



Does Class and Place Still Matter in the UK? Covid-19 Suggests Yes

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Covid-19, a virus first discovered in China in early 2020, was declared by the World Health Organisation (WHO) as a pandemic on 11th March 2020. By the end of March 2022, some 186,000 people have died from Covid-19 in the UK (GOV.UK, 2022). In many ways, Covid-19 can be seen as late-modern risk in Beck's (1992) terms. After numerous waves of infections, several mutations of the virus, and having to live through various lockdowns, it appeared that no one was immune to the risks posed by Covid-19 as we learnt to live within what was coined "the new normal".

However, this contribution aims to argue differently and explores Covid-19 in the UK arguing that, although everyone was at risk from Covid-19, these risks were unequally distributed and were largely dependent on social class and place, which helped to further reinforce existing structural inequalities. The limitations of Beck's theory of risk society will be explored to look at how certain groups had an unequal impact on the level of risk faced during Covid-19. The impact of austerity in the UK over the past eleven years will also be explored to examine how its effects have helped to worsen the impact of Covid-19 for some groups.

For Beck (1992), the transition to a risk society occurs primarily through the process of reflexivity. Reflexivity is defined by society becoming more knowledgeable, the weakening of structural constraints, individualisation and a growing distrust in science (Beck 1992; 1999). Beck (1992: 21) defines risk as a 'systematic way of dealing with hazards and insecurities induced and introduced by modernisation itself'. Prior to industrialisation,

risks were seen as external and occurred in the form of natural disasters or catastrophes, as well as threats, such as famine (Beck, 1992; 1999). The processes of industrialisation and modernisation have led to an increase in new types of risk, through the development of science and technology (Beck, 1992; Burgess et al, 2018).

Beck (1992: 13) argues that these risks have become increasingly globalised in nature, to become 'supra-national and non-class-specific global hazards'. With Covid-19, the virus was able

to quickly spread across the globe and pass through borders to reach pandemic status. Beck (1992) argues that although everyone is exposed to risks, they are not evenly distributed, with people living in poverty at the greatest risk. He further suggests that the wealthy are able to 'purchase safety and freedom from risk' (ibid.: 35), implying why poverty attracts the greatest risks.

Within risk society, it is argued that the structural

constraints that once restricted us in modernity, such as class and place, have weakened (Beck, 1992; Furlong and Cartmel, 2007). Beck (1992) suggests that our biographies have become reflexive, arguing that even if we know someone's class, it no longer determines their identity, socially and politically. Establishing someone's class has become difficult as we are ever more able to 'choose between different life styles, subcultures, social ties, and identities' (Beck, 1992: 131).





Although class identities have weakened, social inequality has not disappeared (Furlong and Cartmel, 2007). The distinction is that social inequality is occurring on an individual level, rather than within a group or class, suggesting that individuals are increasingly more responsible for their own outcomes through the individualisation of risks (Furlong and Cartmel, 2007). However, this has the potential to ignore not only the importance, but the effects that class and place still hold in contemporary society.

Prior to Covid-19, inequality did exist within the UK but, it is argued that Covid-19 has exacerbated existing class inequality within the UK, with those from lower socio-economic backgrounds facing the greatest impact (Blundell et al, 2020). Blundell et al (2020) found that certain sectors of work, linked to social class, faced more risks during the pandemic. A report by the NHTA (2020) suggested that inequalities in working conditions increased exposure to Covid-19 for lower paid workers. People working in low paid jobs were more likely to be regarded as key workers in the pandemic (NHTA, 2020). Key workers that were critical during the pandemic included delivery drivers, care workers and supermarket staff. As a result, key workers were unable to have the luxury of working from home and were more likely to be reliant on public transport, which in turn further increased their exposure to Covid-19 (NHTA, 2020).

There is a link between poverty and poor physical and mental health (Marmot et al, 2020; Benzeval et al, 2014). Higher levels of income are associated with better health, as money allows for people to buy the basics that are essential for health and are less likely to adopt unhealthy lifestyle habits (Benzeval et al, 2014). During the past eleven years, large cuts in public spending on healthcare

in the UK has led to increasing inequality of health (Marmot et al, 2020).

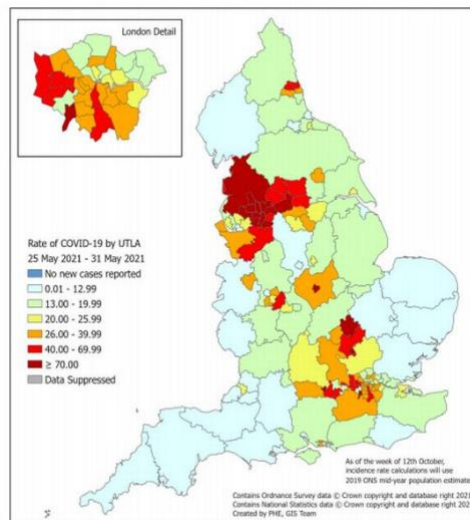
The effects of these cuts on health inequality are stark. Since 2010, life expectancy in the UK has stalled for the first time since 1900 and life expectancy is higher in the South and lower in the North (Marmot et al, 2020). It is therefore no surprise that the North East has the lowest weekly earnings and the largest decrease in life expectancy for both men and women (Marmot et al, 2020).

Covid-19 has helped to shine a light on the increasing health inequality over the past decade, particularly between the North and South. In the North, the mortality rate for Covid-19 was 14% higher compared to England as a whole (NHTA, 2021). More specifically, in Greater Manchester, Covid-19 mortality rates were 25% higher compared to the rest of England (Marmot et al, 2021). Not only was the

mortality rate higher, but the North also spent a longer time under Covid restrictions compared to the rest of England (NHTA, 2021). Thus, during Covid-19, class and place remained extremely important and this is because where people live either significantly reduced or significantly increased their risk of death, as well as how much time was spent living under Covid restrictions.

Like the notion of Beck's risk society, neoliberalism places an emphasis on the individual. Neoliberalism argues that the individual is free and has self-responsibility through the notion of absolute autonomy (Harvey, 2007). However, this fails to acknowledge structural inequalities that exist in society, such as class and place. Although Covid-19 is believed to have originated as a result

Figure 10: Weekly rate of COVID-19 cases per 100,000 population (Pillar 1 and 2), by upper-tier local authority, England (box shows enlarged map of London area)





of humans and our impact on the environment (Schmeller et al, 2020), it is argued that the ‘the destruction of collectivity under neoliberalism exacerbated the impact of the pandemic’ (Saad-Filho, 2020: 479). The impact of neoliberalism left many people exposed to Covid-19, made worse by ‘low savings, poor housing and inadequate nutrition’ (ibid.: 479).

One example of the individualised response of neoliberal governments, such as the UK, to Covid-19 is the wearing of face masks. Wearing a face mask is an effective way in helping to contain Covid-19 (Carbon, 2021). In the UK, until recent changes, wearing a face mask was not a legal requirement and was left to the individual to choose whether to wear one. Since face masks were first introduced, they have been a controversial topic. Prior to the emergence of Covid-19, in many countries, particularly in the West, wearing a face mask was not accepted as part of their culture (Carbon, 2021). The low acceptance of wearing face masks is suggested to be the result of it becoming highly politicised. Particularly in the US, wearing a face mask became part of an individual’s political identity (Powdthavee et al, 2021).

Austerity is a set of neoliberal economic policies that increase taxation and reduce government spending (Stuckler et al, 2017). In the UK, austerity was implemented in 2010 in response to the 2008 global financial crash. However, it is argued that the austerity programme implemented in the UK left particular parts of the country ill prepared for a pandemic like Covid-19. Despite the governments levelling up agenda and the promotion of a Northern Powerhouse, austerity policies in the UK have disproportionately affected the North of England (Centre for Cities, 2019; Johns, 2020). Centre for Cities (2019: 16) found that ‘seven of the 10 cities

with the largest cuts are in the North East, North West or Yorkshire’ with an average spending cut of 20%. This compares to just a 9% spending cut for cities in the South West and South East (Centre for Cities, 2019). This too highlights the continued importance of class and place during Covid-19, as the disproportionate effects of austerity worsened the impact of Covid-19 for some groups within society as some areas were already struggling prior to the emergence of Covid-19.

Furlong and Cartmel (2007) argue that the focus on individualisation creates an epistemological fallacy, as it mislocates the problem by suggesting that we are in control of our outcomes. In today’s contemporary society, both structures of class and place remain important, and this has been highlighted throughout this reflection through the example of Covid-19. Although Covid-19 has affected everyone in some way, the impact of

Covid-19 has not been equal across all groups, showing that structural inequalities remain significant in establishing our outcomes.

This critical reflection has demonstrated that, despite Beck’s theory of risk society being useful in helping to understand Covid-19, the pandemic

has highlighted the continued importance of class and place in contemporary society. It has also been demonstrated that neoliberal austerity policies in the UK left the country poorly prepared for a pandemic like Covid-19. As we begin to learn to live with Covid-19, the UK government needs to properly address its own “levelling up agenda” for the North and commit to policies to help address the problems with health inequality in order to better protect those living and working in poorer communities against the risks of future pandemics (Blundell et al, 2020; Marmot et al, 2020; Marmot et al, 2021).





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