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'You were a lifesaver': Encountering the potentials of vulnerability and self-care in a community café .

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**Title: 'You were a lifesaver': Encountering the potentials of vulnerability and self-care in a community café**

**Abstract**

This article critically considers the concept of vulnerability and its interaction with care practice, particularly care of the self. Underpinned by a feminist ethics of care perspective the relational aspects of vulnerability that can facilitate and realise ambivalent and unknown potential outcomes for individuals are emphasised. Original ethnographic research considering the offer and receipt of free meals within one community café in the city of Newcastle in northeast England explores how 'vulnerability' is experienced and negotiated by individuals visiting the café. The article finds that in recognising and being open to their own vulnerability and agency enabled people's management of care relations and interactions within the café. The article highlights the need to critically reflect on the self-care-ful actions inherent in an individual's response to their own particular vulnerability, and to challenge the constructs of passivity and dependency associated with care and vulnerability and the acceptance of free food in a time of austerity and individualised responsibility.

**Key words:** Caring, Feminist ethics of care, Vulnerability, Food insecurity, Ethnography, United Kingdom

## **1. Introduction**

The inherent embodied and affective ontological condition of vulnerability is a universal and shared feature of human existence. However, the experience of vulnerability is particular to each individual over their lifecourse and within their everyday context. In recognising and responding to vulnerability the act of caring is expressed and makes explicit our interconnectedness and interdependence that informs daily care practice and our ethical concerns for how this responsibility is managed (Sevenhuijsen, 1998, 2003). This article is informed by feminist political care theory and ethics of care literatures that conceptualise care as both a process and a practice that is situated, relational and embodied (Sevenhuijsen, 1998; Tronto, 2013). Care can be orientated to the self and/or others, and its experience specific to each individual reflecting our embeddedness within networks of care that cross public and private spheres (Sevenhuijsen, 1998; Tronto, 2013). The particular context in which care takes place raises the critical focus on power dynamics within the care relation (Sevenhuijsen, 1998; Tronto, 2013; Kittay, 1999). The caring process has been conceptualised as possessing five connected phases (caring about, taking care of, care giving, care receiving and caring with) that with their accompanying moral principles (attentiveness, responsibility, competence, responsiveness and solidarity respectively) provide for an integrity or ethic of care (Tronto, 2013). More specifically, 'caring with' encompasses the values of plurality, communication, trust and respect. The inclusion of trust emphasises the vulnerability and inequality present in care relations that necessitates negotiation regarding particular needs and responses (Sevenhuijsen, 1998; Kittay, 1999). Exploring the care process in this way provides for a potential

understanding the care relationship by those involved, and how society values and allocates care and responsibility (Sevenhuijsen 1998, 2003; Kittay, 1999; Tronto, 2013).

The care process is situated within wider neo-liberal social and political changes that have re-articulated the role of the individual within society. Encouragement of individualised autonomy, self-responsibility and self-sufficiency for wellbeing has become promoted and valorised within public policy discourse, termed 'responsibilisation', in the stead of collective state-led provisions for universal welfare. The consequent and ongoing restructuring of public policy and social relations has resulted in a 'responsibility mix' that typically sees the state involved in, and taking responsibility for, the care of the most vulnerable and/or those in extreme need (England, 2010, p.135). This process has also shifted care and its responsibility towards private, family and community settings. This has led to concerns that care has been de-professionalised, de-valued, and that responsibility has been devolved to vulnerable people and their families (Barnes, 2011; Lloyd, 2010; Rummery, 2011). Consequently, this prompts questions as to what vulnerability is being perceived, how this is recognized, encountered and responded to (Butler, 2004). These concerns are particularly pertinent in sites and spaces that attempt to support members of their community and absorb responsibility for diverse needs outwith the formal and regulated care landscape (Darling, 2011; Warner et al., 2013; Author, XXXX). The interplay of perceived vulnerabilities and care practices are central to this article and its focus on a community café responding to the perceived vulnerability to chronic food insecurity and isolation

experienced by individuals in the city of Newcastle in northeast England, informed by ethnographic research undertaken during 2012-13. The aim of this article is to critically consider vulnerability within the context of daily care practices focusing on community food provisioning offers. This specifically questions the care process and how particular vulnerabilities are perceived, responded to and experienced within the space. Moreover, by focusing on the experience of vulnerability as being particular to each individual within this contextual setting the article crucially allows for the agency of individuals in determining their self-care (Sevenhuijsen, 1998; Mol, 2008; Gilson, 2011, 2014) to be identified and explored in relation to other care practices operating within the café. The article considers the responsiveness of such settings to general and particular vulnerabilities and argues that the complexity of the care practices occurring within such sites, especially how self-care is facilitated and achieved, risks being overlooked within current political discourse. This calls for greater consideration of the inter-relationships between care, vulnerability and responsibility.

### ***An introductory note on food insecurity and care in community settings***

Within the United Kingdom there has been growing awareness of the rise in charitable food aid provided on an emergency or temporary basis since the global financial crisis and following recession, with impacts compounded by the attendant austerity measures and stringent welfare reforms introduced by successive governments (Cooper, et al., 2014; APPG on hunger, 2014, 2016). Yet, responses to longer term (chronic) susceptibility to food insecurity typified by regular attendance at charitable community food settings offering shared

subsidised or free meals have received little comparative attention (for exception see Brighton and Hove Food Partnership, 2015). Goodman (2015) notes that the increase in free food provisioning through charitable 'spaces and instruments of food care' (p.214) has become captured by neo-liberal rhetoric of dependence culture with the attendant argument that this removes the impetus for individuals to 'bootstrap' themselves out of poverty (p.215). Thus, Goodman asserts:

'at this rather austere and insecure moment in history we are seeing the growing expansion of a revanchist food and care politics ... bereft of empathy or a desire to understand the daily stresses, routines or capabilities of some of society's most vulnerable citizens' (2015, p.215).

Such rhetoric highlights the social distance and inequalities within society and how such representations ignore the precariousness of daily life (Butler, 2004; Tronto, 2013) that have become heightened by austerity measures (Donald et al, 2014).

## **2. Care, vulnerability and being vulnerable**

### ***The reductive status of vulnerability and the vulnerable subject***

The idea of the autonomous self has informed many western liberal political and legal traditions and continues to do so in the form of the social contract that promotes the offer of individual rights and freedoms on condition of individuals undertaking personal responsibility for their own wellbeing with corresponding limited state intervention. This assumes an equality of position, resources and capacity between individuals. This is explicitly critiqued by feminist ethics of care authors, who argue that the reification of autonomy, independence and

self-sufficiency ignores the care responsibility that manifests itself as disproportionately gendered, racialized and classed to reproduce inequalities and privilege within society (Sevenhuijsen, 1998; Kittay, 1999; Walker, 2007; Tronto, 2013). Fineman (2004, 2013) argues that the 'myth' of the autonomous citizen is 'reductive' and 'pernicious' as it associates vulnerability with particular groups in society leading to arbitrary protections or resource allocations, typically with stigmatizing outcomes regardless of whether the initial response was devised to be punitive or supportive. Consequently, individuals who 'fail' within this system become identified as vulnerable and subject to regulation, surveillance with stigmatizing effects, that act to place them 'outside of the protection of the social contract as it is applied to others' (Fineman, 2013, p.16). The more heightened expression of this within responsibilisation discourse constructs vulnerability as 'a flawed condition or problem' (Tronto, 2013, p.31). This can associate vulnerability with dependency and transform a care recipient 'into "the other"' (Tronto, 2013, p.150). Such transformation can prompt individuals to look for vulnerability as susceptibility and incapacity in others rather than in their own past or future selves and create further distance between themselves and those who may be vulnerable (Sevenhuijsen, 1998; Tronto, 2013; Gilson, 2014). At its extreme this difference can generate constructions of victimhood, weakness or diminished capacity for self-help, transgression and even deviancy (Brown, 2011, 2014). The potency of the differencing capability found within neo-liberal responsibilisation discourses can be employed by the more powerful to shift blame away from, and even justify, structural inequalities and conditions that may have generated those

very issues; this is exemplified by food-welfare dependency rhetoric (Gilson, 2015; Goodman, 2015).

Moreover, if the value of autonomy is equated to self-sufficiency this can hide care, both for the self and others, and fails to allow for care relations to 'support self-determination' (Sevenhuijsen, 2003, p.184; Miller, 2012). Pre-occupation with self-sufficiency can deny the agency of the 'recipient' in the care relationship, promote detachment and isolation of the self from others and the wider contextual setting (Gilson, 2014, 2015), and ignore the collective responsibility of society (Butler, 2004; Fineman, 2004, 2013; Tronto, 2013). The status-based construction of autonomy and vulnerability as mutually exclusive conditions, such that someone is either autonomous and independent or vulnerable and dependent, is problematic if we conceive of both autonomy and vulnerability as relational and co-existing for each individual in their situational context and contributing to the formation of the self. Consequently, throughout this article autonomy is understood as providing and possessing the capacity for self-determination (Anderson, 2014).

In an attempt to overcome the pernicious interpretations of vulnerability Fineman proposes the concept of the 'vulnerable subject' who is 'the embodiment of the realization that vulnerability is a universal and constant aspect of the human condition. Dependency and vulnerability are not deviant, but natural and inevitable' (2013, p.17). Fineman (2013) notes how vulnerabilities are made more complex and compounded by social institutions. As each individual is differently situated within networks of social relations and

institutions this leads to differences in the experiences of vulnerability and opportunity to exercise autonomy. Whilst social institutions are typically created with an intention to reduce harms associated with vulnerability these 'are always imperfect, inadequate and precarious' as they are subject to social change and the different demands and expectations placed on them over time (Turner, 2006, p.28). Thus, status-based policy constructions of vulnerability risk generating paternalistic over-protection and potentially oppressive responses (Sevenhuijsen, 1998; Wiles, 2011; Fineman, 2013; Gilson, 2014). Indeed, policy attention focusing on the 'usual suspects' can omit other individuals from view and render them vulnerable given wider social change (Luna and Vanderpoel, 2013). Thus, for Fineman any interaction should bring 'social institutions into conversations with the vulnerable subject' rather than emphasise 'dependence and vulnerability as solely a personal responsibility' (2013, p.22).

Consequently, Fineman (2013) argues that the social structures of a responsive state accompanied by greater collective responsibility could together provide the resources to build an individual's 'resilience' so that they can determine and express their agency in response to any vulnerability that may occur – with vulnerability expressly noted as either misfortune or opportunity. This could challenge the construction of vulnerability as a negative condition or experience different or 'other' when viewed against idealized social norms of individual responsibility and autonomy, and potentially promote a more interdependent and relational response to vulnerability. This accords with, and is extended by, Tronto's call for greater solidarity and negotiation of care and responsibility

(caring with) within democratic societies (2013, informed by Sevenhuijsen, 1998, 2003).

### ***The relational basis of vulnerability and being vulnerable***

A relational perspective recognises that each individual is differently situated within networks of care and their associated resources and so the meaning, experience and expression of vulnerability will differ between individuals (Butler, 2004; Wiles, 2011; Ward, 2014). Given that narration and presentation of the self is highly malleable, vulnerability 'can be understood as the condition for the relational constitution of the self' (Gilson, 2015, p.23). This is especially the case if we are aware that we may be held to account or evaluated by others (Walker, 2007; Brown, 2014). This stresses the need to consider the relational basis of vulnerability and the sense of self within different social contexts and care networks:

'To experience and acknowledge one's vulnerability is a process in itself which requires much personal and interpersonal renegotiation of one's sense of embodied self and relationships to people and places' (Wiles, 2011, p.584).

This involves ongoing self-reflection, but also how self-respect, self-esteem and dignity (derived from being recognized and validated by others in the care relationship) can inform care relations, and the resultant negotiation and experience of vulnerability (Sevenhuijsen, 1998; Anderson and Honneth, 2005; Miller, 2012; Anderson, 2014; Mackenzie, 2014). An individual's ability to trust their trust in others (self-trust), is also important if care practice is to respect,

support and potentially enhance self-determination (Sevenhuijsen, 1998, 2003; Anderson, 2014). Thus, a relational conceptualisation of vulnerability concerns the capacity for self-determination and the mutual recognition of one's capabilities by others in the care relation rather than paternalistic actions and gestures that can deny such agency (Sevenhuijsen, 1998, 2003; Miller, 2012; Tronto, 2013; Anderson, 2014; Mackenzie, 2014).

### ***The potentials of vulnerability in care relations***

Vulnerability typically signifies a status or condition, often recognising something that has happened or exists. But vulnerability can also express the potentiality of something such as a threat, risk, or harm that is as yet unrealised. Vulnerability is frequently perceived as problematic due to its disruptive potential. This is usually interpreted as representing an unknown, unchosen and unforeseen capacity to negatively disrupt social norms, institutional arrangements and the trajectories of individual lives. Yet, the disruptive potential of vulnerability can be viewed more openly as a potential for change, whether for good or ill, benefit or harm; the potential of vulnerability is ambivalent (Gilson, 2011, 2014). Whilst much of the literature that engages with vulnerability does so in a way that suggests passivity, tragedy, dependency, and oppression it should also be noted that there is the potential for enablement, transformation of the self and (re-)connection to others (Sevenhuijsen, 2003; Butler, 2004; Wiles, 2011; Gilson, 2011, 2014, 2015; Fineman, 2013). Indeed, vulnerability has variously been described as a condition of both 'openness to being affected and affecting' (Gilson, 2011, p.310), and 'of receptivity as much as it is the condition [of] susceptibility'

(Harrison, 2008, p.428). In the remainder of this paper I adopt an open view of vulnerability and its potentials in the context of collective care relations, and foreground the situated, relational and embodied experience of being 'vulnerable' by individuals attending a community café.

### **3. Methodology**

This article is informed by original ethnographic research within one community café in the city of Newcastle in northeast England. This research formed part of the second stage of two consecutive projects. The initial project explored on-site meal-based food provisioning activities from the nineteenth century to the present day and their role in maintaining social order (the social practices generated from prevailing shared social norms and values) at times of economic crises. This research undertaken during 2011-12 used a mix of archival data complemented by semi-structured interviews with participants from contemporary providing organisations throughout the Tyne and Wear region (n=16 incorporating participants from third and public sectors, faith-based and secular organisations, with four additional refusals). The providers constructed their everyday activities and practices as an expression and performance of care. Consequently, the second study aimed to critically explore this assertion and ethnographic research was undertaken in two sites in Newcastle that had contributed to the earlier research. Participant observation was undertaken in a day centre commissioned to support homeless and particularly rough sleeping (street homeless) individuals in the city. This was complimented by interviews with former rough sleepers in hostel accommodation regarding their former food provisioning practices and

responses to the different offers they identified in the city. Findings are reported in Author (XXXX) which provides detailed discussion of the disparities between 'taking care of' and 'caring with' within the context of responsabilisation discourse and realities of local service provision for rough sleepers and providing organisations. A community café open to the general public was also studied using participant observation. This second site informs this article.

The café was organised and funded by the congregation of a Christian denomination church as part of their wider parish outreach activities. No proselytising occurred in the café. The café was held in the Church's hall and was the only free food source open 09.00-13.30 to the general public in Newcastle on this particular weekday with other organisations offering free meals at other times. The café offered unlimited drinks and a selection of light meals throughout each session. Participants involved in the first study had explained how its creation was a response to the perceived 'hunger' and need for individuals (typically unemployed older males) to 'feel accepted' in the city and society (Wendy, café organiser – extract from first study interview). At the time of research a survey identified that on average 18% of Newcastle residents had difficulty paying for food, with figures ranging from 2 to 38% in different ward areas (Newcastle City Council, 2014).

Ethnographic research was conducted September 2012-January 2013 inclusive. University ethical approval was obtained and Criminal Records Bureau checks undertaken prior to data collection. Approximately 55hours of ethnographic data was collected in the café. The data comprised observations

and informal conversations, the recollections of which were written immediately in a field diary following each session. This was then written up in more detail allowing for additional reflection and expanded notes. No interviews were conducted in either site. Personal details from either volunteers or site users were not elicited as the research focused on the practices occurring within each space. As Pink notes 'the study of practices when undertaken ethnographically, cannot but also be the study of individuals as they are engaged in practices' (2012, p.21). This informed both the consent process discussed below and presentation of the analysis.

Participant observation in the café was undertaken through my role as volunteer/researcher. This dual role has been taken by other researchers in similar charitable settings (see Glasser's (1988) work within a soup kitchen) and spaces of care (see Darling's (2011) research within an asylum seeker and refugee drop-in centre). Occupying and performing the dual role of volunteer/researcher over time is not without difficulty and the tensions have been discussed at length elsewhere (Darling, 2011; Garthwaite, 2015). Only observation and informal conversation data was collected in the café so as not to interfere with its activities. This prevented possible connotations of continued access to the site being conditional on detailed involvement in my research. Consent to undertake research in the café was gained from the Church and the café organiser. Informed written consent was obtained from each volunteer following discussion when meeting them for the first time (n=8). A different approach to consent was used for café guests. I introduced myself to each individual or table when most appropriate - typically when taking an order for

the first time - explaining who I was, that I was researching what went on in the café and what I would do with the information I collected. This meant that people could choose to relate to me how they wished and so typically interactions were kept to social pleasantries and practicalities around the ordering and serving of food and the making of cups of tea. This was a pragmatic approach to researching the café that during each 4.5hours session could serve between 20-60 people (see Glasser, 1988; Darling, 2011). This conversational approach allowed for a public restatement of my research role and activity in the café, and provided an ongoing reminder of consent regarding what people discussed with me throughout the research period. Continued reaffirmation has been argued to be a more appropriate way of gaining and maintaining consent rather than written consent at the commencement of fieldwork which can easily be forgotten over time, especially when contact may be intermittent (Ashencaen Crabtree, 2013). However, there were clearly times when to introduce my role as a researcher would have been inappropriate (see Darling, 2011); for example, when a guest appeared to be in crisis or intoxicated. Whilst such interactions and events were visible to others in the café and were recorded in field notes these are not reproduced.

The analysis section presents a combination of recollected observations and informal conversations whilst volunteering in the café over the five months of study. Conversation extracts are drawn only from those individuals (Jean, Douglas and Lucy) with whom I had built a strong rapport over time, and who were fully aware of the details of my research and often asked about its progress. The analysis begins with an overview of the café and its practices as

an expression of daily care. This stresses the potential vulnerabilities that both presented and were inadvertently produced and experienced in the café. The analysis then focuses on the practices of two regular guests – Jean and Douglas – and their negotiation of the care relations, focusing on their self-care. All names are pseudonyms. To help contextualisation extracts from the interview undertaken with Wendy, the café organiser during the first study are included.

#### **4. The interplay of care and vulnerability in practice**

##### ***The café***

The café organisers asserted their caring intentions through its adherence to commercial café conventions. The routine ‘service encounters’ between staff and customer (Laurier, 2008) were reproduced in the site and enabled the idea of service with dignity and respect to be followed, encapsulated in the way the food was requested, prepared and presented. This was noted by Wendy:

‘... it’s to treat people nicely and to give them a service ... So we do take their order and then serve it back to them, and always with a serviette. So its treating people with respect, very much, yes.’

The service encounter also provided a familiar guide for what roles different individuals could perform within the café and by association infer their expected behaviours: volunteer’s fulfilling through imitation those of café staff, and guests those of customers. However, the nomenclature of ‘guest’ whilst emphasising that anyone was welcome to accept the café’s offer of hospitality and food, also intimated that this was not their space and reflected an undeclared asymmetry

in power relations operating in the site. Indeed, the often-repeated phrase amongst certain volunteers of 'We don't judge' reaffirmed the unequal power relations and positions perceived between café volunteers and their guests. Such evident differences peaked in one session where Lucy (female, middle-aged guest) beckoned me over to talk and became increasingly emphatic in her evaluation of the café volunteers saying: 'Not one of them knows what it is like ... they all have it made. They will go home and be able to turn the cooker on!' (as I was 'alright' she exempted me from her tirade).

The café itself was open plan and revolved around five large circular tables at which people could chose to seat themselves, and move chairs around if they so wished, with a small kitchen to one side near the entrance door. On entering the café, the decision of where to sit was quickly made by some guests having seen a friend or being waved to join a table and conversation. Whereas other individuals on entering would ponder the room for a short while, decide whether to stay, and if so identify a suitable space to sit by themselves. Guests often acknowledged you/the volunteers preparing food at the counter as they passed with a nod or a hello. Such mundane actions on entering importantly signifies how any café space reflects a diversity of encounters, here offering the opportunity for 'arranged' encounters between friends and/or 'chance' encounters, whether beneficial or harmful, between guests as well as guests and volunteers (Laurier and Philo, 2006, p.356; Warner et al., 2013). However, the unknowingness of who may be present and what could happen reiterated guest's openness to their own vulnerability and the situated relations within which they placed themselves.

Within this small space, the kitchen counter to the side of the hall acted as a focal point. The counter ostensibly delineated the functions of the café and ordered who was permitted where. Behind the counter kitchen volunteers worked to prepare food, deal with waste, wash and dry crockery and cutlery, and volunteers would often stand immediately in front of the counter in anticipation of guests signalling they wanted to place an order or share in conversation. The counter also acted as a defensive presence to prevent anyone other than volunteers on 'cooking' duty from contaminating the food, a hygiene practice that was further facilitated by the order service. As the counter was within full view of everyone this division was informally overcome through the flow of different materials as paper based requests were transformed into meals. Guests often watched this workflow in expectation, sometimes asking across the room if it was their order being prepared. Such questions would prompt you to quickly glance at the scribbled order and look for the table identifier and perhaps a name to answer 'Yes' or 'Not yet, sorry', with the latter response either politely accepted or the service audibly criticised for other guests to shout in return 'They are doing their best' or 'Give it a rest'. Such comments acted to ostensibly protect the volunteers, and were quietly welcomed by myself and some of the other female volunteers who 'cooked', but also highlighted the efforts invested by some regular guests to help maintain this resource. These exclamations provided a form of self-expression recognisable by other guests and volunteers as to what behaviour was accepted and tolerated in the café and contributed to some ownership of the space and mediation of the power relations within it.

The diversity of individuals within the café and their particular values, needs and 'vulnerabilities', generally facilitated its functioning as a tolerant and accepting space, aided by mutual familiarity over time. For example, one self-defined friendship group attended each week and gravitated to one particular table where they were usually occupied in lively conversation. The group's identity was founded on their attendance of a nearby addiction treatment centre. The group tended to revolve around Richard (middle-aged male) who always arrived early to secure the preferred table in one corner of the room that also enabled him to occupy a seat from where he had a vantage point overseeing the entirety of the café. From here Richard would occasionally motion by a directive nod of the head to you if he felt that there was potential for disruption of the café's atmosphere that went beyond the reach of his 'guest' status and usual efforts to try and keep the space calm and tolerant. For example, late in one session:

'Simon (older male, with known mental health issues) who was sat at the table nearest the door, got up and crossed the hall, but walked very slowly in a semi-seated stance as he did so. Simon went over and grabbed the half-empty plate of biscuits that were sat directly in front of Richard and returned to his table, given the speed of this movement two biscuits were sent smashing onto the floor. Richard looked over and said 'Well it's OK if he's going to eat them'. Everyone let this pass.'

The dignity provided by 'letting things pass' or choosing not to publicly acknowledge this sight or of guests hurriedly placing pieces of fruit or biscuits

into a jacket pocket or bag was another commonly respected practise. As Wendy noted such offers, which included offering a sandwich to 'take away for later' consumption, were another way to respond to food insecurity without generating further expectations or demands which the café could not provide to all guests at all times, such as food parcels:

'We don't say anything, obviously, but we have to be careful to distribute it evenly, put it out gradually ... So no, it's not obvious that we are giving it away, if they do ask we say 'No, there is nothing to give'.

Yet, this asserted respectful way of responding to the perceived food need was far from usual. Some volunteers seemed to enjoy the performance of distributing sweets and biscuits as an act of personal generosity and contributed to the expression of a paternalistic understanding of the food offer and extent of the care relation.

### ***Jean***

Jean was an older woman and was keen to emphasise in conversation how her regular use of the café was motivated by the sociability it offered. Despite arriving on her own and always initially sitting alone she would join in with any conversation on and across the café tables if the opportunity arose, and her affability reaffirmed the opportunity for social contact offered by the café; as Jean explained she was happy 'just to be in company even if I just sit and keep myself to myself'. Coming to the café enabled her to 'get out of the house and meet people', however this could be curtailed by the weather conditions due to the difficulty she had walking and so in bad weather she tended to be housebound and by implication socially isolated. Indeed, on a day when I

wasn't expecting to see Jean because of the weather conditions she explained that she had 'come to get out, not because it's [food and drink] free, but for the physio, for my leg'.

Jean's public assertion of the café's sociality and her using this to take care of her emotional, affective and physical health as being the reason for her visit was the first step in a 'self-care-ful' choreography in which she presented her sense of self, and managed both her vulnerability and dignity within the site. The declaration of not attending the café because it was free asserts that she was not vulnerable to poverty-based food insecurity. Yet, conversations and observations within the café suggested otherwise as Jean employed a range of techniques that together enabled her to care for herself and was open to achieving this with the help of myself and other volunteers and the manner of food provision. Jean would typically order just a sandwich, but when offered would have 'a taster' of something, for example a slice of homemade quiche, before deciding to that she would ask for and eat the remainder. Such subtle and other more overt performances of discernment in her use of the café added to her self-presentation as attending the café primarily for its sociality. A further technique was for Jean to make note of her health needs in conversation and how the café's offer met these, to provide a further public account for why she chose to eat there. This expressed both a form of appreciation and acknowledgement of the care relation and food offer. This also provided a mechanism for her to obtain attention and interest in her wellbeing, and her awareness of this offered the opportunity for self-respect and self-trust in her choice of site and the care relation.

Notably Jean would always be amongst the last of the guests to leave. Ostensibly this was because of the timings of buses for her return journey. The not inconsiderable distance Jean travelled to the café (across a number of local authority areas, freely facilitated by her concessionary bus pass) was common to a number of guests who lacked any such offers in their own nearby town or city. But this also acted to place a physical distance between her home community and identity and the communal food settings she chose to use elsewhere to mask her food insecurity. Staying to the session's end enabled her to offer to help avoid the wastage of any food and make use of it by taking it home to eat. For example, at the end of one session I commented to another volunteer that there was half a sliced loaf of wholemeal bread unused and Jean quickly said she would take it 'because I have some tomato soup at home that it will go nicely with'. Then at the end of the following week's session in addition to her take-away sandwich 'for later' Jean also asked to take the remaining milk, not quite an inch in a pint plastic bottle, because she could 'get a couple of drinks from it' reaffirming how she was 'always thirsty' from her medication. On both occasions these items were placed in her shopping basket, offering privacy regarding her food provisioning practices. Over the course of the sessions and my conversations with Jean, it became nearly automatic that if there was spare bread available at the end of the session I offered this to her, in part because she had subsequently confided how she didn't buy bread because it was 'too expensive'. This also illustrates the active building of relationships by Jean to obtain and maintain access to this food resource, albeit highly variable and unreliable, within this specific setting.

Despite the distance Jean travelled to the café it was not the only site in Newcastle that she used. In one conversation she recounted how ill she had been after eating a 'dodgy sandwich' at a community kitchen elsewhere in the city where she attended a lunch session on a different day. She had only just started to return there because 'at my age I can't afford to get food poisoning' and seemed reassured that the food quality and safety had now improved. This shows both a restatement of discernment and a possible performance of gratitude in the provision offered by the café that she was explicitly contrasting the kitchen to, while acknowledging her reliance on the different meal providing sites, and the particular risks that these presented to her. The risks related both to her physical health and embodied vulnerability, and demeaning her self-respect and dignity as she recalled how on her return to the kitchen she had been offended at its new befriending and support activities whereby 'listeners' were employed with the expectation that people both wanted to talk and needed to receive advice (on pensions, welfare payments, and housing). Jean felt that this activity and her experience of it was intrusive as she commented that 'some listeners wanted to know too much about people and that isn't listening' and in response had returned to her trusted strategy of just 'keeping myself to myself' in that particular site.

### ***Douglas***

Douglas was an older man and an entrenched (long-term) rough sleeper. Douglas was also one of a small number of café guests who were explicit in their faith and the solace being in this site offered them, although no

proselytising took place in the café there were religious paintings and a crucifix displayed in the church hall. To an extent his faith-based identity influenced the care and support networks he seemed to rely on; choosing to visit the café and another church in the city that offered food at the weekend where he also obtained clothes and mentioned his conversations with the minister there to me, which he sporadically supplemented with commissioned homeless day centres.

I first met Douglas at the start of a session in late autumn. As I entered the café Douglas, who was firmly ensconced at one table, remarked 'imagine what it's like being on the streets in this weather' and from which point he continued to present his homeless narrative and various edited life events that had led to him to being in this situation to me. Thus, from the very beginning of my relationship with Douglas he introduced and made present his vulnerability, the simple association of homelessness as a vulnerable status provided his justification for his presence in the café and his need to use the site to obtain food.

Douglas' self-asserted vulnerability based specifically on his homelessness was continually reaffirmed in later sessions. One element of this was his particular and frequent use of the phrase 'life-saver' as an emotive response that acknowledged the care given and expressed gratitude always for the previous week's food and the take-away sandwiches offered by the café. For example, at the start of one session's conversation he tells me how 'your

sandwiches were a life saver' before recalling the latest impediment in trying to get his welfare payments restarted.

Over the course of the sessions Douglas would update me on what had happened to him since we last met; this variously included his excitement at being offered a hostel place and his subsequent decision to leave this to 'look after a friend' on the streets, the not infrequent loss/stealing of his belongings and being 'mugged' (he appeared with stitches and bruising to his face at one session) to the joys of having a shave and the difficulty of levelling his moustaches. Thus, while this clearly and continually re-established his vulnerability in the form of the various risks he faced and was susceptible to, and his need to use the site to obtain food, through conversation he was also finding someone to take an interest in him and his changing situation, and this was always reciprocated and met with an interest in how I was and what was going on. This in itself was unusual as many guests rarely engaged in a two-way taking of an interest in the other; this may have been through fear of seeming over familiar as a 'guest' or the service encounter imposing a distance between people. As part of Douglas' relationship building he would always ensure that he said goodbye to me on leaving the café, as if to demarcate the present session as being more social than food orientated. The extent of his relationship management became clear as towards the end of one session when Douglas was asking what time we were closing and placed an order with me for a take-away sandwich, he then turned and informed another person on his table 'I know how to scrape [plead]'. This was the first time any guest had explicitly stated they were saying or doing something to obtain food or

suggested that despite the pretence of following café service etiquette that the power relations within the space were no different to anywhere else. However, Douglas' somewhat manipulative self-presentation could have been prompted by his attempt to impress and/or protect himself from the small group of young homeless men he was sat alongside and the potential future vulnerability that this situation could present for him, and so utilised other relations pertaining to my gendered status as a female volunteer, to help construct his self as more in control of this situation.

Douglas deliberately managed the account he gave of himself as a form of protection as he was aware of his multiple vulnerable statuses (current and historic) and how he could be judged. Indeed, Douglas' presence in the café revealed how volunteers responded differently to the diverse vulnerabilities reflected in the café guests as well as the perceived need for food and sociality. For example, in one session when Douglas asked for two sandwiches to take-away because he had 'an appointment at the benefits office' so couldn't stay this was not approved of by the session organiser who was preparing the food, yet when Ryan (a younger male, with known mental ill-health) requested the same for after he played football this was not an issue. Consequently, on this occasion it could be argued that Douglas' agency and attempt to take care of himself was not recognised by the session organiser because of his particular vulnerable status relative to another's and/or through favouritism that can operate within informal spaces of care (Warner et al., 2013).

The evaluation of vulnerability, need and deservingness of different guests in using this resource to counter food insecurity was also illustrated by the expressed moral articulations of Douglas in his perceived abuse and exploitation of such care offers by the non-homeless (Author, XXXX). During one December session Douglas told me how he was looking forward to attending the Christmas celebrations and wider care package offered (i.e. the opportunity to get his toenails cut) by one secular charity in the city as he knew he 'would be taken care of'. But Douglas was visibly unhappy that other café guests would also be going because 'they have a roof over their heads and just take things', and looked pointedly at Simon who was sat elsewhere in the café while telling me this. Thus, Douglas' practices and encounters within the space show how others help structure a relational understanding of the self and how this can inform both care relations, self-care and the presented narrative of vulnerability.

## **5. Concluding discussion**

The analysis raises a number of important issues for discussion concerning the interplay of care and vulnerability within informal community settings. In particular, it has highlighted that within the community café there were multiple care processes and practices being undertaken concurrently in response to diversely perceived vulnerabilities and needs. Without any disrespect to the café in its attempts to address marginalisation and hunger within the city a paternalistic care practice was typically observed that created and maintained a distance and dis-identification between volunteers and guests. This is illustrated by Lucy's comments and more generally by the chosen response

mechanism of a café and its associated protocols that acted to shape the relational dynamics of the space and re-inscribe power asymmetries. This meant that the provision of food unwittingly became a proxy for care and denoted the end point of the care relationship for some volunteers and guests, rather than the café providing for an integrity to the care process as originally conceived and intended and which some volunteers strived to achieve.

The social structures and relations that operationalise vulnerability as susceptibility were also reproduced by guests. At times the status-based constructions associated with this were overtly stated and employed by guests as a means of justification to use the space and obtain access to the food and wider support. Whereas for other guest's constructions of dependence and reliance as negatively evoked within current political rhetoric and responsabilisation discourse informed efforts to disguise their particular vulnerability/ies. The stated strategy of keeping 'myself to myself' as a form of protection within such communal spaces contradicts the rationale of friendship and sociality that the café (and many similar sites) proclaimed. Such self-withdrawal can be seen as an attempt to protect the self from the situations and relations found within such spaces as an individual makes themselves less vulnerable, whether from fear or mis-recognition or other self-perceived risks (Anderson, 2014). This requires 'knowledge of oneself', one's vulnerability and how you may be impacted to protect yourself, particularly in situations where you may be viewed as occupying a weaker position in the relationship (Gilson, 2014). Notably, in the analysis presented, and informed by wider observations in the café, withdrawal was from others within the café rather than from the

space itself. This could reiterate the lack of choice in meeting basic food needs some individuals faced. However, the café setting and expected service encounter and behaviours may have provided the opportunity for people to remove themselves from others whilst still being together with others. When this was coupled with the attentive interest taken in them through conversation or their thoughts on the food this validated their decision to attend the café.

The analysis highlights the multiplicity of care processes and practices encountered in the café. This suggests that within such spaces the process and practice of caring may be as, or more, reliant on the agency of the 'vulnerable' individual to determine and practise 'self-care' as the capabilities of the organisation taking responsibility for providing the offer. Indeed, this suggests a much more complex interplay between an organisation taking responsibility for a perceived general need and how individuals respond to the care 'received' and make of that something that responds to their own particular needs and vulnerabilities within that particular context. A feminist political ethics of care perspective through emphasising interdependence critically questions the ascription of such responsibility and how it is recognized. In light of the continuing neo-liberal and austerity agenda wherein individualized responsibility and constrained public resourcing of services are political imperatives, this prompts the need for further critical thought as to what expectations policymakers and society have of the 'vulnerable' in managing the complexity of 'their' vulnerability within a changing institutional landscape. The research has indicated how this is made more complicated by the different resources offered in a city's carescape and the networks each individual is

situated within. This specifically prompts the need to reconsider traditional discourses of vulnerability (associated with dependency and reliance) and the ascribed power relations if they reproduce existing constructions and structural inequalities. A more 'ambivalent' and 'plastic' conceptualisation of vulnerability (Gilson, 2011) recognises that whilst vulnerability may be inherent its experience is particular to each individual. This impels us to consider how care practice (by the self or others) can offer a form of 'resilience' to overcome the social distance between people and institutions to bring them 'into conversation' (Fineman, 2013) as envisaged within a caring democracy and a 'caring with' approach (Tronto, 2013). This reiterates the necessity for greater critical political engagement with vulnerability, responsibility and the care process and practice in mediating these.

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