

ANNIVERSARY COLLECTION – PAPER

# Shredding the Social State: Maternal Studies, Ten Years On

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This article reflects on ten years of British welfare policy and explores the impacts of these shifts on key groups of mothers who have been demonised and weaponised under an increasingly authoritarian political present.

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Over ten years ago I became involved in a network of academics, artists, writers and clinicians, brought together to explore the constitution of a field of study, possibly even a new discipline, that we might call 'maternal studies'. What would it involve to take such a field seriously, to pursue it and value it, and to demand that it be recognized by the academic institutions, clinics, museums, galleries and organisations we worked for? The early events of MaMSIE (as it was then known) opened up a series of conversations about mother labour, identities, space and time, and how the maternal was always just slipping out of view. Ten years ago I was in the early stages of my doctoral research about parenting television and media, mothering my own small child, and trying to make a life in the big city. I was penniless, precarious and feeling the weight of moral judgement about every parenting decision I made. The work of motherhood felt endless and persistently invisible, and its private textures were to me a vast and secret realm of unspeakable ambivalence, guilt and resentment. Yet the daily routines and rituals of caring for a small being also required me to become steady and centred, and every day was punctuated with moments of joy and delight as we grew and learned and laughed. The maternal world felt like a club where I did not know the rules and to which I was granted only partial access, and my involvement in MaMSIE, and later in the *Studies in the Maternal* journal, helped me find a vocabulary for articulating its complexity as I experienced it: to theorise something that is constantly constructed as 'natural'.

A decade on, the questions I explored then around maternal experience now feel, if anything, more amplified. How does 'the maternal' capture and govern mothers? How do ideas of maternal blame become apportioned and circulated? How do mothers become situated within symbolically charged worlds of anxiety and guilt? A decade ago, in the tail-end of the UK New Labour government and through the first year of the Con-Dem Coalition, the policy emphasis was on empowering parents to 'do' parenting better. Policymakers imagined that by training parents, by making families 'aspirational', the economic costs of delivering social welfare could be reduced, and responsibility for closing the inequalities between children at the top and bottom rungs of society could be transferred from the state to the responsible citizen-parent. New Labour preferred to use the language of parenting 'support', but

this euphemised a much more coercive relationship with the state, whereby support was conditional and was predicated upon parents compliantly submitting to parenting experts, moving into paid employment and ceasing welfare benefit claims. The policy legacy left by New Labour for parents was mixed. The introduction of a new tax credit system sought to tackle child poverty through redistribution, but claimants' fluctuating incomes often caused large-scale overpayments and payment delays. The short-lived Department for Children, Schools and Families (2007–2010) sought to centre parents in government policy, but was beset by accusations that it was circulating pseudoscientific child behaviour programmes in schools and to parents. New Labour ministers constantly described parenting as the hardest and most difficult job of all, while compelling single parents, like me, to take up paid work while our children were still young. The progressive-sounding words too often disguised inadequate action: the maternal kept slipping from policymakers' view, even as they endeavoured to train their sights upon it (**Figure 1**).



**Figure 1:** The branding used at the Dept for Children Schools and Families, emphasising inclusion and investment. This was quickly sidelined after its closure in 2010: the early intervention budget was cut by 55%, family support services cut by 24%, and spending on children's centres cut by 17% between 2010–2014 (The Children's Society, 2015).

Ten years ago, the legitimacy of the post-War welfare settlement (having by then already endured three decades of ideological attack from the New Right) offered at best a partial veneer of social provision. Welfare provision for families and children – and for mothers, to whom the bulk of reproductive labour continued to fall – was uneven and reproduced hegemonic visions of what a family 'should' look like. A new era of formalised and deeper welfare conditionality was getting underway, and it particularly targeted single parents (coded as 'workless parents') more readily than anyone.

Since then, the increasingly punitive direction of British welfare policy over the past decade has manifested through a latticework of cuts, reforms, restrictions and conditionalities, which have transformed entitlements to welfare resources and social services. A broad range of academic and research organisations have tracked and calculated the disproportionately *gendered* impacts of austerity policy since 2010 (Women's Budget Group, 2012; Fawcett Society, 2012; Karamessini and Rubery, 2013). Austerity has been described as a disruption, and reversal, of gender equality progress (Rubery, 2015), as a historic transfer of wealth and resource from women to men, and as "a project of gendering for inequality" (Bhattacharyya, 2015: 161). The cumulative gender impact of tax and benefit changes from 2010 onwards is estimated to have apportioned eighty-six per cent of losses to women (Keen and Cracknell, 2017). These gendered austerity patterns repeat throughout Europe (Wischnewski, 2018, Dutchak, 2018). Whenever the care infrastructure of the state becomes diminished and dismantled, wherever its attendant reproductive labour is re-absorbed by women, and where the lowest wages associated with care-work have frozen or even stagnated, austerity policy has revealed time after time the disproportionately gendered reality of reproductive work. The withdrawal of the state has magnified and multiplied that work, especially for women and in particular working-class, black and minority ethnic and migrant women. The figure of the resilient, inventive, hard-working mother was 'made sensible' in the early years of austerity, and did a great deal of ideological work; making 'thrift' and 'economising' palatable, resonating with many women's everyday realities of making fewer resources stretch ever more thinly,

and providing a powerful gendered ideal of uncomplaining national endurance and sacrifice. A Special Issue of *Studies in the Maternal* in 2012 explored the ways that austerity, as a set of public narratives and requirements, percolated around moral discourses of parenting and especially mothering (see Jensen and Tyler, 2012).

If we see the welfare capitalism settlement as one that endeavours (however imperfectly) to recognise the unequal labour distribution of social reproduction, and to build in particular protections and redistributions for women, then a decade of austerity represents the deliberate shredding of this commitment. As many scholars of austerity have noted, the austerity project is more complex than a simple 'rolling-back' for women; the retrenchment of the welfare capitalism settlement is occurring alongside an intensive erosion of pay and working conditions for *all* people (Bhattacharyya, 2015). And within this broader retreat from the costs of social reproduction – this shredding of the social state – particular groups are experiencing a specific sharpness and intensity in the withdrawal of state support for services they use. Intimately intertwined with the gendered retrenchments of the welfare settlement is an intensification of anti-immigration sentiment, activated by the resurgent far-right, pandered to by the liberal centre-right, and realised in policy terms by the ratcheting up of hardline immigration policy by both Conservative and Labour since the mid 2000s. This ratcheting-up might be considered 'austerity-adjacent' in the sense that (like austerity), its popular legitimation has increasingly been sought via appeals to 'scarce budgets', 'necessary cutbacks' and 'hard choices', a powerful rhetoric which is rooted in deception (as documented by Cooper and Whyte, 2017). This has been realised in, policy terms, through the deliberate construction by the Conservative Government (2010-present) of what then-Home Secretary Theresa May described in 2014 as a 'hostile environment for illegal immigrants', via the escalation of everyday bordering practices (Yuval-Davis et al, 2017). The 'hostile environment' intensified in a spike in racist hate crime after the 2016 European Union referendum, for which the debate framework was both deeply nativist *and* evasive of the state racism from the previous six years (Burnett, 2017). These hostile environments place migrant mothers in particular in an untenable and paradoxical position;

expected to show commitment to integration, even as the community spaces and services which might foster integration are reduced and closed (Lonergan, 2015). The referendum debate both rehearsed and amplified the sentiments underpinning the Immigration Act 2016, and has particular impacts for access to welfare services which have typically been universal and free at the point of access, for example the National Health Service.

The NHS specifically has emerged in the past decade as a key welfare site (both ideologically and materially) where the shredding of the social state can be most powerfully advanced. While the NHS is symbolically the last vestige of the universal welfare state as originally imagined, in practice it is becoming evermore outsourced, financialized and hollowed-out. The legislation raft surrounding the Immigration Act includes a health surcharge for non-EU migrants, eligibility testing for primary care, financial charges for using Accident and Emergency services, additional prescription fees and higher charging rates for other healthcare services such as opticians and dentists. The eligibility data collected in primary care can also be shared with the Home Office and with HM Revenue and Customs, potentially deterring patients from accessing services. *Médecins Du Monde*, reporting its field data with undocumented migrants from five major EU cities, found that one in five patients feared they would be arrested after accessing healthcare, and 79% of pregnant women had not received antenatal care (Chauvin, 2012). While there are some limited exemptions to protect 'ineligible' pregnant women from being charged for antenatal and maternity care, it is estimated that a third are presented with such care bills – usually charged at 150% of the usual NHS cost. Fear of potential care charges can delay and discourage pregnant women from accessing the antenatal care they need (Shortall et al, 2016). Maternity Action has found a variety of charging practices across hospitals, ranging from letters threatening that the mother will be reported to the Home Office, the deployment of debt collection agencies (in some cases shortly after mothers have giving birth), and women being (incorrectly) informed that future treatment will be cancelled if they fail to pay the bill (Feldman, 2018). As Feldman remarks, the classification of patients by eligibility, and the imposition of punitive charges for some

“fundamentally transforms the culture of the NHS” (2018: 11) from a caring institution based on universal access, into a hostile environment that cleaves patients into differently entitled groups.

And at the same time, the chronic underfunding of the NHS has led to a health service that is ‘national in name only’ (O’Donnell et al, 2005), with fertility treatments in particular operating as a ‘postcode lottery’ with few clinical commissioning groups (CCGs) offering the full range of recommended fertility treatments. In 2013 the National Institute for Health and Care Excellence (NICE) reiterated its 2004 guidance that fertility treatment be available as a ‘core NHS service’ and stated that all women under 40 should be able to access three full cycles of In Vitro Fertilisation (IVF), including not only women experiencing fertility difficulties but also single women and same-sex couples. In practice this provision is rarely, if ever, realized. In 2014 a review of clinical commissioning groups found that only 4 out of 195 clinical commissioning groups satisfied the NICE guidelines (Wise, 2014). In 2017 the campaigning group Fertility Fairness published a national league table which ranked all CCGs from best to worst provision: they found that only 12% followed national guidance, and that the number of CCGs which had removed *all* NHS IVF provision had doubled from the previous year (Fertility Fairness, 2017).

The welfare state then is retreating from key areas of reproductive labour costs, as well as from the literal costs of reproductive healthcare for specific groups. The uneven retreat of the welfare state from costs like fertility treatment, and the advancing requirements for some patients such as migrant mothers to pay health surcharges, are reflective of wider indifferences, even hostilities, toward welfare. Indeed one of the key features of the previous decade has been the escalation of a more weaponised language of dis-entitlement, whereby claims upon the welfare state are transformed into items of suspicion and deceit, using an anti-welfare commonsense vocabulary of dependency which seeks to divide and cleave different groups from one another. Migrant mothers have certainly been targeted here, but also large families who have been described across media and public debate as ‘benefit broods’, as over-fertile and feckless. The re-invigoration of a distinctly eugenic language around

has been one of the most troubling developments over the past decade, and has found policy expression in legislation such as the Household Benefit Cap (Jensen and Tyler, 2015) and more recently, the capping of welfare benefits to a family's first two children only.

These divisions and disentanglements are the root system of austerity. And now we are seeing the flowering from that system, a lurch to the far-right, accompanied by a mainstreaming of white nationalist and white supremacist language and rhetoric. This was most dramatically realized in the Brexit campaign, understood by many as a fascist mobilizing, made possible by the racialization of immigration panic and imperialist nostalgia (Bhambra, 2017). This was dramatized in the unveiling of the infamous 'Breaking Point' poster by then-UKIP Leader Nigel Farage, which envisioned long queues of migrants and echoed Nazi propaganda from the 1930s, and by an explosion of political violence and hate crime, including the murder of MP Jo Cox by Thomas Mair, a man who had numerous links to neo-Nazi and neo-fascist groups. Since the Brexit moment, the precise forms of its authoritarian populism have, in Laleh Khalili's words, 'peeled back [...] the veneer of civility and conviviality' to reveal the xenophobic underpinnings of British cultural life (Khalili 2017). This can be seen in the intense media scrutiny upon the reproductive lives of mothers who are not British 'natives', the disturbing mainstreaming of 'population replacement' theories and the resurgence in discredited 'race science' (both in the conspiracy fringes of the dark web but also in 'respectable' academic spaces and institutions) which seek to link falling (white) birth rates and concerns about an ageing population with more nebulous panic about 'British values' and 'culture'. If we see fascism as a political ideology obsessively preoccupied with humiliation (Paxton, 2004), victimhood and decline, it is not hard to recognize the playbook strategy of constructing Britain as a 'soft touch' for racialized 'Others' bent on exploiting its generosity. Echoing the racist language of 'anchor babies' popularized in the US by Donald Trump and the neo-fascists he has staffed his White House with, the figure of the 'healthcare tourist' pregnant woman and/or mother is being used in the UK to antagonize racist and xenophobic sentiments and to deflect recognition from the deliberate hollowing-out of the social state over the longer term.



The timid progress on child poverty that was made a decade ago has now gone into reversal, and child poverty today is escalating – and it is intensifying upon particular groups of families, including single parent families, black and minority ethnic families, and large families, representing a widening poverty gap as child poverty commitments are de-prioritised (CPAG 2019). The powerful myth that ‘good parenting’ can magically compensate for social inequality seem more absurd than ever. But the political landscape that incubates such myths has also radically transformed in a decade. The populist weaponisation of the families *most* impacted by poverty, racism and precarity, and their transformation into objects of suspicion and threats to the fitness and fertility of the body politic, must be robustly and powerfully refused if we are to retain the last fragments of collective responsibility and entitlement. And just as urgently, we must refuse the reactionary chauvinism that is dominating contemporary political life; its flag-waving, its readiness to violence, its anti-intellectualism. The shredding of the social state, that made family life imaginable, together with newly-mainstreamed faux-concerns about national identity, demography, borders, populations and ‘cleansing’, rings disturbing alarm bells that we must heed.

### Editor’s Note

This contribution to the 10<sup>th</sup> anniversary issue of *Studies in the Maternal* were invited by the editorial team. As such they were internally reviewed by the journal’s editorial team.

### Competing Interests

The author has no competing interests to declare.

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