Immobilised: The Impact of Austerity and COVID-19 Policies on Disabled Experiences of Social Exclusion in Britain since 2010

Researcher: Olive Watt

Supervisor: Dr Ned Crowley

Abstract:

Austerity has been shown to have had a disproportionate impact on disabled people in Britain. The aim of this study is to explore how austerity and then COVID-19 impacted how disabled people have been socially excluded in Britain. The study employs a qualitative methodology, using semi structured interviews. The data, collected from seventeen respondents, was analysed using inductive thematic analysis. Four themes emerged: that disabled people feel they are not cared for, not believed, not understood, and not accommodated. These findings highlight the damage done to disabled people's independence and dignity by austerity policies, and the need for a different, evidence-based policy approach that centres disabled experiences.

Table of Contents

Introduction:

In 2016, UN Committee on the Rights of Persons with Disabilities published a report that found 'grave' and 'systematic' violations of the human rights of persons with disabilities (Committee on the Rights of Persons with Disabilities, 2016, p20) occurred in Britain following the introduction of austerity measures from 2010. In 2024, a follow up report found that 'no significant progress has been made' (Committee on the Rights of Persons with Disabilities, 2024, p11) with 'signs of regression' in some areas (Committee on the Rights of Persons with Disabilities, 2024, p13). Disabled people died at disproportionate rates during COVID-19 (Hallett, 2024) and had lower wellbeing than non-disabled people throughout the pandemic (Office for National Statistics, 2022a). This qualitative study asks what impact austerity and COVID-19 had on experiences of social exclusion among disabled people in Britain. Seventeen interviewees were asked about their experiences. Building on studies of the impact of austerity and COVID-19 on disabled people, this study focuses on individual experiences of the two, paying attention to their interaction. Four common themes emerge from interviews. These are that disabled people in Britain feel they are not cared for, not believed, not understood, and not accommodated. I find that austerity policies exacerbate these experiences by cutting funding to vital services that disabled people disproportionately rely on, and because the rhetoric used to justify these policies devalues disabled experiences and lives. Austerity and COVID-19 interacted to increase social exclusion, and mean that disabled people are deprived of their rights to independence, dignity, and equality.

Literature Review:

Definitions:

In the UK, an individual is legally defined as disabled if they have a 'physical or mental impairment that has a substantial and long-term negative effect on their ability to do normal day-to-day activities' (*Equality Act 2010*). The Department for Work and Pensions' estimate from 2021/2022 indicates that 24% of the population is disabled. Significantly, they found that the proportion of the population reporting a disability has risen by 5 percentage points since 2010/11 (Kirk-Wade, 2024).

This study uses the social model of disability. The Union of the Physically Impaired Against Segregation (UPIAS) contributed most significantly to the development of this model in 1976. They argued 'it is society that disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from participation in society' (Union of the Physically Impaired Against Segregation, 1976). Seventy eight percent of disabled adults in the UK believe that society treats them much (41%) or slightly (37%) worse than those without a disability. Sixty three percent of the general population think they are treated much (24%) or slightly (37%) worse (YouGov, 2020). This data suggests widespread experiences of social exclusion among disabled people in Britain.

The Labour Government under Tony Blair defined social exclusion as

> 'A shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown' (Batty, 2002).

This definition of social exclusion has been criticised (Morris, 2001) for failing to capture social exclusion of disabled people with high levels of support needs. Morris points out that for these people, being excluded is about being denied their human rights (for example to be part of communities or to communicate). The current policy agenda, Morris contends, focuses on social cohesion not human rights - the threat posed to social stability by unemployment and poverty. Considering this critique, I will be defining social exclusion as,

> The experience of a combination of linked problems such as unemployment, low incomes, poor housing, physical barriers to entering communities, stigmatisation, denial of dignity or withholding of the right to make choices, resulting from disability or another characteristic, which can be remedied by changes in society.

Social exclusion of disabled people can be seen in disabled experiences of employment in Britain. 53.6% of disabled people aged 16 to 64 years in the UK are in employment compared with 82.5% for non-disabled people (April to June 2023); the disability employment rate has increased by 10.0 percentage points from 43.6% in April to June 2013 (Department for Work and Pensions, 2023). Social exclusion can also be seen in wellbeing metrics. Disabled people aged 16 to 64 years had poorer ratings than non-disabled people on all four personal well-being measures (year ending June 2021) (Office for National Statistics, 2022b).

Austerity:

In 2010 the Conservative-Liberal Democrat coalition introduced austerity intended to last four years, designed to reduce debt by cutting spending. By 2014-5, spending on public services was 9.2% lower than in 2010-11 (Bozio *et al.*, 2015). The health budget was protected from cuts, but spending grew slowly by historical standards. There was a funding squeeze, forcing NHS trusts to operate in a ‘hand to mouth’ way, reducing their ability to invest in ‘transformational’ changes such as better care for long-term conditions and joined-up care (Merry and Gainsbury, 2023). Local authority budgets were cut, with real terms public spending on local-authority-organised social care falling, which had the unintended impact of greater strain on the NHS (Luchinskaya, Simpson and Stoye, 2017). Spending on social care fell by 10% in the mid 2010s, with services worsening and emergency funding was required as a result (Hoddinott, Fright and Pope, 2022). Theresa May announced in 2018 that austerity was ending but said new policy changes would be made when a good Brexit deal had been secured (Kentish, 2018). Two crucial austerity measures were the introduction of Personal Independence Payments (PIP) and changes to the Work Capability Assessment (WCA).

PIP was introduced to replace Disability Living Allowance in the Welfare Reform Act, 2012. Its conditions were tougher. Esther McVey told parliament that the government expected that almost 60% of people to be moved from DLA to PIP would receive a reduced benefit on reassessment or none at all (McVey, 2012). Previously, people qualified for DLA if they could not move more than 200m. This was changed to 50m without consideration of the pain and exhaustion, and then changed to 20m (The Department for Work and Pensions, 2012). Decision making by assessors has been criticised with figures showing that 70% of all PIP appeals are won by the claimant (Department for Work and Pensions, 2024)

Tougher conditions for Work Capability Assessments were also rolled out. The assessments were introduced in 2008 to assess entitlement for Employment and Support Allowance but toughened from 2010. This also involved re-assessment of all current claimants of Incapacity Benefit (Kennedy, 2014). The 2024 UN report found the assessment process to be onerous, and that assessors are ‘inexperienced and/ or underqualified’(Committee on the Rights of Persons with Disabilities, 2024, p12). The UN report also alleges that there is ‘a correlation between the government's initiative to reevaluate incapacity benefits through the Work Capability Assessment (WCA) and an estimated six hundred suicides over a span of three years’ (Committee on the Rights of Persons with Disabilities, 2024, pp12-13).

The government also introduced a cap on benefits for individual households and introduced the ‘bedroom tax’ in 2013 which penalised anyone receiving housing benefit who has what the government regards as a spare room, not considering whether this is used to house carers or equipment (Ryan, 2013).

A literature review of the impact of austerity by MacDonald and Morgan found that a stigma was created surrounding disability and obtaining welfare. Measures also interacted, creating ‘multiple burdens’ (Macdonald and Morgan, 2021, p1130). For example, libraries were closed but these served multiple functions – they were where the elderly met up, kept warm, and reduced isolation. Macdonald and Morgan also criticised them for considering ‘issues within silos: as small, discrete areas with different parameters… which had the effect of offering piecemeal solutions lacking strategic impact on services or illness’ (Macdonald and Morgan, 2021, p1143). The government did not carry out a Cumulative Impact Assessment of the changes to disabled people. Duffy (2013) found that Disabled people have borne disproportionate burden of the cuts. Changes to DLA, ESA, tax credits, and housing benefits cost the average disabled person £4,410 per year, 9 times the national average (Duffy, 2013).

The Ideological Dimension to Austerity:

Austerity policies were accompanied by a notable shift in rhetoric. Ministers spoke about ‘work-shy’ long-term sick exploiting hard-working taxpayers’ (Ryan, 2019). The Sun launched a campaign to ‘beat the Cheat’ including a benefit-fraud hotline in 2012 (Talsania, 2012). David Cameron spoke of attitudes having changed since the welfare state was founded with people ‘fiddling the system’ (Cameron, 2011). Surveyed volunteers thought an average of 40% of disability benefits were being claimed fraudulently when actual levels were 0.5% for DLA and 0.3% for Incapacity Benefit (Briant, Watson and Philo, 2013). Scully argues that the coalition built support for austerity through hostility towards disabled people, by focusing on ‘hardworking families’, they implied that anyone who is not in full time employment is not worthy of support (Scully, 2014).

Austerity has also been connected to epistemic injustice. Scully (2019) argues that social position and power align with forms of epistemic power - the power over how knowledge is accumulated in and spread through communities. Disabled people are often denied epistemic credibility and authority. Excluding marginalised group’s knowledge from the common epistemic pool enables disabled people to be pushed to the parameters of social life. Austerity is one feature of the contemporary world which means disabled people are increasingly likely to suffer from epistemic injustice. Scully believes that increasing epistemic injustice caused by austerity can be linked to regression in disability rights, reflected in the UN report, and the documented rise in hate crimes (Scully, 2019).

A UN enquiry released November 2016, found ‘grave’ and ‘systematic violations’ of the rights of people with disabilities (Committee on the Rights of Persons with Disabilities, 2016, p20). Austerity measures including the bedroom tax, cuts to social care and benefits, disproportionately and adversely affected disabled people. Cuts to PIP hindered disabled people’s right to live independently, whilst ‘fit for work’ tests were flawed. Three areas: the rights to live independently, to work, and to achieve an adequate standard of living have been negatively affected. Disabled people were portrayed as ‘lazy and placing a burden on taxpayers’(Committee on the Rights of Persons with Disabilities, 2016, p15). They experienced hostility, aggression, and attacks to personal integrity (Committee on the Rights of Persons with Disabilities, 2016). In 2024, a follow up report found that ‘no significant progress had been made’ (Committee on the Rights of Persons with Disabilities, 2024, p11) and despite some action, there are also ‘signs of regression’ (Committee on the Rights of Persons with Disabilities, 2024, p13). The government does not consult disabled people, and uses a ‘rhetoric that devalues disabled people and undermines their human dignity' (Committee on the Rights of Persons with Disabilities, 2024, p11).

COVID-19:

The COVID-19 enquiry linked austerity and COVID-19. George Osborne implicitly justified austerity measures to the COVID-19 enquiry, arguing that 'if public finances had not been placed on an even keel, the country would not have been able to support itself and the economy as it did by borrowing and spending large sums of money'(Hallett, 2024, p89). But the inquiry criticised the lack of emergency planning for a pandemic (Hallett, 2024). Arietta argues that institutions were 'ill-placed to mitigate the social struggles of 2020-1'(Arrieta, 2022, p239). Health organisations lacked resources to match demand, and limited amounts of PPE endangered healthcare workers (Arrieta, 2022). Austerity, it has been argued, also worsened health conditions in the UK and accelerated mortality rates, placing additional strain on health services during the pandemic (Hiam, Dorling and McKee, 2021). Disabled people had a higher risk of death from COVID-19. More-disabled women had the highest risk of death – at 1.6 times greater than non-disabled women (Office for National Statistics, 2022a). Medicalisation of this 'vulnerability' has been criticised. It was assumed that disabled people are inherently more vulnerable to COVID-19, but other factors also explain the raised risk of death involving COVID-19 among disabled people including location and socio-economic circumstances (Mladenov and Brennan, 2021).

In the UK, the Coronavirus Act enabled the suspension of provisions in the Care Act 2014 in England and Wales; in Scotland it removed the duty of Health and Social Care Partnerships to assess need (Baginsky, Thomas and Manthorpe, 2022). As Shakespeare, Ndagire and Seketi note, disabled people faced a 'triple jeopardy' – higher risk from death, reduced accessibility to health and social care services, and the additional impact of social barriers (Shakespeare, Ndagire and Seketi, 2021). YouGov found that 65% of disabled adults said COVID-19 had worsened disabled rights.

Read et al (2023) argue that pandemic measures 'brought to the fore long-standing ableist narratives regarding which bodies are valuable in society' (p38). Those with 'pre-existing health conditions' were treated as more expendable, and therefore less worthy of attention. They draw attention to the ways disabled people were neglected in changes made to social care, masks with isolated d/Deaf people, and challenges with social distancing among the visually impaired. Poor outcomes were seen with financial stress, instability, and poor mental health (Read *et al.*, 2023). Scully (2023) argues that the pandemic saw a 'redrawing of lines between people who matter and those who don't' (p604), and that this became clearer as solidarity rhetoric died down. A 'differentiated solidarity' emerged - there was recognition of the pandemic's impact on old people, but not of the impact on disabled people (Scully, 2023, p604). There were separate categories of COVID-19 victims, those with 'vulnerability' to COVID-19 – disabled and older people, and everyone else. Deaths of those with 'underlying conditions' were sad but not unexpected. Others were extraordinary. In this division, it became clear that some lives were more valued than others (Scully, 2023).

Goodley and Lawthom argue that disabled people become 'collateral damage of neo-liberal ableism'. Their exclusion is justified because they cannot cope with the demands of everyday living (Goodley and Lawthom, 2019, p247). Restricted access to goods and services, and dehumanising rhetoric around disability is, in Read et al's view, rooted in a 'eugenic logic' (Read *et al.*, 2023, p44). This guided decision making in the pandemic, which led some to view it as a regime of 'survival of the fittest'; those who were not considered 'fit and healthy' were written off as unfortunate but unavoidable casualties (Read *et al.*, 2023, p44).

Refining the Research Question:

It is clear that austerity and COVID-19 polices are intertwined. Austerity measures meant that disabled rights were violated through the specific targeting of disability benefits and services which many rely on. This was justified and upheld through rhetoric which vilified disabled people explicitly and implicitly, through the privileging of those who are able to work. Whilst Theresa May declared that austerity was over in 2018 (Kentish, 2018), this claim was criticised for not reflecting Treasury policies (Inman, 2018). COVID-19 saw the deprioritisation of disabled people continue with emergency legislation removing key rights. The 'post-COVID-19' era has seen a continuation of negative rhetoric surrounding disability with descriptions of a 'sick note culture' having emerged since COVID-19 (Gregory and McKiernan, 2024), and the declaration that all those on sickness benefits should be looking for work under new plans (Pring, 2024). Through qualitative research, this study seeks to understand how these policies and rhetoric impact how disabled people in Britain feel they are perceived, supported, and accommodated within British society. Austerity and COVID-19 are not understood as separate events but viewed as they occurred in reality – as intertwined sets of decisions, policies, and narratives.

Methodology:

Participants were recruited using purposive snowball sampling. A flyer and social media post were used to recruit participants, as well as word of mouth. Participants had to identify as disabled according to the Equality Act 2010. This study used in-person semi-structured interviews. Information sheets were sent to all participants and a further verbal information and consent script was read at the beginning of each interview. Participants were asked 10 questions about their daily life as a disabled person, the welfare system, education and employment, media representations, government support, social policy, treatment by strangers, COVID-19 lockdowns, and British society. Prompts and follow up questions were used where participants provided less detail or raised relevant issues to be explored further. Seventeen interviews were conducted. Eleven participants were female, four were male, and two were non-binary. They were disproportionately university educated, owing to the use of snowball sampling. The average participant was in their 20s, and the average length of the interview was 29 minutes.

Interviews were transcribed using transcription software and manually edited for accuracy. These transcripts were analysed using inductive methods, identifying topics that participants raised in their own words. These codes were used to identify themes, from which four were selected for further analysis.

Participants were anonymised in all note taking, except for those who consented to providing their job titles. Pseudonyms are used when referring to participants.

Research Findings:

From my analytical codes, I identified four core themes which I will focus on due to their explicit and implicit links with austerity practice and rhetoric. Disabled people in Britain currently feel that they're not cared for, believed, understood or accommodated.

'I'm not cared for'

This theme explores experiences of the health and social care systems.

A major theme which emerged was failures in NHS provision. Waiting lists were a major issue, often worsened by the 'COVID backlog'. Ash, who has a condition which causes mobility issues named waiting lists as one of the most significant issues impacting their care. Their diagnosis took 7 years. They then had in hospital treatment, before being discharged for outpatient treatment. The discharge took place in June, but they were told they would not be seen until October. The Child and Adolescent Mental Health Services were widely mentioned. Participants spoke of years long waiting lists and some were never seen. Autism waiting lists were also widely mentioned. Hannah waited three years for an autism diagnosis and was only seen two days before her 18th birthday. There is also variation in the waiting times between services. Naomi says that wheelchair services and mobility aid provisions are particularly bad. She waited over a year after losing the ability to walk before she could get an NHS wheelchair. She had to pay some of the costs and her current chair is inadequate, but she still considers herself lucky for the fact she managed to get a chair. Henry labelled waiting times as the biggest barrier to effective management of their conditions. John worked in NHS administration for the duration of his career. He worked in the Prime Minister's Delivery Unit during the New Labour years on the four-hour target and believes that that work has 'all been let go', putting this down to austerity.

The NHS was privileged during austerity; social care was cut. John argues that the NHS is 'sacrosanct', and healthcare is now a 'neutralised' political issue because of its universal support. Social care, he notes, does not have this profile. He argues that this is the 'one thing' that is not moving in the right direction, owing to its fragmentation. Ellen works in a school that used to have a care home attached to it, she emphasises the gap between social care and the NHS also. She praises the NHS for their work during COVID-19 but believes that people forgot to thank or consider care homes and what they endured during this period. Workers wore full PPE, had to deal with increased challenging behaviours, and had to mediate complex situations, such as explaining to children they could not see their families.

Naomi works in social care supporting adults with learning disabilities. She says the lack of funding in this sector reduces the ability of staff to care for customers. She has heard of customers being neglected and left in a room alone all day because there is no one to look after them, and others who require one on one support and are not provided with it. In her own life, she had to pay for a ramp into her house and bathroom adaptations, because a social care assessment would have taken years. When she required 24/7 care she got direct payments for social care but only got four hours a week of funding, and her family had to look for carers because it was not provided through an agency. Her mother ended up having to do a lot of her care, which impacted her health.

'I'm not believed'

This theme explores doubt from medical professionals and benefits assessors.

Doubt was a common theme raised by respondents who discussed applying for benefits. Morgan describes the PIP application as 'one of the worst experiences [they've] had since becoming paralysed'. They found it difficult to start the application, a feeling shared by John who said that he put it off for a long time due to the 'hurdle of accepting that I'm buggered enough… broken enough to label myself disabled'. Morgan rang up to start the process, and got sent a form which they had help from the prescribers at the GP surgery with filling in. They recall a long wait before the assessment. During the assessment, the assessor asked questions that implied she'd already decided that Morgan was lying. She repeatedly asked if they could walk, to which they replied that they could not, a question that was repeated until their girlfriend stepped in. When they got the report, they were told they did not qualify for any support, having been allocated just two points for daily living and zero for mobility, despite being paralysed. The report criticised Morgan for using a wheelchair that was not fitted by the NHS, even though they had been waiting for 10 months for an NHS wheelchair. The report said they could stand and then move more than 200 metres, and that the level of physical disability claimed did not match the evidence. Morgan labelled it ‘DWP speak for ‘you’re a liar’’. They received this report nine months after they had attempted suicide, information that the PIP assessor knew. The prescribers at the GP surgery were stunned by the report. They wrote a 10,000-word Mandatory Reconsideration letter and in the end they received a phone call saying they had been awarded high rate in both categories. Morgan recalls how the application requires you to be vulnerable, to write about how you go to the toilet, and how you shower, and to focus on all the ways you struggle, and then the assessors label you a liar. Morgan labels the experience a ‘nightmare’.

Layla echoed the difficulty with relaying such personal information and describes the PIP application process as ‘Humiliating. Awful. Nasty’. She believes it is designed to make people feel ‘ashamed’. Despite qualifying for the Low Capability for Work Related Activity element of Universal Credit and having a positive experience with her assessment for that, she was told she does not qualify for PIP. She describes how she ‘poured [her] heart and soul out’ for the application but was given zero points. They said that because she had driving lessons and went to university she did not require help. She was told her job showed she could cope independently. She had been fired by the time she received the assessment report. Sally qualified for DLA until she was 16 and applied for PIP but her application was rejected. She was diagnosed with Type 1 Diabetes when she was nine. She was so ill that her parents had to take a lot of time off work, so the money was used to plug the gaps in income and pay for essential equipment and testing. She found PIP ‘very complicated’ and that they asked ‘a lot of very, very invasive questions’. She felt like she was not helped because she could live without the support of someone else. Despite not needing care, she needs special food and equipment, which she ended up having to fight to get through the NHS. She notes that she is financially dependent on external support but not dependent in other ways, so was not helped. Like Morgan, she felt that the assessor had already made up her mind before the assessment started.

Keith found the application process smooth and was awarded for the lower rates of both components but describes the payments as ‘incredibly minimal’, and comments that he would not be able to pay his bills if he was out of work. Graham also found the application process smooth and regards the payments, higher rate for both components, as generous. He has a private pension but uses PIP to pay for things such as wheelchair accessible taxis which provide him with freedom. He fears PIP being cut.

Benefits applications were also criticised for being inaccessible. For example, Nikki criticised it for being structured in a way that made it impossible for people with chronic illnesses to answer correctly. Questions focus on daily experience but there is so much variety in this. Some days she is fine, others she is in hospital. ‘Nowhere in that kind of question’ can she express that. John recalls applying for Attendance Allowance for his father. He is highly educated and said this enabled him to fill out the form. He recalls it being ‘about 60 pages’ and being repetitive, as well as requiring him to use a computer. He comments that he is lucky to be in a privileged socioeconomic position, saying ‘I’m not healthy, but I’m wealthy’ and this has protected him from the brunt of austerity. Morgan comments that the PIP application form was designed for neurotypical people and that being Autistic and having ADHD made it much more difficult to make the initial phone call and fill in the forms. The paper format was also inaccessible because their hands and wrists are unstable, and it is therefore difficult to write by hand. They ended up having to type out their answers and glue them on.

‘I’m not understood’

This theme explores public ignorance about disability and the struggles of both visible and invisible disabilities.

Multiple respondents expressed a sense of being misunderstood and mistreated by the general public. Ash uses crutches and said they frequently experience children touching their crutches and has noticed that people will not make eye contact with them when they are out in public. John has been sworn at on trains for ‘not fucking moving out the way’. Ellen works with autistic children and children with high support need learning disabilities. She once took a couple of children to a local supermarket to help them shop for a cooking lesson in school. A man told her that the children she was with were ‘disgusting’ and that ‘children like that shouldn’t be allowed in here’ but should instead be ‘locked away’. Morgan has been told repeatedly that their girlfriend is a saint for dating them, and that they’re ‘too pretty’ and ‘too young’ to be a wheelchair user. They says that people view them as an ‘angry cripple’ and assume that they want their legs back. But they say they are not cross about their injury, but about the ‘human barriers that are created by other people that are preventing [them] from accessing the world’.

Respondents also spoke about the stigma surrounding benefits. Layla commented on the false assumption that everyone on Universal Credit does not want a job or cannot be bothered. She feels this was untrue. She feels she’s more qualified than the job coaches at the job centre, with an Oxford University degree, but she is still unable to find a job. Gabby has not applied for benefits, not because she does not think they would help her or because she does not qualify, but because she thinks other people are more deserving than her. Sally says she believes people see disabled people as ‘lazy’ and ‘trying to cheat the system’. She needs help but would like ‘not to be seen as… pathetic because of that’.

Sally believes that disabled people are ‘a forgotten section of society’ except when the media report on ‘the money we take from the government’. Morgan argues that for disabled people to receive media attention, you must ‘be inspirational or die’. Positive stories that show ‘inspirational’ stories enable people to turn their backs on the realities of life for disabled people which frequently involve exclusion.

‘I’m not accommodated’

This theme explores disabled experiences of education and employment.

Funding was frequently raised as a barrier to further inclusion by schools. For example, Naomi’s school did a lot to accommodate her but could not install a lift due to funding limitations, so her lessons were moved downstairs. Ellen works in a specialist school for autistic children and children with learning disabilities. She says funding is not the problem in the setting she works in, but that staffing is. People do not understand the demanding nature and reality of working in the setting she works in.

Respondents reported mixed experiences of accommodations provided by universities. Many respondents reported positive experiences with applying for the Disabled Students Allowance. Nikki sometimes feels university is not ‘feasible’ for her due to extreme fatigue from her Crohn’s disease. Emily has congenital hearing loss but was not given a room with a flashing fire alarm. Morgan said they have been made to feel like a burden and that their impairment is not understood. They were not provided with equipment to shower safely, and heavy doors place strain on their unstable joints. Naomi is a medical student but says she faces misconceptions and prejudice about her ability to be a doctor. She faces this when trying to access labs in her wheelchair and she can tell people think she’s unfit to be a doctor.

Respondents reported hugely varied experiences of employment. A trend throughout respondents’ answers was that graduate level jobs were generally more accommodating than ‘unskilled’ jobs. For example, Nikki worked at a summer camp and found taking large amounts of time off to go to the hospital was difficult because other camp staff believed she was skiving. This contrasts with her experience at an internship where she was accommodated with free use of Grammarly and access to a professional proofreader, which lessened her worries about her dyslexia making her work have errors. Morgan will work as a structure and design engineer upon graduation and praised their future workplace for the accommodations they made. They will be the first disabled employee that their office has had but the firm were willing to buy new desks and ensure that office socials are accessible, as well as giving them the option to work from home. Layla had a negative experience of graduate employment, losing her job as a copywriter after two weeks in the job, just two days after disclosing her disability. She has done internships designed for disabled students but has not been able to get employment beyond this. She has had support from Scope with looking for jobs. Keith is a drum teacher and took five years out of music because his arthritis made it difficult to transport equipment. He does not disclose his disability at interview, in the same way that he covers his tattoos, he says. Gabby feels included in her office at an auction house and other staff know she has a disability but do not know what it is. She contrasts this with her experience working at M&S. Her managers were unsupportive when she as unwell. Her line manager had a particular prejudice against menstruation. She once took a sick day, and her line manager rang her to tell her that he did not believe her.

Discussion:

The NHS was protected more than local authority budgets but spending did not keep up with need. Waiting lists emerged as an issue for many accessing treatments. As respondents noted, these impact their ability to tackle illness in the early stages and leave patients without answers. The pandemic hit a healthcare system that was already fragile and reduced, as the COVID-19 inquiry found (Hallett, 2024).

One of the many differences between health care and social care is that the majority of the population use health care, whilst only the disabled and elderly rely on social care. Respondents reported repeated failings in the system including a lack of funding and unacceptably long waiting times. The NHS is a political priority for many voters, whilst social care is relegated to the sidelines. Abuse, unacceptable waiting times, and poor quality care are rife within the system, but, due to the profile of those who use social care and the devaluation of their perspectives and needs due to eugenic logic and epistemic injustice, it is not a political priority.

As Bhattacharya (2015) notes, when writing about austerity and the racial state, ‘austerity logic is that people are not of equal worth. In practice, this has involved dismantling key aspects of service provision in a way that affirms that some people are less deserving than others’ (Bhattacharyya, 2015, p118). Eugenic logic, as conceptualised by Read et al (2023), and austerity logic, as conceptualised by Bhattacharya (2015), are intertwined. Austerity logic shares the eugenicist perspective that some lives are less valuable than others, and therefore that they are less worthy of proper support, a logic which was upheld and reinforced throughout the austerity period from 2010, the pandemic, and has been reaffirmed after.

Austerity also brought about a culture of doubt, seen most visibly in changes to the benefits system. Surveyed volunteers believing 40% of those who claim disability benefits were doing so fraudulently (Briant, Watson and Philo, 2013) was the inevitable result of the government using disabled people as scapegoats. Tabloids stoked the flames of this toxicity, running headlines that painted disabled people as scroungers. The tightening of PIP assessment rules, and new proposed amendments to the WCA to make it harder for people with mental health problems to qualify are examples of how the government's actions create a culture where disability is disbelieved, and disabled people's identity and the validity of their experiences are constantly questioned. The pandemic is now being weaponised by politicians who claim that it led to a changed approach to sickness. This was most visible in Rishi Sunak's claim that a 'sick note culture' has emerged in Britain (Gregory and McKiernan, 2024). Instead of focusing on how a failing health service may lead to increased illness, disabled people are painted as liars, as fickle, and as failures in an increasingly atomised society which stigmatises those who cannot 'survive' alone. Keir Starmer has bought into this story, proposing a whole host of measures that stigmatise those who do not work due to sickness (McRae, 2024). The result of this doubt could not be clearer in respondents' reports of their experiences. A PIP assessor told a paralysed person they could walk; long, inaccessible, and repetitive forms are used in a way that deters applicants from continuing with the process; and respondents repeatedly reported feelings of shame around their having to apply and depend on disability benefits. The financial burden of disability, most recently found by Scope to be an additional £1,010 a month is ignored (Wright *et al.*, 2024). Respondents echoed the 2024 UN report's finding that they are devalued by this rhetoric and that their dignity is undermined.

This doubt permeated public understanding (or lack thereof) of disability. As Scully (2019) notes, austerity increases the prevalence of epistemic injustice for disabled people. Their experiences and knowledge are devalued and neglected, seen as unworthy of a place in the common epistemic pool. Disabled perspectives are devalued and invalidated, so their lives are devalued, in a self-perpetuating cycle. During COVID-19 this meant that the needs of disabled people were sidelined, and assumptions about the inherent vulnerability of disabled people to COVID-19 meant that unequal death rates were written off as an unfortunate but inevitable outcome of the pandemic. Epistemic injustice also leads to disabled people being misunderstood by the public, seen for example in how John was treated by strangers on the train, in how strangers praise Morgan's girlfriend for being with them just because they're in a wheelchair, and in the fact a stranger thought it was acceptable to tell Ellen that the children she works with should not be out in public.

The austerity years saw a growing focus on moving people of disability benefits and into employment. The employment rate for disabled people is still disproportionately low. Instead of this being approached as the result of barriers to employment for disabled people, this is framed as a choice, and the narrative that disabled people are lazy and unwilling to work has been widely adopted. Respondents reported clear and widespread barriers to employment, particularly in non-graduate employment. Multiple respondents reported job losses following the disclosure of a disability, employers doubted and refused to accommodate respondents, and stigmatisation of disabled workers by colleagues was widespread. During the pandemic, disabled people who could not access remote learning and employment, particularly those with hearing loss, were forgotten about and left behind. There were clear cases where proper reasonable adjustments were put in place, and as a result they were able to access and remain in employment. Respondents widely spoke of fear of discrimination by employers, however, meaning that many do not benefit from these accommodations.

Conclusion:

To conclude, the social exclusion of disabled people has been exacerbated and normalised by austerity and the policy response to COVID-19. Health services that disabled people disproportionately rely on have been decimated; social care has been cut and forgotten about; the benefits system disregards and invalidates disabled people's needs and experiences; epistemic injustice has worsened and enabled further exclusion; politicians and the media have used rhetoric which has led to the stigmatisation of disability; and low employment rates among disabled people are viewed as the result of individual moral failings, rather than as the inevitable result of services being cut and the exclusion of disabled people having been normalised. Disabled experiences are rejected, disabled voices are neglected, and therefore the barriers that prevent disabled people from being socially included remain rigid. These barriers are far reaching. Their effects can be seen in education, employment, health and social care, and disabled access to community spaces. An evidence-based joined-up approach is needed to tackle the social exclusion of disabled people. Pockets of emergency spending cannot address this crisis. Compassion, investment, and disabled-led change is required.

This study contributes to a large body of scholarship which explores the experiences of those who suffer most when austerity policies are introduced. It is a call to action for policy makers, politicians, and citizens to listen to the disabled people who have been sidelined and forgotten. The suffering caused by political choices marked the lives of every respondent in this study. May it serve as a reminder of the human impact of these choices, and of the harm done when we allow eugenic logic to permeate political decision-making. Further research into all aspects of disabled people's lives in Britain and globally should guide future policymaking so that we achieve a world where disabled people's dignity, human rights, and agency could never be traded off for short-sighted efficiency savings.

Acknowledgements:

This report would not have been possible without my supervisor, Dr Ned Crowley. His patience, enthusiasm, and knowledge enabled me to see this project to completion. I cannot thank him enough for his endless support. The Laidlaw foundation funded this project, and I am immensely grateful for the opportunity they provided. I would also like to thank the disabled people I have the privilege of being friends with for all they have taught me. In particular I would like to thank Roz Delap. Finally, I would like to thank the participants who gave up their time to co-create this research. It was a privilege to hear from you about your experiences, and without you this study would not have been possible.

Bibliography:

Arrieta, T. (2022) ‘Austerity in the United Kingdom and its legacy: Lessons from the COVID-19 pandemic’, *The Economic and Labour Relations Review*, 33(2), pp. 238–255. Available at: https://doi.org/10.1177/10353046221083051.

Baginsky, M., Thomas, E. and Manthorpe, J. (2022) ‘The Coronavirus Act’s Easements to the Care Act 2014: A Pragmatic Response or a Red Herring?’, *The British Journal of Social Work*, 52(7), pp. 3840–3857. Available at: https://doi.org/10.1093/bjsw/bcac009.

Batty, D. (2002) ‘Social exclusion: the issue explained’, *The Guardian*, 15 January. Available at: https://www.theguardian.com/society/2002/jan/15/socialexclusion1 (Accessed: 24 September 2024).

Bhattacharyya, G. (2015) ‘Austerity and Extending the Racial State’, in G. Bhattacharyya (ed.) *Crisis, Austerity, and Everyday Life: Living in a Time of Diminishing Expectations*. London: Palgrave Macmillan UK, pp. 111–147. Available at: https://doi.org/10.1057/9781137411129_4.

Bozio, A. *et al.* (2015) ‘European Public Finances and the Great Recession: France, Germany, Ireland, Italy, Spain and the United Kingdom Compared’, *Fiscal Studies*, 36(4), pp. 405–430. Available at: https://doi.org/10.1111/j.1475-5890.2015.12078.

Briant, E., Watson, N. and Philo, G. (2013) ‘Reporting disability in the age of austerity: the changing face of media representation of disability and disabled people in the United Kingdom and the creation of new “folk devils”’, *Disability & Society*, 28(6), pp. 874–889. Available at: https://doi.org/10.1080/09687599.2013.813837.

Cameron, D. (2011) ‘PM’s speech on Welfare Reform Bill’. Available at: https://www.gov.uk/government/speeches/pms-speech-on-welfare-reform-bill (Accessed: 25 September 2024).

Committee on the Rights of Persons with Disabilities (2016) *Inquiry concerning the United Kingdom of Great Britain and Northern Ireland carried out by the Committee under article 6 of the Optional Protocol to the Convention*. Available at: https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhsiyzad2BHQUYM%2BKTqPgx5eVu2P%2FYaJzQh0U0fI4xU0xk1yCCvlUkgZiZWmc7pZcXSd7P93LB3RLHLT28BaHRLKhe0Yvloj%2B1GDt%2B3581SxP4 (Accessed: 25 September 2024).

Committee on the Rights of Persons with Disabilities (2024) *Report on follow-up to the inquiry concerning the United Kingdom of Great Britain and Northern Ireland.* Available at: https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/DownloadDraft.aspx?key=6xB5VA8bX7dpmO6n1lnwY7WcknSl7dehN6LV5BkGMTp1pZ7sEH3dpYG7BSNk+02Vv5MIMBFNMcmP+KAQC/5crA== (Accessed: 24 September 2024).

Department for Work and Pensions (2023) *Employment of disabled people 2023*, *GOV.UK*. Available at: https://www.gov.uk/government/statistics/the-employment-of-disabled-people-2023/employment-of-disabled-people-2023 (Accessed: 24 September 2024).

Department for Work and Pensions (2024) *Personal Independence Payment: Official Statistics to January 2024*, *GOV.UK*. Available at: https://www.gov.uk/government/statistics/personal-independence-payment-statistics-to-january-2024/personal-independence-payment-official-statistics-to-january-2024 (Accessed: 25 September 2024).

Duffy, S. (2013) *A fair society? How the cuts target disabled people*. Available at: https://citizen-network.org/uploads/attachment/354/a-fair-society.pdf.

Equality Act 2010, c1 (2010). Available at: https://www.legislation.gov.uk/ukpga/2010/15/section/6 (Accessed: 24 September 2024).

Goodley, D. and Lawthom, R. (2019) 'Critical disability studies, Brexit and Trump: a time of neoliberal–ableism', *Rethinking History*, 23(2), pp. 233–251. Available at: https://doi.org/10.1080/13642529.2019.1607476.

Gregory, J. and McKiernan, J. (2024) 'Rishi Sunak sets out plans to tackle "sick note culture"', *BBC News*, 19 April. Available at: https://www.bbc.com/news/uk-politics-68853166 (Accessed: 28 September 2024).

Hallett, H. (2024) *Module 1 Report - The resilience and preparedness of the United Kingdom UK Covid-19 Inquiry Archives*. 1. Available at: https://covid19.public-inquiry.uk/documents/module-1-full-report/ (Accessed: 26 September 2024).

Hiam, L., Dorling, D. and McKee, M. (2021) 'Austerity, not influenza, caused the UK's health to deteriorate. Let's not make the same mistake again', *J Epidemiol Community Health*, 75(3), pp. 312–312. Available at: https://doi.org/10.1136/jech-2020-215556.

Hoddinott, S., Fright, M. and Pope, T. (2022) *'Austerity' in public services: lessons from the 2010s*. Institute For Government. Available at: https://www.instituteforgovernment.org.uk/sites/default/files/publications/austerity-public-services.pdf.

Inman, P. (2018) 'Is austerity really over? Theresa May's promise lacks key details', *The Guardian*, 4 October. Available at: https://www.theguardian.com/politics/2018/oct/04/is-austerity-really-over-theresa-mays-promise-lacks-key-details (Accessed: 28 September 2024).

Kennedy, S. (2014) 'Incapacity benefit reassessments'. Available at: https://commonslibrary.parliament.uk/research-briefings/sn06855/ (Accessed: 25 September 2024).

Kentish, B. (2018) 'Theresa May declares "austerity is over" after eight years of cuts and tax increases', *The Independent*, 3 October. Available at: https://www.independent.co.uk/news/uk/politics/theresa-may-austerity-end-over-speech-conservative-conference-tory-labour-a8566526.html (Accessed: 24 September 2024).

Kirk-Wade, E. (2024) 'UK disability statistics: Prevalence and life experiences'. Available at: https://commonslibrary.parliament.uk/research-briefings/cbp-9602/ (Accessed: 24 September 2024).

Luchinskaya, D., Simpson, P. and Stoye, G. (2017) 'UK health and social care spending', in C. Emmerson, P. Johnson, and R. Joyce (eds) *The IFS Green Budget 2017*. London, pp. 141–176. Available at: http://wrap.warwick.ac.uk/106508/ (Accessed: 6 October 2024).

Macdonald, K. and Morgan, H.M. (2021) 'The impact of austerity on disabled, elderly and immigrants in the United Kingdom: a literature review', *Disability & Society*, 36(7), pp. 1125–1147. Available at: https://doi.org/10.1080/09687599.2020.1779036.

McRae, I. (2024) 'Labour wants "sick Brits" on disability benefits back to work', *Big Issue*, 25 September. Available at: https://www.bigissue.com/news/social-justice/keir-starmer-benefit-claimants-welfare-work-dwp/ (Accessed: 6 October 2024).

McVey, E. (2012) ‘Oral statement on Personal Independence Payment’. Department for Work and Pensions. Available at: https://www.gov.uk/government/speeches/oral-statement-on-personal-independence-payment (Accessed: 24 September 2024).

Merry, L. and Gainsbury, S. (2023) ‘What was austerity’s toll on the NHS before the pandemic?’, *Nuffield Trust*, 21 June. Available at: https://www.nuffieldtrust.org.uk/news-item/what-was-austeritys-toll-on-the-nhs-before-the-pandemic (Accessed: 6 October 2024).

Mladenov, T. and Brennan, C.S. (2021) ‘Social vulnerability and the impact of policy responses to COVID-19 on disabled people’, *Sociology of Health & Illness*, 43(9), pp. 2049–2065. Available at: https://doi.org/10.1111/1467-9566.13379.

Morris, J. (2001) ‘Social exclusion and young disabled people with high levels of support needs’, *Critical Social Policy*, 21(2), pp. 161–183. Available at: https://doi.org/10.1177/026101830102100202.

Office for National Statistics (2022a) *Coronavirus and the social impacts on disabled people in Great Britain - Office for National Statistics*. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/coronavirusandthesocialimpactsondisabledpeopleingreatbritain/march2020todecember2021 (Accessed: 26 September 2024).

Office for National Statistics (2022b) *Disability and well-being*. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/datasets/disabilityandwellbeing (Accessed: 24 September 2024).

Pring, J. (2024) ‘Prime minister suggests all those on sickness benefits should look for work’, *Disability News Service*, 26 September. Available at: https://www.disabilitynewsservice.com/prime-minister-suggests-all-those-on-sickness-benefits-should-look-for-work/ (Accessed: 28 September 2024).

Read, S. *et al.* (2023) ‘Disabled People’s Experiences of the Coronavirus Pandemic: A Call to Action for Social Change’, *Social Inclusion*, 11(1), pp. 38–47. Available at: https://doi.org/10.17645/si.v11i1.5721.

Ryan, F. (2013) ‘“Bedroom tax” puts added burden on disabled people’, *The Guardian*, 16 July. Available at: https://www.theguardian.com/society/2013/jul/16/bedroom-tax-burden-disabled-people (Accessed: 25 September 2024).

Ryan, F. (2019) *Crippled: Austerity and the Demonization of Disabled People*. Verso Books.

Scully, J.L. (2014) *UN Investigation into Britain’s Violation of Disabled People’s Human Rights | IJFAB Blog*. Available at: http://www.ijfab.org/blog/2014/10/un-investigation-into-britains-violation-of-disabled-peoples-human-rights/ (Accessed: 24 September 2024).

Scully, J.L. (2019) *Epistemic Exclusion, Injustice, and Disability | The Oxford Handbook of Philosophy and Disability | Oxford Academic*. Available at: https://academic.oup.com/edited-volume/28141/chapter-abstract/212912703?redirectedFrom=fulltext (Accessed: 24 September 2024).

Scully, J.L. (2023) ‘COVID, Vulnerability, and the Death of Solidarity: “Who Do We Not Save?”’, *Journal of Bioethical Inquiry*, 20(4), pp. 601–606. Available at: https://doi.org/10.1007/s11673-023-10250-x.

Shakespeare, T., Ndagire, F. and Seketi, Q.E. (2021) ‘Triple jeopardy: disabled people and the COVID-19 pandemic’, *The Lancet*, 397(10282), pp. 1331–1333. Available at: https://doi.org/10.1016/S0140-6736(21)00625-5.

Talsania, K. (2012) ‘Are Sun readers ready to “Beat the Cheat” armed with the facts?’, *The Guardian*, 7 March. Available at: https://www.theguardian.com/commentisfree/2012/mar/07/sun-beat-the-cheat-benefits (Accessed: 25 September 2024).

The Department for Work and Pensions (2012) *The Government’s response to the consultation on the Personal Independence Payment assessment criteria and regulations*. Available at: https://assets.publishing.service.gov.uk/media/5a7a0388e5274a319e7773a8/pip-assessment-thresholds-and-consultation-response.pdf (Accessed: 24 September 2024).

Union of the Physically Impaired Against Segregation (1976) *Fundamental Principles of Disability: Being a Summary of the Discussion Held on 22nd November, 1975 and Containing Commentaries from Each Organisation*. UPIAS/Disability Alliance.

Wright, S. *et al.* (2024) *Disability Price Tag 2024: Living with the extra cost of disability*. Available at: https://assets-eu-01.kc-usercontent.com/73ea709e-f9f8-0168-3842-ebd7ad1e23ac/4c5e9b5c-3269-4cdd-afd5-48c2efdc5fdf/DisabilityPriceTag2024-LivingwiththeExtraCostofDisability_FINAL.docx (Accessed: 7 October 2024).

YouGov (2020) *The YouGov Disability Study: Life in the UK*. Available at: https://yougov.co.uk/politics/articles/33034-yougov-disability-study-life-uk (Accessed: 24 September 2024).