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Home, inequalities and care: perspectives from within a pandemic

Abstract

This commentary reflects on how the coronavirus has brought experiences of ‘home’ into public, policy and media debates. We suggest it has also revealed the significance of links between housing and home on the one hand and relationships and practices of care in the other. We explore these links and, in particular, the importance of intersectionalised inequalities in access to both home and care. We briefly discuss ways of conceptualising these linkages and seeing them as part of broader social and economic relations, arguing for further academic, popular and policy attention to be given to housing and care.

Care, housing & home in a pandemic

During the Covid-19 pandemic, ‘home’, has been brought to the centre of public, policy and media debates as never before (Brickell, 2020, Jupp and Bowlby, 2020), as governments across the world have asked populations to ‘stay home’. Whilst figured as a simple instruction, the more complex and troubling realities of home have begun to seep into media discussions (eg, New York Times, April 2020) as well as being experienced within everyday lives in different and unequal ways. As we will go on to discuss, these complex and troubling realities of home are often tied up with questions of care.

In considering ‘matters of care’, Puig de La Bellacasa (2017) suggests the need to think ‘with touch’ as a way to explore the ethics and politics of care. An appropriate metaphor to use at this moment might be thinking about how pressing down onto a surface can reveal its qualities, as when printing or rubbing (see Figure 1). As the home comes under pressure, as it becomes a more intense site of our everyday lives, qualities and aspects which were already there become more apparent. As Brickell (2020) points out, the ‘slow crises’, for example of housing affordability, or domestic violence, have become apparent during the fast and intense crisis of the pandemic. This rendering visible may also illuminate solutions to these slow crises that give us

hope for the future in new ways. Indeed Roy (2020) suggests that the pandemic might act as a zone of transition, ‘a portal’ between one way of living and the next.

In this commentary we consider the links between dwellings, feelings about home, and care, and explore in particular how to consider inequalities in these links. We argue for new ways to place ‘matters of care’ (Puig de la Bellacasa 2017) at the centre of questions of housing and home. We also argue that the Covid-19 pandemic both intensifies these inequalities, and illuminates ways to understand (and perhaps address) them.

Following many feminist care scholars and those arguing for a feminist ethic of care to permeate research work, we accept that care giving and receiving is central to human flourishing. Tronto (2013), Sevenhuisen (1998, 2003) and other care ethics theorists have argued that enabling and improving care relationships should be a central ethical principal for human societies. We situate our discussion of home, housing and care by accepting this broader set of ideas. It is important to emphasise at the start that such a position does not assume that care giving is easy or that it is not often subverted to exploit or create inequalities, cruelties and neglect.

As others have argued (Care Collective, 2020) the coronavirus crisis is also a crisis of care. This crisis operates at a number of levels, from an existential sense of our common bodily vulnerability and need for care, to the unequal health impacts of the virus on care workers and key workers, especially poorly paid ‘frontline’ staff as well as those living in ‘care homes’. Overall many of our existing ‘infrastructures of care’ (Alam and Houston 2020) have crumbled away during the pandemic, or shown themselves to be inadequate. As noted at the outset, populations have been increasingly confined to the space of the home and this has particular implications for a crisis of care since the home is so often figured as a place of care and security.

A person’s residence is a significant site for self-care and for care exchanges between others living in or visiting a dwelling. Care for the self – bathing, dressing, eating, relaxing, sleeping - is vital to wellbeing. The importance of a residence to self-care is vividly illustrated in the difficulties faced by homeless people in achieving these aspects of self-care. A shared residence is also central to a wide variety of interactions

involved in inter- and intra-generational care as well as care for people with physical or mental disabilities. Such care may include physical and emotional support and attention and is instanced not only in the performance of major tasks on behalf of another but is also practiced through many small everyday acts and interactions.

These practices of care are also linked to feeling that a dwelling is a 'home'. Boccagni and Kusenbach (2020:8) claim that "security, familiarity, control, intimacy, comfort, [and] personal expression" are widely agreed features of home "regardless of social and cultural divides". We argue that the - always provisional and partial - achievement of most of these features of home depends on the person or people living in a residence being able to adequately care for themselves and care for each other. To put it another way - if self-care is difficult or co-residents do not care for one-another, security, control, intimacy, comfort and personal expression in a dwelling will also be limited or absent. The pandemic has meant for many that the experience of inadequacies in their domestic environment of care has become more acute.

Care inequalities, coronavirus and housing

During the period of 'full' lockdown in Britain many people said how 'lucky' they were to have a garden and how difficult it must be for people without one. Others said they were 'fortunate' that they did not live in a small flat or had a local park in which to exercise or had a local shop nearby. These comments related to *material features of the dwellings and the neighbourhoods* in which people lived that made lockdown easier or more difficult to bear. Other discussions of the problems of lockdown related to people's *social, relational and economic circumstances* – for example the difficulties of those living alone, those living in unhappy, physically or mentally violent relationships (New York Times, April 2020), those with small children or teenagers. Caring for others in a pandemic has involved not just immediate practical and emotional tasks, but also the labour involved in trying to provide reassurance and stability at a time of widespread insecurity and anxiety. Furthermore, many people were required to work from home, some with inadequate space and equipment, quiet and privacy. The ability to 'work from home' can be seen as a privilege, yet it has also been experienced as a kind of invasion of work into the home space, creating huge psychological and emotional pressures (Boncori, 2020).

Yet other problems were those experienced by people who could see their livelihoods being destroyed as some businesses folded, people were laid off or the prospect of continued employment became doubtful. Anxiety, without the immediate prospect of being able to take action to ameliorate the problem, while shut away from many social contacts was, and is at present, difficult for some to bear (Falkingham *et al* 2020).

It may seem that it is only questions of the features of a dwelling or neighbourhood that concern the domain of housing and housing policy. But we contend, along with many other commentators, that these issues are interlinked and that ‘housing’ both reflects and reinforces a range of social and economic inequalities. ‘Luck’ and ‘good fortune’ are certainly not the main determinants of living in a satisfactory dwelling and neighbourhood. Rather it will be social circumstances, linked to a range of prevailing social inequalities such as class, gender, race, sexuality, age, mental or physical (dis)ability, as well as location, that will lead to a particular housing outcome. These inequalities must be recognised as ‘intersectionalised’ – as interacting, overlapping and co-constituting one another - to produce differing specificities of inequality (Crenshaw, 1989 and Hill Collins 1990). The usage ‘intersectionalised’ is advocated by Griffin (2019) to suggest that people are not only the subjects but also the objects of processes and actions that are neither their choice nor in their control. Furthermore, we suggest that a focus on ‘care’ raises some important questions about what domestic housing is for and why some people face difficulties in caring for themselves or for others that they ‘care about’ when that care is in, or is linked to, the residence.

First, for those who purchase a house its asset value can be (and it has been proposed by some that it should be), used in later life by individuals to raise money to pay for the care the state does not provide (Doling and Ronald 2010, Lowe et al 2011). There are significant practical limitations to expecting individuals to use housing wealth to pay for care as a general policy (Montgomerie 2015) but it is also an approach which builds in inequalities of care. There are big inequalities in access to house ownership and in the asset value of owner-occupied houses stemming from inequalities in access to the finance to buy a dwelling. These inequalities relate to the location of the house and the class background, earnings and, to some extent the age, of prospective

purchasers (Christophers 2018). It is also likely that the ability of future generations to access house ownership and therefore gain an investment in future care, will be further compromised by the economic disruption caused by the pandemic (Partington 2020). 'Getting on the housing ladder' as an investment for later life has become an important reason for purchasing a house in Britain and other countries with neo-liberal housing markets. This financialised view of housing downplays its daily significance to wellbeing in favour of prioritising its future exchange value.

Secondly, as already noted, the capacities of people to care for themselves and other household members is affected by the material affordances of their dwellings and the social relations of occupancy. A dwelling that provides affordable shelter; thermal comfort; adequate toilet and bathroom facilities; a place for food storage and preparation; sleeping space; space to work if needed, and adequate space for both privacy and sociality, facilitates self-care and care exchanges amongst its occupants. As the experience of lockdown has shown, the absence of these features creates practical difficulties and social tensions that impede caring relationships. Clearly such features are also linked to the dwelling's price of purchase or cost of rental, once again emphasising financial inequalities in access to housing fit for care.

Thirdly, tenure must be reasonably secure which is not generally the case for rental housing in many countries. The social labour involved in creating and maintaining an agreeable home life is made significantly more difficult by worry about risks of eviction and homelessness. But again, there are major inequalities in access to dwellings which have material affordances facilitating care as well as reasonable security of tenure. As we have already remarked, these inequalities have been highlighted by the pandemic. In particular, in many countries governments mandated mortgage holidays and temporary protections from eviction during the pandemic and created a short period of housing security. But these policies will be ceasing as lockdowns are eased. The many people who are, or who expect to soon become, unemployed as a result of the pandemic thus risk becoming homeless (Shelter 2020, Mason 2020).

Fourthly, a dwelling can be a point of access to networks of care through co-present contacts in local services, shops and green spaces as well as a place in which to meet

with friends. Neighbourhoods differ very significantly in the degree to which they offer such facilities. In general, those with better incomes will have better local facilities but the picture is more complex than this with issues of segregation and ostracism, and problems of physical access for the frail or disabled also playing a part (Alidoust & Bosman 2015). Indeed, during the pandemic, categories and feelings of bodily ‘vulnerability’ have shaped inclusion or exclusion from local public spaces and generated the need for new ‘mutual aid’ networks (Springer, 2020). Overall the pandemic has highlighted the importance of very localised sites of care at a neighbourhood level, including fleeting times and spaces of collective care and comfort (such as sharing music or ‘clapping for carers’). It is clear that many of us yearn for connections with others, even whilst the pandemic has kept us physically separate. New empathies, solidarities and connections may have been forged during the pandemic, that can show us what a ‘caring neighbourhood’ might look like, both in times of crisis and beyond. Again a caring neighbourhood of housing involves physical and material affordances as well as social and emotional forms of connection.

Making care visible in matters of housing

We suggest above that inequalities relating to care in domestic dwellings revolve around a dwelling’s asset value, its material affordances relating to care, its security of tenure and the extent to which its location supports networks of care. While all these issues are well known, the key role dwellings play in facilitating or impeding *care* is rarely pinpointed in mainstream policy discussions. We assert that this situation must change. The importance and the joys, sorrows and struggles of everyday self-care and care giving and receiving in the home need recognition in policy and practice.

However, despite its absence from policy the significance of care and home has been championed in recent academic writing (Smith 2008, Jacobs and Smith 2008, Jupp et al 2019, Power 2019, Power and Mee 2020). Notably, Emma Power has argued that what she terms a person’s domestic ‘caring capacity’ is an outcome of ‘*socio-material, temporal and spatial assemblages that make care possible*’ (Power, 2019: 774). Using the concept of ‘caring-with’ and drawing on ideas of infrastructures of care she argues persuasively that care is always produced through diverse

assemblages of actors, discourses, and socio-material relations through time and over space. Thus, she challenges the dominant presentation of caring as an individual, private accomplishment and argues for '*a distributed conception of responsibility that extends beyond individuals through the broader assemblages that they act within*' (p775), providing empirical detail of the experiences of older single women on low incomes to support her arguments.

One of us also has tried to conceptualise some of the diverse and complex human relations through which relationships between care and home are constituted (Bowlby 2019). Earlier work on care had suggested a framework in which individuals' care practices and beliefs (referred to as caringscapes) are seen as constituted and changed through time and in space in relation to the knowledges and material and institutional resources and practices used in caring (carescapes) (McKie *et al* 2002, Bowlby *et al* 2010, Bowlby 2012). Later this framework has been developed to suggest that the interactions of caringscapes and carescapes may be thought of as a complex 'care ecology' (Bowlby and McKie 2019). In such an ecology intersectional inequalities are patterned into and by the particular care infrastructures of housing governance, markets and materialities (Power and Mee 2020). These intersectionalised inequalities will affect people's treatment and portrayal by landlords, banks and government agencies related to housing and thus affect access to housing of different material quality and tenure characteristics. They may influence people's reception by neighbours, affecting their access to local services and social networks. These shifting, intersecting differences will shape their access to and experience of housing and 'home' in particular places.

Perhaps the experiences of the pandemic will stimulate more concern by politicians and voters about the inadequacies of housing for caring. Power and Power and Mee make a convincing case that care is always caring-with diverse assemblages in time and space. Bowlby suggests a focus on the intersections of the social processes producing inequalities of care giving and receiving in the context of specific local housing markets. A fruitful area for research during and after the pandemic might be to study how differential 'caring capacity' is created within particular housing markets in relation to selected intersectionalised inequalities – for example of race, class, gender and disability. Such research could inform new approaches to housing

policy in which housing and neighbourhoods ‘fit for caring’ become a priority. During the coronavirus lockdown, new forms of localised mutual aid and care have shown how alternate ‘infrastructures of care’ might be developed. Whilst these bottom-up initiatives have been hopeful and inspiring, larger institutions of housing and finance also need to be re-shaped, taking serious account of the views, housing experiences and needs of care givers and receivers.

In summary, issues concerning the linkage between domestic housing, inequality and the ability to care for both self and others existed before the pandemic and are likely to endure well beyond it. We have argued that housing is an important element in people’s ‘caring capacity’ (Power 2019). We have also suggested that there are intersectionalised inequalities in access to housing and neighbourhoods of different qualities which affect such ‘caring capacities’. Housing quality concerns not only the material affordances of a dwelling and neighbourhood but also the social, relational and economic conditions under which a house and neighbourhood are occupied. It thus affects people’s ability to care for themselves and one another and hence their emotional security, sense of home, belonging and wellbeing. We suggest that there is an urgent need to recognise the significance of housing and ‘home’ to caring, not only in the theoretical writings and empirical studies of academics and housing specialists, but also in popular discourse and policy.

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Figure 1: Photos by Eleanor Jupp: leaf prints created by my daughter Caitlin during home-schooling. Making the images showed us the quality of the leaves, but also drew our attention to the different leaves in our garden.