The tattered state: Falling through the social safety net

Anna Barford a, *, Mia Gray b

a University of Cambridge Institute for Sustainability Leadership, The Entopia Building, 1 Regent Street, Cambridge, CB2 1GG, UK
b University of Cambridge, Department of Geography, Downing Place, Cambridge CB2 3EN, UK

ARTICLE INFO

Keywords:
Austerity
Social Safety Net
Poverty
Territorial Injustice
Ethics of Care
Digital Welfare State

ABSTRACT

The past decade of austerity in the UK has accelerated changes in the relationship between citizens and the state. Cuts to welfare spending have resulted in uneven geographical impacts, further distorting the UK society and economy. Analysing specific policies within the new patterns of welfare spending, we argue that austerity policies have compromised the UK state’s promotion of an ethics of care. We distinguish between welfare changes which intensify long standing policy trends, and others, such as automation and digitalisation of the welfare system, which are qualitatively different to previous reforms. To offer an example of how this is playing out in place, we explore a detailed case study of the English coastal town of Great Yarmouth, which was an early pilot town for contemporary welfare reform in the UK. The case study situates welfare changes within the widespread and uneven austerity measures of the past decade, showing how public services of the local state are weakened despite increased need. We find that many non-profit organisations try to fill some of the gaps in the tattered social safety net. However, they too are dependent on state funding, and so austerity also depletes their capacity to care. In this sense, care is interdependent, multi-sited, and interlocking. Through this case study of a town with high claimant counts, we show how these changes in the redistributive state precipitated a crisis in care, and exacerbated poverty and territorial injustice in an already highly divided country. UK austerity has drastically altered the role of the state, leaving many people more susceptible to other crises.

1. Introduction

The contemporary welfare state in the UK has undergone a decade of significant change. As in many high-, middle- and low-income countries, the UK has recently seen austerity alter the shape and function of the state. Accounting for national specificities, we observe common trends of severe budget cuts and persistent underfunding of social programmes; a reduction in public sector jobs; underfunded infrastructure; deregulation; and the diversion of public sector resources to the private sector. Scholars characterise these changes as indicative of a “shrinking state” or a “consolidation state” (Streeck, 2014; Lobao et al, 2018). Although the “shrinking state” long predates the 2007–08 financial crisis (Lobao and Adua, 2011), the global financial crisis and its transformation into a sovereign state crisis has not only exacerbated and accelerated these changes, but also legitimised them (Blyth, 2013; Peck, 2010; Farnsworth and Irving, 2018). An underlying feature of the “shrinking state” is the receding of redistributitional measures which transfer income from the wealthy to the poor (Banting and Myles, 2013; Lobao et al, 2018). The local state is simultaneously under attack, with central government off-loading responsibility for services, policies, and programmes to subnational governments (Brenner, 2009; Lobao and Adua, 2011) and the private sector without increasing funding from central government. This paper will demonstrate how these changes have eroded the state as an institution, profoundly affecting the well-being of people and places.

In the UK, a decade of welfare reform has fundamentally reshaped the state’s interactions with its population. The comprehensive welfare system, a key component of the Keynesian-Fordist compact, has been replaced by a more economistic, neoliberal state, defining a “new politics and policy of poverty” (Wacquant, 2009, p.287–291). Peck (2001) argues that rather than states like the US and the UK responding to economic cycles with increased welfare spending designed to buffer their vulnerable population from the worst of the downturns, such states are now responding by encouraging work and individualizing responsibility, thus increasing social insecurity amongst the poorest. Despite the strength of research on the changes to the redistributive state, the geography of these changes to the welfare state and its effects at the local level are still evolving. As Hitchen and Raynor (2020) argue, the effects of austerity persist long after budget cuts are made. In this

* Corresponding author.
E-mail addresses: ab423@cam.ac.uk (A. Barford), pmg27@cam.ac.uk (M. Gray).

https://doi.org/10.1016/j.geoforum.2022.09.020
Received 17 March 2021; Received in revised form 14 September 2022; Accepted 30 September 2022
Available online 16 November 2022
0016-7185/© 2022 The Author(s). Published by Elsevier Ltd. This is an open access article under the CC BY license (http://creativecommons.org/licenses/by/4.0/).
sense, austerity is a "diffuse and extended event, it is not fixed, but in a constant state of emergence: felt and lived above and beneath the surface in everyday life." (Ibid., p.186).

The UK government assesses neither the cumulative impact of its welfare reforms on families, nor their localised impacts on communities (Aldridge and MacInnes, 2014). This is symptomatic, both of a wider lack of data collection, evidenced in the paucity of analysis of austerity spending cuts, and a politicised approach to assessing such cuts (Gray and Barford, 2018; Butler, 2022). This is integral to Kiely’s (2021) argument that there is a political need to make austerity recede; to ensure the “camouflaging of austerity as an institutional strategy.” Fortunately, there is a growing body of research which scrutinises the national impact of austerity (Beatty and Fothergill, 2016, 2017; Gray and Barford 2018) and the local impact of welfare cuts on individuals, families and places (Jupp et al., 2019; Strong, 2020, Hall, 2019). This paper explores the social impacts of cuts in the seaside town Great Yarmouth, in the East of England. We show the burden of austerity cuts falling upon the most vulnerable in our society, as the state abandons an ethics of care in its provision of welfare. This paper complements existing research into both high-level politics and anti-poor rhetoric (Patrick, 2014; Slater, 2014; Wright, 2016), by studying a community affected by the roll-out of Universal Credit. Through this study, we extend analyses of austerity to specific places and contexts (Jupp et al., 2019; Hall, 2019; Strong, 2020), through the lens of practices and ethics of care (see Jupp et al., 2019).

Against the backdrop of intensified welfare reform and its curtailment of the state’s capacity to care, this paper addresses the following research questions: ‘Has welfare austerity altered the state’s ability to care?’; ‘What are the implications of welfare reform for territorial injustice?’; and ‘To what extent can an ethics of care be found outside of the state?’

We begin the paper by examining how the decade of austerity in the UK has affected the distribution of national welfare spending, before reviewing the literature on welfare reform and the positioning of welfare as central to a possible state-led ethics of care. Next, we present our case study of the impacts of recent welfare reform, which focuses on the English coastal town of Great Yarmouth, an early pilot town for reforms which intensified and extended welfare conditionality – reserving state benefits for those who worked or actively sought work – and increased the requirements needed for the disabled, the unemployed, and parents of young children to qualify for state aid. The flagship reform was the amalgamation of six separate benefits into a single payment called Universal Credit. Beatty and Fothergill (2017) map the outcome of the second round of these welfare reforms by examining the distribution of UK welfare austerity cuts. Their map (Fig. 1) shows the estimated impact of the state of welfare reform up to 2020/21. Their calculations use the estimated savings to the Exchequer (through cuts in entitlement, eligibility and uprating of benefits across all working age benefits) at the point of full implementation. The map indicates financial losses to local residents of working age, compared to what they would have received in the absence of welfare reform.

The map shows that funding changes are intensely concentrated in certain areas of the country, demonstrating the territorial unevenness and injustice of welfare reform policies. Areas particularly impacted by these cuts include London and many ‘peripheral’ areas – such parts of as Wales, the South West, the North East, the Leeds to Liverpool corridor, and many coastal areas, such as our case study, Great Yarmouth. Welfare

2. Literature: The reshaping of a welfare state

2.1. Welfare reform and austerity

Although welfare reform has a long history, we identify two episodes of change that are most important in understanding the context of the UK’s restructured welfare state. The American ‘Welfare to Work’ law of 1996 introduced conditional benefits, actively pushing recipients off state benefits. It also made claiming benefits socially unacceptable and devolved social welfare responsibilities (Brenner and Theodore, 2002; Wolch and Dinh, 2001). The British welfare system was more generous in comparison and expanded to provide additional support to claimants, although changes were nevertheless influenced by the direction of the US policy (Brenner and Theodore, 2002). By 1997, Britain had followed the US example with the Labour Party’s ‘New Deal’, which used welfare reform to encourage recipients into work or education, to lessen welfare dependency, and to reduce welfare spending (Sunley et al., 2001); supported by conditionality and stricter eligibility rules (Fletcher and Wright, 2018). Behind this, liberal moral philosophies valued individual ‘independence’ and work, while stressing that long-term state redistribution was undesirable. This approach rejected the idea of social interdependence and legitimised a restructuring of welfare provision. These revanchist policies penalised people for being poor (Smith, 1996), and female. Feminist scholars emphasise the gendered impacts of reducing social safety nets, which overlooked and undervalued care and caring as an economic practice (McDowell 2005, MacLeavy, 2014, Craddock 2017).

A second episode of UK welfare reform followed the 2007–08 global financial crash and the subsequent austerity policies. In 2012, the Conservative-Liberal Democratic government initiated a new wave of welfare reforms which intensified and extended welfare conditionality – reserving state benefits for those who worked or actively sought work – and increased the requirements needed for the disabled, the unemployed, and parents of young children to qualify for state aid. The flagship reform was the amalgamation of six separate benefits into a single payment called Universal Credit.

Fig. 1. Estimated financial loss from a decade of welfare austerity (all cuts by 2020–21 arising from all post-2010 welfare reforms, by district). Estimates updated in 2019. Source: Beatty and Fothergill, based on previous map 2017.
cuts fall unevenly amongst individuals and households within local authority areas, hitting the poorest households hardest (Hills et al., 2016a) and exacerbating social, racial and gender inequalities (Elson, 1995; Perrons, 2005; Pearson, 2019). Legal scholars argue that the ostensibly neutral changes to the benefit system, such as that of an overall cap on the level of benefits, “indirectly discriminate” by most affecting families with several children who live where housing is expensive (Palmer, 2016). This disrupts the accordance of need with receipt of benefits, as “the greater the need, the greater the adverse effect” of cuts (ibid., p.36).

The restructured benefit programme was not only unevenly distributed, but also contains purposeful ideological “lessons” (Alston, 2019). This was seen most clearly around the valorisation of work - both in politicians’ narratives and in the structure of welfare payments. Many features of the reforms were intended to “habituate recipients into the rhythms and practices of working life” (Gray, 2020) and were structured to mirror patterns of work. In particular, the long lead time of the first payment caused financial hardship for those already struggling financially (Wright and Patrick, 2019) and the intentional five week wait from applying for benefits to receiving help has been strongly criticised (ibid., Gardner 2020; Gray, 2020). The wider context of tightened eligibility and reduced generosity elsewhere in the welfare system, included: a four-year benefits freeze; local housing allowance cuts; disability benefits changes such as a work capability test; local council tax relief variability; a two-child cap for child benefit; and an overall cap on benefits (Beatty and Fothergill, 2016). Between 2010 and 2019, the cuts to working-age benefits in the welfare system totalled more than £30 billion (Timmins, 2020). Overall, these cuts and increased conditionality particularly affected the financial security and autonomy of single, low-income women in Britain, who were often Asian, Black and mixed race (MacLeavy, 2011; Bassel and Emejulu, 2018; Women’s Budget Group, 2018).

The new welfare system was enforced through a harsh system of ‘sanctions’, which withdrew financial support for a period as a penalty for missed appointments or other minor ‘infractions’. This has had devastating consequences for those counting on care from the social safety net and has resulted in a rise in in-work poverty and child poverty, as well as rising food bank usage and increasing rates of suicides amongst beneficiaries (Strong, 2020; NAO, 2020). This new vision of ‘welfare’ which has emerged, focuses on promoting state-approved behaviours, rather than protecting people against ‘social risks’ such as unemployment and poverty (Slater, 2014; Fletcher and White, 2018). Sanctions for minor infractions undermine potential for the welfare state to enact an ethics of care, thus undermining a sense of societal interdependence.

Access to the new welfare system was also designed to shape recipients’ behaviour. Universal Credit, the UK’s first programme to be “digital by default”, can only be accessed digitally, meaning all individuals must apply for benefits online. This is problematic for people without internet access and/or digital skills. The burgeoning demand for digital assistance with Universal Credit has altered the service provisions of some public libraries, with libraries responding to rising demand for the provision of free computer services to access social protection. As in other countries, the UK has embraced automation and machine learning as part of welfare reform. Digital welfare technologies create a digital panopticon (Fletcher and White, 2018), monitoring and checking for eligibility, infractions, fraud and “risk”. The systems also issue punishments and ensure rapid repayments to the state.

Digital welfare technologies are designed to function autonomously and can issue life-changing decisions with minimum human intervention, making them difficult for individuals to challenge. This change allows and enables the state to monitor its most vulnerable citizens, its digital panopticon increasing the state’s ability to clawback overpayments and send recipients into debt (ibid; Alston, 2019). Several studies demonstrate how the UK welfare system’s focus on security and monitoring, rather than benevolence and user empathy, “can increase the overall feelings of insecurity in everyday life for service users” (Coles-Kemp et al., 2014; 1, Alston, 2019; Pilkington 2019) – not surprising as digitisation overrides the tailoring of welfare to personal circumstances based on knowledge of individual cases (Crossley, 2020). Any possibility of an ethics of care is thus curtailed when algorithms decide outcomes and long-term person-to-person relationships, with the potential of trust and support, are sidelined.

The use of automated digital technologies in the provision of welfare, permits an intensification of the public sector audit culture (Strathern, 2000; Shore 2008), both in its auditing of welfare recipients and its diminishment of public servants’ autonomy in the welfare bureaucracy. A UN special report describes how digital technologies “are employed in the welfare state to surveil, target, harass and punish beneficiaries, especially the poorest and most vulnerable among them” (Alston, 2019: 3). Like many applications of digital technologies, there is little transparency, accountability or public scrutiny surrounding the creation and application of these technologies. This is particularly the case for group “risk scoring”, which decides individuals’ outcomes based upon predictions derived from a demographic group. This is problematic as it can lead to discrimination based on race, gender, or class, and makes the approach susceptible to poor quality or unrepresentative databases (Zhou, 2019; Dignam, 2020; Clifton et al., 2020). The UN report describes the “radical” and “ideological” nature of the UK’s digitalisation of the welfare state (Alston, 2019). In this context, we reflect on the changing role of state welfare following a decade of intensified and novel reforms.

Finally, the broader context of public sector austerity in the UK means that, in addition to welfare reform, other place-based elements of the local safety net are contracting. Scholars of state rescaling highlight that austerity is rarely a unidirectional contraction of the state but rather, a constantly shifting adjustment of state roles, finances, and power (Brenner, 2009). Lobao et al. (2018) for instance, show that the state can simultaneously shrink and expand – even in periods of austerity – and economic development functions can grow while welfare and public services decline. Peck (2012) similarly highlights the prevalence of urban austerity, where national governments ‘dump’ additional responsibilities onto the local state while at the same time contracting their funding.

In the UK, public sector cuts to local government funded services mean the local provision of collective resources is often compromised (Gray and Barford 2018; Hastings, et al. 2017; Aldag et al, 2019). Gray and Barford’s research (2018) shows that more deprived areas of the UK experienced bigger cuts in local government service spending. The poorest communities across the UK were forced to close youth centres, libraries, community centres, mental health outreach, community arts, and homeless shelters, shutting down crucial parts of the social infrastructure upon which many people on low incomes rely. Meanwhile, many local services have been moved online, leading to new spatialities of welfare provision. This has been widespread across cities, towns, and rural areas across the UK, although some local governments have been more successful in protecting citizens from cuts to services (Hastings at al., 2017; Davies and Blanco, 2017).

2.2. Care and Austerity

Since the 1980s, feminist scholars have developed the concept of an ethics of care, which focuses on themes of relationality, interdependence, and responsibility, to understand the nuances of caring practices, caring cultures, and the institutional arrangements which enhance or detract from care (Kittay, 2011; Tronto, 2018; Mussell, 2019). In this section, we tease out the public and spatial dimensions of care, to examine how welfare reform in the UK, and austerity more broadly, has affected the state’s ability to support, or make space for, an ethics of care – both by the state itself and in communities and homes.

What do we mean by care? Much of the feminist literature on care looks at care as production and social reproduction (Fraser, 2021;
England and Folbre (2003) as well as focusing on the labour and organisation involved in caring. Bigo (2010) explores the ontology of care, distinguishing between the capacity “to care for” - the production/provision of care; to “act with care” - the manner in which we go about some activity; and “to care about” - the orientation of caring. How a society cares for its most vulnerable members is an old question, one which feminist scholars have constantly highlighted as being deeply gendered, wherever and in whatever form that care takes place (Fraser, 2021; England and Folbre 2003; MacLeavy, 2011). As we think about care and caring for, it is important to recognise that the term “vulnerable” is contested (Brown, 2011), as it can be used to emphasise structural disadvantage or individualise pathologies. Here we follow Kittay (1999), who defends the term, because all individuals are vulnerable at certain points in their lifecycles, with vulnerability and care being fundamental to progressive politics.

Several scholars understand care as a political practice, that can be both public and intimate, with care raising intertwined issues of citizenship, obligation, and social reproduction (Kittay, 2011; Staehehi, 2003; Tronto, 2018). Tronto (2018) fuses care into a politics of human interdependence, in which care principles form part of institutional state structures to build a more pluralistic and democratic society. Thus, the distribution of, and resources for, caring become a political practice embodied in, or in opposition to, state policy. Austerity has only heightened this basic relationship. A “crisis of care” has arisen during contemporary “financialised capitalism”, as state divestment from social welfare externalises care onto communities and families, while diminishing their capacity to care (Fraser, 2019). In this wider context, we are mindful that despite such major constraints, many parts of the local state endeavour to continue to offer care despite the difficulties in doing this.

Exploring the links between austerity, welfare and care, Bassel and Emnejulu (2018) describe the shift from a “culture of care” to a “culture of cuts” as a new politics of care. They argue that austerity cuts have increased precarity, especially for women of colour, and that these shared experiences radically politicise women, leading to new types of political subject, for whom care and caring guide activism and build solidarity. Likewise, Staehehi (2003) explores how community is created spatially through caring work in voluntary-sector organisations, as care is created in communities. In fact, feminist scholars have long critiqued the state’s role in the nexus of individuals, communities, and institutions that shape care. Austerity has accelerated the neoliberal ‘project’ of shrinking the redistributive state, leading to intensified debates over care from the state, the charity sector, in the community, from friends, and at home (Powers and Hall, 2018; Bonner-Thompson and McDowell, 2020).

Austerity’s political project of shrinking the state (Lobao et al., 2018) often dramatically impacts care-giving and spaces of care. Scholars examining the geographies of austerity and care extend this debate to examine the spaces of care and relationality, which lie inside and outside of the interlocking care provision by diverse actors, where many organisations are formally outside of the state, but dependent on state funding. Jupp (2019) shows how everyday caring relationships flourished in her study of ‘Children’s Centres for the children and their parents’ who were provided with an array of support and connections. Despite funding cuts to Children Centres, the staff and families involved created spaces for caring practices (ibid.). Likewise, Morse and Monroe (2018) recognise non-profit spaces, such as museums, as spaces of caring community, while Bonner-Thompson and McDowell (2020) identify the care that young men in coastal towns offer to one another.

Additionally, given austerity cuts and the neoliberal push towards the market, the private sector is an increasingly important provider of care, albeit often paid for by state finances. Caputo (2002) encourages us to examine care and the ethics of care in light of many states’ increasing reliance on market mechanisms to provide care (ibid.: 356). Although increasingly widespread, Horton (2019) shows that involving the private sector in the provision of care has not always been successful, often characterised by performance not substance. Likewise, Schwiter et al. (2018) highlight the tensions and contradictions of private suppliers of 24-hours home care.

Despite this, Susan Smith argues that, in theory, markets could be required to act with an ethics of care. That is, to “adopt vocabularies, motivations and inclinations that are positive rather than negative to welfare; that could prioritise (or not) concern for others” (Smith, 2005: 15). However, care-giving in the private sector is dependent on the competitive tendering process, where costs are pushed down to the bare minimum – reducing care to an auditable and minimal interaction. This paper examines the changes to care – type, provision, and supply – in a low-income town following substantial welfare reform.

3. Methods

Case study research is used here to understand welfare reform and care in place (see Yin, 2009). Our Great Yarmouth case study consists of 20 interviews with local politicians, community organisers, service providers, and local civil servants to offer insight into the local context and politics of recent shifts in welfare spending, social need, and the transition to Universal Credit. Interviews were semi-structured and audio-recorded, lasting 30–90 min. We also conducted a focus group with female service users and carers who shared their insights into the lived experience of austerity-driven welfare reform. While the interviewees were relatively empowered members of society, involved in managing the impacts of welfare reform professionally and were generally emotionally engaged (see Barford, 2017), the focus group members were more disempowered and directly bore the cost of the cuts, while also supporting one another. As researchers, our positionality meant we did not share much direct experience, however we sought to bridge that gap through showing understanding and background knowledge, and through our interpersonal skills (Barford, 2020).

In addition, we drew upon secondary data from NOMIS (official labour market statistics), local government documents, and locally produced reports on austerity. While one case study cannot represent the national experience, it does offer the possibility of analytical generalisation (Yin, 2009) and the humanisation of the geographical patterns (Dorling and Barford, 2006), offering insights into how welfare reform plays out in a wider context of austerity and high levels of deprivation. How the poorest people and places are affected by welfare reform is crucial to evaluating the impacts of austerity welfare.

Great Yarmouth is a seaside town in the east of England which highlights both personal experiences of these cuts and the intersection of multi-level austerity spending cuts. Great Yarmouth was selected due to its being the first area with high urban poverty to shift new recipients to Universal Credit. Although the principle of simplifying the benefits system is widely applauded, the transition to universal credit pushed already low-income people and families into debt and destitution. We use this case study to examine how contemporary welfare reform plays out in place. We undertake intersectional research seeking to access mutually constitutive processes of austerity (Christensen and Jensen, 2012). This case study shows how people, communities and places are positioned in a web of austerity, as state spending is simultaneously withdrawn from multiple mutually supporting parts of the social safety net, such as welfare, local government, the National Health Service, community centres, local charities, and education.
4. Great Yarmouth case study

In Great Yarmouth, austerity cuts to the benefit system have increased low-income residents’ need for different forms of help and care. At the same time, the reduction in funding for local services has reduced the potential of the local state safety net function and for the local state to enact an ethics of care. There are numerous alternative spaces and places of care in Great Yarmouth – the social infrastructure of local charities, community centres, families, and “understanding” independent shop-keepers – yet these are also squeezed and splintered following a decade of austerity.

The austerity cuts resulting from welfare restructuring are seen in specific places and intimate spaces (Hall, 2019). Seaside towns like Great Yarmouth in the East of England, are some of the places in the UK worst affected by welfare austerity. This is primarily due to the combination of low-paying and highly seasonal tourist economies (Beatty et al., 2014), a peripheral location with relatively poor transport connections, and being home to high numbers of benefits claimants. Great Yarmouth, like many seaside towns in the UK, consistently records higher proportions of benefit claimants than regional and national averages (NOMIS 2018).

The specificity of place influences how national welfare reforms are experienced in everyday life. Some of the England’s most deprived communities are concentrated in the central urban area of Great Yarmouth, and nationally the town is ranked the 20th most deprived in the country (Fig. 2). The population and poverty are concentrated close to the town centre. The main employment is seasonal tourism and wind energy, with better paid jobs usually filled by people who commute in from elsewhere (ibid.). Politically, the Borough of Great Yarmouth votes in line with national trends – sending a Member of Parliament (MP) of the ruling party at the time to Parliament each general election. A UK Independence Party stronghold, in 2016, 71.5% of Great Yarmouth voters opted for the UK to leave the European Union in the Brexit referendum. Estimated as the 8th highest Leave vote in the country (Prinz, 2018), it was into this local context that Universal Credit was introduced. The transition to this new benefit system has exacerbated existing poverty and destitution, increasing the need for a local safety net of care. Meanwhile, government-driven austerity makes it difficult for the diverse set of actors who might provide support and care to respond.

Great Yarmouth offers what one respondent calls an “infrastructure of poverty”, enabling people on low incomes to get by through a combination of cheap accommodation in houses of multiple occupation, and the availability of required goods and services such as launderettes, pound-shops, non-brand charity shops, and discount stores, all of which are less common in wealthier areas. In addition to the enabling physical infrastructure, several respondents reported the benefits of what we term a social infrastructure of mutual care, and a sense of community solidarity in Great Yarmouth. The focus group discussed the benefits of living in a town where there is a shared understanding of financial struggle:

“I don’t think I’ve met anyone in Yarmouth that I dislike, apart from a dentist, but [laughter] and I’ve just found people are lovely. People don’t seem to judge as much, they’re very friendly, and they’ve got time to talk and everything. Just really, really nice people. A lot of people here have got problems, but there’s a lot going on, a lot of support.” (Focus group participant).

Respondents valued living in a community where they do not feel condescended to or stigmatised for being poor and appreciated the understanding and kindness of local residents, and of independent shopkeepers keeping a tab when money is limited. This demonstrates how practices of care come from many sources - citizens, private sector, third sector and the state. These caring practices can be compensatory, at times complementary, and are almost always interlinked as finance, laws, and need transcend sector-based provision.

Great Yarmouth is significant as it was part of the early roll out of the full Universal Credit service. It was the first place in the Central England region to transition to the new system, going live in April 2016 (DWP, 2018; Ryan, 2016). With the general restructuring of the welfare benefit system and the specificities of Universal Credit, claimants have faced significant challenges in accessing the minimum amount of money they need to live. Under welfare reform, the punitive role of the state as gatekeeper, creditor, and law-enforcer of benefit provision, is reinforced by the conditionality and sanction regimes, while the potential space for the state to pursue an ethics of care is diminished. Our focus group participants spoke of (i) increased barriers to accessing benefits and stronger punishments associated with non-compliance, and (ii) reforms which increased financial precarity by leaving claimants and landladies without an income for several weeks at a time, and (iii) universal credit recipients unable to access the private housing market. Although these locally enacted changes stem from decisions made by central government, the resulting deficits in money and care have resulted in an urgent need for other actors, often found at the local scale, to step in.

4.1. Great Yarmouth and the tattered Welfare State

Universal Credit is the first government service to be ‘digital by default’. In a system designed for the most able, not for the most vulnerable, digitisation created a barrier for many of our respondents due to insufficient computer literacy, compounded by poor access to computers and the internet. In the UK, only 47% of people living on a low-income use broadband at home; 20% are not digitally literate; and assistance is required by almost half of all people making Universal Credit claims online (Alston and van Veen, 2019). This mother explains why her adult son with ADHD is not receiving benefits on Universal Credit:

“Well my husband set it up, he’s a real technical person. But you have to know that you’ll have to go on everyday. You’ll all know what I’m saying. Because if you don’t agree to a commitment [meaningful pause]. What you do is you go to a meeting and they agree a commitment with you, and then you log on and then you agree it. He [her son] didn’t go on once because he didn’t grasp it, he did go on because he is very highly hyperactive and very high in the

Fig. 2. Index of multiple deprivation for Great Yarmouth. Data source: Great Yarmouth Borough Council, 2017; map drawn by Philip Stickler.
impulsivity, he can work, he’s not disabled, but there’s certain things he can’t do. But he’s been thrown off, I’ll tell you what it was, he got a sick note because he was in recovery. So, you have to know how to put the sick note on. Because he didn’t do something he’s knocked out. I asked someone why, and apparently there’s a little drop-down box which tells you what was wanted or why you’re kicked off. So, you can see that it’s a little bit, if your brain didn’t work that way . . . so basically he got thrown off, he’d had no benefit, and when you get thrown off you start again as a person starting again.

So my husband said ‘I haven’t got to do it again’ [impression: through gritted teeth], he’d done it about three times. Eventually we just left it, we’ve never been after benefits, we just keep him.” (Focus group participant)

Universal Credit functions as a disciplinary measure by insisting on strict schedules and meetings, meant to habituate the claimant into a work-like environment. Job centre meetings are organised to exacting schedules, with little understanding when claimants are unable to fit this mould. For claimants in Great Yarmouth who lack confidence, suffer anxiety, or lead chaotic lives, the unforgiving mode of accessing benefits is a significant barrier:

“We tend to be quite harsh in job centres and places like that. If you’re an anxious person, it makes you feel I don’t want to be here and makes you feel down. You really have to fight for what you’re entitled to.” (Focus group participant).

“... this is all geared up for people who are living the norm of society, but when you have a condition or something that throws you, and you can’t do it, you’re just lost.” (Focus group participant).

The roll out of Universal Credit (from central government) has left people in Great Yarmouth without an income for several weeks at a time, affecting claimants directly and with wider consequences for family networks and private landladies. This also affects local government finances, due to missed payments for council housing or increased demand for emergency financial support. One significant issue has been the 5–6 weeks delay until recipients receive their first payment under the new system. An advance or loan is available, but that means that people are immediately in debt when starting on Universal Credit (Gray, 2020).

The other component is the heightened use of disciplinary financial sanctions – pauses to payments – which can be severe and long-lasting, leaving socially and economically vulnerable people without state aid for extended periods. For example, since 2010, over 3.8 million job seekers allowance payments have been sanctioned for between 4 weeks and 3 years (Butler, 2019; DWP 2018 in May et al., 2019). Initial sanctions last 4 weeks, and subsequent sanctions could be 6 months, after which Universal Credit benefits can be cancelled altogether.

Worries about money, the threat of sanctions, and the latent antagonism that respondents felt from job centre staff, meant that the job centres were not merely bureaucratic encounters, but adversarial spaces of anxiety and emotion. The focus group participant here refers to the affective atmosphere of the job centre:

“I’m aware of a lot of people being removed by security because they’ve got frustrated and they’ve sworn. Not necessarily at the person, but because they’ve said ‘oh, eff this or something’. And they said ‘woah, woah, woah’ and they’re getting more irate because they know what’s coming with the sanctions. Security then get involved and then yeah. Out. That’s it – you’re sanctioned and you’ve got no money. I don’t know if any of you have seen the film ‘I Daniel Blake’ but it’s very like that. It’s like that. There’s no need to be rude, there’s no need to be rude. ... there’s so much raw emotion out there when people are just trying to get to what they’re entitled to and they’re inhibited. (Focus group participant)

The worries over sanctions are well-placed. Sanctions affect low-income people’s ability to afford their basic needs, such as rent and local tax obligations. Sanctions, by their very nature, mean low-income people are living on less than the social minimum – many people, inevitably, end up in debt over unpaid council tax, rent, and magistrate fines (Gray et al., 2020; Kirwan, 2019). In Great Yarmouth 58.3% of the Borough’s council housing tenants who received Universal credit were in rent arrears by January 2017, only months after the roll-out of Universal Credit in the town. Collectively they owed the local council £132,118, leading to many evictions (Beck, 2017). Our interviews with Public Health officials highlighted the impact of Universal Credit’s imposition in Great Yarmouth not only in the town itself, but also in the numbers of rough sleepers in Norwich, the main city in the county.

4.2. Patching up Great Yarmouth’s Safety Net

As Power and Hall (2018) argue, when austerity affects the practices and spaces of care, people turn to alternative spaces, outside of state provision. While we have found similar examples of a diverse network of large and small, formal and informal, actors providing care – interconnected through a sense of shared ethics of care and complementary service provision – many gaps remain. Our interview respondents emphasise how the third sector, local government, educational institutions, and fellow residents do offer support and care, despite being under pressure from austerity themselves. In the following section, we examine three different ways in which the practice of care is provided by local actors outside the traditional provision of benefit support – a shifting of care within the state, charity-based work mainly financed by unpaid volunteer labour, and the dissolution of community provision of care by austerity cuts. Finally, we turn to the ways in which respondents survive, in spite of the shredded safety net.

4.2.1. Shifting Care within the State

Local libraries have long offered a wide variety of services which bridge the traditional educational remit and meeting local social need. Libraries services, funded by local government, have contracted during the past decade of UK austerity: many local libraries have closed or have restricted opening hours; many are only kept open by volunteers; and the number of paid professional librarians has decreased (Casselden et al., 2019, Penny, 2020). Between 2010 and 2019, Britain closed 773 libraries – 17% of all libraries (Flood, 2019). However, while other parts of the state have contracted, many remaining libraries with severe budget cuts have nevertheless extended their social provision to become a key public institution offering some form of care as the ‘public face’ of the local state. This is an example of Peck’s (2012) urban austerity - as the national government has cut funding for local government services and restructured benefits through Universal Credit, the library has responded by increasing their activities in line with increased community need.

As mentioned above, Universal Credit’s digital nature, the programme’s requirement that unemployed recipients constantly search for work (35 hours of work search per week), and a lack of digital skills and equipment places enormous strain on claimants. Like many other English towns, the Great Yarmouth Library has a bank of computers and offers support with the “job searches” needed as a condition of Universal Credit. This has moved the spatial configuration of job searches from the job centre to the library.

The Great Yarmouth library focuses on community building and support to the extent that recent recruitment sought an employee with community development training, not a library science background. This community function is also reflected in budgetary decisions and use of library space - there is a café and a community garden and computers now take up much of the ground floor. The library also hosts maternal-infant health services, such as pregnancy courses and baby weighing facilities. They offer a homework club, with free Wi-Fi, for students who find it difficult to work at home. They are also warm spaces – meaning people on low-incomes suffering from the growing issue of fuel poverty
have somewhere warm to go in the winter.

The library building has a large upstairs hall available for exercise, dance, clubs and meetings, making the library a community hub. Families are welcome, kids are catered for, and being there is, of course, free of charge. This reflects the library’s central role in the town’s social infrastructure, in particular adjusting provision to ensure care for low-income residents. Here the library fills some of the gaps left by the retraction of welfare state, with new spatialities of welfare and support in accessing this. These expanded services into community development and health care, are an endeavour to fill some of the tears in the social safety net left by a decade of austerity. Although austerity has diminished library budgets, the Great Yarmouth Library shows it is still possible to find spaces of care within the public sector. The library creates space for collective support, with an absence of behavioural monitoring, and with potential for learning.

4.2.2. Shifting care towards the charity sector

Another example of shifting care is the growing contribution of the non-profit and charity sector to care-giving, filling gaps left by the contraction of the state. Yet this is not clear-cut or binary, as the charity sector often receives patchy, short-term state funding to enable some form of provision. UK government funding has shifted from grant-based to commission for services provided. Within the diverse landscape for migrant workers, in Great Yarmouth’s charity provision (Barnard et al., 2022), we focus on a small-scale charity dedicated to supporting migrant workers, many of whom work in nearby food-processing factories.

The Great Yarmouth Unemployed Workers Centre is a volunteer run micro-charity with a lumpy income averaging only £17,472 annually (for 2016/17–2020/21) (Charity Commission, 2022). The Centre was set up to help migrant workers (mostly from Portugal and Lithuania) with work and benefits advice in Great Yarmouth. Located in a Portuguese cafe in the centre of town, they offer advice on permanent settlement in the UK, employment rights, and accessing benefits. One advisor at the Centre describes some of the complications faced by migrants in Great Yarmouth:

“The law has changed with the introduction of Universal Credit they have recast some of the requirements of the law for eligibility to pass the HRT (habitual residence test). You have to prove you’ve lived and worked in the UK for 5 years. Some come with a bag of all the paperwork they have – the pay slips, tenancy agreements, etc. in order to pass the HRT. They are expected to document every part of their life since they arrive. People are resigned to it. It’s part of the desperation.” (Great Yarmouth Unemployed Workers Centre Advisor)

The Centre helps migrants (and other unemployed workers) with access to computers, writing CVs, interview practice, advice on labour issues, and the coffee and company which comes from being located in the cafe. Since the cafe opened in 2007, it has variously co-hosted a hairdresser, a gym, a music classroom, a homework club, and art lessons – offering help for migrant workers and their families.

The interviewees spoke of the importance of charities and volunteer organisations especially at a time of a shrinking welfare state. However, in some ways, this provision pre-dates austerity reflecting a feeling of exclusion from mainstream service provision for the town’s British-born working class residents. An advisor reflected:

“It has become very clear that prevention is in the hands of the third sector, the statutory only comes into play after everything else has failed, and I think that after that they don’t come into play very much. They pick up the pieces, put them in a paper bag, and hand them back.” (Great Yarmouth Unemployed Workers Centre Advisor)

Clearly, the practices of care emanating from the state-sector are insufficient for low-income migrant workers, compelling them to turn to charities for help to fill the gap. However, the Great Yarmouth Unemployed Workers Centre is small, underfunded, and completely dependent on volunteer labour. A reliance on volunteer labour can be difficult for an organisation’s longevity due to volunteer burn-out and replacement. This necessitates scarce resources being spent on the recruitment and training of new volunteers. However, it also has some strengths: some of the volunteers had previously worked within the state’s institutional infrastructure of care, bringing knowledge of state systems into the charity sector to support people to navigate the evolving welfare system.

This micro-charity demonstrates that simplistic state/non-state binaries fail to capture the connections between different care-giving institutions. Although dependent on state funding (82% of the charity’s income came from government grants in 2020/21), the Unemployed Workers Centre is both culturally and organisationally distinct from the state (Charity Commission, 2022). This allows different working practices to flourish – they are enabling, rather than policing, access to benefits by the Universal Credit system.

4.2.3. Dissolution of care

One of the most egregious examples of shifting care is when austerity cuts result in the closure of much needed and highly valued services, creating a new deficit of care. The Priory Centre was an institution run by the Great Yarmouth Community Trust, which promoted an ethics of care, and existed partly outside of the formal state infrastructure. House in a magnificent 12th century building, buzzing with the activity of different groups, events, local arts, and a nursery, the Priory Centre earned much local affection in Great Yarmouth. A local politician remarked, “so many groups called the centre their home, and it was a real hub of empowerment for local people.” (Burgess, 2020).

The Priory Community Centre grew out of initial funding for the Sure Start Children’s Centres programme for low-income parents – providing nursery care, parenting support, and training and employment advice. The Centre managed to use this initial funding to leverage support for other community services. They created a community for parents on low-incomes – without judgement or stigma. They offered practical support, nurtured parents through parenting classes, and mentored parents whose children had been taken into care. The Priory Centre became an important space of care as one mentor explained:

“I was in the Job Centre and they clearly didn’t have time to help, so I just popped my head over and said it’s ok, come over to the Priory Centre - we can help. We can give time and support, whereas the work coaches have got 10 min and people are getting lost in the system unfortunately. That’s very distressing.” (Mentor at the Priory Centre)

Within the Priory Centre there were paid staff, volunteer staff, and the people receiving care also gave care to others in acts of mutual aid. This mutual support offers a model that is distinct from ‘care provision’ by the state, offering a particular type of understanding and empathetic engagement. Our research found this within a group of women whose children had been taken into care, who were able to support one another by sharing experiences, insights, and offering a social buffer from the often judgemental world outside. The support offered by the Priory Centre’s other groups, such as the Friendship Club, provided help with stress, food provision, and social interaction. The importance of this came up in our interviews with volunteer workers at the Priory:

“Obviously, mental health rates and depression go up as well. In the Friendship Club, we’re at a peak. Normally we’d have [numbers of attendees in the] late 20 s and early 30 s, we had 42 on Friday. It made me sit back and think, Crikey! All these people are now coming to us because of the situation that Universal Credits have caused. The depression, the anxiety, the nowhere to go… We’re very lucky to get regular weekly donations from Tesco which we distribute within the club, so people can take some bread or some fruit whatever it is.” (Mentor at the Priory Centre)

The staff and volunteer mentors at the Priory Centre both understood
the anxiety and strain caused by austerity and welfare cuts, the material needs of people, and the importance of feeling included in a caring group which offered help and mutual aid.

“We’ve had people who come into the club who are homeless or say I’ve not eaten for 3 days, and it’s like, ok bear with me I’ll see what I’ve got. I’ve had other attendees say ‘actually I live locally, I’ll see what we’ve got.’ … as rough as times are, the community comes together, … people still want to support and share what little they have.” (Mentor at the Priory Centre)

However, The Priory Centre, like many who relied on it, was also vulnerable to austerity cuts. Sure Start funding supported the core activities of the Priory Centre, which then attracted other grants and forms of support, enabling a lively community centre and broad array of caring practices, catering for many of the diverse needs of Great Yarmouth’s residents. Yet this was also a vulnerability, because when the Sure Start funding was withdrawn it soon became impossible to run the centre. The Manager explained:

“… we don’t have funding, because of the cuts we have no money. We have no core funding for the group, we’re running off what myself and my fantastic team and the attendees do to fundraise. And that will only last for so long. So we try, but everyone is in the same boat. Everyone needs the money, everyone is applying, so it’s very unfortunate at the moment.” (Manager at the Priory Centre)

The community actively resisted the closure, seeking alternative means to fund the centre. The town set up a land trust, the Great Yarmouth Community Trust, to try to claim the space in perpetuity for the local population (Pringle, 2019; Burgess, 2020; Coates, 2021). As a local politician described, “the town has already been decimated by austerity, it’s crying out for a space they can turn to for help. The town deserves its own space – and the Priory Centre is it.” (Burgess 2020). Nevertheless, the Centre shut and the Great Yarmouth Community Trust entered liquidation in 2019. Closing the Centre had immediate effects – the staff, mentors, and volunteers dispersed; the community groups found other premises or stopped functioning altogether; and the building was sold to a local developer.

Charities and community groups are often heralded as a solution or a substitute for a torn and tattered welfare state whose staff have little capacity for caring practices. However, the Priory Centre in Great Yarmouth shows the instability of this solution. The long-term and persistent cuts to welfare restrict broad-based caring practices (in state and non-state organisations alike). Clearly, the local social infrastructure that many low-income people rely on – the Priory Centre, the Unemployed Workers’ Centre and the local library – attempts to fill the void left by a local and national state no longer able to properly care for the population.

The impacts of benefit cuts aimed at individuals and families spill over into the alternative spaces of care. The importance and impermanence of these third-sector organisations highlights both the value of mutual aid and care, but also the limits of that approach when so many residents need help simultaneously. At a time when direct payments to some of the poorest residents are squeezed and digitalisation creates new support needs, simultaneous cuts at other levels of state spending affect the charity sector as well and exacerbate the local effects of austerity.

Overall, the third sector, local government, and schools have worked to support people, despite their own strains and pressures under austerity. All three examples above show the capacity of alternative institutions to create space for caring practices and for mutual aid. These long-term welfare cuts restrict a broad-based ethics of care amongst volunteers, the third sector, and the state itself. This reinforces Fraser’s (2021) argument that state divestment from social welfare externalises care onto communities and families, while simultaneously diminishing their capacity to produce care.

4.2.4. Falling through the social safety net

Our focus groups, with mothers whose children had been removed from them, explored their experiences of living with Great Yarmouth’s tattered welfare state. Our cases above show that with the shrinking of the welfare state, other organisations have stepped in to fill the gaps in the social safety net. Our focus group participants discussed the significance of these other organisations, not only in providing tangible services but also in creating a culture of acceptance. They also stressed the importance of family, friends, and community. Finally, the consequences of falling through the gaps in welfare provision included participants draining their own resources and falling into debt (the spiralling consequences of this are discussed in Gray et al., 2020). Some used up their life savings to endure this transition, thus losing their financial buffer against future uncertainties; others postponed payments, driving them into debt; some exhausted their family and friends’ ability to provide help and care; some received support from understanding shop-keepers. Those without these options risked homelessness. Caring practices and support come from families, friends, and other social relationships, who may themselves also be under pressure from austerity measures. Below are descriptions of the tattered social safety net, encapsulated in the transition to Universal Credit:

“My daughter is on the Universal Credit and housing benefits. She was on YMCA housing benefit, but when they changed it over, she didn’t get paid while it was changing over. She had to use the savings my parents had put away for her to pay her rent because she was afraid she’d get kicked out otherwise. And when they did start paying the housing benefits and paying her rent, they never back dated it. I said to her, get back there and get it back, that’s your savings, but they never gave it back.” (Focus group participant B)

“The universal credit, when I went on, I wasn’t paid for 6 weeks but I did have child benefit to see me through, but that was barely enough for the electric and the gas, and I’ve got 3 children as well as numerous pets. I was very lucky, the local pet shop let me buy it on tip and then they let me pay them back at a little bit extra than what I would usually pay them. I was lucky in that way. My gran gave us a bit of help for food, and you’ve got the food bank, friends down on the Isle of Wight paid for Christmas for my children. But … families where 2–3 generations are on benefits, cannot afford simply to carry their children.” (Focus group participant D)

“You can’t feel yourself, you can’t get any accommodation; you don’t know what to do. … And you can’t go anywhere, and you can’t get any money because you don’t have an address so you can’t register with them - so actually what do you do? Then you go and rob a shop because you need something to eat or you rob something to try and sell it, don’t you? And then you get arrested, and on the bright side you’ve got a roof over your head and maybe a meal, do you know what I mean, but that’s what it comes down to. It’s ever so serious.” (Focus group participant E)

The financial insecurity built into the welfare reforms, as well as the qualitative changes (the required job searches, the affective atmosphere of the job centre, and the digital nature of the Universal Credit application process), has had a transformational effect on participants’ lives. People’s housing and financial security have been compromised, and they are put in a worse situation to provide for their families.

5. Care in a tattered state?

This paper explores how austerity-driven welfare reform affects the state’s ability to function within an ethics of care. Crucially, territorial injustices are exacerbated by geographically uneven losses due to welfare reform. Great Yarmouth is at the sharp end of this uneven impact on places – a town already struggling with high seasonal unemployment and high levels of deprivation. Being an early case for welfare reform makes Great Yarmouth an important case study, and we examine how changes to the welfare state, especially the rollout of Universal Credit,
have elicited responses from the local state, the charity sector, and families and individuals.

While there are many continuities between this and previous rounds of welfare reform, there are also stark differences. Driven by austerity cuts, the automation and digitalisation of the welfare system withdraws human oversight of life-changing decisions; this is qualitatively different to other recent reforms. Embedding these technologies into the welfare system enables the state to monitor its most vulnerable citizens, demand behavioural change, and shut down mechanisms for individuals to question welfare processes, decisions, and consequences. The new ‘digital by default’ approach constrains an ethics of care within the welfare infrastructure; thus the need for state care spills over to others or remains unmet.

Other features of the reforms are longstanding and widespread. The rhetorical focus on the individual encourages judgments of the moral character of welfare recipients. Slater (2014) examines how conservative politicians and think tanks have shifted cultural norms by actively dismissing structural explanations of unemployment and poverty, and instead asserting that welfare is a lifestyle choice. As stigma around poverty re-emerges, it attaches to people and places (Vacquant, 2009; Tyler 2020). Stigmatizing and judgemental attitudes are not unique to the reformed state welfare, and May and colleagues (2019: 9) describe a “systematic cultural assault” on welfare recipients. Many interviewees and focus group participants spoke of the importance of state organisations’ ability to create a culture of acceptance – a space without stigma - in contrast to the judgemental policing of support within Universal Credit. Included in this would be parts of the local state, for example the library, which although subjected to austerity measures, still manage to reproduce a culture of acceptance, support, and care.

So what are the implications of welfare reform for the state’s capacity to care? We return to Bigo’s (2010) distinction of types of care - “to care for” - the production/provision of care; to “act with care” - the manner in which we go about some activity; and “to care about” - the orientation of caring. Focusing on “to care for” - the state’s primary duty of care, we argue that the way in which austerity policies have been rolled out via welfare reforms can be described as a distinctive moment of restriction in the level and type of care provided by the state. We contribute evidence of the spilling over of responsibility for care from the state to other actors.

The case of Great Yarmouth, with its austerity-torn state welfare provision for a population with high levels of deprivation, exemplifies interlocking care between the state and other actors. Interlocking implies neither harmony, nor full provision. What it signals is the fragile provision of care, between decreasing structural state provision and decreasing state support for other modes of provision - all in a context of increased need. In this context, the need for local agency and ingenuity is heightened and partially met, with social infrastructures of care seeking to fill growing gaps. Despite many in Great Yarmouth working with their own duties of care to meet social needs, our findings demonstrate that the now tattered social safety net has gaps too big for small agencies and families to fill.

The study of Great Yarmouth shows residents of a seaside town negotiating the combined and overlapping impacts of national and local austerity programmes in a context of high need. Our findings document the high levels of stress and strain which are felt in the shift to Universal Credit, as people seek to get by with an inadequate social minimum income and struggle to navigate new punitive systems. The Great Yarmouth case study is important as an example of one of the first more deprived towns to experience Universal Credit, and as an example of the distinctive challenges of a seaside town with its own characteristics of seasonal employment and deprivation. As the state fails to meet local need, interlocking support comes from other sources which are themselves under strain from prevailing austerity and soaring demand. Restrictions in state care translate into heightened but stretched care elsewhere within social infrastructures of care.

States exist along a spectrum of care ethics: at one extreme are policies which enable a wider ethics of care; towards the other extreme are states performing minimal, auditable care. The past decade of austerity measures has compelled states to reorient their efforts towards statutory duties and away from discretionary services (Streeck, 2013; Gray and Barford, 2018), whittling care down to an auditable duty of care. Our study shows how welfare reforms are unevenly impacting the UK and documents the struggles faced by a town bearing the brunt of the changes associated with Universal Credit. The evidence points to the state, through the welfare infrastructure, pulling back on an ethics of care – “caring about” and acting “with care” – as this would require greater resources and discretionary services to augment the minimal duty of care.

The case of Great Yarmouth highlights the potential and limits of extending care beyond the state apparatus – in the charity sector, in local shops, in community centres, in families. Many people care for one another, sharing what they have, and a culture of reciprocity and trust allows people to cope when under great financial stress. However, we also see that although the charity sector can provide care and act with an ethics of care, their own reliance on short-term state funding makes them a target of austerity cuts and can ultimately increase the town’s insecurity as these institutions come and go. Like many other relational resources, the charity sector cannot be turned on and off like a tap. Once the goodwill, social relationships, staff, volunteers, institutional knowledge, intimate knowledge of residents, and trust that has been built up in place, is diffused, it is hard to reassemble.

This again, relates back to the role of the state. Crucially, we argue that the state, while not inherently caring in and of itself, can create space and provide resources, where “caring about” and acting “with care” complement “caring for”. Recent austerity measures combined with welfare policy reform have curtailed these forms of care, reinforced inequalities, and punished those who cannot conform to its new requirements.

6. Conclusion

The latest round of welfare reform in the UK exacerbates social and spatial cleavages within British society. These changes in the provision of collective assistance to the most vulnerable in society include increased intensity of conditionality and tightened eligibility. They have been accompanied by the introduction of digital technologies which enable increased monitoring and surveillance of those dependent on social protections. These effects are intensified by the co-existence of other forms of austerity cuts which may have offered other forms of support. As many have argued, these reforms are ideological and radical. The current form of UK austerity, combined with welfare reform, has drastically diminished the state’s capacity to provide a social safety net for everyone, as and when they need it.

The coastal town of Great Yarmouth allows us to explore the specificity of welfare reform. By situating welfare changes within the widespread and uneven austerity measures of the past decade, we show how like many areas of the UK, state services are weakened despite increasing need. The effects of the changes to welfare can only really be understood by examining the interaction of the national cuts with the local. Like Hall (2019) we find all forms of caring – from the state, to charities, to intimate social relationships – are under strain when cuts to welfare are intertwined with cuts to the local state. Through a case study of a town with a high percentage of people needing to call upon the state’s provision of protection and safety, we show how these changes – in structure, funding, and the potential of an ethics of care – exact a high personal cost for those in poverty and increase territorial injustice in an already divided country. These interlocking changes function to reorient people’s relationship both to the state and to one another; this may ultimately lower expectations of the state’s provision of care.

Welfare reforms continue to contract the caring capacity of the state and normalise a lowered standard for care and caring in UK society. The interaction of austerity with welfare reform has led to fewer resources
for care and a further devaluing of care, rendering personalised care more difficult for many. This approach privileges a duty of care – an auditable “caring for” rather than an ethics of care – “caring about” or acting “with care” which requires resources to augment the minimal duty of care. At the same time, the logic of austerity compels friends, family, and charities to increase their provision of care, although their capacity to produce care is often diminished. Thus, we see how the qualitative and quantitative changes in the UK’s welfare system, together with broader cuts to local public services and charities, take shape in place – diminish the capacity of the local state, charities, and communities to care for, to care about, and to act with care.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The authors do not have permission to share data.

Acknowledgements

We are grateful to Professor Christina Beatty for letting us use her vital work on total welfare cuts, that is used in Fig. 1. We are extremely grateful for the intellectual dialogue with the anonymous reviewers, which greatly strengthened this paper. This work was supported by research grants from the Cambridge Political Economy Society Trust, the British Academy, and the Canada-UK Foundation. This research was hosted by the Centre for Business Research at the University of Cambridge.

Author credit statement

The authors both collected the data, analysed the data, then conceptualised and wrote the paper. Professor Mia Gray was responsible for winning the funding which supported this work.

References


