for self-care and quality time with a neuro-divergent teenager

Charlotte is a 48-year-old self-employed woman living with her teenage daughter who is on the autism spectrum. Her industry, cybersecurity, was not particularly affected by the pandemic and, since she already worked from home, little changed beyond adjustments to her routine to support her daughter.

Charlotte co-parents her daughter with her ex-wife, with whom she has an amicable relationship. She described how the government's exceptions to social distancing regulations for co-parents had been helpful, allowing her to maintain care and work divisions during lockdowns: "*that part of my life remained the same*". Charlotte noted, however, that supporting a neuro-divergent teenager at home 24/7 was not without its challenges, particularly as the regular changes brought about by lockdown restrictions increased her daughter's levels of anxiety:

Anxiety and autism sort of go hand in hand. So, there was quite a lot of anxiety, particularly at the beginning, which had to be managed. You know, for a child that's already a bit frightened about death, a global pandemic is not the best thing, but we got into a routine [...] For her, going out is stressful, engaging with people is stressful. So actually, once we'd got into the routine, we had the opposite... And we're still dealing with the fallout from that. She prefers lockdown to not lockdown.

Another aspect of care that became more complicated for Charlotte due to pandemic restrictions was visiting and caring for her elderly mother, who lived a long distance away and was advised by the government to follow a strict lockdown due to her age. In a context of limited policy responses targeting elder care, Charlotte worried about her mother's well-being:

My mum was a lot. I was a lot more worried about her [than my dad] because she was on her own. [...] She would ring a lot, getting very anxious about things: 'I've just taken a parcel in and I forgot to wipe it down and I'm really worried'. She was really quite agitated. Then of course, because there's nobody else there in the house to calm her down, she did rely on me and my sister a lot. [...] I felt it was really difficult at times for my mum, because she didn't have the same support.

In an attempt to maintain contact and provide emotional support, Charlotte and her sister established a weekly routine of calls to their mother via Zoom and the telephone. As well as being anxious about the virus, Charlotte's mother also struggled to adjust to business closures, due to a lack of confidence with technology. Charlotte and her sister therefore provided further support by helping her to access digital services, such as online banking. Charlotte also described how the community in which her mother lived had helped her with shopping for food and essentials when she was self-isolating.

While concerns for her parents' wellbeing were very present in Charlotte's narrative, she also described being unable to visit them as a "relief". Ironically, strict government restrictions appeared to release her from the burdens of neoliberal guilt (Stringer, 2014; Whiley, et al., 2021). She noted how the first lockdown was, to an extent, a "calm period", with less pressurized and conflicting work-care demands than usual:

It gave me an excuse to stop and have a break. You know, running around trying to go see your mum, go see your dad, you've got this and that to do, you've got to pick up your child from here, do this, do that. And actually, you weren't allowed to do any of those things and I found it quite a relief... the element of you know what, there's nowhere I've got to be, I can just be here, and nobody can have a go at me. It was pretty good actually.

The imposed lockdown provided an opportunity to reflect on the constant struggle to care for others before the pandemic and allowed space for forms of self-care. In particular, she was able to spend quality time with her daughter doing things they both enjoy:

We did loads of stuff; we did loads of cooking and we did a lot of outdoor activities... we went on our bikes and we discovered lots of bike paths that we didn't even know existed. We made the best of the situation, I suppose.

Like Bethany, Charlotte expressed how she felt "lucky" compared to others in her experiences of the pandemic:

My family were all okay and are at the moment still all okay. Obviously, we're not out of it completely yet, but people working in the NHS and social care and all of that, they were just working utterly hideous hours [...]. I suppose I'm very lucky that it hasn't affected me in any of those ways.

While her business and income stream remained consistent, Charlotte recognized how many others in a similar situation were suffering due to the pandemic and expressed a sense of gratitude that she had avoided this, framing her own pandemic experiences in light of that comparison. Although Charlotte's efforts were aided by UK policies for separated families, a lack of formal support for elder care is evident in her account. However, rather than expressing frustration with gaps in government policy and a neoliberal focus on individual responsibility, Charlotte instead focused on the positives of family support and community initiatives, emphasizing her gratitude that these networks were available. Charlotte herself also engaged in community support by volunteering as a phone befriender later in the pandemic, providing reassurance and comfort to others who, unlike her mother, did not have family to talk to.

4.2.3 | Lucy—Facing financial instability and work–care tensions in a single-parent household

Lucy, a PA for a large accounting firm, is a 36-year-old single mother living with her best friend and her 5-year-old daughter. Prior to the COVID-19 pandemic, her ex-husband cared for their daughter one day a week and the rest of the week Lucy and her friend managed school drop offs and pick-ups between them. Although Lucy was able to continue working throughout the pandemic, she experienced a lot of anxiety linked to financial dependence on others and a lack of support in managing additional childcare responsibilities.

Like Charlotte, Lucy made use of the policy that allowed co-parents to continue sharing childcare during lockdowns; however, her complicated relationship and limited communication with her ex-husband meant the provision was less successful for addressing her work–care demands. Despite the additional care responsibilities created by school closures during the pandemic, her ex-husband continued to only look after their daughter once a week and would not engage in home-schooling. Lucy explained that the resulting need to solve the logistics of childcare alone caused her a great deal of stress.

In addition to a lack of support, Lucy described new challenges in the management of work and care along with further anxiety, which were associated with feeling coerced by her ex-husband into unsustainable childcare scenarios:

The way that he is with me is that he will try and assert himself. So, for instance, in the early days of COVID [my daughter] hadn't even started school. And I can remember him saying, you need to pull her out of nursery, like, she can't go into nursery. And I just said, what do you want me to do? What am I possibly going to do?

Finding a solution to the extra care burden was particularly difficult for Lucy, since additional financial concerns in the pandemic meant she was more reliant on maintaining full-time employment than ever. Being estranged from her family, Lucy relies heavily on her ex-husband for support since the divorce. However, their breakdown in communication and the increasing risk of job losses in the pandemic created a constant worry that his support could stop without warning:

[My ex-husband] pays his child maintenance, which I rely on, but if he were to jack in his job, or if he were to have lost his job through COVID, I would then lose out on that as well. And where we don't communicate, I wouldn't know if his job was on the line or what have you. So, it was all hugely uncertain.

The pandemic therefore caused Lucy to reflect on the fragility of her financial situation and her lack of safety nets or support networks. She describes this as particularly stressful since she could envisage no alternatives:

In terms of what I would do differently, probably nothing. And I think that's almost where the panic comes, because I feel like I'm getting paid as much as I possibly could be doing the type of job that I do. Every bill is scrutinised and I'm as careful as I could be. [...] As much as I have been fortunate in terms of [my ex-husband] paying his maintenance, I didn't lose my job... it was all on a knife edge... If one of those things had fallen through it would have only taken two pay cheques and I was in trouble. You know, it's that close.

In this quote we see, as in the other case studies, that Lucy focused on her "fortune" and "luck" when reflecting on how she has coped through her financial struggles, rather than on the lack of welfare support offered to her by the UK government. She implied that she had no right to complain or demand support since others may be in greater need:

On balance, I've turned out to have not suffered as much as others have. But like I say to you, I haven't been without anxiety because the fact that I've been okay has been down to luck.

These financial concerns and the challenges of negotiating paid work and unpaid childcare responsibilities in a complex co-parenting situation had repercussions for Lucy's mental well-being. Again, rather than reflecting on a lack of formal support to deal with these issues, Lucy describes how she is lucky that she can turn to a community of supportive friends with professional experience:

I couldn't watch the news as it would make me so anxious, I just waited to be told about the new restrictions by other people. I have constant feelings of pervasive anxiety that began with my divorce but have now increased. [...] I constantly feared that if my friend or my child got ill, I would seriously struggle. I am lucky in that a lot of my friends are easy to talk to and work in therapeutic fields, so we have conversations about how best to cope with our situations.

Lucy's narrative suggests that UK government policy failed to provide adequate support for working single-parents in coping with work-care challenges and the increased pressures on finances during the pandemic. In this neoliberal context of individual responsibility and limited welfare provision, Lucy is very reliant on fragile support systems, consisting of friends and an ex-husband whose ability to provide sustainable financial or care support is uncertain. Limited policies for supporting children in separated households were rendered ineffective in the context of gendered roles and a lack of father involvement. In her account of severe stress and mental health issues, we see the ramifications when family and informal support networks are not able to fill the gaps created by the lack of governmental support.

5 | DISCUSSION AND CONCLUSION

This paper has contributed to the literature on work–care “reconciliation” in the context of the COVID-19 pandemic, bringing together feminist critiques of neoliberal political economies of care with welfare policy perspectives on individual versus collective responsibility. We offer an analytical juxtaposition of interrelated policy and lived experiences of efforts in the UK to address the heightened challenges of reconciling paid work with an increased care burden from an intersectional, gender+ perspective. The results indicate that, rather than disrupting them, the pandemic has revealed the limitations of neoliberal agendas: it has intensified challenges that the work–care reconciliation discourse is posing on women, and it has “normalised” a limited welfare system shaped by neoliberal discourses around individual responsibility.

Analysis of UK policy responses has shown how responsibility for managing “reconciliation” work has been largely left to individuals, while productive and reproductive spheres have been treated in isolation. Emergency measures prioritized productive work, and male-dominated sectors in particular, while social reproductive tasks, including care, were devalued and lacked recognition (Cullen & Murphy, 2021). Government efforts to address the nexus of work and care appear as an afterthought, driven by demand rather than prior consideration of the gendered realities of care, and fail to account for how working parents would face the combined challenges of working from home directives and school/nursery closures. These neoliberal policy responses ignore the complexities of multifaceted work–care intersections, instead relying upon the unpaid labor of women to address their shortcomings, and consequently, they reproduce rather than challenge structural inequalities. This is clearly demonstrated in the three narrative interviews analyzed here, where we see, for example, that government decisions to first open more masculinized industries led to more traditional, gendered work–care roles (Bethany) and gaps in financial support made the idea of balancing additional care responsibilities with paid work even more complex (Bethany and Lucy). The narratives also highlight how a lack of policies for addressing the challenges of intergenerational care and for supporting the elderly led to increased care loads for women (Charlotte and Bethany). These difficulties in reconciling paid work and childcare in a situation of precarity have had repercussions for wellbeing, demonstrated in recurring narratives of mental health struggles, which government policy has further failed to address.

One area where the UK pandemic response actively acknowledged the reproductive sphere from the outset was in its response toward co-parenting, which permitted children to move between separated parents' households. This suggests that issues relating to care in single-parent households were already an area of policy concern prior to the pandemic. However, whether this limited policy provision was successful in addressing work–care challenges depended on goodwill and communal support. Charlotte, whose ex-wife was a co-operative co-parent, found that the policy met her work–care needs. Lucy, on the other hand, did not have an amicable or supportive relationship with her ex-husband, like many single-parents, and was therefore not helped by the policy, leading to heightened work–care pressures and intensified gender inequalities. We therefore find that even care-specific policies lacked consideration of gendered work–care challenges and relied on social support networks to make the provision viable. As such, this study reveals the ways in which women remained systematically disadvantaged, due to complex interrelationships between macroeconomic conditions, legislative policies, stereotypes, and intersectional oppressions.

Although the narratives largely depict a situation of mothers individually trying to deal with the challenges of the work–care nexus in a context of limited policy support during the pandemic, we do find some evidence of positive manifestations of care or “better stories” (Georgis, 2013). Some noted how social distancing policies provided a “holiday” from their usual obligations and the expectations of others in terms of their reproductive activities. As such, the pandemic offered these women extra time and space to focus on themselves and undertake enjoyable activities, thereby allowing them to engage in self-care. This opportunity was seemingly bolstered by the fact that circumstances were out of these women's control, meaning that fears of being perceived as “selfish” for taking the time for themselves over caring for others were lessened, at least temporarily. These narratives show

how ethics of care are manifested from a neoliberal perspective, with self-care and rest being conflated with indulgence and guilt (Caldera, 2020; Gill, 2008; Ward, 2015). Further research should investigate whether this, albeit temporary, relief from the neoliberal guilt (Stringer, 2014; Whiley, et al., 2021) has any implications for the future, for example, in terms of challenging patriarchal expectations.

Despite some relief from practical aspects of care, the women's narratives indicate there was little respite from the emotional and mental labor involved in managing multiple caring (and other) demands. This was exacerbated by anxieties surrounding the ways in which the COVID-19 infection may affect their loved ones, as seen in Charlotte's concern for her elderly mother and Bethany's efforts to protect her vulnerable father-in-law. In this way, although the triple shift (Duncombe & Marsden, 1995) was repositioned spatially and, at times, temporally during pandemic restrictions, the affective labor involved intensified. Within the narratives, we see how neoliberal notions of self-sufficiency and individual responsibility have been internalized and how, despite the adversities encountered, women described themselves as feeling lucky compared to those less "fortunate" and grateful and guilty as a result. While they expressed frustration with their attempts to reconcile care and work, the women we spoke to rarely attributed their challenging experiences directly to limitations or failures of neoliberal government policy that prioritized individual responsibility. Their narratives remind us of idealized resilient feminist subjects (Rottenberg, 2018), harboring responsibility for work and different forms of care, trying to fill the gaps of insufficient policy responses. They develop or utilize their "resilience", and as such "no longer demand anything from the state or the government or even from men as a group" (Rottenberg, 2018: 70). For McRobbie (2020), resilience operates as a boundary-marking activity, reinforcing the divisions between women; in our case, women with and without children, the lucky and the unlucky ones. Resilience has been described as a "pro-capitalist, therapeutic device" (McRobbie, 2020: 63), a discourse that weakens feminist critique by compromising any demands for structural change. The women we interviewed did not acknowledge the responsibility of the state, let alone challenge or resist it. Therefore, despite the opportunities to reclaim and re-politicize resilience and self-care as part of radical, intersectional feminist practices (Allen, 2022: 312; see also King et al., 2021), our evidence shows that during the pandemic women's care struggles remained largely de-politicized. The narratives of our participants reveal the vulnerabilities of the assumed "autonomous and responsible subjects" (Fleming, 2017) as women focus on remaining resilient, drawing on support from friends and family to fill the gaps left by neoliberal policies that failed to account for gendered work-care challenges during the pandemic.

In the absence of substantial shift in neoliberal policy, these narratives and other research have shown that communities tend to find collective ways to counteract crises through alternative organizational forms, indicating that social reproduction (and particularly caring) should ultimately be understood as a reciprocal, collective practice rather than a private responsibility (Daskalaki, 2021; Daskalaki & Fotaki, 2017; Federici, 2010; Gibson-Graham, 2006; Gómez Becerra & Muneri-Wangari, 2021). Addressing structural inequalities entails the reinstitution of care within communities as a political act. As Ahmed (2014: n.p.) notes, we need to embrace our vulnerabilities when we "reassemble ourselves through the ordinary, everyday, and often painstaking work of looking after ourselves; looking after each other. This is why when we have to insist, 'I matter, we matter', we are transforming what matters". We therefore encourage more work on how vulnerabilities are embraced in alternative organizational contexts and how, through that, collectivities subvert and destabilize neoliberal structures and policies that perpetuate patriarchal and heteronormative constructions of work/care experiences.

The data presented here illustrate how the thin line between productive and reproductive work became even more blurry during the COVID-19 pandemic, as the spaces of work and care converged in the home. We argue that any attempt to effectively respond to and reverse structural inequalities needs to address the dynamic interrelationship of productive and reproductive work, and particularly the unpaid care work that women undertake at home and beyond. This is crucial in our attempt to challenge neoliberal capitalist organizing, transform societies and build a fairer, more inclusive post-pandemic future. Yet, society continued to be organized as if work were the main goal in our lives. In the women's narratives, we see how work intersects with the

personal—vulnerabilities, relationships, moments of joy, and childhood—and determines our capacity to 'survive' in neoliberal societies. In this way, our research highlights the need for a wholesale shift in our conceptualization of productive and reproductive work being in opposition to one another. Instead, we advocate for an ethics of care approach that problematizes the preoccupation with paid work in contemporary societies. In *"The Problem with Work"*, Kathi Weeks challenges the view that waged labor is inherently good in both social and political terms. Echoing writings from the post-work tradition (Fleming, 2014; Weeks, 2020), we invite future studies to not only recognize unpaid work as a valued form of labor, but to re-politicize work and reimagine social reproduction and creative action away from the work regime (Graziano, 2021). Like ethics of care approaches, such views provide a vision for the future that resist work while valuing collective forms of care for the organization of social and economic relations.

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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ENDNOTES

- ¹ The 30-month research project received funding from the European Commission through the EU Horizon2020 research and innovation program regarding Societal Challenges.
- ² Drawing from the policy domains in the Gender Equality Strategy (EC, 2020) and the fundamental human rights and environmental justice domains (Beijing Platform for Action, 1995), this project has identified and targeted specific grounds of inequality (sex and/or gender, sexual orientation, ethnicity, race, nationality, class, age, religion/belief, and disability) and specific domains in which these gender+ inequalities occur (work and the labor market, the economy, the gender pay and pension gap, the gender care gap, gender-based violence, decision-making and politics, human and fundamental rights, and environmental justice).
- ³ Employees who were placed on "furlough" received a partial wage replacement from the government (initially 80% up to a maximum of £2500 a month) and retained their rights at work (such as sick pay, parental leave, annual leave, and redundancy payments).
- ⁴ The SEISS originally covered the three months to May 2020 and offered eligible self-employed individuals a nonrepayable grant of up to £6750 on the condition that they intended to continue trading. A number of further cycles were introduced up to September 2021, which allowed the self-employed to claim a capped proportion of their average trading profits, paid out in single taxable instalments.
- ⁵ It was claimed in a select committee in November 2020 (House of Commons, 2021) that Gender Impact Assessments had been regularly carried out on UK policies introduced in response to the pandemic, but no further information was provided and details have not been published.
- ⁶ Given the limited medical support available during the height of the pandemic and the pressures placed on an already overloaded National Health Service, the most clinically vulnerable (i.e., individuals with particular health concerns) were advised by the UK government at the end of March 2020 to observe the strictest forms of lockdown and "shield" at

home. This required not leaving the house at all and relying on others to provide access to essentials such as food and medical supplies.

⁷ The government initially offered a centralized food box delivery service to the 2.2 million people who were advised to shield, and 510,486 deliveries were made between 27 March and 1 August (National Audit Office, 2021). After this, provision was localized and focused on giving priority access to supermarket deliveries.

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