

For Debbie and Linda

Acknowledgements

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Acronyms and abbreviations

ATU	Assessment and Treatment Unit
AtW	Access to Work
BPS	biopsychosocial
BSL	British Sign Language
CBT	cognitive behaviour therapy
CCG	Clinical Commissioning Group
CFS	chronic fatigue syndrome
CHC	Continuing Healthcare
CIA	cumulative impact assessment
CIL	Centre for Independent Living
CTB	Council Tax Benefit
CTR	Council Tax Reduction
DANDLA	Disability Living Allowance
DNS	<i>Disability News Service</i>
DPAC	Disabled People Against Cuts
DPM	Disabled People's Movement
DRUK	Disability Rights UK
DSA	Disabled Students Allowance
DWP	Department for Work and Pensions
EDP	Enhanced Disability Premium
EHCP	Education, Health and Care Plan
EHRC	Equality and Human Rights Commission
ESA	Employment and Support Allowance

EU	European Union
GLAD	Greater London Action on Disability
HB	Housing Benefit
HMRC	Her Majesty's Revenue and Customs
HWC	Health and Work Conversation
IAPT	Increasing Access to Psychological Therapies
IB	Incapacity Benefit
ICT	information and communications technology
ILF	Independent Living Fund
ILSG	Independent Living Strategy Group
JSA	Jobseeker's Allowance
LASPO	Legal Aid, Sentencing and Punishment of Offenders Act 2012
LCW	Limited Capability for Work
LCWRA	Limited Capability for Work-Related Activity
LHA	Local Housing Allowance
LiMA	Logic Integrated Medical Assessment
LNPd	Liberation Network of People with Disabilities
ME	myalgic encephalomyelitis
MHRN	Mental Health Resistance Network
MR	Mandatory Reconsideration
MWC	Mental Welfare Commission for Scotland
NAO	National Audit Office
NSUN	National Survivor User Network
NUWM	National Unemployed Workers' Movement
OBR	Office for Budget Responsibility
OECD	Organisation for Economic Co-operation and Development
ONS	Office for National Statistics
PIP	Personal Independence Payment
RITB	Recovery in the Bin
RNIB	Royal National Institute of Blind People

ROFA	Reclaiming Our Futures Alliance
SDP	Severe Disability Premium
SEN	Special Educational Needs
SEND	Special Educational Needs and Disability
SG	Support Group
SNP	Scottish National Party
TANF	Temporary Assistance for Needy Families
UC	Universal Credit
UN	United Nations
UN CRPD	United Nations Convention on the Rights of Persons with Disabilities
UPIAS	Union of the Physically Impaired Against Segregation
WCA	Work Capability Assessment
WHO	World Health Organization
WILG	Welsh Independent Living Grant
WPC	Work and Pensions Committee
WRAG	Work-Related Activity Group

Introduction

Men make their own history, but they do not make it as they please; they do not make it under self-selected circumstances, but under circumstances existing already, given and transmitted from the past.

Karl Marx¹

In the years before his death, the widely esteemed disabled academic Mike Oliver warned disabled campaigners that we need to record our own history, ‘or it will be rewritten to serve the purposes of others’.² This book is an attempt to do exactly that. It records a pivotal moment in disability history from an activist perspective. This is the period from 2010 onwards when the British government went to war on disabled people.

Prior to 2010, the UK government was known as a world leader in disability. A decision was made under the Coalition government and carried forward by successive Conservative administrations elected in 2015, 2017 and 2019 that progress had gone too far. The implementation of a fast reverse turn was of international significance, marking the first time in the history of modern social policy that things had gone backwards for disabled people.³ The fact that this was to make disabled people pay for a financial crisis we did not cause is abhorrent. It needed to be concealed from the public. The way in which right-wing politicians and media achieved this – by creating a narrative that

blamed disabled people themselves, purposefully stoking fires of division and hatred – makes it even worse.

What the government did is one half of the story. On the other is the resistance mounted by disabled people. With the Disabled People's Movement (DPM) in decline from the mid-1990s, resistance from 2010 onwards can be characterised as a return to grassroots activism. In a conscious departure from the identity politics era of disability campaigning, new groups such as Disabled People Against Cuts (DPAC) were set up with the explicit aim of building alliances and joining the wider anti-capitalist movement.

Disabled activists are now regarded as having been at the forefront of the anti-austerity movement. We succeeded in pushing disability issues onto the mainstream agenda. These are no small achievements. At the same time, despite discrete wins along the way, material conditions are growing ever worse and more desperate for disabled people. After more than 10 years of tireless campaigning, there is so much more to do. This book presents an opportunity for reflection – not for its own sake, but with a view to learning lessons, reconsolidating and getting back out there to fight for 'a society fit for all'.⁴

Although this book is written by a disabled activist, one of its central arguments is that the events under inquiry should not just be of interest to disabled people. Disability issues are hidden and misunderstood within mainstream society precisely because of the relationship between disability and capitalism. Interrogating that relationship is a powerful way to expose the inequalities and cruelty of the system of exploitation under which we live. That system needs to be shrouded in myths and misconceptions in order to protect its continuation. What has happened since 2010 is a sharp reflection of the fundamentally important role that disability plays within capitalist political economy. It therefore has

a relevance to anyone seriously interested in what is wrong with capitalism and how we fight it.

While it will take more than this book alone to penetrate the near invisibility of disability as a political rather than a personal issue, I hope that it takes some small steps in bringing ‘disability from the margins to the centre of historical inquiry’.⁵

The book is also written from a historical materialist perspective – one that sees history as the result of material conditions rather than ideas – and argues that this is the only way to make sense of disability policy since 2010. As disabled researcher Rosa Morris comments in her dissertation on the Work Capability Assessment, one of the most notoriously cruel measures rolled out under Conservative rule: ‘[I]t is impossible to fully understand the current position of disabled people who are unable to engage in waged labour without considering their role and position in the capitalist mode of production.’⁶ In this way, the book joins up with the ideas of the pioneers of the British DPM, who also came from this position.

The book follows the social model of disability, a tool developed by disabled people as a guide for social action. It draws a distinction between impairment and disability. Disability consists of the barriers that a person with impairment experiences as a result of the way in which society is organised that excludes or devalues them. According to this analysis, preferred terminology in Britain is to describe people as disabled – because they are disabled by society – not people *with disabilities*, which makes no sense from a social model perspective.

One of the ways in which the British government was able to get away with making war on disabled people was by the sheer volume and complexity of the measures they unleashed. Where disabled people and their allies succeeded in holding them back was through intense and varied activity operating on many fronts

and involving many people, each making an invaluable contribution in their own way. Resistance has used every tool at its disposal – from research to lobbying to protests to endless legal challenges to awareness raising to direct action to triggering an unprecedented United Nations inquiry. It is impossible to record it all in one place.

With regard to naming all those involved in the resistance, it is an indictment of the current climate of fear and surveillance that individual names have had to be omitted deliberately in places in this book – the risk is too great that disabled people’s benefits will be stopped on the basis that if they are well enough to protest, they are not entitled to state-funded support.

The content of this book reflects areas of policy and campaigning that have been most central to activity by DPAC and its allies. Inevitably, there are important disability-related issues that have been missed. This is not meant in any way as a devaluation of the importance of those issues or of the contributions that have been made in resisting them; rather, it is a reflection of space and time constraints.

In terms of approach, the final thing to say is in defence of history written by a protagonist – even an extremely minor one – with no claim to objectivity. I, along with many disabled people in Britain since 2010, have been politicised by my experiences. Working within the disability sector, my colleagues and I have witnessed the individual suffering caused by the removal of the social safety net from those who need it most. Considerable numbers of people have been left without the support they need to cope in life and with nowhere to turn for help. As a person who lives with mental distress, I have experienced growing barriers to employment linked to the intensification of labour. At the same time, accessing unemployment social security has become out of the question and the services that help me to function have been cut.

Personal involvement in the struggle that this book details provides added insights and information from inside disabled people's resistance. As a former student of ancient history, I cannot help but add that ideas pertaining to the desirability of objectivity in historical accounts are fairly modern. Graeco-Roman historiography blurred boundaries between what we would now think of as a number of different disciplines, including biography, geography, ethnography and history. It was also explicitly didactic in nature, aiming to have a real-world use. That is absolutely my intention here.

Part I begins by setting out the context for the war on disabled people, the origins of which have a long history bound up with the rise of capitalism. The Conservatives were able to get away with such brutal attacks on disabled people because we live with the realities of our existence unseen by wider society. This is the result of socio-economic structures that segregate and divide, and, flowing from these, prevailing attitudes towards disability of pity, paternalism, aversion and disinterest.

As examined in this section, significant progress had been achieved for disabled people since the days of asylums, eugenics and long-stay hospitals. These were hard won through resistance from disabled people and our allies. Nevertheless, alongside these advances, significant inequalities persisted or even worsened. The idea of disabled people's exclusion from society as both natural and inevitable is so ingrained as to be still widely held to be common sense. Without an understanding of the history and politics of disability, it is impossible to make sense of events since 2010.

Part II provides an overview of legislation, policy and practice in key areas affecting disabled people's lives since 2010. It is through these voluminous and complex measures that any advances in disabled people's living standards have been so dramatically reversed. At the same time, decisions were made to benefit the rich and to help households with the highest incomes.

Comparisons between public spending in England and in the devolved nations (Scotland, Wales and Northern Ireland) show that cuts in England were not an inevitable result of the financial crash. Austerity and welfare reform were not necessities but deliberate political choices.

The section is divided into chapters covering measures related to welfare reform and those that pertain to independent living. The definition for independent living used within this book is in keeping with independent living philosophy and refers to disabled people's ability to live in the community with equal chances to participate, make choices and exercise control over our everyday lives.⁷

Part III assesses the brutal impacts and fallout of the measures examined in the previous section, described by the chair of the United Nations Disability Committee as 'a human catastrophe for disabled people'.⁸ At an individual level, there has been a dramatic escalation in misery and distress, with rising poverty, homelessness and hunger. Benefit changes have been consistently linked to deaths and suicides but the government still denies a causal link – and refuses to investigate. On a societal level, austerity and welfare reform measures are essentially producing a re-segregation of disabled people. The hard-won gains of decades of resistance and progress are in the process of being wiped away.

The last chapter in this section considers the political fallout arising from the government's war on disabled people, arguing that it has played a significant but overlooked role in the political upheaval of the current climate. Attacks of such range and magnitude by a government on its own citizens could not have been carried out without consequence, but the marginalisation of disability issues and the abundance of misconceptions that still exist led to a vast underestimation of the political importance of the impacts of welfare reform and austerity.

Part IV argues that a historical materialist perspective is needed in order to understand the war on disabled people. It is only from the vantage points of the relationship between disability and capitalism and of how disability policy fits within the wider political-economic moment that the treatment of disabled people by the British government since 2010 can be made sense of and effective strategies for resistance developed.

This section assesses the ideological priorities of the neoliberal era. It presents the view that the core aim behind welfare reform is not to get rid of the welfare state altogether but to reshape it through cuts and privatisation and by entrenching punitive approaches; welfare reform is being used as a weapon against benefit claimants while serving to discipline the workforce in the interests of business. The section argues that, although we must take heart from the fact that successive Conservative governments have not been able to achieve as much of their agenda as they had hoped, they are unlikely to change direction and will keep coming for us. More and better coordinated resistance is required if worse is not to come.

Part V, the final section of the book, focuses on the proud tradition of disabled people's resistance. Prevailing myths and misconceptions that see disabled people as passive victims mean that protest by even just a few visibly disabled people can make an impact. Disability is also an issue with the potential to cause significant social unrest as it affects a much larger number of people than its profile suggests – and it can happen to anyone. Governments are nervous of disability issues. At the same time, disability is an effective way of exposing the cruelty of the system we live under and of building resistance against it. The section argues that disabled people have a key role to play in the fightback.

The penultimate chapter attempts to provide an overview of disabled people's resistance in Britain during the age of austerity.

It examines points of continuation and departure from the DPM and argues that disability now has an unprecedented public and political profile. This is an important, tangible outcome achieved by hard-fought resistance since 2010. The backdrop to this increased profile is a continuing regression of disabled people's material living standards, which is making it more difficult for disabled people to mobilise and organise. It ends with a warning that, if this continues, we will end up once again spoken *for* and *about*, with our own voices silenced within society.

Part V ends with concluding thoughts on the way forward. It argues that disabled people need to fight for material improvements in the here and now while developing our wider political analysis. This includes the understanding that the oppression of disabled people will be fully transcended only once capitalism is transcended.⁹ In terms of organising, we need to build on what has been most effective about the return to grassroots activism that took place after 2010, with regard in particular to more inclusive campaigning, but we also need to build greater capacity for communication and the political development of our members. This must not be to replace activity with talking and navel-gazing, but to enhance our activism and ensure greater unity between practice and theory.

The final thoughts concern the need for a reinvigoration of the social model of disability. The social model has proven itself to be an incredibly powerful tool for effecting social change, but it was undermined by criticism and co-option by government. The social model can act as a guide for action rather than as a subject of endless debate. A collaborative grassroots effort to reinvigorate it could provide the cornerstone for an expanded collective identity focused on activity and social change.

PART I

‘HIDDEN IN PLAIN SIGHT’

The social context for the war on disabled people

Disability is everywhere in history once you begin looking for it, but conspicuously absent in the histories we write. When historians do take note of disability, they usually treat it merely as personal tragedy or an insult to be deplored and a label to be denied, rather than as a cultural construct to be questioned and explored.

Douglas Baynton¹

Prior to 2010, significant progress had been achieved for disabled people since the days of asylums, eugenics and long-stay hospitals, won through resistance from disabled people and our allies. Most notably, disabled people had obtained the right to live in the community instead of being forcibly detained for life, segregated from the rest of society. Legislation against disability discrimination was passed in the 1990s and the New Labour government promised full disability equality by 2025.

Alongside these advances, significant inequalities persisted or even worsened, while the idea that disabled people are of lesser human worth never fully went away. Research commissioned by Leonard Cheshire in 2008 revealed that disabled people were twice more likely to suffer economic hardship than others and more likely to live in poverty than 10 years previously.² The employment gap between disabled and non-disabled people was at 30 percentage points in 2010. Investigations started by the charity Mencap in 2007 exposed institutional discrimination within the NHS against people with learning difficulties, leading to 1,200 avoidable deaths in England every year.³

One of the cases publicised by Mencap was of Martin, a 43-year-old man with learning difficulties and no speech. Martin had a stroke and was sent to hospital. While there, he contracted pneumonia. He had trouble swallowing after the stroke and could not take food or water orally. He was put on a drip but this failed to provide him with adequate nutrition.

By the third week, his veins collapsed. By the time the doctors decided that they needed to insert a feeding tube into his stomach, his condition was too poor to withstand surgery. Five days later, Martin died.

This is a manifestation of the same underlying belief about the relative value of disabled people’s lives that underpins hostility towards disabled people.

An inquiry by the Equality and Human Rights Commission into disability hate crime concluded that disability harassment was widespread. The inquiry report *Hidden in Plain Sight* detailed 10 murders of disabled people, including the case of Brent Martin, a man with learning difficulties attacked for a bet by three people he considered his friends. One of the murderers is reported to have told friends, ‘I am not going down for a muppet,’ a clear reference to Brent’s impairment. In late 2010, Kathryn Stone, CEO of Voice UK, warned of ‘real increases in the most horrendous murders and very, very serious sexual assaults’.⁴ A poll that same year revealed that one-quarter of the public believed that disabled people should be in institutions.⁵

Meanwhile, the Disabled People’s Movement, which had gained advances since its inception in the 1970s, went into decline.

The history of disabled people’s oppression and the immediate background to the situation in 2010 are important for understanding why the Tories targeted disabled people, the full effects of how their policies impacted on disabled people, and how they have been getting away with it. Chapter 1 begins by looking at who disabled people are, a question that any account of disability must start with due to the complexity of disabled people’s oppression. Chapter 2 examines attitudes towards disability and the ‘othering’ of disabled people, which have facilitated the government in pursual of its agenda to make the

poorest and most disadvantaged members of society pay for a financial crisis we did not cause. Chapter 3 then provides an overview of the history of disability and of the enduring struggle between oppression and resistance in the years leading up to the election of the Coalition government in 2010.

ONE | Who are disabled people?

The complexity of disabled people's oppression is evident in how any discussion of it must necessarily begin with an explanation of who disabled people are. As Roddy Slorach, Senior Disability Advisor at Imperial College London, writes: 'Disability in contemporary society is a complex and widely misunderstood issue.'¹ We are a significant proportion of the population and rising – recorded numbers of disabled people are growing both for demographic reasons and as people increasingly seek protection against discrimination and impoverishment by identifying under the legal definition of disability. Yet our issues are marginalised within wider society and beset with misconceptions.

The diversity of impairments and the distribution of people with them across the population present a barrier to organising against shared injustice. The complexity is compounded by the fact that many people with impairments do not identify as disabled. The social model, where properly understood and applied, is an immensely useful tool for overcoming impairment differences and for uniting those with unmet needs within collective resistance. It is a far stronger basis for resistance than can be formed with an approach that focuses on the differing experiences of impairment that divide us.

A not insignificant group of people

Disabled people are the world's largest minority group. Disability under the Equality Act 2010 is defined as: 'a physical or mental

impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities'. The World Health Organization (WHO) recorded over 1 billion disabled people worldwide in 2011, making up 15 per cent of the global population. Latest figures put the number of disabled people in the UK at 13.9 million people; 24 per cent of the population reported 'a disability' in 2016–17, an increase of 6 per cent since 2007–08.² Despite popular concern with an ageing population, the change came from increases in the percentages of working-age adults and children, while the period saw a decrease in adults of State Pension age reporting a disability.

The number of those affected by disability issues are even greater when we take into consideration the 6.5 million providing informal support for disabled relatives and friends in the UK today. The charity Carers UK reports that every day another 6,000 people become carers and anticipate that by 2037 the figure will have risen to 9 million. As Professor Colin Barnes told Disabled People Against Cuts in 2013, 'More disabled people are around today than ever before so to suggest that impairment is a minority issue is nonsense'.³

The number of disabled people is rising. The fact that people are living longer and acquiring impairments in older age is just one aspect of this: according to the charity Alzheimer's Society, there are 850,000 people with dementia in the UK in 2020, with numbers set to rise to 1.6 million by 2040. Other factors include longer life expectancies for babies born with complex needs, increasing numbers of working-age disabled people and skyrocketing levels of mental distress. A response by London Councils in 2017 pointed to a 'far greater than average growth of adults with learning and physical disabilities, and those with mental health problems'.⁴

Dramatic increases in children and young people experiencing mental distress is a cause for concern. Mental distress

(or psychological distress) describes a range of symptoms and experiences of a person's internal life that are commonly held to be troubling, confusing or out of the ordinary; these can range from anxiety and stress to hearing voices and intrusive thoughts.

A study by researchers from University College London, Imperial College London, Exeter University and the Nuffield Trust, published in 2018, showed a six-fold increase over 20 years in children and young people stating that they have a mental health condition.⁵ Although this can be attributed in part to greater mental health awareness, incidences of self-harm are unquestionably escalating: hospital admissions for self-injury among young women doubled over the two decades to 2018 (NHS data show that girls were admitted to hospital 7,327 times in 1997 compared with 13,463 times in 2017), while a study of over 40,000 self-poisonings among 10- to 24-year-olds found that those involving the five most common substances all increased steadily between 1998 and 2014 in both sexes.⁶

The drop in the ages of children experiencing mental distress is significant, with teachers reporting that children as young as three are self-harming. As the UK Coalition of Deaf and Disabled People's Organisations wrote in its 2018 United Nations report, 'inadequate responses to dramatically rising incidences of mental distress experienced by children and young people will have serious consequences both for those individuals and society as a whole'.⁷

Incidences of certain impairments are rising but increasing numbers of people identifying as disabled can also be attributed both to proliferation of diagnoses and to greater disability awareness. The first edition of the *Diagnostic and Statistical Manual of Mental Disorders*, published in 1952, listed 106 disorders; the most recent version, DSM-5, has over 300.

This growth has been critically linked to the relationship between psychiatry and 'Big Pharma', with the latter profiting

from an expanding market.⁸ As a tool for directly progressing the rights of disabled people, the value of the Disability Discrimination Act 1995, now replaced by the Equality Act 2010, has been questioned.⁹ However, the legal definition of disability it set out has extended awareness of the potential to identify as disabled to people with impairments outside popular ideas of 'disability'.

Misconceptions about disability abound, not helped by the fact that the international symbol for disability is a wheelchair. Less than 8 per cent of disabled people require the use of a wheelchair yet over 50 per cent of people think of disability as a physical impairment. Of those who reported a disability in 2017–18, 25 per cent reported a 'mental health impairment'. Substantial numbers of people have 'invisible' impairments: for example, there are approximately 1.5 million people in the UK who have a learning difficulty; 700,000, more than one in 100, are autistic; and an estimated 250,000 adults and children in the UK are affected by myalgic encephalomyelitis (ME).

Mistaken impressions extend to the issues that impact on disabled people's lives. This became evident from the outcry against the Tories' 'dementia tax', as critics labelled it, in the 2017 General Election campaign. The proposal was to raise the upper capital limit for eligibility for social care support from its current value of £23,250 to £100,000. The public response revealed a considerable number of people to be under the misapprehension that social care support is currently free at the point of delivery, as with the NHS – considerable enough that the issue dominated the debate and forced the Tories to perform a U-turn on their manifesto commitment before the election had even happened.

The irony of this, given the onslaught of regressive policymaking by the Tories since 2010, was that these particular proposals represented what can be described as an improvement on the

current system in that there would have been a number of ‘winners’. Under the existing system, anyone with savings above the upper limit must fund their own social care. Below that, local authorities still have the power to charge for social care support, with most taking income from disability benefits into account in financial assessments. An investigation by the GMB union in 2018 found that more than 166,000 people are trapped in debt for their social care.¹⁰ On this occasion, the Tories were stung by the public’s ignorance of disability, but, as we shall see later, this ignorance has helped conceal the extent of their attacks on disabled people since 2010.

There is a clash between the growing incidence of disability and the direction of government policy to reduce the number of people on disability benefits. Successive governments have obscured this disconnect by exaggerating fraud and maintaining a narrative of policy reform to justify cuts to disability support.

The target set by New Labour to remove 1 million claimants from Incapacity Benefit (IB) has been carried over to Employment and Support Allowance (the benefit that replaced IB) by the Tories. This figure has been conjured for soundbite impact in the deliberate absence of any assessment of levels of need, disability or impairment. It is justified after the economic fact on the purely ideological notion that ‘everyone can do some sort of work’. To suggest otherwise, the government argues, is ‘outdated’, ‘patronising and offensive’.¹¹

Nearly half of disabled people are unemployed, for reasons to do with both disability and impairment, and the real-world workplace remains exclusionary. With a deliberate disregard for the reality of disabled people’s lives, government policies consistently fail to meet their own targets.

Despite the size of the disabled population, we remain a very marginalised group. Research published in 2014 found that

two-thirds (67 per cent) of the British public feel uncomfortable talking to disabled people and nearly half (43 per cent) say that they do not know anyone who is disabled.¹²

From the isolation of impairment to the collective experience of disability

Another example of the complexity of disability is the fact that many disabled people do not identify as such. According to government research cited by Slorach, 'a large majority of disabled people, in the UK at least, do not actually consider themselves to be disabled'.¹³ Low levels of self-identification can be attributed to the vast array of impairment coupled with the common association of disability with wheelchair use and other visible impairments.

Stigma and a desire to escape the negative connotations of disability in popular imagination also play a role. As Slorach describes: 'Impairments may be physical or mental (or both), single or multiple, temporary or permanent, and acquired before or after birth.' The majority of disabled people – over 80 per cent – are not born with impairments but acquire them over the course of their life, most commonly through disease, injury or trauma.¹⁴

Despite efforts to reduce disability stigma, including high-profile publicity campaigns around the Paralympics, negative attitudes persist. A 2018 report by the charity Scope revealed the extent of the negative attitudes that are held towards disabled people – and how many non-disabled people do not realise the scale of the problem.¹⁵

Disabled people are also geographically and generationally dispersed. Being born into a non-disabled family or acquiring impairment without knowing anyone else who is disabled can be a very isolating experience. The low level of public disability awareness and the cultural dominance of negative images of disability

mean that a political understanding of disability can generally be accessed only through other disabled people. Further barriers to identification under a shared disability identity can arise through conflicting access and communication needs among people with different impairments: for example, Deaf British Sign Language (BSL) users communicate via a visual language that is inaccessible to blind people, while blind people navigate via tactile paving that causes discomfort to wheelchair users.

In the past, disabled people's collective exclusion from society in segregated institutions provided the basis for group identity,¹⁶ often in opposition to the staff, who held complete power over their lives. It was residents of Le Court, a home run by Leonard Cheshire, who famously founded the Union of the Physically Impaired Against Segregation (UPIAS) in the early 1970s, to which the origins of the present-day disability history movement in Britain can be traced. People with learning difficulties made up and sang songs of resistance to keep going in the inhumane conditions of long-stay institutions, often poking fun at the staff who terrorised them.¹⁷

It has been suggested that one reason for the decline of the disability movement is the success of the inclusion agenda: greater participation of individual disabled people within the mainstream has removed the basis for collectivisation, leading to atomisation and weaker resistance. The point to take from this is the importance of collectivisation and of not fetishising segregation. The shared identities produced by institutionalisation were limited: hospital and educational structures divided by impairment, imposing hierarchies that shaped attitudes between patients/pupils. The campaigner Baroness Jane Campbell admits: 'I would cross the road rather than be seen with a learning disabled person – when I was a child, I wouldn't be seen dead with one of them.'¹⁸

Shared characteristics of impairment are almost impossible to identify. The WHO International Classification lists thousands of 'impairments, disabilities and handicaps', from 'Endocrine, nutritional and metabolic diseases' to 'Diseases of the musculoskeletal system and connective tissue', from 'Congenital malformations, deformations and chromosomal abnormalities' to 'Mental and behavioural disorders', among many others, all assiduously categorised and subdivided. Each of these will affect people in very different ways.

Many impairments fluctuate and are experienced relative to environment: for example, mental distress is significantly lessened in an emotionally supportive setting. The experience of impairment as deficit is itself not even consistent. Journalist Steve Silberman became interested in autism after spending time with programmers from Silicon Valley, leading to his award-winning book *NeuroTribes: The legacy of autism and how to think smarter about people who think differently*. Autistic people's brains are wired differently; this is described as neurodiversity, in contrast to the neuro-typical way in which non-autistic people think. Silberman found that, in the tech industry, far from holding people back, neurodiversity is experienced as an asset leading to highly profitable careers.¹⁹

By contrast, the shared characteristics of disability are wide-ranging and glaring. One consistent and stable characteristic throughout capitalism has been the inextricable link between disability and poverty: disability is both cause and consequence of poverty. The poor are more likely to become disabled due to poor nutrition, lack of medical care, industrial injuries and violence. Once disabled, poorer people are significantly less likely to receive the education or training needed to find employment, or have equal access to social networks, community resources or economic and legal support systems. Approximately 10,000

disabled people die every day as a result of extreme poverty worldwide.²⁰ Many of the causes and dreadful consequences of disability are entirely preventable.

The intrinsic relationship between poverty and disability is true not only in developing countries. In Britain, disabled people are now nearly three times as likely to experience severe material deprivation as non-disabled people.²¹ Disabled people have lower incomes due to labour market exclusion but also because of higher unavoidable expenditures – what journalist Frances Ryan calls the ‘Poverty Premium’²² – as a result of the extra costs of disability. Examples include the costs of specialist equipment, such as wheelchairs or adapted kitchen items, higher transport costs and higher energy bills due to increased needs for heating and laundering. Research for the charity Scope estimates that, on average, disabled people face extra costs of £583 a month, with one in five facing extra costs of more than £1,000 a month.²³ These additional costs are nowhere near covered by disability benefits.

The experiences of disabled people are very different depending on class and access to wealth. As Stephen Hawking wrote in the foreword to the *World Report on Disability*:

I have benefitted from access to first-class medical care. I rely on a team of personal assistants who make it possible for me to live and work in comfort and dignity. My house and my workplace have been made accessible for me. Computer experts have supported me with an assisted communication system and a speech synthesizer which allow me to compose lectures and papers, and to communicate with different audiences. But I realize that I am very lucky, in many ways.²⁴

The social model of disability gives people with different impairments something to unite behind, just as different black, Asian and minority ethnic communities are united by the experience of racial oppression. Focusing on shared barriers experienced across

impairment groups gives people the potential to join together in greater numbers with greater shared power. The focus on material barriers is also able to draw in those who may not previously have identified as disabled.

Looking both to the past and to the situation in Britain today, we can see that disabled identities are most clearly defined at moments of struggle for the material resources and conditions people with impairments need in order to survive. These actions, although impairment-specific, convey a sense of what today would be termed 'disability pride'. They also invariably occur concurrently with wider struggles over the division of wealth between the working class and the ruling class. During the Great Depression, the League of the Physically Handicapped fought job discrimination in the United States. Historians Paul K. Longmore and David Goldberger comment: 'The greatest influence on their political thinking and strategizing was the depression-era climate of crisis and desperate activism.'²⁵

Since 2010, people who previously may not have self-identified as disabled have become involved in collective action against attempts by the UK government to cut and deny social security payments. Newer activists come from a far wider background of impairment than was present in earlier iterations of the disability movement.²⁶ In these moments, disabled people find pride in our identities as we transcend the victim role of the oppressed to fight shared injustice.

The scale and depth of the human cost of austerity and welfare reform mean that the stakes are now extremely high. Faced with this, in my experience of activism, it has become far easier to find accommodations between impairment groups and to resolve potentially conflicting access needs or for people to defer these conflicts in the interest of furthering our common struggle.

Uniting against a common enemy

In 2006, controversial disability academic Tom Shakespeare confidently stated: 'Recognition that the majority of people with impairments have no desire to identify as disabled is overdue.'²⁷ As we shall explore in more detail later, we are now in an age where labour intensification has narrowed the pool of those who can fit the demands of the workplace and work does not pay – certainly not enough to cover the extra costs of disability.

The need for recourse to protections against discrimination at work and for access to social security payments is greater than ever. This has driven up the numbers and proportion of those claiming a disability identity. This presents a challenge for neo-liberal governments and local authorities looking to reduce rather than expand public spending, and also a challenge to campaigners: it represents a development with the potential to unite greater numbers in resistance but one requiring a will to fight against a common enemy in spite of the ravages of austerity.