Disabling Austerity:

An Ethnographic Study of the Morecambe Bay Poverty Truth Movement

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In memory of Steve and Lee,

whose lives we lost during this research,

but whose legacy lives on

through the work of the Morecambe Bay Poverty Truth Commission

CONTENTS

LIST OF ABREVIATIONS

ACE	Adverse Childhood Experience
CA	Carers’ Allowance
DoD	Deaths of Despair
DSS	Department for Social Security
DWP	Department for Work and Pensions
EPD	Emotionality Unstable Personality Disorder
ESA	Employment and Support Allowance
HB	Housing Benefit
IMF	International Monetary Fund
JCA	Job Seekers Allowance
JRF	Joseph Rowntree Foundation
MBPTC	Morecambe Bay Poverty Truth Commission
PD	Personality Disorder
PIP	Personal Independence Payment
PTC	Poverty Truth Commission
PTN	Poverty Truth Network
UC	Universal Credit
WBG	Women’s Budget Group
WRAG	Work-Related Activity Group

ABSTRACT

The Poverty Truth Movement is a grassroots social movement guided by the principle that those with lived experience of poverty should be afforded a voice in social and political decision making. The movement is the outcome of various ‘Poverty Truth Commissions’, set up across Britain with the express purpose of ‘facilitating meaningful conversations and deep relationships’ between ‘those who have expertise through their own lived experience of poverty’ and those ‘experienced in social, economic and political provision’ (MBPTC, 2023). This research is based on a three-year ethnographic study of one such Commission - the Morecambe Bay Poverty Truth Commission (MBPTC) - from its launch to its conclusion. Situated in an area of North-West England with some of the highest rates of poverty and health inequalities in Britain, the research will draw on the rich, first-hand, lived experiences of members of MBPTC, foregrounding the very particular methods of participatory action developed by actors in this movement. The thesis will focus specifically on the disabling effects austerity is having in Britain. While much contemporary scholarship attends to austerity’s role in reproducing disability, this research will examine its role in actively producing disability. That is, austerity as a *dis*-abling process. In so doing, I investigate the ongoing relationship between poverty and health under austerity regimes, while exploring the role grassroots and community-led action plays in responding to - and resisting - the disabling effects of austerity in Britain today.

INTRODUCTION

An Exceptional State:

Austerity and Inequality in the UK

Contextualising Inequality in the UK

In 2010, the newly elected Coalition government promised sweeping economic changes in order to tackle the ongoing impacts of the 2007-8 financial crisis. As economist Mark Blyth notes, austerity is a political policy whereby public expenditure is cut in order to reduce a state's deficit (Blyth, 2013). This policy choice has had profound implications for the UK, particularly in respect to income and health inequalities. This opening section contextualises these impacts, using social scientific data to demonstrate the exceptionality of the UK state in terms of its implementation of austerity measures. This also helps contextualise the experiences of members of Morecambe Bay Poverty Truth Commission, whose interviews, as recorded in the interview data, will structure each of the five chapters of this thesis. Each chapter will foreground the forms of social harm that have attended the implementation of austerity measures since 2010. The central argument of the thesis is that the deleterious impacts of austerity measures in the UK can be understood as a disabling process.

Not only has deepening poverty exacerbated and reproduced forms of disability, but austerity policies have actively produced new forms of disablement.

Research Aim

The research aims to investigate the relationship between poverty, health and disablement in the context of austerity, drawing on ethnographic research and interviews with members of a local organisation, Morecambe Bay Poverty Truth Commission.

Research Questions

The research is therefore guided by a number of research questions, both primary and secondary:

Primary Question

- How does prioritising the ‘everyday’ lived experience of people living in poverty contribute to our understanding of austerity as a disabling process?

Secondary Questions

- What does the lived experiences of Morecambe Bay Poverty Truth Commissioners reveal about the relationship between poverty and social harm?
- How does prioritising the lived experiences of Morecambe Bay Poverty Truth Commissioners allow us to gain new insights into the relationship between the austerity and the Social Model of Disability?
- What relationship exists between stigma and poverty, and what can this reveal about the different ‘interactional scales’ in which disablement is experienced?
- What does an analytical emphasis on disablement reveal about how austerity is experienced as an active and ongoing process?
- How can ethnographic research on lived experiences of poverty be brought into empirical and conceptual conversation with existing social scientific data and theoretical research on disablement and social harm?
- In what ways can grassroots anti-poverty movements, such as the Poverty Truth Movement, resist austerity's disabling effects?

The Exceptional State of UK Inequality

In *Shattered Nation* (2024)*,* human geographer Danny Dorling details the increasing levels of inequality in the UK. In 2022, the UK became the most unequal country in Europe in terms of income inequality (Dorling, 2024: 10). Dorling examines the impacts this is having on the health of the UK population. For example, life expectancy has now flatlined in the UK, with the poorest areas actually seeing life expectancy fall in the past decade (Raleigh, 2024). Indeed, the risk of adult mortality in England is more unequal in the 21st century than it had been in the 19th. While mortality rates were significantly higher in the 19th century, the level of inequality in those deaths is higher today, with Dorling stating: 'People live longer now, but not more equitably' (2024: 26). Likewise, child mortality is rising for the first time since the 1880s (Buckingham *et al.,* 2025), accompanied by the return of so-called 'Victorian diseases' (Honigbaum, 2024). Children in the most deprived areas are twice as likely to die from infections as those living in the least deprived (Hoy *et al.*, 2023). Since 2013, the height of children has also started to reverse: a trajectory which coincides with the implementation of austerity measures in the UK (Goudie, 2024). In total, austerity measures have been responsible for over one million excess deaths between 2011-2019 (Marmot *et al*, 2024).

The UK has not always been exceptional in relation to its health and wealth inequalities. As Dorling notes, the UK was at its most equal in terms of income in 1973: 'almost the lowest that had ever been measured anywhere worldwide' (Dorling, 2024: 21). Geographical inequalities in the UK were also at their lowest from the late 1960s to early 1970s (Fahmy *et al.,* 2008). If the UK was exceptional in any sense, it was exceptional in its levels of income equality, not inequality. Move forward fifty years, and by August 2022 the International Monetary Fund (IMF) identified the UK (along with Estonia) as one of the most 'problematic' states in a study of inequality in 25 European countries. The report notes that

‘In Estonia and the United Kingdom … living costs for the poorest 20 per cent of households are set to rise about twice as much as those for the wealthiest’. The IMF therefore recommends that both countries ‘prioritise’ relief measures ‘to support low-income households’ as a matter of urgency (Celasun *et al.,* 2022). This thesis therefore identifies 2010 onwards as an exceptional period in the UK, and aims to explore the impact these ‘exceptional’ conditions are having on the health and wellbeing of those living with material deprivation and social insecurity. In so doing, it argues that there is an empirical and theoretical need to study these exceptional conditions, making an analytical connection between austerity, inequality and illness.

The UK is exceptional not only in its levels of wealth and health inequality, but also in the depth of its poverty (JRF, 2026). Of the 14.2 million people in poverty in the UK, 6.8 million are now in ‘very deep poverty’: the highest figure since records began (JRF, 2026: 7). In fact, the poorest fifth of the population in the UK are now poorer than any other country in Europe (Dorling, 2023: 28). Edmiston *et al* (2025) have described the conditions under austerity as a ‘permacrisis’ (see Chapter Four), detailing how deepening poverty is causing a multitude of ‘hidden injuries’ (Edmiston *et al.,* 2025). Not only are those worst affected by deepening poverty being exposed to forms of ‘slow violence’ (see Chapter One and Two), but such injuries are compounded by the fact that these communities are ‘most likely to fall out with the sociological gaze and research process’ (Ibid: 782). Edmiston *et al* therefore call on contemporary sociological research to ‘surface’ these ‘neglected extremes’, including the ‘scarring effects’ that people living in and with deep poverty are experiencing (Ibid: 783).

In order to establish what relationship exists between poverty and health within the exceptional conditions of the UK, the research draws on this literature, bringing it into conversation with wider social scientific data and theoretical literature. Like Edmiston *et al.,* this PhD research intends to ‘render deepening poverty visible’ by ‘focusing on those often poorly accounted for or represented in existing research’ (Edmiston *et al.,* 2025: 783). I evidence these ‘hidden injuries’ by drawing on the lived experiences of members of the Morecambe Bay Poverty Truth Commission. Extending this ‘deep injury’ analysis, I explore how the lived experiences of people living in poverty contributes to our understanding of austerity as a harmful and injurious process. In so doing, the research draws extensively from literature on the social model of disability and the social determinants of health, bringing it into empirical and conceptual conversation with literature on social harm.

For Dorling, the exceptional state of health inequalities has resulted in a ‘particular human landscape in the UK’: one he describes as *shattered.* ‘People feeling shattered, hopes being shattered, much of the fabric of society shattered’ (2024: 10). Rather than framing this exceptional state of inequality in the UK as shattering, or indeed as injurious, the thesis asks whether austerity measures are better described as *disabling.* That is, alongside existing literature that attends to austerity’s role in reproducing pre-existing disabilities and health conditions (Ryan, 2019; Clifford, 2020), I ask whether austerity is actively producing new forms of disablement. In order to investigate this, the thesis draws on three years of ethnographic fieldwork situated within Morecambe Bay in the North-West of England, building on the experiences of members of Morecambe Bay Poverty Truth Commission (MBPTC). These experiences are then corroborated with secondary social scientific data. The next section therefore introduces the Poverty Truth Movement in the UK, situating the Morecambe Bay Poverty Truth Movement within the context of austerity within the North-West of England.

Austerity in North-West England

Situated within the Morecambe Bay area of North-West England, this thesis draws on the rich, first-hand, lived experiences of members of a local organisation, the Morecambe Bay Poverty Truth Commission (MBPTC) as they navigate austerity and a cost-of-living crisis. The Morecambe Bay area has been disproportionately impacted by austerity measures, including the rolling out of Universal Credit (see Chapter Two). For example, while life expectancy is falling in the UK for the first time in over a century, the largest decreases are seen in the poorest 10% of areas in the North-East and North-West of England (Marmot *et al.*, 2020: 13). Indeed, people in the North of England now live two years less than those in the South of England, with those born in deprived neighbourhoods now dying nine years earlier than those born in more affluent areas (Bambra, 2019: 1). In Morecambe, this life expectancy for men is almost 14 years lower than the life expectancy of men in the wealthiest parts of the country (Duru *et al.*, 2017). In this respect, Morecambe Bay is a prime location to undertake ethnographic research studying the connection between austerity, poverty and health.

This ethnographic research took place over the course of a three-year period, between 2022-2025, and in so doing captures the entire process of a single Poverty Truth Commission. The ethnography explores the ongoing impacts of poverty on residents of Morecambe Bay while foregrounding the very particular methods of participatory action developed by actors in this movement. The research also studies the impact that community-based collective action has had in responding to poverty, asking in what sense MBPTC members might ‘dis-able’ the ongoing effects of austerity locally, and what implications this might have at a national level. The next section gives some background on the Poverty Truth Movement, noting how its emergence runs in parallel with, and is in many respects a response to, the austerity measures that were initiated in 2010 onwards.

The Poverty Truth Movement

The Poverty Truth Movement is a grassroots social movement whose guiding principle is that those with lived experiences of poverty should be heard and afforded agency in social and political decision making. Each commissioner shares the goal of ‘facilitating meaningful conversations and deep relationships’ between those who ‘understand poverty by living it’ (community commissioners) and those ‘with power’ who understand austerity through working lives, for example as charity or public sector workers (civic commissioners). The Poverty Truth Movement began in 2009 with the launch of the first Poverty Truth Commission in Scotland, formed in the wake of the financial crisis of 2007/8. In 2026, there were circa 40 commissions operative in the UK (PTN, 2026). The guiding principle of the movement – ‘nothing about us, without us, is for us’ – was influenced by the Peace and Reconciliation Commission established in South Africa after the end of Apartheid in 1996 (Cahill-Ripley and Graham, 2021: 235). As the thesis will explore, there are also theoretical and analytical connections to be drawn between this maxim and that of the disability rights movement in the UK: that is, ‘nothing about us, without us’ (Charlton, 2000).

The Morecambe Bay Poverty Truth Commission (MBPTC) was launched in 2017, and is now into its third round. My ethnographic research began in the summer of 2022 and concluded in the winter of 2024/25. A commission begins with the recruitment of ‘community commissioners’ with ‘lived experience’ of poverty, who are first recruited from the local community. Over a period of around 12 months these commissioners are encouraged to share their experiences of poverty and inequality with one another: a process that culminates in a public ‘launch event’. The Poverty Truth Network, an umbrella organisation that co-ordinates all of the commissioners throughout the UK, describes this initial process as ‘Phase One’ (PTN, 2026). Phase Two involves recruiting civic commissioners, or those with professional experience of poverty, and inviting them into a wider discussion forum with community commissioners. Together, these commissioners identify specific themes they would like to work on and find solutions to. Phase Three then involves agreeing on a series of priorities, which, in the case of MBPTC, involved breaking out into four ‘working groups’. It is here that commissioners co-create and co-produce solutions to these priorities. Finally, in Phase Four, a second public event takes place, in which commissioners (both community and civic) seek to communicate, enact and embed solutions locally, and, in some cases, nationally too.

The ethnographic research took place over an entire round of the commission, from Phase One to Phase Four, documenting the methods developed by actors in this movement. It draws on rich, first-hand, lived experience of members of MBPTC, detailing the ways their lives have been impacted by austerity policies. Through an engagement with the social model of disability, the thesis explores whether UK austerity policies have been harmful to commissioners, and by extension, whether these harms have been experienced as forms of disablement. Analysing the Poverty Truth Movement (PTM) as a collaborative and coproductive form of ‘bottom-up’ community activism, the thesis also assesses the possibilities and limitations of the movement, including their attempts to embed the values of the commission at a local level. The next section turns to the analytical and theoretical connection between austerity and health, introducing the social model of disability and the wider social determinants of health literature central to the overall argument of the thesis.

Austerity and Harm

There is a large body of literature linking austerity policies in the UK with increasing levels of harm and violence. Alongside the 335,000 excess deaths attributed the austerity measures (Walsh *et al.*, 2022), the UK government's response to the Covid-19 pandemic led to a further 167,000 excess deaths by December 2022 when compared to the five-year average (ONS, 2023). Of those who died, six in ten were disabled (Bosworth *et al.,* 2021). Indeed, the increasing levels of harm attendant under austerity have disproportionately impacted disabled people (Duffy, 13; Ryan, 2019; Jones *et al.,* 2021). The UN's Committee on the Rights of Persons with Disabilities has described austerity in Britain as amounting to a 'grave and systemic' violation of the UN's Convention on the Rights of Persons with Disabilities (UNCRPD: 2017: 3). The committee's chair, Theresia Degener, also described cuts to social security for disabled people as having caused 'a human catastrophe' in the UK (Pring, 2018). As author and disability activist Ellen Clifford notes, conditions for disabled people are 'worse now than they were when the UN investigation was carried out' (Clifford, 2020: 145).

Much of the literature connecting the harms of austerity with disability in the UK emphasise how particular policies exacerbate and reproduce already existing forms of disability. Given many Morecambe Bay Poverty Truth Commissioners have disabilities and/or chronic health conditions, the research engages with and evidences this literature throughout the thesis. However, the thesis also asks an analytically distinct research question. As well as exacerbating and reproducing pre-existing health conditions, are austerity policies actively producing new forms of harm and illness too? In order to answer this question, the research also asks an empirically distinct research question. That is, how does prioritising the lived experience of people living in poverty contribute to an understanding of austerity as a disabling process? In order to explore whether austerity 'makes us sick' (Bambra and

Schrecker, 2015)*,* the thesis will bring my ethnographic data into wider conversation with literature on the social model of disability and social determinants of health, including literature on social harm.

It is within this disciplinary context that Sarah Kerr calls on research to identify policies that reproduce health and wealth inequality as ‘harm causers’, particularly those in ‘social policy contexts’ (Kerr, 2024: 2). In this respect, the research at the centre of this PhD thesis aims to address, and even redress, this issue. It explores the relationship between austerity policies and health, including austerity as a ‘harm causer’. While engaging with the literature that conceptualises health as socially determined, it also recognises how, as a very particular political decision or series of decisions, health under austerity is also politically determined (Bambra *et al.,* 2005). This thesis therefore makes a contribution to the wider literature on social harm by ‘more accurately mapping the harms that occur within society’ (Pemberton, 2015: 7). Indeed, this emphasis on the ‘social’ allows us to ‘shift our level of explanation beyond the individual’ (Canning and Tombs, 2021: 55). In this way, individual lived experiences of austerity, poverty, and illness/disability are understood through a social lens in which harm – and ultimately disablement – are framed as socially determined.

Toward a Social Model of Disability

This emphasis on the social and material causes of public health in Britain have been described as the social determinants of health. The World Health Organisation describes health as ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’ (WHO, 2023). The social determinants of health therefore denote ‘all the non-medical factors that influence health outcomes’, including ‘housing and clean air, food, clean water and public sanitation, social supports and in-home aids’ (WHO, 2021: iv). However, much public health literature on the social determinants of health continue to utilise either a ‘biomedical model’ of health, which views differences in health as differences among individuals, or a ‘behavioural model’ of health, which prioritises the lifestyle choices of individuals as determining health outcomes (Bambra and Schrecker, 2015: 8). Both neglect the larger, structural determinants of health. Through a critical engagement with the Social Model of Disability, the thesis details how austerity measures have resulted in inequalities and inequities that are, at least in some respects, contemporaneously unprecedented in the UK, and therefore warrant specific scholarly attention.

By focusing on health as socially and politically determined, and considering whether austerity needs re-conceptualising as a disabling process, the research will critically engage with what has come to be known as the Social Model of Disability. First proposed by members of the Union of the Physically Impaired Against Segregation (UPIAS) in 1976, their *Fundamental Principles of Disability* rejected a medicalised model of disability which understood disability as a consequence of one’s physical or mental impairments (see Chapter One). In response to this, UPIAS proposed a social model of disability which instead framed society as disabling. By examining the relationship between austerity and health, the thesis builds on the social model of disability and the wider social determinants of health. In so doing, it problematises the notion of disability as a pre-existing category, instead advancing ‘disablement’ as an active, ongoing process (and practice) which itself needs to be challenged and disabled.

Stigma as Political Injury

Central to the experience of poverty for many MBPTC commissioners was shame and stigma. As Imogen Tyler notes, to stigmatise is to ‘prick or puncture’, or to literally ‘tattoo’ (Tyler, 2020: 34). Stigma is commonly experienced as deeply personal and individualised, and is often internalised and interiorised into and onto the body. This process is captured in the interviews that structure the thesis. However, as Tyler argues, stigma also operates as a form of power that is ‘embedded within the social relations of capitalism’ and ‘wielded as a form of statecraft’ (Ibid: 29). The thesis draws on this analysis of stigma, exploring the impacts that stigma and shame have on commissioners’ own health and wellbeing. And as Thomas and Sakellariou note, it is this attentiveness to practices of stigmatisation that helps evidence what disability ‘*is* and *does*’ in these everyday moments (Thomas and Sakellariou, 2018: 4). Stigma therefore describes a process by which state power is etched upon the skin, such that a person or people are marked out for social exclusion or disqualification. Thus, it is this *marking out* by *etching in* that will be central to investigating what relationship exists between poverty and health under austerity.

As Vickie Cooper and David Whyte argue, austerity is not reducible to its economic imperatives alone. As a form of institutional state violence – that is, a political or social force which is organised and administered through legitimate means (Cooper and Whyte, 2017) – austerity is made legible through the corresponding stigmatisation of those in receipt of state support. As Tyler highlights, stigma is a form of power that is deliberately designed into the system and ‘propagated as a governmental technology of division and dehumanisation’ (2020: 7). Each chapter of the thesis explores this relationship between poverty and stigma, drawing extensively on the ‘everyday’ experiences of commissioners at Morecambe Bay Poverty Truth Commission. It describes how central stigmatisation is to the experiences of commissioners as they navigate poverty, and how stigma and shame is often experienced in both inter-personal as well as more structural and material ways. In so doing, it develops and evidences Tyler's argument that stigma operates as a 'disabling force' (Tyler, 2020: 29).

Everyday Austerity

In order to ask what connection exists between austerity, harm, and experiences of disablement, the thesis places a significant empirical and conceptual emphasis on how austerity measures in the UK are experienced at the level of the 'everyday'. While austerity, as a process and state practice of the state, is necessarily macro-sociological, the thesis explores how these structural forces are instantiated within the micro-sociological contexts of the everyday. In evidencing the connection between austerity, health, and disablement, this 'everyday' analysis details the different 'interactional' scales that Morecambe Bay Poverty Truth Commissioners come into contact with. The thesis therefore draws extensively on the work of Gareth Thomas, and his work on how disability is experienced at the level of the everyday (Thomas, 2017; 2026).

As Thomas and Sakellariou note, much disability scholarship places a heavy emphasis on the more structural accounts of disability and disablement. In so doing, such macro accounts of disability often neglect 'how disability is lived, mobilised and enacted in everyday lives' (Thomas and Sakellariou, 2018: 4). Thomas and Sakellariou therefore stress the importance of foregrounding 'the micro and mundane' when accounting for how 'powerful discourses, practices and relations' construct disability, noting that, when it comes to experiences of mental and physical illness or disability, it is 'the mundane, familiar, and unremarkable *stuff* of everyday worlds' that need to be prioritised (Ibid: 6). As such, the authors emphasise what disability '*is* and *does*' in these everyday moments (Ibid: 4). Guided by this analysis, the thesis describes and documents how 'disablement' too is experienced at the level of the everyday. Thus, I explore what disablement *is* and *does* is these everyday moments.

Rather than focusing solely or primarily on how disabled people experience austerity, then, this thesis seeks to describe how austerity is experienced as disabling. That is, how particular austerity policies in the UK since 2010 have impacted commissioners' health and wellbeing to such a degree that it negatively impacts their ability to meaningfully engage in social life. This analytical and theoretical emphasis on disablement extends an analysis of disability, treating it less as a pre-existing category and more as an active, ongoing process that is instantiated at the level of the everyday. Indeed, it is by being attentive to the everyday that disablement as an active and ongoing process can be more fully articulated. While the thesis describes the forms of harm, sickness, pain and distress that attend commissioners' experiences of austerity, this conceptual reframing of disability to disablement helps highlight what forms of enablement might look like, including those advocated and espoused within the space of a Poverty Truth Commission.

Orienting the Thesis: On the Importance of *Looking Up* and *Looking Back*

As Sarah Kerr notes in *Wealtherty*, talking about poverty often keeps us 'looking down' (Kerr, 2024: 1). Rather than looking at increases in poverty as being the outcome of growing social inequality within a society, research on poverty often treats poverty as conceptually distinct. Indeed, it arguably reifies poverty, treating it as a concrete *thing* and not as a social and material relation between groups of society. As Kerr notes, 'lack of new knowledge about poverty is not what is preventing political engagement with poverty reduction' (Ibid: 2). For example, the UK government has spent over £752 million on poverty-related research since 2006 and less than £28 million on economic inequality in that same period. Of that, only £3 million has been on wealth inequality specifically (Ibid: 4). Thus, Kerr argues that we can only reduce or alleviate poverty if we problematise extreme wealth. That is, by focusing on how the UK has become exceptional not in respect to its depth of poverty per se, but in the increasing levels of health and wealth inequalities.

In *Stigma: The Machinery of Inequality,* Imogen Tyler emphasises the importance of 'looking up' and 'looking back' when it comes to practices of stigma and shame (Tyler, 2020: 20). That is, to determine how stigma power operates structurally and systemically as a form of statecraft while also being embedded and entangled in longer histories of state violence and harm. As Gareth Thomas notes, it is through an analysis of stigma – including those practices that 'set people apart from others' and 'mark them out as socially inferior' (Thomas and Sakellariou, 2018: 4) – that the individual and structural can be theorised together (Thomas, 2023: 378). Oriented by Tyler's directive to 'look up' and 'look back', this thesis also takes heed of Kerr's assertion that a focus on poverty keeps us 'looking down' (Kerr, 2024: 1). While advanced conceptually, the thesis utilises this call to 'look up' as a methodological injunction within the wider ethnographic research. That is, to situate each commissioner's experiences of poverty and illness within its wider social and political contexts and histories, with the intention of identifying how harm is not only experienced individually but produced and determined socially and materially.

Chapter Overview

Since its inception in the 1960s and 70s, the Social Model of Disability has gone through many iterations. Indeed, the singular use of 'Model' belies a much more nuanced and contested history. Having grown out of some of the more radical traditions of the 1960s and 70s, including the anti- and radical psychiatry movement, as well as the fight against institutionalisation, the model became increasingly liberalised in the proceeding decades

(Shakespeare, 2004). Since then, there have been many critiques of the Social Model of Disability which call for a more ‘materialist’ or ‘political’ model of disability and health determinants. Situated within this debate, the thesis seeks to critically engage with the Social Model, addressing what connections exist between poverty, health and disablement within the context of contemporary UK austerity measures. In so doing, each chapter will develop a social model analysis, asking how austerity is being experienced in harmful and often disabling ways.

Chapter One explores the social model of disability in more depth. The chapter builds on this model in order to make an analytical and theoretical connection between austerity and disablement. Drawing on ethnographic fieldwork and interview data, the experiences of members of Morecambe Bay Poverty Truth Commission are foregrounded, highlighting the impacts austerity and the cost-of-living crisis have had, and continue to have, on their health. The chapter makes a conceptual distinction between disability and disablement. While many of the commissioners have had pre-existing health conditions exacerbated by poverty and inequality, the chapter forwards the notion of austerity as an ongoing, disabling process and practice which not only reproduces disability but actively produces it. That is, how disablement as an ‘outcome of social oppression’ (Oliver, 1990: 1). The chapter also builds on the experiences of disabled activists at *Le Court,* a residential home for disabled people in the UK established after WWII. By drawing on the experiences of disabled activists such as Paul Hunt, the chapter describes how the social model of disability emerged out of the struggles of disabled people in the 1950s and 60s, while drawing parallels with the material conditions of austerity Britain today. Thus, the maxim of Morecambe Bay Poverty Truth Commission – ‘Nothing About Us, Without Us, Is For Us’ – and the earlier slogan of the Disability Rights Movement – ‘Nothing About Us, Without Us’ (Charlton, 1998) – are brought into theoretical and analytical conversation with one another.

Chapter Two focuses on specific welfare reforms under austerity and the impacts this is having on the everyday lives of commissioners. Through three separate ‘Case Studies’, the chapter explores the impacts of Universal Credit (UC), Personal Independence Payment (PIP), and Jobseekers Analysis (JSA). The chapter looks at the use of welfare conditionality under austerity, arguing that this represents a return to notions of ‘limited eligibility’. This has been described as an ‘incentivist paradigm’ (Wright, 2012) in which forms of out-of-work benefits have been perceived as disincentivising individuals from seeking out work and thus encouraging ‘worklessness’ (Grover, 2016; 2020). Commissioners’ experiences of shame and stigma are also explored, with the chapter using stigma power (Tyler, 2020) as a theoretical and analytical approach to make sense of the harms of welfare reforms. The chapter ‘looks up’ at the role of the state in enacting and reproducing stigma, highlighting how forms of welfare conditionality benefit the state. In doing so, the chapters ‘looks back’ at earlier histories of welfare in the UK. Tracing this genealogy shows a shifting relationship between citizen and state, including how stigmatising notions of ‘dependency’ and ‘deservingness’ are constructed. The chapter describes the harmful and increasingly disabling impacts that the benefits system is having on commissioners.

Chapter Three and Four both looks at what is termed ‘Social Reproduction’, noting how many of the harms experienced by commissioners are experienced within the household. Since 2010, 86 per cent of the overall burden of austerity has fallen on women (Ryan, 2017). By focusing on how poverty and health is experienced within the household, Chapter Three will explore the gendered and ‘feminised’ impacts that particular welfare reforms have had under austerity. This analysis includes changes made to so-called ‘legacy benefits’ –

including Housing Benefit (HB), Employment and Support Allowance (ESA), and Carers' Allowance (CA) – as part of a 'managed migration' to Universal Credit (Gov.uk, 2026). In prioritising the everyday experiences of members of MBPTC, the chapter notes how the household is reproduced socially and materially under austerity, including the variegated forms of unwaged work and emotional labour that structure the everyday lived experiences of commissioners. Given this disproportionate impact on women, the chapter extends a form of analysis proposed by the Women's Budget Group, that austerity in the UK constitutes a form of 'gender-based violence' (Chatzidakis *et al.,* 2020).

Chapter Four continues this analysis of 'social reproduction' and the ways in which the effects (and affects) of particular austerity policies are displaced onto and into the household. While the previous chapter explored how commissioners continue to navigate inequalities in health and wealth as a family, this chapter focuses on parenthood specifically, and how commissioners continue to 'parent the crisis' (Jensen, 2018). Like the previous three chapters, this chapter evidences the impacts that particular austerity policies have had on commissioners, including the rolling out of Universal Credit in the Morecambe Bay area during the period in which this ethnographic research took place. In doing so, the chapter highlights how parenthood, and, more specifically, motherhood, is increasingly bound up with forms of stigma and shame under austerity. At a time when children are the group most likely to be in poverty (IFS, 2025; JRF, 2026), this chapter details how parents live in and with austerity, asking how these experiences might reframe our sociological understandings of what it means to be 'socialised' within the increasingly exceptional conditions that exist in contemporary austerity Britain. As such, Chapter Four focuses on what it means to 'parent the permacrisis', noting how this research took place at the intersecting and interrelated crises of austerity, the pandemic, and the cost-of-living crisis in the UK.

Chapter Five draws on the rich, first-hand, lived experiences of facilitators. The Morecambe Bay Poverty Truth Commission (MBPTC) describes its remit as ‘facilitating meaningful conversations and deep relationships’ between those who are ‘experts through their own lived experience of poverty’ (community commissioners) and those ‘experienced in social, economic and political provision’ (civic commissioners) (MBPTC, 2025). While emphasis in rightly placed on the role of both community and civic commissioners in this movement, this final chapter addresses the often neglected role of facilitation. It explores facilitators’ own experiences of, and proximity to, poverty, as well as the central importance the team place on the role of trauma and storytelling in the commission. It also explores the variegated meanings that the facilitation team place on ideas such as the ‘social body’, ‘social systems’ and ‘social sickness’. In so doing, this fifth and final chapter describes MBPTC as a carefully ‘curated’ space in which intensively individual experiences of poverty are collectively re-imagined as forms of social inequality. That is, individualised harms are reframed as social harms with social aetiologies. Thus, if MBPTC is an important part of a wider Poverty Truth Movement, then the facilitators themselves need to be reimagined as social actors and agents in this wider social movement.

METHODOLOGY

‘Nothing About Us, Without Us, Is For Us’

Chapter Outline

This section details the methodological approach to the research, which involved an in-depth ethnographic study of Morecambe Bay Poverty Truth Commission, conducted over a three year period and covering the entirety of a single commission, from commencement through to its conclusion. As an ESRC CASE-funded PhD, the section identifies what is unique about a CASE PhD, including a collaborative element with a non-HEI organisation, and how this guided my overall methodological approach. The section also considers my own positionality as a researcher conducting research within this coproductive context, as well as reflections on my ‘ethnographic self’ (Coffey, 1999). As I argue, the formation of new identities within the field served as the successful basis for capturing and evidencing the methods of participatory action developed at MBPTC. The section also details the epistemological considerations of the project, and how these two were guided by many of the principles of MBPTC. I consider the status of knowledge production within this context, and what it means to produce knowledge about and with social actors within the commission. Ultimately, the section argues for a reflexive approach to ethnography that is both iterative and inductive, and, in conversation with feminist ethnography, prioritises the situated experiences of commissioners as legitimate forms of sociological knowledge.

CASE-PhD

This PhD project is a CASE-funded ESRC studentship. This necessarily involves a 'collaborative' element, including research with a non-academic institution. The purpose of a CASE studentship is therefore to 'gain first-hand experience of work outside an academic environment', with students 'working on a doctoral project supported by both expert academic supervisors and a co-supervisor from a non-HEI partner organisation' (NWSSDTP, 2026). As part of this CASE-studentship, I had already agreed to conduct research with the Morecambe Bay Poverty Truth Commission (MBPTC) prior to commencing the PhD. Connections with MBPTC were already established too, with my supervisor Imogen Tyler having worked with the commission during Round One. My CASE supervisor, Roger Mitchell, is co-founder of MBPTC and Chair of the Advisory Group, as well as an honorary research fellow in the Department of Politics, Philosophy and Religion at Lancaster University. This meant that engagement with the non-academic institution, MBPTC, was established early and that research could begin as soon as ethical approval was granted by Lancaster University. This CASE-PhD therefore guided my methodological approach to the project, in which my methodology became a more iterative and evolving process as I continued to engage with and embed myself within the organisation.

Morecambe Bay Poverty Truth Commission

The research began at an opportune time, with the PhD taking place during the entirety of a single round of the commission: in this specific case, Round Two of MBPTC. Ethical clearance was granted via Lancaster University's Research Ethics Application Management System (REAMS) within the first six months of the project, allowing ethnographic research to be conducted as soon as Round Two began. Access to the organisation, including all participants (commissioners and facilitators), was also agreed prior to research with consent from my CASE-supervisor, Roger Mitchell. My primary supervisor, Imogen Tyler, is Trustee of the National Commission as well as sitting on MBPTC's own Advisory Commission. As such, a secure network of support was in place to before initial research took place, and thus my role as researcher was carefully facilitated through my supervisors existing and ongoing connections with the partner organisation. Dr Deirdre Duffy (expert in health inequalities and social policy research) joined my supervisory team in 2024, and also provided valuable and comprehensive input to my project.

Ethnographic Research

This research project utilises a mixed-method ethnographic approach. The research follows a flexible research design, with in-depth semi-structured interviews and participant observations, the use of informal conversations as non-verbatim data, as well as drawing on extensive observational field notes and the analysis of visual data. This ethnographic approach to the study of poverty and health 'allows people's lived experiences to be studied in everyday contexts' (Garthwaite, 2019: 110), and is best placed to capture a 'thick' (Geertz, 1973; Marcus, 1998) account of the MBPTC and the ongoing role commissioners play in responding to austerity. By conducting ethnographic research throughout the entirety of a single commission, this approach is suitably positioned to study the MBPTC and the larger Poverty Truth Movement as an open-ended and ongoing process.

Taking place over a three-year period, this mixed-method ethnography captures a single Poverty Truth Commission in its entirety. For Jan Savage, mixed-method ethnography can be useful approach in foregrounding the 'everyday' experiences of an individual (Savage, 2000: 1400). Concomitantly, Karen O'Reilly notes how ethnographic research can 'pay attention to wider structures and to the thoughts and feelings of agents, within the context of daily life and individual action' (O'Reilly, 2012: 23). An ethnographic approach was therefore chosen to best capture the 'everyday' experiences of poverty, while also emphasising the social and material conditions in which individual agency is enacted. Give this empirical and analytical emphasis on the different – and sometimes competing – 'interactional' scales of the everyday, the research is influenced by Susan Murray's (2003) ethnographic engagement with Erving Goffman's work. As Murray notes, 'from a symbolic interactionist perspective, the social world is composed of individuals continuously creating and recreating meaning through interaction. Social structure, social organizations, and indeed social stratification are all structures-in-process upheld through interaction' (2023: 382).

Applying Goffman's 'dramaturgical' model to the work of ethnography, Murray notes how 'implicit to every interaction are front and back stage regions' (Ibid: 384). Given my analytical emphasis these 'interactional' scales, I found Murray's methodological application of Goffman particularly instructive. Early on, I often found myself moving between what I originally articulated as a 'public' and 'private' sphere. I would attend commissioners meetings, or public Poverty Truth events, and would often find myself processing my thoughts and feelings (and dictating them to my phone) on my commute home, where they would be interiorised and privatised space of my home or office. However, I found this emphasis on the front and back regions of the field helped articulate my own shifting identities, and better accounted for how my 'ethnographic self' (Coffey, 1999) was constructed and reconstructed throughout the entire ethnographic process.

As Amanda Coffey notes, 'the crafting of selves in the context of fieldwork is not just about presenting an acceptable or plausible self, as a means to an end'. Instead, Coffey argues, these identities are necessarily 'interactional and negotiated' and are often about 'becoming a different self over the course of and beyond the fieldwork' (Coffey, 1999: 28). This was particularly pertinent given my own lived experiences of poverty. Like Coffey, I reflected on what it means to 'find oneself drawn into the everyday life of an organisation' (Ibid: 29), and how through 'actively participating in the everyday life of the setting I found it impossible to divorce my fieldwork from my others selves' (Ibid: 30). However, as I explore in the 'positionality' section, becoming so embedded and embodied within an organisation also had me reflecting on debates around 'over-familiarity' and 'over-identification' (Ibid: 31).

Ethnographic research, then, is necessarily 'contextual and reflexive' and 'combines the perspectives of both the researcher and the researched' (Savage, 2000: 1400). By prioritising a mixture of methodological approaches, including in-depth semi-structured interviews and more detailed participant observations, this ethnographic aims to capture the forms of collaborative and participatory social action undertaken at MBPTC. The research also engages directly with feminist ethnography, including feminist standpoint theory, which 'begins with the assumption that society is structured by power relations that generate unequal social locations', and that as a consequence, people's lives 'differ systematically and structurally' based on their social and economic position, including their experiences of sex and gender (Wood, 2012: 397). In so doing, I detail and describe the specific situated experiences of individual MBPTC members, while drawing connections to their shared structured experiences of disadvantage, disempowerment and marginalisation.

Access and Sampling

Access to the organisation and its members was agreed prior to the commencement of research, with my CASE supervisor, Roger Mitchell, being Chair of the Advisory Group for the MBPTC and a member of the facilitation team, as well as my primary PhD supervisor, Imogen Tyler, who is Trustee of the National Commission as well as sitting on MBPTC's own Advisory Commission. The commission itself takes place in a freely chosen and supported context, and is coordinated by a team of facilitators at all times. As a CASE-PhD necessarily involves a ‘collaborative’ element with a non-academic institution prior to funding, ethnographic research with MBPTC began as soon as ethical approval was granted from Lancaster University’s Ethics Panel. In this sense, the sample size concerned the entire MBPTC membership in Round Two. This includes around a dozen community commissioners and civic commissioners, and seven facilitators – though as the thesis highlights, due to the pandemic, cost-of-living crisis, and the deaths of two community commissioners, this sample changed somewhat throughout the three year period.

Ethics

Having received ethical approval from Lancaster University’s Ethics Panel, informed consent was acquired through consent forms. All participants were informed of my role as researcher before I attended sessions, and were informed of the data being collected during this observational stage. All participant received participant information sheets that informed of the purpose of the research, including the potentially sensitive nature of the research. An initial set of participant information sheets were sent to all participants before research began. This concerned participant observations only, lasting for the entirety of a single commission. Participants were informed that field notes would be taken only, with no personal or identifying material being taken. A second set concerned interviews, and were sent and signed by all participants prior to interviews taking place (from October 2023 – April 2024).

Participants were informed that they are under no obligation to discuss any of the topics brought up, and if necessary, could skip any particular topics or end the interview at any point. In respect to the interviews, participants were also notified of their right to withdraw their participation from the research up to two weeks after the completion of the interview. Participants were also provided with a debrief and resource sheet. In agreement with the facilitation team, a number of the more vulnerable community commissioners had their interviews attended by a ‘chaperone’: that is, a facilitation team member. However, the participants themselves were given the choice of having one of the facilitators present in the room that the interview took place, or were simply present in the venue were their support needed at any point prior to, during or after the interview took place. In the event that particular topics did cause discomfort, a comfort break was offered and participants were asked if they were happy for the interview to continue.

This research considers ethics to be a continual process, in which ‘consent needs to be reclarified and renegotiated any time difficulties or concerns arise’ (O’Reilly, 2025: 53). This is particularly so during ethnographic research, which, in this case, took place over a period of nearly three years. It is important to note that all commissioners involved in MBPTC have volunteered on a freely chosen and consensual basis without any coercion, and know all members of the facilitation team. The commission is also practiced in a secure setting, in which my role as researcher was facilitated through my supervisors’ existing and ongoing connections with MBPTC and the Poverty Truth Network. As such, a secure network of support was already in place to ensure that, were any discomfort caused to the participants in the process of research, it could be mitigated and managed at every stage of the research project by this network of support. In this way, ethics became an iterative process, with regular check-ins with facilitation team members to ensure we were happy with the direction of the research, including my position as researcher. As such, being ethical ‘is not only a formal procedure’ requiring the signing of forms. Rather, it is best understood as a ‘process’

(O’Reilly, 2025: 53).

Finally, all data, including any identifying material, will be anonymised through the use of pseudonyms, including members of the facilitation team too. All portable devices were encrypted as per the Lancaster University ISS standards. Any personal information or sensitive material that could be used to identify participants was stored and password encrypted on a spread sheet using secure Lancaster University servers. All identifying information will be deleted at the completion of the research project (successful PhD defence). However, any sensitive research data approved by the university, such as research notes or transcripts, will be secured and protected on encrypted devices in accordance with Lancaster University ISS standards, for a period of ten years.

Consent

Prior to interviews took place, a participant information sheet was signed, and the participant was asked if they were happy to proceed. As Karen O’Reilly notes, asking people to sign forms ‘can trigger strong emotions or fear linked to prior experiences of bureaucracy, red tape, or rules and regulations’ (O’Reilly, 2025: 53). This is particularly applicable to community commissioners, given their continuing experiences with assessments/re-assessments and the anxiety that signing government forms can induce. As O’Reilly notes, this period when consent forms are signed also ‘provides a useful time to fully clarify any issues and agreements’, noting how consent is something which needs to be ‘reclarified and renegotiated any time difficulties or concerns arise’ (2025: 53). The signing of a participant information sheet alongside the interview consent forms was therefore used as an opportunity for the participants to discuss any concerns they might have. In engagement with the facilitation team, the decision was made that those community commissioners who were deemed particularly vulnerable would have their interviews conducted in a venue they were familiar with (Cornerstone Café), and that they would be required to have a 'chaperone' present (a member of the facilitation team). Here it was explained to them that, should any concerns or issues arise, that they could take a break or terminate the interview, and that they could discuss this with a facilitator too.

As Susan Murray notes, informed consent is often seen as a 'morally neutral and seemingly unobtrusive' process (2003: 292): As Coffey notes, 'informed consent is not an intellectual or academic consent' but rather a process and practice that 'has real, physical implications' (Coffey, 1999: 75). Indeed, informed consent can be one of the 'major dilemmas' of ethnographic fieldwork (Murray, 2003: 392). While consent for participant observation may be granted, for example, it is hard to fully inform a participant of exactly what observation entails: not least because of the emergent process of ethnographic fieldwork. As Murray reflects of her own participants within a nursery setting: 'By agreeing to be 'observed', did they really understand that I would be describing verbatim what I saw and what I heard? Did they understand my observations of them extended beyond the classroom, beyond their interactions with the children?' (Ibid: 392).

I have equally had to reflect on whether consent for a three-year long ethnography of a movement could be fully captured within a parameters of a participant consent form. While consent was established through a particular consent form signed at a particular moment, is this signature then expected to extend unwaveringly throughout an entire three year period, in which environments are relationships are often in continual flux? Similarly, Karen O'Reilly notes how 'there is a danger that a consent form can be treated as a tick-box exercise', thus 'giving the researcher confidence to move ahead' without considering the ongoing ethical impacts of research' (Ibid: 53).O'Reilly notes that this iterative process to ethics is particularly valuable to forms of research that emphasise 'participatory research and co-production', noting how 'conflicts over ownership of data and its production and dissemination might justifiably arise' (54). Thus, O'Reilly recommends 'an honest and open team discussions at the beginning of the research as well as at every new stage', with consent 'a matter of constant negotiation and clarification' (Ibid.).

A more negotiated and iterative approach to consent was therefore adopted throughout this PhD project, with regular conversations with the MBPTC facilitation team and my supervisory team. I also ensured that any and all contact with commissioners was pre-agreed with the consent of MBPTC facilitation team, including my CASE supervisor, Roger Mitchell. However, I would also work consent into more informal interactions and conversations with commissioners. For example: 'That was a really powerful commissioners' meeting/ I found the experiences you shared today really moving. Are you still happy for me to take notes from these meetings?'. Not only did this serve as a reminder of consent, but it allowed for a more iterative approach to consent that better reflected the evolving and emergent environment of MBPTC. Indeed, it was also a reminder that as our identities shifted throughout this iterative and relational process, there was still a research/participant dynamic at play in the field.

Analysis

Interviews were transcribed and anonymised, with the data then analysed thematically. Given the organisation's emphasis on lived experience, a more interpretive phenomenological approach to data analysis was used. Interpretive phenomenological analysis, for example, is a 'qualitative approach which aims to provide detailed examinations of personal lived experience', thus producing 'an account of lived experience in its own terms rather than one prescribed by pre-existing theoretical preconceptions' (Smith and Osborn, 2015: 41). To give overall structure to these detailed personal accounts, a 'template analysis' was then used (King, 2004), identifying common themes across all of the interviews (Jones and Nadin, 2024).

Initially, common themes or 'templates' were grouped according to the 'Working Groups' collaboratively agreed upon by commissioners at MBPTC. These included: Food and Income; Housing; Health; and Education. Having grouped data into these respective themes, the original intention was to organise each 'working group' theme into a thesis chapter (with a final chapter on facilitation). However, through this thematic analysis, it became apparent that within each of these themes, experiences of harm – including the impacts this was having on individual commissioner's health – was at the forefront of these interviews. It made little empirical or methodological sense to thematically group experiences of health and illness within a single 'Health' chapter. Instead, experiences of health and illness emerged out of these four working group themes, resulting in particular experiences of harm prioritised in each of the respective chapters.

For example, the 'Food and Income' theme identified how forms of harm, and their impacts on health and wellbeing, took place primarily in the home, or through interactions which concerned the home (such as experiences procuring food at a foodbank). Similarly, the Education theme concerned the stigmatising and often harmful incidents commissioners had experienced as parents, including the impacts this had on their children. Within the theme of 'Housing', commissioners prioritised experiences of health and illness, noting in the interviews how housing costs were a significant contributing factor for overall stress and anxiety. While for others, the home itself became a site of harm, both in terms of interpersonal violence and state violence. As such, what emerged from each of these Working Group templates was an analysis of harm and its deleterious impacts on health. Given almost all community commissioners were disabled, or lived in a household with a disabled child or partner, each chapter therefore drew an analytical and conceptual connection between harm, health, and experiences of 'disablement'.

Interviews

In-depth, semi-structured 'ethnographic interviews' were conducted with members of MBPTC. This included community commissioners, civic commissioners, and members of the facilitation team. In total, 20 interviews were conducted, all of whom were involved in Round Two of the commission. These interviews took place over a six month period from October 2023 to April 2024, and were therefore conducted towards the end of Round Two of MBPTC. Having firmly embedded myself within the commission by this stage, I make a distinction here between 'ethnographic interviews' and other forms of interviewing. As Barbara Sherman Heyl argues, ethnographic interviewing is conducted within the context of pre-established relationships, where mutual trust is built over an extended period of time. This allows for 'a genuine exchange of views' and 'enough time and openness in the interviews for the interviewees to explore … the meanings they place on events in their worlds' (Heyl, 2001: 369). As such, ethnographic interviews can only occur 'where the ethnographer and participant have got to know each other over time' (O'Reilly, 2009: 139)

Interviews were scheduled for around 45-60 minutes. Timing were flexible and adjusted based on participants needs, with comfort breaks taken as or when required. An interview guide was used for all interviews. These guides differed in subtle but important aspects depending on whether the interview was with a community commissioners with lived experience of poverty, or a civic commissioner with professional experience of poverty. For interviews with facilitators, a different interview guide was used, with more of an emphasis on the day-to-day running of a Poverty Truth Commission (see appendix). However, in engagement with the core remit of MBPTC, I also ensured that there was room for more co-productive conversations, allowing commissioners the opportunity to have a sense of agency in the direction of the interviews, as well as giving them ample opportunities to explore the meanings they give to their own experiences. It was also necessary to recognise that the questions I ask can structure the answers I receive, and that, given our pre-established relationships, these questions were in some sense co-led. Despite this, certain themes were returned to, with an overall structure to the questions, which meant that interviews remained semi-structured rather than unstructured.

Positionality

Positionality in ethnographic research refers to an awareness that ‘ethnographies are constructed by human beings who make choices about what to research, interpret what they see and hear, decide what to write and how, and that they do all this in the context of their own personal biographies’ (O’Reilly, 2009: 203). Amanda Coffey, for example, has reflected on the role of the ‘ethnographic self’ in research. Coffey identifies how a lot of contemporary ethnographic literature does not critically engage with the emergent and shifting relationship between ethnographic research and researcher, beyond generalised statements about how ‘the researcher is part of the research process’ or how ‘fieldwork affects the self’ (Coffey, 1999: 7). Instead, identity construction during and after the ethnographic process is often described merely in terms of ‘getting fieldwork done’ rather than attending to how research ‘shapes and constructs identities and intimate relations’ (Ibid: 5). This section explores in more detail this notion of the ‘ethnographic self’, including how this research has been ‘meaningful beyond the temporal and spatial specificities of the field’ (Ibid: 28).

One of the central debates in ethnographic research is the researchers position as ‘stranger’ or ‘knower’. As Coffey notes, the ethnographic researcher often comes to their field of study as a ‘social or intellectual stranger’ (Ibid: 33) This ‘strangeness’ is often deemed to be productive, allowing the researcher to take a more detached and ostensibly ‘objective’ view of the field. While identities and relations are made during fieldwork, Coffey notes how the position of ‘stranger’ is often understood as guarding against forms of ‘over-familiarity’ within the field (Ibid: 31). For example, Paul Willis’ *Learning to Labour* (1977) has been criticised for his ‘over-identification’ with ‘the lads’, with Martyn Hammersley and Paul Atkinson critical of Willis’ ‘over-rapport’ with the working-class boys he was researching (Hammersley and Atkinson, 1995: 115). Such ethnographic observations remained instructive throughout my three-year period conducting research, not least because of what I deemed early on to be an ambiguous – and at times, antagonistic – position as researcher within an organisation that prioritises forms of collaboration and coproduction.

This emphasis on my positionality as researcher led to a number of critical methodological interventions. For example, having established consent to observe regular commissioner meetings, including the day-to-day running of MBPTC, it became apparent that my role as researcher within this space was somewhat ambiguous. Despite signing participant observation sheets and consent forms, it was clear to me that community commissioners were unclear as to my actual role within the commission, and that this often extended to the facilitators too. Initially, I made a decision to ‘observe’ by joining in with initial conversations, such as introducing myself and partaking in ‘check-ins’ and ‘check-outs’, while maintaining a methodological distance from discussions of my own ‘lived experience’. In this way, I was taking the position of ‘stranger’. That said, this position was not so much an outcome of my strangeness to poverty or to illness, but rather a ‘performed’ front-stage identity (Murray, 2003) based on conventional knowledge of what an ‘effective’ ethnographer should or should not be.

As O’Reilly notes, reflexivity demands ‘critical analysis of the practice of ethnography’ as well of as ‘the ethnographer’s own role’ within it (Ibid: 205). Part of this ‘critical analysis of the practice of ethnography’ involved understanding what my role as a researcher ‘embedded’ within an organisation actually entailed. Being uneasy with how ‘distanced’ and ‘detached’ I felt from both the community commissioners, it was here that I made the methodological decision to lead with my own lived experience of poverty, and actually share in commissioner discussions. Doing so had immediate ramifications, with the commissioners feeling much more comfortable knowing my own ‘personal biography’ as well as my connection to poverty and to chronic illness. The facilitation team also benefitted from this ethnographic decision, no longer left wondering when and when not to include me in the commissioner meetings.

Despite often arriving to the ethnographic field from a position of ‘stranger’, researchers can occasionally arrive ‘from the assumed position of ‘knower’ – where the researcher already possesses some of the esoteric knowledge and an empathetic self’ (Coffey, 1999: 33). By drawing on my own lived experiences of poverty, commissioners immediately ‘cast’ me as someone with their own ‘poverty truth’, and thus, as a member of MBPTC. As O’Reilly notes, consideration of one’s own position within an organisation means ‘thinking reflexively about who has conducted and written ethnographic research, how, and under what conditions’ (O’Reilly, 2009: 201). This path ‘between familiarity and strangeness; knowledge and ignorance; intimacy and distance is far from straightforward' (1999: 22). While taking on the position of 'knower', and of someone who understood the 'truth' of poverty, I also reflected on those critiques of Paul Willis' (ethnographic approach in *Learning to Labour* (1977), including criticisms of 'over-identification' and 'over-rapport'. While I never felt like my role of 'knower' was problematic in any way, I did remain reflective of what this position meant.

For example, having spent a number of years building relationships of mutual trust with commissioners, by the time that my interviews took place, I was concerned that this familiarity might lead to commissioners 'over-sharing' their experiences. While formal consent was established prior to the interviews, there was still a sense in which the researcher/participant dynamic might be blurred by our friendships. As Murray notes, ethnography can sometimes feel like you inhabit the status of a 'go-between' (Murray, 2003: 388). For me, I was less embodying a role of 'go-between' and more inhabiting a space that is better described as 'go-between'. That is, somewhere between formal and informal, researcher and researched, stranger and knower, inside and outside: all too aware of how my ethnographic self 'remains interactional and crafted out of relationships with other selves' (Coffey, 1999: 28).

Reflecting on my own positionality within MBPTC became an ongoing and iterative process, requiring that I constantly reflect on the emergent identities formed throughout my fieldwork and the implications this could have on the data I produced. In the instance above, it involved making a decision on what should or should not be evidenced in the thesis. This reflexivity over my positionality and my shifting identities in the commission was all the more important given that being embedded and embodied within MBPTC was a pre-requisite of the research. As an organisation, MBPTC prioritise forms of collaboration and coproduction. As Coffey writes: ‘the relationship between the field and the self is complicated by the personal embeddedness of the ethnographic research task’ (1999: 20). As such, I have had to reflect on how identities are formed and reformed, and how ‘fieldwork would challenge my sense of who I was’ (Ibid: 29). Indeed, these identities I have formed throughout this ethnographic research extend far beyond ‘the temporal and spatial specificities of the field’ (Ibid: 28).

Intersectionality

While prioritising forms of ‘lived experience’ throughout this thesis, it is important to reflect on how commissioners lives are lived in relation to their class, race, gender, and disability. While MBPTC is made up of men and women, many of the community commissioners are women: a ration which was further exacerbated with the deaths of two male community commissioners during round two. It is therefore necessary to reflect on the gendered, racial, classed and dis/abled dynamics within the commission, including how ‘lived experience’ is or isn’t perceived as legitimate in respect to these. It positions ‘women’s lived experiences as legitimate sources of knowledge’ (Campbell and Wasco, 2000: 773), and extends this to race, class and disability too, noting how, for many commissioners, such characteristics are not experienced separately but intersectionally.

As Jane Beth notes in her ethnographic research on experiences of motherhood under austerity in the UK, ‘many of the expectations around gender and motherhood are put forward through theoretical and policy arguments made by male actors’ (Beth, 2021: 96). As such, ‘many of the ideas developed around gender and motherhood have been devised ‘about’ women rather than ‘with’ them and thus, their voices and the knowledge they produce are silenced’ (Ibid.). I therefore had to reflect on how my own status not only as researcher, but as a white male researcher, intersected with other commissioners and facilitators and with the wider movement.

Positioning the Research

The project will build a research design guided by Morecambe Bay Poverty Truth Commission's guiding principle, that 'nothing about us, without us, is about us' (MBPTC, 2022). This principle is an extension of early disability rights activism, emphasising the need for those with lived experience of disability and disablement to have their voices heard within the movement. This principle has also been taken up by the Mad Studies movement, which is equally committed to ending the epistemic inequities between those with lived experiences of psychiatric/medical violence and those professionals who often speak on behalf of them.
The PhD is therefore influenced by a number of ongoing projects related to disability and mental health scholarship, particularly those that seek to empower local communities by prioritising 'experiential knowledge' over 'expert knowledge' (Russo and Sweeney, 2013).

For example, the *Deaths by Welfare Project, co*-led by China Mills and John Pring (2022) and run as part of the Healing Justice London, explores the violent and increasingly deadly effects welfare policies are having on recipients of social security benefits, particularly disabled people. As a form of violence enacted by the state, *Deaths by Welfare* emphasises forms of resistance and promotes strategies of resistance in direct engagement with those communities disproportionately affected by welfare reforms. Made up of a 'Litany of Survival Team', the research project focuses on loss and bereavement within those communities subject to marginalisation and stigma, and has been co-designed by members themselves. The project is therefore guided by the epistemological and methodological principles of 'knowledge transference between the margins and mainstream' and seeks to connect 'strategies and solutions' centring 'equitable participation and democratising research' (HJL, 2022).

The Litany for Survival Team state that 'there is a need to build both individual empowerment and social action, to move beyond individual-level factors and to understand how inequalities intersect' (HJL, 2022). This is particularly applicable to the proposed research project, which, in being critically informed by a Social Model of Disability, seeks to move beyond an individualised and medicalised conceptualisation of disability, instead focusing on the role social and structural violence has in producing disablement, as well as the role communities play in resisting this.

Another important research project, entitled *Scenes of Shame and Stigma* and part of the University of Exeter's larger 'Shame and Medicine' agenda, focuses on the intersections of austerity and shame/stigma in the UK during the Covid-19 pandemic. Co-led by Luna Dolezal, Arthur Rose and Fred Cooper, *Scenes of Shame and Stigma* identifies and investigates the 'sites and circumstances of shame, shaming, and stigma during the first 12 months of the Covid-19 health crisis' (Dolezal *et al.*, 2022). As the authors state, in the UK shame and stigma have been 'created and exacerbated by public health interventions', with the project concerned with investigating 'how stigma and shame are related to the uneven distributions of social power' (Dolezal *et al.*, 2022). The research project will critically engage with the methodological and theoretical insights of these projects, positioning itself within both existing and emerging scholarship in order to reflect the ongoing impacts austerity is having on health inequalities in Britain today.

CHAPTER ONE

From Disability to Disablement: Austerity and The Social Model of Disability

Chapter Outline

This chapter builds on the Social Model of Disability in order to draw an analytical and theoretical connection between austerity and disablement. Drawing on ethnographic fieldwork and interview data, the experiences of members of Morecambe Bay Poverty Truth Commission are foregrounded, highlighting the impacts austerity and the cost-of-living crisis have had, and continue to have, on their health. The chapter makes a conceptual distinction between disability and disablement. While many of the commissioners have had pre-existing health conditions exacerbated by poverty and inequality, the chapter forwards the notion of austerity as an ongoing, disabling process which not only reproduces disability but actively produces it. That is, disablement as an 'outcome of social oppression' (Oliver, 1990: 1). The chapter also builds on the experiences of disabled activists at *Le Court,* a residential home for disabled people in the UK established after WWII. By drawing on the experiences of disabled activists such as Paul Hunt, the chapter describes how the social model of disability emerged out of the struggles of disabled people in the 1950s and 60s, while drawing parallels with the material conditions in austerity in the UK today. Thus, the maxim of Morecambe Bay Poverty Truth Commission – 'Nothing About Us, Without Us, Is For Us' – and the earlier slogan of the Disability Rights Movement – 'Nothing About Us, Without Us' (Charlton, 200) – are brought into theoretical and analytical conversation with one another.

Disability and the Social Model

I visit Jean at her home in Morecambe. Jean is a community commissioner at the Morecambe Bay Poverty Truth Commission (MBPTC). Her apartment looks over the promenade and out onto Morecambe Bay, and we begin by talking about the importance of the Bay to Jean's mental and physical health. 'There's a fox living over there along the prom. I watch her coming and going as she feeds her cubs. You wouldn't believe the things I see from my window' (Jean, 12th February 2024). 'You know, this house is so lovely, so brilliant', Jean continues. 'The top floor is a separate flat that I rent out. And the basement is a separate flat I rent out too. So I'm really fortunate, because the flat pays for itself' (Ibid). It is clear from our interview that her apartment, and the panoramic view of the Bay it affords her, frames Jean's existence here in Morecambe. That said, Jean hasn't had much of an alternative recently. The lift in her building is currently out of use, and as a disabled woman, it is her only way of leaving her apartment.

Jean has multiple sclerosis and is in a wheelchair. Before her diagnosis, Jean used to look after children with learning difficulties in Kendal, as well as teaching cooking classes. 'The students all loved it. Because it's so real. You're not writing rubbish down. We would actually make a meal and at the end of the lesson they'd have something to take home and eat with their family' (Ibid). 'We need this more than ever now', Jean adds, in reference to the ongoing cost-of-living crisis. 'But then I was diagnosed with MS, and I was told I wasn't to get tired or stressed. So I retired from that'. This was particularly hard for Jean, for as she states, 'I've always worked'. Jean also talks about the take-away she owned, and that after renting it for the past 21 years, now feels like she's in a financial position to open it up again. 'I've finally got it back into my possession'. And Jean has a good idea of what she wants it to be. 'We're thinking of serving African-style foods, with a vegan fusion' (Ibid).

It is clear from our interview that Jean has a significant presence in the local Morecambe Bay community, and that she refuses to let her condition affect this. That said, given that Jean is currently house-bound due to a broken lift it is evident that this is sometimes out of her control. ‘I couldn’t attend the last [MBPTC] commissioners’ meeting because I can’t leave the house. And unless someone comes to fix this, I won’t be at the next one either’ (Ibid). We discuss other ways Jean’s specific mobility requirements are impeded due to needing a wheelchair. She explains to me that public transport can be an issue, particularly if the singular ‘designated disability’ area is already in use. The same is true of public infrastructure too, including pavements, with Jean gesturing to a sizeable pot-hole outside the apartment. I ask Jean if this is a common occurrence, not only in respect to the lift but to her built environment more generally. ‘Yeah, it's getting worse. Definitely, it’s getting worse’ (Ibid).

Jean’s experience of being increasingly reliant on an accessible environment, and the negative impacts a lack of accessibility can have on her everyday experience, highlights an ongoing debate about how disability should be conceptualised. This is often framed through two competing models of disability, often referred to as the ‘medical model’ and social model’ of disability. The Medical Model of Disability ‘depicts disablement as a biological *problem* belonging to a *person’,* often with an emphasis on ‘fixing or curing a person’ (Thomas and Sakellariou, 2018: 3). According to this model, Jean’s physical impairment and her disability are coextensive. Multiple sclerosis is a biological problem which belongs to Jean, and through which her access to certain aspects of life is curtailed or proscribed. In contrast to this, the Social Model of Disability treats disablement as ‘a social problem belonging to society’ (Thomas and Sakellariou, 2018: 3). According to this model, Jean’s disability is not the outcome of her impairment. Rather, it is her built environment that disables her: from poorly maintained public infrastructure like roads, pavements, and lifts, to inaccessible public transport. For Jean, her wheelchair is her mobility aid. It enables her to go about her life with a sense of normality. However, it also means that if the built environment around her isn't designed in a way that facilitates wheelchairs, she is dis-abled from this right. What the social model of disability also does is reframe disability in terms of disablement. That is, away from disability as the outcome of a pre-existing medical condition and towards disablement as an active and ongoing social process.

While Jean's built environment has negatively impacted her, she also discusses how privileged she is to live along the promenade, which, due to its accessibility, grants her passage to Morecambe Bay. Indeed, in respect to health, it is not accessibility that is her main problem, but rather an ongoing cost-of-living crisis. 'I've never really been in extreme poverty', Jean notes, 'but I've never really seen things the way they are now' (Ibid). Jean describes the impacts the cost-of-living crisis is having on her family and, as a consequence, herself. 'My biggest, proudest thing is my kids. I have two foster children, who now have a residence order. They are mine forever and they make me the happiest', Jean explains. 'But growing up here, it's tough'. I ask Jean exactly what is so tough about the present moment, particularly for her children. 'It's the cost of living. It's worse now, definitely. It's so much worse, actually' (Ibid). 'My family are really struggling. My eldest, she tells me everybody she knows is just really, really struggling. Everyone is in complete poverty'. 'Nobody ever has any money', Jean continues, 'so everyone is just borrowing off everyone else. It's like our very own poverty market' (Ibid).

Jean explains the impact this is having on her health, particularly the amount of worrying she does. As Jean has already explained, she had to retire from two jobs that she found personally rewarding due to the medical advice that ‘I've not got to get tired or stressed’ (Ibid). And yet, under an increasingly protracted cost-of-living crisis, Jean seems to be more stressed and worried about her family than she was prior to her forced retirement. ‘But I’ve got to be positive’, Jean reminds herself. ‘We have, haven’t we? Because otherwise, you’re crumpled, you’re crushed by all the shit that’s going on’ (Ibid). I reflect on the change in Jean’s emotions. The disabling effects of something like a broken lift, which had left Jean completely house-bound and unable to access the outside world, were treated earlier in our interview as a mild inconvenience. However, it was now, when reflecting on her family’s experiences of the cost-of-living crisis, that the impacts of material deprivation seemed to be most forcefully felt. Much like a broken lift or a pot-holed pavement, poverty too was being experienced as a form of disablement.

The Past and Present of The Social Model

The maxim of the Morecambe Bay Poverty Truth Commission is ‘Nothing About Us, Without Us, Is For Us’ (MBPTC). This idea, while also influenced by the Truth and Reconciliation process in South Africa, emerges out of disability activism in the 1960s and 70s. That is, ‘nothing about us, without us’ (Charlton, 1998). This section traces the origins of this maxim, along with the emergence of the social model of disability. It makes a direct comparison between the social and material conditions that disabled activists found themselves in during this period, and the social and material conditions that members of the Morecambe Bay Poverty Truth Movement are experiencing under austerity today. In so doing, the section frames disability as an ‘outcome of social oppression’ (Oliver, 1990: 1).

Le Court and the Social Model of Disability

In her book *No Limits,* Judy Hunt (2019) documents the early disability movement in Britain in the 1960s and 70s – including the formative role of her husband Paul Hunt – and its connections to today's social movements. As she notes, 'many of the early gains' of the disability movement 'are being eroded', most notably through 'tough austerity measures, cuts to public expenditure, and the loss of many important services' (J. Hunt, 2019: 9-10). This section will trace the emergence of the Social Model of Disability through the social and political organising of disability activists in the 1960s and 70s. This is a time when the 'Social Model' had yet to be named, but was already being lived and experienced. The chapter therefore makes a conceptual connection between this earlier period and the ongoing erosive conditions of austerity today. In so doing, it draws together the experiences of early disability activists like Paul and Judy Hunt with those of community commissioners at Morecambe Bay Poverty Truth Commission. As the chapter argues, many of the disabling conditions experienced by early disability activists are still being experienced under austerity today.

In order to trace the history of disability rights in Britain, Judy Hunt begins her analysis with the experiences of members of *Le Court,* a residential home for disabled people established at the end of World War Two in Hampshire. Prior to this period, many disabled people had been institutionalised due to the emerging notion that a 'lack of control over body or mind clashed with growing expectations of control over bodily functions and emotional restraint' (Jarrett, 2020: 68). Indeed, it is also during this period that disabled people became increasingly subject to formal state scrutiny (Ibid: 136). It wasn't until WWII, however, that a more coherent and organised input from the state regarding the status of disabled people was formalised. Between 1941 and 1945, over half a million disabled people were found employment by the Ministry of Labour due to the shortage of labour. While some jobs were protected under the *Disabled Persons (Employment) Act* in 1944, the return of servicemen meant many disabled people were once again pushed outside the formal sphere of economic production (Hunt, 2019: 36). It is in this post-war context, with the inception of the Welfare State, that more and more disabled people were encouraged to enter specialised residential centres. While still a form of institutionalisation, this period also prioritised forms of rehabilitation and independent living, albeit in limited form early on (Ibid: 45). Indeed, while in practice only a minority of disabled people had to live in residential care, the ‘issue of institutionalisation has been significant in the political history of disability’ (Ibid: 42).

It is within this larger context that *Le Court,* a residential home for disabled people, is established in Hampshire in 1948. Unlike other residential homes, which, due to their methods of help, raised immediate questions about what rights disabled people had, *Le Court* was set up as a more ‘experimental’ and ‘unstructured’ community (Hunt, 2019: 79). A far cry from the ‘inmates of institutions’ (Paul Hunt, 1966: 18) indicative of other institutions, *Le Court* ‘blurred the division between helper and helped’ (Hunt, 2019: 79). By 1953, residents had established their own elected council, ‘the Patients Welfare Committee’, and organised monthly residents meetings. On site there was a shop staffed by disabled residents, with the income transferred to an independent residents’ fund (Ibid: 75). Residents also produced their own in-house magazine, called the *Cheshire Smile,* as well as founding their own *Le Court Film Unit* (Ibid: 76). After these initial successes, residents then established *Independence Unlimited,* a co-operative which shared knowledge and experience with the local community, including the sharing of engineering and craft skills (Ibid: 77). As such, *Le Court* became a core part of the ‘independent living’ movement. It is also here that Judy, who worked at the home, would meet Paul Hunt, a disabled resident who would become a key participant in the disability movement at *Le Court.*

Despite these early successes at a more independent form of residential living, by 1956 the management staff attempted to impose a number of rules and regulations, including 'hospital rituals and formalised routines' (Hunt, 2019: 87). As Judy Hunt notes, residents, infuriated by this new approach to residential care, attempted to bar staff from attending monthly meetings. Conflicts continued, with residents increasingly concerned by the level of oversight and control now being imposed on them, including 'restrictions on bed times, getting up times, alcohol consumption, the handling of money and the removal of clothing, and a range of other petty and arbitrary changes to daily routines' (Ibid: 88). All this came to ahead when disabled residents at *Le Court* used their own income to extend the residential building, with the intention of building enough space so that every resident would have a room of their own. As Judy Hunt reflects: 'There were, in effect, two *Le Court* realities. One was a community of disabled people brimming with creative energy and purpose, and the other was of resident-staff relations which tried to prevent them from making progress' (Ibid: 98).

It was under these conditions that disabled residents such as Paul Hunt began protesting what they saw as an increase in 'medicalisation and social control', including the implementation of a 'medical regime'. Paul Hunt himself had identified the 'attempted regimentation and hospitalisation' of *Le Court,* including 'a complete separation between helper and helped, governor and governed' (Hunt, 1964: 26). As another *Le Court* community member would reflect: 'There is a saying amongst those involved in this kind of social work that the intention is to 'help the disabled to help themselves'. But what happens when the recipients of this help make real use of it, and start helping themselves? When the once dependent are given sufficient independence to pass from the largely receptive to the largely inceptive' (quoted in Hunt*,* 2019: 99). Another community member described this tense standoff at *Le Court* as a moment when its disabled residents 'began to ask questions of what is being done to them’. All they ask, the resident continues, is ‘for the service to be done with them rather than for them’ (quoted in Hunt*,* 2019: 100).

It was the community organising of disabled residents here at *Le Court,* as well as other residential homes for the disabled, that would lead to a wider disability rights movement in the UK in the 1960s and 70s. In response, Paul Hunt and another disability activist, Vic Finkelstein, would establish the ‘Union for the Physically Impaired Against Segregation’ (UPIAS) in 1972. Foregrounding the experiences of disabled people at this time, UPIAS would publish a text entitled *Fundamental Principles of Disability.* It is here, for the first time, that a conceptual distinction is made between disability and impairment. As the text states:

> “It is necessary to grasp the distinction between the physical impairment and the social situation, called 'disability', of people with such impairment. Thus we define impairment as lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body; and disability as the disadvantage or restriction of activity caused by a contemporary social organisation … and thus excludes them from participation in the mainstream of social activities. Physical disability is therefore a particular form of social oppression”
>
> - UPIAS (1976: 14)

As the text therefore concludes: ‘In our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society’ (UPIAS, 1976: 3).

It is through the political organising of disabled people in communities like *Le Court* that a new model of disability emerged. This 'social' model of disability, as Michael Oliver (1990) would later term it, was a direct outgrowth of the material conditions that disabled people themselves lived and experienced. In their attempts to resist what Paul Hunt termed the 'medical regime' (Hunt, 1964: 26) being imposed on them, the disabled community at *Le Court* located their dis-ablement not in their bodily impairments but in their social environment. Thus, as Michael Oliver elsewhere states, 'disability has nothing to do with the body' since 'it is a consequence of social oppression' (Oliver, 1996: 35). It is for this reason that Oliver himself prefers to use the term disablement over disability, recognising the socially-constituted and ongoing forms of oppression that produce disability.

In engagement with the social model of disability, the next section will outline the impacts austerity is having on those with pre-existing disabilities, describing how 'many of the early gains' of the disability movement 'are being eroded' (Hunt, 2019: 9-10). However, in prioritising notions of disablement over disability, the chapter reframes this analysis of austerity. As well as highlighting the disproportionate impacts austerity has had, and continues to have, on those with pre-existing disabilities in the UK, it also argues that the social and material conditions found under austerity are producing new forms of disablement. Much like the social model, it identifies disability as a form of 'structural disadvantage' (Thomas and Sakellariou, 2018: 9). In so doing, it connects the experiences of the disabled community *Le Court* with those of community commissioners at Morecambe Bay Poverty Truth Commission.

Austerity: Reproducing Disability

In 2017, Philip Alston, the UN's Special Rapporteur on Extreme Poverty and Human Rights, described austerity in Britain as amounting to a ‘grave and systemic’ violation of the UN’s Convention on the Rights of Persons with Disabilities (UNCRPD, 2017: 3). A year later, in 2018, the Equality and Human Rights Commission noted the ‘deeply concerning’ evidence that ‘in almost every aspect of life, the chances for disabled people are getting worse’ (EHRC, 2018). Citing the report, Frances Ryan describes these conditions as an ‘epidemic of disability poverty’ (Ryan, 2019: 14). In 2023, the UN published another report, entitled ‘Seven Years On’, detailing the continued failures to address the conditions documented in its original report, stating that the UK government had: ‘failed to take all appropriate measures to address grave and systematic violations of the human rights of persons with disabilities and has failed to eliminate the root causes of inequality and discrimination’ (UNCRPD, 2023). Such reports highlight the disproportionate and deleterious impact austerity measures are having on disabled people in the UK, with half of all people in poverty either disabled or from a household with a disabled person in it (JRF, 2020). It is not incidental that the North-West of England, which has the second-highest rate of poverty in England (JRF, 2025), also has the second highest rate of disability too (ONS, 2021).

It is within this context that commissioners at Morecambe Bay Poverty Truth Commission – many of whom are themselves disabled – shared their experiences of living in poverty. The following sections draw on interview data with some of these commissioners. First, with Leanne, and her experiences of mental illness and distress, including her accounts of being hospitalised. Building on the Social Model of Disability, the next section highlights the distressing conditions that simultaneously produce and reproduce mental illness. While noting many of the similarities shared between disabled activists like Paul Hunt at *Le Court,* the section also highlights how gendered these experiences can be. Then, through the experiences of Hassan and his wife Maara, the chapter looks at how forms of disablement interact and intersect with race and ethnicity, particularly in respect to the asylum system in the UK. As such, the chapter looks at how austerity continues to disable, but it does so by analysing how each commission is also *differently disabled* under such conditions. In so doing, it reflects on how the UK is increasingly becoming bifurcated into two halves in respect to both health and wealth.

Distress and Disablement

I speak to Leanne, a community commissioners at MBPTC. Leanne has had difficulties with both her physical and mental health, but it is her experience of mental ill-health that she focuses on most during our interview. Leanne describes her life as being best understood 'in two halves' (Leanne, 14th February 2024). As Leanne notes, 'I come from a very stable background. Both parents worked. Both really supportive parents. Lived in a nice area. Went to a nice school'. This is a period in Leanne's life that she speaks fondly of: a time and space that felt secure and safe, even wholesome. 'By the time I was 13, all that was disrupted, and my life was split in two' (Ibid). It is this next period that poverty and illness begin to powerfully intersect for Leanne, compounded by her experiences of shame and stigma. As Leanne explains to me, it is during this period that her life becomes bifurcated into 'two halves': a trajectory which parallels a wider set of conditions in the UK, in which health and wealth inequalities are increasingly bifurcating the country in two.

During our interview, it becomes readily apparent that education and life-long learning are very important to Leanne. This is evident not only in her academic acuity, but also in how Leanne frames her capacities and capabilities as a person, including the deep sense of incapacity that comes with her illnesses. Leanne tells me how she 'started suffering with some problems quite early on, which disrupted my GCSE's and A-Levels'. As a consequence, Leanne ‘started to become more and more depressed’, exacerbated by the fact ‘there wasn’t really a way to tell anybody’ (Ibid). Despite these experiences with mental ill-health, Leanne was able to complete her A Levels, receiving the grades to get her into Oxford. ‘I tried to do a postgraduate degree too, Leanne explains, ‘but I couldn’t maintain that level of achievement while having the problems I have’ (Ibid).

‘This is the thing that I still struggle with’, Leanne explains to me. ‘In some ways I'm capable of doing so much, but in other ways I'm really incapacitated and can't do very much at all. It’s that dichotomy again’ (Ibid). Because her mental health affected her studies so significantly, Leanne describes how she became ‘more and more depressed’ and, eventually, suicidal during this period. As she states: ‘I took a massive overdose and then stopped eating’ (Ibid). Consequently, Leanne had to return home, but the severe mental health issues caused a lot of family problems. ‘It wasn’t the best environment for me, you know? My parents couldn’t look after me’ (Ibid). It is here, with spiralling mental health issues and a family that are struggling to meet her specific needs, that Leanne ended up homeless.

This experience of mental illness alongside family breakdown and homelessness is becoming increasingly common in the UK. As of 2024, 82 per cent of people experiencing homelessness in the UK now have a mental health diagnosis; a substantial increase from the 45 per cent a decade earlier. 38 per cent of homeless people have also been admitted to hospital within the previous 12 months, with almost a quarter of those admitted being discharged back onto the streets (Hertzberg and Boobis, 2022). For homeless women, the life expectancy is 43 years old: almost half the national average for women in the UK (Wright *et al.,* 2025). Leanne notes how, during this period, she viewed her experiences as different to that of many other community commissioners at MBPTC. ‘Commissioners talk about how their deteriorating health was a consequence of their homelessness or poor housing, right? Whereas I always thought my trajectory into poverty had been a direct result of my mental health problems instead' (Leanne, 14th February 2024). Having shared her experiences with other commissioners, however, Leane has since reframed these experiences. 'When I think about it now, it's also the other way round. I think it was more the poverty and cost-of-living worsening my mental illness' (Ibid).

We talk about the process of becoming homeless, and how this led to Leanne's eventual hospitalisation. 'The breakdown in my relationship with my family, it created a lot of instability. My family just couldn't do anything for me anymore'. As Leanne notes, this resulted in her leaving home. 'I didn't really have anywhere to go. And I was really taken advantage of during this period' (Ibid). Leanne details the violence she experienced during this period, including forms of abuse that would force her into seeking shelter at a local Women's Refuge. However, because of her deteriorating mental health, neither the social services nor the mental health services that she was accessing would let her into a refuge. 'All the services were telling me I couldn't go to a women's refuge because I was far too ill. They told me they wouldn't accept someone with mental health as bad as mine'. Instead, Leanne explains, 'I was hospitalised while homeless. I was hospitalised for a long time'. Indeed, it was precisely because of Leanne's homelessness that her stay in hospital was so prolonged, at least initially. 'They couldn't discharge me because I didn't have a home to go to' (Ibid).

Stigma and Disablement

'I've lost track of how many times I've been hospitalised now' (Ibid), Leanne informs me. After her initial experience becoming homeless, Leanne explains to me how she got caught in an ongoing cycle of homelessness and hospitalisation: or what she refers to as a 'pipeline' from homelessness to hospitalisation, and back. Leanne was one of 50,000 people each year detained – or ‘sectioned’ – under Section 2 of the Mental Health Act, 1983 (Gov.uk, 1983): a figure which is three and a half times higher for those living in the most deprived areas of England (NHS England, 2024[a]). Leanne also speaks to me about her ‘fear of being moved across the country’ each time she is hospitalised: a fear that is not misplaced, with a 25 per cent rise in ‘inappropriate out-of-placement areas’ which result in patients being relocated hundreds of miles away from their home or locality (NHS England, 2024[b]).

‘I don’t do well in hospital generally, and so I don’t eat’, Leanne tells me. ‘I lost three stone the first time I was in hospital’ (Ibid). Leanne describes to me what her everyday life was like while hospitalised. ‘You’re completely bored, completely isolated’, she tells me. ‘There’s also a lot of drugs going on’, Leanne explains, which, given the boredom and isolation, doesn’t surprise her. ‘You have so many rights taken away’, she adds (Ibid). Notably, it is the small, seemingly incidental, moments in the hospital that have caused Leanne the most mental and emotional distress. ‘Having a cup of coffee. It’s really important to me. It’s part of my routine. And that is taken away from you. It’s either decaf or it’s nothing. So you’re already withdrawing from caffeine from day one. What seem like small things, it’s these that you’re denied the most’ (Ibid).

This emphasis on Leanne’s ‘everyday’ experience of hospitalisation captures how disability and distress are both produced and reproduced in quite mundane, and often banal, ways. As Thomas and Sakellariou note, much disability scholarship places a heavy emphasis on the more structural accounts of disability and disablement. In so doing, these macro-sociological accounts of disability often neglect ‘how disability is lived, mobilised and enacted in everyday lives’ (Thomas and Sakellariou, 2018: 4). Thomas and Sakellariou therefore stress the importance of foregrounding ‘the micro and mundane’ when accounting for how ‘powerful discourses, practices and relations’ construct disability (Ibid). By foregrounding Leanne’s ‘everyday’ interactions with hospitalisation, the more ‘interactional properties’ in which people with disabilities are ‘devalued, discounted, and cast as disposable’ (Thomas, 2021: 451) are revealed, including experiences of shame and stigma.

Leanne recounts one such experience during hospitalisation, one quite personal but nevertheless all too common for her. ‘I’m sorry to say this, but having your period. It’s horrendous. Absolutely horrendous’ (Ibid). Leanne describes to me how these everyday aspects of life were rendered most shameful. ‘You have to go and ask, basically beg, staff to respond to you. I would have to ask over and over for a pad or tampon. It’s humiliating. It’s the complete loss of dignity’. Leanne also explains how, even when hospital staff did supply sanitary products, the shame and stigma continued. ‘Staff would watch you in the bathroom to make sure you’re doing what you say you’re doing. It’s humiliating’. Reflecting on these experiences, Leanne adds: ‘I’ve lost so much dignity just by being there, just by having basic bodily functions. It’s such a shameful feeling, begging for the basic things’ (Ibid).

The sociologist Erving Goffman describes how experiences of stigma emerges when a person ‘possesses an attribute that makes one different from others’ (Goffman, 1963: 5). Through the process of stigmatisation, this person becomes publicly ‘blemished’, ‘polluted’ or ‘tainted’, reduced from a ‘whole person’ and into what Goffman describes as a ‘discounted one’ (Ibid). Disability scholar Gareth Thomas draws on the work of Goffman to make sense of how disabled people ‘navigate the minutiae of everyday exchanges in public settings’ (Thomas, 2021: 462). Goffman’s ‘interactionist’ approach to stigma therefore situates stigma within the everyday interactions of people, describing how stigma is ‘made in the episodic staging of everyday life' (Thomas, 2026: 2). Given disabled people's experiences with stigma, a more micro-sociological analysis is also useful in accounting for the 'interactional making of disability as an unwanted and degraded difference' (Healey and Titchkosky, 2022: 243).

This emphasis on how stigma emerges out of everyday interactions speaks powerfully to Leanne's experiences of hospitalisation. Not only were everyday experiences, like using the bathroom, constantly monitored in the hospital, but it was through these very interactions with hospital staff that Leanne's experiences became inscribed with a profound sense of shame and stigma. In *Stigma*, Imogen Tyler identifies how stigma is enacted and experienced at multiple scales. Much like Leanne's experiences of hospitalisation, including those attempts to regiment and routinise her own body, stigma is 'often experienced intimately though looks, comments, slights or remarks' (Tyler, 2020: 17). Tyler thus notes how experiences of stigma, and the shame induced by it, can 'corrode wellbeing and damages one's sense of self' (Ibid: 9). However, as Tyler argues, such intimate everyday experiences of stigma are 'always enmeshed within wider structures of domination, discipline, and social control' (Ibid: 17).

Stigma and shame are central to Leanne's everyday experience of disability and distress. From refusing her a cup of coffee to denying her sanitary products, this emphasis on practices of stigmatisation helps evidence what disability 'is and does' in these everyday moments (Thomas and Sakellariou, 2018: 4). Indeed, if stigma is a 'distinguishing mark or characteristic' that is 'impressed on a person or thing' (OED, 2025), then it is through an analysis of stigma that those practices which 'set people apart from others' and 'mark them out as socially inferior' (Thomas and Sakellariou, 2018: 4) can be more fully articulated. As Leanne's experiences highlight, what disability is and does is powerfully bound up in practices of stigmatisation. Indeed, these experiences of having her life regulated and regimented to such an intimate degree caused Leanne further distress and harm. As Leanne would recount: ‘It’s like you’re being put into a place that feels less safe than where you’ve come from’ (Leanne, 14th February 2024).

As such, it is necessary to frame Leanne’s experiences of mental illness and stigma through her interactions with both individual staff members as well as her interactions with state institutions moreover. Thus, alongside this interactional analysis is a recognition of stigma as a more structural and material force. For Tyler, central to this analysis of stigma is a simultaneous call to ‘look up’ at how ‘stigma is propagated as a governmental technology of division and dehumanisation’ as well as ‘look back’ at how ‘bodies are imprinted by history’ (Ibid: 20). Equally, Thomas argues for the need to ‘dislodge the concept of stigma from its exclusively interactional roots and cultivate a more socio-political understanding of it’ (Thomas, 2021: 463). In so doing, however, Thomas identifies the importances of ‘looking both *above* and *below*’ (Ibid, original emphasis). That is, of ensuring that we don’t ‘throw the “interactionist baby” out with the bath water’ (Vassenden *et al.*, 2025: 220). The next section will build on both of these analyses, noting how stigma is a highly gendered and gendering force. Indeed, for Leanne at least, stigma is so central to her articulation of mental illness that it can be said to function as a ‘disabling force’ (Tyler, 2020: 29).

A Social Model of Distress

While stigma is a structural and structuring force that ‘feeds upon, strengthens and reproduces existing inequalities', it does so in ways specific to the individual. Indeed, women’s bodies in particular have been, and continue to be, heavily stigmatised in respect to their ‘leaks, lumps and lines’ (Chrisler, 2011). Alongside the stigma and shame she experiences in respect to menstruation, Leanne also identifies the gendered constitution stigma takes in relation to her mental health diagnoses. ‘I’ve been diagnosed with a PD (personality disorder), and there’s a massive stigma surrounding it. Like you’re being a drama queen or hysterical. You’re doing everything for attention. Like it’s a personality defect, rather than a genuine illness’ (Leanne, 14th February 2024). Leanne also identifies the forms of gendered language directed toward her. ‘I’m told I need to just control myself or that my thought processes aren’t logical. When actually, I’ve spoken to men who have been diagnosed with EPD (emotionally unstable personality disorder), and there’s not the same assumptions about their emotions’. I ask Leanne what she thinks are the differences between her emotions and those of men with EPD. ‘Their emotions are seen as more legitimate, more rational’, she replies. ‘So there’s all this gendered stuff that comes into it. Certain things are seen as legitimate or not legitimate’ (Ibid).

There is a long psychiatric history to this gendering of people’s mental and emotional experiences. Indeed, when reflecting on the gendered differences between herself and men diagnosed with a personality disorder, Leanne often returns to a particularly telling word: that of being seen as ‘hysterical’. As well as having her PD labelled as hysterical, Leanne also recounts to me how, once diagnosed, ‘every interaction I have with the staff gets framed through that diagnosis’ (Ibid). Qualifying this, Leanne adds: ‘It’s like all they see is my label, and everything I do reinforces their belief I am acting manically or hysterically’ (Ibid). Indeed, Leanne identifies how this stigma arises out of the everyday ‘interactions’ she has with hospital staff.[1] As many scholars have noted, women have historically been associated more with their (emotional) bodies than their (rational) minds, with conditions such as

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[1] Similar observations have been made by Goffman himself, particularly in his study of ‘total institutions’ such as psychiatric hospitals. See, for example, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (1961).

‘hysteria’ (from the Latin *hystera,* meaning uterus) constructed as a purely female malady (Showalter, 1985; Agarwal, 2022). Women’s mental distress has therefore been perceived more as a disorder of the body, and subsequently delegitimised (Appignanesi, 2009; Cleghorn, 2021).

Returning to Leanne’s experiences of shame and stigma in relation to the procurement and use of sanitary products while hospitalised, Victoria Craddock has described the process by which women’s concerns around menstruations are also delegitimised: a process she calls ‘overy-acting’ (Craddock, 2025). This is part of a wider tendency in biomedicine, which constructs illness – including illnesses of the mind – as being a physical pathology of the body. Under this medical model, mental distress becomes an outcome of ‘faulty neurotransmitters’ or ‘chemical imbalances’ within the brain, rather than the outcome of the social and material conditions that induce forms of daily distress (Moncrieff, 2025). Mental distress and mental illness are therefore said to have a ‘physical aetiology’ (Cohen, 2016: 5) rather than a social aetiology. Indeed, as Joanna Moncrieff notes, psychiatric diagnosis can be understood as a functioning like a political device, in that it ‘legitimises a particular social response to aberrant behaviour, but protects that response from any democratic challenge’ (Moncrieff, 2010).

Leanne talks to me about how, in her opinion, she has been consistently misdiagnosed throughout her life. Leanne notes her recent autism diagnosis as one example of this. ‘I was diagnosed with autism earlier this year, and it explains my thoughts and my behaviours much more than EPD does’ (Leanne, 14th February 2024). Not only are women and girls disproportionately underdiagnosed for autism – with early autism scholarship influenced by the ‘extreme male brain’ hypothesis and the idea that autistic brains ‘systematise’ rather than ‘empathise’ (Baron-Cohen, 2003; 2011) – but are also more likely to have their autism misdiagnosed as a personality disorder (Tamilson *et al.,* 2025). ‘You know, when the men are diagnosed with EPD, it’s like there must be a really good reason for it’, Leanne explains. ‘Whereas for women, it’s just like we need to control them’ (Leanne, 14th February 2024). This sense of stigma around her diagnosis is not only something Leane has experienced while hospitalised, but is a more generalised experience across all sorts of settings, including healthcare. ‘Having a diagnosis has impacted on what I do in the community. Nurses, social workers, care coordinators. Everyone like that. They don’t take you seriously. They don’t ever think you’ve got a legitimate concern’ (Ibid). Here Leanne is describing the way the stigma around her mental illness impacts her ability to meaningfully participate in aspects of social life, as per the UPIAS definition of disablement (UPIAS, 1976: 3). Her experience of stigma, particularly in respect to the micro and mundane, highlight how intimate and incremental stigma can be. Stigma as the slow stripping away of dignity.

If, as Michael Oliver contends, ‘disability is an outcome of social oppression’ (1990: 1), then Leanne’s experiences with hospitalisation appear disabling. ‘These places are like a last resort for people’, Leanne tells me. ‘And they've got the chance to make people feel safe and secure and to have a turning point in their lives. But that just doesn't happen’. Instead, Leanne notes, ‘It's just behavioural control all the time’ (Leanne, 14th February 2024). Sensing the increasing attempts by staff and medical professionals to implement a form of ‘regimentation and hospitalisation’, Paul Hunt similarly recounts how: ‘most of us felt sick, afraid, helpless, depressed and desperate. This regime is certain to fail us … it might subdue us, crush us, but it will not help us’ (Hunt, 1962). It was conditions like this that led Paul Hunt and others to propose a new framework, arguing that disability was not the product of bodily impairment, but rather an outcome of ‘contemporary social organisation’ in which one is ‘unnecessarily isolated and excluded from full participation in society' (UPIAS, 1976: 3). And while Paul Hunt and others articulated this socially constituted view of disablement primarily through their bodily impairments, Leanne's experiences also highly how mental distress too has a social constitution.

Leanne reflects on her experiences of hospitalisation now that she has been discharged and is, by her own admission, beginning to feel much better. 'I recognize that sometimes [hospitalisation] has been necessary for me. But these places don't help. They're horrendous places to be and they're not therapeutic, like you're being put into a place that feels less safe than where you've come from' (Leanne, 14th February 2024). This particular observation from Leanne is all the more affecting given that, for part of her adult life, the place from which she had come from was often the streets. Whether it's via the forms of stigma and social control experienced in hospital, or the forms of harm and abuse experiences in and out of homelessness, Leanne's experiences of mental illness and mental distress are intimately tied to a wider set of social and material conditions. It is therefore difficult to separate Leanne's pre-existing mental illnesses from the currently existing conditions of the present. Indeed, these experiences of stigma and mental illness reveal how the increasing levels of poverty attendant under austerity are not only exacerbating pre-existing medical conditions but producing new forms of disability and distress.

Despite all this, Leanne explains to me how 'truly grateful I am in some ways to services' (Leanne, 14th February 2024). 'When I was first hospitalised and afterwards, I had a care coordinator. And the important thing was I had a support worker. You see the same person every week, and they see you'. Such support was essential to Leanne's recovery from severe illness. 'She told me what I needed help with, and that has been the best support I've had in my life. More than being medicated. More than doing a course of therapy. Just having someone to help me through the day-to-day stuff' (Ibid). Once again, by foregrounding 'the mundane, familiar, and unremarkable *stuff* of everyday worlds' (Thomas and Sakellariou, 2018: 6), a more micro-sociological account of Leanne's lived experiences helps reveals how the social and material conditions of commissioners' everyday worlds can either enable or disable.

Sadly, it is these enabling forms of social and material support, so central to the recovery and reintegration of people like Leanne back into the community, that are being withdrawn in the UK under an austerity agenda (Cummins, 2018; Hanif, 2024). As Leanne explains: 'All that support I once had, much of it has gone, and it's a massive shame'. Reflecting for a moment, Leanne adds: 'I feel like it's all on me now' (Leanne, 14th February 2024). Such withdrawals of state support, or what has also been referred to as 'organised state abandonment' (Gilmore, 2022; Bhandar, 2022), also highlights the importance of a more materialist and macro-sociological account of Leanne's experiences. That is, a synthesis of the interactional with the structural. Without it, experiences of stigma and distress like those of Leanne's not only become an outcome of individual or inter-personal interactions, but risk giving epistemic authority to a biomedical perspective by tacitly framing Leanne's experiences through reference to a 'deficit' model of disability (Scambler, 2018; Thomas, 2021). Instead, this research evidences how distress and disablement are socially and materially determined, including how forms of stigma operates as a 'political injury' (Tyler, 2020: 29).

While cuts to the welfare budget under austerity continue to have a discernible impact on the life-chances commissioners such as Leanne – creating what Chris Grover terms 'diswelfares' (Grover, 2019: 335) – it is to this dearth of social and material support that organisations like the Morecambe Bay Poverty Truth Commission are seeking to respond. In enabling commissioners to share their stories and enact change together, they are disabling the impacts of austerity at a local and regional level. The next sections turns to another commissioner, Hassan – along with his wife Maara – and their experiences navigating the asylum system in Britain. Like Leanne's gendered experiences as a woman, the section describes how disablement relates to race and ethnicity under austerity, while also foregrounding the importance the Morecambe Bay Poverty Truth Commission in advocating for and bearing witness to the experiences of commissions like Hassan.

The Slow Violence of Austerity

I speak to Hassan, a community commissioner who joined Morecambe Bay Poverty Truth Commission during Round Two. Hassan is a Syrian refugee who has been living in Lancaster since 2020. He came to the UK as a visiting researcher at Lancaster University, part of a scholarship programme funded by 'CARA', or the Council for At-Risk Academics. As a professor of agriculture, he conducts scientific research related to agricultural pollution. When his visa came to an end in 2022, Hassan and his wife, Maara, had to decide whether to return to Syria or stay in the UK and claim asylum. As Hassan notes, 'we decided that, with the situation in Syria, it was too much of a risk to return to our home' (Hassan, 21st March 2024). Hassan and Maara are one of 6.8 million people who have fled the ongoing conflict in Syria (IOM, 2024), with 30,000 Syrians being granted asylum in the UK between 2011 and 2021 (Right to Remain, 2024).

We begin our interview by talking about Hassan's family, including his wife, children, and grandchildren. While his wife Maara was allowed to join Hassan as part of his CARA scholarship, their two children were denied entry into the UK due to immigration policy which stipulates they must be under the age of 18. Instead, his two children and three grandchildren have had to seek refuge in separate countries. His eldest daughter and her family are claiming asylum in Germany, while his youngest daughter and her family are in a refugee camp in Kuwait. While Hassan and Maara are able to travel to Germany to visit their eldest daughter, this is not the case for their youngest daughter. Their daughter cannot leave Kuwait and travel to the UK with Syrian passports, while Kuwait will not allow Hassan and Maara to enter the country with their British passports. As such, contact with their daughter has so far been by phone only. Since being separated, their youngest daughter has given birth to their first grandson. Hassan and Maara have yet to meet him, three years later. 'I am praying every day to have the opportunity to see them soon' (Hassan, 21st March 2024).

Hassan also talks to me about the difficulties he has had professionally since arriving in the UK in 2020. Shortly after arriving, the UK government implemented the first of a series of lockdown measures in response to the Covid-19 pandemic. 'Everything was closed. Even the university was closed, and I had to work from home' (Ibid). Within a year of arriving in the UK, his research with the university was terminated early due to the pandemic. Hassan reflects on how isolating this period was for both himself and his wife. It is for this reason that Hassan sought out connections in the local community, both in Lancaster and Morecambe. It is also during this period that a friend nominated Hassan to join a number of local organisations, including Morecambe Bay Poverty Truth Commission. 'I found this to be a very good opportunity because I needed something to do and to get know a lot of people. Yes, to speak English, to enhance and improve my English and to help as much as I can in the community' (Ibid).

Hassan explains the importance joining Morecambe Bay Poverty Truth Commission had on him. ‘I started to speak English, and feel more confident and happier to have made new friends and colleagues. As Hassan continues, ‘It was so good for me, and for my behaviour. Because me and my wife were alone. We had no friends, and now we have friends’. In fact, Hassan explains how his involvement with the Commission gave him the confidence to volunteer with other organisations, such as Global Link and RAIS (Refugee, Advocacy, Information and Support) in Lancaster. ‘I volunteer to help translate, especially for those who don’t speak English. I feel myself happy and satisfied. These things give me happiness’ (Ibid). It is also during this period of involvement with MBPTC that Hassan had his asylum request accepted, being granted leave to remain for five years.

Being involved as a community commissioner with MBPTC not only allowed Hassan to make connections and build relationships with members of the Morecambe Bay community, but also afforded him the opportunity to explore subjects important to him. ‘Within one month, two months, three months, we started talking about important subjects. Like poverty, like health’ (Ibid). Hassan explains to me how he was drawn to this topic because of the difficulties he and his wife have had, particularly since 2022 onwards when they began the process of claiming asylum. ‘After my research stopped, I was told only to volunteer’. Hassan is referring here to the UK government’s legislation on claiming asylum, which dictates that, under most circumstances, those seeking asylum cannot seek paid employment (Gov.uk, 2024). Instead, those seeking asylum are entitled to £49.18 a week: or for those in ‘full-board accommodation’, a reduced payment of £9.95 a week (Gov.uk, 2024). This payment is expected to cover all living expenses.

This ‘Section 95’ support is available for asylum seekers who are deemed by the UK government to be ‘destitute’ or ‘likely to become destitute’ (Gov.uk, 2018). However, the weekly payment is so low that it is producing further destitution. For example, 91 per cent of those seeking asylum in the UK do not have enough money to buy food, while a further 97 per cent cannot afford clothing. Only one in ten of asylum seekers report being able to afford phone data or credit, while two-thirds cannot meet the cost of basic toiletries or other hygiene products (Asylum Matters, 2023). As such, the vast majority of those seeking asylum in the UK are classified as destitute, meaning they go without access to essentials such as eating, staying warm, or keeping clean on a regular basis (British Red Cross, 2021). In fact, families with ‘no recourse to public funds’ (NRPF) have consistently higher rates of poverty and financial hardship compared to those who are able to claim standard forms of welfare and social support (Johnson-Hunter, 2024).

‘We are humans, not rats’

In 2014, while still living in their home on the outskirts of Damascus, a missile hit Hassan’s family home. The shrapnel caused by this impact fractured Hassan’s arm. His wife, Maara, was also badly injured, with trauma to her back and left foot, along with a punctured lung and shrapnel fragments in her spine. Ten years on and Maara still struggles with some of her injuries. It is here, when discussing Maara’s health, that the interview turns from poverty in a generalised sense, to poverty as a situated experience specific to Hassan and Maara’s social and material conditions: ‘Me and my wife, we are foreign here and we are refugees, and we feel it here sometimes’ (Hassan, 21st March 2024). As Hassan remarks: ‘This is a special case for me and my wife. Maara is disabled and has a lot of diseases, a lot of problems with her health. Problems which come from the war. Not just in my arm, but in my wife’s body, her amputated foot, all the shrapnel. This is the background. This is our background’ (Ibid).

While Hassan is quick to remind me of how grateful he is to be here in the UK, it is in relation to Maara's conditions that his frustrations with the healthcare system begin to surface. As Hassan explains, Maara's poor health has deteriorated significantly since arriving in the UK in 2020, and it is this he would like to focus on. 'I want to focus on the problems which we have suffered with the long appointments, and the long diagnosis, and the slow solutions'. As Hassan explains, Maara 'has some problems with her kidneys, and her kidney functioning is getting worse' (Ibid). When these problems presented themselves, Hassan immediately tried to get a doctor to see Maara, though it took three months to receive an initial appointment. Despite telling their GP about the severity of Maara's kidney pain and her deteriorating condition, Maara had to wait a further three months just to give blood samples. 'So after three months of trying, we get an appointment. Only for the Dr to ask, how do you feel? We then wait another three months for blood samples, then another three months for the results. By this time it has been a year' (Ibid). A year, Hassan explains, in which Maara's pain has been worsening, and because of this, other symptoms are beginning to arise. 'So now we have been one year waiting, for only this one problem. In addition, there are now other problems: in her vision, in her stomach, in her knee' (Ibid).

I ask Hassan what he thinks the reasons are for this delay. 'Maybe the problems are between us and the GP, because we are foreign, we are not English. I focus on interpreting and translating [for Maraa] because it is important to explain our problems, but maybe there is a problem here' (Ibid). I push Hassan to expand on this a little, explaining that his English is excellent: something reiterated throughout the commission every time he begins a conversation with: "Please excuse me, my English is not very good". I ask him if waiting an entire year for Maara's deteriorating health to be taken seriously could be something more than a mere breakdown in communication. ‘I think the system here in the UK is very complex. In Syria, if someone is ill, they can go directly to the doctor or hospital. In the same time they will have an appointment. They will have a diagnosis. They will receive the medicine’ (Ibid). ‘It’s free here. I appreciate it. Everything is free. I am grateful for this. Truly. But my wife, she is suffering more and more from her kidneys. And it is caused by her body waiting two months, three months, four months every time. Why? Why not the same day?’ (Ibid).

There are significant differences in NHS waiting times in the UK, particularly when measured in terms of gender, race/ethnicity, and deprivation. For example, NHS and GP waiting times are higher among minority ethnic groups, with those of Asian and British Asian backgrounds more likely to be waiting longer than 18 weeks than any other group (NHS England, 2024). Likewise, women make up a disproportionate percentage of those on the waiting list for NHS treatment, while also being more likely to be waiting more than 18 and 52 weeks than men (Thomas, 2025). Those in the most deprived areas not only face longer waiting times for NHS treatment, but also represent a higher proportion of those waiting for care (Thomas, 2025). Instructively, Black and Minority Ethnic (BME) communities are 2.5 times more likely to be in relative poverty and more than twice as likely to be in deep poverty (Runnymede Trust, 2022). While levels of deep poverty stand at 10 per cent for white British populations, this figure rises to 21 per cent for Black British groups and 23 per cent for all minority Asian groups combined (Matejic and Earwaker, 2022). What these statistics point to is a confluence of disproportionate and intersecting health pressures faced by many minority groups, including Hassan and his wife Maara.

Hassan's experiences of the UK healthcare system, and his comparisons with the relative ease with which he could see a doctor back in a country riven by political turmoil, offers a stark reminder of the difficulties people face in the UK when it comes to being seen and treated by a healthcare professional. Of the 7.3 million patients who are waiting for treatments in England, almost two-thirds (64% or 4.3 million) are yet to have a diagnostic test or first consultation with a specialist. Of this 4.3 million, 1.6 million have already gone beyond the 18-week 'maximum' waiting time for treatment. This expands on previous NHS England data which showed that of the 6.23 million people needing treatments, half have had no further care at all since joining the hospital waiting list (Campbell, 2025). Hassan notes his gratitude for the fact that healthcare 'is free here' (Hassan, 21st March 2024). However, his experiences, as well as those of his wife Maara, describe an increasingly common problem in the UK: that while healthcare may indeed be 'free at the point of use', getting to that point is becoming increasingly difficult, and sometimes, seemingly impossible.

Hassan and Maara's experiences with the healthcare system speak both to the difficulties in accessing healthcare in the UK, as well as how this this access is unequally distributed across the country. Hassan identifies this inequality in healthcare, noting that: 'In general I appreciate everything. But the service you get should be no different to anyone else. Arabic, English, Black or White' (Ibid). I ask Hassan how his wife Maara is doing now. 'After three months we get the results of the analysis. And the analysis says yes, your wife has a problem in her kidneys that means the kidney functioning is worse'. Hassan continues: 'So she needs the solution. She needs heart medication'. It is here that Hassan shares his further frustrations. 'They ask her to take this tablet, but it does not help. So after one month, they increased the dose from 2 milligrams to 4 milligrams. And after another two months, they say, OK, this isn't working, you can increase the dose to 6 milligrams' (Ibid). As Hassan explains to me, Maara continued to get sicker and sicker throughout this period, with the two of them becoming increasingly disaffected and dissatisfied by the lack of actual care within the healthcare system. ‘My wife is not a lab experiment, right? We are human. We are not rats. In this system you arrive like a rat and you’re dropped in a lab for testing. We’re human. This is the problem. I’m sorry to say this’ (Ibid).

Omar’s experiences not only speak to the sense of powerlessness he and his wife feel within the healthcare system, but, like experimental animals, the lack of agency too. What began as a conversation about possible miscommunication and mistranslation in the healthcare system, has expanded into a larger conversation about a system that refuses to communicate to Hassan and his wife, and that imposes a form of voicelessness. It is here, when discussing Maara’s medications, that Hassan explains to me the deep personal and professional connections he has to medication. ‘In Syria I am professor of Agriculture, specialising in soils and environmental pollution. A lot of colleagues, a lot of PhD and Master’s students, they come from other colleges such as Pharmacology and Medical Sciences and they ask me for help. Because my specialised knowledge is sometimes very important to medicine. Because I focus on environmental pollution with heavy metals and micro-organisms’ (Ibid). This exchange offers an insight into how this experience with the healthcare system must feel like for Hassan. In Syria, medicine is something that other people come to him to ask him about. There is a very real sense of agency related to medicine. Indeed, medicine is something Hassan does. Now, here in the UK, medicine is instead something that is done to him and his wife. Like an experimental rat, Haasan feels like the system affords him no agency.

‘Waiting, waiting, waiting’

What Hassan and Maara’s experiences of illness highlight is that access to healthcare in the

UK is often defined by a prolonged period of waiting. I ask Hassan if he and his wife have found a resolution to their ongoing health issues. ‘We are just waiting’, Hassan replies. ‘Waiting, waiting, waiting’ (Ibid). This experience of waiting is structured racially in the UK, particularly when it comes to migration and the asylum process (Rotter, 2016; O’Kerry, 2017; Bhatia and Canning, 2021). However, the practice of waiting is also becoming a more generalised condition under austerity. Jean, for example, detailed her experiences of being ‘disabled’ in relation to her built environment, including public infrastructure such as pavements, transport and lifts, and the waiting this often entailed. Leane, too, explored her experiences of hospitalisation, waiting for (and often being denied) sanitary products or caffeinated coffee, as well as waiting to be discharged into the same social and material conditions that led to her being admitted. Waiting was experienced as harmful in one form of another, and often function through the imposition of immobility. While each commissioner’s experiences differ in relation to their gender, race, and/or disability, what these forms of waiting have in common is just how normalised and ‘everyday’ they have become. Far from being experienced as acute and momentary, waiting in the UK today is all too chronic and routine.

In *On Waiting,* Ghassan Hage describes how the experience of waiting has become a central feature of the present: a present defined increasingly through its relation to crisis. As Hage notes: ‘The social and historical conditions of permanent crisis we live in have led to a proliferation and intensification of this sense of ‘stuckedness’’ (Hage, 2009: 97). This experience not only of waiting, but of being ‘stuck’ in a system, reflects the reality of many commissioner’s lives under crisis today (see also Chapter Four). Under austerity, forms of waiting have become enshrined, with crisis becoming chronic rather than acute. This waiting, often prolonged, protracted, and even indefinite, is harmful. Chronic waiting is not an inevitable outcome of bureaucratic systems, but something enacted, imposed, and produced: it is structural. ‘Waiting is assigned to the poor and powerless so as to ritualistically reinforce political and social demarcations’ (Pardy, 2009: 195). As such, it is necessary to understand how experiences of waiting are, in Hage’s words, ‘organised into a social system’ (2009: 2).

‘Slowly, this is the system’

Nowhere is this experience of waiting more pronounced that with the NHS’s own ‘waiting lists’. This sense of ‘stuckedness’ within a waiting lists has become an everyday, entrenched experience of the healthcare system in the UK, particularly in England. Like Hassan’s wife Maara, there are now 7.4 million people waiting for NHS treatment in England, higher than at any time since records began. This figure does not include those waiting for NHS mental health treatment, for which patients like Leanne are eight times more likely to wait over 18 months for treatment (NHS, 2025). Such chronic levels of waiting are becoming increasingly harmful. For example, more than 120,000 people in England died in 2022/23 while on the NHS waiting list for hospital treatment: double the 60,000 who died in 2017/18. At the Morecambe Bay trust in Cumbria, there were a reported 2,888 deaths of patients waiting for some form of NHS treatment (Campbell, 2023).

Rates of waiting are unevenly distributed. Patients living in areas in the most deprived quintile in England were three times more likely to wait more than 104 days compared to those in the least deprived quintile (Warnock, 2024). In fact, 21 per cent of patients in England’s most deprived areas are waiting more than an entire year or more for care, compared to 12 per cent in the least deprived areas (Fisher and Taylor, 2024). As such, the harms of waiting are themselves unevenly distributed. For example, rates of cancer are 60 per cent higher in the most deprived areas of England, with levels of deprivation accounting for over 28,000 excess deaths per year (O'Dowd, 2025). Those from BAME backgrounds have to wait on average an extra six weeks for a cancer diagnosis than white British people (Martins *et al.,* 2023). Waiting times are not just unevenly distributed regionally and demographically either. People in the UK are, on the whole, more likely to die from diseases such as cancer, heart attacks or strokes than in any other rich country in the world, bar the United States (Anandaciva, 2023). Many of these studies place the period from 2012-14 onwards as a 'tipping point' (Campbell, 2023) when waiting lists became chronic, with 'years of underinvestment' in the NHS often cited as the single biggest reason for such health outcomes (Anandaciva, 2023).

As the experiences of Morecambe Bay Poverty Truth Commissioners attest, forms of chronic waiting have become a normal, everyday experience in the UK. Under these conditions of chronic waiting, harm has become systematically routinised. Indeed, waiting can be seen as a form of 'slow violence'. That is, a violence 'that occurs gradually and out of sight, a violence of delayed destruction, that is dispersed across time and space, an attritional violence that is typically not viewed as violence at all' (Nixon, 2011: 2). As such, the practice of waiting can itself be understood as a disabling process, or at least has the potential to be when it becomes prolonged and protracted, as it has for Haasan and Maara. Not only is waiting exacerbating and reproducing pre-existing health conditions, then, but it is also actively producing them. These are harms that, through the process of waiting, are registered in months, years and even decades. They are attritional harms, quotidian harms, but harms, nonetheless. In fact, this practice of waiting can result not only in social harm but in forms of 'social murder' too (Tombs, 2016; Grover, 2019; Walsh and McCartney, 2024).

Waiting under conditions of chronic and persistent crisis also returns us to how disability is experienced as an ‘everyday’ process (Thomas and Sakellariou, 2018). Much like the earlier analysis of stigma, this emphasis on disability in its ‘everydayness’ helps to make sense of the commissioners’ experiences of waiting. That is, by concerning ourselves with the ‘mundane, everyday interactions and practices of daily life’ we are alerted to what ‘disability *is* and *does* in these moments’ (Thomas and Sakellariou, 2018: 4, original emphasis). That said, this focus on experiences of waiting also adds a critical component to our framing of ‘everyday’ disability. As the chapter has already explored, Thomas and Sakellariou define the everyday as ‘the mundane, familiar, and unremarkable *stuff* of everyday worlds’. That is, ‘the routine, repetitive, and rhythmic reproduction of social life’ such as ‘attending school, meeting up with friends, seeing the doctor, or going out on a date’ (Thomas and Sakellariou, 2018: 6). Waiting could be framed here as another such instantiation of the ‘everyday’. However, waiting is increasingly becoming one of the key *modalities* in which the ‘everyday’ is experienced and lived.

Jean’s ability to ‘meet up with friends’, including MBPTC meetings, is precluded by her built environment, which involves waiting for a lift to be fixed, or an appropriate form of transport to arrive, or for that pothole to be filled in. Hassan and Maara would like to ‘see the doctor’, but their ability to do so is prescribed by the hundreds or thousands of other people who are ahead of them on a list, as well as the differential means with which access to healthcare is apportioned in the UK. For Mara specifically, waiting has not only exacerbated her existing health conditions: it has resulted in new co-morbidities to arise. Indeed, Leane’s experience of the ‘routine, repetitive, and rhythmic reproduction of social life’ under homelessness or hospitalisation is precisely what continues to harm her. Waiting isn’t just something commissioners do. Waiting prescribes and sanctions the very parameters and possibilities of action.

I reflect on something Hassan says to me towards the end of our interview. It is said fleetingly, but reveals something fundamental in his experience of poverty and health in the UK. Speaking about a recent visit to the hospital, Hassan notes how ‘the service from the nurses is perfect’. But as Hassan states, none of this really matters ‘if the system isn’t working’. ‘Slowly’, Hassan reiterates. ‘Slowly, this is the system’ (Hassan, 21st March 2024). Slowly. This is the system. There is a slow violence to Hassan’s experiences. A slow violence that is not the result of individuals, but of systems. And under austerity, this slowness has become systemic. That said, Hassan continues to wait. He waits because his wife requires medical support. He waits because it is better than the alternative. Indeed, it is in these moments that waiting isn’t just the preclusion of agency, but also an act of agency, however constrained such acts may be. Waiting is disabling, but it is also an act refusal.

Telling the Whole Story

I return to my interview with Leanne, and to her reflection that her life had been lives out as ‘two lives’ (Leanne, 14th February 2024). This wish of Leanne’s to tell the *whole* story of her experiences living in poverty while navigating a series of mental health crises speaks to a core theme of this opening chapter. That is, that life under austerity is becoming increasingly bifurcated, and that it is this inequality in life experiences that is becoming so exceptional in respect to the UK. Like many commissioners at MBPTC, Jean, Leanne, Hassan and Maara all have pre-existing medical conditions. From a medical perspective, these conditions are their disability or illness. Indeed, having a recognised medical condition is often the means by which payments and/or services from the state can be procured in order to support their specific health and medical needs. However, these conditions or impairments do not tell the whole story of disability. Much like the earlier experiences of members of the disabled community at *Le Court* in the 1960s, who described living out ‘two realities’ (Hunt, 2019: 98), telling the whole story of disability means identifying social and material contexts that conditions and oftentimes determine an individual’s experience of disability. That is, how an individual’s social environment can disable as much as it can enable. The chapter, and wider thesis, therefore attempts to tell a more complete story of austerity in a number of intersecting ways.

Access to wealth significantly impacts one’s life chances (Rowlingson, 2011; Callaghan *et al.,* 2021). Increases in wealth inequality are thus strongly correlated with increases in health inequality moreover (Marmot, 2010, 2020; Pickett and Wilkinson, 2010, 2018). As Michael Marmot notes, ‘the lower one’s social and economic status, the poorer one’s health is likely to be’ (Marmot, 2010; 2020). By bringing this social scientific data into conversation with my own empirical research, the chapter evidences the harms that result from increased health and wealth inequality. In so doing, I frame experiences of health and illness, as well as disablement and distress, as socially and materially determined. However, in order to capture how this structural analysis of disablement is *lived* by commissioners, I place close empirical and conceptual attention to ‘everyday’ interactions. Interactions that are at once interpersonal and well as political, individual as well as structural. Telling the ‘whole’ story of austerity therefore means surfacing the ‘hidden injuries’ that stem not only from ‘deep poverty’ (Edmiston *et al.,* 2025), but from deeper and more pronounced forms of inequality too.

By concerning ourselves with the ‘mundane, everyday interactions and practices of daily life’ we are alerted to what ‘disability *is* and *does* in these moments’ (Thomas and Sakellariou, 2018: 4). Central to this are experiences of shame and stigma. The chapter has foregrounded the forms of stigma that commissioners experience at an everyday level, while also attending to how stigma is ‘propagated as a governmental technology of division and dehumanisation’ (Tyler, 2020: 7). This emphasis on stigma and its centrality to experiences of disability reveals ‘not only its interactional properties, but also its political economy, in which disabled people are devalued, discounted, and cast as disposable’ (Thomas, 2021: 451). This research is therefore an attempt to ‘challenge quantitative and acontextual treatments of stigma by sharpening its political edges, whilst simultaneously working with the tensions and complications by appreciating the weight and worth of dissecting the banal, taken-for-granted moments of everyday life’ (Thomas, 2020: 463). Indeed, by bringing Thomas and Tyler’s into synthesis with one another, I also tell a more complete story of stigma as a ‘disabling force’ (Tyler, 2020: 29) which is enacted simultaneously at multiple scales. Experiences such as those of Leanne, as well as Hasan and Maara, capture both of these scales.

Finally, this ethnographic builds its analysis from the lived experiences of commissioners at MBPTC. It frames lived experience as a legitimate form of knowledge that is itself empirically necessary to fully evidence the harms of austerity. For as Leanne would note, reflecting on how the stigma surrounding her mental illness functioned as a form of epistemic violence that invalidated her claims to know her body and know her mind: ‘I might not be an expert in psychiatry. But I'm an expert on my own experience’ (Leanne, w14th February 2024). To tell a more complete, and empirically richer, story of austerity is to bring the knowledge that commissioners like Leanne have into wider conversation with existing social scientific data and theoretical research. Similar to the disabled activists at *Le Court,* I position members of MBPTC as social actors in a wider social movement against the disabling conditions of austerity. In so doing, this chapter unites the slogan of Morecambe Bay Poverty

Truth Commission – ‘Nothing About Us, Without Us, Is For Us’ – with that of earlier disability activism: not least the call that ‘Nothing About Us Without Us’ (Charlton, 1998).

While the chapter has brought this ethnographic work into conversation with existing social scientific data and theoretical literature on poverty and health, and thus making an analytical and empirical connection between austerity and the Social Model of Disability, the next section focuses on specific austerity measures implemented in the UK since 2010. By focusing on three in-depth ‘Case Studies’, the impacts of particular austerity policies are explored. In so doing, a shifting relationship between citizen and state emerges, one that is increasingly being defined by its production of harm, insecurity, and often, disablement.

CHAPTER TWO

Social (In)Security:

How Stigma Benefits the State

Chapter Outline

Building on ethnographic fieldnotes and interviews with members of Morecambe Bay Poverty Truth Commission, this chapter explores the impact of recent welfare reforms, particularly those since 2010 as part of a larger austerity agenda. The chapter focuses on the implementation of increasingly punitive conditions as part of the benefit system – often referred to as ‘welfare conditionality’ – and details the ongoing impacts this is having on members of MBPTC. It does so by focusing on three in-depth ‘Case Studies’. Each Case Study looks at commissioners’ experiences claiming a specific benefit: Universal Credit (UC), Personal Independence Payment (PIP), and Jobseekers Analysis (JSA). The chapter documents and evidences the forms of harm the benefits system can cause to commissioners’ physical and mental health. In doing so, the chapter uses ‘stigma power’ (Tyler, 2020) as a conceptual and analytical approach to make sense of these the harms. The chapter ‘looks up’ at the role of the state in enacting and reproducing stigma, highlighting how forms of welfare conditionality are producing social insecurity. The chapter also ‘looks back’ at earlier histories of welfare, detailing how the notion of ‘less eligibility’ has informed austerity policies in the UK (Grover, 2015; 2019). Tracing this genealogy not only highlights a shifting relationship between citizen and state, but also describes the increasingly disabling impacts that the benefits system is having on commissioners.

The Distressing Conditions of Conditionality

I meet Frances and her husband David at their home in Lancaster. Frances' story is one in which begins in 2012, with her Parkinson's Disease diagnosis, and therefore runs in parallel with the implementation of specific austerity policies, including the Welfare Reform Act (2012). As a keen biker and fell-walker, the diagnosis of Parkinson's Disease at the age of 46 came as a huge shock to Frances and her husband David. Frances had worked as a Community Support Worker for Lancashire Constabulary since the late 90s. Her story is, to begin with, one of a welfare system purportedly serving its purpose. With her diagnosis, Frances applies for Personal Independence Payment (PIP), a new benefit payment which replaced the previous Disability Living Allowance (DLA) and which helps cover the daily needs of a disability. With PIP, Frances was able to 'work four shifts instead of five' each week, allowing her to continue with frontline patrol (Frances, 12th March 2024). Unfortunately, by 2015 Lancashire Constabulary decide to move her to an office job, and by 2017 – after 17 years of employment – Frances is made redundant.

Having been made redundant, Frances immediately applied for Jobseekers Allowance. Due to the roll out of Universal Credit in the area at this time, Frances was instead instructed to claim this benefit, which, like many applicants, she 'knew very little about' and caused her 'a lot of confusion' (Ibid). As part of this process, Frances signed a 'Claimants Commitment' which details all the 'responsibilities' she must meet in order to receive her benefit allowance. If these responsibilities are not met, Frances – like any other claimant – is liable to have her benefits sanctioned. Depending on the severity of one's failure to meet these conditions, claimants can be sanctioned anywhere from one or two weeks up to six months. This would make her one of more than 100,000 UC claimants had their benefits stopped between the period 2015-2017, with over 5000 receiving sanctions that lasted for six-months (Bloom, 2017). Frances acknowledges that, initially, her in-person ‘work coach’ was understanding. This, however, was in contradistinction to the ‘exhausting and labyrinthine’ process of seeking out help and support either online or over the phone: a process she describes as ‘shambolic’ (Frances, 12th March 2024).

Frances describes the ongoing difficulties that the trialling of Universal Credit had on her. She explains that staff at the Job Centre were consistently ‘rude and uncaring’, and that, on more than one occasion, Frances was literally ‘laughed at’ for not understanding Universal Credit (Ibid). They also made continual mistakes with her claim, including decisions which Frances describes as ‘inhumane’. For example, Frances describes how she could receive anything from £0 to £256 in any particular month. ‘Amounts were given one month and taken back the next. It made no sense’. Despite this, Frances was made to feel like she was ‘always at fault’ and was left feeling ‘extremely anxious’ (Ibid). Indeed, Frances ended up developing a condition known as Bell’s Palsy during this period, a form of facial paralysis often caused by extreme stress. She is one of the 63,674 benefit claimants between 2013-2018 that ‘have experienced levels of psychological distress that are clinically significant due to the introduction of Universal Credit’: 21,760 of which ‘might reach the diagnostic threshold for depression’ (Wickham *et al.*, 2020).

These reforms to welfare, including the rolling out of Universal Credit in the Morecambe Bay area, lead to significant confusion and distress for Frances and her husband David. As Frances explains to me, the constant worrying about ongoing ‘money problems’ gives her ‘the worst headaches imaginable’. ‘And not just headaches either’, her husband David adds. As he explains, both Frances and himself are now suffering from ‘anxiety and depression’ due to their experiences navigating an opaque and constantly shifting benefits system

(Frances, 12th March 2024). Asking Frances to summarise her experiences of claiming benefits for her Parkinson's Disease, she states: 'Awful. Absolutely awful'. David shares a similar sentiment: 'It's been a real struggle, unimaginable really' (Ibid). As a disabled woman in receipt of benefits, it is clear that Frances' condition has worsened as a direct result of changes to welfare. Indeed, the Centre for Welfare Reform calculated that reforms to welfare under austerity had hit disabled people nine times harder, and for those with severe disabilities, nineteen times harder (Duffy, 2013). As the following sections will argue, such reforms have not only exacerbated existing health conditions but have actively produced new forms too. The next section will situate these reforms within a longer historical trajectory in the UK, detailing how narratives of 'deservingness' and 'eligibility' have been embedded within welfare discourse for a much longer period.

Welfare Conditionality in Britain

Welfare conditionality – in which access to particular benefits and/or services are dependent on claimants meeting certain obligations or requirements – has a long and complex history in Britain. It begins with the Poor Law Act (1601), in which an early attempt was made to differentiate 'undeserving' from 'deserving' individuals, the latter of which would be entitled to forms of parish-based relief (Hampton, 2016: 21). This was later consolidated in the Poor Law Amendment Act (1834), in which welfare support was conditional on the entry into the workhouse. Central to the 'Poor Law' was the notion of 'less eligibility'. Fearing that earlier forms of relief incentivised 'idleness rather than industry', less eligibility ensured that 'relief be of a standard below rather than above that of a labourer (Fraser, 1984: 44). Thus, early welfare conditionality in Britain was achieved 'above all via deterrent workhouses', which would 'test the destitution of applicants and ensure only those genuinely in need were assisted' (Darwen, 2025). This has been described as an 'incentivist paradigm' (Wright, 2012) in which forms of out-of-work benefits have been perceived as disincentivising individuals from seeking out work and thus encouraging 'worklessness' (Grover, 2016; 2020).

In *The Department,* disability activist and scholar John Pring (2024) documents the growing state harms associated with welfare reform, particularly those that happened within the context of austerity in 2010. In situating this process, Pring places particular emphasis on the mid-1990s, in which successive governments became increasingly preoccupied with a burgeoning welfare bill in Britain. It is during John Major's Conservative government (1990-1997) that a narrative emerges, positing that the main sickness benefit – known at the time as 'Invalidity Benefit' – was open to abuse. As Peter Lilley, then Secretary of State for Social Security, would state in the House of Commons in 1993: 'Frankly, it beggars belief that so many more people have suddenly become invalids, especially at a time when the health of the population has improved' (Parliament.uk, 2024). A political decision was therefore made to tighten the qualifying conditions for the benefit, as a way of limiting entitlement. Such a decision, Lilley would argue, not only 'safeguarded' welfare support for the 'most vulnerable', but would reform a welfare system that had engendered a form of 'benefit dependency' (Pring, 2024: 27).

As part of this drive to reduce to welfare budget, the Conservative government introduced a new Social Security (Incapacity for Work) Act (1994). Secretary of State for Social Security, Tilley, would inform MPs in the House of Commons that a new 'Incapacity Benefit' was being introduced, abolishing and replacing sickness and disability benefits – including the much discussed, and by this time, much maligned, Invalidity Benefit. With this, Lilley argues, a more 'objective test of incapacity to work' would identify those 'genuinely too unwell to work' (Pring, 2024: 28). In order to determine who is or is not 'genuinely' unwell, the Act introduces a ‘medical test’ which would be carried out by a ‘Benefit Agency Medical Service’ (and therefore sidelining GPs). Known as the ‘All Work Test’, this points-based system of eligibility would, Lilley argued, result in around 20 per cent of claimants previously eligible for Invalidity Benefit being refused the new Incapacity Benefit: a figure equating to around 240,000 people (Pring, 2024: 32). Not only does this set a precedent for later eligibility tests, including the Work Capability Assessment, but it also highlights a pattern to all successive welfare reform acts. That is, the redesigning of a welfare system that prioritises ‘cuts’ or ‘savings’, and bases eligibility around these parameters.

As Pring notes, it is during this period that we see the contemporary origins of welfare conditionality, as well as the emergence of a discourse which constructs those in receipt of benefits as ‘cheating’ the system. In 1996, for example, unemployment benefit is reformed, with the new ‘Jobseekers Allowance’ being introduced. This new allowance obliges claimants to sign a formal contract – now referred to as a ‘Claimant Commitment’ – as well as introducing compulsory fortnightly interviews with Department for Social Security staff. It also introduces tough ‘sanctions’, which can be enacted if an individual claimant fails to meet any of these contractual conditions. As Frances Ryan notes: ‘For the first time, it became legal in Britain for a government to immediately remove 100 per cent of a person’s out-of-work benefits’ (Ryan, 2019: 42). Later, under the Welfare Reform and Pensions Act (1999), Labour introduce the ‘Personal Capability Assessment’, as well as withdrawing entitlements to those who have not made enough National Insurance contributions (Pring, 2024: 59). It is during this period that the Department for Social Security is renamed the Department for Work and Pensions (DWP). By 2005, a ‘Work Capability Assessment’ had been introduced, to be carried out by the private company ‘Atos’, while Employment and Support Allowance replaced Incapacity Benefit with the intention of ‘reducing the number of benefit claimants by one million over the course of a decade (Pring, 2024: 74).

What this history of welfare reform from the 1990s onwards represents is a cross-party political consensus around welfare conditionality, as well as increasing attempts to categorise welfare claimants as either ‘deserving’ or ‘undeserving’ of state support. Indeed, this narrative of deservingness not only positions one person’s right to state support as being threatened by the claims of ‘undeserving’ others, but also rearticulates each citizens’ relationship vis-à-vis the state. That is, that those in receipt of welfare support are ‘benefitting’ from the state, as opposed to having their social rights protected and secured through the state. Thus, when New Labour’s Minister of Welfare Reform, Frank Field, spoke of the emergence of a ‘dependency culture’ and a need to protect ‘genuine claimants’ (Pring, 2024: 57), there are clear corollaries with later pronouncements made by successive Conservative and Labour Prime Ministers. For example, Rishi Sunak’s assertion that Britain was now ‘sick note culture’ (Mason and Butler, 2024) or Keir Starmer’s contention that welfare had become a ‘lifestyle choice’ (Sigsworth, 2025): a term taken directly from David Cameron himself (Hope and Mason, 2013). In each of these statements is an attempt to frame welfare within what Anne Marie Fortier refers to as a ‘hierarchy of worthiness’ (Fortier, 2017).

It is within this context of welfare reform, and the implementation of increasingly punitive forms of conditionality, that the Coalition government introduced the Welfare Reform Act (2012). While this Act brought in a number of controversial changes explored in other chapters, including the so-called ‘Bedroom Tax’ and ‘Two-Child Benefit Cap’, this chapter will focus on the implementation of two welfare reforms that have taken place since 2010:

Personal Independence Payment (PIP) and Universal Credit (UC). The introduction of Personal Independence Payment replaces working-age disability allowance, including Disability Learning Allowance. When implemented, the government projects to save 20 per cent of disability benefit expenditure: the equivalent of £2.4 billion a year (Lawrence, 2011). The Act also introduces a new ‘Claimant Commitment’, as well as stronger penalties for fraud and error. The core legislative change, however, is to the main means-tested benefits and tax credits, which are replaced with a single benefit called ‘Universal Credit’. Benefit payments such as Jobseekers Allowance (JSA), Employment and Support Allowance (ESA), Income Support, Housing Benefit, Council Tax Credit and Child Tax Credit are all rolled into one single payment. Universal Credit was launched in selected areas of North-West England first, and then rolled of nationally. It is to this local roll-out in the Morecambe Bay area that the next section turns to.

Case Study: Universal Credit (UC)

I return to my interview with Frances, and to our conversation which opened this chapter. This section details how reforms of welfare not only affect the individual in receipt of a benefit, but can have reverberations for the entire household (see also Chapter Three and Four). This is evidenced in the experiences of her husband, David. As Frances explains to me, due to her deteriorating health, the amount of care required of her husband meant that he initially reduced his working ours. He did so in the expectation that he would at least be recompensed for the loss of earning through a weekly ‘Carer’s Allowance’. For this, David was entitled to £67.60 each week. In order to be entitled to the allowance, David had to spend at least 36 hours a week caring for Frances. As this wasn’t feasible alongside his full-time job, David made the decision to become a full-time carer for Frances: a position which, the couple are at pains to add, ‘equates to £1.90 an hour’ (Frances, 12th March 2024). ‘I always knew that as Frances' condition deteriorated, I would have to give up more and more of my paid employment to care for her', David explains to me. 'What I wasn't prepared for was how little support I would actually get for having to make this transition from full-time work to full-time carer' (Ibid).

As Frances and David go on to explain, the DWP consider Carer's Allowance a form of household income. As such, it is deducted from their overall Universal Credit payment each month. Thus, David earns essentially nothing for caring for his wife full-time (Ibid). Frances had spoken at length about this during commissioner meetings, often due to the sheer disbelief of many others in the commission. Indeed, hearing Frances and David explain this again still provokes incredulity. 'They assume we've done something wrong, that we must have made some mistake somewhere. They can't believe that as my condition deteriorates more and more, we seem to get less and less' (Ibid). In fact, as Gail – a member of the MBPTC facilitation team – would remark in our interview, such accounts are perceived as so 'unbelievable' that many members of the public simply refuse to accept it. 'They just don't believe this [Carer's Allowance deduction] happens. They can't believe that this sort of thing happens in this country' (Gail, 10th July 2023).

This loss of income, as well as what is essentially an unwaged full-time caring role, is compounded by other forms of welfare reform. Because they have a mortgage on their house, David and Frances are not awarded any Housing Support. This only applies to renters, David notes, despite the DWP 'paying more than the value of what we pay on our mortgage' towards people's rent. Because of this, '50% or more of what we get from Universal Credit has gone instantly on the mortgage' (Frances, 12th March 2024). A mortgage which, like many others, has increased significantly in recent years, with an average increase of 28 per cent in recent years (Edwards, 2024). As David continues: ‘You know we have a leak in the house. And it has to go on the credit card. Everything does’. Reflecting for a moment, David describes how there’s a very real sense that their lives are filled with ‘ticking time bombs’, both in relation to Frances deteriorating Parkinson’s but also ‘the mountain of debt hanging over us’ (Frances, 12th March 2024). Ticking time bombs which, as is becoming readily apparent, appear to compound one another as Frances and David navigate the benefits system.

During an interview with Kelly, a civic commissioner who heads a local third-sector organisation in the Morecambe Bay, the extent of the impact of Universal Credit in Morecambe Bay is explained to me. Indeed, I can sense the level of tumult in the office as I arrive. Kelly reveals to me as I set up the interview equipment that the organisation has always worked on a case-by-case basis. But now, with the rolling out of Universal Credit, her team are having to organise teams specifically for U/C claimants. It’s only February 3rd but Kelly details how her organisation are already supporting an unprecedented number of people: ‘We’ve seen 1400 people in January alone’ (Kelly, 5th February 2024). An increasing amount of her time is now spent referring individuals to other services, including local foodbanks. As we formally begin the interview, Kelly implicates welfare reform directly with the increase in poverty and destitution in the area: ‘This was a rollout area for Universal Credit. And that's where the food bank came from because the roll out was a disaster. Then they did it anyway, and then the food bank was invented’ (Ibid).

Kelly clarifies that she has not always been working within this sector of the economy. Rather, she was head of client services for a marketing agency for a number of yours. It wasn’t until the Covid-19 pandemic, in lockdown, that Kelly started helping out at local foodbanks in the area: a period she describes as a ‘baptism of fire’ (Ibid). Kelly reflects on the rise of foodbanks in this country, including the increasing reliance on third-sector organisations: ‘I grew up in the UK. We didn’t really have foodbanks. We didn’t have families queueing for food parcels at 2pm on a Friday’ (Ibid). Kelly documents not just the scale of the problem, but the sheer depth of poverty she is seeing too. As noted (see introduction), there are now six million people in ‘very deep poverty’ in the UK (Marmot *et al.,* 2020; Edmiston *et al.*, 2025), with over 4 million people are categorised as ‘destitute’ (Fitzpatrick *et al.*, 2023). This deepening of poverty has risen by 150% in the last five years, and by 300% since 2017 (JRF, 2024).

Kelly describes how the pandemic and ongoing cost-of-living crisis have disproportionately impacted particular groups of people. ‘62% of our clients are single disabled’, she notes. ‘Our staff are seeing people each and every day who come through the door having to make choices about whether they're warm or fed. It’s an assault on the physical senses’ (Kelly, 5th February 2024). The hardest part to comprehend, for Kelly, is how this depth of poverty can be so visible to her and her staff, and simultaneously invisible to others: ‘Most people don't understand how poor the people on the lowest incomes are. They have no concept of what it's like to live on benefits. They have no concept of what it's like to be completely unable to avoid destitution’ (Ibid). As Edmiston *et al* argue, while poverty has become increasingly visible, particularly since the pandemic and cost-of-living crisis, the sheer depth of this deprivation is still largely occluded from contemporary poverty discourse: what the authors term the ‘neglected extremes’ (Edmiston *et al.,* 2025: 783).

Reflecting on her own background, Kelly frames this poverty as an injustice related to inequality: ‘You know, I have not faced barriers to achievement because I grew up with everything I needed. And it's so outrageous that that should be remarkable' (Kelly, 5th February 2024). Indeed, Kelly also describes the forms of harm deep poverty has on individuals, including commissioners at MBPTC. 'We hear it week in week out at the commission, and my staff hear it here each day. How going without food or warmth or shelter is making people ill. Choosing to heat or eat often means choosing malnourishment or pneumonia in the long-term. It's a choice that simply should not exist in a society as wealthy as ours' (Ibid) (see also Chapter Three). As Edmiston *et al* argue, attending to this 'deep poverty' allows its 'worst effects' to be studied, including 'the extent and severity of injuries it engenders' (Edmiston *et al.,* 2025: 794). However, what Kelly is also identifying in our interview is the sense in which the 'crisis' that her team are responding to is not one of 'deep poverty', but rather, of deepening inequality too. As Danny Dorling argues: 'The cost-of-living crisis is, in reality, a cost-of-living-with-high-inequality crisis' (Dorling, 2023: 45). Thus, 'when a country becomes as unequal as the UK, people are less and less able to understand how others live' (Ibid.: 50).

While Kelly identifies an injustice in both the scale and depth of inequality in the North-West, the true injustice lies in the fact this is something 'entirely preventable' (Kelly, 5th February 2024). Kelly situates all this with reforms of welfare made within the past decade. 'The devastation that's happened to this country in the last 10 years through choices that are almost entirely preventable is something that makes me feel really, really sad and really cross.' For Kelly, poverty is not some 'natural disaster'. Rather, 'as a society we are choosing for people to go hungry' (Ibid). Kelly notes how specific reforms to welfare, including the rolling out of Universal Credit, have 'had a disproportionate impact on us here in the North-West' and that it is 'absolutely plain to see what the impact of austerity … is having on this community' (Ibid). Instructively, Kelly also notes the 'the many many people who are being made ill by this process' and have 'no idea what to do or where to go' (Ibid): a statement that captures the 'hidden injuries' that result from austerity specifically and their impacts on people's health and wellbeing.

A narrative hardens in the 1980s and 1990s (though has its antecedents in the 19th century) that those claiming out-of-work benefits are, overwhelmingly, making a conscious and deliberate choice not to work (Grover, 2016; 2020). Kelly reverses this narrative. That is, she sees the choices lying with those who have instituted welfare reforms – including Universal Credit – and sees those in poverty as having their choices constrained and curtailed. Indeed, Kelly situates the crisis within a specific period; namely, the austerity policies enacted since 2010. Instructively, Kelly also identifies how one of the reasons many people on so-called 'out-of-work' benefits is precisely because it forces them into forms of material deprivation, and thus impacts their health. As Kelly states: 'You know, this really makes a mockery of the government. The idea that work is always the best thing to get into. Well, there are so many reason why someone can't do that. And when you can't afford the basics, then it makes you sick' (Ibid). As Chris Grover argues, 'attempting to address the economic disadvantages disabled people face through what are essentially market mechanisms will entrench, rather than address, those disadvantages' (Grover, 2015: 106).

These reforms to the benefits system, including the rolling out of universal credit in the Morecambe Bay area, are not only part of an austerity agenda in which £18 billion has been cut from social security spending annually since 2014/15 (Grover, 2020: 2). Rather, successive governments since 2010 have drawn upon 'a very long tradition in social security policy' in which there is a concern 'policies designed to relieve the poverty of wage workless people might act to disincentivise them from doing such work' (Grover, 2015: 1574). As such, this ‘incentivist’ paradigm (Wright, 2012), and its corresponding logic of less eligibility (Grover, 2015), continues to condition the lives of benefits claimants. Indeed, for many commissioners, deepening poverty and worsening health have become mutually inclusive. Thus, what Kelly identifies as the ‘sickening effects’ of the benefits system can be understood as a form of disablement that is the ‘outcome of social oppression’ (Oliver, 1990: 1). What this analytical emphasis on ‘disablement’ does is capture how active and ongoing the process of disability is, foregrounding the social and material conditions that determine commissioners experiences of health and illness.

Having highlighted the ongoing impacts of Universal Credit in the Morecambe Bay area, the next section will focus on two other ‘Case Studies’, documenting commissioners’ experiences with welfare reform and welfare conditionality. First, one commissioner’s experiences with Personal Independence Payment (PIP), followed by a second commissioner’s experience with Jobseekers Allowance (JSA). What each of these case studies emphasise are the specific forms of stigma and shame that often attend claiming benefits, including an analysis of how stigma itself might be conceptualised as a disabling force. While the previous section has attempted to ‘look back’ at the recent histories of welfare reform and conditionality, the next section will also attempt to ‘look up’ at how stigma itself is ‘propagated as a governmental technology of division and dehumanisation’ (2020: 7). As such, it becomes possible to analyse stigma – including the stigma and shame experienced within the welfare system – as a form of statecraft that is embedded and entangled in longer histories of state violence and harm (2020: 20). Indeed, stigma as functioning as a ‘political injury’ (2020: 29): injurious to such a degree that it can disable.

Case Study: Personal Independence Payment (PIP)

Personal Independence Payment (PIP) is a benefit payment introduced with the Welfare Reform Act 2012, and replaced Disability Living Allowance (DLA). It is a monthly payment which helps with the ‘extra living costs’ of a disability or health condition. As such, it is not an out-of-work benefit. The benefit is split into a ‘daily living’ component, which is to help with everyday tasks, and a ‘mobility’ component, aimed at helping those who need extra support getting around. Similar to Universal Credit, there is a ‘capability assessment’ which is often performed prior to a claimant being ‘awarded’ the benefit, as well as those having their PIP reassessed by DWP. This section builds a ‘case study’ of one community commissioner’s ongoing experiences with Personal Independence Payment, which is then consolidated through the use of extensive ethnographic reflections and conversations with both civic and community commissioners at MBPTC.

I speak to Jane, a community commissioner at MBPTC. Jane first applied for Personal Independence Payment shortly following a life-changing medical diagnosis in 2013. Initially, Jane was awarded a ‘standard rate’ of PIP which supported her extra needs as she navigated working alongside having a chronic and degenerative health condition. While Jane had to attend a ‘capability assessment’ as part of her claim, she describes this process as ‘relatively hassle free’, albeit quite ‘intrusive’ (Jane, 12th March 2024). However, having had her medical condition deteriorate significantly around 2017, Jane applied to have her award re-assessed. Given her mobility issues, she applied for what DWP call the ‘Higher Rate of Daily Living’, which would entitle her to an ‘enhanced rate’ of PIP to support the extra needs that now came with her disability. As Jane details: ‘I am on reams of tablets to resemble a human. Without them, movement would cease completely. I would be bed ridden’. Jane also lists the countless side-effects of taking these medications: ‘tremors, rigidity of muscles, pain, mild cognitive issues, incontinence, involuntary movements, freezing, … I could go on and on' (Ibid).

As part of Jane's updated PIP claim, she was asked to attend a 'capability assessment' carried out by ATOS, the private company awarded a contract by DWP to carry out these 'medical' assessments. As PIP is not an out-of-work benefit, this assessment is ostensibly different to the Work Capability Assessment used as part of a Universal Credit claim. That said, PIP claimants are still expected to meet particular criteria or conditions before being awarded the benefit, and are done so based on a points-based clinical score. In order to meet these criteria, one of ATOS's own professionally trained 'medical assessors' carries out the assessment. Of the 2,000 health professionals employed by the company to carry out assessments, less than two per cent are trained doctors, with general nurses (67%), mental health nurses (17%) and occupational therapists/physiotherapists (15%) making up the rest (House of Commons, 2022). Despite describing in detail the bodily toll her condition was having on her, her claim for a 'Higher Rate of Daily Living' – which would have entitled her to an extra £20 a week – is swiftly rejected.

Talking to Jane, it becomes readily apparent that she keeps meticulous records of everything. Part of this is through her professional training, but, as she explains to me, it is also a direct response to years of interactions with a welfare system that demands constant and continuous evidence in order to meet its conditions. As such, Jane still has a record of the decision Atos made on behalf of the DWP when they denied her extra support. The medical assessment describes Jane as having 'an average build' and showing 'no sign of self-neglect'. She is also described as not taking any 'dietary supplements', though makes no mention of the surfeit of medication she takes to manage her medical condition. The report goes on to note how Jane ‘did not appear to be trembling’ during the assessment, nor was she ‘sweating, restless or withdrawn’. She was also observed to be able to walk ‘more than 23 metres’ – the distance between the waiting room and the assessment room. Jane was also seen to be sitting comfortably in the chair, and was even observed ‘reaching down to ankle level while seated’. She was ‘polite and answered all questions fully’, and showed ‘no signs of suicidal thought’ (Jane, 12th March 2024).

Jane describes to me in detail her ‘utter disbelief’ in being denied £20 extra a week, given her deteriorating condition. She is not alone here. Between 2022-23, over 350,000 claimants were denied PIP. This is up from just over 200,000 rejections each year between 2019-2021, and over a quarter of a million between 2021-22 (Dawson, 2024). This includes those with cancer, arthritis and amputations, for whom over 40% of PIP claims are rejected (Jayanetti, 2024). Indeed, Jane’s dates match DWP data, which shows that from 2015 onwards there has been a huge increase in PIP complaints. For example, upheld complaints against PIP decisions rose by 713% in 2016 (Ryan, 2017) and 880% in 2017 (Lavelle, 2017). In respect to mental health, the DWP instructed Atos (and Maxima, another private company carrying out medical assessments on behalf of the department) to discriminate against those with mental health conditions, including their entitlement to the ‘mobility’ component of the benefit (Stone, 2017). This led to a High Court decision ruling that rules governing PIP were ‘unlawful and discriminatory’, forcing the government to review the disability benefit claims of 1.6 million people who may have wrongly been turned down for help (Parliament.uk, 2018).

Like many of other claimants, Jane chose to appeal her decision, which resulted in a tribunal. Despite the entire process, including her PIP reassessment, being a ‘humiliating and stigmatising' process, it was the tribunal that became the hardest part of this entire 'ordeal'. Jane explains to me how the DWP used intimidatory language and tactics throughout their correspondence with her, including the threat that appealing this decision could result in her 'losing all' of her benefits. She recounts the '18 months of anxiety and panic waiting for the court tribunal only to be asked demeaning questions' (Jane, 12th March 2024). Jane once again has kept meticulous accounts of these exchanges. While a judge, a disability representative and a doctor were all present, Jane explains how she had no idea who this disability representative was, but they resolutely were not her representative. She describes how the entire process was made to feel like she was a criminal on trial. Jane remarks: 'I found it all so scary. Why was I there? My life had been destroyed by [my medical disorder] and here I am in court. Why?'. Reflecting on this process, Jane states: 'One hour in my shoes and they'd soon change their mind' (Ibid).

In 2021, after four years of fighting her initial decision, Jane is finally granted her award. Despite this, she explains that she is still 'at a loss' as to why this process was made 'so awful'. She describes the amount of suffering the process put her through. Not only did the process exacerbate her chronic illness, but it also left her suffering from new illnesses, including depression. 'I asked for help at a time of need. Instead I was let down by a benefit system that was supposed to be there to help me' (Ibid). Frances too told me something similar during my interview. It is this sense of injustice that drives many commissioners to raise awareness of their experiences interacting with the state, including the 'horrors' of the benefits system (Frances, 12th March 2024). While this section draws primarily on ethnographic fieldnotes and interviews, experiences such as those of Jane and Frances are supported by a mass of statistical data, evidencing the suffering, stress and, often, humiliation that benefit reforms have caused. Indeed, what these experiences reveal is how the benefits system is actively causing mass harm and illness, rather than being there to prevent it. Despite this, Jane is determined to work with other commissioners at MBPTC in order to ‘tell my story on behalf of all those who can’t’ (Jane, 12th March 2024). And in order to disable the harms of austerity, it is necessary to ‘break the stigma of disability and poverty’ (MBPTC, 2022).

How the State Benefits from Stigma

As Imogen Tyler argues, stigma functions as a ‘glue’ which binds poverty in place (Tyler and Campbell, 2024). This section turns to an analysis of stigma, documenting how practices of stigma have become increasingly central to the implementation of austerity policies, including cuts to the welfare budget from 2010 onwards. The next section documents the process by which forms of ‘Social Security’ are reframed and rearticulated into forms of conditionality and coercion. This has resulted in a transition away from a system built on a principle of social security (albeit in a way that was often unevenly distributed) to one principally designed around social insecurity. As such, claiming welfare became less a right and more a benefit. Without stigma power – ‘propagated as a technology of division and dehumanisation’ (Tyler, 2020: 7) – this transition would not have been possible. Thus, the chapter details how the state itself benefits from stigma in order to justify and legitimise its increasingly punitive and coercive cuts to the welfare system.

Many scholars have documented how forms of stigmatisation and shame have been mobilised throughout the previous decade to create a narrative of people on benefits as ‘cheats’ (Duffy, 2013: Garthwaite *et al.*, 2013: McKenzie, 2015: Patrick, 2017: Jensen, 2018: Tyler, 2013, 2020). However, as many of these scholars observe, such narratives were not constructed so much as they were reconstructed and rearticulated. That is, such narratives were already circulating within a wider social and symbolical economy, particularly when framed in terms of gender and motherhood (Skeggs, 1997: Tyler, 2008, Jensen, 2011). As John Pring notes, such narratives were ‘fertile ground for what would come next’ (2024: 8). Indeed, representations of the working-class as ‘dependent’ on welfare and ‘benefitting’ from a system susceptible to exploitation were rife during this period. Thus, ‘it took 15 years to go from 25 per cent of the British public believing in 1994 that unemployment benefits were too high and discouraged work to 62 per cent in 2008’ (Pring, 2024: 8).

While the neoliberalism of the 1980s represents a fundamental shift in how citizens were perceived vis-à-vis the state (not least, the Thatcherite notion that there was ‘no such thing as society’), it was in the 1990s and early 2000s that the forms of welfare conditionality prominent today were first implemented. The 1994 Social Security (Incapacity for Work) Bill is explicitly framed as a way of ‘safeguarding’ benefits for those who are ‘genuinely too unwell to work’, thus ‘protecting *their* benefit against those who abuse it’ (Pring, 2024: 28, original emphasis). This narrative of a benefit system being ‘cheated’, and thus a need to have claimants prove their disability or incapacity via some form of assessment, is a direct antecedent to the forms of harm Commissioner’s such as Frances and Jane report in respect to Universal Credit and Personal Independence Payment (PIP). Indeed, as Frances Ryan notes, welfare reform was ‘carved out of a mounting suspicion’ of sick and disabled people (Ryan, 2019: 22).

This narrative of the ‘benefit cheat’ legitimised the forms of government intrusion and coercion that commissioners like Frances and Jane identified. The idea that commissioners were having their everyday lives scrutinised and questioned when in receipt of benefits was a common concern for the vast majority of community commissioners, and was often discussed at MBPTC meetings. Forms of state scrutiny have been grossly expanded since 2010 too, with the DWP having employed 3700 ‘benefit investigators’ in 2016: a figure which amounts to five times as many investigators as those employed by the department to investigate benefit fraud (Garside, 2016). This is despite benefits such as PIP having a fraud rate of 0.3 per cent (DWP, 2023). In fact, over £19 billion in benefit entitlements go unclaimed each year (Clegg *et al.*, 2023), with claimants consistently reporting stigma, along with the fear of being seen as a ‘scrounger’ or the fear of being found ‘fraudulent’, as one of the principle reasons for not claiming benefits (Baumberg *et al.*, 2012).

Many of the terms used to stigmatise benefits claimants are directly attributable to government statements, as well as to public policy reports and directives. While comparisons between the ‘workers and shirkers’ (Chakraborty, 2015) are recent manifestations of state-enacted and state-directed stigma production, others can be traced back to earlier governments, including New Labour and their ‘Work Capability Assessment’ (Stewart, 2018). In 2001, for example, New Labour began employing the term ‘malingerer’ in relation to those benefits claimants perceived to be ‘exaggerating’ or ‘faking’ their illnesses. This term has its direct origins in a conference entitled *Malingering and Illness Deception,* sponsored by the DWP (Pring, 2024: 64). As part of this narrative, the government funded research which engaged with what is known as the ‘biopsychosocial model of health’. As figures such as Mansel Aylward, Chief Medical Officer of the DWP until 2005, argued, this biopsychosocial model suggested that many of the symptoms of mental and physical illness claimants reported were actually outcomes of the ‘beliefs and attitudes’ of their environment and were thus probable cases of ‘malingering’ (Pring, 2024: 66). As Pring notes, this biopsychosocial model – or rather, New Labour’s interpretation of the model – posited that is was not the ‘impairments of the barriers disabled people face in society that prevents them working, but their own fields, flaws and unwillingness to work’ (2024: 70).

Chris Grover has similarly noted how changes to Employment and Support Allowance (ESA), including the abolition of the ‘Work-Related Activity Group’ (WRAG) category, were justified by the DWP with reference to the “out-of-work behaviours” and “unconscious habits” of its claimants (DWP, 2015: 2). ‘In other words’, Grover notes, ‘ESA was held to be trapping disabled people in a state of worklessness by not providing adequate financial incentives for them to consider doing wage work’ (Grover, 2015: 1574). As Pring notes, the ‘biopsychosocial’ model became the ‘unacknowledged intellectual framework’ for successive welfare reforms (2024: 70). This not only led to the implementation of the Work Capability Assessment, but legitimised the ‘excessive use of sanctions … known to cause identifiable and preventable harm’ (Stewart, 2018). Such an example tells a story of state-enacted and state-facilitated stigma production, demonstrating the way stigma power is ‘crafted and cultivated as a means of leveraging political capital’ (Tyler, 2020: 7).

It is the use of these capability assessments – including Universal Credit’s Work Capability Assessment and the PIP’s own ‘eligibility test’ –which have led to demonstrably harmful and distressing effects on many members of MBPTC. As Danny Dorling notes, ‘every clinical lead in the UK demanded that the Work Capability Assessment (WCA) be abolished, including the Royal College of Psychiatrists, the Royal College of General Practitioners, the British Medical Association, and the British Psychological Society’ (Dorling, 2023: 51). As such, many medical professionals have detailed how reforms to benefits such as the introduction of the Work Capability Assessment have not only resulted in increased mental distress and illness, but are actually a significant factor in why people with serious mental health conditions have ‘relapsed’ in their recover and resulted in an increase in suicide attempts (McVeigh, 2015). It is to the Work Capability Assessment (WCA), and the use of benefits sanctions to punitively punish claimants for not meeting contractual conditions, that the chapter now turns, identifying the distressing, and ultimately disabling, effects that this can have.

Case Study: Jobseekers Allowance (JSA)

Tee is a young autistic man who joined Morecambe Bay Poverty Truth Commission alongside his mum, Lilianne, as part of the Commission’s Second Round. Like many commissioners, Tee was very reserved when he and his mum began joining Commissioner’s meetings. Both Lilianne and Tee live together in Morecambe, where Tee’s daily needs are supported by his mum. This section of the chapter will look at the effects of recent welfare reforms have had on Tee’s daily experiences, including his interactions with welfare conditionality. This is also a story of Tee himself: a story of his daily fight to navigate and resist an increasingly rigid and uncompromising benefits system, as well as a story of personal growth. It’s a story of a young man who has been transformed by the Poverty Truth Movement.

Tee and his mother have both described their experiences of the benefits system as being like a game of ‘Snakes and Ladders’. And for the two of them, this game began as soon as they moved to Morecambe. Describing the process of the attending the Job Centre for the first time, Tee states: ‘Going down a snake is exactly how it made me feel at the time’ (MBPTC, 2022). While many commissioners described the anxiety and stress of attending Job Centre appointments, including a ‘Work Capability Assessment’, this process was particularly demanding for Tee and was exacerbated by his autism. Tee and Lilianne are one of 1.6

million UK households without internet access in their homes (Ofcom, 2021). As such, when Tee was assigned a 'work coach', he was informed that he would have to begin searching for jobs using one of the centre's computers. 'You see, I cannot use a computer very well, and this in itself was a big ordeal (MBPTC, 2022). As Alistair Sheldrick notes, the increasing 'digitalization' of the benefits system has distanced digitally-excluded citizens from their claims and is fundamentally altering the dynamics of welfare provision in the UK (Sheldrick, 2023).

In attempting these digital tasks, Tee makes a simple mistake and is immediately reprimanded by his work coach for 'breaking the computer'. Tee recounts how the work coach told him that his inability to use a computer meant that he would be unable to 'sign-on', and thus receive his benefits. Over the coming days and weeks these experiences at the Job Centre would escalate, and would have a significant impact on Tee's mental health. Tee describes how 'frightening' this experience was, not only in having his work coach raise her voice at him, but also in how impossible it was for Tee and his mother to navigate a benefit system that was increasingly moving 'online'. Indeed, this fear is 'directly designed into social security' (Mills, 2024). Tee refers to this entire process as that of a 'spaghetti junction', painfully details how this ongoing process made him feel suicidal. 'I told my mum I wanted to end my life. My head was at spaghetti junction … I just wanted to die' (MBPTC, 2022).

A week later Tee received another letter from the DWP, asking him to attend a follow-up appointment with his work coach at the Job Centre. As Tee explains, however, by this time he 'would have rather died than have to go there again' (Ibid). 'I told my mum I was going to kill myself. I just could not take it. Mum phoned the Job Centre and told them that it was too much for me, explaining the state I was in' (Ibid). Despite all this, the Job Centre told Tee that if he didn’t attend the appointment he would be formally sanctioned, resulting in no money for at least two weeks. Such experiences are by no means exceptional. In 2010, the new coalition government came into power on the promise of completely overhauling the benefits system: a system which, Prime Minister David Cameron would later argue, had created a ‘culture of entitlement’ (Wintour and Mulholland, 2012). Within a year it was being reported that Job Centre staff were expected to meet weekly targets, which included sanctioning a particular number of benefits claimants: sometimes for up to six months (Domokos, 2011). As of November 2023, the number of benefits sanctions that had taken between 2016 stood as over 1.5 million (Gov.uk, 2023).

This entire process came to ahead when the police were alerted to Tee’s deteriorating mental health, after one Job Centre employee heard Tee tell staff he was going to kill himself. The police officer was able to work with Tee and help facilitate some form of concession. It was agreed that a new work coach would be assigned to support Tee, and that he would no longer be required to use the computer in order to be in receipt of payment. As Tee goes on to explain, the manager of the Job Centre was also personally responsible, and explained to him that his previous work coach had been reprimanded. The police officer instructed Tee that if something similar were to happen again, he should call the officer’s number. Instructively, Tee was not referred to any mental health services at this point. It was clear that Tee’s suicidality was not an outcome of some underlying health disorder, but rather an entirely situational response to a benefits system which requires particular conditions be met. Tee describes how his mind is now much more ‘settled’. ‘I feel a lot better now knowing that I don’t have to go anywhere near that Job Centre’ (MBPTC, 2022). Despite this, Lilianne explains how Tee cannot bear to walk past the Job Centre.

As John Pring argues, the principle of conditionality – in which access to particular benefits and/or services are dependent on claimants meeting certain obligations or requirements – has been increasingly prioritised by successive governments since the 1990s, with a noticeable increase in its use and application since 2010 (Pring, 2024). Indeed, China Mills argues that the Welfare Reform Acts of 2007, 2012 and 2016 were all built upon a system of conditionality, in which the requirements placed on claimants to meet such conditions were continually and deliberatively made more prohibitive (Mills, 2024). Such conditions, and the responsibilising effects they place upon the claimant, have been described as a form of 'psychocompulsion' (Friedli and Stearn, 2015). That is, conditionality becomes a conscious and coercive strategy in which the claimant's 'beliefs and attitudes' are a factor in whether they receive payment. It is within this punitive context that life has been made 'unliveable' for some, 'inciting and eliciting suicidality and death' (Mills, 2024).[2]

The Psychopolitics of Austerity

There is a growing body of research connecting suicide to austerity (O'Hara, 2016; Mills, 2018, Stuckler *et al.*, 2017; Grover, 2018; Camacho *et al.,* 2024). As Barr *et al.* have argued, many of these deaths can be linked directly to reforms to welfare in the UK, including the introduction of the 'Work Capability Assessment'. The authors show that between 2010-2013, over one million recipients on the main out-of-work disability benefit had their eligibility reassessed. This 'Work Capability Assessment' (WCA) was, according to the authors, associated with an extra 590 suicides, 725,000 additional prescriptions for anti-

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[2] There is also a growing literature on what have been termed 'Deaths of Despair', which relates to deaths by suicide, as well as drug overdoses and alcoholic liver disease (Case and Deaton, 2017). In a UK context, Camacho and Minford have attributed this rise in DoD's with austerity measures, describing these deaths as 'an avoidable human cost of inequitable resource distribution' (Camacho *et al.,* 2024). Thus, deaths that are often perceived as 'self-inflicted' are reframed as socially and materially determined and as outcome of 'cumulative disadvantage (Case and Deaton, 2017: 2).

depressants, and 279,000 additional cases of self-reported mental health problems. Thus, for every 10,000 people reassessed, the WCA was associated with an additional six suicides, an additional 7020 prescriptions for anti-depressant items, and 2700 additional mental health issues. The authors conclude that the WCA alone was associated with at least 5% of *all* suicides across England, as well as 11% of self-reported mental health problems (Barr *et al.*, 2016).

During this period from 2010 onwards, a number of groups emerged which called attention to these welfare deaths, including Disabled People Against Cuts (DPAC), Black Activists Rising Against Cuts, The Mental Health Resistance Network (MHRN), and Black Triangle Campaign. The *Deaths by Welfare* Project, set up by China Mills, documents and evidences many of the violent legacies of austerity first highlighted by these groups. Indeed, such projects have become an archive of state harm, offering the possibility of holding austerity policies accountable for welfare deaths. Such groups also challenge the epistemological violence of the state, for as John Pring notes, successive governments have not only concealed benefits-related deaths from the public (despite investigating them internally), but refuse to acknowledge their links to austerity even when individuals themselves refer to benefits sanctions in their suicide notes (Pring, 2024: 95). Mills thus refers to these deaths as forms of ‘austerity suicide’ (Mills, 2024), while Grover describes them as ‘social murder by suicide’ (Grover, 2018: 346).

In documenting the strategies for denying culpability adopted by the UK state in relation to welfare deaths, Mills employs what she terms a ‘psychopolitical autopsy’ (Mills, 2018). Much like a ‘Social Autopsy’ approach, which ‘systematically examines social and political conditions’ to ‘explain excess and premature deaths’ (Timmermans, 2023), a psychopolitical autopsy ‘attends to the mechanisms through which social context comes to be rearticulated and reconfigured as individual crisis’ (Mills, 2018: 5). For Mills, such an approach highlights that forms of harm and distress that continue to attend the implementation of austerity measures, and how the ‘medical model’ of illness is often used to ‘mask the daily conditions of suffering and immiseration’ that lead to harm and sometimes death (Ibid: 3). This includes those ‘social contexts marked by stigma, exclusion and hate’ that ‘prevent us from understanding how indifference and hate kills’ (Ibid.). Thus, such experiences are part of a more generalised condition of ‘social dis-ease’ in the UK (Orr, 2006; Mills, 2018).

Such analyses not only examine how forms of harm are directly attributable to welfare conditionality, but also highlight how these harms have a social aetiology. That is, their causes lie in an increasingly punitive structural and institutional environment in which reforms to welfare have produced and enacted forms of social insecurity. This is evidenced not only by a mass of statistical data and theoretical literature, but by the lived experiences of commissioners such as Frances, David, Jane and Tee, as well as those with direct professional experience such as Kelly. From Frances increasingly distressing experiences with Universal Credit, to Tee’s situational suicidality to JSA sanctions, through to Jane’s meticulous recording of her ordeals with the PIP (re)assessment process, commissioners’ interactions with the welfare state have been overwhelmingly harmful. Harmful to such an extent that they have not only exacerbated and compounded existing disabilities and health conditions, but have actively produced new forms of distress and disablement too. For as Jane explains: ‘These experiences with the benefit system have not only left me scarred but have left me feeling trapped in my own body too. I live in permanent fear of losing what little support I have left, and that fear eats away at your health’ (Jane, 12th March 2024).

The (Slow) Violence of Austerity

As Vickie Cooper and David Whyte argue in *The Violence of Austerity,* it is necessary to reframe violence in order to capture the structural harms of austerity policies since 2010. As the authors argue, austerity is not a violence equivalent to being ‘knocked down, murdered, assaulted or tortured’. Rather, it is a ‘bureaucratised form of violence that is implemented in routine and mundane ways’ (Cooper and Whyte, 2017: 3). In Rob Nixon’s terminology, it is a form of ‘slow violence’ that is ‘neither spectacular nor instantaneous, but rather incremental and accretive’ (Nixon, 2011: 2). Or as Chloe Ahmann notes, a form of violence that proceeds at such a delayed speed that it ‘decouples suffering from its original causes’ (Ahmann, 2018). As Mills and Pring argue, it is precisely because austerity is so dispersed and displaced that the state is able to ‘weaponise time’, with the DWP taking advantage of the ‘lag’ between cause and effect in order to deny culpability and responsibility for harm, including death (Mills and Pring, 2024).

While experiences such as those of Tee and Jane capture how immediate and acute this bureaucratic violence can be – particularly when threatened with sanctions or the loss of benefit due to a PIP reassessment – this chapter also highlights the chronic and protracted interactions with the welfare state often are. One immediately thinks of slow violence of in relation to Frances and her husband David, who described their interactions with work, welfare and disability over a period of more than a decade from 2012 onwards. Indeed, the lives of commissioners such as Frances and David can be seen as running in parallel with the implementation of austerity measures in the UK. As such, the chapter has evidenced how this violence is lived in its ‘everydayness’ (Thomas and Sakellariou, 2018). In so doing, the research foregrounds the everyday harms and violence attributable welfare reform. However, it also highlights how, in refusing to acknowledge these harms, successive UK governments have enacted a secondary harm. This is harm as a 'battery of dissociative mechanisms' and 'distancing strategies' that make 'answerability harder to impose' and in which the 'body count of slow violence' (Nixon, 2011: 41) is both *diffused* and *defused* by time

It is evident from the lived experiences of Morecambe Bay Poverty Truth Commissioners that reforms to the welfare system have had a harmful and deleterious impact on their health and wellbeing. These harms are sometimes experienced as an acute crisis, as is evidenced by Tee. However, many of these harms are expressions of crisis experienced chronically and protractedly, such as those of Frances, David and Jane. As individuals with recognised medical disabilities, their experiences of illness are often perceived as fundamentally emanating from their bodies. Indeed, such a 'medical model' of illness has been weaponised by successive UK governments in order to deny culpability of harm.[3] Instead, these sections have foregrounded the social and material conditions (and conditionalities) that produce harm and distress. Conditions that are better describes not as forms of welfare but 'diswelfares' (Grover, 2018). That is, a system designed increasingly around the production of social insecurity rather than security: and, as I conclude, defined increasingly by forms of disablement rather than enablement.

21st Century Poor Law: The Reappearance of 'Limited Eligibility'

The opening section of the chapter briefly looked at forms of 'state welfare' that gradually emerged from the early 17th century onwards. Central to the early history of state welfare is

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[3] This medical model has been rearticulated as a 'biopsychosocial' model in recent decades by successive UK governments (Stewart, 2018; Pring, 2024: 66). However, the function of the 'social' in biopsychosocial operates in a way far removed from anything ostensibly 'sociological', instead resembling something more akin to 'social psychology'. Terms like 'scrounger' or 'malingerer' then become (heavily classed and ableist) expressions of a particular group's 'beliefs and attitudes'. Such instantiations of a biopsychosocial model should therefore be seen as extensions of a medical model, in contradistinction to any 'social model'. As such, the 'social' functions in a way that conceals rather than reveals the social determinants of health.

the principle ‘less eligibility’, first introduced with the Poor Law Reform Act 1834. This ensured that forms of ‘relief’ or welfare were necessarily below that of a labourer. Such reforms were implemented to address concerns of ‘idleness’ and to force the ‘able-bodied’ into work (Fraser, 2017: 49). These narratives have been steadily returning to the forefront of government legislation in recent decades, but it is under austerity since 2010 that such principles have been reinstated at the centre of welfare policy. The chapter also traced the genealogies of terms like ‘shirker’ and ‘malingerer’, noting how ‘genuine’ benefit claimants have been defined in opposition to the supposed ‘benefit cheat’, and how the ‘workshy’ have been framed as part of a larger ‘dependency culture’ (Pring, 2024). Forms of stigma and shame are inseparable from such narratives, and are ‘structurally embedded’ within the wider benefits system (Davies *et al.,* 2025).

The chapter has therefore highlighted how central stigma and shame are to these hierarchies of worthiness, exploring how stigma power operates as a ‘technology of division and dehumanisation’ (Tyler, 2020: 7). That said, stigma doesn’t always hit its mark. It is necessarily excessive. It doesn’t just demarcate boundaries and borders; it often exceeds them. Rather than reproducing forms of deserving and undeserving, what we see today is more aptly conceptualised as forms of ‘more or less’ undeserving. It is a narrative that constructs anyone on benefits as an economic burden and a ‘cost’ to the state (see Chapter Three and Four). This inscribes notions ‘productivity’ onto the body, deeming individuals either ‘fit’ or ‘unfit’ solely in relation to their capacity to work. This ‘work-first’ or ‘incentivist’ paradigm therefore represents ‘a fundamental shift in the principle of the welfare state’ in which social security is no longer an entitlement but rather ‘something that can be awarded or withheld based on a person’s behaviour’ (Ryan, 2019: 42).

The logic of limited eligibility has been steadily re-emerging since the 1990s, and has been enshrined under austerity. In fact, this chapter argues that forms of welfare conditionality such as work capability (re)assessments represent a 21st century reincarnation of 'less eligibility'. For as Dorling argues, 'the UK benefit system is becoming more and more like the system ushered in by the 'New Poor Law' (Dorling, 2023: 49). The incentivist paradigm itself is structured through a notion of less eligibility, with narratives of 'dependency culture' and 'unemployables' (as well as less emotive but no less stigmatising terms such as 'hard to reach' and 'hard to help' communities) emerging out of this policy context (Grover, 2015: 1575). And it is within this policy context that the lives of commissioners such as Frances and David, Janed and Tee, are structured, with my interviews evidencing the ongoing everyday impacts and harms welfare reform has on them.

While each of the community commissioners interviewed as part of this chapter have a recognised medical impairment or disability, it was often through their interactions with the benefits system that commissioners experienced the most harm and distress. Such harms, I show, rarely reside with or in their bodies, but rather in a wider set of social and material conditions. I therefore argue that reforms to the benefits system, such as those made to PIP, ESA, JSA – as well as the rolling out of Universal Credit – have not only reproduced and exacerbated forms of disablement, but should be seen as actively producing disablement too. This is most visible in Tee's experiences of distress and suicidality as a situational response to benefits sanctions. But it is also visible in the forms of depression and anxiety experienced by Frances and David as a direct outcome of being moved over to Universal Credit, as well as how stress, financial or otherwise, intensifies Frances' pre-existing health condition while causing new symptoms to arise. Thus, reforms to the welfare system since 2010 have not only exacerbated existing forms of disability, but are actively producing new forms of disablement.

As Danny Dorling argues, the welfare state has been ‘re-engineered’: it has become a ‘system of minimum pay-outs and frequent penalties’ based on the ‘monitoring and humiliating’ of those in receipt of benefits (2023: 45). This has created conditions that have been elsewhere described as ‘diswelfares’ (Grover, 2019; Lambert, 2025). That is, a welfare system defined less its social security and more by its production of social insecurity. Such diswelfares, I argue, are also becoming increasingly disabling under austerity. Indeed, reforms to welfare and cuts to social support and provisioning are representative of a wider ‘mass-disabling event’ apparent under austerity in the UK (Denial, 2022: Gaglioti, 2023). It is for these reasons that Ellen Clifford has described welfare conditionality and sanctioning practices as ‘life threatening’ (Clifford, 2020: 167). Extending this analysis, Chapter Three and Four describe how forms of social harm have been internalised and interiorised into the household. In order to evidence this, I frame commissioners’ experience though relation to Social Reproduction Theory, arguing if, due to its disproportionate impact on women specifically, austerity should be framed as a ‘gender-based violence’ (Chatzidakis *et al.,* 2020).

CHAPTER THREE

Reproducing Austerity:

Austerity as Gender-Based Violence

Chapter Outline

Drawing on interviews and ethnographic fieldwork with members of Morecambe Bay Poverty Truth Commission (MBPTC), this chapter looks at the relationship between austerity, health and the household. By focusing on how poverty and health are experienced within the household, this chapter will explore the gendered and often 'femininsed' impacts of austerity. While austerity measures continue to affect those households with the lowest incomes, such policies have disproportionately impacted women and children (Perrons, 2021). Indeed, 86% of the burden of austerity since 2010 has fallen on women (Ryan, 2017), with women losing £79 billion in a single decade compared to £13 billion for men (Stewart, 2017). The chapter will therefore detail the 'social reproduction' that takes place within the household, including the variegated forms of unwaged work and emotional labour this entails. The chapter also attends to processes of shame and stigma experienced within the space of the home. By focusing on social reproduction in its 'everydayness' (Thomas and Sakellariou, 2018; Abed and Kelleher, 2022), I argue that gendered forms of labour are being increasingly displaced into and onto the household under austerity, and that this is often experienced as disabling for commissioners. Thus, austerity is understood as a form of gender-based violence (Chatzidakis *et al.,* 2020).

‘Heat or Eat’: Households in a Time of Crisis

I speak to Sally, a community commissioner and part-time local journalist. Sally is currently having difficulties navigating the cost-of-living crisis, and our interview immediately turns to these ongoing difficulties. We are in March and Sally is having issues keeping her home warm for herself and her children. As she explains: ‘There was one point recently where my meter had run out of credit. Usually we make do for a few days, but this time and I had no money for about a week’. Asking how she managed, Sally responds: ‘Usually we huddle in the warmest room in the house’ (Sally, 25th March 2024). This exposure to the cold is exacerbated by her pre-payment meter, with Sally one of four million people in the UK using a prepayment system: half of whom have had their gas and/or electric cut off at some point during the winter of 2023-24 (Ambrose, 2024). As Sally explains, when she doesn’t have credit, the prepayment meter simply switches the electric off.[4]

Sally describes how being cut off from her gas and electric is a regular occurrence, particular during winter when her household fuel costs are higher. She explains that she regularly tries to contact her energy supplier for some financial relief, but that these calls are charged per minute. ‘Overall’, Sally continues, ‘these calls have ended up costing me £50. It’s an absolute nightmare’ (Sally, 25th March 2024). Sally also notes that she will regularly give up trying to contact her energy supplier, as they are often impossible to reach – particularly in the winter months. As Sally explains, she is often penalised with an additional charge for going over her limit. She informs me that ‘the same thing happened right around Christmas time as well’. I ask Sally how her Christmas was, to which she replies: ‘cold’ (Ibid).

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[4] Use of pre-payment meters massively increased during the pandemic, with many households having them forcibly installed. Data from the Department of Justice reveal that, from 2021-22 alone, more than 370,000 warrants of entry were granted by the magistrates court to install prepayment meters (DoJ, 2022). In 2021, 380,000 people were moved to a prepayment meter, while in 2022 this figure increased to 600,000. As a consequence, an estimated 3.2 million people were left in cold and dark homes when their payment meter ran out in 2023 (Lawson, 2023a).

Thankfully, Sally has 'managed to get some household relief' in recent days, which is helping her and her family keep the heating at present. We discuss the impact that the cost-of-living crisis is having on her health, both physically and mentally. Sally describes how, due to her health condition, her joints will regularly seize up, preventing her from moving very far. This is a self-reinforcing cycle, because as Sally explains, without a warm home, her neuropathy becomes extremely painful, which then affects her ability to leave the house. Often, this will result in her not being able to walk to the local shop to top-up her credit for the energy meter. It also means she struggles to get to the foodbank, or other services her family rely on. In England, six million households are in fuel poverty, while 8.9 million households classified as 'fuel poor'. In the North-West of England, 14.4% of all households are in fuel poverty, with levels in Morecambe as high as 30.25% (Bolton and Hinson*,* 2024).

Like Sally, many disabled people and people with chronic health conditions have much higher heating costs. For example, over half of all disabled adults (55%) report having difficulties paying their energy bills, compared with 27% of non-disabled adults (ONS, 2022). Prior to the pandemic, there were 900,000 households with a disabled person living in fuel poverty (Wealthy, 2018). As of 2023, there are 3.6 million disabled people living in fuel poverty. On average, disabled households need an additional £1,010 a month to have the same standard of living as non-disabled households, with the extra cost of disability equivalent to 67% of household income after housing costs (Wright *et al.,* 2024). Notably, for those on a pre-payment meter like Sally, 72% of adults reported difficulty affording gas and/or electric compared to 42% of adults on monthly or annual debit payments (ONS, 2022). Indeed, a recent Citizens Advice study found that 37% of prepayment customers with a disability or health condition had to cut back on food intake and food expenditure in order to meet their energy needs (Citizens Advice, 2025).

I talk to Sally more about her medical conditions, and the impact that the cost-of-living crisis is having on her as a disabled woman. 'It's affecting everything, but especially the neuropathy. When you've got severe neuropathy like mine, there's no escaping the cold' (Sally, 25th March 2024). Sally explains to me that her GP has told her she needs to maintain an average temperature of around 18 °C in order to prevent her neuropathy seizures, but at the time of our interview, the average monthly temperature outside in the UK is 3.8 °C. In this time, Sally has regularly gone without heating. Indeed, research shows that for people with neurological and neuropathic conditions, including people with motor neurone disease, energy bills are the single biggest cost faced by people as a direct result of their conditions: on average, energy bills almost doubled (Cook and Wenham, 2025). There is also a direct link between fuel deprivation indicators and forms of inflammation too, with one study noting how fuel poverty is able to get 'under the skin' of fuel-insecure households (Davillas *et al.,* 2022). As Sally explains: 'people don't realise the effect cold weather has on people with neuropathy. If I can't keep warm, it can literally immobilise me' (Sally, 25th March 2024).

During our interview, we discuss Sally's love for writing, which, like much else in her life at the moment, is proscribed by her proximity to poverty. Sally tells me how writing is not only a livelihood, often working as a local journalist, but also a form of 'escapism' from her situation. However, this too is becoming increasingly difficult as the cold inflames her joints. 'Writing is often an escape for me, but when it's cold my fingers literally can't move. It's so very painful' (Sally, 25th March 2024). Sally sometimes mitigates the crippling effects of a cold home by making use of 'warm hubs' in the Morecambe Bay area, such as the one we are using today during our interview. But this is only possible if she's physically able to leave her home. 'There's no escaping a cold home with a condition like this', Sally reflects. 'You feel it every minute of the day. It locks you in' (Sally, 25th March 2024).

I reflect on this statement, and on how, by getting 'under her skin' and inflaming her body, fuel poverty has Sally 'locked in'. Locked into her body, and locked into her home. And yet, it is within these constraining conditions that commissioners like Sally continue to find ways to enact their own agency. When Sally talks about the everyday harms she experiences, she speaks not only as a person in poverty, but more specifically as a woman and mother (see also Chapter Four). For as Caitlin Robinson notes, 'substantial inequalities exist in domestic energy provision, sustained and produced by a neoliberal, austerity-oriented system. One way in which these inequalities are shaped is through socially and spatially contingent gender relations' (Robinson, 2019: 222). Despite the often 'crippling' and immobilising effects poverty has on her, Sally continues to write when she can, publishing on topics related to poverty and inequality. It's also the reason she joined the Poverty Truth Commission. 'People need to hear about our lives. They need to know about what we're being put through' (Ibid).

From 'Heat' to 'Eat'

I speak to Lisa, a community commissioner at MBPTC. Similarly to Sally, we begin our interview discussing how the winter of 2023/24 has felt like a significantly challenge to herself and her family. Lisa, too, is on a prepayment meter, and explains to me that she recently had to choose between heating the house or feeding her children: a personal struggle she refers to as 'heat or eat' (Lisa, 25th March 2024). We talk about her recent struggles with food procurement, including ensuring there is food on the table for her children. 'There have been entire weeks where I've had no food, basically, and I've had to rely on the foodbank'.

Like Sally, Lisa also has a medical condition which means she ‘can’t prepare food such as chopped fruit and vegetable’ due to the ‘pains in my arms and my hands and the impact it has on them’ (Ibid). For this reason Lisa relies on particular foodstuffs to feed herself and her children. However, because Lisa is so reliant on the foodbank to make ends meet, it means her access to such foodstuffs are often limited.

Lisa describes to me how she often ‘can’t use much of the stuff I come out with’ at the foodbank, resulting in her leaving with only ‘a handful of oat bars and biscuits’ (Ibid). This has had Lisa thinking about how, even within foodbanks, access to food isn’t evenly distributed, particularly if you have a disability or health condition which affects what you can or cannot eat. Indeed, Garthwaite *et al* note how foodbank provisioning, despite becoming increasingly more prevalent since the implementation of austerity policies in 2010, often remains unsuitable or inadequate for people with existing disabilities and health conditions (Garthwaite *et al.,* 2015). ‘So I thought, income and food is something that we all have in common. We all need money; we all need to eat. But often there’s this idea that beggars can’t be choosers when it comes to free food’. It is because of these gendered experiences living in and with poverty that Lisa chose to join MBPTC, explaining how important it was for ‘people to understand the challenges women like me often face’ (Lisa, 25th March 2024).

The North-West of England has one of the highest rates of foodbank use in the country, with food distributed to 355,000 people between 2023-24. From April 2023 and April 2024, the number of people using a foodbank for the first time was 655,000, with 3.1 million emergency food parcels distributed throughout the UK in that period. This amounts to a 94% increase in five years (Trussell Trust, 2024). There is a clear empirical link between food insecurity and the implementation of austerity since 2010 (Jenkins *et al.,* 2021), with food-poverty affecting low-income households disproportionately. For example, 5.6 million low-income households are regularly having to cut down or skip meals (JRF, 2023). For those low-income households on Universal Credit – which includes those in the Morecambe Bay area (see Chapter Two) – almost nine in ten (87%) of low-income households have gone without at least one essential in the past 30 days, with three-quarters (76%) having gone hungry, cut down on or skipped meals in the same period (JRF, 2023). This is five times higher than the national average (The Food Foundation, 2024). There is also a direct relationship to disability, with those classified as disabled making up 69 per cent of those referred to a foodbank, despite equating to 26 per cent of the population (Zaidi, 2026).

Lisa tells me about how difficult it is to meet even the basic dietary requirements. ‘In the past couple of year there’s been a big effect. Coming out of the pandemic, the amount of food that’s going up in terms of inflation – it’s really frustrating’ (Lisa, 25th March 2024). Lisa talks to me about the stigma around ‘healthy meals’, and how, despite having to rely on very specific foodstuffs each week because of her disability, ‘people always make judgements’. Lisa explains to me that this is sometimes experienced within spaces associated with poor relief, particularly food procurement such as foodbanks. ‘As I said, I can only cook with particular foods. And there’s this expectation that, especially as a parent, I need to be leaving with a bag brimming with fruit and vegetables’. As Lisa notes, however, ‘most of these are often too challenging to cook with due to my physical condition. So I often need pre-prepared meals or tinned foods … And I often feel like I’m being judged based on the food I select or don’t select’ (Ibid).

I ask Lisa if she thinks these ‘judgements’ she experiences are related to the stigma associated with poverty. ‘Oh yes, it’s definitely that’, Lisa replies. ‘But I think it’s also because I’m a parent. I’m a mum with other mouths to feed’ (Ibid). As Lisa explains, there are times, particularly during half-term, where her children come to the foodbank to help her procure and carry the food. However, Lisa explains how these can be anxiety-inducing experiences. ‘I worry about other parents seeing me and my children there, and I worry about being judged as a parent’ (Lisa, 25th March 2024). As Lisa reflects: ‘Sometimes I think I’m being paranoid or that I’m over-thinking things. Then I turn up with my children and I see how people’s eyes turn to the food I’m putting in my basket. It’s like I’m under scrutiny all the time’ (Ibid).

Lisa explains to me how one or two commissioners at Morecambe Bay Poverty Truth Commissioner have made her equally uneasy. ‘I’ve had people say to me, you can cook healthy food for basically nothing. What’s the problem. And it’s just not true, you know? Even without my medical condition, it’s still not true’ (Ibid).[5] It is here that Lisa explains to me that she can only afford to ‘eat very lightly’ and that she ‘tends to want to live off soup’. Similarly to Sally and her attempts at provisioning energy and heat for her children, this could be understood as a form of ‘strategic eating’ which ensures Lisa can reallocate more food to her children.[6] Lisa also describes the ‘psychological torture within families’ that the cost-of-living crisis having on people. As an example, she cites the ‘massive pressure’ she is currently under, with her children soon to break up for half-term. Without the free school meals, there’s an extra cost to feeding her children during this period. Indeed, while just

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[5] In the UK, the poorest fifth of the population would have to spend over 50 per cent of their disposable income to meet the costs of the government-recommended healthy diet: a figure which reduces to 11 per cent for the least deprived fifth (Goudie, 2023).

[6] A recent report by the UK charity ‘Home Start’ notes how 56 per cent of parents have changed the way their family eats due to rising food costs, while 46 per cent find it difficult to meet their children’s nutritional needs. For young parents specifically, 73 per cent report having to skip a meal to ensure their children can eat (Home Start, 2025).

under one in ten (8%) parents rely on foodbanks each week during school term, this figure more than doubles (19%) during school holidays (Cooper and McNulty, 2024). ‘I try to plan for the week ahead, but in reality, I have to make decisions day by day about what we eat and when’ (Lisa, 25th March 2024).

What the experiences of Sally and Lisa attest to are the ways in which austerity is experienced at the level of the ‘everyday’, and how this everydayness is deeply gendered. As Abed and Kelleher note: ‘austerity is not just a gendered policy, it is also a gendered process in its ‘everydayness’ – the way it permeates the daily lives of women specifically’ (Abed and Kelleher, 2022: 5). Both Sally and Lisa’s experiences of ‘heating or eating’ capture this process. However, they also reveal the forms of agency that are enacted in those moments that are most constrained, such as in deciding whether to ‘heat or eat’. As such, decisions over heating and eating should not be understood solely as a constraint or curtailment on an individual’s agency. For Sally and Lisa, what might be otherwise banal and mundane moments, such as turning on the heating or buying food, are instead inscribed with difficult – but no less agential – decisions. Decisions which are themselves structured in deeply gendered ways.

From fuel insecurity to food insecurity, austerity is often theorised as a concern of the economy. However, such forms of insecurity – described by Sally and Lisa through their decisions to ‘heat or eat’ – are most acutely felt within the household. The chapter opened with these experiences of ‘heating’ and ‘eating’ in order to foreground the intense pressures that are placed on families under austerity. These opening interviews not only capture the physical work that goes into reproducing the household under crisis, but also the forms of psychological and emotional labour that this implies: including how this labour falls disproportionately on women. Thus, by focusing on the sphere of reproduction as opposed to sphere of production, the section explores austerity in its ‘everydayness’ (Hall, 2019; Thomas and Sakellariou, 2018), including how forms of social harm are experience within the home as a form of ‘banality’ (Kiely and Warnock, 2022).

The next section turns to the question of household reproduction through a critical engagement with Social Reproduction Theory. In doing so, it looks at the forms of harm that take place within the household, noting how these harms often go unrecognised. Further, it details how these gendered and feminised harms are often naturalised as ‘essential’ aspects of womanhood and motherhood (see also Chapter Four), or how they are privatised through the ‘enclosing’ of the household unit from wider sphere of the economy. As I argue, while the gendered harms experienced within the household reproduce and exacerbate existing health conditions, these harms also produce forms of disablement too. Finally, then, by reframing austerity as a disabling force, I turn to the question of whether austerity constitutes a form of gender-based violence.

Reproducing Austerity: On *Social Reproduction Theory*

In *Is Austerity Gendered?,* Diane Perrons explores the effects austerity policies have had on women in the UK. With 86% of the burden of austerity falling on women (Stewart, 2017; Ryan, 2019), Perrons argues that women face a ‘triple jeopardy’ under austerity. That is, cuts to public sector jobs, cuts to public services, and loss of social protections: all of which disproportionately impact women (Perrons, 2021: 15). The Women’s Budget Group have similarly identified how women lost more jobs, more services, and more social protections under austerity (WBG, 2018; 2022). For example, the public sector workforce, of which two thirds consist of women, was cut by 11 per cent between 2010 and 2018: a figure which rises to 19 per cent in the North of England (Lavery, 2015). Likewise, local authority employment has been cut by 30 per cent, where women are overrepresented to an even greater extent. By contrast, central government employment, overrepresented by men on higher-salary jobs, has remained relatively stable throughout the period of austerity (Perrons, 2021: 26).

Under austerity, cuts to social protection and care provision have also had a significantly gendered impact. In the first five years of austerity, local authority budgets were cut by 40 per cent, with an estimated £18 billion lost in care provision through cuts to welfare (Cooper and Whyte, 2017; Grover, 2018). Like Sally, of those households affected by cuts to social protection, 94 per cent had children, with 72 per cent lone-parents (Perrons, 2021: 37). What these statistics highlight are how the 'savings' secured through austerity policies came through the mass production of insecurity: a process that has disproportionately impacted women. As Perron states: 'This pattern of distribution makes it clear that the strongest negative impact of cuts in social protection hit those least able to bear it: low-income people, low-income women, and especially low-income BAME women, who constantly experience other forms of structural discrimination too' (Ibid: 40).

Perrons defines austerity as a 'conscious policy to reduce public deficits and debt by cutting public expenditure and government revenue' (Perrons, 2021: 3). Or, as economist Mark Blyth pithily puts it: 'cut the budget, reduce the debt, and growth will reappear' (Blyth, 2013: 48). Such definitions provide productive ways of understanding austerity, including how such policies represent both a continuation of and, at times, radical departure from earlier economic thought. That said, what these definitions do is conceptualise austerity in purely economic terms, concerned only with the 'sphere of production'. This is part of a larger tradition in which analyses of capitalism, in their various and variegated manifestations, identify ‘productive labour for the market as the sole form of legitimate work’ (Bhattacharya *et al,.* 2017: 2). In so doing, such analyses enact a separation between those forms of labour that take place within the sphere of production and those that take place within the sphere of reproduction: in this case, the household. As such, these forms of labour are seen as fundamentally incommensurate.

As Nancy Fraser notes, there are a number of ‘social contradictions’ that are inherent to capitalism as a socio-economic system: one of which is this separation of the sphere of production from the sphere of reproduction (Fraser, 2017: 24). In the 1970s a feminist movement known as *Wages for Housework* centred its analysis at this disjuncture between these two spheres. Conceived in Italy, but soon spreading to the UK and US, it distilled these struggles into a single cohesive demand: that housework should be waged like any other form of labour (Callaci, 2025). These demands cohered around what would come to be known as Social Reproduction Theory. As Susan Ferguson notes, our understanding of capitalism ‘is incomplete if we treat it as simply an economic system involving workers and owners, and fail to examine the ways in which wider social reproduction of the system ... sustains the drive for accumulation’ (Bhattacharya *et al,.* 2017). Equally, any analysis of austerity is incomplete if we fail to examine the forms of labour that are performed within spaces and sites such as those of the household.

Bhattacharya *et al* conceive of Social Reproduction Theory as a ‘methodology’ that is ‘best suited to offer a rich and variegated map of capital as a social relation’ (Bhattacharya *et al.,* 2015: 4). This analysis helps reframe the experiences of commissioners such as Sally and Lisa as forms of social reproduction. The difficult decisions to ‘heat or eat’, and the practices of love and care entailed within these decisions, are forms of labour. Social Reproduction therefore enables us to reframe commissioners' experiences of labour in the household as unpaid work. The next section explores how austerity – defined through its emphasis on reducing public debt – has displaced debt onto and into the household. And as I argue, through its impacts on mental and physical health, this debt is experienced as a disabling process.

Reproducing the Household

I interview Nina, a community commissioner with MBPTC, along with her husband Adam. Nina was diagnosed with Parkinson's Disease almost a decade ago, and as her health has deteriorated, her husband Adam has taken on more of the care that Nina requires. Nina was diagnosed not long after they got married, at the age of 47, and as Adam states: 'We've been struggling ever since' (Nina and Adam, 12th February 2024). Nina originally worked as a PCSO with Lancashire Constabulary, but due to her deteriorating condition, was made redundant. Adam too had a full-time job, which, in order to meet Nina's needs, meant he had to seek out part-time work instead. 'Things degraded when I went down to part time', Adam explains. 'I did three days a week stacking shelves at Tesco. Then two. But nobody wants an employee that only works two days a week, so they started getting chippy with me'. Eventually, the care-work required to meet Nina's needs led to Adam leaving his position, which, had he not left of his own accord, he suspects is a decision that would have soon been made for him. 'And here I am now, as a full time career' (Ibid).

Having detailed the changing dynamics of their life together, from their love of motorbiking across Europe together to Nina's diagnosis, our interview turns to the effects this has had on both of their mental health. Talking about his decision to become a full-time carer, Adam states: 'You don't understand what [full-time caring] is going to entail mentally. Yeah, my health has really degraded, hasn't it? Various bits and pieces, to do with stress, but to do with other things too. Some people don't understand how hard it is' (Ibid). As Adam continues: 'It's a special emotion. We'd been married for three years before Nina got Parkinson's, and now it's 12 years we've been together. So I've known my wife with Parkinson's longer than without'. In fact, Adam and Nina now frame their lives together as 'Before Diagnosis' and 'After Diagnosis'. But as Adam notes: 'That's it, you adapt. You adapt and you carry on any way you can' (Ibid).

It is clear from our early conversation the physical and mental toll that the Parkinson's diagnosis has had on both Nina and Adam. As we continue speaking it becomes evident that much of this toll comes not from the Parkinson's itself but from their difficulties trying to support one another. That is, the forms of unwaged (and under-waged) care-work that go into reproducing themselves as a household. Instructively, much of this comes down to money. 'There's zilch. Zilch money, zilch savings', Adam explains (Ibid). Adam describes their housing situation, which, due to them having a mortgage, has a significant impact on their monthly income. Referring to the Universal Credit they received, Adam sates: 'If you are living in rented property, they'll pay you. That we happen to be in poverty because we have a mortgage. Tough. Bad luck'. Adam continues: 'It's our only asset, so they won't pay that. So 50 per cent – if not more - of what we get from Universal Credit has gone instantly on the mortgage'. A mortgage which, Nina is quick to add, 'has gone up by £100' in recent months (Ibid).[7]

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[7] Between 2022 and 2024, 320,000 people in the UK had been pushed into poverty as a direct consequence of rising mortgage prices (Chaudhuri *et al.,* 2024). It is expected that, by 2027, 2.7 million homeowners will have had to remortgage their homes, often with much higher interest rates (Edwards, 2024).

Nina explains how each week is a desperate attempt to make ends meet. ‘You know, we've had a leak recently, so that has to go on credit card. So we have debts to pay off. And what we have left, we put back into the mortgage to reduce our outgoings each month. And if we can’t do that, we’re eating rice and beans, bread and water. But nobody seems to understand’ (Ibid). Nina and Adam both talk about the effects their financial worries are having on the two of them. ‘My main worry and my main problem is money gives me the worst headache. I am quite envious of the people that don't have to worry about money’. Similar to Lisa’s experiences earlier in the chapter, Adam talks about the importance of finding things that matter during difficult times of like these. ‘You need to have a reason to go on, because at the end of the day, what have I got to look forward to?’. Despite this, Adam explains: ‘Nina has a lot of anxiety, a lot of depression. Which obviously means I end up with anxiety and depression as well. And because of that, all these new illnesses come up and it's a struggle. It's a real struggle’ (Ibid).

What my interview with Nina and Adam reveals, to an acute degree, is the level of stress and worry that stems not from the diagnosis itself, but rather the extra costs that accompany Nina’s disability. Indeed, while Nina does talk about her the physical impacts of her diagnosis, our conversation centres almost exclusively on the material and mental/emotional cost of her diagnosis. As an example, Nina talks about how her increasingly specialist needs require her to make changes to the house, including the need for a specialist bed. But for Adam, these changes to her physical needs are simply part of the disease. Rather, it’s the financial impact that takes its toll. ‘Nina wasn’t able to get on and off the bed, because it was too low. So we had to purchase a new bed, which drained everything. Anything we have is put into the house to keep it from falling apart, or to keep us from falling apart’. I ask Nina if her experience of disability would have changed if there was more support available to her and Adam. ‘Yes, it would’ (Ibid).

The Making of Indebted (Wo)Man[8]

Debt is central to the lived experience of austerity. While austerity is often defined primarily through attempts to reduce public debt (Blyth, 2013; Perrons, 2021), household debt during this same period is at record highs (ONS, 2018). In the UK in 2019, average household debt stood at £15,400 (Brignall, 2019), while more than 14 million people have less than £100 in savings (BSA, 2024). It is therefore necessary to make an analytical connection between attempts to reduce public debt and how this displaces forms of indebtedness and insecurity onto and into the household. As Cavallero and Gago, ‘we cannot understand debt in its contemporary form only by looking at public debt while ignoring indebtedness in everyday life’ (Cavallero and Gago, 2021: 5).

In *A Feminist Reading of Debt,* Luci Cavallero and Veronica Gago note the importance of taking debt ‘out of the closet’ (2021: viii). They use this terminology in order to highlight how household debt is perceived as something shameful and the result of poor financial decision making. Thus, taking debt out of the closet ‘means making it visible and situating it as a common problem, de-individualising it’ (Ibid: 3). Debt today has many gendered impacts in the UK. Like Sally, Lisa and Nina, 14 per cent of all women have been in energy debt within the last six months, with nearly a third worried about their bills, and a fifth reporting sleepless nights. One in 10 women also reported debt making them ill, with the majority of these missing work because of this (EFPC, 2024). Research also indicates that almost two-

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[8] See Maurizio Lazzarato’s *The Making of Indebted* Man (2012)

thirds (64%) of those seeking debt advice in 2023 are women, with lone-parent women disproportionately represented (Step Change, 2023). Debt also intersects with disability, with disabled women having lost the equivalent of £4000 a year since 2010 (WBG, 2024) and disabled people in general being disproportionately more likely to be in debt (29%) compared to the general population (16%) (McCrae, 2023).

Thus, 'a feminist reading of debt involves detecting how debt is linked to violence against feminised bodies' (Cavallero and Gago, 2021: 4). It is clear from the experiences of commissioners such as Sally and Lisa, as well as Nina and Adam, that debt is experienced as a form of harm. Indeed, experiences of debt have negatively impacted their ability to fully and meaningfully participate in social life, as per the UPIAS definition of disability (UPIAS, 1976: 3). As Adam and Nina explain: 'We've lost a huge amount of friends. We no longer go down the shopping centre for a coffee because we don't have the money. We can't afford to travel. We can't book holidays … It's extremely difficult (Nina and Adam, 12th February 2024). As such, thoughts about money and the cost of meeting Nina's medical needs not only structure her 'everyday' experiences of disability (Thomas and Sakellariou, 2018), but highlight how the 'everyday' under austerity has itself becomes a disabling process. What Cavallero and Gago describe as a 'mechanism of coercion' (2021: 9), is also a mechanism of disablement.

Debt is often bound up in 'feelings of shame and personal guilt' (Cavallero and Gago, 2021: xiii). It is experienced as a private issue, and therefore something to be dealt with behind the closed doors of the household. However, it is important to recognise how the shame and stigma of indebtedness is often experienced not only at home, but also through interactions with the state (see Chapter One and Two). Nina and Adam's interactions with the DWP have been replete with forms of stigmatisation and mutual distrust. Adam explains, ‘Nina’s disability is deteriorating, but this doesn’t stop the DWP from serving up reasons why her condition needs reassessing, or why our payments need to change’. As Nina herself notes: ‘It’s a constant battle to be believed, like they’re there to catch you out. It’s a system that wants to shame you rather than help you’ (Ibid). Similar to Lisa, Nina and Adam describe how normalised and routinised forms of scrutinization have become, with stigma often emerging at multiple interactional scales simultaneously. This can be through inter-personal interactions at the foodbank or through more structural interactions with the state.

As Adam continues, ‘they seem to think we have some sort of box stashed under the bed with money’. Clarifying this, he adds: ‘That’s their next policy, isn’t it? They want to investigate our bank accounts’ (Nina and Adam, 12th February 2024). Adam is referring here the Conversative government’s ‘Fraud Strategy’, which included a proposal for the DWP to be granted access to claimants’ bank account and their transaction histories. Since then, the Labour government’s recent ‘Fraud, Error and Recovery Bill’ has proposed granting the DWP similar powers to investigate claimant’s bank accounts, while legally compelling banks to share data and release money to cover overdue payments (Boffey, 2025). As Adam wryly adds: ‘Well there isn’t much for them to see, other than a rising mountain of debts’ (Nina and Adam, 12th February 2024). As such, debt too is something that relates commissioners to the state in often quite harmful ways. To take debt ‘out of the closet’, as Cavallero and Gago argue, might open claimants up to targeted behaviour from the state, which is both the main perpetrator and beneficiary of indebtedness, for it disciplines not only individuals but the household moreover.

Debt not only conditions the everyday lived experiences of commissioners, but also their expectations of the future too. When I ask Nina and Adam about how they felt about the future, Nina replies: ‘I haven't got much hope really’. Adam concurs, adding: ‘We’re struggling with hope at the moment. It's in very short supply’ (Nina and Adam, 12th February 2024). Similarly, Sally describes how ‘as a family, even without so much stigma and shame, we don’t have much hope’ (Sally, 25th March 2024). It isn’t that these commissioners don’t think about or plan for the future, but rather that, as Adam puts it, ‘all these aspiration of what the future is going to be have changed’ (Nina and Adam, 12th February 2024). As Dorling notes: ‘What has changed, in one direction or the other, is hope; hope that things will eventually get better. The story of the past thirty years in the UK is that hope fell when change did not come’ (Dorling, 2024: 40).

The Work of Care

Through the experiences of commissioners such as Sally and Lisa, as well as Nina and Adam, it is clear that forms of care are central to the maintenance and reproduction of their relationships and their household. As Perron notes, the sphere of reproduction is often framed in contradistinction to the sphere of production, with austerity policies ‘reflecting a particular kind of masculinised free-market thinking’ that ‘prioritises the health of the economy over social welfare’ (Perron, 2021: 13-14). But as more and more care-work is displaced onto the family and the sphere of the household, this care also becomes central to the reproduction of austerity too. This next section will explore how the practices of care that take place within the household are gendered and femininsed, and as such, devalued. Indeed, I argue that unpaid (and underpaid) care work has become enshrined under austerity in the UK, with the state cutting social welfare expenditure and thus displacing much of the care-work onto and into the sphere of the household.

As a full-time carer Adam is entitled to Carer's Allowance. However, due to the rollout of Universal Credit in the Morecambe Bay area, this has created a lot of complications. 'Nina has PIP, which is not means tested', Adam explains, noting that this entitles them to a specialist car as part of a 'Motability Scheme'. Adam, on the other hand, is only entitled to Carer's Allowance: a form of financial support he describes as 'embarrassing (Nina and Adam, 12th February 2024). In total, the allowance entitles him to £67.60 each week for up to 36 hours of care, or the equivalent of £1.88 per hour. Nevertheless, the DWP consider Carer's Allowance a form on household income, which is consequently deducted from their overall Universal Credit payment. As such, Adam earns essentially nothing for caring for his wife full-time. Prior to the rollout of Universal Credit, Adam felt like he was being *underpaid* for the amount care work he was doing. But with the introduction of Universal Credit, the care work he takes on is quite literally *unpaid* labour.

It is clear from the interview that the transition from full-time work to full-time care has, by Adam's own admission, taken a period of 'adaptation'. However, meeting the physical and emotional needs of Nina's disability is not the issue. The issue is the limited support, financial or otherwise, that Adam receives for the work of caring for his wife. He speaks about this 'adaptation' period as having more to do with the pressure of 'doing more with less' (Ibid). During the interview, Nina speaks about the 'guilt' she feels for the impact her diagnosis has had on the two of them. Once again, however, Adam emphasises how these difficulties are not the result of Nina's disability. 'It's not [the illness], it's really not. I know it feels to Nina like it is, especially with my health and other issues. But it's got nothing to do with her illness'. Rather, their experiences of illness are socially determined. It is not the care-work that is the problem, nor is it the reproduction of the household, but rather the lack of material support that Adam receives for carrying out this labour. Indeed, it is arguably the loss of this state support that is the determining factor in their experiences of disablement.

As Andreas Chatzidakis *et al* argues in *The Care Manifesto*: 'Care has long been devalued due in large part to its association with women, the feminine and what have been seen as the "unproductive" caring professions' (Chatzidakis *et al.,* 2020: 3). Up until this point, the work that Adam did through his employment was remunerated. It was waged, and had value. What Adam is now finding is that when it comes to the very material work that goes into caring for Nina, almost all of it is unremunerated. It is unwaged, and devalued. Joan Tronto defines care as concerning 'everything that we do to maintain, continue and repair our 'world' so that we can live in it as well as possible' (Tronto, 1990: 40). Through my interview with commissioners such as Sally and Lisa, Nina and David, what is evident is that much of the maintenance, continuity and reparation so central to 'living well' takes place within the household. And it is also within the household that this 'living well' is being compromised under austerity, in ways that are becoming increasingly disabling.

In her book *Care, Crisis and Activism,* Eleanor Jupp describes how, under austerity, 'everyday care moves back into the household' (Jupp, 2022: 18): a process elsewhere referred to as the 'reprivatisation of social reproduction' (England, 2010). As such, many of the forms of care and reproduction that commissioners detail need to be thought of as operating 'within the shadows of the welfare state', with women 'needing to do more care as state resources and structures are withdrawn via austerity' (Jupp, 2022: 18). As Nancy Fraser notes, our contemporary existence is replete with references to the 'crisis of care' (2017: 21). For Fraser, this crisis *of* care is a misnomer: the crisis is not of care 'but of social reproduction in its broader sense' (Ibid). While the interviews in this chapter describe the harmful effects of austerity and the cost-of-living crisis, what these crises actually refer to is the 'decimation and depletion of social reproductive functions' of the state (Bhattacharya *et al.,* 2017: 2). This is what my interviews with MBPTC has captured and substantiating in real-time: the intensification of a more generalised crisis of social reproduction brought on by austerity.

Thus, what this section emphasises is how the care work *done* by commissioners can actually conceal the forms of care that are currently going *undone* by the state under austerity in the UK. Adam's care-*full* work of attending to Nina's social and material needs also capture how care-*less* their interactions with the state are, and how limited the support they receive is. The more care provisioning is disavowed by the state and displaced into the household, the more commissioners have to do to reproduce themselves and each other. And Adam's care-work is experienced as devalued and unpaid precisely because it has historically and contemporaneously been associated with women. However, Adam's experiences need to be framed in ways that foreground austerity as a 'violence against feminised bodies' (Cavallero and Gago, 2021: 4). In this way, Adam's specific experiences of care-work are still captured within the wider remit of Social Reproduction Theory.

Indeed, I return to the 1975 *Wages Against Housework* pamphlet, reflecting on how Silvia Federici opens the text with the line: 'They say it is love, we say it is unwaged work' (Federici, 1975: 1). This line encapsulates one of the central tenets of Social Reproduction Theory, that much of the actual bodily and relational labour that reproduces social existence actually takes place within the gendered space of the household. This labour is framed not as an economic or material relation, but rather, 'as an aspiration, supposedly coming from the depth of female character' (Ibid: 2). A such, 'work' is conventionally understood as somewhere we go when we leave the household. To get to work, we leave the house. Or, if we ‘work from home’, we allow work to enter into the house. But paid work, as a form of remunerated labour, is conceived as ‘outside’ of the household. Adam had to give up his ‘work’ in order to care full-time for Nina, and in doing so, experienced this separation of the sphere of production from reproduction. Despite the physical and emotional labour that this care-work entails, it remains almost entirely unpaid. Thus, what this section reveals, more than anything, are the unremunerated costs of love under austerity.

The next sections now turn to the importance of reframing and repoliticising care as a form of work. Not only does this reframing of care describes many of the commissioners experiences of everyday austerity, but it also highlights how austerity is intensifying and exacerbating many of the underlying conditions already present under capitalism. The chapter also turns to the question of the Poverty Truth Movement in responding to and resisting these processes. In so doing, it frames care not only as a doing*,* but also as a being*:* care as a noun and a verb, an epistemology and ontology. The section therefore describes and details the care-full work of the commission. Before doing so, however, I look at the household is imagined under austerity in more symbolic and discursive ways. I argue that while more and more of the social capacities of the state are displaced onto and into the household, the economy is increasingly being framed by successive UK governments since 2010 as a household in order to legitimise austerity measures.

Austerity *in* the Household, Austerity *as* the Household

Economics comes from the Greek word *oikonomia,* which is a combination of the words *oikos,* or house, and *nomos,* meaning law or custom. This translates to a form of ‘house management’, or ‘the art of managing a household (Humphries, 2004: 238). Traditionally, much of the labour that contributed to the economy would have been done in the household, either entirely or in part (Boris and Swinth, 2023). That is, there was no separation between economic life and the life of the household. Contemporary economic thought retains this etymological legacy, with capitalism built on a fundamental separation between the sphere of production, or economic life, and the sphere of reproduction, or familial life. While austerity arguably enshrines this separation of production from reproduction, the way austerity has been narrativized to the public represents a return to the origins of economics, as a form of *oikos.* The next section highlights the significance of this, and why austerity discourse in the UK has made continuous appeals to the household in order to justify and legitimise its policies.

During a 2017 BBC *Questions Time* programme, the then Prime Minister, Theresa May responded to an audience member who had asked the panel why nurses had hadn't had a pay rise in eight years. In response, May responded that 'there is no magic money tree': a phrase that would be repeated throughout the 2017 election campaign (BBC, 2017). This notion that there is no 'magic money tree' continues to be repeated, including by the Labour Party leader and Prime Minister, Keir Starmer (Ryan, 2022; Gutteridge, 2024). Such notions are a continuation of the 'austerity speak' propagated by David Cameron and George Osborne, who would regularly cite the need for the nation to 'life within its means' (Chang, 2015) and to 'tighten its belts' (Blyth, 2013). Indeed, this is one of the hallmarks of austerity: that the state's finances are no different from those of a household.

Successive UK governments have instrumentalised a form of economic thinking that consistently refers back to the *oikos* or household. That is, the economy as home: defined by money in and money out, and delimited by simple checks and balances. And just like the household, there are 'responsible' ways of running it (Chang, 2015). Within this 'household imaginary', as it might be termed, those social groups that are seen as 'dependent' on the state are equated as deficits to the nation (see Chapter Two). Of course, this appeal to the household is not new. While Margaret Thatcher's oft-cited quote that 'there is no such thing as society' is used as emblematic of her neoliberal ideas, the quote often misses out how Thatcher qualified this position, noting: 'There is no such thing [as society]. There are individual men and women and there are families' (Thatcher, 1987). The family, the home, and the 'good housewife' were themes Thatcher regularly appealed to, including forms of 'womanhood' more generally (Prestidge, 2018).

In *The Deficit Myth,* Stephenie Kelton documents the emergence of 'the idea that the government should budget like a household', noting that 'perhaps no myth is more pernicious' in contemporary economic thought (Kelton, 2020: 7). Indeed, Kelton identifies the emergence of this 'pernicious myth' in an earlier speech by Margaret Thatcher, this time during the 1983 Conservative Party Conference. As Thatcher would argue: 'the state has no source of money, other than the money people earn themselves. If the state wishes to spend more it can only do so by borrowing your savings or by taxing you more … We know there is no such things as public money, there is only taxpayer money' (Thatcher, 1983). As Kelton notes, 'more than three decades later, political leaders in currency-issuing nations like the UK and the US still talk as though taxpayers are the ultimate source of the government's money' (Kelton, 2020: 18). By associating state expenditure with the household, Thatcher introduced to the public the argument that the government's finances were constrained in much the same was that a family's personal finances were. The message, Kelton argues, was clear: 'if the British people wanted more from their government, they would have to foot the bill' (Ibid.).

While Thatcher would often make appeals to the household and the familial home, it is under austerity that financial decisions – and monetary policy moreover – are made through reference to the economy as home. The economy under austerity isn't run as a household in any meaningful sense. However, terms like 'budget responsibility' are circulated as if the state operated like a house. This household analogy thus endorses the idea that, 'like a typical household, if the government consistently spends more than it receives in income, the nation's debt will ultimately become unsustainable, and the country will go broke' (Lerven and Jackson, 2018). This has gendered implications, with economist Ann Pettifor arguing that these two interrelated 'economic myths' – that government budgets conform to a household, and that these is no money for social services – 'fail the interests of women' specifically (Pettifor, 2017).

As Kelton notes: 'Because we've been trained to believe that, like each of us, the government must "find the money" before it can spend, everyone becomes obsessed with the question: how are you going to pay for it?' (Kelton, 2020: 7). Such narratives, included framing those not in paid work as 'economically inactive', has intensified stigma toward those in receipt of benefits (Tyler and Campbell, 2024). In recent years this household analogy has resulted in an emerging discourse that frames monetary decision less in relation to the state and more in relation to the 'taxpayer'. This figure of the tax-payer has been invoked continually in popular discourse. For example, Prime Minister Keir Starmer has referred to the benefits system in Britain as 'indefensible and unfair', framing this unfairness through appeals to the 'taxpayer' who is 'funding a spiralling bill' (Nevett and Catt, 2025). Similarly, Kemi Badenoch, leader of the Conservative Party, described how 'taxpayers keep funding bigger families on benefits', while 'working families have to work within their means' (Badenoch, 2025). Thus, ‘we have turned the politics of debt into a morality play, one that has shifted the blame from the banks to the state’ (Blyth, 2013: 13).

These economic appeals to a ‘household imaginary’ highlight how important the household is to the state, both in a material as well as symbolic and discursive sense. Not only have austerity measures displaced forms of caring responsibilities onto and into the household, but by constructing the economy as analogous to that of a household, displaces ‘economic responsibility’ onto individual families too. Given women’s disproportionate reliance of forms of welfare, including social support and care provisioning, this displacement of responsibility into and into the household is fundamentally gendered. The next section briefly expands on this, noting how some economists frame austerity as a form of ‘economic madness’ or ‘dangerous nonsense’ (Blyth, 2013; Murphy; 2025). Given the continued failure to reduce national debt and engender growth, such analyses of austerity as a form of economic irrationality seem appropriate. However, by framing austerity as a series of policies and state practices that concern the sphere of reproduction, austerity is made sense of.

The Madness of Austerity

In *Austerity: The History of a Dangerous Idea,* economist Mark Blyth argues that, given austerity’s continual and often disastrous failure to meet its stated aims in reducing sovereign debt, boosting economic growth, and brining long-term economic stability, it amounts to a complete fiscal and monetary failure. Despite these failures, the compulsive repetition of austerity measures from 2010 onwards begin to resemble a form of ‘economic madness’. As Blyth states: ‘if doing the same thing over and over again while expecting different results is the definition of madness, then repeated rounds of austerity in country after country was madness’ (Blyth, 2013: 203).

In *The Capital Order,* political economist Clara Mattei critically interrogates this notion of austerity as a form of 'economic madness'. For Mattei, by understanding austerity only through the prism of economic theory, such measures do indeed appear to make little sense. However, by emphasising the mechanisms that make austerity politically useful (as opposed the economically rational) to the state, Mattei's analysis makes austerity more legible. As Mattei argues, if we view austerity as a response not just to economic crises but to crises of capitalism 'we can begin to see a method in the madness: austerity is a vital bulwark in defence of the capitalist system' (Mattei, 2022: 3). Indeed, Mattei's analysis doesn't just 'look up' at how austerity is deployed as a political mechanism, it also 'looks back' at the origins of austerity policies in post-WWI Italy and the UK.

For Mattei, austerity measures were conceived in the post-WWI context in which many European nations were not only divided internationally, but riven with political and social antagonisms internally too. As such, of greatest importance to the state was austerity's ability to 'guard capitalist relations of production during a time of unprecedented social organisation and agitation' (2022: 4). Thus, for Mattei, 'where austerity has proven wildly effective is in insulating capitalist hierarchies from harm during these moments of would-be social change' (Ibid: 3). In this respect, Blyth's analysis of austerity as an economic response to the shocks of the 2007/8 financial crisis neglects how austerity remains politically expedient in response to forms of social agitation and activism. However, while Mattei's analysis makes 'sense' of austerity as a political mechanism, it still positions austerity firmly within the sphere of capitalist production, and not reproduction.

Through an engagement with Social Reproduction Theory, and by focusing on the ‘everyday’ lived experiences the commissioners, I extend Mattei’s analysis to the sphere of reproduction. In this way, austerity can be seen as benefitting the state by further displacing forms of care and labour into and onto the household, while simultaneously disavowing many of the social protections and care provisioning once central to the welfare state. And by foregrounding experiences of shame and stigma experienced by commissioners, it is possible to read stigma as central to this wider process. As Imogen Tyler notes, stigma is not only ‘propagated as a governmental technology of division and dehumanisation’ (2020: 7) but ‘operates as a form of governance which legitimises the reproduction and entrenchment of inequalities and injustices’ (2013: 7). As Mattei notes, such mechanisms are an ‘antidemocratic reaction to threats of bottom-up social change’ (2022: 7). It is to these experiences of stigma, and to the ‘antidemocratic reaction’ of austerity, that the section now turns, identifying the collaborative and coproductive ‘bottom-up social change’ promoted within MBPTC and the wider Poverty Truth Movement.

The Care-full Work of a Movement

The philosopher Joan Tronto categorises care into three aspects. That is, ‘caring for’, which describes the more physical aspects of hands-on care; ‘caring about’, which refers to the emotional investment in and attachment to others; and ‘caring with’, which concerns how we mobilise politically in order to transform our world (Tronto, 2015: 5). Through interviews with Commissioners, the chapter has so far explored those instances of ‘caring for’ and ‘caring about’ during times of crisis, and how these gendered and femininsed forms of care-work have intensified with austerity and the cost-of-living crisis. However, what the section now turns to is Tronto’s notion of ‘caring with’. As the section argues, it is only through their engagement with the Morecambe Bay Poverty Truth Commission that commissioners are able to mobilise in ways that don't just describe poverty but begin to prescribe the world anew, in common.

I return to the interview with Sally, and how the experiences of stigma and shame already highlighted in this Chapter were transformed through her interactions with MBPTC. Sally explains how, initially, she 'found it hard to talk about my experiences because of all the stigma' and that this meant 'it was too difficult to tell me story' (Sally, 25th March 2024). Similarly to Sally, Lisa described the difficulties she had speaking about poverty at the beginning of the commission: 'I preferred to just listen to begin with'. Expanding on this, Lisa explains: 'I think it's all to do with feeling shame and having felt deeply shamed during my life from some things. I feared other people judging me, or even me judging myself' (Lisa, 25th March 2024). Nina likewise explained to me how she was 'completely disillusioned with the benefits system'. However, it was only after hearing the stories of other commissioners that Nina 'started to see my own frustrations as part of a bigger picture'. Her husband Adam agrees, noting how 'it's really about amplifying our voices, and the only way to do that is to do it together' (Nina and Adam, 12th February 2024).

Despite the reservations that commissioners such as Sally, Lisa and Nina had about sharing what were perceived to be stigmatising and shaming experiences, it was actually through understanding that these experiences were shared in common that they felt comfortable enough to tell their 'poverty truth'. Referring to stigma specifically, Sally states: 'We have it in common, you know? We have the stigma. It's widespread, and it's unfortunate. But although it's a little bit like having roses on a dung heap, there are all these shoots of recovery. And they need to be nurtured' (Sally, 25th March 2024). Indeed, it was this experience of sharing stigma in common that tied commissioners together in relational and often quite radical ways. Lisa, for example, described how ‘many of our stories appeared so different on the surface’. And yet, ‘what connected all our experiences together was the way we were all made to feel like it was our fault, or it was something we had to do alone’. Qualifying this, Lisa notes how MBPTC ‘allowed me to cross boundaries that I didn’t think possible before’ (Lisa, 25th March 2024). As Lisa states: ‘by caring deeply for other commissioners, you start to care more deeply about yourself’ (Teresa, 25th March 2024).

As Andreas Chatzidakis argues: ‘Above all, to put care centre stage means recognising and embracing our interdependencies’ (Chatzidakis *et al.,* 2020: 21). For Lisa, the MBPTC was about ‘learning to listen to all the people and realizing that underneath it, you know, we've all got this relationship to fragility. That's been a huge thing for me’ (Lisa, 25th March 2024). This sense of fragility was something which Sally noted too. For Sally, MBPTC ‘makes you realise that we are all fragile … we are all moving through things that seem massive, but we are also moving through things together’ (Sally, 25th March 2024). In *Stigma Stories,* Molly M. Kessler (2020) describes how experiences of stigma are often as fundamental to the lived experience of chronic illness as the medical conditions themselves. Within the space of MBPTC, this sharing of ‘stigma stories’ not only became a common practice, but also, a practice of commoning.

Much like Cavallero and Gago’s contention that debt needs to be ‘taken out of the closet’ (Cavallero and Gago, 2021: viii), a similar experience happened with stigma within the shared space of the Commission. Personal narratives of stigma and shame, and the fear of them being made public, initially held back commissions such as Sally and Lisa from telling their stories. However, it was these same experiences, once held in common, that also brought commissioners together. Many commissioners were initially reluctant to share their experiences of poverty due to the perceived or actual stigma attached to it. But through the attentive and 'care-full' practices at MBPTC, commissioners like Sally and Lisa felt comfortable enough to take their stigma 'out of the closet'. Thus, just like the need to 'de-enclose and de-privatise' debt, the commission became a space where stigma was similarly de-enclosed and de-privatised. That is to say, where the lived experiences of poverty were 'commoned'. As such, the stigma of poverty was given 'a body, a voice, a territory' (Cavallero and Gago, 2021: 4).

Indeed, it is by being attentive to stigma, propagated as a governmental technology of division and dehumanisation' (Tyler, 2020: 7), that experiences of 'caring for' and 'caring about' can be transformed into a common practice of 'caring with', which concerns how we mobilise politically in order to transform our world. In fact, these practices of care and anti-stigma solidarity become a resource that individual could draw from, in which the collectivised forms of care are positioned in opposition to the privatised care increasingly being displaced and dispersed into households. This care-full work of the commission is not only a response to the gendered harms that attend austerity in the UK today, but as Eleanor Jupp argues, 'these sites and spaces might be taken seriously in providing prefigurative resources to enable us to imagine the welfare state differently' (Jupp, 2022: 20-21). In response to the 'diswelfares' of austerity (Grover, 2019), new forms of collectivised and socialised care provisioning are being imagined and enacted.

Austerity as a Gender-Based Violence

Under austerity, more and more of the social responsibilities once organised and distributed by the welfare state are being withdrawn, while traditional safety nets are left 'tattered' (Barford and Gray, 2022). As this chapter has explored, women in the UK are now facing a ‘triple jeopardy’, with cuts to public sector jobs, cuts to public services, and loss of social protections all disproportionately impacting women (Perrons, 2021: 15). When forms of state provisioning and social care are defunded, disinvested, and disavowed, the social needs of individuals do not disappear. Rather, they are further displaced onto families and into the household. Austerity thus ‘depends on the very same processes of social reproduction whose value it disavows’ (Fraser, 2018: 24). By foregrounding the everyday lived experiences of commissioners, I highlights how austerity has been spatially reconfigured onto and into the household. Through an engagement with Social Reproduction Theory, I argue that the harms of austerity disproportionately impact women.

This chapter has therefore ‘surfaced’ some of the harms attendant to austerity, noting how these harms are often experienced within he household in often mundane and banal ways (Kiely and Warnock, 2022). Indeed, harm often emanates from the everyday in specifically gendered ways. As Abed and Kelleher argue: ‘Austerity is not just a gendered policy; it is also a gendered process in its ‘everydayness’ – the way it permeates the daily lives of women specifically: in their incomes, their care responsibilities, their ability to access services as essential as health, and in their overall safety and freedom from physical violence in the home, at work and on the street’ (Abed and Kelleher, 2022: 5). From the dual experiences of ‘heating or eating’ described by Sally and Lisa, to the forms of ‘feminised’ care work taken on by David, such experiences demonstrate how harmful these gendered experiences in the home can be. Given this disproportionate impact on women, the chapter extends a form of analysis proposed by the Women’s Budget Group; that austerity in the UK constitutes a form of ‘gender-based violence’ (Chatzidakis *et al.,* 2020).

By focusing on the sphere of reproduction, and prioritising the forms of care-work within the home, the chapter reveals many of the harms that often remain concealed, precisely because they are unpaid and unremunerated. In this way, I extend the work of Edmiston *et al* (2025) noting how the 'hidden injuries' of austerity are not only the result of deepening poverty, but an outcome of the way social reproductive work largely remains invisibilised within the home. Definitions of austerity that focus primarily on the sphere of production therefore proscribe as much as they describe. However, I also extend Edmiston *et al*'s work in a second way, evidencing the ways in which these harms often develop into forms of disablement. This can happen when the conditions under austerity exacerbates existing disabilities and health conditions, such as those described by Sally and Lisa, or result in new co-morbidities, such as those of Nina and Adam. However, it is also important to highlight how forms of care work and provisioning, once privatised and interiorised into the home and onto commissioners, can often result in the loss of social connections, leaving commissioners with the sense that their lives are increasingly becoming 'locked in' and feeling 'excluded from full participation in social life' (UPIAS, 1976: 3).

While care work and social reproduction is central to the reproduction of austerity, the chapter also evidences how important care is to the reproduction of families too. The chapter has therefore foregrounded the practices of 'caring for' and 'caring about' that commissioners regularly undertake. However, through their engagement with the Poverty Truth Commission, the chapter also captures how this care-work can be transformed into a common practice of 'caring with' (Tronto, 2015). That is, how care mobilise individuals collectively in order to transform their world (Tronto, 2015: 5). In response to the 'antidemocratic challenge' of austerity (Mattei, 2022: 7), then, the Poverty Truth Movement is framed as a fundamentally democratising process which seeks to de-privatise and communise forms of care. In so doing, the commission functions as a pre-figurate space in which news forms of care-work and social reproduction are imagined and enacted. Thus, care as a practice that is ‘necessary across every distinct scale of life’ (Chatzidakis *et al.,* 2020: 6). In this way, this chapter is also about caring in common, when forms of state care are becoming increasingly uncommon. As such, I position the home as a site of both hope and harm, enclosure and commoning, enablement and disablement.

The next chapter continues this analysis, focusing on the impacts of austerity on parents, and, more specifically, mothers. Given how permanent and chronic crisis has become in the UK today, it explores how commissioners are ‘parenting the permacrisis’ of austerity.

CHAPTER FOUR

Parenting the Permacrisis:

Experiences of (M)otherhood under Austerity

Chapter Outline

Chapter Three focused on how austerity and the cost-of-living crisis are experienced within the household, exploring forms of 'social reproduction' that contextualise austerity at the level of the 'everyday' (Thomas and Sakellariou, 2018). Chapter Four continues this analysis, focusing on the relationship between care and crisis under austerity. The chapter draws on interviews and ethnographic research with Morecambe Bay Poverty Truth Commission (MBPTC), exploring how commissioners continue to navigate inequalities in health and wealth as a family. It turns to the relationship between poverty and parenthood to examine how commissioners are 'parenting the crisis' (Jensen, 2018). In doing so, the chapter highlights how parenthood, and, in particular, motherhood*,* is increasingly bound up with forms of stigma and shame under austerity. As Sarah Marie Hall notes, it is by attending to the 'relational geographies' of the household, including 'family, friendships, and other intimate relations', that research can capture how individuals live both in poverty and with poverty (Hall, 2019: 33). The chapter also highlights the impacts austerity measures are having on children themselves, noting how many commissioners are having to take on extra responsibility for their children's social, emotional and material needs in response to what they perceive as a failure of the state's social contract. As such, the home itself is theorised as a site of both disablement and enablement.

Parenting in a Perma-Crisis

I speak to Teresa, a community commissioner at MBPTC. Our interview takes place at the end of March, after a few weeks of particularly cold weather. As a mother to three children, Teresa explains to me how the previous few months have felt like a significantly challenge, particularly when the cost-of-living crisis was factored in. We discuss ‘all the things that make a family work’, and how Teresa feels increasingly like ‘I don’t access to any of it’ (Teresa, 25th March 2024). Teresa mentions losing her partner to a breakup, and how the pressures of navigating a cost-of-living crisis as a lone parent have had a significant effect on her and her family. These pressures often take the form of paying bills for food and electric, including everyday decisions on when to eat and when to heat (see Chapter Three). And while these daily decision can seem quite mundane, Teresa explains how they are central to her lived experience navigating poverty. ‘It sounds silly, but I don’t have a sauce pump since the last one broke. And because of my health condition, without it I can’t serve my soup’ (Teresa, 25th March 2024). As Teresa explains, without essential items like this parenting becomes increasingly difficult.

During our interview we discuss how, since Teresa and her partner separated, there has been pressure on her to return to full-time employment. As Teresa explains: ‘People don’t realise, a lot of poverty now, it’s people in work. It’s households with at least one person working at least one job. Well, that was us’ (Teresa, 25th March 2024). Teresa is referring here to a time prior to her separation when she was working as a part-time while her husband worked full-time. As Michael Marmot notes, 68 per cent of adults in poverty live in working households (Marmot, 2024). For children, this figure rises to three-quarters, with 75 per cent of children in poverty coming from a household in which at least one adult works (DWP, 2021).

Likewise, of the 4.3 million children in the UK in 2025, over a quarter (26%) are from a lone-parent household in which the parent is in full-time employment (NCB, 2025).

Teresa explains to me the predicament she finds herself in now that she is a single-parent. ‘My medical condition means normal stuff, like ironing the school clothes, changing the bedding, preparing tea, it all takes me longer. And now that it’s just me, it doubles the time everything takes’. Teresa continues: ‘So when people tell me to increase my hours at work, I’m thinking, what hours? I don’t have any left by the time I’m finished’ (Teresa, 25th March 2024). Teresa reflects on this idea that work is the solution to poverty. ‘The idea is that you go out there and you support yourself if you can. And if you can't, well that’s on you’. As Teresa explains to me, this narrative that ‘work pays’ doesn’t capture the specificities of her life, and often leads to stigma. ‘When people question your decisions as a single-parent, they’re not just questioning your life decisions, they’re questioning you as a mum. It’s like there’s a double target on your back’ (Ibid).

This singular idea, that commissioners should be able to ‘manage’ their lives with little to no state support, is explored in this chapter. By focusing on the household, as a sphere of reproduction, the upcoming sections challenges and contests the notion of a singular self, describing the co-constitutive nature of the family unit. As such, forms of care and familial support are often distributed and dispersed. Indeed, care can often be at the detriment of the self, given the amount of labour that can go into maintaining and reproducing other members of the family, particularly under conditions of crisis (see Chapter Three). Agency is similarly implicated here. Decisions made at the level of the household can constrain agency at the level of the individual. This singular, agential self comes into question when the household becomes the primary site of analysis. Indeed, the quintessentially rational, self-interested individual imagined through the sphere of production looks very different when the sphere of reproduction is considered.

Discussing her recent difficulties with both food and fuel insecurity, Teresa explains to me how she ‘basically has no food’ and that she’s ‘relying entirely on the foodbank at the moment’. I ask Teresa whether this is affecting her health, particularly given how reliant she has been on food packages this winter. ‘I only eat very lightly and I tend to want to live off soup, so I'm not too bad like that. So it’s more things like actually heating the food’. I ask Teresa to expand on this, as I am unsure if this reliance on soup is relatively recent thing. ‘Oh, I just don’t have much of an appetite anymore’, Teresa responds, noting that the food from the foodbank is mainly for her children (Teresa, 25th March 2024). I reflect on whether this reliance on soups is Teresa’s way or rationalising that fact she is often without food, or equally, has normalised the prioritisation of food for her children over herself. I think back to an earlier interview with another community commissioner, Anna, who described to me how ‘normalised’ forms of poverty and destitution have become in the Morecambe Bay area. Anna likened this to a form of a ‘Stockholm Syndrome’, in which it ‘takes someone from the outside to say, wait a minute, that’s not normal, that’s shocking’ (Anna, 19th February 2024).

The harms of austerity often become a kind of ‘commonsense’ (de Matos *et al.,* 2021). In regards to Teresa, perhaps this foregoing of food in order to meet her children’s dietary needs, or to afford to keep the heating on, is a harm which has been internalised and normalised. But it is also important to locate agency within the increasingly constrained and proscribed spaces of the household. Teresa’s emphasis on ‘eating lightly’ is perhaps a form of ‘bounded’ or socially situated agency (Evans, 2007), in which agency is enacted within a constrained set of social and material relations. Indeed, the needs of the family and the needs of herself are not lived separately for Teresa: making such clear distinctions between her needs and her children's ends up enacting a form of division that Teresa does not subscribe to.

Of course, commissioners like Teresa know that their experiences of poverty aren't right, and that there's something fundamentally wrong with having to rely on foodbanks to meet their daily needs as a family. This comes up at every MBPTC meeting, and is often the primary motivating factor for why commissioners join a Poverty Truth Commission. However, one of the factors that complicates these feelings of injustice is stigma and shame. Indeed, I notice that Teresa is reluctant to talk about their increasing reliance on the foodbank for their daily dietary needs. I ask what it is about the food bank that she finds hard to talk about. 'I don't know. I find it hard to talk about those things because of the stigma'. Reflecting on this a moment, Teresa adds: 'It's not so much the shame of poverty. It's the worry that your children get tainted with it. Especially now, with everything that's in the media' (Teresa, 25th March 2024).

As Tracy Jensen notes in *Parenting the Crisis,* forms of 'parent-blame' inevitably lead to forms of 'mother-blame', given the social and cultural expectations that are placed on women (Jensen, 2018: viii). Thus, Jensen describes how the maternal 'captures and governs mothers in a political economy of parenting that genders the work of social reproduction' and 'catches parents within a psychic landscape of anxiety, guilt and disgust' (Ibid). Teresa clearly identifies and locates the source of such narratives when she refers to 'everything that's in the media' (Teresa, 25th March 2024). While stigma is 'propagated as a governmental technology of division and dehumanisation' (Tyler, 2020: 7), its effects are often internalised by individuals and interiorised into the household. Teresa's experiences both foreground the forms of stigma that motherhood can engender, as though arriving at a foodbank is somehow an indictment of her as a mother, rather than an example of a mother doing everything she can to meet her children’s needs.

Stigma and Motherhood

As Tyler notes, as a ‘technology of division and dehumanisation’, stigma is able ‘to get under the skin of those it subjugates’ (Tyler, 2022: 7). Despite being propagated as a governmental technology from ‘above’ and enacted overwhelmingly on those ‘below’, it is also important to foreground how interpersonal stigma can become, often getting ‘between’ those it subjugates too. Such experiences are often captured through an attentiveness to how austerity is lived in its ‘everydayness’ (Hall, 2019; Abed and Kelleher, 2022), situating the ‘mundane, familiar, and unremarkable *stuff* of everyday worlds’ (Thomas and Sakellariou, 2018: 6) alongside more structural accounts of austerity. Indeed, by synthesising structural accounts of stigma together with ‘interactionist’ accounts (Thomas, 2026), the next sections reveals how stigma can circulate within collaborative and coproductive spaces such as a Poverty Truth Commission. Thus, while tackling the ‘the burden of stigma’ is at the core of the Poverty Truth Movement (PTN, 2026), it is also necessary to acknowledge the everyday space of the commission as a site of tension, contestation, and sometimes antagonism.

During our interview, community commissioner Polly recounts a particular experience at MBPTC which left her feeling ‘judged as a mother’ (Polly, 25th March 2024). In this instance, the commissioners got into a discussion which centred around food and household expenditure. While much of the conversation centred on forms of social and financial relief for those reliant on foodbanks, Polly recounts how commissioners would continually ‘trip over themselves’ when discussing the affordability of food. This was particularly evident, Polly recalls, when discussing whose ‘responsibility’ it was to ensure there was food on the table the family. The discussion led to a disagreement between some of the community commissioners, one of whom argued that it was ultimately the responsibility of parents to feed their children. The commissioner then qualified this, stating that it is often down to ‘poor cooking skills’ and ‘inadequate education’ that parents cannot feed their children, citing the ease by which you can cook a meal using just a slow cooker (Ibid).

Anna, another community commissioner, also recalled this experience during our interview: ‘I've had eight children, but my mum also had six. So I’m used to hearing these kinds of things’. Anna describes this as a ‘race to the bottom’ mentality. ‘You'll always find somebody who says: “You think you've got it bad? I managed and I had no underwear and one loaf of bread to feed 19 people”. It’s a kind of reverse achievement’ (Anna, 19th February 2024). Anna identifies how responsibilising these narratives are on parents, and how, through the process of individualisation, experiences of poverty can become competitive rather than comparative. ‘Nothing productive ever comes out of conversations like this’, Anna adds, noting how ‘you can’t shame people into collective action’ (ibid). This was felt particularly acutely by Polly, who would disclose to me: ‘It’s hard enough for me to show up and smile and get through the actual meeting without having to defend myself and my decisions as a mother’ (Polly, 24th March 2024): an observation that captures not only how stigmatised Polly felt in this moment, but also the emotional labour that goes into maintaining a particular appearance.

While Anna reveals to me that she’s ‘rarely shocked anymore’ by the scale of stigma and shame ‘directed at working-class mothers’, what did shock her about this particular experience was ‘how quickly the discussion turned to healthy meals’ (Anna, 19th February 2024): as if to impose another layer of responsibility onto mothers. As Anna acknowledges, while healthy meals are important to her, ‘as a family we should be able to embrace this without so much stigma and shame’ (Ibid). I can feel Anna’s frustrations surface here: ‘I mean, as if things aren’t hard enough for us all right now. I’m seeing prices go up each week, and now I’m being told it’s our fault as parents that all these kids are going hungry’. Qualifying this, Anna adds that her frustrations aren’t with ‘those commissioners who think like this’. Instead, Anna notes, ‘we need to think about where those ideas are coming from’ (Anna, 19th February 2024). Indeed, this final observation of Anna’s captures precisely the need to understand how stigma is experienced and enacted both inter-personally and structurally. For commissioners such as Polly and Anna, there is an ‘indivisibility of womanhood from motherhood’ (Bollen, 2025: 10) when it comes to experiences of shame and stigma.

In the article ‘Chav Mum, Chav Scum’, Tyler employs the term ‘figure’ to describe how specific social groups ‘are publicly imagined in excessive, distorted and caricatured ways’ (Tyler, 2008). While the classed and gendered figure of the ‘Chav Mum’ became emblematic of this process in the decade prior to austerity, working-class mothers have also been refigured under austerity: albeit in ways which largely reproduce earlier narratives of motherhood. For example, despite women encountering a ‘triple burden’ under austerity (Perrons, 2021), it is often working-class women – and, specifically, working-class mothers – that are seen as a ‘burden’ (Evans, 2016; Evans, 2022) or ‘deficit’ (Holten, 2025) to the state. The ‘welfare mum’, a term which has resonances with the racialised notion of the ’Welfare Queen’ popularised in the United States, feeds into this idea (Buck, 2021). Indeed, Nancy Evans, whose ethnographic research centres arounds women’s experiences of welfare in the Merseyside area, argues that experiences of stigma revolve around three core ideas: ‘the devaluation of caring labour, the perception that benefits are undeserved, and the notion of bad motherhood'. As Evans notes: 'Mothers claiming social security benefits are persistently positioned in media and political discourse as irresponsible and undeserving' (Evans, 2022: 690).

Through my own ethnographic research, commissioners' experiences of motherhood were similarly found to be centred around such 'blame narratives', with stigma and shame being one of the experiences most discussed within MBPTC. In fact, it was often this term 'responsibility' which returned again and again in both my interviews. Through this process of responsibilisation, notions of entitlement were apportioned, often in ways which often disavowed and delegitimised the 'worthiness' of working-class mothers. Bollen refers to this as the 'deficit model of motherhood'. That is, motherhood operates in such a way that 'any shortcomings or faults are criticised' (Bollen, 2025: 8). Thus, if stigma is the 'glue that holds poverty together' (Tyler and Campbell, 2024), it is often within the household that its effect are most viscous and most visceral. And as the next section will highlight, this relationship between austerity, parenthood and stigma was experienced by civic commissioners with professional experiences of poverty. As such, specific austerity policies such as the roll-out of Universal Credit were deemed to be compounding this process.

Marked by Stigma

I speak to Helen, a civic commissioner who works at a third-sector organisation in Morecambe. During our interview, Helen identifies the sheer 'depth' of poverty in the Morecambe Bay area (see Introduction), reflecting on the impact this is having on families in particular. 'I grew up in the UK. We didn't have food banks. We didn't have families queueing up for food on a Friday afternoon at 2pm. We didn't have families going without shoes and coats in winter' (Helen, 5th February 2024). Helen also links this rise in deep poverty to Universal Credit, describing how a specialised team has been set up in her organisation to deal with new Universal Credit claims. ‘This was a rollout area for Universal Credit, and that’s where the food banks come from because the rollout was a disaster’. Helen continues: ‘Most people don’t understand how poor the people on the lowest incomes now are. They have no concept of what it’s like to be completely unable to avoid destitution’ (Helen, 5th February 2024).

As Diane Perrons notes, in areas where Universal Credit was rolled out, there was a 52 per cent increase in food bank use (2021: 41): a figure which precedes the pandemic and cost-of-living crisis. As someone who volunteered at a local foodbank throughout the pandemic, and continues to work alongside foodbanks on a professional basis, Helen reflects on the role of stigma specifically within these spaces. This is something that Helen worked on with other commissioners at MBPTC. ‘One of the issues we wanted to explore was: “How does the foodbank made you feel?”. And we discovered that it was overwhelmingly negative’. As Helen notes, this experience was ‘especially true for women’. As such, Helen and the other MBPTC commissioners began working with a central question: ‘if you’re going to use the food bank, how do you make it a less traumatic experience as possible?’ (Helen, 5th February 2024).

It was here that Helen details how the sense of shame and stigma permeates the foodbank. As an example, Helen describes how the foodbank would ‘date in pen the expiry dates of all food items’ as part of their health and safety checks. Because these expiry dates were so identifiable, many parents were reporting that their children were distinguishing between foodbank and shop-bought items, and therefore realising when their parents were struggling for money. Similarly, food parcels delivered during the pandemic were arriving ‘in vans displaying a visible “Food Bank” sign on all of their boxes’ (Ibid). As Helen now acknowledges, having to navigate these ‘signs of poverty’ often left commissioners feeling ‘humiliated’, while causing undue stress and anxiety to their children (Ibid). When Tyler describes the ‘marking out’ that takes place through practices of stigma, such markings not only concerns bodies but objects too, with everyday items from a foodbank becoming embedded within wider histories of state violence and harm (Tyler, 2020: 20).

During an interview with another civic commission, Kelly, we discuss the difficulties families face in navigating poverty, as well as the kinds of support available to them. Kelly turns to the effects of poverty on mothers, including expectant mothers. She uses the example of ‘Healthy Start Vouchers’, an NHS scheme which she helps run via a Facebook Group, and which currently has around 16,000 members. Kelly highlights how important these vouchers can be for expectant mothers, particularly for first-time mothers who are having to raise children during a cost-of-living crisis. That said, Kelly notes how the scheme is blighted by ongoing issues, including ‘vouchers that don’t work’, ‘applications being denied’ on spurious grounds, and a ‘helpline that costs 25p a minute’ (Kelly, 2nd February 2024). Kelly explains that while the amounts vary depending on pregnancy or the age of the child, it’s often as little as £8 a week. As such, there is a discrepancy between the amount of effort it takes to navigate this bureaucratic system and the actual pay-off that results.

Kelly expresses her frustrations at such schemes, including the forms of shame and stigma that often accompanies them. ‘It’s such an incredible waste of people’s energy to have to jump through all these hoops. It’s so demeaning, it’s so insulting’. Kelly continues: ‘Just give mothers some ******* money. Jesus Christ. Double child benefit. Remove the two-child cap. Reinstate the Winter Fuel Allowance. Do it tomorrow’ (Ibid). Like Helen, Kelly also identifies the ‘depth’ of poverty families are experiencing, ‘These are often families at the acute end of poverty. If we don’t intervene somewhere along the way, we end up with mothers and children with malnourishment or pneumonia’ (Ibid): a reflection which captures the ’hidden injuries’ of ‘deep poverty’ (Edmiston *et al.,* 2025). Indeed, Kelly’s frustrations – particularly in respect to financial support for mothers – reflects a larger process of what Jensen describes as the ‘politics of parent-blame’ (Jensen, 2018).

In *Parenting the Crisis,* Jensen maps the emergence of the figure of the ‘bad parent’ as a ‘bearer of crisis’ (2018: 9). Within this ‘political economy of parenting’, working-class parents are often perceived as too irresponsible to make sound financial/household decisions, including decisions on how forms of state-support should be spent. And as Jensen notes, forms of ‘parent-blame’ inevitably lead to forms of ‘mother-blame’, given the social and cultural expectations that are placed on women (Jensen, 2018: viii). Kelly is identifying this same process at work, noting: ‘We have this obsession with not allowing mothers to have the choice and control over what they do with their own money … The government seem to assume that people have poor motivations for almost everything. And yet I don’t know many parents who aren’t trying to provide everything their children need’. Indeed, Kelly adds that ‘rather than just giving families money because they’re destitute, they have to demonstrate that their somehow worthy’ (Kelly, 2nd February 2024).

Much of this ‘parent-blame’ is structured through a discourse of neoliberalism, in which emphasis is placed on forms of individual responsibility. ‘The figure of the “bad parent” is absolutely central to the common-sense of neoliberalism’ (Jensen, 2018: 16). That is, particular parents cannot be trusted to take responsibility for their own household finances. However, what these interviews with commissioners capture is a paradox that many parents in poverty are navigating: that despite being stigmatised for not being responsible for their actions, many parents are refused opportunities to take responsibility. Even small schemes such as the 'Healthy Start Vouchers' reflect this process, with Helen's professional experiences foregrounding how the current system actually enforces and reproduces forms of dependency. Ultimately, what this focus on 'parent-blame' serves to do is 'legitimise a more individualistic approach to addressing socioeconomic inequalities that were once considered structural social problems' (Jensen, 2021: 15).

While many of the austerity narratives visible today often reappropriate and reproduce earlier neoliberal values, they can also differ is subtle but significant ways. Through these interviews with commissioners, it is clear that this political economy of parenthood is also important for reproducing a form of 'austerity commonsense' today too. As Jensen notes, it is important to understand how such encounters with blame are 'taken inside' us and made 'commonsense' (Jensen, 2014: ix). Indeed, it is via the figure of the mother that austerity is often articulated. Through an analysis of motherhood, the section highlights how austerity pathologises conditions of dependency while effacing possibilities of independence. What this section also highlight is how the 'blame narratives' of motherhood (Evans, 2022: 690) are explicable only via classed and gendered notions of responsibility and, as the next section will explore, respectability too.

Stigma at the School Gates

Stigma and shame is central to commissioners experience of (m)otherhood (McRobbie, 2004). That said, stigma doesn't just mark out the bodies of mothers, but their children too. This is particularly apparent at school. For example, a number of MBPTC meetings took place at a local foodbank in the Morecambe Bay area. This particular foodbank not only gave out food parcels, but also other everyday essential items that parents have to consider, such as school clothes, school shoes, PE kits and backpacks. Attending meetings here would often generate conversations about identifiers of class. Some parents discussed how important it was that their children did not carry any ‘markers’ of class to school, worried that such class markers would result in bullying. In our interview, community commissioner Emma-Jane talked about having to rely on second-hand clothes, and how these everyday items, including school bags, school equipment, and even mobile phones and laptops/tablets, are all potential ways children are identified as poor. ‘You’ve got one little child sat there with a Primark skirt on, and another little girl with an M&S skirt on, and those distinctions are significant’ (Emma-Jane, 19th February 2024).

Polly similarly discussed these same playground stigmas, noting how ‘even when the children don’t spot it, parents certainly do’. She notes the absurdity of some of these pressures. As Polly explains to me, ‘even the shirts and polo tops have to have a school logo on them now. PE shorts too. I mean, why?’ (Polly, 25th March 2024). Polly also brings up the company that supplies her school’s clothing, which she noticed when having to stitch her children’s names into them. ‘They’re called *One&All’.* And yet, Polly notes, ‘here we are going through second-hand clothes and hand-me-downs hoping they don’t look *too* second hand on our kids. It’s not very ‘one and all’, is it?’ (Ibid). For Polly, these identifiers of class, from the shoes her children wear to the backpack they carry, have the potential to mark children out as poor. ‘It’s a big, big issue’ Polly explains to me, before detailing how her local high-school recently had to amend their school-dinner policy due to pupils being identified through their free school-meals. As Mariann Dosa notes, children from low-income families reported that they were not only falling behind academically, but were also subjected to ‘humiliation, embarrassment and bullying because of their family’s poverty’ (Dosa, 2019:

12). Indeed, one of the single most important determinants of a child's experience of school is their level of disadvantage (Ibid).

The word stigma comes from the Greek *stigmatos*, and later Latin *stigmata,* meaning to 'mark, prick or puncture the skin' (OED, 2024). Stigmatisation therefore describes a practice by which 'degrading marks' can become 'affixed to particular bodies, people or conditions' (Tyler, 2020: 8). This process of inscribing meaning upon bodies, as well as upon items of clothing related to the body, is exactly what many parents in the commission were concerned about. They worried about how sending their children in with generic polo tops without a school insignia would mark them out, or how unbranded PE kits would quite literally brand their children as poor. Parents knew that when their children carried their nondescript backpack to school, they were carrying more than just their school essentials: they were also carrying markers of poverty, and thus, class.

As Tyler notes, 'stigmatization operates as a form of governance which legitimises the reproduction and entrenchment of inequalities and injustices (Tyler, 2013: 7). Stigma is bound up with practices of (state) power, albeit in ways which are often internalised and interiorised by individuals. As Teresa notes: 'if the system is cruel and unforgiving, then that it what gets ingrained. So over a period of time, when people have money difficulties or other poverty-related issues, it can get ingrained very quickly and it's difficult to salvage' (Teresa, 25th March 2024). Likewise, when reflecting on the rate of homelessness and temporary housing in the Morecambe Bay area, Anna describes the process by which 'people get stuck in systems' and how 'once you understand the prejudice within Britain it makes sense of why people make judgments' (Anna, 19th February 2024). Indeed, what these interviews revealed was the process by which systems get stuck in people just as much as people get stuck in systems.

Deficits and Deficiencies

Diane Perrons defines austerity as a ‘conscious policy to reduce public deficits by cutting public expenditure and government revenue’ (Perrons, 2021: 3). This preoccupation with the ‘deficit’, or the difference between what the state spends and what it receives in tax and/or other revenue (Gov.uk, 2025), is explored in this section (see also Chapter Three). In order to fully articulate the social harms experienced under austerity, it is necessary to frame austerity policies not in purely economic terms, but rather as a set of socioeconomic relations that concern both the sphere of production as well as the sphere of reproduction. As such, terms like ‘deficit’ often have a social resonance independent from, or at the very least, interdependent with, the economic. By taking a more classed and gendered analysis of austerity, these relations between the social and the economic, the productive and the reproductive, are better understood.

Deficit comes from the Latin root, *deficere,* and refers to ‘a lack’ of some kind. It therefore shares the same etymological root as deficient (Oxford English Dictionary, 2024). As Emma Holten argues, there has been a growing concern with the idea that women, on the whole, are a ‘net expense to the state’ and a ‘deficit to society’ (Holten, 2025: 5). Holten refers to 2024 Reform Party candidate Ian Gribbin, who referred to women as the ‘sponging gender’. Justifying this expression, Gribbin explained that: ‘Men pay 80 per cent of tax, women spend 80 per cent of tax revenue. On aggregate, as a group, women only take from society’ (Ibid: 6). Such pronouncements, while extreme, stem from a societal discourse which reduces value to a simple economic calculation. This ‘deficit discourse’, as it might be termed, has seen economic forms of austerity become entangled within wider normative understandings of social value, or what Bev Skeggs terms ‘personal value’ (Skeggs, 2011). It is imperative to make the connections between the way austerity narrativizes public debt, and how this relates to particular social groups who are perceived as a deficit to society.

Through their perceived relationship to the state deficit*,* some women are consequently seen as deficient too. That is, through the shared etymological root of the two terms, particular women are seen as lacking in one form or another. In *Formations of Class and Gender,* Bev Skeggs argues that working-class women in particular are seen as fundamentally lacking, highlighting how this lack is coded in terms of excess (Skeggs, 1997: 100). Thus, working-class women might be typecast as excessively loud, excessively vulgar, excessively fecund, excessively profligate, and, relatedly, excessively reliant on the state. In this way, there is a relationship between what it means to be a ‘responsible’ and what it means to be ‘respectable’, with the two terms often co-constituting one another. This representation of working class women as fundamentally lacking, or likewise deficient, is particularly evident in narratives around working-class mothers. While scholars such as Holten focus on how women ‘as a whole’ are deemed a deficit to the economy, this chapter focuses specifically on the classed and gendered experiences of motherhood in order to highlight this relationship under austerity.[9]

Building on the analyses of Chapter Three, the reason why women are perceived as a ‘deficit’ to the state is precisely because the labour that takes place within the household is so devalued. That it, the labour involved in social reproduction isn’t seen as economically valuable. In this way, forms of social security and/or care provisioning tied to the household

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[9] As Chapter One and Two explore, this deficit/deficient dyad is articulated forcefully through disability too.

are seen as economic burdens which are a net cost to the economy. This is based on a hierarchical view which assigns forms of ‘worthiness’ based on perceived value (Fortier, 2017): value that is primarily bound up in the sphere or production and not the sphere of reproduction. What this section highlights is how the ‘politics of parent-blame’ (Jensen, 2018) is articulated through reference to ‘the deficit’ as well as to forms of responsibility and respectability.

On (M)otherhood

My interviews with civic and community commissioners foreground how motherhood is deeply bound up in practices of stigma and shame. As Angela McRobbie notes, there has been an ‘intensification of mothering’ in which a respectable, middle-class motherhood is juxtaposed against ‘an image of the abject, slovenly and benefit-dependent “underclass” single mother’ (McRobbie, 2013). And while the ‘conflicting expectations and experiences of motherhood’ that result in women ‘perceiving themselves as failures as mothers’ (Beck, 2002: 453) are not new, austerity has exacerbated – and arguable enshrined – these forms of motherhood. As such, this section describes how commissioners resist forms of ‘(m)otherhood’, or the pressure not to be categorised as ‘other mothers’ (McRobbie, 2004). That is, those mothers who, by being too young, too old, or otherwise too reliant on the state, are deemed neither ‘responsible’ nor ‘respectable’ enough to meet traditional notions of motherhood (and femininity moreover).

The stigmatising figure of the ‘welfare mum’ is often represented as a single-mother (Tyler, 2008; 2013, Jensen, 2018; Buck, 2021). In the UK, 15% of families are headed by a single parent, of which the vast majority (88%) are mothers (ONS, 2022). This relationship between commissioners’ experiences of poverty and the increasingly demanding cultural expectation that they meet the criteria of 'good motherhood' is not coincidental. As Jensen notes: what this focus on 'good parenting' serves to do is 'legitimise a more individualistic approach to addressing socioeconomic inequalities that were once considered structural social problems' (Jensen, 2021: 15). By placing these cultural expectations of (m)otherhood on women in poverty, responsibility is shifted from the state and on to mothers themselves. This is a representation a number of commissioners reported having to resist. For example, Teresa described to me how she will sometimes 'try and start down that road of mindfulness each day'. But as she explains, 'when you're done, you're still in poverty, you're still a single-mum struggling to feed your kids. The stigma doesn't just go away, no matter how you look at it' (Teresa, 25th March 2024).

In their study of mothering within the context of women's shelter, Krane and Davies note that, despite commonly experiencing poverty and ill-health, the expectations placed on mothers revolve around a single core idea. That is, that mothers be 'naturally equipped and always ready and available to care for their children, no matter what the circumstances' (Krane & Davies, 2007:28). Commissioner Polly has struggled with these experiences. She recounts to me how difficult it was when she recently entered a women's shelter for the second time in her life. As she notes, it was a time when 'I was struggling to cope and it was making me suicidal' (Polly, 25th March 2024). While her experiences of inter-personal violence within the household impacted this, Polly explains that it wasn't so clear-cut. 'It wasn't just that my husband was beating me senseless or calling me terrible names', Polly clarifies, but rather, 'it was all bound up in the pressures of having no food or heating and feeling responsible for failing my kids'. Indeed, as Polly notes: 'It's not just about other people judging me, but about judging myself': a quote which captures the extent to which mothers are increasingly bound by, and harmed by, ‘good mother myths’ (Bollen, 2025: 6) and a ‘good mother ideology’ (Williamson *et al.,* 2023).

Returning to this notion that mothers be ‘always ready and available to care for their children, no matter what the circumstances’ (Krane & Davies, 2007: 28), the experiences of Teresa and Polly underscore how harmful narratives of motherhood can be. Despite the pride that these commissioners place on being mothers, and how motherhood is a source of value to them, these harmful narratives punctuate and permeate the household. Often, these harms are experienced through a sense of responsibilisation. This relates to what Eleanor Jupp found in her own ethnographic research on care and crisis within the context of food banks. Many of her participants reflected on their frustration with a growing discourse on ‘self-sufficiency’ and ‘social enterprise’ that they were expected to perform, particularly when it came to matters of food provisioning and cooking within the household. As Jupp argues, this process of responsibilisation is part of a larger ‘reconfiguration’ of household roles under austerity (Jupp, 2022: 2), or what England calls the ‘re-privatisation of social reproduction’ (England, 2010).

This emphasis on experiences of (m)otherhood highlights how forms of ‘parental commonsense’ (Jensen, 2018) are part of the everyday lived experiences of austerity for many commissioners. My interviews with commissioners also highlight how harmful these cultural and ideological expectations on mothers can be, and how these harms are often experienced within the household. Extending Jensen’s analysis, this research foregrounds how (m)otherhood serves to legitimate ‘new punitive forms of statecraft, undermining the very concept of entitlement, and withdrawing and dismantling different forms of social security and welfare support’ (Ibid: 21). As such, the next section looks at experiences of homeschooling. In so doing, it foregrounds the harms and violences that children themselves experience under austerity. Indeed, children are now the social group most likely to be in poverty in the UK, with three in every ten children now in poverty in Britain (JRF, 2025).

The Temporal Harms of Parenthood

In their meta-analysis of the ‘good mother’ narrative and its (re)emergence in the 21st century, Schmidt *et al* describe a number of ‘norms of motherhood’ that structure the experiences of women. Alongside the expectation that mothers be attentive to the child at all times – what the authors describe as the ‘present mother’ – there are also the cultural expectations to be a ‘working mother’, a ‘happy mother’, and a ‘future-oriented mother’ (Schmidt *et al.,* 2022). While all these cultural expectations have been discussed by commissioners in one form of another, this next section focuses on the idea of the ‘future-oriented mother’ specifically. As Schmidt *et al* note, this orientation to the future is based around the idea that it is a mother’s responsibility to ‘secure their child’s successful development’ (Ibid: 57). Education is one such way a child’s future is ostensibly secured. However, given commissioners’ experiences navigating the ‘permacrisis of austerity’ (Edmiston *et al.,* 2025), the section highlights the temporal harms of austerity. That is, how crisis fixes mothers firmly in the present, making it hard to prepare for, or even imagine, future possibilities for themselves and their children. As Danny Dorling notes: ‘Our homes are the slots we fit into in space. Our families are the slots we fit into in time’ (Dorling, 2015: 29).

I return to the interview with community commissioner Teresa. Having been embedded within MBPTC for a number of years, Teresa is aware of my research, and is eager to have a wider conversation about austerity. As a mother to three children, one of whom has an intellectual disability, Teresa shares her ongoing experiences trying to navigate the cuts to services for her children: an experience with a long trajectory. She explains how, over time, her autistic son started receiving less and less support, particularly within an educational setting. ‘Because of the lack of support and services, they eventually blamed him instead … they blamed him for not trying hard enough to engage. When really, what was happening was that he was going to the staff rooms at lunchtime and crying because he couldn’t cope. It was awful.’ Teresa also describes how, with support and services dwindling, her son started being ‘badly bullied at school’ (Teresa, March 25th 2024).

Summarising this experience, Teresa makes a clear connection between austerity and disability, stating that ‘the biggest challenge I’ve had, looking back on it all, all starts when the cuts came in’ (Ibid). This relationship between austerity and people with intellectual disabilities has been studied. For example, 56 per cent of people with intellectual disabilities reported a change in their care since austerity policies were implemented since 2010. Of these, 42% reported that they had lost care. Only 7 per cent reported that their care had ‘improved’ (Forrester-Jones *et al.,* 2021). The research also found that those who had lost care scored significantly lower on the Quality of Life index, with three-quarters (74.8%) having ‘clinically significant’ anxiety (Ibid). ‘He was always a challenge, don’t get me wrong’, Teresa explains in relation to her son, ‘but when the cuts came in and the support stopped, that’s when everything unravelled’ (Teresa, March 25th 2024). Eventually, Teresa was left with no option but to take her son out of school, which meant taking on the responsibility to homeschool her son as well as single-handedly supporting his disability and behavioural issues.

This feeling that school is failing the individual needs of children was expressed by multiple mothers within MBPTC. Anna, a full-time mum and a community commissioner, reflects on the increasing pressures that are being placed on children within the educational systems and how this is resulting in more home-schooling. She recounts to me a lengthy appeals process she has had to go through in order to get one of her children into a new school. ‘I’ve learned that they’ve reduced teaching staff at the local school, which means they’ve reduced their annual intake’ (Anna, 19th February 2024). As such, Anna’s only option is to put her daughter into a school in another area. However, as Anna explains, ‘there’s not enough transport taking you to the schools’, and without any financial support available for her expenses ‘travel just isn’t feasible’. Anna therefore describes feeling ‘trapped’ in the area, an experience which is not only spatial, but temporal too. ‘You’re trying to respond to crisis after crises now, while also knowing that there are all these crises facing you in the future. I feel completely stuck’ (Ibid).

Like Teresa, we discuss some of Anna’s motivations for choosing to home-school some of her children. Aside from staffing cuts and reduced pupil intake, Anna also notes how the school ‘dumbed down the drama and music so there’s hardly any expressive arts’, which, for her neurodivergent children, ‘is a guaranteed disaster’ (Ibid). Commissioner Polly describes a similar experience, noting how the school have ‘basically gotten rid of the library’, as well as ‘free access for the local [council-run] library’. Instead, Polly notes, her children are stuck with ‘eBooks’ which ‘destroys the whole experience of reading’ (Polly, March 25th 2024). Indeed, Anna describes how cuts to libraries sent her daughter’s into ‘panic mode’. As Anna continues, ‘she’s very much a bookwork and did brilliantly with her literacy in primary school. But with the loss of support, it’s fallen off a cliff edge’ (Anna, 19th February 2024). Anna reflects on the inequality and uneven distribution of educational support. ‘There’s this expectation that everyone comes out of school with ten GCSE’s. But unless you can get your children into the local Grammar, it’s not happening. The amount of underachievement in

Morecambe is shocking' (Ibid). For commissioners like Anna, Polly and Teresa, homeschooling isn't one option among several, but rather a decision that is in many respects already made for them. They see no other option. They have taken 'responsibility' for their children's education, as well as for their mental health needs, precisely because they see the state as having failed in its responsibility to do so.

Homeschooling is becoming a more widespread phenomenon in the UK. While choosing to homeschool their children is a decision parents make for myriad reasons, this choice is often structured through encounters with crisis. Nationally, there has been a significant increase in home-schooling, with 126,000 children being homeschooled in 2023. In the North-West of England, the rate of homeschooling has more than doubled (Hattenstone, 2024). According to data from the Department of Education, mental health is now the main factor reported by parents, rising by 64% in a single year between 2022 and 2023 (DfE, 2023). The lack of Special Educational Needs and Disabilities (SEND) support was also cited as a reason for electing home-schooling by parents, and is increasing at the highest rate among all factors at 71% (Hattenstone, 2024). 'I just bumped into a parent the other week that I knew had taken one child out', Anna tells me, 'but it turns out she's had to take another child out too' (Anna, 19th February 2024). Polly similar describes how 'there a many mums that feel like this, that they're stuck in this failed system … It's stupid and wrong' (Sally, March 25th 2024). Anna is even more forceful: 'That's bloody system failure. That's what this is' (Anna, 19th February 2024).

I speak to another commission, Emma-Jane, who is mother to a young child. Her daughter started school during the pandemic, so both Emma-Jane and her daughter have known nothing but homeschooling up until very recently. Emma-Jane is conscious not only of the pressures of motherhood, but also how access to forms of educational support and services for herself and her child are unevenly distributed. ‘They talk about ‘levelling up’ this country with education, but it’s still a matter of whether you’re born into the right family or the wrong area’ (Emma-Jane, 19th February 2024). Emma-Jane describes how being a mother is like ‘walking a tightrope’, and how ‘not everyone can balance’. As Emma-Jane explains to me: ‘Commissioners often talk about how this can be happening in a developed country?. The answer is simple: it’s because the system is set up to fail people like us. (Emma-Jane, 19th February 2024). Anna is equally forthright: ‘these are damaged systems and we are the people that get damaged in them’ (Anna, 19th February 2024). And as the lived experiences of commissioners like Anna and Emma-Jane attest to, it is often mothers and children that bear the brunt of this damage.

Returning to the ‘norms of motherhood’ that Schmidt *et al* argue structure the experiences of women, it is clear that many of the commissioners interviewed in this chapter see the education system in its current form as failing their children. Under conditions of simultaneous permacrisis and polycrisis, the normative values placed on mothers fail to represent the everyday lived realities of mothering under austerity. As Schmidt *et al* note, one of these ‘norms of motherhood’ is the idea that it is the responsibility of a mother to ‘secure their child’s successful development’ (Schmidt *et al,* 2022: 57). In choosing to home-school their children, some commissioners have taken responsibility for securing their children’s development in response to what they see as a UK education system that is failing in its responsibilities. As such, this section captures how the cuts to the education system, including forms specialised support for SEND children, are being displaced into the household and onto parents: of which a majority are mothers. The next section explores the impacts of these damaged and damaging systems, including the disabling effects they are having on children themselves.

Childhood in Crisis, Childhood under Crisis

There are 4.5 million children in poverty in the UK, with children now the group most likely to be in poverty (JRF, 2025). For children living in lone-parent families, close to one in every two (49%) are now in poverty (Cribb *et al.,* 2022). The impact of this inequality is being registered in the bodies of children. The average height of children is now falling in the UK, bucking an overall positive trend dating back to the 1850s (Gao, 2019). Not incidentally, there has also been a rise in so-called ‘Victorian’ diseases in this same period (Honigsbaum, 2024). Likewise, diseases related to malnourishment and dietary deficiencies are returning despite being largely eradicated in the 20th century, with NHS data reporting a 380% increase in rickets between 2019 and 2023 alone (Sakhuja, 2024). As medical experts such as Sir Michael Marmot and Tim Cole note, such effects on health ‘happen to coincide with the period of austerity’ (Hill, 2023; Marmot, 2023). Thus, the UK is now ‘home to the largest concentration of children living below or on the poverty line across the entire continent of Europe’ (Dorling, 2024: 4).

I return to my conversation with Teresa and her struggles to get support for her autistic son. Teresa describes how, due to ongoing bullying and the lack of one-to-one SEND support, her son’s behavioural issues began to intensify in school. Despite this, the school remained adamant that her son did not require any further support. As Teresa explains: ‘Previously, if you rang and you said that your child wasn't coping because of their autism, the school would look at different measures that they could put in place. But because he wasn't harming anyone other than himself, the school did nothing’. Teresa continues: ‘The main issue for me was that if they had decided that his harmful behaviour met the thresholds earlier, it could have helped him into more fluid transition into adulthood'. Teresa is convinced that, were the school not having to make drastic cuts to their staffing levels, they would be more likely to take her son's deteriorating health situation more seriously. Ultimately, Teresa reflects, having adequate SEND support 'could have saved us as a family' (Teresa, 25th March 2024).

While childhood mental health is often felt by parents as a deeply personal and private affairs – that is, a concern of the household – child mental health is a public issue. NHS data suggests that more than one in five children aged between 8-16 now have a mental health disorder (NHS, 2023). One in five children between 11-18 reported self-harming in 2020, with this figure rising to one in four by 2021 (Bawden, 2022). The number of children referred to emergency mental healthcare in England has also increased by 50 per cent in three years (Hartas, 2024). While the pandemic is a contributing factor, it is not the primary factor for such increases in mental illness and self-harm. A 2020 study, conducted prior to the pandemic, estimated that 7 per cent of all children will have attempted suicide in the UK (Patalay and Fitzsimmons, 2020). In 2018, one in ten boys aged 17-19 reported self-harming, while the figure for girls of the same age doubled to one in five (Campbell, 2018). Instead, such year on year statistical increases coincide with the implementation of austerity policies (Barnes *et al.,* 2016).

Eventually, after continual referrals to the Pupil Referral unit, Teresa explains that she had 'no option' but to take her eldest son out of school and homeschool him. This is a decision many parents are having to face, but it is a decision that is unevenly distributed. Children in Pupil Referral Units, for example, are twice as likely to be from deprived backgrounds and twice as likely to be eligible for free school meals (Dorling, 2024). The Institute for Public

Policy Research (IPPR) reports that students from low-income families are also five times more likely to be permanently excluded and four times more likely to be suspended, with the poorest areas of England having the highest rates of lost learning (Gill *et al.,* 2024). Aside from poverty, children with Special Educational Needs (SEN), children with mental health issues, and children from minority ethnic backgrounds were also disproportionately more likely to be excluded (Gill *et al.,* 2024). Initially, Teresa notes, this decision to homeschool her son seemed to be going well. However, as her son got older it became increasingly apparent there she was 'less and less able to put boundaries in place for him', particularly with two other children to look after as well.

It is during this period that Teresa describes how her eldest son's behaviour became completely unmanageable, and was having a detrimental effect on her two younger children. Having taken her son out of school and with no support to help Teresa, her son's behaviour resulted in him having to go into care. 'It split our family massively', Teresa explains (Ibid). Despite having to navigate all this, it is the cuts and the lack of support for her son's complex needs that Teresa finds hardest to process. 'The main issue for me was that if they had decided that his self-directed behaviour met those thresholds earlier, then it could have saved us all of this pain.' Teresa is forthright in what these cuts to services, both inside and outside of school, have cost her and her family. Rather than having a duty of care to her autistic son, Teresa describes a panoply of failures of care by the education system. 'My son never received the support he needed in school. And when I made the choice to school him at home, I never received the support I needed'. Reflecting on this experience, Teresa adds: 'Ultimately I've lost my son. I'm not healed and I'm not sure ever will be from that' (Teresa, 25th March 2024).

As Amber Elgee argues, abuse and neglect are the most common cited reasons for children entering care or being placed on a child protection plan, with a ‘clear link between abuse, neglect and the interventions received in care’ (Elgee, 2024: 3). However, children taken into care are disproportionately over-represented in households from poorer areas, with poverty a key factor influencing why children enter care (Bennett *et al*., 2020; Bywaters *et al*., 2022; Elliott *et al*., 2019). As such, there is a clear and measurable connection between poverty and children entering into ‘care’. For example, children living in the most deprived 10 per cent of neighbourhoods are more than ten times as likely as children in the least deprived 10 per cent to be in care or on child protection plans. In fact, more than half (55%) of children in care or on protection plans live in the most deprived 20 per cent of neighbourhoods (Bywaters, 2020). For every one percentage point increase in child poverty in England, an extra five children per 100,000 were taken into care (Bollen, 2025): a figure which has significantly increased since 2010 (Butler, 2024). Despite this, ‘the child welfare system has a tendency to confuse poverty and material deprivation with neglect’ (Elgee, 2024: 3).

Despite this relationship between material deprivation and levels of state care, responsibilising narratives still predominate, leading to forms of stigma and shame: a process most acutely felt by mothers (McGrath *et al.,* 2023). As Alex Bollen states: ‘The welfare mother stereotype shifts the angle of vision away from structural sources of poverty and blames the victims themselves’ (Bollen, 2025: 27). As such, it is important to highlight how neglect is also socially and structurally instantiated. For example, Teresa describes in detail the forms of state support and care provisioning that were either denied to her or her son, or were gradually eroded through cuts to services and support. Experiences such as these, as well as those evidenced by Anna and Polly, demonstrate the degree to which the state has withdrawn their lives under austerity, and withdrawn from the sphere of the household moreover. Forms of withdrawal that are not only harmful to families, but also disable them from fully and meaningfully engaging in social life.

Describing the increased pressures that homeschooling her autistic son placed on her family, Teresa explains to me how her partner began to detach, leading to her having to take on more of the responsibilities within the household. Not only were these social and structural harms displaced onto and into the household, affecting individual commissioners, but they also resulted in forms of inter-personal harm too. As Teresa explains, it was due to many of the parental pressures experienced within the home that led to both of them ‘struggling to cope’. However, Teresa also documents how this led to her partner to becoming increasingly abusive, both physically and emotionally: all of which was exacerbated by the fact Teresa ‘couldn’t afford to leave’ (Teresa, 25th March 2024). This deteriorating relationship within the family captures how forms of structural harms can place individuals, and often women, at a heightened risk of interpersonal harm. Indeed, structural violence is not only ‘marked by deeply unequal access to the determinants of health’, but ‘creates the conditions where interpersonal violence can happen and which shape gendered forms of violence for women in vulnerable social positions’ (Montesanti and Thurston, 2015: 9).

Teresa painfully recounts the trauma that this entire ordeal had on her and her family, including her son and his siblings. ‘I find it hard to talk about this, because it’s all so raw. And it’s worsened by the fact I can’t lay blame at anyone, and I end up turning it in on myself’ (Teresa, 25th March 2024). As Teresa has made clear, while she sees both the education and social care system as failing her and her son, there is no outlet for her to hold these services to account, nor any impending resolution in which her son can come home. Returning to how motherhood is inscribed with normative values that are often ‘future-oriented' in respect to their children's lives (Schmidt *et al.,* 2022), commissioner Polly is left reflecting on how both her and her children's lives are being conditioned and constrained by the withdrawal of state support. A process which, like Teresa, is not only painfully inscribed with trauma, but also impacts their capacities to overcome this trauma (see Chapter Five). 'All this trauma has massive knock on effects, but because of the cuts, particularly in in children's mental health, support and services have evaporated' (Polly, 25th March 2024). Indeed, Teresa herself acknowledges that 'even if we hypothetically go back to a period prior to austerity, the kind of trauma that's been inflicted on people means we are going to need life-long help because of what we've been through' (Teresa, 25th March 2024).

Disabling Austerity

In *Activist Affordances,* an ethnographic study of disabled communities, Arseli Dokumaci locates the 'transformations that take place in the everyday lives of disabled people' (Dokumaci, 2023: 8). Lives which, Dokumaci argues, are often lived 'within a shrinking world of possibilities' (Ibid.). As Dokumaci notes, such possibilities often derive not out of action per se, but rather 'the constraints placed on action, and what follows from these restraints' (Ibid.). Thus, Dokumaci pays attention to 'the tiny, everyday battles of disabled people' as they seek out 'more liveable worlds', including those possibilities of action that are 'often too remote and therefore unlikely to be seen' (Ibid.). This ethnographic research does something similar, paying attention to the 'mundane, familiar, and unremarkable *stuff* of everyday worlds' (Thomas and Sakellariou, 2018: 6). By paying attention to the everyday experiences of commissioners within the household, it highlights the 'deep injuries' of poverty (Edmiston *et al.,* 2025) that emerge under austerity, noting how gendered these injuries can be. However, the research also reveals the 'individualised resistance strategies' and ‘everyday stigma management techniques’ (Evans, 2022: 690) that individual mothers devise through their interactions with forms of inter-personal and structural constraint.

As a mother of eight, Anna has seen how ‘very, very failed our education system is’ and how ‘grossly, grossly unfair it is because of how it infrastructurally fails people’ (Anna, 19th February 2024). A system which, as she explains, also failed her, resulting in her leaving school without a number of GCSE’s. As such, Anna tells me how she’s retaking her Maths GCSE, and is actually ‘using the maths to help teach the key stage 3 maths’ to her daughters. ‘The system failed me, but I refuse to let it label me as a failure’, Anna explains (Ibid). Similarly, community commissioner Polly describes how homeschooling has ‘rekindled’ her daughter’s love of reading. ‘Since I took her out of school she’s been doing a reading log, and after ten months she’s on her 40th book’ (Polly, 25th March 2024). ‘So what we also do is library rotations. We go around to different Lancashire libraries as an educational excursion. Give them in, take them out, renew them all digitally. Yeah, so she loves it. And she'll do creative writing afterwards’. As Polly states, ‘Something doesn't sit right with me the way her school managed this, the way my daughter's essentially been kicked out of this system because they can’t recognise her individual needs. I'm not happy. But this is a start’ (Ibid).

Teresa has also developed a number of individual resistance strategies. She has recently found a house for her and her three children, after spending some time in a women’s refuge. This is important, for while many of these commissioners have sought refuge in their home, it is also a reminder that the household too can be a site of harm. While some seek refuge in the home, others have had to seek refuge from it. ‘I got quite a bit of support at the refuge, which meant I could focus more on our needs as a family’, Teresa explains. ‘So we’ve been taking focusing a lot of mental health strategies. You know, getting the bus to different nature reserves, different museums, that kind of thing'. 'My children's lives have been completely destroyed by this system, and I've lost my boy because of it. But I refuse to give up on my daughter'. As Teresa adds: I don't want her to feel ashamed of where she's from or what she's been through. I want her to be proud, even if the system doesn't' (Teresa, 25th March 2024).

These experiences capture the 'individualised resistance strategies' and 'everyday stigma management techniques' that commissioners must devise in order to navigate poverty as mothers (Evans, 2022). However, as Evans notes, 'owing to the power and pervasiveness of structurally-imposed stigma, individualised resistance strategies are limited' (Evans, 2022: 690). It is here that Morecambe Bay Poverty Truth Commission comes in, in which commissioners' individual lived experiences are substantiated into a more collective and coproductive experience. As Anna states: 'Everybody has a story which they probably feel embarrassed about or they find stigmatising. And although it's a little bit like having roses on a dung heap, there are shoots of recovery and they need to be nurtured' (Anna, 19th February 2024). Despite acknowledging how hard it has been to 'open up about the shame and stigma', Anna also notes how she's come to realise 'we've definitely got more in common that we think', coming to enjoy 'the warmth of empathy' in the commission (Polly, 25th March 2024). Teresa is under no allusion that there's a lot of healing to do. Despite that, MBPTC has given her reason to share her experiences with other commissioners. 'I'm not healed and I'm not sure ever will be. But there's a reason I keep coming back to the commission. It gives me the strength to know I'm no longer battling this alone' (Teresa, 25th March 2024).

Parenting the Perma-Crisis

As we reach the end of our interview, Teresa reflects on her the future, and the kinds of activities that give her meaning and hope. ‘I would like to feel well enough to write more. I would like for my children to be well and healed from the things they’ve gone through. I would like my partner to get some support for his difficulties. I would like my children to be happy at school. And I would love for my son to be able to come home’ (Teresa, 25th March 2024). These two words – *come home* – epitomise so much of what this chapter is about. How the harms of austerity have come home. How stigma and shame come home. How austerity is gendered and made ‘everyday’ in the home. Home here as a noun, but also as a verb: a *doing* and a being *done* to. A place of oppression and resistance, disablement and enablement. And, in respect to this thesis, home as a site of theoretical and empirical importance.

By focusing on the ‘everyday’ experiences of Morecambe Bay Poverty Truth Commissions, this chapter has described how parents are navigating ‘permacrisis’. It details how cuts to state support and social provisioning are being displaced onto and into the household, resulting in parents taking on further responsibility for their children’s individual social, emotional, and material needs. By framing the household as a sphere of social reproduction, the chapter has highlighted how inequalities in wealth and health are reproduced in the home under austerity. In so doing, it reframes what are often intensely personal and private experiences as having a social and structural constitution too. The household is therefore understood not only as a site of ‘deep poverty’ (Edmiston *et al.,* 2025) for many commissioners, but rather, a space of deepening inequality too. For as Dorling notes: ‘In general, it is not how much is spent on health or education or housing that has most influence on whether a population is well cared for, or well educated, or well housed, but how that spending is spread around’ (Dorling, 2015: 69).

As Edmiston *et al* argue, ‘deep poverty’ in the UK is resulting in a multitude of ‘hidden injuries’ (Edmiston *et al.,* 2025: 782). This chapter ‘surfaces’ these hidden injuries. Indeed, while Edmiston *et al* argue that forms of deepening privation are occluded from prevailing forms of poverty analysis, I show how such occlusions have a spatial configuration. By paying attention to the sphere of production, much scholarship on austerity omits the forms of harm that take place within the household as a sphere of reproduction. By evidencing how austerity is lived in its ‘everydayness’ (Abed and Kelleher, 2022), these hidden injuries are made revealed. And by paying analytical attention to the social reproduction that takes place within the household (see also Chapter Three), this chapter demonstrates how the harms of austerity are deeply gendered and classed. Given the extent of this harm, I have argued that the ‘hidden injuries’ of austerity are injurious to such a degree that they can be considered disabling.

In order to evidence these ‘hidden injuries’, and further, these hidden forms of disablement, the chapter has drawn extensively on commissioners’ everyday lived experiences of shame and stigma, bringing these experiences into conversation with existing social scientific data and theoretical literature on the topic. It demonstrates how shame and stigma are central to the experience of (m)otherhood. Indeed, stigma and shame not only ‘mark out’ commissioners (Thomas and Sakellariou, 2018; Tyler, 2020) but certain objects too, which then become identifiers of class. Through an analysis of the ‘everyday’ under austerity, I have shown how stigma emerges out of multiple interactional scales, from the inter-personal to the structural. Indeed, stigma is key experiential modality of the ‘deep injuries’ described by Edmiston *et al.* (2025). I therefore evidence Tyler’s claims that stigma functions both as a ‘political injury’ as well as a ‘disabling force’ (Tyler, 2020: 29).

Finally, I demonstrate how, for those living in and with prolonged and protracted crisis, this 'permacrisis' is a form of harm. Structural harms. State harms. Harms that connect the sphere of production with the reproduction, the care-full with care-less, the personal with the political. Indeed, I show how harm emerges not only from interactions with the state, but from interactions that no longer take place. Harm as an outcome of absence, of the withdrawal of the state from the lives of families. Harm as a form of 'organised state abandonment' (Gilmore, 2007: 178 Bhandar, 2022). These are harms that, when experienced in the home, are as social and structural as they are individual and inter-personal. Thus, by bringing Edmiston *et al'*s work on permacrisis together with Jensen's work on parenting under crisis, I demonstrate how commissioners are 'parenting the permacrisis'

Thus, through their impacts on the health and wellbeing of commission, as well as their ability and impede and impact commissioners' abilities to fully and meaningfully engage in social life, these harms are also disabling. Like 'home', this is disablement as a verb, as an active and ongoing *doing* and being *done* to. An outcome of the social and material conditions in which commissioners act. And this word, act, is also key. For the story of the home under austerity is also one of enablement as well as disablement. And further, how forms of enablement can actually be enacted through disablement. For this chapters has highlighted how agency is enacted by commissioners not so much in response to constraint, but rather, precisely through and out of experiences of constraint. Constraint is not antithetical to action. Instead, it proscribes the parameters of action, but it doesn't entirely preclude or negate action. Like Chapter Three, this chapter is my attempt to 'surface' the harms of the household: to 'de-enclose' them, 'de-privatise' them, to give them 'a body, a voice, a territory’ (Cavallero and Gago, 2021: 4). And is to this attempt to socialise the harms of austerity that the thesis now turns, foregrounding MBPTC as a participatory and pre-figurative space in which commissioners become social actors and agents in a wider movement. A movement which, I argue, is attempting to disable austerity.

CHAPTER FIVE

‘The Stories that Reveal the Sickness’:

On Facilitating a Poverty Truth Commission

Chapter Outline

The Poverty Truth Movement is built on the principle that those with lived experience of poverty should be afforded a voice in social and political decision making. MBPTC describes its remit as ‘facilitating meaningful conversations and deep relationships’ between those who are ‘experts through their own lived experience of poverty’ (community commissioners) and those ‘experienced in social, economic and political provision’ (civic commissioners) (MBPTC, 2026). While emphasis in rightly placed on the role of both community and civic commissioners in the wider Poverty Truth Movement, this final chapter addresses the often neglected role of facilitation. Through interviews and ethnographic fieldnotes, I argue that the role of facilitators is equally constitutive to the success of a commission. Using a palimpsest approach (Okello and Duran, 2021; Pizzarossa *et al,* 2026), the chapter describes how facilitator’s experiences in the past inform their present. The chapter details the labour that goes into the reproducing a Poverty Truth Commission, including forms of ‘trauma work’ (Cohen and Collens, 2013). In so doing, traditional accounts of trauma as a ‘sudden and forceful event’ are reframed, noting how trauma can be result from slow and attritional harms. In prioritising forms of collective storytelling, I explain how facilitators reimagine intensively individual experiences of harm as ‘social harms’ with social aetiologies. Such an approach, I argue, reveal both the disabling conditions of austerity in the UK as well as how social actors in this movement are attempting to disable austerity.

The Persistence of Poverty

I talk to Graham, a facilitator and co-founder of the Morecambe Bay Poverty Truth Commission. Graham has lived in the Morecambe Bay area for nearly two decades, having studied at Lancaster University as a student before moving back to the area eighteen year ago. We discuss Graham's own relationship to poverty, particularly his experience of inter-generational poverty. 'The previous generation of my family came from incredible poverty', Graham notes. 'My mun and dad, for example, they would often go to school without shoes on their feet. So you know, we're talking about a family with serious, serious poverty' (Graham, 23rd June 2023). Graham recounts his experiences as a child living in a housing estate in Hemel Hampstead. 'I remember our floors having no carpets. Not because of religious reasons, but because we simply couldn't afford it. We never had anything, really' (Ibid). Growing up in a faith background, Graham identified from an early age the 'extraordinary discrepancies' between the lives of many 'wealthy do-gooders' and the lived experiences of people in situations just like his parents. 'I genuinely believe it was well intentioned, but I remember my father coming home with two left-shoes because the chair of the charity thought they'd be an acceptable replacement' (Ibid).

I also speak to Liz, another member of the facilitation team and co-founder of MBPTC. Much like my interview with Graham, our conversation immediately turns to experiences of inter-generational poverty and the stories of poverty that were passed down from parent to child. Liz recounts the 'historical childhood stories of my grandmother's poverty' and how her own mother was 'seriously, seriously damaged' from these experiences. 'I Imagine what it must have been like for them, having a baby and wondering how on earth you're going to look after it. That fear, and you almost imbibe in your mother's milk' (Ibid). Liz likewise describes how her father was a ‘scholarship boy at a grammar school’ and that despite his keen academic acuity, was bullied for being poor to such an extent that he left school at 14. As such, poverty fundamentally structured both her parents’ life-courses and, consequently, Liz’s early life too. ‘We were raised on those stories, and they never leave you’ Liz notes, adding: ‘You perceive them in your own psychology’ (Ibid).

Liz also recounts the period in which her father went bankrupt, and the fear this induced in the whole family. ‘There was such an intense fear in [my parents] because of the knowledge they had of poverty’, Liz explains. ‘We basically had to relive the trauma of poverty as a family. We talked about it every day around the dinner table. What do we do tomorrow? How do we survive tomorrow?’ (Ibid). And while Liz notes how her parent’s income would eventually allow them to escape this poverty, the fear of poverty never really left: ‘You know, it lingers on, doesn't it? It’s always in the back of your mind. Or you feel it creeping up in your body’ (Ibid). Such experiences speak to how inter-generational poverty persists not only as a material condition, but as a deeply affective, phenomenological condition too. Indeed, as Liz reflects: ‘It becomes genetic: it becomes part of your DNA’ (Ibid).

This temporal experience of poverty was shared with a number of other facilitation team members, in often quite variegated ways. For example, Gail is a members of the facilitation team and responsible for many of the day-to-day duties of running MBPTC. Like Graham and Liz, she has been part of the facilitation team since the commission’s inception in 2017. Our interview begins with Gail’s early childhood experiences of poverty, and how her parent’s proximity to poverty were related to their class position. ‘My dad was a mechanic and he never really had much money’. This became particularly acute, Gail explains, when her dad would ‘lose jobs because of his drinking’ (Gail, 10th July 2023). During these periods, her mother, who was a doctor, would be left to look after Gail and her siblings while trying to maintain her career. ‘So there was a lot going on, especially with my dad being working class and my mum being middle class’. As Gail explains, though her family were never in poverty, there was a very real fear that it was never too far away. ‘Yeah, the fear of poverty right has always been quite close’ (Ibid).

Gail also explains to me that while having a parent struggling with addiction did impact her, it was her family’s precarious relationship with poverty that has left its mark. ‘As a kid you don’t necessarily put a name to what you’re feeling’. Instead, Gail explains, this proximity to poverty ‘leaves you feeling on edge all the time’. Qualifying this, Gail adds: ‘It’s like a stress response, but you don’t know what to. At least not as a child anyway’ (Ibid). For Liz, this ‘lingering’ effect of poverty reveals something fundamental about the connection between poverty and trauma. ‘When you face hunger as a child, those hunger pains last until your next meal’, Liz explains. ‘But when you begin to learn that your next meal is conditional on all these other material factors you have zero control over, you begin to experience poverty more existentially’ (Liz, 23rd June 2023).

Similar to Gail, facilitator Adam describes his early experiences of childhood, including how he was always ‘not quite in’ poverty. ‘So in our family, my dad earned quite well as an engineer and my mum, when she did work, was a dinner lady. So we had just enough’ (Adam, 21st June 2023). Like Graham and Liz, though, Adam also grew up hearing stories of inter-generational poverty: ‘the roots of our family certainly come from poverty. Our generation was the first family unit that wasn’t living hand to mouth. So I felt like I always had a relationship to poverty, even if I maybe didn’t’, Adam explains. I ask Adam if he can pinpoint exactly what it is he felt was ‘passed down’ generationally in respect to poverty. ‘I never felt the cold face of it, you know. But what I would say is that the shame of poverty, of not having money or resources to draw from, that's what I experienced either directly or through my family's stories. Yeah, that's what persists' (Ibid). Indeed, Liz puts a name to this capacity for poverty to persist: 'People can call it what they want, but for me, this is trauma. Trauma is that thing that remains even after the poverty has long gone. Trauma is the thing that lingers' (Liz, 23rd June 2023).

These early conversations highlight how important experiences of childhood poverty are to facilitators. This is not only appreciable in facilitators' fear that poverty might return at any moment, but is also embodied in experiences of how poverty 'lingers' and resides in the body. This relationship between childhood poverty and trauma is explored through the literature on Adverse Childhood Experiences (ACEs). The term was originally coined in 1998, with early epidemiological studies drawing correlations between negative experiences during childhood and physical and/or mental health issues later in life (Felitti *et al.,* 1998). While early studies took place in the US, there has been a significant growth in ACE research in the UK, particularly since the 2010s (Page *et al.,* 2014; Lacey *et al,* 2022; Farooq *et al.,* 2024; Bellis *et al.,* 2025). ACE's are therefore defined as 'situations which lead to an elevated risk of children experiencing damaging impacts on health, or other social outcomes, across the life course'. However, such experiences are largely equated with individuals 'who are abused or neglected; live in in households where domestic violence, drug and alcohol misuse, mental ill health, criminality, or separation are present; or who live in care' (Allen and Donkin, 2015: 4). Less attention is placed on early childhood experiences of poverty, or other forms of social and material deprivation.

While early research on ACE's focused overwhelmingly on forms of inter-personal violence experienced within the household, there have been recent studies exploring the relationship between poverty and ACE's, with socioeconomic disadvantage strongly increasing the likelihood of exposure to ACEs (Page *et al.,* 2014; Lacey *et al,* 2022). These adverse childhood experiences are known to co-occur, or cluster, in particular groups of people, and are 'particularly common among those experiencing poverty' in the UK (Farooq *et al.,* 2024). Indeed, exposure to multiple ACE's having a cumulative and compounding effect (Muller and Kenney, 2024), and are often 'transmitted' across generations (Allen and Donkin, 2015: 5). Because of this association between socioeconomic disadvantage and childhood adversity, recent research has argued that 'poverty may itself be considered an adverse childhood experience' (Hughes and Tucker, 2018: 124).

While there has been a growth in 'ACE awareness' in the UK, including its links with trauma, there remains a dearth in literature 'about the role of socioeconomic conditions in both understanding the causes of, and addressing, ACE's' (Walsh *et al.,* 2019: 1088). This is despite the fact that 'all ten of the commonly measures ACE's are very clearly socially patterned' (Ibid: 1091). In framing these harms as fundamentally individual or inter-personal in their constitution, ACE research often neglects how chronic and protracted forms of material disadvantage are experienced in adverse ways. As such, much ACE research still frames harms through a bio-medical model, with harm emerging from an individual's interpersonal interactions within the home. Given the impact of austerity measures on poverty levels in the UK, there needs to be a wider recognition of the harms that chronic experiences of social and material disadvantage produce. It is these 'everyday' experiences of slow and protracted crisis that the following sections attend to, reframing trauma not as an 'event' or series of events but rather as a 'structure' (Reay; 2025).

This opening section draws on the lived experiences of facilitators themselves because, like the experiences of commissioners, it captures how the harms of poverty persist in often in quite traumatic ways. Trauma is therefore central to the lived experience of poverty. Indeed, trauma can be seen as an instantiation of the 'hidden injuries' of deep poverty (Edmiston *et al.,* 2025). That said, in this chapter I extend an analysis of 'poverty as trauma' (Reay, 2025: 86). By drawing on interviews and ethnographic fieldnotes, I foreground the forms of 'trauma work' that the facilitation team engage in. I also demonstrate how, through collective forms of storytelling, deeply personal accounts of harms are reframed at MBPTC in ways that foreground the social determinants of harm. Before doing so, I return to the lived experiences of facilitators themselves, noting how the persistence of poverty might be likened to that of a 'palimpsest' (Pizzarossa *et al,* 2026).

The Palimpsests of Poverty

I return to my interview with Gail. While many of the facilitators interviewed experienced poverty during childhood, Gail also describes a more immediate relation to poverty. While Gail was, by her own admission, often 'on the other side' of poverty, this changed as she began to enter work herself. 'I've spent the last thirty years working short-term contracts, doing community work, doing low paid, part-time work', Gail explains. 'And the worst point came when I lost my job shortly before starting [at MBPTC]. It was so unexpected, I lost it like that'. Gail recounts how she became increasingly reliant on support during the period. 'I had no savings, no nothing. I was dependent on food parcels. On friends giving me money. Had I not got this job, it would have been a very different story' (Gail, 10th July 2023). As Gail reflects: 'this increased my fear of poverty, because it made me realise just how close we all are to it. That anything can happen. That if I didn't have this job, I don't know where I would have ended up'. For Gail, then, poverty is experienced as a liminal or interstitial state: always straddling a precarious position between 'not quite in poverty' and 'not quite able to escape it' (Ibid).

Adam too describes how, like Sally, he was always in a state of 'not quite in' poverty as a child, but that this relationship to poverty changed after he left school. As Adam states: 'I really struggled in my late teens and early 20s. Especially with my mental health' (Adam, 21st June 2023). Adam explains to me that his experience of poverty became much more immediate as a student in Preston. 'The house I lived in, with my fellow graduates, was actually the worst living conditions I can actually describe. I had small funds that I could draw from my family, but in terms of our own actual working and living conditions, it was as bad as it gets'. Adam recounts one Christmas, which he refers to as 'Black Christmas', in which there wasn't any food to eat and he was living in freezing conditions. 'It was awful. Truly awful'. It was also during this period that he saw his friend's mental health deteriorate significantly. Reflecting on his relationship to poverty, Adam describes this period as 'a window into the stark reality of poverty and the suffering it can bring' (Ibid).

These interviews reveal the temporal entanglements of poverty. That is, through their personal experiences and professional work, how poverty relates facilitators back into the past as well as into the immediate present. Often, such experiences involve inhabiting different temporal spaces simultaneously. As Graham would note: 'Without these past experiences of poverty, I don't think any of us would be as effective as we are as individuals and as a team' (Graham, 23rd June 2023). In this sense, such experiences of poverty can be understood as palimpsestic. For M. Jacquie Alexander, a palimpsest describes a 'parchment that has been inscribed two or three times, the previous text having been imperfectly erased'

(Alexander, 2005: 190). The palimpsest involves a text, script or narrative that has been rewritten again and again, in such a way that the previous text, script or narrative emerges out of that which precedes it. For Wilson Kwamogi Okello and Antonio Duran, framing experiences of the present as bound up and entangled with the past forces one to think both the 'here and there' and 'then and now' as co-existing (Okello and Duran, 2021).

Given the importance of facilitation to the Poverty Truth Movement, this chapter frames the facilitation team as equal social actors in a wider social movement. As such, a palimpsestic framework can help describe how 'activists record their experiences, strategies, successes and challenges on the societal landscape', such that their experiences become 'a cumulative and evolving record … that builds upon and reinterprets the layers that precede it" (Pizzarossa *et al,* 2026: 304). By framing facilitators experiences of poverty this way, it becomes possible to think about how their personal and professional biographies are structured through and by experiences in the past. Thus, the harms (and often trauma) of poverty operate less as an 'absent presence' (Gordon, 2008) and more like a continually reappropriated or reinterpreted biographical record. This framework also speaks to how experiences of poverty have a temporal dimension too, and how this temporality is not always experienced as linear. The lived experiences of poverty detailed by facilitators seem more concerned with processes of accumulation and sedimentation, writing and rewriting, and of understanding 'the new' as 'structured through the old' (Alexander, 2005: 190).

Approaching experiences of poverty as palimpsestic, then, helps articulate how past experiences of poverty have the semblance of 'lingering' (Liz, 23rd June 2023) behind or under new ones, or how the past itself 'remains close' (Gail, 10th July 2023) and 'persists' (Adam, 21st June 2023) into the present. As social actors involved in a social movement, these experiences of poverty are also affected by enduring socio-economic legacies too, including the ways in which narratives and political discourses attempt to ‘imperfectly erase’ prior histories of inequality and social activism (Pizzarossa *et al,* 2025: 304). As such, a palimpsestic approach ‘foregrounds the interconnectedness of past and present struggles’ (Ibid: 304).

For many of the facilitators, poverty represents an entanglement between the ‘then and now’ and the ‘here and there’ (Okello and Duran, 2021). Just like texts on a parchment, these experiences becomes inscribed upon the body and interiorised within the mind, often indelibly. Extending Liz’s argument that ‘trauma is the thing that lingers’, the next section attends to this role of trauma directly. Similar to Chapter Three and Four, I frame the emotional and psychological labour that goes into reproducing the commission, including forms of ‘trauma work’ (Cohen and Collins, 2013). In so doing, I account for the forms of social reproduction involved in social movements. Just like the more physical and material work that goes into facilitation, this emphasis on the more emotional and phenomenological work stresses the need to situate facilitators themselves as equal actors and agents in this wider Poverty Truth Movement. The next section turns to what the facilitation team refer to as a ‘trauma-informed’ approach to storytelling, noting how individual experiences of harm are transformed into forms of social harms with social aetiologies.

The Stories that Reveal the Sickness

The role of storytelling is a key component of MBPTC, with the sharing of stories perceived to be central to its success. Graham, for example, explains to me how storytelling is at the core of our social existence and can be powerfully solidaristic. As he states: ‘It’s about recognising how, through storytelling, new narratives can be created. And that those narratives can have a kind of magic to them, in which new solidarities can emerge' (Graham, 23rd June 2023). For Graham, this practice of storytelling is 'really about the politics of friendship', noting that 'if someone is really struggling, then genuine friendship wants to do something' (Ibid). That said, it is important to understand how storytelling is not necessarily spontaneous and organic process, but rather a mediated practice that requires careful and often methodical facilitation. Indeed, it is often within this mediated space that organic and emergent forms of solidarity can arise.

Before the practice of storytelling can take place, a lot of groundwork is done by the facilitation team. Like Graham, Liz explains to me how storytelling requires a careful and deliberative process which includes cultivating people's capacity to listen. Liz refers to this capacity as 'deep listening'. 'So what I bring to the commission is the awareness that listening is not something most of us do. We hear, but we don't listen. And this is actually a deeply human skill that most of us have lost' (Liz, 23rd June 2023). To do this, Liz explains, 'we need retraining to be human because we've been so dehumanised by poverty'. Liz also explains how difficult this process can be. 'We train people to listen because through that listening we are changed as individuals. But it's a difficult process to learn. I mean, I'm technically an expert, but I still need to check myself to ensure I'm actively listening' (Ibid).

This emphasis on 'deep listening' was revelatory for a number of facilitators, including Michael, whose professional background is based on forms of listening: 'I do a lot of bereavement care', Michael explains, 'which is really about listening to people' (Michael, 21st March 2024). Despite Michael's own capacities to listen via his pastoral work, it was only through his involvement in the commission that he came to the realisation that listening is not a neutral process or practice. 'I think there's an assumption that because there are community commissioners with lived experience, then people should listen to them. But if it’s not mutual, then there's still a problem with the power dynamic’ (Ibid). Listening thus implicates everyone within the space of the commission, including facilitators themselves. ‘This whole concept of relationship building through communication, it really made me think about the assumptions I make in my own personal and professional life, and how even the most well-meaning decisions, when made without actually listening to people’s lived experience, aren’t productive’ (Ibid).

Michael likens deep listening to the practice of walking. ‘So I think it’s really about empowerment, empowerment through a kind of walking together. When we listen, really listen, to someone’s story, we’re actually walking together with them’ (Ibid). Michael reflects on how important this is to our contemporary moment: ‘I think listening is intensely powerful and healing, and I think the inability to listen is probably what explains most of what’s going on in society. That there are these terrible differences in our culture, but when we come together and go through this process, there’s a real, genuine empathy created’ (Ibid). Indeed, this is similar to Liz’s description of storytelling as ‘having conversations across difference’ (Liz, 23rd June 2023). For Michael, then, storytelling is a central component in the success of a Poverty Truth Commission. ‘One of the biggest outcomes of Round One was creating a listening culture within an environment which is very target driven. This emphasis on deeply and attentively listening to one another really was central to its success’ (Michael, 21st March 2024).

Grace, another facilitator at MBPTC, places equal importance on storytelling as a way of having conversations across difference. ‘You know, the storytelling we do is really about breaking down barriers’ (Grace, 29th June 2023). Unlike Michael, who acknowledged that he had too often approached listening as a neutral process, Grace sees things from an opposing perspective: perhaps as a consequence of her professional background working within the judicial system. ‘We don’t like to talk about it, but there’s this war of attrition on both sides of a conversation. I mean, perhaps that’s a strong word, but there are these barriers that people put up, and it makes them defensive’. ‘You know, we all do it’, Grace adds, ‘but without those open and honest conversations that we have through storytelling, we never break through those barriers’ (Ibid). Grace also describes how ‘revelatory’ it was when the facilitation team introduced food to the meetings, including the impacts it had on storytelling. ‘We were amazed at what we saw. The stories just flowed. There’s something powerful about sharing food and stories in good company’ (Ibid).

This idea of company and companionship is particularly pertinent in respect to food. Companion comes from the Latin, *cum*, meaning together, and *panis* meaning bread. Thus, ‘one who eats bread with you’ (OED, 2025). As Grace adds: ‘I really do think that the sharing of food opens up the possibility for the sharing of stories, and often really difficult stories’ (Grace, 29th June 2023). The role of food also had Grace thinking about other ways she could better facilitate and curate the space of the commission. As she explains: ‘the way you organise a room, you need to set it up in such a way that it invites communication’. Asking for a specific example, Grace responds: ‘I mean, people laugh at this, but things like flowers on the table. When I put those flowers on the table for our second session, it created a totally different atmosphere in the room. It’s the same with sweets and chocolates to share. It’s so simple, but it softens the space’. As Grace explains to me, ‘taking responsibility for the space of the commission’ has become a really key component in her role as an effective facilitator (Ibid).

This emphasis on the groundwork that goes into preparing a commission demonstrates how carefully curated the space of a Poverty Truth Commission is. As the next section notes, part of being attentive and attuned to the experiences of commissions often involves recognising and responding to trauma. Within the curatorial and coproductive space of the commission, a ‘trauma-informed’ approach to storytelling allows intimately personal traumas to be reimagined as fundamentally social. In this way, the harms and traumas of poverty can be framed as socially and materially determined. That said, in placing such a heavy emphasis on trauma, this ‘trauma work’ can take a significant physical, mental and emotional toll on the facilitators themselves.

Trauma: The Thing That Lingers

The psychotherapist Dr Miriam Taylor defines trauma as ‘the effect of an event, an experience or a relationship that overwhelms our capacity to cope on our own’ (Taylor, 2024). For Peter Levine, trauma has an intrinsic connection to stress, though as he notes, while all traumatic events are stressful, not all stressful event are traumatic (Levine, 1999: 5). Extending Levine’s analysis, Gabor Mate argues that an event is traumatising or retraumatising ‘only if it renders one diminished’. That is to say, trauma leaves one ‘psychically or physically limited than before in a way that *persists’* (Mate, 2022: 24-25, original emphasis). At MBPTC, the facilitation team make a conscious and deliberative decision to engage with trauma, including the harms of persistent exposure to poverty. I argue that such ‘trauma work’ is a form of labour that, in line with Social Reproduction Theory, is central to reproducing the commission. However, much like forms of social reproduction, this labour can takes a physical and emotional toll on facilitators themselves.

Trauma is a core component of storytelling at MBPTC and requires careful discernment. As Liz explains during our interview: ‘In order to heal from trauma, we have to confront it. But in order to do that, our traumas must be delicately surfaced over time’ (Liz, 23rd June 2023). For Liz, this process ‘requires cultivating a traumatic awareness’ as a facilitator. Graham too describes how deliberative this process is. ‘We have to be very careful in our storytelling, and in how we share traumatic stories of poverty’. For Graham, then: ‘The question for us, as facilitators, is how we do this in such a way that genuine healing takes place, and doesn’t just further harm’ (Graham, 23rd June 2023). Grace clarifies how this trauma-informed approach shouldn’t be interpreted as ‘trauma for trauma’s sake’. Instead, Grace affirms, ‘we talk about trauma because, as hard as it is, that’s what binds us together through this whole process. We arrive as a group of hurt and damaged individuals, and we come out of the other end wanting to fix the world together’ (Grace, 29th June 2023).

This ‘trauma-informed’ approach to storytelling is also about confronting how dehumanising poverty can be. ‘You know, you’ve got your story of poverty, and I’ve got mine’, Graham remarks. ‘But there’s something in common in our stories, a common humanity. There’s something really powerful in being together with our stories’ (Graham, 23rd June 2023). Qualifying this, Graham adds: ‘So even though at one level these stories might trigger difficult traumas, they’re also triggering something much deeper than trauma. They’re triggering the discovery of solidarity’ (Graham, 23rd June 2023). For Liz, this emphasis on storytelling is part of a larger humanising process within the commission. Referring to an earlier conversation we had about ‘necropolitics’, which describes how state power is increasingly organised around the capacity to determine who lives and who dies (Mbembe, 2019), Liz states: ‘I keep thinking about this term, necropower. How power is increasingly killing everything. Not just literally, but symbolically. We’re being stripped of our humanity’.

As such, Liz notes how the sharing of stories is about ‘rediscovering what it means to be human again’ (Liz, 23rd June 2023).

During my interviews with Liz, we discuss the overarching reasons for prioritising forms of ‘trauma-informed storytelling’ within the commission. For Liz, these individual stories of harm and violence reveal something more fundamental about how UK society is structured, and how true healing can only come from confronting harmful systems. As she states: ‘It’s really about understanding that these individual stories of damage and neglect are actually about something deeper, about how it’s our social body that is ill. We’re damaged because it’s damaged’ (Liz, 23rd June 2023). Or as Graham succinctly puts it: it is about telling ‘the stories that reveal the sickness’ (Graham, 23rd June 2023). In this way, individual experiences of harm are transformed into social harms: harms that are structural and systemic in their constitution. In fact, Liz identifies how these damaging systems produce forms of disablement. ‘What all these heart-aching stories reveal is how the system is killing everything that makes us human. That we’re being disabled from being human’ (Liz, 23rd June 2023).

Returning to Taylor’s definition of trauma as ‘the effect of an event, an experience or a relationship that overwhelms our capacity to cope on our own’ (Taylor, 2024), I reflect on how operative those final three words – ‘on our own’ – are to the commission. What the interviews in this thesis reveal are how commissioners’ capacities to cope are being overwhelmed by austerity policies. However, through an engagement with MBPTC, this capacity to cope on our own is transformed into a collective capacity to cope together. The next section notes how physically and emotionally demanding this approach can have on the facilitation team. I argue that this ‘trauma work’ should be theorised as precisely that: a form of work that is central to the reproduction of the commissioner and wider Poverty Truth Movement. And much like forms of social reproduction (see Chapter Three and Four), this work can come at a cost to those who undertake it. As such, a greater emphasis must be placed on the role of facilitators as actors and agents in this movement.

The Work of Trauma

I return to my interview with Adam, who joined MBPTC in his role as facilitator during Round Two. Commencing in 2021, the early stages of the commissioner were significantly impacted by the pandemic and cost-of-living crisis. Adam describes how vital it was to support the commissioners during this period, with the pandemic compounding their experiences of poverty. However, Adam also notes how this period also made his role as facilitator increasingly difficult. ‘Actually, last year I was spending more and more time with [community commissioners], and around the time of the launch in May, the pressure really got to me. I sort of buckled, really’ (Adam, 21st June 2023). As Adam explains, ‘It’s the closest I’ve come since I was in my late teens and early twenties to say to myself that I can’t cope, that I need professional help. Because there’s an intense pressure to make sure that commissioners’ health and wellbeing is prioritised and that their personal stories of poverty produce results’ (Ibid).

One of Adam’s roles is to ensure that the commissioners’ stories are told in a particular way. Adam describes attending other Poverty Truth Commission events, noting how these stories were often inadvertently told in exploitative and problematic ways. We discuss how there’s a tacit assumption in anti-poverty movements that you simply ‘give people in poverty a stage and let them tell their truth’. But as Adam explains, this process involves a careful and often methodical process of planning, and that without this, it is very easy for public events to descend into ‘a very, very typical series of storytelling for suits’ (Ibid). As Adam clarifies: ‘By that, I mean the way community commissioners’ experiences are presented in a very condescending, very patronising way, which doesn’t really centre their agency but instead tells a tragic story of what’s been done to them’. As Adam reflects: ‘So I said to Gail, we aren’t doing that. We can’t do that. It isn’t fair for us of us to go through this intensive period of building trust, only to say, there’s your microphone, over to you’ (Ibid).

This conversation with Adam captures how carefully facilitated the space of the commission is, while ensuring that organic and coproductive relationships can still emerge. In order to do this, Adam notes how ‘we draw on our own experiences in order to make sense of the experiences of commissioners’ (Ibid). In doing so, facilitators ‘become vessels ourselves in which we assist in the in the storytelling of others’ (Ibid). For Adam, this process is incredibly rewarding, but can also come at a cost. ‘When you hand yourself over in this way, you’re also handing over your time, you energy, and in many ways, a significant part of your own life’ (Ibid). Such an observation foregrounds how physically and emotionally involved facilitators have to be in the commission as well as in the lives of commissioners. Indeed, this physical and emotional investment often takes a significant toll on facilitations.

Adam recounts to me some of the impacts his work as a facilitator had on him. ‘Yeah, I stopped sleeping at one point. I basically went through terrible insomnia, as bad as I’ve experienced in a really long time’ (Adam, 21st June 2023). Adam attributes part of this to the powerful role of storytelling. ‘I mention this because it’s interesting that through all this storytelling, through everything you go through with the commissioners, it absolutely affects our own mental health too’. Thus, for Adam: ‘In terms of the stories we tell, stories of harm, of dealing with the actual deaths of commissioners, this makes us true empaths in which we are truly walking with commissioners on a journey together. But it absolutely has taken a toll on us' (Ibid). Other members of the team similarly noted the physical and emotional toll the work of facilitation had on them.

For example, Grace explains to me how 'incredibly emotionally involved I was in pretty much everything we did during the commission', noting how this 'wore me out in a way I hadn't experience before' (Grace, 29th June 2023). Ruminating on the conclusion of Round One and the launch Round Two, Grace notes how she was left thinking: 'Can I do all this again? Can I wipe myself out like this for a further two or three years?' (Ibid). Gail, too, was left reflecting on the physical and emotional toll of facilitation. 'In Round One I shared my trauma freely with everyone. And while it bound us together tightly as a group, trying to facilitate all that emotion takes energy'. As Gail explains to me: 'All that trauma in the room, it brought up a lot of stuff for me about my own experiences when I was a child, and how all this trauma continues to get passed on' (Gail, 10th July 2023). Again, the role of facilitation as a form of work. Work that, palimpsest like, relates facilitators like Gail and Adam back into their own pasts while also rooting them physically and emotionally into the present.

Liz similarly recounts the intense physical and psychological toll facilitation had on her. While acknowledging that 'holding on to the trauma of others' is at the core of the facilitating process, Liz notes: 'Sometimes I came home from the community commissioner meetings and I would literally howl for one or two or three hours. I was unmade by some of these stories' (Liz, 23rd June 2023). Liz gives a particular example of this, in which 'I actually came home after a commission meeting and I was literally pulling the grass from the lawn. I was tearing it up. I was so traumatised'. Exploring this traumatic event further, Liz notes how 'it dredged up all my own experiences of poverty, of my mum's poverty and her mum's poverty, and all I could think about was this cycle of pain and suffering…. and how, in that exact moment, I had this overwhelming need for it to stop' (Ibid).

As Orla T. As Muldoon notes, trauma is not only experienced personally but 'vicariously by those who witness it … in their professional duties' (2024: 12). Karen Cohen and Pula Collens refer to this as 'trauma work' (Cohen and Collens, 2013: 570). Such vicarious forms of harm and trauma are certainly experienced by the MBPTC facilitation team. However, their experiences also capture the palimpsestic idea of past experiences co-existent and coterminous with contemporary experiences, and how hard it is for facilitators to separate their own experiences of trauma from those of commissioners in the present. Indeed, these personal experiences of poverty arguably exposed individual facilitators to their own intersectional forms of trauma and harm, in which past and present, personal and professional, become contiguous. As Gail explains: 'I do think Round One really became mixed in with my own insecurities and, yes, actual traumatic experiences of my own too. I spent so much time in floods of tears, not just because of the stories I was hearing, but because of how close it all felt to me personally' (Gail, 10th July 2023).

The impact that facilitating MBPTC had on the team left many of them reflecting on the role this 'trauma work' should play in the commission, including whether there was a need to 'go easier on the trauma this time' (Liz, 23rd June 2023). As Graham explains: 'We discussed this together as a facilitation team, and we had a conversation around not retriggering traumas. So it's a process that requires huge discernment'. However, as Graham notes: 'I would say, all things considered, healing really can't be done without it' (Graham, 23rd June 2023). While identifying a need to 'be very very careful with trauma', Liz similarly argues that 'if we pull back from the trauma, we pull back from the humanity in the stories. And I think that, in all honestly, Round One was as effective as it was because we really took trauma on' (Liz, 23rd June 2023). 'Poverty is traumatic', Liz remarks, 'and you don't come out it without being harmed in one way or another. So unless we address the harm, unless we address the pain, we can't heal' (Ibid). 'That's the thing with trauma', Liz reflects: 'it can be additive rather than subtractive. We invite suffering into this space in order that our individual resilience can be combined together' (Liz, 23rd June 2023).

Through interviews with the facilitation team, this section has foregrounded the forms of physical, mental and emotional labour that goes into facilitating a Poverty Truth Commission. This includes of 'trauma work'. In so doing, the section describes the active and agential role that facilitators play within this social movement. Indeed, the facilitation team perform a social reproductive role within the commission that keeps this social movement moving. The section also prioritises forms of labour because, much like the forms of care performed by commissioners in Chapter Three and Four, this labour risks becoming the unacknowledged and unnamed reproductive work of the movement. I therefore emphasise the value this work has to the Poverty Truth Movement because such work can easily become concealed as a result of its 'reproductive' function.

Despite identifying how physically and psychically tolling facilitation can be, this emphasis on a 'trauma-informed' approach to storytelling continues to be prioritised by the MBPTC facilitation team, albeit in ways that have been modified and amended since Round One. Through my interviews and ethnographic fieldwork, it has become clear facilitators engage in 'trauma-informed' storytelling because of its ability to 'reveal the sickness' in contemporary UK society. In this way, individual experiences of harm and trauma are revealed to be common. Common not only as shared experiences, but also in how harm and trauma have becoming increasingly common under austerity. Indeed, I return to my interview with Liz, who, in highlighting the imbrication of poverty and trauma, explained to me that trauma is becoming 'an expression of the everyday' (Liz, 23rd June 2023). The next section turns to an analysis of trauma, arguing that rather than a 'sudden and forceful event that overwhelms a person's ability to respond to it' (Horowitz, 1989), trauma should also be understood as an outcome of conditions that are more chronic and protracted, and are experienced daily in ways that are attritional and slow. That is, trauma not as an event or a series of events, but as a 'structure' (Reay, 2025).

The Everyday Traumas of Austerity

Trauma has traditionally been understood as a 'sudden and forceful event that overwhelms a person's ability to respond to it' (Horowitz, 1989). It is often conceptualised as a single, cataclysmic event or set of events. As Gabor Mate notes, 'the usual conception of trauma conjures up notions of catastrophic events: hurricanes, abuse, egregious neglect, war' (Mate, 2022: 19). However, as Mate himself explains, this conception of trauma has the 'unintended and misleading effect of relegating trauma to the realm of the abnormal, the unusual, the exceptional' (Ibid.). This next section critical interrogates this 'catastrophic' reading of trauma, describing how, through the experiences of commissioners as well as the 'trauma work' performed by facilitators, such readings fail to account for how trauma emerges out of the ordinary and the everyday.

Each of the previous four chapters have described and evidenced the many harms experienced by commissioners through their proximity to poverty, noting how they arise out 'the mundane, familiar, and unremarkable *stuff* of everyday worlds' (Thomas and Sakellariou, 2018: 6). Crisis is now experienced as chronic rather than acute, a normal state of affairs rather than a state of exception. Thus, when Mate notes how traditional conceptualisations relegate trauma to the realm of the abnormal, the unusual, the exceptional, it is important to note how, under austerity, such exceptional states have themselves become violently unremarkable. What is exceptional is how unexceptional the breadth and depth of poverty has become in the UK. And as Mate himself concludes: ‘those features of daily life that appear to us normal are crying out the loudest for our scrutiny’ (Mate, 2022: 7).

While commissioners and facilitators do describe conditions or events in their lives that are ‘sudden and catastrophic’, many of the harms they evidence are instead experienced as slow and protracted. Alongside the sudden loss a loved one or an unforeseen change in one’s circumstances, were accounts in which harm was registered in years and decades, and in which health and wellbeing deteriorated slowly, painfully and in ways that were all too foreseeable. In Mate’s terms, these were experiences that were not so much a ‘cruel twist of fate or some nefarious mystery’, but rather ‘an expected and therefore normal consequence of abnormal, unnatural circumstances’ (Mate, 2022: 8). Such harm (and the trauma that often attended, or subtended, it) was experienced as attritional, as sedimented, but no less forceful and overwhelming. This was harm as a form of ‘slow violence’ (Nixon, 2011).

Rob Nixon describes slow violence is a protracted process that slowly ‘wears people down’ over time. It therefore involves a ‘battery of attritional, dissociative mechanisms’ (Nixon, 2011: 60). Trauma takes on a similar process under conditions of chronic crisis such as those attendant under austerity. Rather than describing ‘a sudden and forceful event that overwhelms a person's ability to respond to it’ (Horowitz, 1989), trauma also alerts us to how everyday life under austerity has itself become physically and psychologically overwhelming. Indeed, harm under such conditions is not only ‘slow’ but ‘distributed’ too. As Jonathan

Darling notes, distributed violence is defined as a form of harm that is 'often ordinary, chronic and cruddy rather than catastrophic, crisis-laden and sublime' (Darling, 2022: 14). In fact, the slow ordinariness of trauma under austerity helps subvert what Lauren Berlant calls the 'genre' of crisis. According to Berlant, the dominant narrative of crisis - which permeates contemporary scholarship on austerity – 'actively distorts something structural and ordinary into something that seems shocking and exceptional' (2011: 5). This 'genre of trauma', as it might be termed, enacts a similarly individualising narrative, in which the more structural and everyday forms of harm are overlooked in favour of those more 'sudden and forceful' effects (Horowitz, 1989).

As my interviews highlight, it was often by attending to austerity as lived in its 'everydayness' that these slow and attritional harms and injuries were 'surfaced' (Edmiston *et al.,* 2025). Under the exceptional conditions of austerity, harm and trauma have become unexceptional. The deaths of community commissioners Steve and Lee exemplify these differing scales of trauma. While their deaths were indeed experienced as a 'a sudden and forceful event', it is impossible to separate their deaths from the more slow, attritional forms of harm that moment. In fact, my interviews with facilitators evidenced this, with Michael describing the daily struggles that Steve had with addiction, and how these were less in response to a single 'trigger' and more a response to a more generalised precarity and vulnerability caused by poverty. As Michael notes: 'It was a very difficult process to witness, because you see very intimately everything that leads up to this moment. And it's a reminder of just how fragile people are to harm' (Michael, 21st March 2024). Equally, Adam describes how devastated he was to hear of Lee's death, and how 'his story was so typical of someone with mental health needs living in poverty'. As Adam continues: 'His death is just the tip of an iceberg for everything that's wrong with society' (Adam, 21st June 2023).

In this way, the deaths of community commissioners Steve and Lee were experienced as sudden and forceful events by members of MBPTC. But as Michael and Adam make clear, their deaths were also all too familiar and foreseeable. Turning once again to Lauren Berlant, such deaths, situated within the conditions and conditionalities of austerity, constitute a form of 'slow death' (Berlant, 2011: 95). That is, the 'physical wearing out of a population' such that deterioration becomes a 'defining condition' of the present (Berlant, 2011: 95). For Arline Geronimus, the 'extraordinary stress of everyday life' under poverty is best described as a form of weathering: that is, 'the accumulation and culmination of life experiences that are structured by historical and ongoing systemic racism and classism' (Geronimus, 2023: 42). For Reay, this weathering is an outcome not of extraordinary events, but emerges out of the slow ordinariness of everyday life (Reay, 2025).

Conventional understandings view trauma as a 'a sudden and forceful' event or set of events that result in legacies of violence or suffering (Horowitz, 1989; Baquero, 2021). However, what the experiences of both commissioners and facilitators at MBPTC reveal are the ways in which 'everyday suffering experienced by the poor constitutes trauma' (Reay, 2025: 97). This involves an understanding of trauma as systemic. That is, how trauma is the outcome of 'the repeated, ongoing violation, exploitation, dismissal of, and deprivation of groups of people' and that such trauma is 'produced through state institutions, economic systems, and social norms' (Haines 2019: p. 80). That is, rather than poverty as a condition that gives rise to the occurrence or cooccurrence or traumatic events, understanding poverty as trauma, as well as trauma as a structure. As Reay notes, to view poverty as trauma is to 'recognise that trauma is rooted in structural conditions beyond the agency of the individual, and a rebuttal of widespread views that poverty is a result of a lack of individual effort and ability' (2025: 87).

For Reay, this focus on poverty as trauma is ultimately about ‘challenging the normalisation of poverty as mundane’ (Ibid: 87). It is precisely for these reasons that MBPTC facilitation team emphasise a trauma-informed approach to storytelling. In order to challenge the normalisation of poverty as mundane, commissioners experiences of poverty, harm and trauma are brought together collectively. Doing so reveals not only how common these experiences are under austerity, but also, how these experiences are shared in common. As such, personal experiences of harm and trauma are transformed into social harms with social aetiologies. And it is only by translating these harms into ‘social harms’. As Graham notes, a trauma-informed approach is about ‘the stories that reveal the sickness’ (Graham, 23rd June 2023). And for Liz, it is ‘really about understanding that these individual stories of damage and neglect are actually about something deeper, about how it’s our social body that is ill. We’re damaged because it’s damaged’ (Liz, 23rd June 2023).

The final sections reflects on the role of facilitation within MBPTC. Its considers the space of the Poverty Truth Commission as carefully curated, and yet powerfully emergent too. The section describes how constitutive the facilitation team are to the overall success of a commission, arguing that they too need to be understood as social actors within this wider social movement. In this respect, the Morecambe Bay Poverty Truth Commission plays an important role in identifying the harmful, and ultimately disabling, effects that poverty and precarity engender. Before doing so, I briefly turn to some ethnographic reflections, exploring the role of emotions within the space of the commission. Like the commission more generally, I argue that emotions are carefully facilitated within this space. This is done in a way that prioritises the safety of commissioners. However, in trying to mediate the circulation of emotions in this way, I argue that these ‘negative’ emotions or ‘ugly feelings’ often spill over into the more interstitial spaces of the commission. In so doing, I note how emotions deemed ‘negative’ can actually have a powerfully productive role within the commission.

From Sticky Emotions to Tricky Emotions

Like experiences of trauma above, facilitators have to be attentive to emotions, ensuring that commissioners after not left in a psychological or emotional state that could be harmful or deleterious to them. This is often affirmed via a series of ‘check-ins’ and ‘check-outs’, offering individual facilitators the opportunity to discuss and, if necessary, address any concerns or feelings that have arisen as part of the process. While this process is just one example of the facilitation team ensuring that commissioners’ health and wellbeing are prioritised at all times, the next section highlights how attempts are made to ‘contain’ more negative emotions or ‘ugly feelings’ (Ngai, 2007). Despite these attempts, I argue that such emotions often ‘leak’ out of the four walls of the commission, often aggregating in more interstitial spaces: such as breaktime chats around the coffee machine, or while sharing a cigarette outside. Indeed, I argue that these ‘negative’ emotions are often powerfully productive, helping commissioners ‘orient’ themselves and encouraging a form of ‘looking up’ at state power (Tyler, 2020: 7).

As Sara Ahmed notes, emotions are fundamentally relational: they emerge in and through our relations with others. They also have a certain viscosity, and have the capacity to stick to bodies and to objects (Ahmed, 2004: 70). During weekly or bi-weekly commissioner meetings, I would often reflect on the role ‘negative’ emotions play within the space of the commission. At times the facilitation team approached these negative emotions as somewhat problematic, deeming them to be an impediment to the formation of genuine empathy and solidarity. Referring to trauma and its connections to emotionality, Liz would explain to me how ‘trauma can bring up a lot of very challenging emotions’ and that it was ‘our responsibility as facilitators to give these emotions space while ensuring they don’t dominate’ (Liz, 23rd June 2023). Referencing Valerie Fournier, Liz discusses the larger role of grassroots movements in ‘cultivating outrage’. As Liz notes, being outraged at the levels of inequality in the UK is important, because outrage ‘forces us to think systemically’. However, as Liz argues, outrage is not enough: ‘we can’t only do that: we’ve got to learn empathy’ (Ibid). As such, Liz reiterates the need for more positive emotions to surface within the commission.

Grace, too, describes to me how important it is that facilitators encourage particular emotions such as ‘anger and hurt’ to be ‘dissipated’ at MBPTC. As Grace notes, emotions such as anger can ‘cloud the truth’ precisely because ‘they keep us looking inwards at our own injustices, without necessarily looking at our shared truth’ (Grace, 29th June 2023). Gail likewise notes how a focus on more ‘productive’ emotions is not about repudiating peoples hurt. Rather, it is about having the ‘courage’ to ‘lay the personal stuff to one side’ (Gail, 10th July 2023). Similarly, Michael equates certain emotions to what he perceives as the divisive politics of the present. While listening is never neutral, it does require ‘a certain capacity to empathise with others’: a process which, Michael contends, requires ‘putting to one side the anger that so often separates us from one another’. In this way, ‘positive emotions’ were often used interchangeably with ‘productive emotions’. Indeed, these ‘productive’ emotions were deemed to be central to the ‘coproductive’ ethos of MBPTC.

This emphasis on positive, and therefore productive, emotions was often about facilitators being attentive to forms of trauma. For Liz, certain emotions run the risk of directing commissioners back into the past, particularly when those emotions are bound up in ‘our traumatic responses of the past’ (Liz, 23rd June 2023). As the previous sections detail, trauma is a key component to storytelling in the commission. However, trauma has to be carefully mediated and managed, with Liz noting how important it was that trauma was 'surfaced' only when necessary. Thus, for Liz, negative emotions could hinder this process, noting how 'we can stuck in the past in a way that inhibits our ability to move forward' (Liz, 23rd June 2023). Similarly, Gail identifies how certain negative emotions, when associated with trauma, can get in the way of healing. 'Feelings of anger, while important, can keep us looking back', Gail argues (Gail, 10th July 2023). Like Liz, Gail notes how these negative emotions can inhibit healing, with healing sometimes 'about moving on from trauma and not returning to everything we've been through' (Ibid). In this way, negative emotions often led to commissioners cyclically returning again and again to their traumatic pasts.

As Ahmed argues, emotions carry a certain 'viscosity' or stickiness (Ahmed, 2004). In this way, there was a concern for facilitators that negative emotions too often 'stick' individuals to past experiences, as well as inhibiting their ability to move forward. Emotions therefore 'oriented' commissioners in problematic ways (Ahmed, 2004: 4). Indeed, there was a connection between what Liz refers to as 'tricky' negative emotions and their perceived 'stickiness'. For example, emotions were often mediated through the use of 'check-ins' during meetings. Here, facilitators would often encourage individual commissioners to talk about how they had been feeling prior to the meeting. This could be in the form of a simple emotion, such as anger or happiness, or a particular experience, such as struggling to pay a bill or struggling with a health condition. The check-in often functioned as an activity, affording everyone in the commission an equal voice at the beginning of each session. Similarly, meetings would end with 'check-outs' in which commissioners are encouraged to reflect on what they might take from the meeting, with facilitators ensuring that commissioners did not leave in a condition that could be deleterious to them. In this way, check-ins and check-outs were important and necessary mechanism for identifying potential safeguarding concerns.

Despite emotion playing an important part in both the ‘check-ins’ and ‘check-outs’, my research found that these activities had a disproportionate focus on emotions that were deemed ‘positive’ by the facilitation team. This process led to a hierarchising of emotions, with some emotions perceived as ‘productive’ and others ‘counter-productive’. Rather than negative emotions being contained within the mediated space of the commission, however, such viscous emotions often spilled out of the four walls of the room. Discussions of frustration, anger, pain, hurt, and even hate were often discussed during the ‘in-between’ moments of the commission, such as during a coffee break or when smoking a cigarette outside. In this way, such ‘sticky’ negative emotions became associated with more ‘interstitial’ spaces of the commission. Indeed, the viscosity of particular emotions gave them an affinity to such interstitial space.

As an example, I noted how during one commissioners’ meeting experiences of claiming Personal Independence Payment (PIP) were discussed. Given how distressing and often traumatic this process of claiming PIP was, emotions such an anger and indignation circulated. While facilitators gave a space for these emotions to be surfaced, the meeting seemed to stall when discussing whether any representatives of PIP could be invited to the public launch of Round Two, or indeed, if they could be invited as a civic commissioner. While attempts were made to move on from this discussion, given the animosity around claiming PIP, I noticed how these discussions simply moved out into the interstitial space of the coffee room. These emotions, when expressed in these interstitial spaces of the commission, were often powerfully productive rather than counter-productive. In this instance, the discussion turned to experiences of PIP review process, and what to put (and, importantly, what not to put) in the forms. Rather than inhibiting solidarity, emotions like anger and frustration were became incredibly generative. Indeed, they not only oriented commissioners to one another, but also oriented them to systems too. That is, emotions like anger and hurt often encouraged a form of 'looking up at power' (Tyler, 2020: 7).

In her book *Burnout: The Emotional Experience of Political Defeat,* Hannah Proctor (2024) considers what emotional toll that experiences of political defeat, disillusionment and depletion can have – individually and collectively – for those involved in social movements. While the thesis has elsewhere reflected on the commission as a commons (see Chapter Three and Chapter Four), it is important to acknowledge how more negative experiences of failure, resignation, and hopelessness also need to be made common within this space. As Proctor notes, important analytical questions can come from bearing witness to negative emotions and negative emotional experiences that 'arise in social movements', allowing us to 'ask how to keep fighting against oppressive and exploitative social conditions even when victory seems remote' (Proctor, 2024: 6). Indeed, Sienne Ngai refers to these negative emotions as 'ugly feelings', noting how frustration or anger often reveal forms of 'obstructed agency' (Ngai, 2005: 3). These ugly feelings then become diagnostic tools, identifying the conditions of powerlessness and oppression that produce such feelings (Chua, 2007: 1)

For the MBPTC facilitation team, it is important that negative feelings such as anger and outrage do not become a barrier to things like healing or transformative listening. Often, these emotions were understood as as properties of the individual, and therefore a barrier to more collective and transformative understandings of poverty 'truth'. This is not to say that such emotions are not given a space within the commission. Rather, it is how these emotions are sometimes framed as being potentially counter-productive to the wider goals of the commission. There was an understandable need within the space of the commission to regulate this anger or hate, and even outrage, lest it permeate the commission. Thus, these ‘tricky’ emotions became coextensive with ‘sticky’ emotions. Returning to Ahmed, such emotions became possible ‘sticking points’ for facilitators; their viscosity could cause friction. However, what my ethnographic observations revealed was the powerfully productive role that these ‘ugly feelings’ could have, often orienting commissioners to each other as well as towards the systemic causes of their anger, frustration, and often distress. In this way, such emotions ‘leaked out’ into the interstitial spaces of the commission. As this brief sections highlights, particular emotions can ….

On Common Harms

This chapter opens with the lived experiences of facilitators, noting how adverse childhood experiences have the capacity to ‘linger’ in the bodies and minds of individuals. It does so for a number of reasons. First, it highlights how central experiences of poverty are to facilitators themselves, and how these experiences make them effective in their role as facilitators and communicators. Second, it demonstrates how forms of adverse childhood experiences are often the result not of individual neglect or inter-personal harm, but rather a direct outcome of living in and with poverty. Finally, it helps foreground how facilitators narrativise these early experiences in ways that resemble a palimpsest, such that their interactions with poverty become a continually reappropriated or reinterpreted biographical record in which the ‘here and there’ and ‘then and now’ co-exist (Okello and Duran, 2021). In this way, these early experiences open up a wider discussion on the connection between trauma to poverty, and how, under the exceptional conditions of austerity, forms of harm and trauma have become all too unexceptional.

By framing trauma as a ‘sudden and forceful event that overwhelms a person's ability to respond to it’ (Horowitz, 1989), such analyses neglect how trauma can result from protracted forms of harm that are experienced as incremental and accretive, and are registered in the body over much larger temporal scales. This is a slow, sedimental process of harm accrual that is no less traumatic than those singular events described by Horowitz. Such traumas rarely have one immediate, singular cause, but are instead embedded and embodied within the larger social and material conditions of society. The conditions under austerity don’t just produce a cascade of deleterious and compounding effects, but can be traumatic in and of themselves. The chapter has therefore reframed and reconceptualised trauma within the exceptional context of UK austerity, noting how the ‘shocking and exceptional’ has become coterminous and coextensive with the more ‘structural and ordinary’ (Berlant, 2011: 5). Or, to return to Mate, when those ‘without the marks of trauma’ become the ‘outliers in our society’ (Ibid: 20).

As Chloe Ahmann notes, such slow violence proceeds at a ‘speed that decouples suffering from its original causes’ (Ahmann, 2018). And as China Mills (2024) argues, there is a relationship between time as *diffused* and time as helping *de-fuse* the complicity of state practices in causing these harms (Mills, 2024). This decoupling of suffering from its original causes is what the MBPTC facilitation team attend to. By prioritising forms of ‘trauma-informed’ storytelling, individual experiences of harm and suffering and made common. That is, not only are experiences of harm and illness shown to be an all-too common part of everyday life under austerity, but these experiences are actually shared in common with other members of the commission. By telling ‘the stories that reveal the sickness’ (Graham, 23rd June 2023), MBPTC is able to transform individual experiences of harm into ‘social harm’.

Or as Liz argues, it is the ‘social body that is sick’, and without a systemic account of ‘the damaging systems and the people that get damaged within them …. change can’t happen’ (Sue, 23rd June 2023).

Thus, returning to psychotherapist Dr Miriam Taylor defines trauma as ‘the effect of an event, an experience or a relationship that overwhelms our capacity to cope *on our own’* (Taylor, 2023), it is precisely through this capacity to cope ‘on our own’ that MBPTC attends to, alerting us to alternative ways of coping *together*. That said, who is considered part of this ‘together’ matters. Alongside the role of community and civic commissioners in the Poverty Truth Movement are the facilitation team too. Like commissioners, they too have lived experiences of poverty and trauma that can, and often does, overwhelmed in their capacity to cope. And it is these personal biographies and narratives that, palimpsest-like, emerge from the past and impress upon the present. These pasts, I argue, are vital to the overall story of Morecambe Bay Poverty Truth Commission, and cannot be told without them.

This fifth and final chapter also has me reflecting on the role of palimpsests in this PhD project, and how poverty is being written about in ways that have become so normal, so unremarkable, so unexceptional. Go back 50 years, and the UK was exceptional not in its inequality in income or health, but its equality: ‘almost the lowest that had ever been measured anywhere worldwide’ (Dorling, 2024: 21). I therefore reflect on the need to ‘surface’ not only the hidden harms of austerity, but the histories that are becoming hidden too. These are the histories that are being written over when austerity is framed as mere ‘commonsense’, or when the social protections guaranteed under the welfare state seem like something out of the future, rather than something from our past. But as palimpsests teach us, to be written over does not constitute erasure. Indeed, that single cohesive demand of

MBPTC – ‘Nothing About Us, Without Us, Is For Us’ – is never a lonely utterance. It is a demand made by all those commissioners and facilitators whose stories are evidenced in this thesis. But it is also a demand etched out of earlier demands by earlier social actors; including disability rights activists who demanded ‘Nothing About Us, Without Us’.

CONCLUSION

Disabling Austerity:

Solidarity as Self-Defence

I return to my interview with Leanne, a community commissioner at MBPTC. Towards the end of our interview Leanne reflects on the impact that the Commission has had on her own health and wellbeing: ‘You know, all this stigma and shame that’s we’ve been discussing, I had no option but to turn it in on myself’. Leanne continues: ‘I didn’t realise it at the time, but the more harm I experienced in my life, the more I turned that inwards’. Reflecting on this, Leanne adds: ‘I’ve been told so many times that my illnesses are my fault, or that they’re the result of my own decisions or behaviours, that I began to just accept it’ (Leanne, 14th February 2024). It is here that Leanne reveals something particularly instructive about her involvement in the Poverty Truth Commission. ‘That’s really what the MBPTC has taught me: to defend myself. To defend myself against the shame of poverty, and to realise that the problem is out there, not in here’ (Leanne, 14th February 2024).

In *Fight Like Hell,* Kim Kelly details the long history of labour activism in the US, including its links with the rise of the disability rights movement. For Kelly, these acts of collective solidarity constitute a form of self-defence (Kelly, 2022; 2026). In a similar way, the Morecambe Bay Poverty Truth Commission – and the wider Poverty Truth Movement – also represent a kind of self-defence. Across the thesis I have evidenced the ways in which austerity functions as state-sanctioned harm. These harms manifest under austerity in variegated and multifaceted ways. However, what connects each of these harms – and thus, each of the chapters in the thesis – is their social constitution. These ‘social harms’ have not only reproduced existing forms of disablement and distress, but have also produced new forms of disability too. This empirical research therefore positions disablement as socially determined and structurally produced.

Returning to Leanne's observation that MBPTC taught her how to 'defend herself', I conclude by reflecting on the double-meaning of 'disabling austerity'. That is, how specific austerity policies in the UK since 2010 are producing forms of disablement, and how social actors at MBPTC continue to seek out collective ways of disabling those same processes and practices. As the subsequent sections will argue, commissioners and facilitators within the Poverty Truth Commission have not only developed ways of responding to poverty, but often foreground the social and material conditions that determine health and illness in the UK. While members of MBPTC continue to develop and embed anti-poverty solutions, both locally, regionally and nationally, this PhD also frames Poverty Truth as a movement that can reveal the social aetiologies of illness, and ultimately, disablement too. 'I'm still working on that self-love part, and not always successfully', Leanne tells me with a laugh as we conclude our interview. 'But I now know I'm not in that struggle alone' (Leanne, 14th February 2024).

An Exceptional State

Since 2012/23, the number of disabled people in the UK has risen by 4.9 million. Part of this increase in due to an aging population, which has risen by five million since the 1970s (Barton *et al.,* 2024). However, the largest increase in disability is in people aged 16-24, with numbers more than doubling. And for adults aged 25-34, the figure has increased from 11 per cent to 19 per cent (Stiebahl *et al.,* 2025). The growth in the prevalence of disability in these age groups has been driven overwhelmingly by increases in mental illness (Ibid: 14). This has led to a 39 per cent increase in those in receipt of disability benefits between 2019 to 2024, and a 28 per cent increase in incapacity benefits in the same period (Latimer *et al.,* 2024).

This increase is largely a UK phenomenon, with many other European countries actually seeing a reduction in those in receipt of similar disability/incapacity benefits (Ibid: 2). While recent government responses to this increase in disability benefits have framed this as a problem of ‘worklessness’ and of ‘inadequate financial incentives’ to encourage working-age adults into employment (Grover, 2015: 1574), this PhD research has argued that such increases need to be understood through the increasingly disabling conditions now attendant under austerity. Conditions that are exceptional in the UK.

As the introduction highlighted, the UK is exceptional in its inequalities in income and inequities in health, and has been described as the ‘sick man of Europe’: due largely to its exceptionally high prevalence of chronic health conditions and long-term sickness (Thomas *et al.,* 2024). Indeed, these ‘sickening’ conditions have a social gradient and are experienced disproportionately by those in poverty. It is within this context that the PhD has been situated, evidencing the ‘sickening’ social and material conditions of austerity through the lived experiences of members of MBPTC. By placing particular empirical importance on austerity in its ‘everydayness’ (Hall, 2019; Abed and Kelleher, 2022), the research reveals ‘the mundane, familiar, and unremarkable *stuff’* (Thomas and Sakellariou, 2018: 6) of commissioners’ everyday worlds. And by being ethnographically attentive to the everyday, I note how forms of social and material disadvantage accrue and accumulate over time, often in the bodies of commissions. I therefore frame the sickening effects of austerity as social harms with social aetiologies.

The UK is also becoming exceptional in the depth of its poverty. Of the 14.2 million people in poverty, 6.8 million are in what is classified as ‘very deep poverty’: a rate higher than at any point since records began (JRF, 2026: 7). Indeed, the poorest fifth of the population in the

UK are now poorer than any other country in Europe (Dorling, 2023: 28). Edmiston *et al* have described the conditions under austerity as one of ‘permacrisis’, detailing how deepening poverty is causing a multitude of ‘hidden injuries’ (Edmiston *et al.,* 2025). The lived experiences of commissioners evidenced throughout this thesis are an attempt to ‘render visible’ these hidden injuries, and should be considered an empirical response to what Edmiston *et al* refer to as the ‘neglected extremes’ in contemporary academic scholarship. Indeed, in ‘drawing on qualitative longitudinal, ethnographic research’ and prioritising ‘those often poorly accounted for or represented in existing research’, this PhD research is one such attempt to ‘surface’ the hidden injuries of austerity (Ibid: 729).

From Harm to Disablement

The injuries of deep poverty and permacrisis can be said to be hidden in a number of intersecting ways. As Edmiston *et al* argue, ‘prevailing methodological approaches’ to poverty have a ‘tendency to delimit ways of knowing, seeing and responding to the extremes of disadvantage in highly unequal times’ (Edmiston *et al.,* 2025: 729). Returning to the ‘sickening’ effects of austerity in the UK, I show how such harm emanates socially and structurally. To ‘surface’ hidden injuries is therefore to surface the social determinants of harm. However, in extending Edmiston *et al*’s argument, this thesis has made an analytically distinct claim. I have argued that, under austerity, conditions have become so injurious and so harmful that they should be framed as disabling. As such, I also ‘surface’ the disabling effects of austerity in the UK.

Chapter One, for example, returns to the Social Model of Disability. I show how, by prioritising the lived experiences of Morecambe Bay Poverty Truth Commissioners, new insights into the relationship between the austerity and the Social Model of Disability emerge.

Like early disability activists at *Le Court* in the 1960s and 70s, I show how experiences like that of Jean capture how disability is socially and materially determined. While her multiple-sclerosis does indeed require certain alterations to her everyday life, her experience of disablement were almost always an outcome of her social environment. In engagement with this ‘Social Model’, what ‘dis-abled’ Jean was not her impairment but the fact that her lift in her apartment was broken, or the pavements and roads were full of potholes, or that the single disabled spot on the bus was already taken. Moreover, discussion often turned to experience of financial hardship, and the undue stress this caused her and her family.

Similarly, Leane’s experiences with mental illness capture how necessary it is to extend the ‘Social Model’ to forms of mental distress too, noting how her everyday interactions with hospitalisation often exacerbated this distress. Indeed, it was these interactions that often revealed how harm, and ultimately disablement, emanate from the everyday. For Leanne, these experiences of mental distress had a specifically gendered expression, while for Hassan and his wife Maara, these everyday interactions with the state, either through the asylum system or the health-care system, highlighted how racialised forms of disability and disablement can be. In both cases, experiences of stigma and shame were so fundamental to the experience of disablement that they function as a ‘disabling force’ (Tyler, 2020: 29). I connect the experiences of disabled activists at *Le Court* in the 1960s and 70s with social actors involved in the Poverty Truth Movement in Morecambe Bay, asking how these gendered and racialised aspects of disablement reveal an increasing need to recontextualise the Social Model in the 21st century. In so doing, I ask what the ‘exceptional’ conditions of austerity in the UK mean for the Social Model of Disability today.

While Chapter One shed light on the Social Model of Disability and its value in understanding the harmful and disabling experiences of commissioners, Chapter Two looked at specific austerity measures implemented since 2010. Through three case studies of Universal Credit (UC), Personal Independence Payment (PIP), and Job Seekers' Allowance (JSA), I highlight how commissioners' everyday interactions with the welfare system are producing harm and distress. These harms are often experienced through forms of 'welfare conditionality', including benefits sanctions. Like Chapter One, I make connections with earlier periods, demonstrating how welfare conditionality has a much earlier genealogy in the UK. I demonstrate how earlier instantiations of 'limited eligibility' are being extended and enshrined under austerity. Such conditions, I show, reveal the disabling effects of specific austerity measures.

Through the experiences of Frances and David, I show how these interactions with the benefit system have not only exacerbated Frances' disability, but are producing new forms of illness and distress for both herself and her husband. Similarly, I evidence Jane's interactions with Personal Independence Payment (PIP), including her deeply distressing experiences with the 'Work Capability Assessment': a process that the DWP has delegated to private companies such as ATOS. Likewise, I detail and describe Tee's experiences claiming Job Seeker's Allowance (JSA) as an autistic man, and how his suicidality was an entirely situational response to having his benefits sanctioned. In so doing, I demonstrate how forms of welfare conditionality can escalate in ways that are both immediate and life-threatening, as well as chronic and life-constraining. Each of these harmful and disabling experiences are a direct outcome of their interactions with the state, and with an increasingly punitive benefits system.

Chapter Two therefore shows how the logic of limited eligibility has been steadily re-emerging since the 1990s, and has been enshrined under austerity. These reforms of the benefits system are based on an 'incentivist' paradigm in which consecutive UK governments have framed the welfare state as producing 'dependency' (Grover, 2015). In this way, forms of welfare conditionality such as work capability (re)assessments represent a 21st century reincarnation of less eligibility. Grover thus proposes the term 'diswelfares' (Grover, 2019) to better capture the forms of mass social insecurity that the welfare system is producing. I have consequently made an analytical connection between diswelfares and disability, arguing that the creation of 'dis-welfares' necessarily creates conditions of 'dis-ablement' too.

Chapters Three and Four evidence how cuts to the public sector, including the loss of forms of social support and care provisioning, are increasingly being internalised and interiorised into the household and onto families. Drawing on Social Reproduction Theory, I detail how central forms of unremunerated and unpaid care-work are to the reproduction of austerity. Extending Edmiston *et al* (2025) analysis, I demonstrate how the 'injuries' experienced under austerity are hidden or concealed within the home. I surface these through Sally and Lisa's decisions over whether to 'heat or eat', as well as Adam's experiencing of care-work. As much of the work and labour that takes place within the home remains unpaid and unremunerated – and therefore devalued – I show how the hidden injuries and harms of austerity are deeply gendered and femininsed. Given these disproportionately gendered impacts, I argue that austerity is a form of 'gender based violence'.

Chapter Four continues this 'Social Reproduction' analysis, focusing on the harmful and injurious impacts austerity measures have had on parents and their children. Through the notion of 'permacrisis' (Edmiston *et al.,* 2025), I reveal how some commissioners are in ‘parenting the permacrisis’. For many parents, cuts to the education system and SEND services since 2010 have resulted in more and more physical and emotional labour is being displaced onto and into the home. In the case of commissioners such as Teresa, these cuts have led directly to forms of harm and distress, both for herself as well as her children. Some commissioners have also made the decision to home-school their children, in response to what they see as the failure of the education system to meet its responsibilities. Both Chapter Three and Chapter Four have therefore explored how the harms of austerity have ‘come home’. I demonstrate the degree to which the state has withdrawn their lives under austerity, and withdrawn from the sphere of the household moreover. Forms of withdrawal that are not only harmful to families, but experienced as disabling.

Chapter Three and Chapter Four therefore ‘surface’ the injuries that often remain hidden in the home. However, in evidencing the care-work and physical/emotional labour that are being displaced onto and into the home, I also identify forms of agency and enablement too. These are care practices that, when collectivised and made common, can pre-figuratively imagine and enact ways of being and doing otherwise. I have therefore highlighted the impact the MBPTC has had on individual commissioners, and how these forms of ‘caring for’ and ‘caring about’ can be mobilised into more collaborative and coproductive forms of ‘caring with’ (Tronto, 2015: 5). Thus, as Chapter Five reveals, it is within this pre-figurative and participatory space of the commission that these harms are also translated into ‘social harms’.

Chapter Five centres on the role of facilitation with MBPTC. While existing literature on the poverty truth movement in the UK emphasises the role of community and civic commissioners (Cahill-Ripley and Graham, 2021), this chapter also argues that the facilitation team should be seen as equally constitutive to its success (and, consequently, to any failures too). While facilitators take on a different role than commissioners, I argue that they still need to be understood as social actors and agents in this wider social movement. Equally, I show how the commission is a carefully curated and mediated space. While facilitation is not always thought of as synonymous with notions of the organic and the emergent, I show how it is within this carefully curated space that organic and emergent relationships and ideas arise. Thus, agency and action as co-extensive and coterminous with curation.

Chapter Five foregrounds the lived experiences of facilitators themselves. While their roles within the commission differ from commissioners, their lived experiences of poverty are often similar. Indeed, these experiences of poverty make them effective facilitators and communicators. I also make a direct connection between the forms of harm and trauma in this chapter. I argue that facilitator's childhood experiences not only to demonstrate how the harms of poverty 'persist' in ways that directly concern the experiences of commissioners, but I also show how these early experiences become a continually reappropriated or reinterpreted biographical record in which the 'here and there' and 'then and now' co-exist (Okello and Duran, 2021). The chapter has also highlighted how physically, psychologically and emotionally demanding the work of facilitation is in ways that can both produce and reproduce trauma. In this way, the role of trauma is brought into a wider discussion of austerity, including how trauma is often the outcome of slower and more everyday harms that sediment and accrue over time. As such, I show how harmful and disabling prolonged and protracted exposure to poverty can be.

Returning to Edmiston *et al*'s hidden injury thesis, my research has revealed how the harms of poverty can be hidden in a multitude of ways. Alongside the hidden injuries of deepening poverty, I describe how these injuries are hidden within the home and silently displaced into the sphere of reproduction. Similarly, I identify the injuries that are hidden by time, often 'surfacing' over years and decades. Such diffuse harms are used by the UK state in order to defuse claims that it is a harm causer (Mills, 2024). Like Edmiston *et al.,* I bring my ethnographic research into wider conversation with social scientific data and theoretical literature in order to 'surface' these harms, while responding analytically to the 'neglected extremes' of contemporary poverty research (Edmiston *et al.,* 2025: 783). As I have shown over each of these five chapters, however, framing these harms as injuries is not enough. By foregrounding the lived experiences of members of MBPTC, this PhD research has argued that austerity has become injurious to such an extent that it has become disabling. And it is through their role as actors and agents in a Poverty Truth Movement that commissioners are seeking ways of dis-abling the effects of austerity.

Stigma as 'Political Injury'

Stigma is central to the experiences of poverty. Like Thomas and Tyler, I begin my analysis of stigma with Goffman. For example, Goffman describes how stigma arises when a person is seen as 'possessing an attribute that makes one different from others' (Goffman, 1963: 5). Through the process of stigmatisation, this person becomes publicly 'blemished', 'polluted' or 'tainted', reduced from a 'whole person' and into what Goffman describes as a 'discounted one' (Ibid). Goffman thus prioritise a more micro-sociological analysis of stigma, emphasising everyday interactions. Thus, stigma is not so much 'a trait which belongs to a person or group' but rather a process that emerges out of people's daily interactions (Thomas *et al.,* 2025: 4). It is therefore important to understand the relational properties of stigma, and how, through these relations, certain people become 'discredited' (1963: 41)

Such experiences are replete throughout this thesis, with Leanne's story the most direct instantiation of this. Leanne's accounts of hospitalisation resemble those depicted by Goffman's 'total institutions', in which individuals encounter 'a series of abasements, degradations, humiliations and profanations of the self' (Goffman, 1961: 14). As per Goffman's definition, Leanne revealed how she no longer felt like a 'whole person' and that her life had become increasingly bifurcated in two. For other commissioners such as Sally and Lisa, Teresa and Polly, stigma was often experienced inter-personally through interactions with other parents, or in interactions at their foodbanks, or, occasionally, through interactions with other commissioners. However, as the experiences of Jane, Nina, Frances and Tee reveal, stigma also emerges out of interactions with the state. Such experiences highlight how stigma often 'marks out' commissioners as working-class, while also being structurally embedded within the wider benefits system (Davies *et al.,* 2025).

It is in relation to these more structural interactions that Tyler critiques Goffman's account of stigma. In being so invested in the interactional properties of the everyday, Goffman 'unplugs the concept of stigma from power' (Tyler, 2020: 22). This results, Tyler argues, in a 'decidedly apolitical account of power' (Ibid: 23). Commissioners interactions with the benefits system therefore reveal how stigma is 'wielded as a form of statecraft' (Ibid: 29). Indeed, this research has taken heed of Tyler's injunction to 'look up' at how stigma is 'propagated as a governmental technology of division and dehumanisation' (Ibid: 7) whilst 'looking back' at how stigma is 'entangled in longer histories' of state violence and harm (Ibid: 260). By evidencing the harms of austerity, this research contributes to an understanding of stigma as a 'political injury' (Ibid: 29). Such political injuries of stigma can be read as another instantiation of the 'hidden injuries' that Edmiston *et al* seek to 'surface' (Edmiston *et al.,* 2025: 782). Indeed, in evidencing how these harms and injuries are often experienced as disabling, this research also extends Tyler's analysis of stigma as a 'disabling force' (Tyler, 2020: 29).

The research also builds on the work of Gareth Thomas and his analysis of the 'everyday' experiences of disability, including how disabled people 'navigate the minutiae of everyday exchanges in public settings' (Thomas, 2021: 462). For this reason, Thomas argues that Goffman's 'interactionist' approach remains necessary in understanding how stigma is 'made in the episodic staging of everyday life' (Thomas, 2026: 2). Like Tyler, Thomas argues for the need to 'dislodge the concept of stigma from its exclusively interactional roots and cultivate a more socio-political understanding of it' (Thomas, 2021: 463). In so doing, however, Thomas identifies the importances of 'looking both *above* and *below*' (Ibid, original emphasis). That is, of ensuring that we don't 'throw the "interactionist baby" out with the bath water' (Vassenden *et al*., 2025: 220). This PhD research has therefore brought Thomas' interactionist account into conversation with Tyler's structural account, synthesising both accounts by evidencing the everyday lived experiences of commissioners. I have therefore emphasised how commissioners everyday experiences reveal multiple interactional scales at once.

Everyday Austerity

This emphasis on the multiple interactional scales of the everyday has been extended into a wider analysis of austerity in its 'everydayness' (Hall, 2019; Abed and Kelleher, 2022). However, in formulating the argument that austerity is a disabling process, I have also connected my empirical work with literature on disability and the everyday too. For example, Thomas and Sakellariou are interested in what disability '*is* and *does*' in these everyday moments (Thomas and Sakellariou, 2018: 4). Given the majority of the community commissioners at MBPTC live with disabilities and chronic health-conditions, this analytical emphasis on disability as an everyday experience is needed. That said, when it comes to their everyday experiences of poverty, what was most important to commissioners was not their physical, mental or cognitive impairments, but rather what exposure to prolonged and protracted poverty was doing to their health and wellbeing.

For example, Jean’s multiple sclerosis and her (often unmet) wheelchair requirements was discussed as nothing more than a mild inconvenience, while her family’s deteriorating health due to financial hardship had her visibly upset. Similarly, Frances and her husband talked little about her Parkinson’s Disease beyond the date of her diagnosis, instead detailing how their interaction with the DWP had left them indebted and depressed. Leanne wanted to talk less about her various mental health diagnoses, and more about the stigma and shame that attended them. Teresa’s need for a sauce pump to prepare meals wasn’t as important as the fact that it was broken and she did not have the finances to replace it. And while Jane recounted an array of medical symptoms related to her disability, what mattered most to her in this moment was that neither the DWP nor her ATOS examiner deemed this evidence insufficient.

In each and every one of these interviews, community commissioners were asked directly about their experience of impairment, conscious of contemporary debates about how profoundly life-altering and, often, life limiting impairment can be (Shakespeare, 2006). However, what took up the majority of our conversations was their everyday experiences of poverty and precarity. It was a lack of money, or the loss of benefits, or decisions over heating or eating, that fundamentally structured and conditioned their everyday experiences. The thesis has therefore placed an analytical emphasis on ‘disablement’ rather than disability. This is not to say that pre-existing disabilities and health-conditions are not being exacerbated or are not important. They are, often in significant ways. But what this reframing does is highlight how active and ongoing the process of disablement is under austerity. Disability not as a noun, but disablement as verb: as a doing and a being done to. I therefore reveal what disablement '*is* and *does'* in these everyday moments.

Having emphasised the empirical and conceptual need to understand austerity in its everydayness, I return to Thomas, who writes: 'Future research, I hope, will finesse and challenge quantitative and acontextual treatments of stigma by sharpening its political edges, whilst simultaneously working with the tensions and complications by appreciating the weight and worth of dissecting the banal, taken-for-granted moments of everyday life' (Thomas, 2020: 463). This research has situated itself within this disciplinary call, meeting the challenge to synthesise more micro-sociological and interactional accounts of stigma (and disability moreover) with social and structural accounts. Further, it has extended this 'everyday' analysis into a wider discussion about the relationship between austerity and health under austerity. This relationship between is shown to be direct, and moreover, to be disabling in its directness.

(Re)Turning to the Social Model

By bringing social scientific research and theoretical literature on disability and austerity into empirical conversation with my own ethnographic research, I have made a contribution to existing scholarship on the Social Model of Disability. While the Medical Model of Disability 'depicts disablement as a biological *problem* belonging to a *person',* often with an emphasis on 'fixing or curing a person' (Thomas and Sakellariou, 2018: 3), I have evidenced the social determinants of disablement under austerity. That is, how disablement is 'a social problem belonging to society' (Ibid). The research offers important insights into the shifting relationship between the austerity and the Social Model of Disability. I show how understandings of the ‘social’ are not always synonymous with the ‘structural’. While a commitment to the ‘social’ the analytical scope of the model, such analyses do not always ‘look up’ at the state as a site of analysis. Not only do I evidence how harm is a direct outcome of austerity, but by framing austerity as a direct outcome of political decision-making, I show how the state is implicated as a ‘harm causer’ (Kerr, 2024: 2).

By foregrounding the lived experiences of members of MBPTC, my PhD project also contributes to an understanding of austerity as a disabling force. I show how processes of disablement are emanating from the worsening social and material conditions of austerity. And while these conditions are shown to exacerbate pre-existing disabilities and health conditions, I show how austerity is actively producing new forms of disablement too. In this respect, the Morecambe Bay Poverty Truth Commission plays an important role in identifying the harmful, and ultimately disabling, effects that austerity has engendered. Indeed, the inception of the Poverty Truth Movement coincides with the implementation of austerity measures in the UK, and while these two events could seen as running in parallel to one another, I demonstrate how the former is essential in understanding the latter.

The title of this thesis, ‘Disabling Austerity’, therefore reveals the dual meanings of disablement within Morecambe Bay Poverty Truth Commission. Interviews with individual commissioners capture the damaging, distressing and oftentimes disabling impacts protracted exposure to poverty is having on their physical and mental health. But my engagement with the Poverty Truth Movement in Morecambe Bay also captures the forms of collaboration commissioners and facilitators are undertaking together, including their attempts to embed the values of MBPTC within the wider community. In response to the disabling effects of austerity on individuals, commissioners are coming together to devise their own ways to *dis*-able austerity. To return to Leanne’s interview, this is solidarity as self-defence. Community self-defence.

The relationship between poverty and health has been shown to be direct, and moreover, disabling in its directness. These disabling effects are being registered in months, years, and decades. But the impacts of the Poverty Truth Movement, and its capacity to embed its values of coproduction, will also be measured over such time frames. While this research is positioned within existing literature evidencing the harms of austerity, I hope this PhD generates further research on its specifically disabling effects. But what I also hope more is that this PhD disseminates the vital and necessary work of members of the Morecambe Bay Poverty Truth Commission, and that future research will take seriously their call that ‘nothing about us, without us, is for us’.

Literature Review

This section serves as a review of the empirical and theoretical literature used in this thesis. In making the argument that austerity is a disabling process, the research has drawn on an array of literature, often from quite disparate disciplines. I outline the reasons why this literature was chosen, why other literature was left out. Through a critical engagement with the literature, I demonstrate how this research identifies a number of gaps. As I argue, these gaps *in* the literature are, more often than not, gaps *between* different academic disciplines. I therefore situate my empirical research within this wider literature, outlining where this research makes an original contribution to literature. I therefore situate this review within some of the wider topics and debates within these fields. In reviewing the literature on austerity, poverty, disability and health, I argue that the 'exceptional' conditions in the UK warrant further empirical study, and that prioritising people's lived experiences is central in evidencing the harms of austerity.

Framing Exceptionality

Since 2010, there has been a significant increase in social scientific literature linking poverty with illness in the UK. This PhD project has drawn extensively on primary research conducted by organisations such as the Joseph Rowntree Foundation, The King's Fund, Oxfam and the Child Poverty Action Group. Such literature has been instrumental in connecting poverty to poor health, demonstrating a clear and direct link between a person's level of disadvantage and their health outcomes. The work of Michael Marmot, including his work with the *Institute for Health Equity,* has been central in demonstrating how health outcomes have a social gradient in the UK. Indeed, outcomes in health – including life expectancy and healthy life expectancy – are clearly socially patterned in the UK: not only geographically, but along categories of gender, race/ethnicity, and in terms of disability.

While this primary research has been included throughout the thesis, research by organisations such as the JRF and the King's Fund often have an empirical focus on 'poverty' as opposed to inequality. And while research by the *Institute for Health Equity* often takes a comparative approach to poverty, situating the UK within the context of other European or OECD countries, there is still an empirical emphasis on health 'equity' rather than an explicit engagement with inequality. It is for this reason that I draw extensively on Danny Dorling's work, who not only situates the UK within a wider European context, but makes an explicit connection between inequality and health. Drawing on this same primary data, Dorling reframes the social and material conditions attendant under austerity in the UK as being 'exceptional'. As Dorling notes, the UK has recently become the most unequal country in Europe in terms of income inequality (2024: 10), with poorest fifth of the population in the UK are now poorer than any other country in Europe (2023: 28).

Like Dorling, I situate my research within the 'exceptional' conditions of the UK. That said, much of this research focuses primarily on the impacts of poverty on population health. As such, my empirical work with the Morecambe Bay Poverty Truth Commission evidences these links through the lived experiences of individual commissioners. In so doing, my research reveals a direct and deleterious relationship between poverty and health, which can then be brought into analytical conversation with this primary and secondary data/literature. While the ethnographic research with Morecambe Bay Poverty Truth Commission is ostensibly built around identifying a 'truth' to poverty, I have made a conscious and purposive decision to frame experiences of sickness, illness, and disability as emanating from the unequal, iniquitous and exceptional conditions of the UK. As such, I bring primary social scientific data on poverty into wider conversation with secondary literature on inequality and exceptionality, framing my ethnographic through the lens of inequality. Without this analysis, conceptualisation of austerity become mired in conversations around 'irrationality' or 'economic madness', rather than understanding austerity as a form of political economy that advantages some through disadvantaging others.

Making Sense of Austerity

I take the work of Mark Blyth as a starting point for my analysis of austerity, who understands austerity as a political policy whereby public expenditure is cut in order to reduce a state's deficit. That is, 'cut the budget, reduce the debt, and growth will reappear' (Blyth, 2013: 48). Due to successive UK governments continuing to implement austerity measures, despite their being no evidence that such measures meaningfully stimulate the economy, economists such as Mark Blyth and Richard Murphy have conceptualised UK austerity as a form of 'economic madness' or 'dangerous nonsense' (Blyth, 2013; Murphy; 2025). From a purely economic analysis, such pronouncements make intuitive sense. However, one of the limitations of such analyses is their explanatory power: they identify the 'madness' of contemporary austerity policies, this doesn't necessarily explain *why* austerity measures continue to be so enacted, nor why the logic of austerity dominates governmental decision-making. For this reason, the PhD begins with these critical analyses of austerity, but does not end there.

In critically engaging with the work of economists such as Blyth, this research makes two key conceptual distinctions from this literature. First, in engagement with the work of Clara Mattei, I analyse austerity through a 'political economy' perspective. In *The Capital Order,* for example, political economist Clara Mattei critically interrogates this notion of austerity as a form of 'economic madness'. For Mattei, by understanding austerity only through the prism of economic theory neglects the mechanisms that make austerity politically useful, as opposed the economically rational, to the state. Thus, Mattei notes how austerity measures insulate 'the capital order' during 'moments of would-be social change' (Mattei, 2022: 3). In this respect, Blyth's analysis of austerity as an economic response to the shocks of the 2007/8 financial crisis doesn't account for how austerity remains politically expedient in response to forms of social agitation and activism. Indeed, Mattei's analysis highlights the importance of framing austerity through its production of increasingly levels of inequality, and not poverty per se. However, while Mattei's analysis makes 'sense' of austerity as a political mechanism, it still positions austerity firmly within the sphere of capitalist production, and not the sphere of reproduction.

In engagement with Social Reproduction Theory, I note how austerity is being reproduced spatially and temporally within the space of the household. My research therefore turns to the *Wages for Housework* movement, which centred its analysis at the disjuncture between these two spheres. For key feminist figures such as Silvia Federici, the practices of care and social labour reproduction that took place within the household were forms of unremunerated work. Unpaid work that, nevertheless, is central to the reproduction of capitalism. While their analysis was directed at a wider set of capitalist relations, recent work by scholars such as Diane Perrons (2021), as well as those in involved in the 'Care Collective' (Chatzidakis *et al.,* 2020), has looked at the forms of gendered and feminised harms that emanate from austerity. It is here that my research makes a second key analytical distinction. Alongside understanding austerity as a form of political economy that concerns the sphere of production, I extend and critically interrogate this analysis, bringing together social scientific data and theoretical literature on austerity and social reproduction in order to make ‘sense’ of austerity as a specifically gendered process.

By centring my analysis at the sphere of reproduction, this research highlights how the harms of austerity are being displaced into the household and onto families. In engagement with Social Reproduction Theory, I argue that any analysis of austerity is incomplete if we fail to examine the forms of labour that are performed within spaces and sites such as those of the household. However, I also engage with literature such as that Chatzidakis *et al* in order to highlight how forms of care work and emotional labour are central in the creation of a ‘care commons’ (Chatzidakis *et al.,* 2020: 56). Thus, through an analysis of austerity through the sphere of reproduction, the home becomes a site of simultaneous disablement and enablement. By extending Mattei’s analysis of austerity to the sphere of reproduction, my research considers the ‘political economy’ of the household. It is through this analysis that I draw on literature that not only links austerity with harm, but demonstrates how this harm is socially determined. It is also here that I am also able to make an empirical connection between the ‘social harms’ of austerity and forms of disablement.

Disability and the Social Model

This research also draws extensively on the work of Gareth Thomas, including his work with Dikaios Sakellariou. Their work looks at what is often framed as competing interpretations of disability. As they note, the Medical Model of Disability ‘depicts disablement as a biological *problem* belonging to a *person’,* often with an emphasis on ‘fixing or curing a person’ (Thomas and Sakellariou, 2018: 3). Within this paradigm, impairment and disability are deemed coextensive. In contrast to this, the Social Model of Disability treats disablement as ‘a social problem belonging to society’ (Thomas and Sakellariou, 2018: 3). This research draws on such literature, making a clear distinction between the two models. However, it is Thomas' emphasis on disability as an 'everyday' experience that this PhD project draws heavily from. For example, Thomas and Sakellariou explore the 'mundane, everyday interactions and practices of daily life' that disabled people engage in, describing and detailing what 'disability *is* and *does* in these moments' (2018: 4). Given this ethnographic research prioritised 'everyday' lived experiences of austerity, and how harm and sickness often emanated from multiple interactional scales, the work of Thomas was instructive.

There is a wealth of other UK literature on disability. For example, this research has been influenced by the work of key figures such as Dan Goodley and Tom Shakespeare. Dan Goodley's emphasis on disability studies as a necessarily inter-disciplinary has been instrumental in my own approach, prioritising social scientific data and theoretical literature from a number of disciplines (Goodley, 2024). Goodley's 'Critical Disability Studies' is a conscious attempt to move beyond more 'biomedical models' of disability and question the broader social and material conditions that determine experiences of disability. The work of Tom Shakespeare has also been important. For example, in his *Disability Rights and Wrongs,* Shakespeare argues that the strict dichotomies of the early 'Social Model' proponents, while correct in their assertion that disability has social determinants, were wrong to neglect how profoundly life-altering and, often, life limiting impairments can be. The strict dualisms of the early Social Model, Shakespeare argues, resulted in 'a good idea that became ossified and exaggerated into a set of crude dichotomies' (Shakespeare, 2006: 17). I was therefore conscious that this research did not fail to account for how commissioners' experiences with forms of chronic illness and disability were not reduced entirely to their social and material conditions.

As Goodley notes, disability is a space ‘from which to think through a host of political, theoretical and practical issues that are relevant to all’ (Goodley, 2016: 157). In this way, Goodley calls on scholars to ‘to start with disability but never end with it’ (Ibid). Returning to Shakespeare’s ‘crude dichotomies’ of the early Social Model of Disability, I chose to return to the early disability rights movement in the UK in order to make a connection with today’s Poverty Truth Movement. In so doing, I demonstrate how the lived experiences of Morecambe Bay Poverty Truth Commissioners allow us to gain new insights into the relationship between the austerity and the Social Model of Disability. By focusing on the ‘mundane, everyday interactions and practices of daily life’ and what ‘disability *is* and *does* in these moments’ (Thomas and Sakellariou, 2018: 4), I reveal the multiple interactional scales that impact commissioners lives, and how experiences of disability emerge out of these interactional scales in ways that are often far more coterminous as they are dichotomous, and while mundane and everyday, are certainly not crude. Thus, while I do indeed ‘start with disability’ in Goodley’s terminology, my research ‘ends with disablement’ as an active and ongoing process and practice.

From Disability to Disablement

By returning to the early disability rights movement in the UK, I also in some respects turn away from ‘disability’ and towards ‘disablement’. As later sections on the social determinants of health and the co-option of ‘lived experience’ demonstrate, a ‘social’ analysis is not always coterminous and co-extensive with more ‘structural’ analyses. This is sometimes the case with the Social Model of Disability, which often broadens its scope of analysis to an individual’s social environment without necessarily deepening its analysis of the state as a ‘harm causer’ (Kerr, 2024: 2). Through my engagement with early disability activist scholarship, I found that a more politicised and politicising analysis was emerging, in which disability was framed not only in response to one’s social environment but as a direct outcome and consequence of ‘social oppression’ (UPIAS, 1976: 14; Oliver, 1996: 35). This engagement with earlier scholarship allowed me to reframe disability to disablement. In this way, the thesis is less concerned with disability as a pre-existing condition and more with disablement as an active and ongoing process that necessarily implicates political structures and not just the ‘social’ in a general (and often depoliticising) sense. Indeed, I found that my original engagement with the work of scholars like Tom Shakespeare sometimes inhibited this more structural account of disablement. Instead, making analytical connections between the early disability rights movement and the Poverty Truth Movement seemed more conducive and offered a better account of the lived experiences of commissioners.

Stigma and the ‘Everyday’

The sociologist Erving Goffman describes how experiences of stigma emerges when a person ‘possesses an attribute that makes one different from others’ (Goffman, 1963: 5). Through the process of stigmatisation, this person becomes publicly ‘blemished’, ‘polluted’ or ‘tainted’, reduced from a ‘whole person’ and into what Goffman describes as a ‘discounted one’ (Ibid). Disability scholar Gareth Thomas draws on the work of Goffman to make sense of how disabled people ‘navigate the minutiae of everyday exchanges in public settings’ (Thomas, 2021: 462). Goffman’s ‘interactionist’ approach to stigma therefore situates stigma within the everyday interactions of people, describing how stigma is ‘made in the episodic staging of everyday life’ (Thomas, 2026: 2). Given disabled people’s experiences with stigma, a more micro-sociological analysis is also useful in accounting for the ‘interactional making of disability as an unwanted and degraded difference’ (Healey and Titchkosky (2022: 243).

Equally, Thomas argues for the need to 'dislodge the concept of stigma from its exclusively interactional roots and cultivate a more socio-political understanding of it' (Thomas, 2021: 463). In so doing, however, Thomas identifies the importances of 'looking both *above* and *below*' (Ibid, original emphasis). That is, of ensuring that we don't 'throw the "interactionist baby" out with the bath water' (Vassenden *et al.*, 2025: 220).

This emphasis on stigma and its centrality to experiences of disability reveals 'not only its interactional properties, but also its political economy, in which disabled people are devalued, discounted, and cast as disposable' (Thomas, 2021: 451). This research is therefore an attempt to 'challenge quantitative and acontextual treatments of stigma by sharpening its political edges, whilst simultaneously working with the tensions and complications by appreciating the weight and worth of dissecting the banal, taken-for-granted moments of everyday life' (Thomas, 2020: 463). The research is therefore influenced by work that 'sharpens the political edges' of the stigma through analyses of class and gender. For example, Tyler's earlier work on the figure of the 'Chav mum' as an object of class disgust, as well as her extended analysis of stigma and abjection in her work *Revolting Subjects: Social Abjection and Resistance in Neoliberal Britain.* Tracy Jensen's work on 'parenting the crisis', and the stigma that surrounds working-class mothers, has also been instructive. Skeggs work in *Formations of Class and Gender* has been foundational, not only in how working-class women are coded in terms of 'lack', but in how Skeggs draws these conceptual arguments from her own ethnographic research.

This PhD project explores how stigma and shame emerge through interactions. Such stigmatising interactions can be inter-personal and well as structural. As such, I have emphasised the multiple interactional scales of stigma. In this way, the research draws extensively on two key thinkers, synthesising the work of Gareth Thomas and Imogen Tyler. I demonstrate how the ‘everyday’ lived experiences of stigma and disability require a ‘looking up’ at how stigma is ‘propagated as a governmental technology of division and dehumanisation’ as well as ‘looking across’ at how stigma often emerges through interactions with other individuals. Indeed, I show how these two interactional scales often operate simultaneously and co-extensively. For example, how ‘structural’ interactions with the state are often experienced through particular representatives. In the case of Leanne, her interactions with the state happen through interactions with hospital staff. Or for Tee or Jane, how their interactions with the benefits system emerge out of interactions with a ‘work coach’ or an ATOS examiner. In this way, I draw Thomas’ and Tyler’s work together, evidencing the ways disablement emanates from the everyday. In so doing, I also extend Tyler’s argument that stigma operates as both a ‘political injury’ as well as a ‘disabling force’ today.

Social Determinants of Health

There is a wealth of literature in the UK on what are described as the ‘social determinants of health’. Similar to the social model of disability, the social determinants of health are defined as the ‘social inequalities in health arise because of inequalities in the conditions of daily life and the fundamental drivers that give rise to them: inequities in power, money and resources’ (Marmot et al., 2010: 16). While the 2010 ‘Marmot Review’ is considered a landmark review on health inequalities in England in this period, the ‘Marmot Review: Ten Years On’ report serves as a working case study of the social determinants thesis. In the report, Marmot *et al* note how life expectancy in the UK since 2010 has stalled, while the amount of time people spend in poor health has increased in this same period (Marmot *et al.,* 2020). Marmot’s work has therefore been an influence to this research, particularly his linking of austerity with what are becoming ‘exceptional’ health inequalities in the UK. As Marmot states: ‘the UK is not a rich country; it is a poor country with a few rich people (Wise, 2025).

Similarly, the work of Richard Wilkinson and Kate Pickett has also been instructive. For example, their work in *The Spirit Level* argues that ‘people in societies with bigger income gaps between rich and poor are more likely to suffer from a wide range of health and social problems than those living in more equal societies’ (Wilkinson and Pickett, 2018: xvii). In so doing, their work documents and evidences the social gradients of poverty, and how health outcomes worsen as social and material disadvantage increases. Indeed, one of their core contentions is that ‘inequality effect the vast majority pf the population, not only a poor minority (Ibid: xx). Equally, in *The Good Society,* Pickett updates many of the social epidemiological studies and population health trends, locating what she calls ‘causes of the causes’ (Pickett, 2026: 32): that is, ‘the root causes of the causal chains and networks that lead to individual disease and population difference in the level of different disease’ (Ibid: 38). Given the direct and causal evidence linking poverty and inequality to poor health outcomes, Pickett states she is ‘hopeful’ that another ‘state of things’ is possible in the UK. The reason for this, Pickett states, is simple: ‘it’s the evidence’ (Ibid: 2). It is hear that my engagement with scholarship such as Wilkinson and Pickett becomes more critical: criticism that would inform my analysis.

As this PhD research has argued, it isn’t a lack of evidence that is preventing changes to policy in the UK. Or Sarah Kerr states: ‘lack of new knowledge about poverty is not what is preventing political engagement with poverty reduction’ (Kerr, 2024: 2). Instead, what is required is an analysis and understanding of how ‘major harm cannot be undertaken without systematic and rigorous attention to ignorance’ (Barton *et al.,* 2018: 14). That is, how ignorance is actively produced. Thus, what is needed is an analysis of the 'structural production of ignorance' (Procctor and Schiebinger, 2008: 3). It is for this reason that I am critical of some of the 'social determinants of health' literature, including that of Pickett. While crucial in drawing together social scientific and epidemiological research on inequality and health, this literature often neglects how, given austerity is a direct outcome of political decision-making, 'evidence' of harm is not what is preventing a change in the 'state of things' (Pickett, 2026: 2).

Instead, this research also draws on what has been termed the 'political economy of health' (Otterson *et al.*, 2014: 630). As Ted Schrecker and Clair Bambra note in *How Politics Makes Us Sick,* the levels of ill-health present in the population are so significant that, were they a disease, they would be deemed of 'epidemic' proportion (Schrecker and Bambra, 2015: viii). Thus, while Schrecker and Bambra view austerity as but one of four larger 'neoliberal epidemics', I limit my purview to the 'epidemic of austerity' in the UK. As the authors note, much public health literature on the social determinants of health continue to utilise either a 'biomedical model' of health, which views differences in health as differences among individuals (with the view of treating or curing individual 'pathology') or a 'behavioural model' of health, which prioritises the lifestyle choices of individuals as determining health outcomes (Bambra and Schrecker, 2015: 8). Both, Bambra and Schrecker argue, neglect the larger, structural determinants of health. The authors therefore prioritise the 'political determinants of health', foregrounding the social, political and economic structures and relations that influence public health. That is, health as politically determined (Bambra, 2005: Bambra and Schrecker, 2015). My research is situated within such literature.

This PhD research is informed by this wider social epidemiological literature. While framing these through a political economy of health lens, this ethnographic research gives a name and a voice to these wider trends in population health in the UK. I show how the social and political determinants of health as *lived* in an everyday sense. As such, I evidence the larger claims of scholars such as Marmot, Wilkinson and Pickett by drawing on rich, first-hand lived experiences of members of MBPTC. While in general consensus with Kerr's claim that 'lack of new knowledge about poverty is not what is preventing political engagement with poverty reduction' (Kerr, 2024: 2), I argue that new knowledge about poverty *is* missing in much poverty research. That is, research not only on the 'lived experiences' of those living in and with poverty, but research that frames these experiences through forms of agency and social action. Thus, this research can be seen as an attempt to orient this 'social determinants of health' literature in new ways, ensuring that the social means 'looking up' at the structural and at the state as a site of analysis.

Social Harm

By drawing together contemporary social scientific data and theoretical literature on poverty, health and disability and connecting this with my own empirical work, this thesis asks in what sense the Social Model of Disability can help make sense of the 'exceptional' social and material conditions attendant under austerity in the UK today. However, in critically engaging in the Social Model of Dsaibility and wider Social Determinants of Health, what also emerged through this research was a wider question about the meaning of the 'social' within contemporary Britain. For example, what emerged from Chapter Two was a wider analysis of 'Social Security', and what this revealed about the shifting status of citizens vis-à-vis the state: not least, how changes to the welfare system are producing forms of social insecurity. Likewise, Chapter Three and Four engage in a wider analysis of 'Social Reproduction

Theory', and of the socialised forms of labour that often go unremunerated and undervalued. Chapter Five extends this 'social' analysis further, noting how facilitators themselves frame the social through concepts such as the 'social body' and 'social sickness', and how these emerge through an engagement with 'social systems'. While these are then related to 'harm' and 'disablement' in ways that reveal their social aetiologies, there is a more engaged and considered analysis of the 'social' that is emerging from this research.

Thus, while I do not draw on 'Social Harm' literature extensively within this thesis, I do see this thesis as having important affinities with this wider (sub)discipline. That is, while I see this PhD project as firmly situated within sociological scholarship, there are important parallels with more criminological research. While I argue that many of the harms, and by extension, forms of disablement evidenced throughout this thesis are 'social' and 'structural' in their constitution, it is important to acknowledge the connections with 'Social Harm' research, including how findings from this PhD project might have implications for such scholarship. Indeed, while 'Social Harm' literature has so far remained situated within these disciplinary parameters, I see this literature as having important intersections with disciplines like Sociology and Social Policy. Indeed, I in many ways arrived as a 'social' analysis of harm and disablement in parallel to this existing literature, and use this review to make important conjunctions between sociological and criminological thinking.

While 'Social Harm' literature, including criminological scholarship on what is termed 'Zemiology', emerged in the UK in the early 21st century (Hillyard *et al.,* 2004), notions of social or structural harm long predate this. For example, in *The Condition of the Working Class in England,* Engels describes the conditions under which labourers in Manchester in the 1840s became disfigured and deformed from the bodily tolls of industrial capitalism. Engels notes the streets as being replete with ‘crowds of cripples’ who ‘owe their distortions to their long working hours’ (Engels, 1892: 152). What Engels identifies here is not only the experiences of the ‘crippled’ labourers but the crippling effects of industrialisation. That is, harm as emanating from the social structures in which individuals are embedded. Such early materialist analyses should therefore be seen as having important analytical and conceptual antecedents to later disability scholarship, including the Social Model itself. Indeed, it is also for this reason that criminologist Simon Pemberton refers to Engel’s text as ‘the original analysis of social harm’ (Pemberton, 2015: 1).

Pemberton himself has uses a ‘social harm’ approach to reframe how harm is theorised. He makes a number of conceptual distinctions between social harm and more traditional accounts of harm. For example, Pemberton argues that harm is often restricted to a focus on the individual, in which interpersonal harms are prioritised over organisational and structural harms. As such, he describes how harm is not only an outcome of action, but inaction. In so doing, he argues that harm results from the divestment and withdrawal of social resources and that, as a consequence, ‘social injury’ is caused not by *intentional* acts, but rather, from the *omission to act* (2015: 8). Indeed, austerity can be seen as the intensification of a process and state practice that a number of scholars have referred to as organised abandonment (Harvey, 1982; Drucker, 1999; Gilmore-Wilson, 2007). In conversation with this social harm literature, I see my own research as revealing the social and structural aetiologies of harm through the lived experiences of commissioners themselves. The thesis is therefore one part of a larger approach to ‘more accurately map the harms that occur within society’ (Pemberton, 2015: 7).

Pemberton has also challenged what the scholar Thomas Raymen refers to as an 'assumption of harmlessness' (2021: 2022: xv) when it comes to structural analyses of harm. For example, Pemberton frames harm as emanating 'when human flourishing is compromised by the denial of social resources' (2015: 8). As such, the realisation of harm rests not on whether or not harm was intended, but rather whether this can be considered preventable. Harm is therefore 'constituted by either foreseeable events' or from 'alterable social relationships' (2015: 25). Pemberton offers a number of examples throughout his text, including the 18,000 excess winter deaths annually in UK, or the 29,000 premature deaths from air pollution annually in UK. In conversation with this PhD research, we can add to this the 335,000 excess deaths attributed to austerity between 2012-2019 (Walsh *et al.,* 2022), the 16,000 excess deaths associated with NHS waiting lists each year (O-Dowd, 2025), the 25,000 'deaths of despair' in the UK each year (Camacho *et al.,* 2024), or the thousands of deaths related to welfare reform as evidenced by the 'Deaths by Welfare' Project (Mills and Pring, 2025).

As Victoria Canning and Steve Tombs note in *From Social Harm to Zemiology*, the function of the word 'social' in the couplet 'social harm' is to 'shift our level of explanation beyond the individual' (Canning and Tombs, 2021: 55). As such, framing the 'social' can help identify 'the origins and aetiology of harm' (Ibid: 56). From a Social Harm perspective, then, harm is a direct outcome of social and political decision making. It is not the result of 'natural' processes, but rather mediated through social structures. It is precisely this analysis that this PhD project undertakes. And by extension, I argue highlight how this 'social harm' analysis fits within a larger framework of disablement evidenced and advanced within this thesis. The thesis makes the case that austerity measures in the UK not only constitute a form of social harm, but further, forms of *disablement* too. Disabling not only in how exposure to chronic and protracted poverty actively produces sickness and ill-health, but also in how it directly inhibits people’s ability to fully and meaningfully participate in social existence. Thus, disablement not as a personal tragedy but as a political project. Disablement not as an ‘a biological *problem* belonging to a *person’,* but as ‘a social problem belonging to society’ (Thomas and Sakellariou, 2018: 3).

From Social Harm to Social Murder

Conditions that lead to disablement are by their very nature conditions that can result in death too. This thesis evidences this through the one million excess deaths attributed to austerity since 2010 (Marmot *et al*, 2024), or indeed the 335,000 excess deaths linked with austerity between 2012 and 2019 alone (Walsh *et al.,* 2022). But it is also referenced through the deaths of Steve and Lee, who both died at ages far below the national average, and for whom acute poverty and precarity were an everyday experience. There is a growing body of research connecting the concept of social murder to austerity policies in the UK, including policies related to welfare reform, welfare conditionality and benefits sanctions (Grover, 2018); policies related to housing deregulation (Tombs, 2021); and policies related to the declining life expectancy more generally (Walsh and McCartney, 2024).

Not only did Friedrich Engels’ emphasis on the ‘crippling’ effects of industrialisation prefigure, by more than a century, a more ‘social’ model of disability, but it was also in *The Condition of the Working Class in England* that Engels developed a notion of ‘social murder’ too. As Engels notes, ‘in depriving thousands of the necessaries of life’, the factory regime of industrial capitalism places people ‘under conditions in which they cannot live … such that they inevitably meet a too early and unnatural death’ (Engels, 1845: 127). For Engels, under such conditions, ‘death is as much the consequence of violence as it is by sword or bullet’

(1892: 95). It is here Engels makes a conceptual distinction between harm as an outcome of interpersonal violence and harm as an outcome of structural forces:

> *When one individual inflicts bodily injury upon another such that death results, we call the deed manslaughter; when the assailant knew in advance that the injury would be fatal, we call his deed murder. But when society places hundreds of proletarians in such a position that they inevitably meet a too early and an unnatural death, [...]its deed is murder just as surely as the deed of the single individual; disguised, malicious murder, murder against which none can defend himself, which does not seem what it is, because no man sees the murderer, because the death of the victim seems a natural one, since the offence is more one of omission than of commission. But murder it remains.'* (Engels, 1945: 95).

Engels' argument is that death, as well as harm, emanates from the social structures in which individuals are embedded, and not solely from those individuals themselves. Engels is, one and a half centuries prior to the discipline of Zemiology, identifying murder as socially and materially determined. While this research cites contemporary work such as Grover (2019) in order to make this analytical connection between social harm, disablement, and social murder, I have chosen to keep my analysis on harm rather than death. That said, the research has been informed by such literature throughout, and there are extensions to this 'disablement' thesis that require analytical connections with this social harm literature.

Given commissioners' proximity to deep poverty and destitution, the question of harm extending into death was always close to the thesis. Indeed, I was immediately drawn to the notion of necropower and necropolitics (Mbembe, 2003; 2019). In *Discipline and Punish,* Foucault locates the emergence of disciplinary power, which regulates bodies not only by constraining them, but by actively investing in and through them. Thus, the old sovereign capacity to ‘take life or let live’ is replaced with a more biopolitical power ‘to foster life or disallow it to the point of death’ (Foucault, 2003: 239). The formation of the Welfare State in the UK can be seen in many respects as this biopolitical drive to ‘invest in’ and ‘foster’ life. Mbembe engages with this thesis, arguing that ‘the ultimate expression of sovereignty largely resides in the power and capacity to dictate who is able to live and who must die’ (Mbembe, 2003). Thus, rather than ‘making live and letting die’ (Foucault, 2003: 239), necropower instead more on the idea of ‘letting live and making die’ (Mbembe, 2019: 66).

While Mbembe’s thesis looks at the racialised forms of this sovereign power takes, I had originally considered how, from the perspective of disability and disablement, austerity in the UK is also becoming increasingly structured by this relationship of ‘making live and letting die’, or indeed, letting live and making die’. These are deaths attributed to austerity that are often acute and direct, but more often than not, they are the outcome of the state withdrawing from its social obligations, or from what is referred to in related literature as ‘organised state abandonment’ (Gilmore, 2007). Bev Skeggs, for example, has made use of necropolitics, connecting it directly to profit and value: or what she calls ‘necrospeculation’. But for Skeggs, what it also revealed through a necropolitical lens is ‘the legacy of thanatocracy’, or the ‘enactment of mass and organised killing as an official policy of the state’ (Skeggs, 2021: 123). This is an extension of Mbembe’s work, looking at how necropower is bound up in experiences of class and gender too.

Given this PhD project’s relationship to harm, and its attempts to render this harm ‘social’, I chose to emphasise the work of scholars like Steve Tombs (2016), Chris Grover (2019) and, most recently, Walsh and McCartney (2024): as well as related analyses such as China Mills’ use of a ‘psychopolitical autopsy’ (2018). Such scholarship looks at how forms of death are the outcome not only of one’s ‘social’ environment, but more directly, from policy decisions made by the UK state. While the research remains focused on analysing austerity as a disabling process, I see the research as situated within these extended analyses of ‘social murder’.

From Lived Experience to Lived Knowledge

Contemporary research on poverty is increasingly prioritising forms of ‘lived experience’, including research conducted by the UK government (Campbell, 2024, O’Connor and Bennett, 2025). I have therefore been informed by other ethnographic work that prioritised forms of ‘lived experiences’, such as Evans (2022) ethnographic work on working-class mothers in Merseyside or Garthwaite *et* al’s ethnographic study of how individuals negotiate ill health and food insecurity in a UK foodbank (2015).

This research has also drawn me into a wider consideration of the role of ‘lived experience’ in academic research, and how poverty literature in particular frames people with lived experience of poverty as sources of information, or experience, and not as ‘knowledge’ per se. Thus, different epistemic values are assigned to those with lived experience of poverty than it is to those academics or policy-makers who ‘produce’ knowledge. Returning to Skeggs’ *Formations of Class and Gender,* and how working-class women are constructed as inherently ‘lacking’, connections can be made with the working-class women in my research, as well as those in Evans’ and Garthwaite’s ethnographies. That is, how their ‘knowledge’ of poverty both as working class women and working class mothers, is also rendered absent or ‘lacking’. Informed by these other two ethnographies of working-class women, I frame their experiences as legitimate forms of knowledge that reveal important questions about how stigma, class and harm are experienced under austerity in the UK.

This research is also aware of how ‘lived experience’ is being coopted by organisations, and indeed, government agencies too (Campbell, 2024, O’Connor and Bennett, 2025). For example, the UK government has launched its own ‘Lived Experience in Policymaking’ Guide as part of its ‘Policy Lab’ team. This guide involves understanding the ‘principles, behaviours, and mindsets that underpin lived experience work’ (Flemming and Lefton, 2024). As my engagement with the work of Chris Grover and John Pring demonstrate, concepts such as ‘behaviours’ and ‘mindsets’ – particularly when professed by government agencies or politicians in the UK – are often deeply problematic. Indeed, this lived experience is often interpreted through a ‘biopsychosocial’ model which has become the ‘unacknowledged intellectual framework’ for successive UK governments and the implementation of welfare reforms (Pring, 2024: 70).

Not only are the MBPTC attempting to embed the values of ‘Noting about us, without us, is for us’ within the wider Morecambe Bay community, but I have also reflected on how this maxim serves as a methodological injunction too. That is, how I too am implicated in this, including what it means to produce academic knowledge ‘about’ disadvantaged individuals and communities in a way that includes them. I have therefore engaged in literature such as Skeggs, Garthwaite and Evans that allows the theoretical to emerge through the empirical. However, in turning this research into a PhD, I am all too aware of my privileged position as researcher, as expert, as ‘knowledge producer’, and how there is an epistemological power imbalance between having one’s name *in* a thesis, and having one’s name *on* a thesis.

APPENDICES

Consent Form

Participant Information Sheet – Observations

Participant Information Sheet – Interviews

Interview Question Guide – Community Commissioners

Interview Question Guide – Civic Commissioners

Interview Question Guide – Facilitators

Debrief Sheet

Resource Sheet

BIBLIOGRAPHY

Abed, D. and Kelleher, F. (2022) ‘The Assault of Austerity: How prevailing economic policy choices are a form of gender-based violence’ Report for Oxfam. Accessed On: 22/11/22. Available At: https://oxfamilibrary.openrepository.com/entities/publication/f1a3f7c2-831f-46da-a7c7-85ffb99c2194.

Agarwal, P. (2022) *Hysterical: Exploding the Myths of Gendered Emotion.* Canongate Books: Edinburgh.

Ahmann, C. (2018) ‘“It’s exhausting to create an event out of nothing”: Slow Violence and the Manipulation of Time’ in *Cultural Anthropology.* Vol.33 No.1.

Ahmed, S. (2004) *The Cultural Politics of Emotion.* Edinburgh: Edinburgh University Press.

Alexander M. J. (2005). *Pedagogies of Crossing: Meditations on Feminism, Sexual Politics, Memory, and the Sacred*. Durham: Duke University Press.

Allen, M. and Dorkin, A. (2015) ‘The impact of adverse experiences in the home on the health of children and young people, and inequalities in prevalence and effects’ for *Institute for Health Equity.* Report available at: https://www.instituteofhealthequity.org/resources-reports/the-impact-of-adverse-experiences-in-the-home-on-children-and-young-people/impact-of-adverse-experiences-in-the-home.pdf

Appignanesi, L. (2009) *Mad, Bad and Sad: A History of Women and Mind Doctors from 1800 to the Present.* Virago: London.

Baquero, R. P. (2021) 'From Psychoanalysis to Cultural Trauma: Narrating Legacies of Collective Suffering' in *Critical Horizons*. 22(4), 370–385.

Bambra, C. (2019) *Health in Hard Times: Austerity and Health Inequalities*. Policy Press: London.

Bambra, C. and Schrecker, T. (2015) *How Politics Makes Us Sick: Neoliberal Epidemics*. Palgrave: New York.

Barford, A and Gray, M (2022) 'The tattered state: Falling through the social safety net' in *Geoforum*. Vol. 137: 115-125,

Baron-Cohen, S. (2003) *The Essential Difference: Men, Women and the Extreme Male Brain.* London: Allen Lane.

Baron-Cohen, S. (2011) *Zero Degrees of Empathy: A New Theory of Human Cruelty and Kindness.* London: Penguin.

Barr, B. *et al.,* (2016) 'First, do no harm': are disability assessments associated with adverse trends in mental health? A longitudinal ecological study' in *Journal of Epidemiological Community Health.* 70: 339-345.

Barton, C. Sturge, G. Harker, R. (2024) 'The UK's changing population' Report for *House of Commons Library, UK Parliament*. Available At: https://commonslibrary.parliament.uk/the-uks-changing-population/

Baumberg, P., Bell, K. and Gaffney, D. (2012) *While benefits stigma is undoubtedly pervasive across society, its nature and origins tend to be profoundly misconstrued. British Politics and Policy at LSE*. Available At: http://eprints.lse.ac.uk/id/eprint/48556.

Bawden, A. (2022) 'A fifth of children in care self-harmed during pandemic, research finds' in *The Guardian.* Available At: https://www.theguardian.com/society/2022/mar/23/a-fifth-of-children-in-care-self-harmed-during-pandemic-research-finds.

Beck, C.T. (2002) 'Postpartum Depression: A Metasynthesis' in Qualitative Health Research. 12(4):453-472.

Bellis, M.A., Hughes, K., Leckenby, N., Perkins, C., Lowey, H. (2014) 'National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England' in *BMC Med*. May 2;12:72.

Bennett, D.L. *et al.* (2022) 'Child poverty and children entering care in England, 2015-20: a longitudinal ecological study at the local area level' in *Lancet Public Health*. (6)496-503.

Berlant, L. (2011) *Cruel Optimism.* Durham: Duke University Press.

Bhandar, B. (2022) 'Organised state abandonment: The meaning of Grenfell' in *The Sociological Review.* October 2022.

Bhattacharya, T. (Ed.). (2017). Social Reproduction Theory: Remapping Class, Recentering Oppression. London: Pluto Press.

Blyth, M. (2013) *Austerity: The History of a Dangerous Idea.* Oxford: Oxford University Press.

Bollen, A. (2025) *Motherdom: Breaking Free from Bad Science and Good Mother Myths.* London: Verso.

Bolton, P. and Hinson, S. (2024) 'Fuel Poverty' Report for *House of Commons Library.* Available at: https://researchbriefings.files.parliament.uk/documents/CBP-8730/CBP-8730.pdf

Boris, E. and Swinth, K. (2023) 'Household Matters: Engendering the Social History of Capitalism' in *International Review of Social History*, 68:3 (2023), pp. 483–506.

Bosworth, M.L. *et al.* (2021) 'Deaths involving COVID-19 by self-reported disability status during the first two waves of the COVID-19 pandemic in England: a retrospective, population-based cohort study' in *The Lancet Public Health.* Vol. 6, Iss11: 817-825.

Bowie, K. (2025) 'NHS reliance on private mental health beds for routine care is "now the norm," report says' in *British Medical Journal*. 390:1835.

Buckingham, N., Jefferies, D., Purbrick-Thompson, K. and Arnold, S. (2025) ‘What is the state of children’s health in England?’ Report for *The King’s Fund.* https://www.kingsfund.org.uk/insight-and-analysis/long-reads/state-childrens-health-england.

Bywaters, P. (2020) ‘The Child Welfare Inequalities Project: Final Report for *Nuffield Foundation.* Available At: https://pure.hud.ac.uk/ws/portalfiles/portal/21398145/CWIP_Final_Report.pdf.

Bywaters, P et al. (2020) ‘Child welfare inequalities in the four nations of the UK’ in Journal of Social Work. 20(2), 193-215.

Cahill-Ripley, A. and Graham, L.D. (2021) ‘Using Community-Based Truth Commissions to Address Poverty and Related Economic, Social and Cultural Rights Violations: The UK Poverty Truth Commissions as Transformative Justice’ in *Journal of Human Rights Practice*, Vol. 13, Iss 2.

Camacho, C *et al.,* (2024) ‘Risk factors for deaths of despair in England: An ecological study of local authority mortality data’ in *Social Science and Medicine.* Vol.342. 116560.

Campbell, D. and Bawden, A. (2022) ‘NHS paying £2bn a year to private hospitals for mental health patients’ in *Guardian.* Accessed on: 24/04/2022. Available at: https://www.theguardian.com/society/2022/apr/24/nhs-paying-2bn-pounds-a-year-to-private-hospitals-for-mental-health-patients.

Campbell, D (2022) ‘Three million on NHS England waiting lists have had no care since GP referral’ in *The Guardian*. Available at: https://www.theguardian.com/society/2025/aug/01/three-million-on-nhs-england-waiting-lists-have-had-no-care-since-gp-referral

Cavallero, L. and Gago, V. (2021) *A Feminist Reading of Debt.* London: Pluto Press.

Celasun, O., Iakova, D., Parry, I. (2022) ‘How Europe can Protect the Poor from Surging Energy Prices’ in *International Monetary Fund.* Accessed On: 01/09/2025. Available At: https://www.imf.org/en/Blogs/Articles/2022/08/03/how-europe-can-protect-the-poor-from-surging-energy-prices

Chang, H-J. (2015) ‘Living within our means’ makes no economic sense. Labour is right to oppose it’ in *The Guardian*. Available at: https://www.theguardian.com/commentisfree/2015/oct/13/living-within-means-economic-labour-john-mcdonnell

Chakraborty, A. (2015) ‘Cameron’s workers vs shirkers has at last exposed the Tory law of benefits cuts’ in *The Guardian.* Accessed On: 10/10/24. Available At: https://www.theguardian.com/commentisfree/2015/mar/31/cameron-workers-shirkers-tory-law-benefit-cuts-deserving-poor.

Charlton, J. (2000) *Nothing About Us Without Us: Disability Oppression and Empowerment.* Berkeley: University of California Press.

Chrisler, J. C. (2011). Leaks, lumps, and lines: Stigma and women's bodies. *Psychology of Women Quarterly, 35*(2), 202–214.

Chua, E. J. (2007). "Review of Sianne Ngai, Ugly Feelings" in *Bryn Mawr Review of Comparative Literature. V*ol.6: No. 2.

Clegg, A., Ghelani, D., Charlesworth, Z., Johnson, T.M. (2023) 'Missing Out: £19 billion in support goes unclaimed each year' Report for *Policy in Practice.* Available at: https://policyinpractice.co.uk/wp-content/uploads/2024/10/Report_Missing-out-19-billion-of-support-1.pdf

Cleghorn, E. (2021) *Unwell Women: A Journey Through Medicine and Myth in a Man-Made World.* Weidenfeld & Nicolson: London.

Clifford, E. (2020) *The War on Disabled People: Capitalism, Welfare and the Making of a Human Catastrophe.* London: Zed Books.

Coffey, A. (1999) *The Ethnographic Self.* London: SAGE.

Cohen, K. and Collens, P. (2013) 'The impact of trauma work on trauma workers: A metasynthesis on vicarious trauma and vicarious posttraumatic growth' in *Psychological Trauma: Theory, Research, Practice, and Policy*. Vol 5(6): 570-580.

Cook, T. and Wenham, A. (2025) 'Energy affordability: how to reduce bills for majority of households' Report for *Joseph Rowntree Foundation.* Available at:

https://www.jrf.org.uk/cost-of-living/energy-affordability-how-to-reduce-bills-for-majority-of-households

Cooper, V. and Whyte, D. (2017) *The Violence of Austerity.* London: Pluto Press.

Cooper, A. and McNulty P. (2024) 'Empty Plates and Cold Homes: What it's like to grow up in poverty in 2024' Report for *Bernardo's.* Available at: https://www.barnardos.org.uk/sites/default/files/2024-09/Barnardos%202024%20-%20Empty%20Plates%20and%20Cold%20Homes.pdf

Craddock, V. (2025) 'Ovary-Acting: The Stigma and Shame around Menstrual Health' in *British Journal for Sociology.* Available at: https://es.britsoc.co.uk/ovary-acting-the-stigma-and-shame-around-menstrual-health/

Cribb, J., Waters, T., Wernham, T., Xiaowei, X. (2022) 'Living standards, poverty and inequality in the UK: 2022' Report for *Institute for Fiscal Studies.* Available At: https://ifs.org.uk/sites/default/files/output_url_files/R215-Living-standards-poverty-and-inequality-in-the-UK-2022.pdf.

Cummins, I. (2018) 'The Impact of Austerity on Mental Health Service Provision: A UK Perspective' in *Int J Environ Res Public Health*. 1;15(6):1145.

Darling, J. (2022) *Systems of Suffering: Dispersal and the Denial of Asylum*. London: Pluto Press.

Darwen, L. (2025) 'Workhouse Labour, Less Eligibility and the New Poor Law' in *The English Historical Review*, Vol.141, Iss.608: 136–172.

Davillas, A., Burlinson, A. Liu, H-H. (2022) 'Getting warmer: Fuel poverty, objective and subjective health and well-being' in *Energy Economics*. Vol.106.

Davis, L. J. (2006) *The Disability Studies Reader.* London: Routledge.

Dawson, N. (2023) 'DWP rejects 357,000 claims amid surge in applications for disability benefit' in *The Express.* Available At: https://www.express.co.uk/finance/personalfinance/1848239/DWP-PIP-claims-rejected-disability-benefits.

Davies, S., Evans, J. and Cross, K. (2025) 'Stigma in the System: Experiences of the UK Social Security system' Report for *Personal Finance Research Centre*, *University of Bristol.* Available at: https://www.bristol.ac.uk/media-library/sites/geography/pfrc/documents/Stigma_in_the_System.pdf

Denial, C. (2022) 'Covid as a Mass-Disabling Event: A Pedagogy of Kindness for Pandemic Times'. University of Nottingham, UK, December 14.

De Matos, A. and Pusceddu, A. M. (2021) 'Austerity, the state and common sense in Europe: A comparative perspective on Italy and Portugal' in Anthropological Theory, 21(4), 494-519.

DfE (2023) ‘Elective home education’ for *Department for Education.* https://explore-education-statistics.service.gov.uk/find-statistics/elective-home-education/2024-25-autumn-term

Domokos, J. (2011) ‘Jobcentres ‘tricking’ people out of benefits to cut costs’. Available At: https://www.theguardian.com/politics/2011/apr/01/jobcentres-tricking-people-benefit-sanctions?INTCMP=SRCH.

Domokos, J. (2011) ‘Government admits Jobcentres set targets to take away benefits’. Available At: https://www.theguardian.com/politics/2011/apr/08/jobcentres-benefits-sanctions-targets.

Dorling, D. (2015) *Injustice: Why Social Inequality Matters.* Bristol: Policy Press.

Dorling, D. (2023) *Brexit: a failed project in a failing state*. London: Friedrich Ebert Stiftung

Dorling, D. (2023) *Shattered Nation: Inequality and the Geography of a Failing State.* London: Verso.

Dokumaci, A. (2023) *Activist Affordances: How Disabled People Improvise More Habitable Worlds.* Durham: Duke UP.

Drucker, P. F. (2013) *Post-Capitalist Society*. Butterworth-Heinemann.

Duffy, S. (2013) ‘Social care is bearing the brunt of council cuts’ in *The Guardian.* Accessed On: 10/10/24. Available At: https://www.theguardian.com/social-care-network/2013/jan/29/social-care-bearing-brunt-cuts.

Duru, K. *et al* (2017) ‘Poverty in Morecambe Bay’ for *Richardson Institute.* Accessed on: 21/10/2023. Available at: https://www.morecambebaypovertytruthcommission.org.uk/wp-content/uploads/2020/10/Richardson-Institute-report-for-the-Morecambe-Bay-Poverty-Truth-Commission-June-2017.pdf.

DWP (2022) ‘DWP benefits statistics: August 2022. Available At: https://www.gov.uk/government/statistics/dwp-benefits-statistics-august-2022/dwp-benefits-statistics-august-2022.

DWP (2023) ‘Universal Credit Work Capability Assessment, April 2019 – December 2023’. Available At: https://www.gov.uk/government/statistics/universal-credit-work-capability-assessment-statistics-april-2019-to-december-2023/universal-credit-work-capability-assessment-april-2019-to-december-2023

DWP (2024) ‘Benefits sanctions statistics to November 2023’. Available at: https://www.gov.uk/government/statistics/benefit-sanctions-statistics-to-november-2023-official-statistics-in-development/benefit-sanctions-statistics-to-november-2023-official-statistics-in-development

Edmiston, D., Hyde, E., & Adnan-Smith, T. (2025). ‘Submerged: Surfacing Deep Poverty during Permacrisis’ in *Sociology*, 59(4), 782-800.

Elgee, A. (2024) ‘Family Poverty and the Care System’ Report for *Together Trust.* Available At: https://cdn.togethertrust.org.uk/uploads/2025/11/Family-poverty-and-the-care-system.pdf.

Elliott, M. (2019) ‘Child welfare inequalities in a time of rising numbers of children entering out-of-home care’ in The British Journal of Social Work. 50(2), 581-597.

England, K. (2010) ‘Home, Work and the Shifting Geographies of Care’ in *Ethics, Place & Environment*. 13(2), 131–150.

Evans, N. (2022) ‘Coping with Gendered Welfare Stigma: Exploring Everyday Accounts of Stigma and Resistance Strategies among Mothers Who Claim Social Security Benefits’ in *Social Policy and Society*. 21. 1-11.

Farooq, B. Allen, K., Russell, A.E., Howe, L.D., Mars, B. (2024) ‘The association between poverty and longitudinal patterns of adverse childhood experiences across childhood and adolescence: Findings from a prospective population-based cohort study in the UK’ in *Child Abuse & Neglect,* Vol 156.

Fai, F. M. and Tomlinson, P. R. (2023) ‘Levelling up or down? Addressing regional inequalities in the UK’ in *Contemporary Social Science*, 18(3–4), 285–297.

Federici, S. (1975) *Wages Against Housework.* 1st Ed. Falling Wall Press.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998) 'Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study' in *American Journal of Preventive Medicine,14*, 245–258.

Fenton, S. (2016) 'Two-thirds of domestic violence shelters facing closure due to welfare cuts, research suggests' in Independent. Available At: https://www.independent.co.uk/news/uk/home-news/twothirds-of-domestic-violence-shelters-facing-closure-under-welfare-reforms-a7224016.html

Fillis, V., Fagg, J., Unia, M. (2023) 'Self-harm hospital admissions up 22% for children aged eight to 17' in *BBC News*. Accessed on: 23/03/2023. Available at: https://www.bbc.co.uk/news/uk-england-64874355.

Fitzpatrick, S. (2023) 'Destitution in the UK 2023' in JRF. Report Available At: https://www.jrf.org.uk/deep-poverty-and-destitution/destitution-in-the-uk-2023.

The Food Foundation (2024) 'Food insecurity among single parent families' Report for *The Food Foundation.* Available at: https://foodfoundation.org.uk/sites/default/files/2024-02/Single%20Parents%20briefing_FINAL.pdf

Forrester-Jones, R. *et al.* (2021) 'The Impact of Austerity Measures on People with Intellectual Disabilities in England' in *Journal of Long Term Care*. 241-255.

Fortier, A.M. (2017) ‘The psychic life of policy: Desire, anxiety and ‘citizenisation’ in Britain’ in *Critical Social Policy*. 37(1), 3-21.

Foucault, M. (1975) *Discipline and Punish.* Vintage Books: London.

Foucault, M. (2003) *Society Must Be Defended: Lectures at the Collège de France 1975–76.* Ed. Mauro Bertani and Alessandro Fontana. New York: Picador.

Fraser, D. (2017) *Evolution of the British Welfare State.* 5th Ed. London: Bloomsbury

Fraser, N. (2018) ‘Crisis of Care? On the Social-Reproductive Contradictions of Contemporary Capitalism’ Chapter in *Social Reproduction Theory: Remapping Class, Recentering Oppression*. London: Pluto Press.

Friedli, L and Stearn, R. (2015) ‘Positive affect as coercive strategy: conditionality, activation and the role of psychology in UK government workfare programmes’ in *Medical Humanities.* 41(1):40-7.

Nancy, N, and Jaeggi, R. (2018) *Capitalism: A Conversation in Critical Theory.* Cambridge: Polity Press.

Gaglioti, F. (2023) ‘A social and medical examination of Long COVID as a “mass disabling event” in *WSWS.* Accessed On: 18/04/23. Available At: https://www.wsws.org/en/articles/2023/04/08/long-a08.html.

Garside, J. (2016) ‘Benefit fraud or tax evasion: row over the Tories’ targets’ in *The Guardian.* Available At: https://www.theguardian.com/uk-news/2016/apr/13/benefit-or-tax-evasion-row-over-the-tories-targets.

Garthwaite, K. Bambra, C. and Warren, J. (2013): ‘The unwilling
and the unwell’? Exploring stakeholders’ perceptions of working with long term sickness benefit recipients’ in *Disability & Society*.

Garthwaite, K. (2014) ‘Fear of the brown envelope: Exploring welfare reform with long-term sickness benefits recipients’ in *Social Policy & Administration* 48(7): 782–798.

Garthwaite, K.A. Collins, P.G. and Bambra, C. (2015) ‘Food for thought: An ethnographic study of negotiating ill health and food insecurity in a UK foodbank’ in *Social Science & Medicine,* Vol 132: pp.38-44.

Garthwaite, K. (2019) ‘How the Other Half Live’ in Bambra, C. Ed. *Health in Hard Times.* Policy Press: Bristol. pp.110-140.

Geertz, C. (1973) *The Interpretation of Cultures.* Public Books: New York.

Geronimus, A. (2023) *Weathering: The extraordinary stress of ordinary life on the body in an unjust society*. London: Virago.

Gill, K., Brown, S. O’Brien, C. Graham, J. Poko-Amanfo, E. (2024) Who is Losing Learning? The Case for Reducing Exclusions Across Mainstream Schools’ for Institute for

Public Policy Research. Available At: https://ippr-org.files.svdcdn.com/production/Downloads/Who_is_losing_learning_Sept24_2024-09-06-103617_euht.pdf?dm=1778241501.

Gilmore, R. W. (2007) *Golden Gulag: Prisons, Surplus, Crisis, and Opposition in Globalizing California*. Oakland: University of California Press.

Goffman, E. (1961) *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates.* London: Penguin.

Goffman, E. (1963) *Stigma: Notes on the Management of Spoiled Identity.* London: Penguin.

Goodley, D., Lawthom, R. and Runswick-Cole, K. (2014) 'Dis/ability and austerity: beyond work and slow death' in *Disability & Society*, 29(6), 980–984.

Gordon, A. (2008) *Ghostly Matters: Haunting and the Sociological Imagination.* Minneapolis: University of Minnesota Press.

Goudie, S. (2023) 'A Neglected Generation: Reversing the decline in children's health in England'. Report for *The Food Foundation.* Accessed on: 01/06/2024. Available at: https://foodfoundation.org.uk/sites/default/files/202406/TFF_Children%27s%20Health%20Report.pdf.

Gov.uk (1983) 'Mental Health Act, 1983: Section 2' of *UK Public Generals Act.* Available at: https://www.legislation.gov.uk/ukpga/1983/20/section/2

Gov.uk (2024^{a}) ‘Hate crime, England and Wales, March 2024’. Available At: https://www.gov.uk/government/statistics/hate-crime-england-and-wales-year-ending-march-2024/hate-crime-england-and-wales-year-ending-march-2024.

Gov.uk (2024^{b}) ‘Fraud and Error in the benefits system, FYE 2024’. Available At: https://www.gov.uk/government/statistics/fraud-and-error-in-the-benefit-system-financial-year-2023-to-2024-estimates/fraud-and-error-in-the-benefit-system-financial-year-ending-fye-2024.

Grover, C. (2014) ‘Disability benefits, welfare reform and employment policy’ in *Disability & Society*. 29(7), 1168–1170.

Grover, C. (2015) ‘Employment and Support Allowance, the ‘summer budget’ and less eligible disabled people’ in *Disability & Society*. 30:10, 1573-1576.

Grover, C., & Piggott, L. (Eds.). (2015). Disabled People, Work and Welfare: Is Employment Really the Answer? (1st ed.) Bristol: Bristol University Press.

Grover, C. (2019) ‘Violent proletarianisation: Social murder, the reserve army of labour and social security ‘austerity’ in Britain’ in *Critical Social Policy*, *39*(3), 335-355.

Gutteridge, N. (2024) ‘’There is no magic money tree’, Starmer tells cash-strapped councils’ in The Independent. Available at: https://www.telegraph.co.uk/politics/2024/03/28/keir-starmer-no-magic-money-tree-local-councils-lga/

Hall, S.M. (2022) ‘Feminist geographies of austerity’ in *Progress in Human Geography*. 46(2):299-318.

Hampton, J. (2016) *Disability and the Welfare State in Britain.* Bristol: Policy Press.

Hanif, D. (2024) ‘The Impact of the Cost-of-Living Crisis on Mental Health: August 2024’ for *Association for Mental Health Providers.* Available at: https://amhp.org.uk/report-impact-cost-living-crisis-mental-health/.

Hartas, D. (2024) ‘Mental health trajectories in adolescents during Covid-19: ‘Are we all in this together’?’ in *British Educational Research Journal*. Vol.50. 1449–1470.

Hattenstone, A. (2024) ‘Move to home education biggest since pandemic’ for *BBC News.* Available At: https://www.bbc.co.uk/news/articles/cg3382380vko.

Healey, D. and Titchkosky, T. (2022) ‘A primal scene: Disability in everyday life’ In *The Routledge International Handbook of Goffman Studies*. London: Routledge. pp. 242-252.

Hertzberg, D. and Boobis, S. (2022) ‘The Unhealthy State of Homelessness 2022’ Report for *Homeless Help Needs Audit.* Available at: http://cdn-homelesslink-production.s3-website-eu-west-1.amazonaws.com/media/documents/Homeless_Health_Needs_Audit_Report.pdf

Hill, A. (2023) ‘Children raised under UK austerity shorter than European peers, study finds’ in *The Guardian.* https://www.theguardian.com/business/2023/jun/21/children-raised-under-uk-austerity-shorter-than-european-peers-study.

Holten, E. (2025) *Deficit: How Feminist Economics Can Change Our World.* London: WH Allen.

Hope, C. and Mason, R. (2013) ‘Benefits are not a 'life choice', says David Cameron’ in The Telegraph. Available at: https://www.telegraph.co.uk/news/9975274/Benefits-are-not-a-life-choice-says-David-Cameron.html

Honigsbaum, M. (2024) ‘‘It is shameful’: why the return of Victorian-era diseases to the UK alarms health experts’ in *Guardian.* Accessed on: 18/02/2024. Available at: https://www.theguardian.com/society/2024/feb/18/return-of-victorian-era-diseases-to-the-uk-scabies-measles-rickets-scurvy.

Horowitz, M. J. (1989) ‘Posttraumatic Stress Disorder’ in *Treatments of psychiatric disorders: A task force report of the American Psychiatric Association.* Washington: American Psychiatric Association. pp. 2065–2082.

Hoy, B. *et al.* ‘Infection related deaths of children and young people in England’. Report for *NCMD.* Accessed on: 01/12/2023. Available at: https://www.ncmd.info/wp-content/uploads/2023/12/Infection-related-deaths-of-children-and-young-people-in-England.pdf.

Humphries, J. (2004) The Cambridge Economic History of Modern Britain Volume 1: Industrialisation, 1700-1860. Cambridge: Cambridge University Press.

Hunt, P. (1966) *Stigma: The Experience of Disability.* London: Geoffrey Chapman.

Hunt, J. (2019) *No Limits: The Disabled People's Movement – A Radical History.* Manchester: TBR Imprint.

Jayanetti, C. (2024) 'People with cancer, arthritis and amputations among 40% denied disability benefits' in *The Guardian.* https://www.theguardian.com/society/article/2024/may/12/claims-conditions-personal-independence-payments-disability-benefits-cancer-arthritis-amputees#:~:text=Across%20all%20applications%20for%20Pip,are%20receiving%20the%20right%20support.

Jenkins, R.H. et al. (2021) The Relationship between Austerity and Food Insecurity in the UK: A Systematic Review' Research Briefing for NIHR. Available at: https://sphr.nihr.ac.uk/wp-content/uploads/2023/01/Research-briefing-Jenkins-Austerity-and-food-insecurity.pdf

Jensen, T. (2011) "Watching with my hands over my eyes': Shame and irritation in ambivalent encounters with 'Bad Mothers' in *Radical Psychology.* Vol.9. (2).

Jensen, T. (2018) *Parenting the Crisis: The Cultural Politics of Parent Blame.* London: Policy Press.

Jones, S. et al. (2021) ‘The Impact of Austerity Measures on People with Intellectual Disabilities in England’ in *Journal of Long Term Care*. pp. 241–255.

Joseph Rowntree Foundation (JRF) (2024). ‘UK Poverty 2024: The essential guide for understanding poverty in the UK’. Accessed on: 10/11/2025. Available at: https://www.jrf.org.uk/uk-poverty-2024-the-essential-guide-to-understanding-poverty-in-the-uk.

Joseph Rowntree Foundation (JRF) (2025) ‘UK Poverty 2025: The essential guide for understanding poverty in the UK’. Accessed on: 04/04/2025. Available at: https://www.jrf.org.uk/uk-poverty-2025-the-essential-guide-to-understanding-poverty-in-the-uk

Joseph Rowntree Foundation (JRF) (2026) ‘UK Poverty 2026: The essential guide for understanding poverty in the UK’. Accessed on: 04/04/2026. Available at: https://www.jrf.org.uk/uk-poverty-2026-the-essential-guide-to-understanding-poverty-in-the-uk.

Jupp, E. (2022) *Care, Crisis and Activism: The Politics of Everyday Life*. Bristol: Bristol University Press.

Kelly, K. (2022) *Fight Like Hell: The Untold History of American Labor*. New York City: One Signal.

Kelton, S. (2020) *The Deficit Myth: Modern Monetary Theory and the Birth of the People's Economy.* New York City: Public Affairs.

Kerr, S. (2024) *Wealth, Poverty and Enduring Inequality: Let's Talk Wealtherty.* Bristol: Policy Press.

Kessler, M. M. (2022) *Stigma Stories: Rhetoric, Lived Experience, and Chronic Illness.* Columbus: Ohio State UP.

Kiely, E., & Warnock, R. (2023) 'The banality of state violence: Institutional neglect in austere local authorities' in *Critical Social Policy*, *43*(2), 316-336.

Krane, J. and Davies, L. (2007) 'Mothering under difficult circumstances: Challenges to working with battered women' *in Journal of Women & Social Work*, Vol.22, 23-38.

Lacey, R.E. Howe, L.D. Kelly-Irving, M. Bartley, M, Kelly, Y. (2022) 'The clustering of adverse childhood experiences in the Avon longitudinal study of parents and children: Are gender and poverty important?' in *Journal of Interpersonal Violence,* 37 (2022). pp. 2218-2241.

Lambert, M. (2025) '"Daddy Knows Best": Professionalism, Paternalism and the State in Mid-Twentieth-Century British Child Diswelfare Experiences' In: Beaumont, C., Colpus, E., Davidson, R. (eds) Everyday Welfare in Modern British History. Palgrave Studies in the History of Experience. London: Palgrave Macmillan

Latimer, E., Pflanz, F. and Waters, T. (2024) ‘Health-related benefit claims post-pandemic: UK trends and global context’ for *Institute for Fiscal Studies.* Accessed on: 01/09/2024: Available At: https://ifs.org.uk/sites/default/files/2025-04/Health-related-benefit-claims-post-pandemic_3_1.pdf

Lavelle, D. (2017) ‘‘I have lost hope’: the people with mental health problems who are being stripped of their benefits’ in *The Guardian.* Accessed on: 10/10/2024. Available At: https://www.theguardian.com/society/2017/nov/01/i-have-lost-hope-the-people-with-mental-health-problems-who-are-being-stripped-of-their-benefits.

Lavery, S. (2015) ‘Public and private sector employment across the UK since the financial crisis’ Report for Sheffield Political Economy Research Institute.

Lawrence, E. (2011) ‘Coalition plan to save 20% on disability benefits is the reverse of Robin Hood’ in The Guardian. Available at: https://www.theguardian.com/society/2011/apr/08/disability-benefits-reduce-payouts

Lerven, F.V. and Jackson, A. (2018) ‘A Government is not a household: Claims of ending austerity ring hollow, until we do away the ‘household fallacy’’ for *New Economic Foundation.* Available At: https://neweconomics.org/2018/10/a-government-is-not-a-household.

Levine, P. (1999) *Healing Trauma Study Guide.* Boulder: Sounds True Publishing.

Marcus, G. E. (1998) *Ethnography Through Thick and Thin.* Princeton UP: Princeton.

Marmot, M. *et al.* (2010) ‘Fair Society, Healthy Lives: The Marmot Review’ for *Institute for Health Equity.* Available at: https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf

Marmot, M., Allen, J., Boyce, T., Goldblatt, P., Morrison, J. (2020) ‘Health Equity in England: The Marmot Review 10 Years On’. Report for *Institute for Health Equity.* Accessed on: 12/12/24. Available at: https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/the-marmot-review-10-years-on-full-report.pdf.

Marmot, M. (2023) ‘Britain’s shorter children reveal a grim story about austerity, but its scars run far deeper’ in *The Guardian.* Available At: https://www.theguardian.com/commentisfree/2023/jun/25/britains-shorter-children-reveal-a-grim-story-about-austerity-but-its-scars-run-far-deeper.

Mason, R. and Butler, P. (2024) ‘Sunak to cite Britain’s ‘sicknote culture’ in bid to overhaul fit note system’ in The Guardian. Available at: https://www.theguardian.com/politics/2024/apr/19/sunak-to-cite-britains-sicknote-culture-in-bid-to-overhaul-fit-note-system

Mate, G. (2022) *The Myth of Normal: Trauma, Illness and Healing in a Toxic Culture.* London: Vermillion.

Matejic, P. and Earwaker, R. (2022) ‘Ethnicity and the heightened risk of very deep poverty’ for *Joseph Rowntree Foundation.* Available at: https://www.jrf.org.uk/deep-poverty-and-destitution/ethnicity-and-the-heightened-risk-of-very-deep-poverty

Mattei, C. (2022) *The Capital Order: How Economists Invented Austerity and Paved the Way to Fascism.* Chicago: University of Chicago Press.

Mbembe, A. (2003) ‘Necropolitics’ in *Public Culture*. Vol.15 No.1: 11-40.

Mbembe, A. (2019) *Necropolitics.* Durham: Duke University Press.

MBPTC (2022) ‘Round Two Launch Films’ for *Morecambe Bay Poverty Truth Commission.* Available at: https://www.morecambebaypovertytruthcommission.org.uk/films/

MBPTN (2026) ‘What is a Poverty Truth Commission’ for *Poverty Truth Network.* Available at: https://povertytruthnetwork.org/commissions/what-is-a-poverty-truth-commission/
McGrath, J. Lhussier, M. Crossley, S. Forster, N. (2023) ‘"They Tarred Me with the Same Brush": Navigating Stigma in the Context of Child Removal’ in *Int J Environ Res Public Health*. 20(12):6162.

McKenzie, L. (2015) *Getting By: Estates, Class and Culture in Austerity Britain.* London: Policy.

McRobbie, A. (2004) ‘Post-Feminism and Popular Culture’ in *Feminist Media Studies. 4. 10.*

McRobbie, A. (2013) ‘Feminism, the Family and the New “Mediated” Maternalism’ in *New Formations*, 80: 119–137.

McVeigh, K. (2015) ‘Fit-for-work tests linked to relapses in those with mental health problems’ in *The Guardian*. Available at: https://www.theguardian.com/society/2015/nov/24/work-capability-assessment-linked-relapses-claimaints-severe-mental-health-problems

Mills, C. (2018) ‘Dead People Don’t Claim: A psychopolitical Autopsy of UK austerity suicides’ in *Critical Social Policy.* Vol.38 (2).

Mills, C., and Pring, J. (2024). ‘Weaponising time in the war on welfare: Slow violence and deaths of disabled people within the UK’s social security system’ in *Critical Social Policy*. 44(1), 129-149.

Moncrieff, J. (2010) ‘Psychiatric diagnosis as a political device’ in *Social Theory and Health*. Vol.8. pp.370–382.

Moncrieff, J. (2025) *Chemically Imbalanced: The Making and Unmaking of the Serotonin Myth.* Cheltenham: Flint.

Montesanti, S.R. and Thurston, W.E. (2015) ‘Mapping the role of structural and interpersonal violence in the lives of women: implications for public health interventions and policy’ in *BMC Women's Health* Vol.15: 100.

Mooney, A., Alarilla, A. and Cavallaro, F. (2026) ‘Healthy life expectancy trends in the UK: a watershed moment’ Report for *The Health Foundation.* Accessed on: 26/04/2026. Available At: https://www.health.org.uk/reports-and-analysis/analysis/healthy-life-expectancy-trends-in-the-uk-a-watershed-moment

Muldoon, O. T. (2024). *The social psychology of trauma: connecting the personal and the political*. Cambridge: Cambridge University Press.

Müller, R. and Kenney, M. (2024) ‘The evolution of ACEs: From coping behaviors to epigenetics as explanatory frameworks for the biology of adverse childhood experiences’ in *Hist Philos Life Sci*. Oct 29;46(4):33.

Murphy, R. (Host) (September 14 2025) ‘Dangerous Nonsense’ in *Funding the Future Podcast.* Tax Research UK.

Murray, S. (2003) ‘A Spy, a Shill, a Go-Between1, or a Sociologist: Unveiling the ‘Observer’ in Participant Observer’ in *Qualitative Research*. Vol.3 (3). 377-395.

Ngai, S. (2005) *Ugly Feelings.* Cambridge: Harvard University Press.

Nixon, R. (2011) *Slow Violence and the Environmentalism of the Poor.* Cambridge: Harvard University Press.

NHS England (2024)[a] ‘Detentions: Differences between groups of people’ in *Mental Health Statistics, Annual Figures 2022-23.* Available at: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-act-statistics-annual-figures/2022-23-annual-figures/detentions-differences-between-groups-of-people#chapter-index.

NHS England (2024)[b] 'Out of Area Placements in Mental Health Services, March 2024'. Accessed On: 01/09/2025. Available At: https://digital.nhs.uk/data-and-information/publications/statistical/out-of-area-placements-in-mental-health-services/march-2024

NHS (2024)[c] 'England's NHS mental health services treat record 3.8 million people last year'. Accessed on: 10/10/24. Available at: https://www.england.nhs.uk/2024/10/englands-nhs-mental-health-services-treat-record-3-8-million-people-last-year/

NHS (2025) 'NHS Mental Health Services Monthly Statistics, Performance December 2024, released 13 February 2025' for *National Health Service.* Available at: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/performance-december-2024

Ofcom (2021) 'Online Nation: 2021 Report' Report for *Ofcom.* Available at: https://www.ofcom.org.uk/siteassets/resources/documents/research-and-data/online-research/online-nation/2021/online-nation-2021-report.pdf?v=326530

ONS (2021) 'Disability, England and Wales: Census 2021' for *Office for National Statistics.* Accessed on: 19/02/2023. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/disabilityenglandandwales/census2021

ONS (2023) ‘Excess deaths in England and Wales: March 2020 to December 2022’ for *Office for National Statistics*. Accessed On: 03/03/2023. Available At: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/excessdeathsinenglandandwalesmarch2020todecember2022/2023-03-09.

O’Hara, M. (2016) *Austerity Bites.* Bristol: Bristol University Press.

Okello, W. K., & Duran, A. (2021) ‘Here and There, Then and Now’: Envisioning a Palimpsest Methodology’ in *International Journal of Qualitative Methods*, Vol.20.

Oliver, M. (1975) *Fundamental Principles of Disability.* London: Disability Alliance.

Otterson, O.P. *et al.* (2014) ‘The Political Origins of Health Inequality: Prospects for Change’ in *The Lancet.* Vol.383, 630-667.

Oliver, M. (1990) *The Politics of Disablement.* London: Palgrave Macmillan.

Oliver, M. (1996) *Understanding Disability: From Theory to Practice.* Red Globe Press.

O’Reilly, K. (2008) *Key Concepts in Ethnography*. London: SAGE.

O’Reilly, K. (2012) *Ethnographic Methods* (2nd Ed.). London: Routledge.

O’Reilly, K. (2025) *Qualitative Research Methods for Everyone*. Bristol: UP.

Orr, J. (2006) Panic Diaries: A Genealogy of Panic Disorder. Cambridge: Duke University Press.

Page, A. Lewis, G. Kidger, J. Heron, J. Chittleborough, C. Evans, J. Gunnell, D. (2014) ‘Parental socio-economic position during childhood as a determinant of self-harm in adolescence’ in *Social Psychiatry and Psychiatric Epidemiology*, 49 (2). pp.193-203.

Patalay, P. and Fitzsimons, E. (2021) ‘Psychological distress, self-harm and attempted suicide in UK 17-year olds: prevalence and sociodemographic inequalities’ in *British Journal of Psychiatry.* 219(2):437-439.

Patrick, R. (2018) *For Whose Benefit?: The Everyday Realities of Welfare Reform.* Bristol: Policy Press.

Pemberton, S. (2015) *Harmful Societies: Understanding Social Harm*. Bristol: Bristol University Press.

Perrons, D. (2021) *Is Austerity Gendered?* Cambridge: Polity Press.

Pettifor, A. (2017) ‘Philip Hammond ought to dispel the economic myths that hold women back’ in *The Guardian.* Available At: https://www.theguardian.com/commentisfree/2017/mar/07/philip-hammond-economic-myths-budget-international-womens-day.

Pizzarossa, L.B., Coast, E, Kareithi, W. and Duffy, D (2026) '[E]ven in our fear […] we wanted to do this': feminist organising for abortion in Africa as palimpsestic' in *Cult Health Sex.* 28(3):304-320.

Prestidge, J. (2019) 'Housewives having a go: Margaret Thatcher, Mary Whitehouse and the appeal of the Right Wing Woman in late twentieth-century Britain' in *Women's History Review*, 28(2), 277–296.

Pring, J. (2018) 'UN's 'human catastrophe' rights expert to deliver high-profile UK lecture' in *Disability News Service.* Available at: https://www.disabilitynewsservice.com/uns-human-catastrophe-rights-expert-to-deliver-high-profile-uk-lecture/.

Pring, J. (2024) *The Department: How a Violent Government Bureaucracy Killed Hundreds and Hid the Evidence.* London: Pluto Press.

Proctor, H. (2024) *Burnout: The Emotional Experience of Political Defeat.* London: Verso.

Raleigh, V. (2024) 'What is happening to life expectancy in England' in *The King's Fund.* Accessed on 10/04/2024. Available at: https://www.kingsfund.org.uk/insight-and-analysis/long-reads/whats-happening-life-expectancy-england.

Reay, D. (2025) 'Poverty and the flight from poverty: traumatic entanglements' in *Subjectivity* Vol.32, pp:86–101.

Robinson, C. (2019) 'Energy poverty and gender in England: A spatial perspective' in *Geoforum.* Vol. 104. pp.222-233.

Ryan, F. (2017) ‘The staggering rise in PIP complaints shows there’s rot in the system’ in *The Guardian.* Available At: https://www.theguardian.com/commentisfree/2017/oct/30/staggering-rise-pip-complaints-rot-system-disability-benefits.

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

Ryan, F. (2022) ‘Why is Starmer peddling the Tory ‘magic money tree’ line on public spending? It’s just bad economics’ in *The Guardian*. Available at: https://www.theguardian.com/commentisfree/2022/aug/05/magic-money-tree-tory-line-labour-keir-starmer-tax

Savage, J. (2000) ‘Ethnography and Health Care’ in *BMJ*. Vol.321, pp.1400-2.

Scambler, G. (2018) ‘Heaping blame on shame: ‘weaponising stigma’ in neoliberal times’ in *Sociological Review*. 66. pp. 766-782

Schmidt, E.M., Décieux, F., Zartler, U., Schnor, C. (2023) ‘What makes a good mother? Two decades of research reflecting social norms of motherhood’ in *J Fam Theory Rev*.15(1):57-77.

Showalter, E. (1980) *The Female Malady: Women, Madness and English Culture, 1830-1980.* Virago: London.

Sigworth, T. (2025) Claiming benefits is a 'lifestyle choice' for some, says Starmer' in Telegraph. Available at: https://www.telegraph.co.uk/politics/2025/02/15/starmer-claiming-benefits-is-a-lifestyle-choice-for-some/

Skeggs, B. (1997) *Formations of Class and Gender.* London: SAGE.

Skeggs, B. (2021) 'Necroeconomics: How Necro Legacies Help Us Understand the Value of Death and the Protection of Life During the COVID-19 Pandemic' in *Historical Social Research,* 46 (2021) 4: 123-141.

Stewart, M (2018) 'Psychological tyranny prescribed by the DWP: preventable harm is government policy'. Vol.68 (677): 579.

Stiebahl, S., Danechi, S., Harker, R. (2025) 'UK disability statistics: Prevalence and life experiences' Report for *House of Commons Library.* Available at: https://researchbriefings.files.parliament.uk/documents/CBP-9602/CBP-9602.pdf

Stone, J. (2017) 'DWP tells disability assessors to discriminate against people with mental health conditions' in *Independent.* Available At: https://www.independent.co.uk/news/uk/politics/dwp-mental-health-discrimination-pip-cuts-mobility-mind-a7629866.html.

Stuckler, D., Reeves, A., Loopstra, R., Karanikolos, M. and McKee, M. (2017) 'Austerity and health: the impact in the UK and Europe' in *European Journal of Public Health*. Vol.27 (4). pp. 18-21.

Tamilson, B., Eccles, J.A., Shaw, C.K. (2025) ‘The experiences of autistic adults who were previously diagnosed with borderline or emotionally unstable personality disorder: A phenomenological study’ in *Autism.* Vol. 29(2) 504 –517.

Taylor, M. (2024) *Darren McGarvey's trauma industrial complex* [video] YouTube. Available At: https://rse.org.uk/resource/darren-mcgarveys-trauma-industrial-complex/

Thatcher, M. (1983) ‘Speech for Conservative Party Conference’ at Winter Gardens, Blackpool. Margaret Thatcher Foundation.

Thatcher, M.. (1987) ‘Interview for “Woman's Own” (“No Such Thing as Society”).’ in *Margaret Thatcher Foundation: Speeches, Interviews and Other Statements*. London.

Thomas, C. *et al.* (2024) ‘Our Greatest Asset: The Final Report of the IPPR Commission of Health and Prosperity’ in IPPR. Accessed On: 01/09/2024 Available At: https://ippr-org.files.svdcdn.com/production/Downloads/Our_greatest_asset_Sept24.pdf?dm=1726561191

Thomas, G. (2017) *Down Syndrome Screening and Reproductive Politics.* London: Routledge.

Thomas, G. and Sakellariou, D. (Eds.). (2018). *Disability, Normalcy, and the Everyday*. London: Routledge.

Thomas, G., Williams, O., Spratt, T., and Chandler, A. (2025). "Introduction: Recalibrating Stigma". In *Recalibrating Stigma*. Bristol, UK: Bristol University Press.

Thomas, G. (2026) 'Re(dis)covering Goffman: Disability, 'deference' and 'demeanour' in a community café' in *The Sociological Review*, 74(1), 176-193.

Timmermans, S. and Prickett, P.J. (2023). 'The Social Autopsy' in *Sociological Methods and Research.* Vol. 52(4): pp.1681-1706.

Tronto, J.C. (2015) *Who Cares? How to Reshape a Democratic Politics.* Ithica: Cornell University Press.

Trussel Trust (2023) 'Emergency food parcel distribution in the UK: 1 April 2023 to 31 March 2024'. Report available at: https://cms.trussell.org.uk/sites/default/files/wp-assets/EYS-UK-Factsheet-2023-24.pdf

Tyler, I. (2008) 'Chav Mum, Chav Scum: Class Disgust in Contemporary Britain' in *Feminist Media Studies.* Vol.8. pp17-34.

Tyler, I. (2013) *Revolting Subjects: Social Abjection and Resistance in Neoliberal Britain.* London: Zed Books.

Tyler, I. (2020) *Stigma: The Machinery of Inequality.* London: Zed Books.

Tyler, I. and Campbell, S. (2024) ‘Poverty stigma: a glue that holds poverty in place’ for *Joseph Rowntree Foundation.* Available at: https://www.jrf.org.uk/power-and-participation/poverty-stigma-a-glue-that-holds-poverty-in-place.

UNCRPD (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: Report of the Committee’ for *Committee on the Rights of Persons with Disabilities.* Available at: https://digitallibrary.un.org/record/1311200?v=pdf.

Union for the Physically Impaired Against Segregation (UPIAS) (1975) *Fundamental Principles of Disability.* London: Disability Alliance.

Vassenden, A., Handulle, A. and Orupabo, J. (2024). ‘To confront or not to confront? Seeing minorities’ responses to ethnoracial stigmatisation through Goffman’s ritual interaction order’ in *The Sociological Review.*

Walsh, D. *et al*. (2022) ‘Bearing the burden of austerity: how do changing mortality rates in the UK compare between men and women?’ in *Journal of Epidemiology and Community Health*. Vol.76:1027-1033.

Walsh, D. and McCartney, G. (2024) *Social Murder? Austerity and Life Expectancy in the UK.* Bristol: Policy Press.

Wealthy, B. (2018) ‘Out in the Cold’ Report for *Scope.* Available at: https://assets-eu-01.kc-usercontent.com/73ea709e-f9f8-0168-3842-ebd7ad1e23ac/86a032ba-06fe-4c3b-bbd2-

11a8166b436a/2018%20Out%20in%20the%20cold%20%28extra%20energy%20costs%29.pdf%23search%3Dout%20in%20the%20cold.pdf

Wickham, S. *et al.,* (2020) ‘Effects on mental health of a UK welfare reform, Universal Credit: a longitudinal controlled study’ in *Lancet Public Health.* Vol.5. (3). 157-164.

Williamson, T., Wagstaff, D.L., Goodwin, J., Smith, N. (2023) ‘Mothering Ideology: A Qualitative Exploration of Mothers' Perceptions of Navigating Motherhood Pressures and Partner Relationships’ in *Sex Roles*.88(1-2):101-117.

Willis, P. (1977) *Learning to Labour: How Working Class Kids Get Working Class Jobs.* Dorset: Saxon House.

Wintour, P. and Mulholland, H. (2012) ‘Cameron announces Tory plan to slash benefits’ in *The Guardian.* Available At: https://www.theguardian.com/politics/2012/jun/25/cameron-tories-slash-benefits.

Wise, J (2025) ‘One million excess deaths linked to deprivation over a decade, Marmot tells conference’ in *British Medical Journal*. 389: 1147

Women’s Budget Group (2018) ‘Austerity Hits Women Hardest’ for *WBG.* Available at: https://www.wbg.org.uk/article/austerity-hits-women-harder/

Women’s Budget Group (2022) ‘Austerity is Gender-based Violence’ for *WBG.* Available at: https://www.wbg.org.uk/article/austerity-is-gender-based-violence/

Wood, J. T. (2012). ‘Feminist Standpoint Theory’ in *Encyclopaedia of Communication Theory.* SAGE Reference Online.

Wright, S (2012) ‘Welfare-to-work, Agency and Personal Responsibility’ in *Journal of Social Policy*. 41(2):309-328.

Wright, S.m Field, S., Moss, C., Frounks, A., Veruere-McKa, L. (2024) ‘Disability Price Tag 2024: Living with the extra cost of disability’ Report for *Scope.* Available at: https://meassociation.org.uk/wp-content/uploads/2024/09/PDF-Scope-Report-2024.pdf

Zaidi, K. (2026) ‘Food Banks in the UK’ for *House of Commons Library.* Available at: https://researchbriefings.files.parliament.uk/documents/CBP-8585/CBP-8585.pdf