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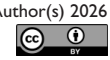
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From Public Good to Private Provision: The Role of Hospitality Workers in Gatekeeping Toilet Access

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Abstract

Public toilet closures in the UK, driven by austerity, have led to increasing reliance upon private or commercial facilities, such as toilets in bars and cafes. The extra labour required to maintain and monitor these toilets became especially visible under COVID-19 restrictions. This article shares reflections from a project exploring the impact of additional cleaning and monitoring of customer toilets in the hospitality sector during the pandemic. We use in-depth sociological narratives from two hospitality workers to explore their role as 'gatekeepers' in maintaining toilet spaces and facilitating access to essential provisions. We argue that council toilet closures have turned the hospitality sector into social infrastructure, whereby some workers see themselves as providing essential welfare facilities, while others struggle to decide who should be granted access to customer toilets and find that monitoring access creates a risk of abuse. Using street-level bureaucracy theory, we show how this gatekeeper role puts the onus on hospitality workers to make difficult, individualised decisions and shifts attention from the urgent need for unquestionable access to free, publicly funded toilets.

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Introduction

In 2021, the British Toilet Association announced a public toilet 'crisis' (BTA, 2021). Over the past decade, thousands of council-funded toilets in the United Kingdom have closed due to austerity and public disinvestment (Slater and Jones, 2018; White, 2021a). This is one of many contemporary examples of the effects of neoliberalism on urban development (Leitner et al., 2007). While 'neoliberal urbanism' (Peck, 2012) predates the pandemic, research has shown the public health crisis provided an excuse to further privatise public spaces (Apostolopoulou and Liodaki, 2021: 777). Early in the pandemic, toilets were portrayed as particularly high-risk sites of transmission (Brulliard and Wan, 2020) due to high-touch surfaces and aerosol droplets after flushing the toilet or via respiration (Dancer et al., 2021). Transmission risk was also said to be exacerbated by toilets' heavy use, compact size, often inadequate ventilation, and issues with maintenance and cleaning (Dancer et al., 2021). Some later studies disputed this risk and found no evidence of airborne transmission in toilets (Vardoulakis et al., 2022). Nevertheless, further toilet closures occurred to curb the spread of the virus in its first year, increasing the reliance on hospitality venues for toilet access when in-person gatherings were first permitted and outdoor socialising was encouraged.

The scarcity of toilets affects everyone. We all rely on toilets away from home to access public spaces and communities. However, toilet closures impact some populations more than others (Jones et al., 2019). This is because commercial alternatives are not universally welcoming or accessible, and some people have a more frequent and urgent need to use nearby facilities. Often these people are from communities who are otherwise marginalised, including disabled people; people whose conditions, impairments, age, or circumstances necessitate urgent toilet use; people with mental health needs or caring responsibilities; women, particularly those managing menstruation or menopause; and unhoused people, for whom public toilets can be essential sites of care (Jones et al., 2019). A lack of freely available toilets can restrict people's options on leaving their homes, reducing their quality of life.

Toilets' fundamental role in bodily care has made them a site of hygiene anxiety concerning contamination, dirt, and disease (Barcan and Reynolds, 2010; Cavanagh, 2010). As the UK government identified toilets as higher-risk spaces during the pandemic (UK Government, 2021), businesses were advised to clean their facilities more frequently and to disinfect touchpoints and high footfall areas. This created significantly more work for staff alongside other pandemic-related duties, surplus to their agreed hours and duties (Jones et al., 2023).

Lockdowns and efforts to mitigate COVID-19 transmission transformed our relations and access to shared resources and space. Following Massey et al. (2009: 18), we consider space to be a 'product of relations of power'; space is therefore 'always in a process of being made' as relations are established and refused, made and unmade. To understand

spatial practices, we must navigate changing ideas about freedom, belonging, and collectivity, as well as control, governance, and territorialism. Space can be both claimed and shared, but it is not, as Puwar (2014: 8) notes, 'open for *anybody* to occupy'. Certain bodies are positioned as 'natural' occupants of particular spaces, whereas others – the space invaders – 'are marked out as trespassers, [. . .] circumscribed as being 'out of place' (Puwar, 2014: 8). Toilets are not always welcoming spaces. In fact, toilet facilities and the commercial built environment are intentionally exclusive, both due to the way that facilities are categorised and segregated, and the tendency of businesses to endorse certain clientele over others (Jones and Slater, 2020; Jones et al., 2019).

The opportunity for control over who is granted toilet access has increased due to the decline in free, council-funded, public lavatories, leading to a social dependency on toilets in staffed, commercial premises. Hospitality venues have long functioned as 'multipurpose' settings, often understood as a form of 'third space' (Middha and Lewis, 2022; Thurnell-Read, 2023), that is, a dynamic and flexible space, away from work and home, where people can meet and interact in socially significant ways. Sociologists have observed that pubs provide an important social function, representing a focal point for some communities (Cabras, 2011; Thurnell-Read, 2023). However, like public toilets, almost a quarter of UK pubs have closed over the past 20 years (BBPA, 2022), and the culture of pub-going has also undergone transformations (Thurnell-Read, 2023). The broader decline of the high street affects the viability of local communities connecting and sharing spaces (Rudlin et al., 2023). This was especially pronounced during the height of the pandemic, when hospitality venues were intermittently closed under lockdown regulations and were not universally understood as safe once re-opened (BBC News, 2020; McDonnell, 2020). During this time, the hospitality sector was transformed by concurrent pressures – to be welcoming to visitors while managing thresholds of space and controlling viral hazard. However, as Davies (2021) explains, navigating risk is intrinsic to hospitality:

> Hospitality is never without risk: it involves taking the outsider – the foreigner, the potential enemy – into one's home as a guest. Conversely, hospitality is not truly hospitality if the host doesn't retain some authority to exclude: to be a guest is to be invited in, to cross a threshold of some kind.

In the following discussion, we consider the impact of neoliberal urbanism and emergency public health measures on everyday bodily autonomy, particularly toilet use, and on the means to grant access to these essential facilities. Our previous scholarship has been critical of the reliance on commercial customer toilets, arguing that toilet access should be freely available to all. Dependence on the commercial sector reduces (already limited) accessibility and availability (Slater and Jones, 2018, 2021). We advance this scholarship by exploring the experiences of hospitality staff and their role in both facilitating and resisting the neoliberalisation of toilet facilities.

In doing so, we offer a novel contribution to the literature by examining the socioeconomic constraints and spatial contexts in which these toilet-access decisions are made, and scrutinising the macro landscapes of reduced public resources, infrastructure, and austerity politics in the United Kingdom. Our work demonstrates the impact on

social relations and inequalities of the long-standing (and well-documented) inadequacy of toilet access in public life (BTA, 2021; Slater and Jones, 2018; White, 2021a). To do this, we focus on in-depth sociological narratives about two participants who shared their experiences of how toilet spaces were managed and mediated in an inner-city fast-food restaurant and a country pub. We argue that Covid-19 mitigation measures in UK hospitality enlarged the existing inequalities in toilet access, both in relation to who is allowed to use facilities, and who is put in the often-difficult position of granting or denying such access. We explore the social and personal impacts of labour that involves guarding spaces that are everyday necessities.

Negotiating toilet access

The struggle over access to toilets has been acknowledged in studies across sociology, geography, urban studies, and architecture. This recognition includes an emphasis on social inequalities, whereby toilet access is a lens through which intersections and injustices are seen: race (Patel, 2017), gender (Moffat and Pickering, 2019), LGBTQ+ (Atherton, 2024; Jones and Slater, 2020; Patel, 2017), disability (Jones et al., 2019; Kitchin and Law, 2001; Serlin, 2010; Slater and Jones, 2021; White, 2021a; Wiseman, 2019), and geographical contexts and sanitation infrastructures (Lowe, 2019). In all these instances, toilets away from home are seen as necessary for the maintenance of a mobile and healthy population, yet the infrastructure is insufficient.

Toilet scholarship has addressed the complex negotiations of access, including the costs and benefits of managing or regulating toilet use (e.g. segregation, restricted or preferential use, staff oversight). For example, Slater and Jones (2021: 50) note that signs on toilet doors 'prescribe our permission to enter or abstain from specific places, [and] mark murky borders between quasi-public and private space'. They argue that International Symbol of Access (ISA) toilet signs deliver a false promise of accessibility and reinforce the borders of disability by shaping public imaginaries. Similarly, White (2023) highlights that tools such as 'Can't Wait Cards' or Radar Keys, while intended to ensure access, neglect privacy and discretion around 'legitimate' and 'appropriate' toilet use. The increasing scarcity of public toilets threatens to exacerbate tensions over who 'deserves' safe and convenient access.

Although high-street businesses are obvious targets for toilet access when nowhere is available, they are not always welcoming to non-customers (BBC News, 2018), using signage, keys or keypads to restrict entry. Regulations, restrictions, and opening hours are also largely subject to private discretion rather than public consultation (Slater and Jones, 2018). Using commercial toilets without making a purchase therefore requires a process of negotiation (asking permission) or subversion (sneaking in), with outcomes often depending on the worker making the decision. As we explore, their decisions pivot on their perceptions of the person who is asking; assumptions about their needs, intentions, and potential spending power; the business's policies and image; and the worker's own values and ethics. Under COVID-19, toilet gatekeeping also entailed complex moral dilemmas around safety and risk. We contribute to toilet scholarship by focusing on the workers navigating these socio-spatial complexities.

The turn to the experiences of workers is essential, as scholarship on toilet access typically examines the people using facilities and overlooks those maintaining and facilitating toilet access. Earlier publications from this study, grounded in hospitality scholarship, addressed labour relations and the additional embodied work for hospitality staff during the pandemic (Jones et al., 2023). This article examines workers' added responsibilities in controlling toilet access, including collecting customers' details for the National Health Service (NHS) Test and Trace system; monitoring entry and toilet access; and enforcing virus mitigation behaviours required of customers and delivery drivers. In the following section, we explain how these responsibilities exemplify street-level bureaucracy (Lipsky, 1980), with workers enforcing, negotiating, and adapting hastily developed, often unclear or contradictory pandemic policies.

Street-level bureaucracy theory

We employ Lipsky's (1980) theory of street-level bureaucracy to explore the role of hospitality workers in gatekeeping toilet facilities. Street-level bureaucracy theory was originally intended to aid understanding of how public sector workers (police, social workers, etc) make decisions and manage complex, often competing, demands while enacting state policy. Street-level bureaucrats interact with the public and have some discretion when making decisions. They also have heavy workloads and are subject to unclear and sometimes contradictory expectations and guidance.

Although not its original scope, street-level bureaucracy theory has been applied outside of the public sector.[1] For example, Buvik and Tutenges (2018) argue that bartenders operate as street-level bureaucrats because they are responsible for making public health decisions about alcohol consumption, while trying to maximise workplace profit. Austerity, the decline of public services, and the increasing complexity of public-private relationships have changed the meaning of street-level bureaucracy in multiple ways. While the original vision of street-level bureaucrats was of workers in community and public spaces (libraries, children's centres, parks), the closure of such spaces and reductions in public spending have led to more targeted interventions taking place in homes (Crossley, 2016). Furthermore, private and voluntary sectors have attempted to fill the gaps in public amenities. Some libraries, for example, once staffed by professional librarians, are run by volunteers who may take the role of street-level bureaucrat, in less regulated ways (Casselden et al., 2015). Austerity, therefore, strengthens the case for an understanding of street-level bureaucracy outside of the public sector.

Brodkin (2021) highlights that street-level analyses have rarely happened during crises. She conceptualises crises as acute (as in the COVID-19 pandemic), chronic (as in expanding inequalities), and intersecting (acute and chronic crises occurring simultaneously). In this article, we show how the acute crisis of the pandemic, alongside the already-chronic crisis of council-funded toilet closures due to austerity, illuminated hospitality workers as street-level bureaucrats when it came to managing privately-owned toilets in their workplaces. Gofen and Lotta (2021) argue the pandemic has led to increasing public health responsibilities for street-level bureaucrats, and that their specialist knowledges were undermined by rapidly changing and sometimes contradictory policies and ways of working, which reduced the level of discretion usually attributed to such

roles. Although some hospitality workers were already expected to 'manage' toilet access, we show how their ways of working suddenly changed, and their gatekeeping role became much more explicit.

We utilise and develop street-level bureaucracy theory in three novel ways. First, we extend a limited body of work that applies street-level bureaucracy theory to times of intersecting crises, by showing how crises broaden the scope of work required of street-level bureaucrats and which workers are undertaking this labour. Second, we bring attention to the role of hospitality venues in enacting street-level bureaucracy, a sector which has received little focus in the literature. Finally, we extend sociological explorations of toilet access and access to public space, by bringing the experiences of hospitality workers into conversation with street-level bureaucracy theory. This article demonstrates the sociological importance of the toilet for understanding broader issues relating to neoliberal urbanism and the responsibilisation of access to essential social infrastructures. As Molotch (2010: 8) notes, 'the restroom thus becomes a tool for figuring out just how a society functions . . . how it separates people from one another, and the trade-offs that come to be made'.

Methodology

This article presents analyses from our project investigating the labour involved in new hygiene routines imposed in UK hospitality during COVID-19. Recruitment started in December 2020, targeting those who had worked in the sector since the first lockdown in March 2020 (Jones et al., 2023). Using social media, local forums, and trade union contacts, we recruited participants involved in cleaning, including toilet maintenance and monitoring. Recruitment initially relied on self-selection. This was followed by analytic checks and targeted purposive recruitment to strengthen diversity. Data collection continued until April 2021, covering participants' experiences during lockdowns and changing regulations, and working in open venues between lockdowns. Participants kept a work diary for 2 weeks and attended remote follow-up interviews (Jones, 2022; White, 2021b).

This article adopts a case-based approach, but participant characteristics are provided for context. Twenty-one hospitality workers participated. Participants included workers from rural and urban areas of England and Northern Ireland, aged between 18 and 65. Most worked in pubs or restaurants, with some in fast-food outlets, bars and cafes. Most had low-paid front-of-house roles, but three were managers and two primarily cleaners. Participants were reimbursed for their time in recognition of their contribution and the financial pressures many workers faced during Covid-19. The project was collaborative, recognising that people working in/with the hospitality sector have expertise to benefit the research. Collaboration included an advisory board and participant analysis workshops, which took place after initial analysis to refine researchers' interpretations. Institutional ethical approval was granted by the University of Exeter.

We conducted a reflexive thematic analysis of interview transcripts and diary data (Braun and Clarke, 2019). Initial coding was carried out in collaborative documents on OneDrive, and then organised into a spreadsheet to support comparison and refinement. Through an iterative process of discussion and reinterpretation, these codes were developed into broader themes. To ensure coherence throughout the process, all members of

the research team were involved at each stage, collaboratively checking and interpreting the data and themes. One theme – focusing on the dynamics of toilet gatekeeping – was selected for deeper analysis and provides the focus of this article. This iterative, team-based approach produced a robust analysis, informing the discussion presented here.

In this article, we focus on two participants' accounts of managing toilet access in hospitality. Using a crystallisation framework (Ellingson, 2009; Richardson, 1994), we aim to construct 'rich, thick, and ethical descriptions' by analysing the data from multiple perspectives (Neves et al., 2021: 51; see also Ellingson, 2009). This requires challenging the conventions of effective research communication because – much like a crystal – '[w]hat we see depends upon our angle of repose' (Richardson, 1994: 934). Crystallisation involves reflecting on how participants are represented. Our use of 'sociological narratives' (Neves et al., 2021) allows a more detailed engagement with the participants' voices, experiences, and contexts shared with us through diaries and interviews. Rather than traditional engagement with short extracts, we provide two complex accounts in order to '[capture] various angles' of the participants' stories (Neves et al., 2021).

Focusing on a small number of cases (e.g. Rogers and Ahmed, 2017) affords the layering of subjective experiences and the agency of these participants, and also illuminates the powers and constraints of social structures and institutions. As Becker (1970: 64) suggested,

> [T]o understand an individual's behaviour, we must know how [they] perceive the situation, the obstacles [they] believed [they] had to face, the alternatives [they] saw opening up to them. We cannot understand the effects of the range of possibilities, delinquent subcultures, social norms and other explanations of behaviour . . . unless we consider them from the actor's point of view.

The participants discussed in this article, Bill and Jack, were selected for two reasons. First, they exemplify two distinct parts of the hospitality sector: a multinational fast-food chain and a country pub. Second, their experiences illustrate toilet-gatekeeping themes that were identified across multiple participants' accounts. While not intended to be demographically representative of the wider sample, their narratives are thematically representative in that they foreground gatekeeping dilemmas and dynamics, and precarious home and employment circumstances, that recur across the dataset. Through the two distinct but complementary accounts, we argue that the toilet gatekeeper role compels the hospitality worker to make individualised and difficult decisions and shifts attention away from the urgent political need for unconditional free access to public toilets. Although case-based insights prevent systematic comparison across groups and statistical generalisation, they nonetheless illuminate processes and tensions that resonate more broadly.

Bill's story

Bill was in his mid-sixties and worked at a multinational fast-food chain in a large city in northern England. Bill was white, heterosexual, and considered himself lower-middle class. His role was primarily cleaning and customer experience, or as Bill described it,

'to make sure everyone is happy and leaves with a smile'. Before the pandemic, Bill loved his job and enjoyed entertaining and taking care of customers. However, when his role changed in line with new public health regulations, he said the work quickly became unpleasant.

Bill was very concerned about his wife, whom the NHS categorised as 'higher risk' of serious illness from COVID-19, and was entitled to specific protection measures. Bill and his wife had taken their own precautions in the first lockdown: 'we did not go anywhere, we had everything delivered, everything was sanitised'. Bill's wife was still on furlough at the time of his interview, but she was hoping to return to work in subsequent months. When Bill returned to work in 2020, concerns about his own potential to transmit Covid-19 to his wife were aggravated by a lack of managerial support. He recalled being dismissed as a 'drama queen' when seeking assistance with customers who were not following his orders. Bill submitted anonymous feedback to the company, and two weeks later they made various improvements including more immediate interventions from management when confrontations occurred.

When Bill's restaurant reopened as takeaway-only during lockdown, one of their entrances was shut off to prevent customers' access. This was a relief for some workers, especially those who – like Bill – were worried about returning to work. Delivery drivers were still allowed in the restaurant to collect orders and use the toilets, however. This concerned Bill as he felt that drivers were not adequately hygienic: 'It's a struggle to get them to sanitise their bags and do their hands now, and all you ask them to do is spray the bag and sanitise your hands when you walk through the door'. Because of his role in enforcing these rules, welcoming drivers into the restaurant created more work for Bill 'and more aggro'. He said he would have preferred a means for drivers to collect orders from staff without entering the venue, such as through a hatch, where 'you pass the orders to them and they go away'.

Bill disagreed with the policy to let drivers access the toilets, but acknowledged that 'they have got to go somewhere'. He said they left more mess behind in the toilets than others, and it was his responsibility to clean up afterwards. Bill also noticed that drivers stayed in the toilets for long durations, sometimes 20 to 30 minutes. For Bill, they were 'the worst culprits'. In his diary, he reported 'someone left a nice "present" in the gents. Was it a delivery driver?' When customers were allowed back into the restaurant after lockdown, delivery drivers were told to use a different entrance door than before. This meant that to access the toilets, drivers had to walk around the outside of the building to minimise crowding in the dining area. This was not received well. Bill explained, 'they do not like it. And it's a hassle'. He recalled this led to 'aggression and harsh words [. . .] just because [drivers] have to walk an extra 30 feet'. Bill was often on the receiving end of people's frustrations about Covid regulations. He recalled that when he told a driver to park in a different bay, the driver stabbed Bill's finger with a key.

In contrast to the drivers, customers' access to the toilets was prohibited during lockdown. Nevertheless, people frequently attempted to enter, sometimes sneaking into the toilets when staff were not observing, despite a 'closed' sign on the toilet door. Bill remembered '[having] to virtually drag them out'. He believed that this issue would have been alleviated if management had asked staff what measures could be taken. He suggested a lock on the toilet entrance would help, but joked that people were so determined

that 'they would probably limbo under' a locked door. Thus, his experiences of others' persistent flouting of rules and his expectations about 'anti-social behaviour' meant that Bill felt there was limited potential to adapt or improve work facilities.

Outside of the lockdown period, staff were still told to use discretion regarding non-customers' toilet access. Bill developed his own criteria for who was 'deserving', based on protected characteristics or an occupation in emergency services. He described his approach: 'If a disabled person comes in, if a pregnant woman comes in. I let police officers in, I let ambulance drivers in because obviously, they are out on the road'. Bill would have liked a keypad-lock and code system to restrict access to permitted groups. Following abuse, resistance, and concerns about misuse, Bill sought greater regulation, with the keypad also deflecting some personal liability.

Before the pandemic, Bill enjoyed building relationships and performing tricks, becoming a key figure of hospitality in the restaurant. During Covid-19, he became more aware of the health and harassment risks that these social connections entailed. Bill was thus caught between the desire to welcome 'deserving' guests, and to protect his space from perceived outsiders. As Davies (2021) describes, boundary regulation and the possibility of exclusion have always been a necessary dimension of hospitality.

Jack's story

Jack was white, in his mid-twenties, heterosexual, and considered himself working class. He was one of many hospitality staff made redundant in 2020, when the Covid-19 pandemic and related lockdowns led to a 163% jump in redundancies (The Guardian, 2021). When hospitality venues re-opened in July 2020 (dubbed 'Freedom Day' by the press), Jack started working as a bartender in a dining-focused country pub in northern England. The pub was situated on a hill with beautiful views over the nearby city and was popular with visiting walkers as well as locals.

When Jack started the role, it became apparent that he held different views to the pub's managers and owners, as well as the customers, whom he described as 'new money' and 'well-to-do'. Jack's political perspectives on social ownership and solidarity were at the root of the differences. This came to light in their opposing views on Covid-19 and public health guidance. Jack said Covid scepticism was widespread at the pub and described one regular customer who viewed the pandemic as a 'Marxist plot'. The manager, too, saw the pandemic as – in Jack's words – a 'mysterious grand plan to control people'. Customers 'consistently challenged or refused to engage' with government regulations. Jack was not expected to police this: 'as long as [the manager] was making money, he didn't really care'. As a result, minimal guidance was followed, which Jack said put staff in a difficult position when it came to reinforcing regulations, especially for their own protection. He said the owner 'didn't like someone coming in and telling him how to run his pub'.

Jack had concerns about how this approach impacted Covid-mitigation procedures such as mask-wearing, disinfecting, and test-and-trace. However, in contrast to Bill, he did not want toilet access at the pub to be controlled or restricted. He said, 'I have always been one that has said that if people want to go in for a wee, they can'. For Jack, this was

especially necessary due to the decline in publicly funded toilet provision and increase in pay-to-access toilets.

During the test-and-trace period, some monitoring of the pub toilets was required, although Jack commented that on quieter days staff would do this from the bar rather than the main door. This meant that members of the public could 'step in, go to the toilets, and leave straight out' because they were not in staff's sightlines. He described his frustration that other hospitality settings operated customers-only toilet-use policies. With the closure of council-funded toilets, Jack argued that hospitality venues had a duty to provide toilets, that it 'should be the role of a pub' to grant free access to community facilities. Jack did not experience any managerial oversight on this, but he believed that the manager would have been motivated by fear of losing revenue rather than concerns about viral transmission.

In Jack's view, toilet access was integral to the pub as a community space, and he used his position to make this possible. Jack also made a broader point about the narrative on business rights during the pandemic. He mimicked business owners: 'it is my right to open a pub, it is my right to do business, my right to trade'. Jack believed this was a narrow perspective and argued that public health management required responsibilities as well as rights. Specifically, the business has a responsibility 'to ensure [their] staff and customers are safe'. Jack's ideological clash with management regarding Covid-19, and his commitment to public toilet access, illustrate his views on social responsibilities under capitalism. His actions acknowledged the impact of toilet availability on individual and population health. From Jack's perspective, social infrastructures such as public toilets are necessary healthcare provision rather than lucrative opportunities.

Discussion

Being hospitable

The notion of hospitality opens up questions about who to expect, who to welcome, and how to manage constraints and exclusions (Davies, 2021). Hospitality scholarship illustrates how commercial hospitality seeks to please guests to encourage repeat visits or positive memories, yet it embodies a paradox in which economic imperatives drive staff to be highly accommodating, sometimes exposing them to misbehaviour such as harassment and bullying (Doe and Essiaw, 2023; Golubovskaya et al., 2017). Jack and Bill's roles as 'hosts' in their workplaces changed during Covid-19 restrictions. These changes meant that the role of host was understood as perilous by some workers. Bill and Jack both had concerns that management were not adequately protecting staff from the risk of transmission and, in Bill's case, from the threat posed by customers and other workers who challenged their street-level bureaucratic practices. The government restrictions and workers' authority to make decisions about access were new developments, and therefore under public scrutiny. Both participants wanted staff to be kept safe but their methods for achieving this were not entirely in agreement. The country pub and the inner-city fast-food outlet had different internal relations of power and different tendencies in management style, customer expectations, strategies for dealing with complaints, and differences in how communal spaces were used and by whom.

The new reliance on commercial and privatised toilets is a reformist solution that does not challenge existing power relations or support more fundamental, structural changes in society. In other words, it does not address the root cause of the problem created by the lack of public facilities or societal attitudes around particular bodies in space. Instead, the regulation of toilets in private spaces permits new processes of marginalisation and exclusion; for example, workers being expected to make discretionary decisions around somebody's right or need to use the toilet.

It is powerful that workers like Jack strive to use their position to enact a form of community care at an individual level, by granting open access to private toilets. Brodkin (2021) shows that street-level bureaucrats demonstrate resistance differently in times of crisis. Jack's resistance to gatekeeping toilet access, knowing that people have nowhere else to go, is a response to the intersecting crises of austerity and Covid-19. Jack attempts to democratise the space, letting in the 'space invaders'; welcoming them as insiders (Puwar, 2014). However, universal and unconditional access is incompatible with the street-level bureaucracy required for toilet gatekeeping. Like the informal online networks that have formed to distribute the keypad-passwords to café/restaurant toilets to non-customers (e.g. Loo Codes app), these attempts to subvert the system do not provide a long-term solution and they come with risks for workers and toilet users. Nevertheless, these efforts to regain spatial control hopefully offer some temporary relief, and afford new social possibilities, attitudes and relations.

Control and discretion

The new responsibilities assigned to Bill to fulfil Covid-19 mitigation measures transformed his role and took away his enjoyment. The day-to-day gratification Bill gained from welcoming and entertaining customers was displaced by the stipulation to regulate entry to the restaurant. This street-level bureaucracy made Bill's usual methods of hospitality impossible, shifting his focus to exclusion. Street-level bureaucracy relies on worker discretion to 'negotiate, adapt, subvert, and sometimes even resist elements of the policies they are tasked with implementing, in order to make them 'fit' the complex lives of individual members of the public that they work with on a daily basis' (Crossley, 2016: 193). Jack and Bill's different work contexts, personal lives, priorities and philosophies on how the pandemic (and society more broadly) should be managed and organised, led to different approaches to their new responsibilities. Bill was more amenable than Jack to exercising authority and discretionary power in efforts to protect the restaurant's workers during the height of a pandemic. The rigorous control over access to the venue was a relief to Bill when he first returned to work. To minimise transmission risk, Bill wanted limited contact with others. The expectation that Bill would play a role in the bureaucracy of access may have been advantageous to him, as it provided justification for his concerns about transmission and the sharing of space, which may have been otherwise difficult to voice.

Street-level bureaucrats are often tasked with making decisions about the allocation of limited resources (Lipsky, 2010). While Bill had a strong sense of who should be granted access, he also understood that other constraints within the urban infrastructure complicated these decisions. A lack of publicly funded toilets meant that delivery drivers

had nowhere else to go. The city itself is made inhospitable by neoliberal urbanism. This is a problem which has been raised by delivery drivers in campaigns to improve access to waiting areas, rest stops, and facilities (IWGB, 2022). While both Bill and Jack held strong beliefs about rights to access toilet provisions, they diverged on the scope of these rights. Jack supported universal access. Bill fantasised about tighter security and control using built-in mechanisms such as delivery hatches and door keypads. Covid-19 mitigation policies made Bill's job less about entertainment, and more akin to a street-level bureaucrat; he hoped technology could remove some discretion, or at least obscure his role in it, relieving him of this responsibility which had not been part of his original, enjoyable duties.

Nevertheless, for Bill, the pandemic emphasised the importance of upholding spatial boundaries. Taking responsibility for monitoring the hygiene of anyone entering the restaurant and using the toilets was stressful, but necessary. Davies (2021) notes that concerns about Covid-19 reversed some of the usual principles; '[w]elcoming a guest into one's home was turned into something not only risky but antisocial, indicating a lack of concern for the wider population'. For Bill, tightly regulated access was an act of care for those he believed belonged inside. However, the discretion expected of street-level bureaucrats operates within wider, inequitable social structures, meaning there may be 'a tendency to favour clients who resemble themselves and discriminate against those from different racial, social class and/or cultural backgrounds' (Maynard-Moody and Musheno, 2012; Rivera, 2016: 5). It became clear that Bill felt that sharing space with certain bodies carried greater risk, and that some people were more deserving of facilities. Bill's focus on the problems created by delivery drivers illustrates the ways that certain bodies – even when authorised – are viewed as encroaching on, or not belonging to, certain places (Puwar, 2014). As ethnic minorities are overrepresented in this role (Mai and Cominetti, 2020), we note the racialised nature of discretion whereby racialised bodies are scrutinised under an 'optic lens of suspicion and surveillance' (Puwar, 2014: 18), and their presence in the workplace is seen to 'represent a potential hazard' (Puwar, 2014: 61). Gatekeepers' judgments and discretions cannot be separated from wider forms of social oppression and inequality.

Responsibilisation

These decisions are all situated within a broader socio-political and economic context. Hospitality literature has highlighted the sector's contribution to the social and communal infrastructure, and its role in health and wellbeing, particularly in mitigating loneliness (Thurnell-Read, 2021). However, this dimension of the use of hospitality venues is indicative of declining public provisions and community services in the United Kingdom, including the closure of council-funded toilets as part of austerity measures (Hall, 2020) and Covid-19 mitigation. Amid inflating costs and rents, high-street venue closures also shift more attention to the businesses that remain and the facilities they provide. This has required hospitality workers to perform additional and personalised reproductive labour beyond the workplace (Jones et al., 2023), and led to discomfort and risk for some workers when regulating public access to toilets.

The ability to be hospitable is not experienced evenly by workers and across social groups, and it is tied to workers' own sense of vulnerability, health and wellbeing, and workplace power relations. Workers also bring their own values and biases. As such, the individualised responsibility placed upon hospitality workers to grant access inevitably involves different stances on controlling space, as we see across Bill and Jack's stories. Bill and Jack both understood that the use of street-level bureaucracy to filter access to toilets was inadequate, and neither participant felt comfortable with these new responsibilities. Bill feared the repercussions of rejecting access, whereas Jack disputed the premise of exclusion. Thus, these tasks were difficult not only because they involved new, additional work, but also because they were laden with risk of confrontation and ethical predicaments. Responsibilisation neglects 'the social and political culture in which individual responsibility is embedded and experienced' (Gray, 2009: 328).

Notably, the requirements of government guidance and street-level bureaucracy in the practice of regulating toilet/venue access did not afford all the components that Bill and Jack valued in their understanding of hospitality. To be truly hospitable (a desire both held), Bill wanted to welcome all customers, and Jack wanted to make community provision available regardless of custom. While the benefits of limiting customer and driver access were recognised by Bill, the physical dangers of street-level bureaucracy also threatened his ability to remain working in this role. Neoliberal subjectivity frames hospitality workers as self-reliant actors committed to continuous self-improvement through the ongoing development of their skills. It also normalises instability, positioning them as fully responsible for managing risk and uncertainty in work and life, with success or failure understood as a personal outcome rather than a structural one (Rydzik and Kissoon, 2022).

Conclusion

We have explored the role of hospitality workers as 'gatekeepers' in maintaining toilet spaces and facilitating access to essential, everyday provisions. The closure of council-funded public toilets in the United Kingdom has made commercial toilets a key social infrastructure. By foregrounding workers' experiences, we add nuance to literature that has largely overlooked those controlling access, offering insight into neoliberal urbanism and the responsibilisation of access to essential services.

We have made substantial theoretical and methodological contributions across three themes: being hospitable, control and discretion, and responsibilisation. Building on Brodkin (2021), we have shown that street-level bureaucracy theory is useful not only to make sense of crisis experiences, but also illuminates how crises expand the roles subject to bureaucratic discretion. Our use of this theory has shown that the compounding crises of austerity and Covid-19 intensified the street-level bureaucracy expected of hospitality workers, particularly around toilet access.

While our use of in-depth sociological narratives (Neves et al., 2021) prevents systematic comparison across groups and statistical generalisation, it offers theoretical insight into processes spanning roles and settings, avoiding one-dimensional accounts of participants' crisis decision-making. Most workers in the study perceived a need to provide essential facilities, although some valued facilitating access and others

feared personal risk, and felt access needed to be conditional, often creating conflicts with management and policy that could exacerbate inequalities. Covid-19 mitigation intensified the monitoring of toilets, reflecting broader trends of austerity urbanism (Peck, 2012) and neoliberalism (Apostolopoulou and Liodaki, 2021). Access to toilets and to public space remains conditional, and these conditions have become more stringent.

Globally, responses to public toilet infrastructure vary. China's 'toilet revolution' has led to the upgrade and expansion of facilities (Cheng et al., 2018), while some US cities, such as San Francisco, have begun reinvesting in public toilets after decades of decline (Amato et al., 2022). In the United Kingdom, closures and restrictions during lockdowns highlighted how everyday care infrastructures are central to public health and social equity, magnifying inequalities in sanitation access and burdening hospitality workers with hygiene and customer-management responsibilities (Bambra et al., 2020; Marmot et al., 2020).

The legacies of Covid-19 extend beyond its epidemiological dimensions, reshaping social infrastructures and labour relations, particularly in hospitality. The British Academy (2021) identified the pandemic as a catalyst that accelerated existing structural inequalities and exposed the fragility of low-wage service sectors, where insecure, customer-facing work left employees highly vulnerable to infection and income loss (Blundell et al., 2022; Dowd et al., 2020). These disruptions deepened inequalities, as women, disabled, and minority workers were overrepresented in the most precarious and lowest-paid roles (Trades Union Congress (TUC), 2021). While the crisis briefly revalued service and care labour in some ways, this recognition rarely translated into lasting improvements in security or welfare (British Academy, 2021).

In combination, our use of street-level bureaucracy theory and sociological narratives have shown that public toilet facilities are necessary social infrastructure and healthcare provisions, and that toilet access away from home should not be consigned to the private sector as a profit-making opportunity (Slater and Jones, 2021). Reliance on hospitality venues exacerbates inequalities for both users and workers, while privatisation shifts the burden onto staff – who must increasingly monitor and control access – highlighting how everyday infrastructures shape social equity.

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Institutional ethical approval was granted by the University of Exeter. Informed consent was collected from participants through verbal discussion and signed consent forms.

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Data availability statement

This dataset has not been made publicly available through a data repository due to its sensitive content.

Rights retention statement

Note

1. However, in an anniversary edition of his book, Lipsky (2010) acknowledged the theory's potential application to the private sector.

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