Title: Invoking vulnerability: Practitioner attitudes to supporting refugee and migrant women in London-based third sector organisations

Abstract: The paper explores London-based third sector practitioners' engagement with vulnerability in their work with refugee and migrant women during pregnancy and in the postnatal period. Practitioners draw on notions of vulnerability that signal weakness and passivity as a strategy, which enables them to secure resources for the women they support as well as to sustain their own organisational existence in a third sector landscape that has been transformed by a range of neoliberal measures. Despite this invoking of essentialised vulnerability practitioners possess an awareness of how the broader context of women's lives, including government policies and structural disadvantage, acts to shape their vulnerability. The paper argues practitioners' contextual understanding of refuge and migrant women's vulnerability resonates with theoretical approaches that conceptualise vulnerability as an ontological characteristic of human existence. Strategic use of essentialised vulnerability is central to accessing resources, while an ontological understanding of vulnerability as a universal potential activated by socially mediated unequal power relations enables practitioners to address the specific factors that are producing women's vulnerability to harm. Crucially, this includes challenging the effects of the UK government's anti-immigrant "hostile environment" policy and neoliberal austerity measures.

Introduction

The notion of vulnerability frequently features in social media content inspired by New Age philosophy. For instance, The School of Life recently shared a video on its Facebook page suggesting that human beings should stop hiding their vulnerabilities and instead embrace vulnerability as a "gift in the form of a risk taken for somebody else". Discussions have proliferated about the role of controlled vulnerability in so called "safe spaces", where being vulnerable together allows disclosure and mutual support to take place. A somewhat different language of vulnerability has been gaining currency in social welfare policy and humanitarian assistance to refugees, where vulnerability is often used as a measure of who is deserving of support (Brown 2011; Brown 2014; Fawcett 2009; Spiers 2000; Kofman 2018; Sözer 2019). At a time when third sector organisations (TSOs) are increasingly involved in the provision of public services via subcontracting (Dickinson et al. 2012; Myers 2017) as well as instrumental in filling the gaps created by the rolling back of the welfare state (Sales 2002), it is not surprising to see a similar approach to vulnerability taking hold in the UK third sector.

The third sector comprises a variety of non-governmental, not-for-profit organizations that invest resources into promoting social causes of various kinds. The sector's moniker refers to its distinctiveness from government and the private, profit making economy. However, it is inextricably linked to and shaped by both (Alcock 2016; Emejulu and Bassel 2015).TSOs are a crucial source of support for refugees and migrants in the UK, who are faced with an increasingly restrictive and punitive welfare state (Phillimore 2015) and an internal border regime that is penetrating an ever-growing number of social spheres (Yuval-Davis et al. 2018). Small grassroots TSOs, play an important role in supporting refugees and migrants not only with what the government might view favourably as steps to "integration", such as English classes and social activities that enable people to develop social networks in

their local area, but also in challenging the effects of the so called hostile immigration environment by supporting people to access healthcare, welfare benefits and other support.

Our paper focuses on third sector practitioners' engagement with notions of vulnerability in their work with refugee and migrant women. It is grounded in qualitative research conducted in London in 2015. The research focussed on third sector support available to women who are experiencing emotional distress during pregnancy and after childbirth. The paper offers a reflection on vulnerability as an ambiguous discursive device which on the one hand works to further minoritise refugee and migrant women and on the other hand makes it possible to incorporate them into a network of support. We examine how practitioners use vulnerability strategically to stake a claim to resources for the women they support as well as to sustain their own organisational existence in a third sector landscape that has been transformed by a range of neoliberal measures. However, despite this (strategic) invoking of essentialised vulnerability, our findings suggest that practitioners might have at least a degree of awareness of the ways women's vulnerabilities are socially produced within a framework of intersectional oppression (Crenshaw 1989). We argue this understanding resonates with theoretical approaches that understand vulnerability as an ontological human characteristic (Brown 2011; Butler 2004; Butler 2009; Fineman 2008; Gilson 2016a; Gilson 2016b; Mackenzie et al. 2014; Szörényi 2014).

Vulnerability as ethical position

The paper problematises the understanding of vulnerability as a constitutive characteristic of refugee and migrant women who access TSO services. We agree with scholars who critique the view of vulnerability as an inherent and fixed property of individuals or groups. This essentialised view of vulnerability associates it with weakness, dependency, passivity and a lack of agency in a way that reinforces inequality (Bankoff 2001; Brown 2011; Fawcett 2009;

Gilson 2016a; 2016b; Mackenzie et al. 2014). Numerous scholars have argued that the disempowering effects of an essentialised view of vulnerability should not lead us to abandon the concept entirely. They have redefined the concept to reflect the shared and universal nature of vulnerability that is part and parcel of being human (Brown 2011; Butler 2004; Butler 2009; Fineman 2008; Gilson 2016a; Gilson 2016b; Mackenzie et al. 2014; Szörényi 2014). These redefinitions are critical of the alleged opposition between vulnerability and invulnerability, autonomy, or agency that is central to essentialised understandings of vulnerability.

Scholars have argued in favour of an ontological understanding of vulnerability, where all of us have an inherent potential to be(come) vulnerable depending on the circumstances we find ourselves in and our structural position in society. This echoes Bryan Turner's earlier work on human frailty. Conceptualised as a condition resulting from the vulnerability of the human body, frailty is shared universally. Yet, as human frailty is compounded by the precarious nature of social institutions it does not affect all of us in equal measure (Turner 1993). Erinn Gilson describes vulnerability as a condition of potential rather than fixity, one that is not inherently negative but instead has an ambivalent and ambiguous value (Gilson 2016b). Martha Fineman (2008) argues for replacing the autonomous and independent liberal subject that informs Western political theory and social policy with the "vulnerable subject". Recognising the intrinsic vulnerability of human subjects constitutes a useful starting point for acknowledging the structural causes of disadvantage compared to the liberal approach that sees disadvantage as individual failing (Fineman 2008). This could in turn lead to policy making that is more sensitive to ethics of care as advocated by a range of feminist scholars (Tronto 1995). Using a Butlerian lens, Anna Szörényi (2014) advances the idea that vulnerability does not need to be understood in opposition to agency. Rather, the binary victim and agent should be problematized in favour of an ethics of vulnerability which

is in itself constitutive of human agency. According to Judith Butler (2004; 2009) vulnerability of human life is seen as necessary and inevitable and acknowledging that human beings are precarious originates a new bodily ontology based on mutual responsibility. This ethical position implies that vulnerability "is no longer the condition of the body's viability - its survivability - but instead its condition" (Szörényi 2014, 29). This theoretical position allows to throw a different light on vulnerability where agency is enabled by vulnerability rather than excluded from it.

Performing vulnerability

Notwithstanding scholarly critiques, an essentialised notion of vulnerability can be usefully mobilised in accessing support and resources. In order to achieve this, one needs to enact it in acceptable ways – people need to position themselves as service users or help-seekers by performing vulnerability in a way that complies with a given set of expectations. Barbara Fawcett notes that judging the moral adequacy and worthiness of service users can play an important role in social work and healthcare practice (2009, 480). Kate Brown's research with young people in contact with social services found that their entitlement to support was more secure if they performed vulnerability through conformist behaviours (Brown 2014, 379-80). Gilson makes a similar argument in the context of sexual abuse, where victims are compelled to be vulnerable in culturally appropriate ways – demonstrating distress while maintaining a deferential attitude (Gilson 2016b, 80). Elsewhere, Gilson (2016a) makes a further point that who can be seen as vulnerable is conditioned by intersectionally defined privilege. She argues vulnerability can become a privilege for "those whose vulnerability is publicly legible and credible" (2016a, 48) and a peril for those precluded from being able to claim vulnerable status - for example black men, especially those involved with the criminal justice system (Gilson 2016a).

In the context of migration, scholars have observed the role that successful performance of vulnerability plays, for example, in obtaining refugee status (Kim in Chauvin and Garcés-Mascareñas 2014, 427) and preventing dispersal of asylum seekers (Watters 2001, 22). Charles Watters (2007) highlights that the provision of services to refugees and migrants is governed by a moral economy of care shaped by wider societal values regarding what is considered legitimate and illegitimate. Here, vulnerability is closely linked to the notion of deservingness. Writing about the commonly invoked opposition between deserving refugees and undeserving (economic) migrants, Seth Holmes and Heide Castañeda argue that deservingness contributes to a moral demarcation between the two groups that goes beyond a strictly legal distinction (2016, 16-17). Rosemary Sales (2002) and Heaven Crawley and Dimitris Skleparis (2018) describe how, in the UK context, this demarcation separates deserving refugees from undeserving asylum seekers, who are suspected of being "bogus" and have significantly reduced access to support compared to recognised refugees.

Refugee and migrant vulnerability is under constant scrutiny in order to assess whether they are indeed deserving recipients of help and the feelings of compassion intrinsically linked to humanitarian assistance (Sirriyeh 2018). Focussing on the German context, Susann Huschke finds the "juxtaposition of deservingness and entitlement" (2014, 352) central for understanding encounters between undocumented, as well as documented but uninsured, migrants and medical professionals offering healthcare assistance through humanitarian NGOs. The power inequalities implicit in these encounters compel migrants to perform deservingness through vulnerability, producing "docile patients who learn to adhere to the stereotype of being a destitute, helpless, and thus deserving migrant, and much less often empowered subjects with a sense of entitlement" (Huschke 2014, 358). This resonates with Didier Fassin's argument that the shift towards illness as the ultimate claim to humanitarian protection impacts on migrants' subjectivity, leading them to perceive

themselves "as a victim reduced to soliciting compassion" (Fassin 2001, 5). Fassin (2001; 2005) draws attention to how a drop in the numbers of political asylum in France from the 1990s onward has been accompanied by a rise in temporary protection based on humanitarian and medical grounds. This means access to protection became grounded in compassion as political rights were substituted by moral sentiment. This displacement is not politically innocent, as observed by Andrew Sayer in regard to social welfare. While rights are obligatory, "gifts are discretionary and tend to position the recipient as deficient" (Sayer 2018, 25). Framing support for refugees and migrants as compassionate gifts based on their moral deservingness and vulnerability rather than as political rights is highly problematic. Sirriyeh (2018) has demonstrated the contradictory nature of compassion, a sentiment that has been co-opted by governments to justify and enforce restrictive policies through violence (for instance, as is happening with smugglers in Libya), while de-colonial scholars see compassion as a racialized emotion emanating out of coloniality (Quijano 2000; Mignolo 2011).

Vulnerability in times of neoliberalism and austerity

The distinction between deserving and undeserving migrants needs to be observed within a broader moral economy of neoliberalism and the restructuring of the welfare state. We agree with Sayer, who observes that "[n]eoliberalism redefines welfare pejoratively, as a parasitic form of 'dependency' of an undeserving minority on the majority" (2018, 22). Sales places the restrictions on social support for asylum seekers that were first implemented in the UK in the late 1990s in the context of welfare restructuring that facilitated the exclusion of those seen as undeserving. This in turn was linked to a shift in the concept of citizenship from one based on rights to one based on duty (Sales 2002, 458-459). Neoliberal reforms that impacted

negatively on migrants therefore significantly pre-date austerity measures resulting from the 2008 economic recession.

Effects of neoliberal reforms have also been felt by TSOs supporting migrants. Recent years have witnessed an increasing decrease in grant funding in favour of government commissioning of services. As a result, small and medium sized TSOs are being outbid by larger better resourced TSOs or private companies (Alcock 2016; Aiken and Harris 2017; Myers 2017; Vacchelli et al. 2015). Payment by results, a system where service providers receive payment retrospectively based on delivered outcomes, also had a detrimental effect on smaller organisations that could not afford large upfront costs (Alcock 2016, 108-109; Vacchelli et al. 2015; Vacchelli 2015). This was further compounded by the localism agenda, which encompasses both a devolution of funding responsibility to local government and an expectation of a greater (unfunded) engagement of local actors in addressing community needs (Clayton et al. 2015; Featherstone 2012; Vacchelli 2015). TSOs are also being encouraged to develop their own income generating activities. Leah Bassel and Akwugo Emejulu (2018) highlight that when it comes to women's organisations, these are dominated by highly gendered schemes, such as community cafes, crèches and sewing groups. Importantly, this serves not only as a source of income for women supported by TSOs but also as a way of organisational survival for the TSOs themselves (Bassel and Emejulu 2018). These changes should be recognised as neoliberal measures aimed at marketizing the sector rather than a result of austerity alone (Aiken and Harris 2017; Emejulu and Bassel 2015; Vachelli et al. 2015).

That is not to say that austerity did not play its part. Austerity politics produce vulnerability while at the same time restricting mechanisms set up to address it. Austerity has had a disproportionately negative impact on minority women, including refugee and migrant women (Emejulu and Bassel 2015). Cuts to public spending have also harshly affected third

sector support services available to refugee and migrant women. The third sector overall has been impacted by austerity measures as government had been one of its major funders (Aiken and Harris 2017; Alcock 2016; Myers 2017). However, this had a particularly strong effect on ethnic minority, including refugee and migrant, organisations (Tilki et al. 2015) and women's organisations (WRC 2013), with minority women's organisations being squeezed from both sides. Austerity and neoliberal shifts in the third sector therefore contribute to producing organisational vulnerability that ultimately impacts on the women TSOs support, who are already being made more exploitable as workers at times of economic uncertainty and whose bodies are easier to control and often made disposable through deportation.

Data and methodology

The data discussed in this paper was collected as part of a qualitative study of community-based (non-statutory) support available to women experiencing or at risk of poor perinatal mental health. Sponsorship for the study and ethics approval was obtained from the Health and Education sub-ethics committee at Middlesex University, London. The primary aim of the study was to understand the role of small TSOs in supporting women experiencing mental health problems or emotional distress during pregnancy and early motherhood and how this may differ from support available to women through the National Health Service. A combination of snowball and purposive sampling was used in order to identify relevant TSOs. Criteria for participating organisations included that they offer support to women experiencing emotional distress during pregnancy or in early motherhood (not necessarily explicitly framed as mental health support) and that they are based in north, east or west London.

We conducted semi-structured interviews with 14 staff members from 11 TSOs between March and April 2015. This included one organisation which worked solely with

women in the perinatal period and 10 organisations that provided support to women in perinatal situations although this was not their main remit. All 14 interviewees were women delivering frontline services. Due to the nature of the organisations and their small size, many also held a degree of project management responsibility. The interviews focused on the support they offer women and how this might differ from support available through statutory health services. They were asked questions about the services they deliver, what they perceive to be the main needs of their clients, any barriers to support their clients might face regarding statutory or third sector services, and any barriers practitioners and TSOs face in providing the kind of service they would like to. Interview transcripts were analysed using thematic analysis. Vulnerability was not an initial focus of our research. We did not include questions on vulnerability in the interview schedule, although we occasionally asked follow-up questions related to vulnerability for the sake of clarification. Vulnerability, however, emerged as an important theme in the data. Once this was established, we examined the organisational websites of the TSOs in our sample to see if and how the notion of vulnerability featured in their online presence. This included a discourse analysis of web content and comparing how different sections of organisational websites may utilise the notion of vulnerability differently or omit it completely.

This paper is based on a subset of this data that only includes interviews and online content from TSOs that worked largely or exclusively with refugee and migrant women, to explore how they operationalise the concept of vulnerability in their work. This includes interviews with seven practitioners from five organisations. Although all interviewed practitioners worked on projects that were women-only, three of these projects were attached to organisations that were not women's organisations (one was a refugee support organisation, one a family support organisation, and one a local community development organisation). Only one organisation in our research sample was a minority women's

organisation. This was perhaps a reflection of the changes affecting the women's sector, and especially the minority women's sector, discussed above. Although three of the five organisations did not limit their work exclusively to refugees and migrants, the demographic composition of their local area and the type of support needs they addressed meant that a significant proportion of their clients were refugee and migrant women.

Practitioner uses of vulnerability

Essentialised vulnerability in legitimising access to resources and support

Because vulnerability is "located in moral obligations" (Brown 2011, 318), invoking it can serve as a way of claiming access to resources and various forms of social support. In our study, we found that third sector practitioners made use of an essentialised notion of vulnerability in order to legitimise the support they offered to women positioned as their service users. Numerous scholars have criticised this view of vulnerability that understands it as an inherent and fixed property of those labelled as vulnerable and associates it with weakness and dependency (Bankoff 2001; Brown 2011; Fawcett 2009; Gilson 2016a; 2016b; Mackenzie et al. 2014). Such labelling is often stigmatising and can lead to paternalistic and controlling interventions (Bankoff 2001; Brown 2011; Brown 2014; Dunn et al. 2008; Gilson 2016b, 75; Mackenzie et al. 2014, 15; Sherwood-Johnson 2013).

In the context of migration, vulnerability often serves as a label reserved for the select few. Sözer describes how over the past decade international refugee protection has undergone a shift of focus from forced migrants' vulnerabilities to vulnerable forced migrants, limiting the scope of who can claim vulnerable status. Through this shift, vulnerability stops referring to a human condition and becomes a classificatory label leading to uneven distribution of humanitarian assistance (Sözer 2019). Due to vulnerability's gendered underpinnings, it is a label more accessible to women than men (Helms 2015; Kofman 2018; Sözer 2019). This

makes it easier to mobilise in support of refugee and migrant women, but also makes its connotations of weakness and passivity particularly problematic from a feminist perspective (Brown 2014; Kofman 2018; Gilson 2016a).

This did not deter TSO practitioners in our study from operationalising vulnerability in their work. It was women's framing as vulnerable that strengthened their claim to support and helped practitioners to make judgements regarding who they can take on as a client when faced with overwhelming demand on their services.

> *If there was somebody who came here, imagine as an arranged marriage and had been living here but was under domestic, was you know, in a very difficult situation we would support them. So, if someone has come here under the auspices of something, particularly trafficking for marriage, we would look after them. (Organisation 2)*

Practitioners sometimes engaged in prioritising multiple vulnerabilities when justifying spending resources - including material, financial and time - on those in greatest need. Pregnancy was often framed as an additional aspect of vulnerability that would entitle pregnant and post-natal women to greater support compared to other refugees and migrants. This echoes the way acquiring a 'vulnerable' label prioritises migrants for support in humanitarian protection (Sözer 2019) and relocation within the EU (Kofman 2018). Eleonore Kofman writes about how migrants' mobilities are gendered but notes that this does not apply to men and women as homogenous categories. Gendered mobilities are shaped by the application of vulnerable statuses. Therefore, "[i]t is not women and children as a whole, who are classified as vulnerable, but sub-categories such as pregnant women, single parents or unaccompanied minors who are deemed to be the most dependent and in need of additional

support" (Kofman 2018, 4). Although not a result of formal regulations, a similar prioritisation process was evident among our interviewees.

> *We've got very good relationships with other charities that do that [immigration and housing support] and we can signpost people in. In fact, we can sort of helicopter people in sometimes. In some services which are open door and come and sit and queue, if we phone them and say, look, our lady's pregnant, she needs to talk, they can say send her down and we can do a bit of that for them. (Organisation 1)*

Quotes from practitioner interviews suggest that while invoking an essentialised notion of vulnerability can open avenues to women, it does so on unequal terms. They spoke of "looking after" women and "doing for" them, rather than enabling them to do for themselves. Despite the best intentions of practitioners, this approach threatens to strip women of their agency. Mobilising vulnerability to access resources, support or public visibility is not without its risks. It can lead to negative stereotyping of groups (Spiers 2000), result in people becoming "a suitable subject for safety management" (Fawcett 2009, 475) and "forecloses opportunities for activists to construct their identities on their own terms" (Emejulu and Bassel 2015, 90-91).

Vulnerability in legitimising organisational existence and securing funding

Beyond the role vulnerability played in securing access to support for individual women, the notion of vulnerability emerged as central to the definition of the work of the organisations in our study. It is in the framing of the client group in relation to funding and fundraising that women's vulnerability is perhaps positioned in its most essentialised and passive form.

Practitioners often stated the purpose of their work is to support vulnerable women and some organisations have been funded specifically "to reach vulnerable women".

> *We're aiming to work with women who are vulnerable and isolated around the time of birth to improve their experience at that time and really give the baby and the mother the best start. (Organisation 4)*

> *We have our target group, which is the more vulnerable women, the women that aren't engaging, that don't have the confidence to engage in Children's Centres or with, you know, the local GP surgery for health checks and things like that. That's kind of why the funding came into being so we could reach out and get these women. (Organisation 3)*

Another TSO practitioner had framed their work as a friendlier alternative to statutory Children's Centres legitimated their raison d'être on the basis of women's vulnerability.

> *Some of our women are so vulnerable that if you don't say hello to them or say come in, they believe they're not welcome. And there's a judgement made on them and they will not go back. So, we needed to be able to have somewhere where we knew that those women if they arrived at whatever time or they came in through the door and pushing the door open and sort of, you know, then somebody would say hello, come in, you are welcome, sit down, have a cup of tea. So, we joined together with (organisation A) and (organisation B) to do a joint bid to write to the CCG [clinical commissioning group] to provide this extra support. (Organisation 1)*

The interviewee went on to contrast their own "vulnerable" service users with women who would normally access Children's Centres describing them as "robust":

So, all those techniques and things that you need to gain the support of somebody who feels vulnerable or somebody who feels that their parenting is not as strong as somebody else's or something, we believe have been negated by the provision of Children's Centres. They do provide a great service to lots of other women. I'm not trying to say Children's Centres are not a good place. But I think you have to be quite a robust woman to get in there. (Organisation 1)

Our findings also suggest how the nature of available funding shapes the way vulnerability is framed. In one interviewee's experience, vulnerability is becoming increasingly framed in terms of health.

I would certainly say that we have been aware of cuts and have, and felt sort of a tightening of belts, I guess. And I think our work is sort of, you can become more and more health focused because that's the funding that's available and that's good because that's in line with our kind of, you know, ethos anyway. But I think back in the days there was loads of funding from (government funder). So that was the heyday of the (project) but now we're becoming more sort of health focused because that's where the money is. (Organisation 3)

The context of funding cuts and an increasingly competitive funding environment has increased the urgency for TSOs to legitimise their existence and the need to support their work to funders. As we argue above, the effects of neoliberalism and austerity combined to

weaken smaller and medium sized TSOs with fewer resources and less capacity, often jeopardising their survival.[1] Hardest hit by these changes were women's organisations, and even more so minority and migrant women's organisations. They tend to be small specialist organisations that struggle to successfully compete for contracts with large generic TSOs, statutory organisations and private companies (Bassel and Emejulu 2018; Emejulu and Bassel 2015; Vacchelli and Kathrecha 2013; Vacchelli et al. 2015; WRC 2013). Invoking an essentialised notion of vulnerability and framing their purpose as supporting those unable to support themselves can therefore serve as a useful tool in their struggle for survival.

Vulnerability as contextual and socially produced

When probed further to define what they mean by vulnerable or to describe the difficulties women they support are facing, the interviewees' responses revealed a more nuanced understanding of vulnerability compared to the one implied in justifications for funding and prioritising support. This highlighted some of the ways that women's vulnerability was socially and structurally conditioned, although it was not always clear whether practitioners considered these factors as producing vulnerability or merely compounding an existing vulnerability. Aspects of vulnerability identified by interviewees included pregnancy and motherhood (especially single motherhood); immigration status linked to a lack of entitlement to services; domestic violence; sexual abuse; lack of social networks and social isolation; insecure housing and homelessness; mental and physical health problems; language barriers; contact with immigration detention, criminal justice system and social care system;

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[1] These effects were felt even by well-established medium sized TSOs. The closure of Eaves, a London-based charity supporting women who have experienced violence, in 2015 reverberated particularly strongly throughout the women's sector.

destitution or more broadly poverty; substance abuse; and trauma resulting from war, torture, or sexual abuse. Some also noted the effects of racist abuse and Islamophobia on women's experience of vulnerability and the ways different aspects of vulnerability reinforce each other.

> *So it's just compounding. It's like, and a lot of the women do speak up here. They'd speak here and they wouldn't speak anywhere else.*
>
> *Interviewer:*   *They speak up and say what?*
>
> *That they feel that they're targeted because they're Muslims and they're just sick of it and tired of it and they just hate living here. It's not, it's just changed. It's just building up on their original paranoia already being in a minority, being a woman, being vulnerable, being in a bad relationship and then you've got society behind you again, you know. (Organisation 5)*

Some of the practitioners we spoke to were very conscious of the ways that refugee and migrant women's vulnerability was shaped by the British immigration regime.

> *They come to the UK and there's this whole thing around the visa, the whole legal system where a man brings over a woman from Morocco, for example, and she gets a five-year spouse visa and within that five years what some of the women go through is horrific. /…/ So these women have had their pregnancies, they've come here pregnant to access our service and you can just feel that there's something wrong but they don't know who to go to or who to trust, you know. And it's that whole five-year thing that puts this, the pressure on them and makes them so vulnerable it's shocking. (Organisation 5)*

A more extreme woman [i.e. case] that I supported was from Jamaica. She had no recourse to public funds. She lived in the hidden community and was supported by her community through babysitting jobs and things like that where she could get paid under the table, but then when she got pregnant, she obviously couldn't work and she had to rely on the person who she fell pregnant to and there was domestic violence there. And so she had no recourse to public funds, was in a violent relationship, had no family support and was hidden [undocumented]. /.../ Because you can't go to a women's refuge if you have no immigration status. You can't, you know, I think she was staying for 15 years before we got, before she became referred to us. So she had three children. So she got more and more vulnerable. (Organisation 3)

These quotes point to another development that has been shaping the context within which refugee and migrant support TSOs operate - the increasing intertwining of the policy arenas of immigration and public welfare in the UK government's "hostile environment" for migrants. Whereas previously, migrants' legal right to enter the UK was established when crossing the border, this is now being done in an increasing number of spheres whilst already in the country, such as housing, employment, and healthcare, a process described by Nira Yuval-Davis et al. (2018) as "everyday bordering." These immigration checks have the dual effect of making migrants without secure immigration status more vulnerable to deportation and of further limiting migrants' access to welfare services, including healthcare. This has been complicated further by current Brexit negotiations which have thrown into question EU migrants' entitlement to reside in the UK and benefit from public welfare. Frequently changing immigration legislation has also led to an increasing number of different immigration statuses that structure differential access to welfare services. Jenny Phillimore

describes this increasingly complex and stratified access to welfare as "welfare restrictionism," because of its tendency to restrict access to welfare for increasing categories of migrants (2015). We argue that the combined context of everyday bordering and welfare restrictionism intended to disincentivise migration is just as important as the broader context of austerity for understanding the framework within which TSOs operate and for understanding how refugee and migrant women's vulnerabilities are produced and compounded.

TSO practitioners do not draw exclusively on the notion of vulnerability when talking about the women they support. They also employ the language of empowerment. This is a contested concept from a scholarly perspective (e.g. Aslanbeigui et al. 2010; Calvès 2009; Porter 2013; Thomas 2011) but it continues to have significant traction in the third sector, particularly in relation to women. Our interviewees spoke about supporting women to increase control over different aspects of their lives as a way of empowering them. This is something many considered to be a crucial part of their work.

> *A lot of that was … helping women to make choices as our work is very much about empowering women, we don't have an agenda about how we think women should give birth. (Organisation 4)*

They considered this to be particularly important in the case of women with insecure immigration status and difficult migration histories whose control over their own lives had been taken away.

> *So our women who already maybe have got insecurities around immigration status and around their food, if they're going to have food and things … to go off and just*

have like a labour done to you is even worse in my opinion and my colleagues'

opinion adding to the layer of stuff that makes you feel bad about yourself. /.../

Because like if you just have a bit of choice and just a little bit of, so, yes.

(Organisation 1)

Essentialised notions of vulnerability seem to be reserved for particular purposes and can make way for more nuanced contextual understandings of vulnerability and a focus on enabling women to gain control over aspects of their lives. Websites of the TSOs in our study reflect this dichotomous discourse about women as vulnerable recipients of support on the one hand and resilient agents on the other. Apart from one website that avoids the terms vulnerable and vulnerability altogether (although practitioners from the organisation used them in the interview), vulnerability features as an important notion in their online presence. A pattern can be discerned regarding how the language of vulnerability is used in web content. The terms vulnerable and vulnerability tend to be used in content that addresses primarily potential funders and supporters, such as "about" pages, fundraising appeals, volunteering pages and press releases. Content addressing potential and existing clients avoids vulnerability in favour of more neutral terms like "experiencing difficulties", "having a tough time" or "going through times of change," terms that are likely to feel more relatable to women needing support services. This suggests language is tailored to imagined audiences. While invoking vulnerability helps to open certain paths when engaging with funders and a broader support base of a TSO, it might preclude the very women TSOs are aiming to reach from seeking support.

Discussion

Vulnerability is an avenue to claiming deservingness, which is perhaps particularly open to refugee and migrant women - and those supporting them - because of vulnerability's gendered underpinnings of weakness and passivity (Helms 2015; Kofman 2018). We found that TSO practitioners in our sample framed the women they supported as vulnerable in order to legitimise women's access to support as well as to legitimise their own existence and secure funding. Relying on this discourse risks reinforcing dominant narratives that portray refugee and migrant women as passive victims and makes it difficult to understand them as strong and resilient agents. One might even consider the greater "fundability" of work with women who are positioned as vulnerable, as another way of producing their vulnerability.

However, our study also found that TSO practitioners spoke of vulnerability in non-uniform ways. When justifying spending resources on women positioned as service users or when seeking future funding, they reproduced the essentialist view of vulnerability as an inherent property of individuals signalling dependency and weakness. At the same time, the way they spoke about what contributes to women's vulnerability revealed their awareness of how the broader context of women's lives, including government policies and structural disadvantage, shapes their vulnerability. One of the limitations of our study was that because vulnerability only emerged as a theme during analysis, we were unable to unpick the extent to which practitioners were aware that these conditions were producing women's vulnerability rather than merely compounding it. Our findings suggest this might have been the case among at least some of the practitioners in our study, however, further work would be needed to understand how common this understanding is among TSO practitioners and exactly what shape it takes. Our analysis revealed that practitioners linked women's vulnerability to a range of factors including insecure immigration status, which curtailed their access to public services and increased their deportability; gendered forms of violence such as domestic

violence, sexual violence and rape as a weapon of war; racism and Islamophobia; contact with systems of government control such as immigration detention and the criminal justice system; and homelessness or insecure housing linked to undergoing the asylum process or to economic poverty. We were unable to go back to our interviewees to explore in more detail how they conceptualised the linkages between these issues and women's vulnerability. Furthermore, this means we could not ask them to explain their decision-making process around when to invoke an essentialised notion of vulnerability and when to foreground how social and structural conditions shape that vulnerability. Another aspect worth exploring in future work is to what extent our findings from the perinatal context apply to broader TSO support for refugee and migrant women.

Nevertheless, our data reveals that practitioners possess at least some understanding of refuge and migrant women's vulnerability as contextual, rather than innate. We believe this resonates with theoretical approaches that conceptualise vulnerability as an ontological human characteristic. An ontological concept of vulnerability can help us address the invisibilised ways that vulnerability and autonomy are both socially produced rather than innate and natural characteristics distributed differentially between different people (Brown 2011; Butler 2004; Butler 2009; Fineman 2008; Gilson 2016a; Gilson 2016b; Mackenzie et al. 2014; Szörényi 2014). It is social context that supports or thwarts one's capacity for autonomy and renders one vulnerable to harm. The fact that the processes through which this occurs are often made invisible is a result of their embeddedness in power relations. Gilson argues that we all have a potential for vulnerability, but that this vulnerability is socially and politically mediated and implicated in power dynamics, which distribute it unevenly (2016a; 2016b). In the context of our study, it is particularly important to note that this is not only the consequence of social and economic inequality but often the result of social policy (Fineman 2008; Gilson 2016a, 45; Mackenzie et al. 2014, 17).

Practitioners' accounts of the vulnerability experienced by the women they support revealed how this vulnerability is at least in part produced by government policies and framed by racism, sexism and poverty in intersectional ways. Gilson (2016a) notes how vulnerability overlaps productively with intersectionality but extends beyond it. The concept of intersectionality, first introduced by Kimberlé Crenshaw (1989), highlights how one type of oppression (and conversely privilege) is never experienced in isolation from other types of oppression – a Black woman is not oppressed as a woman *and* a as Black but *as* a Black woman. Gilson argues that the concept of vulnerability, defined ontologically, enables an analysis that goes beyond identity categories, noting that "an experience of vulnerability cannot be reduced to a location in a grid of intersecting identity categories" (2016a, 43). Social disadvantage exacerbates vulnerability to harm, yet vulnerability cannot be reduced to a position of social disadvantage.

While essentialist understandings that see vulnerability as an inherent property of individuals deflect attention away from its social and structural conditions (Brown 2011, 316-318), an ontological understanding of vulnerability allows us to challenge those conditions and the power dynamics that produce and exacerbate harm (Fineman 2008; Gilson 2016a). We argue that this is precisely what TSO practitioners do through their work, despite their simultaneous use of an essentialist vocabulary of vulnerability. The presence of these two seemingly contradictory approaches to vulnerability in TSO discourse is perhaps best explained as two separate registers intended for different audiences. This is demonstrated by how vulnerability features on TSO websites. The term vulnerability is reserved for pages addressing potential donors and volunteers, i.e. those who might be convinced to offer the organisations and hence the women they support financial and material donations or their time. Pages addressing existing or potential clients steer clear of vulnerability in favour of terms like "difficulties", "tough times" or "times of change". This could be interpreted as a

way of engaging clients who would not recognise themselves as vulnerable or who would disagree with the label, which itself demonstrates a level of awareness of the ethical ambiguity of this label on behalf of practitioners. It also reflects the dual approach to addressing need and challenging adversity in the third sector that relates to the victim – survivor positioning and, we argue, the distinction between an essentialised view of vulnerability as passivity and an ontological view of vulnerability as universal and consistent with agency. While the language meant to convince audiences of the importance of supporting refugee and migrant women position them as inherently vulnerable, the language of "difficulties", "tough times" and "times of change" reveal a contextual understanding of their vulnerability.

TSO practitioners manage to navigate and reconcile these opposing approaches in their work by nuancing language addressed to different audiences and using "vulnerability" in a strategic way. The two different registers of vulnerability featured in TSO discourse are not only intended for different audiences but also, and perhaps more importantly, for different purposes. Strategic use of essentialised vulnerability is central to accessing resources, while an ontological understanding of vulnerability as a universal potential activated by socially mediated unequal power relations helps them address the specific factors that are producing women's vulnerability to harm. Crucially, this includes challenging the effects of the UK government's hostile environment policy and neoliberal austerity measures. While there are activist groups who challenge not only the effects of these policies but their very premises and mechanisms, for the small TSOs in our study this approach could prove to be at their own peril. This is likely to remain the case as long as most funders continue to reward gendered tropes reinforcing refugee and migrant women's passivity instead of valuing an

understanding of the factors that shape their vulnerability.[2] This leaves TSOs in an unenviable position of having to, in some sense, perpetuate refugee and migrant women's vulnerability in order to address it. Broader work is needed in highlighting the socially produced nature of vulnerability and how this is enmeshed in unequal power relations, which could perhaps be achieved through alliances going beyond the third sector.

Conclusion

In our study, vulnerability emerged both as a central currency in the moral economy of third sector service provision that can secure access to support, and as an experience produced by structural disadvantage, intersectional oppression and government policies. Just as migrants' illegality is the product of migration laws (De Genova 2002), migrants' vulnerability is the outcome of a range of institutional and personal conjunctures (Kofman 2018; Peroni and Timmer 2013). Refugee and migrant women are made vulnerable by an increasingly restrictive welfare state and immigration regime and are supported by third sector organisations on the basis of this very vulnerability. While defining refugee and migrant women as survivors (of domestic violence, torture, persecution, war, etc.), practitioners also need to frame them as vulnerable in order to mobilise sentiments of

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[2] There are some funders who acknowledge how structural oppression and social policy contribute to vulnerability and disadvantage. For example, Mind and Agenda's Women Side by Side programme funds women's mental health initiatives that recognise how "multiple disadvantage," including gendered experiences of violence, contribute to poor mental health, and the Joseph Rowntree Charitable Trust has a strong focus on supporting work that tackles structures and systems that deny refugees and migrants their rights. However, it is too early to call this a trend in grant making.

compassion and position them as "services users" entitled to support. Additionally, this framing of women as vulnerable serves to provide a rationale for organisational existence and can help to secure funding for their work. Constrained by a competitive funding environment and a third sector context transformed by a range of neoliberal measures, TSO practitioners operate within a broader societal moral economy of deservingness, which they engage in – even if sometimes reluctantly – by invoking vulnerability. Yet, practitioners perform a balancing act between mobilising an essentialised notion of vulnerability that enables access to resources and challenging the effects of structural disadvantage and government policies that combine to produce refugee and migrant women's vulnerability.

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