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Exhausted Women—Exhausted Welfare: Understanding Religion, Gender and Welfare in Social Inclusion

Editor
Martha Middlemiss Lé Mon

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Editorial

Exhausted Women, Exhausted Welfare and the Role of Religion

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Abstract
This themed collection is bound together by some foundational observations which have been well documented in earlier research. European post-war welfare systems face challenges related to aging populations, globalization, migration, changing patterns of family and gender roles. The post-war model of welfare dependent on the idea of stable heterosexual families, with male breadwinners and women carers is giving way to more individualized and mobile systems. The four articles and commentary in this issue provide glimpses of the issues within this field that unite contexts as diverse as the Nordic countries, Brazil and the United States. They explore the intersection of welfare, religion and gender charting gendered problems in welfare provision in relation to religious organisation, affiliation and identity. This issue provides examples of how the exhaustion of women and welfare systems is interconnected and the understanding of this crucial to any attempts to reform welfare systems to enhance social inclusion or reduce exclusion.

Keywords
faith-based organisations; gender; religion; religious organisations; welfare; welfare systems

Issue
This editorial is part of the issue "Exhausted Women—Exhausted Welfare: Understanding Religion, Gender and Welfare in Social Inclusion", edited by Martha Middlemiss Lé Mon (Uppsala University, Sweden).

The idea for this thematic issue began with a conference held in Uppsala, Sweden, in November 2017 with the title 'Exhausted Women—Exhausted Welfare: Religion and minorities in the transformations of gender and welfare'. This conference was Nordic in scope and arranged by The International Society for the Research and Study of Diaconia and Christian Social Practice (ReDi) and the Uppsala Religion and Society Research Centre (CRS) at Uppsala University. ReDi is an international organisation for those interested in studies and research on the contributions made by churches to social and health care and CRS is a multi-disciplinary research centre which has hosted and managed a number of larger international projects focusing on the role of religion and religious organisations in welfare particularly, but not exclusively, in Europe and with a particular focus also on gender issues in this field. This background is important as it explains the somewhat Nordic starting point for the call for contributions to this volume and also the focus on religion and religious organisations. 'Exhausted Women–Exhausted Welfare' would otherwise be an equally good title for a themed edition which did not focus on religion specifically.

This themed collection is bound together by some foundational observations which have been well documented in earlier research. European post-war welfare systems face challenges related to aging populations, globalization, migration, changing patterns of family and gender roles. The post-war model of welfare dependent on the idea of stable heterosexual families, with male breadwinners and women carers is giving way to more individualized and mobile systems. New care chains have developed, with migrants and guest workers filling the gaps in strained safety nets and civil society organisations increasingly (re)shouldering roles as welfare providers. The welfare system appears increasingly exhausted and symptoms of exhaustion hit women in particular. These developments raise questions as to the implications of social inclusion (or exclusion) for individuals from a variety of backgrounds in welfare. This thematic issue there-

fore sought contributions which addressed gendered transformations of the welfare system and the implications of this for social inclusion with a particular focus on the Nordic countries and the role of organised religion. The hope was that this issue could contribute to highlighting inequalities in welfare and models of good practice through presenting explorations of the exhaustion of welfare systems and the women bearing the brunt of this. The Nordic focus being of particular interest as Nordic welfare states have been seen as beacons of both comprehensive state welfare provision and gender equality with social inclusion as a key element. Strains are showing, but the fact that they are still seen to be relatively well-functioning and gender equal, means that the Nordic model's failures and successes of social inclusion are still of interest as examples of good practice.

Within the Nordic model the system of church welfare provision is of specific interest. Churches, traditionally important welfare actors, were marginalised during the twentieth century and religion began to be seen as a private matter for individuals. The Nordic countries today are seen as highly secularised and yet significant numbers still belong to the majority churches, while churches and faith-based organisations have, in recent years, been lauded as important actors in welfare. With regard to gender their role is, however, ambiguous and questions of the roles women have been given within religious organisations, as well as the gender values that these organisations have propagated, are important to understanding ongoing developments. Studies of religious institutions in welfare, can therefore provide a timely and important nuance to discussion as to how transforming welfare societies can continue to enhance social inclusion and reduce exclusion.

Ideström and Linde (2019) in their contribution "Welfare State Supporter and Civil Society Activist: Church of Sweden in the 'Refugee Crisis' 2015" most clearly address the particular role which the majority Church in Sweden can and does play in relation to welfare and social inclusion at a local level. This article, based on study of a parish church and its work with refugees conducted using participatory research highlights both models of good practice and examples of how Churches in Nordic countries can and do interact with social authorities. It also highlights the challenges and is in this respect an important contribution to a discussion of how religious organisations in the welfare sphere can or can't focus on their core mission and collaborate with other organisations and authorities, as well as also providing important examples of how general strains on the welfare system manifest themselves in social inclusion or exclusion at the local level.

Beecheno's (2019) contribution also lifts this issue of competing logics for faith-based welfare providers in her study of "Faith-Based Organisations as Welfare Providers in Brazil: The Conflict over Gender in Cases of Domestic Violence". Her article based on ethnographic research in Brazil shows the constant negotiations that are ongoing between organisations providing welfare and the state or legal system, but also between care-givers and providers as well as the internalisation of these tensions by individuals. She shows in her work how the women both giving and receiving care in the organisations she has studied are stuck in value conflicts, not always their own, which set the parameters for the support they receive and the likelihood of such support enhancing social inclusion in Brazilian society.

Garlington, Durham, Bossaller, Shadik and Shaw (2019) shift the focus to the United States, a context also highlighted in the commentary provided by Sullivan (2019). These two texts can thus helpfully be read in connection. Garlington et al.'s (2019) article "Making Structural Change with Relational Power: A Gender Analysis of Faith-Based Community Organizing" focuses on community organising in the form of 'justice ministry' and the roles that women take on within this. This text therefore focuses less on religious organisations as service providers, but rather on local organisations which seek to empower their own members to make a difference for themselves and their own local communities. The authors conduct a gender analysis of an interview study which focused on five different local contexts and analyse how expectations and work are constrained or facilitated by both cultural expectations of gender roles and power dynamics.

If Ideström and Linde's (2019) contribution most clearly addressed the role of the Church in the Nordic welfare system, Bradby, Phillimore, Padilla and Brand's (2019) article in bringing focus back to the European (and to some extent Nordic) context is the article which most directly addresses issues of Welfare work as a gendered enterprise, with women taking on a range of responsibilities for themselves and others which often remains invisible. The article is based on a multi-method comparative European study that looked at access to healthcare in diverse neighbourhoods in Germany, UK, Sweden and Portugal. Using the concept of 'healthcare bricolage' as a tool for analysis the authors show how complex variations of women's bricolage in relation to public healthcare show how gendered caring roles intersect with migration, status and social class. Their article is thus an important contribution to a broader discussion of how the exhaustion of women and welfare systems is interconnected and the understanding of this crucial to any attempts to reform welfare systems to enhance social inclusion or reduce exclusion.

As this brief introduction shows, in the end the contributions submitted to and accepted for the volume expanded the geographical scope significantly. The four articles and commentary thus provide glimpses of the issues that unite contexts as diverse as the Nordic countries, Brazil and the United States and while being informative reading in their own right individually, together also show that further collections of this nature are needed. Works that explore the intersection of welfare, religion and gender and charting gendered problems

in welfare provision can illuminate the double burdens borne by many women and bring a hitherto neglected element to discussions of the future of welfare societies, in the search for a vision and praxis for an inclusive society.

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Conflict of Interests

The author declares no conflict of interests.

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Martha Middlemiss Lé Mon is a Sociologist of religion with a specialism in issues of welfare, religion and values. She has published on the role of Churches in welfare provision in Europe and in Africa and on questions of values and gender in relation to welfare issues in Sweden and UK. She is currently director of the Uppsala Religion and Society Research Centre at Uppsala University, Sweden and a member of the scientific board of the research programme The Impact of Religion: Challenges for Society, Law and Democracy.

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Article

Welfare State Supporter and Civil Society Activist: Church of Sweden in the "Refugee Crisis" 2015

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Abstract
2015 was a year of an unprecedented migration from the Middle East to Europe. Sweden received almost 163,000 asylum applications. The civil society, including the former state church, took a notable responsibility. In a situation where the welfare systems are increasingly strained, and both the welfare state and the majority church are re-regulated, we ask: how does this play out in local contexts? This article reports from a theological action research project within a local parish in the Church of Sweden. The Lutheran church has from year 2000 changed its role to an independent faith denomination. The study describes the situation when the local authority and the parish together run temporary accommodation for young asylum seekers. For the local authority the choice of the church as a collaborator was a strategic choice. For the local parish this occasion verified the mission of the church. Confirming its former role as carrier of societal beliefs and values the Church of Sweden supports the welfare state. At the same time, the church explores a new role as a faith denomination and part of the civil society.

Keywords
action research; Church of Sweden; civil society; diaconal work; parish; refugee; welfare state

Issue
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1. Introduction

A photograph of a priest and other church staffers laying out a large number of mattresses in the parish youth centre became widely spread on Facebook. A plea to the residents of Mölndal to donate articles of clothing resulted in a massive response, such that the hundreds and hundreds of donated boxes could not physically fit into the parish facilities. At the same time, the parish deacon and volunteers continued their regularly scheduled visit to the detention centre of the Swedish Migration Agency facility, which houses individuals awaiting deportation.

This article reports from a theological action research project with the Church of Sweden in Mölndal, as a case study of the course of events during the second half of 2015. The aim of the project was to stimulate a process of learning and generate theological knowledge by systematically reflecting on experiences from the process connected to the transit centre for refugees. In this article, we take the results from the action research project as our point of departure for raising further questions concerning church and welfare. The period studied was, from the perspective of the local municipality, a time of exhausted welfare.

2015 was a year of an unprecedented migration from the Middle East to Europe. At a manifestation in support of refugees, the Swedish prime minister spoke and said: "My Europe does not build walls" (Bolling, 2015). But the very next month the Minister for Foreign Affairs relayed in an interview the worry that "most people do

not think we can sustain a system where some 190,000 people arrive every year, in the long run our system will break down" (Stenberg, 2015). In November, the government felt compelled to reintroduce internal border controls "since the current situation poses a severe challenge to critical societal functions" (Regeringskansliet, 2015). Subsequent decisions to restrict the possibility of being granted asylum were justified with reference to the need to create "breathing space" by reducing the number of claimants. Actors in civil society, including the archbishop, voiced criticism (Svenska kyrkan, 2015).

In 2015, Sweden received almost 163,000 asylum applications. The civil society shouldered a large portion of the responsibility for receiving these refugees (MUCF, 2016). The number of asylum seekers in Sweden fell soon after the late autumn's peak. This was mainly caused by tighter border controls, both between Turkey and Greece and within Europe.

1.1. Research Questions

The Lutheran church in Sweden has had, both through its Christian heritage and through its historical intertwining with the state, a responsibility for social care. This responsibility has taken different forms over time, in relation to the development of public care. This study traces the changing role of the Swedish Lutheran Church through the deregulation of the state sector and the increased demands on civil society, of which the church is now a part. Civil society is here defined as an intermediate associational realm between state and family, populated by autonomous organisations (Herbert, 2013). As the state is reformed, and thus the relationship between church and state is transformed, we ask: how does this play out in local contexts, in a situation where the welfare society is increasingly strained? To be more specific, which role do local churches play in relation to the welfare society, as actors in civil society, and in relation to the church's own mission?

2. De-Regulation of Church and Welfare Institutions

Ever since the 16th century reformation, the Swedish monarch has been the head of the Swedish Lutheran Church. Lutheran doctrine became state religion. During the 19th century, the union between church and state began to crumble. The emergence of liberal political ideologies and the need for constitutional and administrative development shifted the burden of responsibility for healthcare and education in 19th and 20th century Sweden. This could be justified theologically through the Lutheran two-realm doctrine.

Through the realm of the world and the law, God regulates society and maintains his creation. Through the realm of the Christian community, God grants salvation and restores the broken relation to humanity. This is God´s twofold way of ruling the world. Behind what the Swedish theologian Thomas Ekstrand (2011) calls a "quietist-passive model" is a view that the church should "leave the care of politics to the worldly kingdom" (Ekstrand, 2011, p. 125).

In the year 1862, local bureaucracy changed, shifting the responsibility for poor relief from the church to secular local authorities. In the early 20th century, the responsibility for education was also transferred from church to municipality. The Swedish welfare state expanded rapidly in the decades after the Second World War. During the 1980s criticism arose against an overly centralised state and ineffective welfare systems. Deregulations and market solutions gradually created a re-regulated public sector, including a deregulation of the Lutheran state church. Despite this deregulation, the state has had explicit expectation of churches and other faith-based communities, as expressed in this official government report:

> By giving people spiritual support, inspire people to increase their ethical awareness and by efficiently solving social problems faith-based communities can add to the harmony of our democratic society. (SOU, 1997, p. 27).

In the year 2000, the relation between state and church changed. A new kind of legal entity, the faith-based community, was created. The relation between state and the Lutheran church was deregulated (or rather *re*regulated) when the Parliament passed a new regulatory framework for the Church of Sweden that specifies certain criteria (i.e., that it covers the entire nation). The internal church constitution is regulated by the democratically elected Church Assembly.

Through changes in the legal framework regarding public procurement in 1992 (Blomqvist, 2004), and later reforms emphasising the freedom of citizens to choose different providers of public services a wide range of previously public services (e.g., childcare, schools and healthcare) could be operated as private or non-profit entities. This created a market for competition. The underlying funding has, however, remained public. The term "welfare pluralism" (Beresford & Croft, 1983) refers to a reduction of the role of the state within social policy and that care can be procured from different market actors: public, private, non-profit and informal. Leading politicians have wanted to open up the welfare sector for more actors (Johansson, 2011). Some authors have called this a renegotiation of the welfare contract (Wijkström, 2012).

Private "for-profit" corporations have expanded rapidly in the welfare sector since the 1990s. There has not been an equal expansion concerning non-profit actors (Lundström & Wijkström, 2012). The same goes for the Church of Sweden, whose externally financed activities have primarily taken place in preschools (SKU, 2009).[1] Since 2012, the Church of Sweden has had the possibility to act in a for-profit capacity in activities re-

[1] Estimates place the number of pre-schools at around 100.

lated to its core function (Edqvist, Friedner, Lundqvist, & Tibbling, 2014). This has had marginal effects.

The Lutheran Church of Sweden is still a majority church when seen nationally and therefore also the largest civil society actor. Almost six million people, or 59% of the population, are still members of the church (Svenska kyrkan, 2018). The primary social work (led by deacons) is financed through membership fees. In the 1336 parishes there are 20,000 church employees, of amongst which around 1100 are deacons, and approximately 30,000 volunteers. Altogether, the transformation of Welfare state and State church can, very condensed, be described as in Figure 1.

3. Research Overview: The Role of Majority Churches in Welfare Systems

A study of the role of majority churches in welfare systems describes how government institutions and majority churches maintain societal values, largely with Christian roots (Pettersson, 2011). However, this takes different forms in different contexts. Where post-WW2 Germany chose to engage church organizations with public funds to provide societal care, the role of the Swedish church is described as more limited: "an active supporter" of a strong welfare state (Pettersson, 2011, p. 18). This can be contrasted with the Greek-Orthodox church in Greece and the Catholic Church in Italy, which emphasised the role of the family as the primary agent in providing social care. This difference is seen in, amongst other things, the design of the systems of social security and the role of women in informal care. The tendency to place a greater burden of care on women is, not surprisingly, also reflected in the churches themselves (Edgardh, 2011).

Majority churches tend to be institutions that bind together religious, national and cultural identities. As religious institutions, they provide rituals for all phases of life and are, through their historical role, bearers of a cultural legacy. Majority churches therefore have a variety of links to many parts of society, "an invisible infrastructure" (Pettersson, 2011, p. 23). Representatives of majority churches are often seen as natural partners of government institutions, and are perceived as less controversial than representatives of minority denominations. Therefore, majority churches are often seen as representing religion in general.

The ideological positions of majority churches can in many, but by no means in all, cases be congruent with dominant societal opinions. This is a question of legitimacy. Interview studies show that there is an expectation on churches that they maintain and propagate values regarding care, trust and the sanctity of human life (Bäckström, Edgardh Beckman, & Pettersson, 2004).

A parish with a well-established network of local connections can use its "social capital" together with its meeting spaces, volunteers and local officials, as a useful asset concerning matters of migration and integration. (Furbey, Dinham, Farnell, Finneron, & Wilkinson, 2003). Local parishes often find themselves better prepared than other social actors to utilize religious symbolic capital to play an integrative role (Furbey et al., 2003). When Pessi, Angell and Pettersson (2009) studied majority churches in Finland, Sweden and Norway they highlighted the churches' contributions to social capital (obligations of reciprocity, flow of information within social ties and norms), both in the churches' roles as service providers and of a critical voice (Pessi et al., p. 213). Despite a decline in regular religious practices and beliefs in traditional terms, the Nordic majority churches studied "have implicitly been assigned a role as value guardians in the welfare state" (Pessi et al., p. 228).

As the number of asylum claimants rose during 2015 and 2016, the Church of Sweden had the advantage of having personnel and facilities across the entire country, in urban as well as rural areas. Since the great number of asylum seekers were geographically distributed, the church had an "infrastructure" to aid their reception. This is shown in a survey study, performed by the Church of Sweden in October 2016, which focused on the activities over the year before relating to the reception of asylum seekers (Hellqvist & Sandberg, 2017).

From late 2015 to late 2016, 80% of the country's parishes were engaged in activities relating to asylum seekers (Hellqvist & Sandberg, 2017). These activities consisted of a broad range of cooperative efforts with local communities, such as language cafes, distribution of clothing, and assistance with refugee-government communication. Many volunteered in these efforts.

4. Church in Transformation

The Swedish majority church is described by sociologists of religion as having a "double role" in society. The Church of Sweden is defined by both its historical relation to the state and its contemporary position as a faith-based community (and thus a part of civil society):

> In the former relationship the majority churches fill a welfare function by engendering feelings of unity and trust. This is done by giving rites a content and by legitimizing values of human dignity and solidarity. (Bäckström, 2014, p. 107)

Welfare state $\Rightarrow$ Welfare pluralism
State church $\Rightarrow$ Actor in civil society

Figure 1. Trajectory over the last five decades de-regulation of welfare state and state church.

Bäckström (2014, p. 107) sees this function as a part of a "larger cultural structure of trust". For actors in civil society, plurality and exceptionality are key values (Wijkström & Einarsson, 2006). Here, majority churches fulfil welfare functions by being active voices in civil society, in parallel with adopting the role of performers of social care (Bäckström, 2014, p. 117; see Table 1). Then plurality can be understood as an ideal of the welfare market and exceptionality the unique character of each civil society organization.

Naturally this double role generates tensions. How "outspoken" (voice)—and on what issues—can a church with almost 6 million members be, without risking its function to promote social coherence?

4.1. Civil Society, Churches and Asylum Seekers

The organizations of civil society can have an important role, not only in the immediate reception of asylum seekers, but also in a future capacity. Studies indicate that immigrants have gained agency and voice in the public arena through a web of civil society interactions (Schmidtke, 2018; Weinryb & Turunen, 2017). When it comes to churches specifically, studies indicate different approaches to societal problems, and that these approaches can be modified in the context of parishes interacting with their social situation.

In a Swedish case study of different faith-based communities of different denominations, both Christian and Islamic, Lundgren (2018) discusses the different roles that can be seen in relation to the reception of asylum seekers. She characterizes them into three ideal types:

- Emergency responder
- Community-based Continuer
- Spiritual Integrators

The first ideal type is described as a primarily socially determined role where actors respond to an immediate situation. Religious and non-religious actors in civil society both respond in a similar manner and the social interventions are generally separated from religious practices. Volunteers, not just those belonging to a particular faith-based community, are engaged in the work. There is a positive attitude towards cooperation with other actors of civil society and the state.

The second ideal type integrates religion into activities relating to asylum seekers, such as by inviting them to service and prayer. Parishes engage their members as volunteers and cooperate with other faith-based communities with similar backgrounds. The religious values held by parishes are seen as distinct from those of society at large, and parishes actively participate in debates about these values.

The third ideal type describes parishes that are less engaged in immediate situations. Rather than organize interventions of their own, parishes encourage members to perform good deeds more generally.

Other studies also note different approaches to increased social needs and problems (Wineburg, 1994). Parish members can engage in social issues outside of their role as parish members. However, parishes and their members can also be affected by their social context, i.e., by being moved by encountering fellow human beings in need. Wineburg (1994, p. 167) describes this as a "move from a civic mission orientation to a more activist mission orientation".

5. Method

To further explore and discuss which role local churches play in relation to the welfare society, as actors in civil society, and in relation to their own mission we now turn to a particular case. During 2016 a theological action research project was conducted in the parish of Mölndal together with representatives of the Church of Sweden. The purpose of the project was to learn and generate theological knowledge based on the experiences of the process connected to the transit home and the collaboration with the local municipality. Action research was chosen as an approach since it, in a very concrete way, involves local practitioners and their experiences and knowledge in the research process. The results from the project show that this participative aspect was a fruitful way of generating thick and nuanced accounts of church as a welfare actor.

The term "action research" covers a wide range of methodologies. One common feature is the participatory approach and use of conversational methods. Another feature is the aim that the research should contribute to some sort of change or solve some problem (Reason & Bradbury, 2008, p. 1). The participatory research approach involves local practitioners in the research process from, initially, formulating research questions to interpretation and analysis. As in other examples of theological action research (Cameron, 2010) focus in this particular project was on generating theological reflections and knowledge through a common and participative research process.

Action research brings questions of researcher reflexivity to the centre of attention. External researchers need to be aware of their role. Even if important parts of the

Table 1. Double roles of the Church of Sweden.

	Former State Church	***Autonomous Faith Community***
Character	Cultural structure of trust: by rituals and legitimizing values	Civil society actor: by voice and service
Welfare function	Unity and social coherence	Plurality and exceptionality

process are be performed together with local representatives, the external researchers have influence over and responsibility for the process. In this particular project the external researchers were clear from the beginning on their aim of generating novel theological reflection on the church as welfare agent. This broader aim was introduced to the parish research group and integrated into a process of generating common research questions for the project. The whole process was shaped by a transparent and reflexive attitude towards the different voices that appear in the process and conversations (Ideström & Kaufman, 2017). In this article we, the external researchers, use the results from the common project as a point of departure for raising questions that move beyond the action research project itself.

5.1. The Parish Research Group

The hub of the research project consisted of meetings with a parish research group, which was created at the start of the project. Initially the external researchers established contact with the local vicar. The participants in the parish research group were then selected in cooperation with the vicar. The aim was that the participants should represent the different parts of the parish, as well as various roles: deacon, priest, youth leader, as well as a representative from the parish assembly. These participants in the parish research group are important voices in the project. Together with the external researchers, who also have had a voice in the conversation, they have been engaged in the analysis and interpretation of the empirical material gathered. Some have also been interviewed by the external researchers, and these interviews have been a part of the analysed and interpreted material. A third category and voice in the project are other representatives of the parish, who have also been interviewed. A last category, and voice, consists of other informants, such as employees of the local authority.

The aim of the project was, as already mentioned, to contribute to processes of learning and generation of theological knowledge, and thereby, change in the parish of Mölndal.

5.2. Ways of Generating Data

During the action research project, the external researchers performed around twenty semi-structured interviews with deacons, priests, parish educators, volunteers, administrative personnel, the head of the municipality and two workers in the municipal refugee office. The external researchers also met the parish council, as well as performed observations at the Swedish Migration Agency. The parish research group met continually during the research period, five days in total, and discussed and reflected upon the generated data. The results from the project were finally presented in a report co-written with the parish research group.

6. Mölndal Parish 2015–2016

The parish of Mölndal had recently been reorganized with a new vicar. A new vision document describing the identity and goals of the parish had been created and adopted. The new document specified that the Church of Sweden in Mölndal should be "a committed, present and brave church". These ideals were exemplified by a commitment to the equal value of every person and to provide for those in need. Refugees are mentioned explicitly. In describing what it meant to be a "present" church, the document mentioned such things as listening to people's fears and conveying the hope of Christian faith in words and/or deeds. Another aspect of "presence" was the ambition to work with the municipality and other actors with good intentions to create an open and tolerant society.

The municipality of Mölndal had, in the national organisation of refugee reception, a particular responsibility to take care of unaccompanied minors. Municipal administrators worked hard find accommodation for the large numbers of people in this category that had arrived. On the 28th of August 2015, the vicar received a call. A manager at the local authority responsible for work with unaccompanied minor refugees asked if the church could help find accommodation for these children. The vicar was positive and promised to investigate what could be done. The parish assembly were unanimous in expressing their support for this decision: "We were addressed as church. Saying no was simply out of the question", commented the vicar.

The result of this phone call from the municipal administrator was the opening of a transit accommodation unit, organized and staffed by the local authority, in facilities owned by the church. It was the first destination for many unaccompanied minors, who were then relocated to other municipalities around the country. The accommodation in the church was in use periodically during the autumn of 2015, and closed when the border controls reduced the number of refugees.

6.1. A question of Values

The local authority administrator interviewed says she wanted to see the church as an actor in these matters, due to the church's values, in a time when public opinion about receiving refugees was characterized by turbulence and conflict. The administrator sees the church as an actor that can push "these basic values" in a different way than she could in her capacity as a local authority official. During the interview, it is revealed that an important reason that the administrator contacted the church specifically was that she had made the assessment that no one would question the church's engagement in refugee issues. Both the administrator and the vicar confirm that the decision to open transit accommodation was received with very little resistance. There was, however, strong opposition to opening transit accommo-

dation in the gymnasium of a school merely hundreds of meters away from the parish facilities.

The administrator's attitude towards the church as religious actor appears to be pragmatic: "We need to use each other's capacities. The goal is that each child will be taken care of". She concludes that the church, by virtue of its religious identity, is an important actor in the municipality. Newly arrived refugees have a relationship to religion that those who have grown up in Sweden seldom have. This is, according to the administrator, something that everyone who works with integration and migration needs to understand.

The boys who lived in the transit accommodation temporarily were Muslims and prayed on the church premises. One of the municipal employees managing the facility was also a Muslim. In another part of the building, Christian carols were practiced. This means that Christian and Muslim practices occurred parallel in different rooms of the same building. A local authority official present remarked upon this in positive terms: "This sure is quite something, and it's something to be proud of".

The administrator emphasises that the municipality is supposed to treat all religious traditions equally. The decision to work together with the church was based on the assessment that the organisational resources possessed by the parish made it possible to get things done. In principle, she would have made the same decision if it were a mosque, everything else being equal. She describes it in terms of the municipality not being neutral to religion, since issues of religion are important issues, but rather to try to defuse tensions around religious issues.

6.2. Gifts, Volunteer Engagement and Powerlessness

As mentioned, the question of refugees on their way through Europe was an every-day issue in public media. The newspaper wrote: "Here is how you can help in the refugee crisis". The vicar was interviewed in the media. People asked what could be done. Thus, the church took it upon itself to organize the collection of clothes. The people responded en masse. Soon, a thousand boxes of clothing had to be stored, handled, sorted and distributed. Volunteers joined up. "Really, it all began with us collecting some clothes for those kids in the transit accommodation. And then suddenly we had a whole lot of clothes", said the priest in charge and sighed.

Eventually, the responsibility for the logistics of distributing the clothes could be transferred to the facilities of the Swedish Migration Agency. The distribution took place twice a week from a container. A volunteer describes: "As a member of a church choir, I could [turn to my choir peers and] say, 'Now we need men's underwear, now we need tights or winter jackets'".

However, the premises of the Migration Agency were well known to the parish staff even before the clothes distribution started. On the premises there is also a detention centre, a locked facility harbouring those who are about to be deported. For a number of years the parish deacon has coordinated the efforts of the Red Cross and the churches visiting the centre. Before the visit each week, the officer on duty at the detention centre expects the deacon to send a list of the visitors' names to the authority. The visitors do not have the possibility to act on individual cases in a legal capacity. Interviewed volunteers say that they sometimes nevertheless manage to connect, for example through stories of someone's background or home country, or through shared expressions of faith. Despite these moments of connection, one of the volunteers refers to these visits as an "exercise in powerlessness". Nevertheless, the volunteers continue to go there. They feel the visits are a meaningful act, and can tell of past meetings that held significance.

6.3. Activism and Community Engagement

In this study, it becomes clear that the Church of Sweden in Mölndal had been engaged in issues of migration even before 2015. The visits described above are an example of that. Another is the initiative to provide lodging to beggars from other EU countries. The aim was not that the churches would solve their housing situation, but to draw attention to their plight. The initiative gained media attention. Moreover, something happened in the internal discussion about and understanding of the parish's mission during 2015. During the conversations that were initiated by the research project, a picture emerged of how the challenge from the external world, in the form of the local authority asking for assistance, generated knowledge and energy for both the churches social work and confession. One example is the preparation for Advent 2015, the vicar discussed with her priests the possibilities the biblical texts opened up to preach tolerance and generosity. During the analysis process, the parish research group highlighted the importance of the challenges faced during this period. Church employees related how meaningful and significant it felt to be a part of the sorting and distribution of clothes. An employee working with children told of how it made it possible to convey how the relationship to God manifests in relations to other people, and in doing good deeds. Together with the children, she sorted clothes and showed in action what it means to care for one's neighbour. It became clear that the needs of the refugees were present "here and now", and not off in some vague distance. The efforts thus became a confirmation that the parish was headed in the right direction. It confirmed that one's belief was "solid" and engendered engagement:

> If we can do something, well, why shouldn't we do something, I thought. We can't just sit here twiddling our thumbs. I felt ready to fight!

This engagement was not limited to the church. A local authority employee when interviewed reflected over what had transpired: "People acting together is a tremen-

dous force". Asking for help opened up the space for co-operation. The experiences that laid the groundwork for the feelings of engagement and significance are in other words not limited to the church alone, but touched a large portion of society during the autumn of 2015.

6.4. Shared Responsibility and Dialogue

One of the insights that crystallised during the research process regards the leadership role of the vicar: "My role is in many ways to create networks". This autumn she had learned a lot about the municipal organization. Now she was seeking to get in touch with those responsible for planning public health initiatives in order to learn more about human vulnerability in the different parts of the municipality/parish. The church has also been present when different actors of civil society have been invited to meet with the county authority. In Mölndal, there is no mosque, but there is a prayer room for Muslims. The vicar relays how she had heard that it was difficult to get in touch with the representatives of the Muslim group. The vicar decided to go and see them:

> I told them that we need to know about one another. We are at the same place. They were clearly scared. There are no signs. They have a web site but no address….I wanted them to know that we are their friends and that we want people to be able to practice religion.

Even if the church and the prayer room have different religious traditions, the vicar emphasized that they do share the responsibility for the local community, Mölndal. There live the people who pray, albeit within different rooms and traditions.

The vicar also initiated a survey of the local community to find answers to the question of what needs to be done to encourage long-term integration. This led to a youth priest and a group of girls starting to visit a local authority accommodation centre for unaccompanied minors.

When it comes to the relationship with government institutions, the vicar maintains that it comes down to being on "speaking terms". She worries about the polarization of different opinions in society. There is a need to meet "eye to eye in such a way that we at least can negotiate about the shared reality we find ourselves in". She maintains that the church has a role in encouraging dialogue.

7. Analysis

In a time of deregulation and increased expectations on civil society, this study describes a local context when the welfare state was increasingly strained. In the national debate and in social media, worry and rumours of a "system breakdown" flourished (Scarpa & Schierup, 2018). This case study shows that this did not happen in Mölndal. The institutions of public welfare were strained, but managed to pull through the immediate situation. The specific question we will analyse is how a local church appears in relation to the welfare society, civil society and its own mission.

7.1. Church as Welfare State Supporter

In the Church of Sweden, there are theological underpinnings (the Lutheran two-realm doctrine) for a tradition of supporting a responsibility-taking welfare state. The transit accommodation created in support of the local authority's welfare work can be seen as a classic role for the church in the welfare state, giving support, as a complement. By the local authority official, it is also seen as a value guardian. In this case the local Church answers to the governmental demand cited above (SOU, 1997) of solving social problems with ethical awareness. We also note that, in the case of Mölndal, the church did not enter into a commercial relation regarding the transit accommodation, and thus did not conform to the praxis of the welfare market. The vicar saw it as a given not to charge the municipality, as the church is already financed through its membership dues.

7.2. Church as Civil Society Activist

Since the year 2000 the Church of Sweden is part of civil society. In an immediate situation of social anxiety, there is a need to guide people's engagement. This is a classic role for a philanthropic humanitarian organization to adopt in order to channel voluntary engagement for "the other". Here, the church adopted the task of gathering and distributing clothes to refugees. This "activism" in the parish appears, after the researchers have broadened their observations through interviews and conversations, not be an isolated effort. Engagement in issues of migration had previously been manifested in the project of housing EU-migrants. This, too, is an example of a "classic" intervention from civil society—to draw attention through direct action to societal problems in need of being addressed. Another continual humanitarian intervention was noted during the course of the research project: the regular visits to the detention centre together with other organisations from civil society.

The character of these interventions can be likened to what Lundgren (2018) called "emergency responder", a primarily socially determined role which responds to an immediate situation. The social interventions are primarily separated from religious practices, albeit without necessarily excluding religious actions or motivations. Volunteers, not just those belonging to a particular faith-based community, are engaged in the work. There is a positive attitude towards cooperation with other actors of civil society and the state. Nevertheless, these actions are seen as important expressions of faith, by representatives of the local parish.

7.3. Church with an Activated Mission

In this case study, we see that the parish in its identity and mission has been activated both by internal processes and external proposals. The presence of refugees, in persona, spurs the parish into action (Wineburg, 1994). On an institutional level, the representatives of the church could take a stand for values in a manner that government officials could not. It can therefore be said that the church, according to the local authority administrator, possesses significant attributes and resources which in a crucial way could contribute to the municipality being enabled to fulfil its responsibility for social care. The municipal administrator neither asks nor expects the church to act in any other way than it would according to its Christian tradition and established practice.

The action research design within the local church allows us to describe how the events in late 2015 were significant for the internal interpretation of the mission of the parish. A policy document was discussed and accepted in the same year. Refugees were explicitly mentioned as a group in need. When the request from the municipality arrived, the vicar with her staff and the parish board had a mental readiness to take responsibility. The vicar and her co-workers saw something that confirmed and renewed the church's calling and mission. This includes, among other things, to adopt a proactive role when it comes to creating and maintaining new relations to the local community.

8. Conclusion

When local parishes orient themselves towards new roles in the domains of civil society, they can choose or reject adopting a role as a provider of care on a welfare market. Rather, this case study shows an alliance between the local public welfare and the local church. The study shows that relations based on joint efforts were strengthened through being applied. The parish of Mölndal proclaims to prefer meeting representatives of government institutions and other faith-based organisations "eye to eye", through means of dialogue. These efforts are underlined by the public perception of the church as a legitimate partner. Even though the church does not have the unifying role it had previously, it still acts based on a sense of responsibility for the wider local community. The interaction gave the actors involved new insights about the local societal actors, which can, in the future probably strengthen the conditions for cooperation and social coherence in the local community.

The incident (the transit accommodation question) actualised both the function of social coherence and of something exceptional. It is important to remember that there was a clear expectation on the part of the municipality that the church acted based on its core values, which in a significant way are shaped by Christian tradition and faith. The core values, in combination with the trust for the parish expressed by the head of the local municipality, creates fertile soil for collaboration. Both the vicar and the municipal administrator see the shared responsibility in a precarious situation as self-evident. This "welfare state supporting role" of the local church is here integrated with an activism common to actors in civil society, e.g., when the parish coordinates voluntary efforts.

The double roles of the former state church and the autonomous faith community, naturally generates certain tensions, but at the same time, as our analysis demonstrates, extend the discretion of the parish. This case study, then, suggests that this new position challenges the church to re-imagine its own mission.

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Conflict of Interests

The authors declare no conflict of interests.

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COGITATIO

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Article

Faith-Based Organisations as Welfare Providers in Brazil: The Conflict over Gender in Cases of Domestic Violence

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Abstract
What does the growth of faith-based organisations (FBOs) in social welfare mean for women's rights and gender equality, especially within advocacy services for women experiencing domestic violence? Through empirical research within a Catholic-based organisation providing welfare services to abused women in São Paulo, Brazil, this article argues that FBOs can negatively impact the provision of women's rights when conservative and patriarchal views towards gender and women's roles in society are maintained. A heavily matrifocal perspective, where women's identity and subjectivity are mediated through their normative roles as wives, mothers and carers of the family, appears to offer little possibility of change for abused women, who are encouraged to forgive violent husbands and question their own behaviour. Mediation between couples is promoted, undermining women's rights upheld through Brazil's domestic violence law (*Lei Maria da Penha* no 11.340). Furthermore, the focus of family preservation, supported by a patriarchal state, means that violence against women (VAW) appears to be subordinated to a focus on family violence and violence against children. In this case, faith-based involvement in social welfare rejects the feminist analysis of VAW as a gender-based problem, viewing it as a personal issue rather than a collective or political issue, making women responsible for the violence in their lives.

Keywords
Brazil; Catholic church; domestic violence; faith-based organisations; gender; religion; violence; welfare; women; women's rights

Issue
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1. Introduction

This article aims to demonstrate that controversy over gender roles and relations and differing views over the nature of women's roles in Brazilian society—linked to gender-traditional conservative Christianity on the one hand and feminist analyses of womanhood on the other—is played out within welfare services offering women help for domestic violence. Women's rights, female subjectivity and the ways in which women understand and negotiate violence are shaped through welfare provision, making these services highly political. In Brazil, the growth of faith-based organisations (FBOs) is consistent with a world-wide trend in which religious organisations play an increasing role in welfare, linked to neo-liberalism and austerity measures (Hjelm, 2015), and there is a growing body of literature examining the role of FBOs in providing state services (e.g., see Bäckström, Davie, Edgardh, & Petterson, 2010; Biebricher, 2011; Ghatak & Abel, 2013; Mead, 2005; Sager, 2010). However, few studies have taken a gendered perspective of FBOs (for exceptions see Bäckström et al., 2010; Østebø, Haukanes, & Blystad, 2013). Studies relating to Brazil have so far have focused on issues such as the social justice work of the progressive Catholic Church and its ecclesiastical base communities, prominent in the 1970–1990s (see Drogus, 1997; Drogus & Stewart-Gambino, 2005; Mariz, 1992). Research has also addressed the role of FBOs and their work on HIV and AIDS, which has implications around concepts of gender and sexuality (e.g., see

Parker, 2009). However, there are currently no studies which have taken an explicitly gendered perspective on the role of FBOs as welfare providers in Brazil, and none within the context of violence against women (VAW), highlighting the need for the current research.

According to Beckford (2011), discussions of religious organisations as social welfare providers underscore the way in which 'faith' has become a political resource and how governments have come to see "religion as expedient" (Beckford, 2011, p. 59). This concept refers to the policies and practices that acknowledge the potential of drawing on religious resources to solve problems (Beckford, 2011, p. 59). Hjelm (2015) has called for a critical approach to religion as expedient, pointing out what he called "the little-examined, unexpected consequences of these increased state-religion partnerships" (Hjelm, 2015, p. 9). For example, some feminist researchers such as Sheila Jeffreys (2011) argue that religions should not be included in government consultations or given contracts for the delivery of public services because "religions are usually discriminatory with respect to gender and equality" (Jeffreys, 2011, p. 364). This is because FBOs that partner with the state are supposed to support state values, aid in community integration and not infringe the rights of citizens. But in their study of Norwegian FBOs, Østebø et al. (2013) found clear tensions between faith-based service providers and women's empowerment programmes. The FBOs in question felt pressured to comply with state policies to continue receiving aid, highlighting the strains between a state focus on gender equality and perceptions of men and women's roles in conservative, gender-traditional religions. However, Aune and Nyhagen (2015) argue that a universal rejection of religion within social care generalises all religions and does not take into account historical, political and socio-economic contexts. Neither does it consider religious women's groups working to change gender relations from within their religion; or the ways in which women in gender-conservative religions find ways to circumvent patriarchal gender relations.

In Brazil, research has pointed to the important role of religious organisations in the construction of civil society (Giumbelli, 2008; Montero, 2012). This is linked to the country's vibrant 'third sector', heavily dominated by FBOs, which have been involved in the country's economic and social progress and have seen millions of Brazilians lifted out of poverty and social inequalities reduced (Mourier, 2013). FBOs are common because the Catholic church has a long history of providing social welfare and more recently, the growth of conservative evangelical Protestant groups has added to the large number of religious institutions concerned with social care. In the state of São Paulo, where the research for this article was conducted, the growth of religious entities contracted to provide public services has risen dramatically over the last few years and this looks set to continue across the country due to the state being overwhelmed or even absent in many vulnerable areas (Mourier, 2013).

However, in the case of VAW, the controversy lies in the fact that secular and religious approaches tend to differ in the ways that gender and the family are perceived, and some feminists consider religious approaches to VAW major challenges to the global rights-based approach (e.g., Merry, 2001; Orozco, 2009). Moreover, in Brazil, controversy over gender roles, relations and gendered identities have caused great polemic and feminists have decried a turn to religious fundamentalism which they say impinges on women's rights (Orozco, 2009). This is linked to the growth of conservative evangelical Protestants (mainly Pentecostals) in positions of power in government, who are seeking to limit or overturn certain gains in women's rights, working alongside the historically strong Catholic and Family lobbies. For example, the government is currently considering bills to reduce women's access to the morning after pill and tighten Brazil's strict abortion laws to make it illegal under *any* circumstances, including in cases of rape or threat to a woman's life, the current caveats under which abortion is allowed. The role of FBOs offering support for those experiencing VAW therefore creates intense debate over religious beliefs, constructions of gender, and the ways to best address VAW. This begs the question: what does the growth of FBOs in social welfare mean for women's rights and gender equality, especially when looked at through the prism of VAW?

2. Violence Against Women in Brazil

Since democratisation in the 1980s, the feminist movement has highlighted the issue of VAW, leading to important legal and policy changes in order to address the problem. The state now officially recognises VAW as a form of gender-based violence which results from power inequalities based on gender roles. VAW includes violence perpetrated or condoned by the state in any situation, within spousal or non-spousal relations and violence committed at home, work, within institutions or in public (United Nations [UN], 1993). However, research shows that women are at greater risk of being physically or sexually abused by an intimate partner than by any other perpetrator (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006; RHR & WHO, 2013). Intimate partner violence (IPV) falls within the categories of what is also known as family violence, wife battering and domestic violence. However, it should be noted that some feminist researchers contest the terms 'domestic' and 'family' violence which are widely used in literature, the media and policy documents because these include other forms of family-based violence, e.g., against children or elderly, and multiple possible perpetrators—siblings, extended family members, parents. Feminists argue that these terms deny the gender political and structural aspect of IPV and perpetuate the idea of VAW as a private affair (Boesten, 2014; Scheper-Hughes, 1993).

Statistics suggest that Brazil has very high levels of VAW, although due to problems including a lack of re-

porting and discrepancies in the way forms of violence are recorded by local authorities, the data are likely to reveal far lower levels of violence than exist. For example, the Brazilian Forum for Public Security (Fórum Brasileiro de Segurança Pública) found that 47,643 rapes were reported to the police in 2014, which represents 1 rape every 11 minutes (Cerqueira, Coelho, & Ferreira, 2017). However, Brazil's data collection agency, Instituto de Pesquisa Econômica Aplicada (IPEA), believes that as little as 10% of rape cases are reported to the police, due to fear of reprisal and humiliation and the taboo around the issue (Cerqueira & Coelho, 2014). In addition, a government report found that 1 in 5 women were victims of IPV (Secretaria de Transparência & DataSenado, 2013) although this is likely to be too low considering a WHO report which found that IPV affects at least 1 in 3 women around the world (RHR & WHO, 2013). Lethal VAW has also risen dramatically since democratisation in the 1980s and Brazil currently ranks fifth most dangerous country in the world for women (Waiselfisz, 2015). The results are statistics of an estimated 5.82 deaths per 100,000 women, the equivalent of 5,664 deaths per year or approximately 15 deaths per day (Garcia, Freitas, Marques da Silva, & Höfelmann, 2013).

As 60–70% of female homicides are committed by men close to the victims, such acts of violence can be understood as an extreme manifestation of gender discrimination, used as a lethal weapon through which to maintain female subordination (Sagot, 2013, p. 2). Furthermore, although violence is known to affect all women across all levels of Brazilian society, regardless of race, age, status and education, in Brazil lethal VAW tends to happen more frequently to women of child-bearing age, with low levels of schooling, and predominantly of black or mixed race (Waiselfisz, 2015). In the case of Latin America, Sagot (2013, p. 1) argues that femicide—the killing of women based on their gender—is a form of "necropolitics", a system of stratification in which certain bodies—especially low-income, female and darker-skinned bodies—are vulnerable to marginalization, objectification and even death.

In Brazil, feminists blame the high levels of VAW on a patriarchal culture in which violence has been normalised since colonisation by the Portuguese from the 1500s onwards. They argue that male VAW has historically been excused, legitimised, or gone unpunished and that gendered, racialized and class-based inequalities have been institutionalised by successive governments and influential institutions—including religious organisations—which have sought to maintain patriarchal control over women and their bodies (e.g., Marcílio, 1993; Myscofski, 2013). This is because colonial Brazilian society was shaped by the Portuguese Imperial government and Luso-Catholic ecclesiastical institutions. The Roman Catholic Church was the dominant cultural institution of the Portuguese empire, creating a framework within which men and women were given certain social and gendered expectations of their roles in society (Myscofski, 2013). This varied not just according to gender, but also according to race, ethnicity and class. Indigenous communities were exploited, and Africans were brought to the country as slaves. Liberalism and independence in the 19th century brought legal reform and certain levels of secularisation which decreased the Catholic Church's power and increased state power (Dore, 2000). However, the adoption of the Napoleonic Code in post-colonial society maintained patriarchal authority in both the domestic and public spheres, limiting women's rights (Dore, 2000). The breakdown of public/private distinctions and challenges to traditional gender roles inadvertently occurred in the 20th century as a result of industrial development and economic policies developed by military dictatorships, which pushed vast numbers of women into the workforce (Dore, 2000).

During the 1960s, the historical allegiance between the Catholic Church and the military broke down following the Catholic Church's reorientation towards the doctrine of Liberation Theology (Htun, 2003). This included greater emphasis on lay participation and actions to benefit the poorest. The Catholic Church formally opposed the government and served as a hub for networks of social movements struggling to bring an end to authoritarian rule (Htun, 2003). The 1960s to 1980s therefore represented a time of important social movement growth which made a lasting contribution to the strengthening of democracy and civil society (Htun, 2003). According to Drogus and Stewart-Gambino (2005), an important by-product was the personal empowerment of poor women, which allowed for increased political awareness and a strengthened sense of citizenship. Church-based popular groups advocated for the poor in national politics, and women's movements grew, particularly in the form of Mothers' Clubs (Clubes de Mães), demanding crèches, improved sanitary conditions, running water and access to universal healthcare (Drogus, 1997; Drogus & Stewart-Gambino, 2005). However, while Liberation Theology allowed women to carve out greater roles in the public sphere through mobilisation and demands on the state for social change, there were also attempts by the Church to squash rising gender consciousness (Drogus, 1997). This is because mobilisation for women's practical needs was promoted in support of family and neighbourhood issues, which were linked to the belief in women's unique abilities—springing from their maternity—to perceive and rectify certain kinds of problems in these spheres. Mobilisation beyond this, into women's political and strategic aims, was discouraged by the Church and hence the constraints inherent in women's culturally and religiously defined gender roles ultimately limited mobilisation and change (Drogus, 1997).

Nevertheless, feminist mobilisation grew and shone a light on the vast problem of VAW, linked to the simultaneous international focus on women's rights and women's health. In 1984, Brazil ratified the UN's Convention on the Elimination of all Forms of Discrimina-

tion against Women (CEDAW), obliging states to eliminate all legal restrictions on women's full and equal participation in the economy and society (Htun, 2003). Further legal changes and improvement to advocacy services have occurred. For example, criticism of the way regular police stations and police officers responded to denunciations of violence led to the introduction of Women's Police Departments (WPDs) in 1985, staffed entirely by women (for a gendered discussion on WPDs see Hautzinger, 2007). The state also created the Women's Defence and Community Centre (Centro de Defesa e Convivência da Mulher), henceforward referred to as CDCMs. Brazil set up its first CDCM in 1990, and there are now approximately 220 across the country, although anti-violence campaigners suggest this is nowhere near enough (Instituto Patricia Galvão, 2017). It is these CDCMs which are under study in this research.

In 2006, Brazilian Congress passed the historic *Maria da Penha* law (no 11.340) making domestic violence a crime for the first time and giving protection to victims of any sex, including same-sex couples (Instituto Patricia Galvão, 2017). The law defines domestic violence and family VAW broadly as "any action or omission based on gender that causes a woman's death, injury, physical, sexual or psychological suffering and moral or patrimonial damage", and it affirms that the domestic VAW constitutes a form of violation of human rights (Instituto Patricia Galvão, 2017, p. 4). Whereas hearings for domestic violence had previously taken place in small claims courts often resulting in the payment of a fine, perpetrators now face arrest and imprisonment for up to three years (ibid). Furthermore, in 2015, the femicide law (Lei do Feminicídio, no 13.104), came into effect, giving harsher sentences for lethal gender-based VAW. However, while the Maria da Penha law was seen as a victory by feminist organisations because it toughened up penalties, it has been criticised for relying too heavily on criminalisation and not developing alternative, preventative programming for less extreme cases (Hautzinger, 2007; Instituto Patricia Galvão, 2017). Also, research suggests that the Maria da Penha Law has had virtually no impact on the reduction of violent female deaths (Garcia et al., 2013). This means that the law has not been an effective deterrent to men, who continue to practice gender-based violence and even kill their partners and ex-partners with apparently relative impunity. The lack of real change, despite visible moves to address male violence, points to deep structural and gender-based inequality within both society and the institutions tasked with solving the problems of VAW.

3. Research Methodology

For this research, I conducted studies within 2 state-funded CDCMs incorporated into the welfare system, offering help to female victims of violence. Both centres originally started out as non-governmental organisations (NGOs), one an ostensibly 'secular' organisation, set up by a feminist NGO to address VAW in the eastern periphery (*zona leste*) of São Paulo. The other one was set up by the local Liberation-theology-influenced Catholic Church in the Southern periphery (*zona sul*) of the city and as such is an FBO. According to the Brazilian researcher Evelina Dagnino, the government outsources certain welfare services to third party providers, such as NGOs and civil society organisations, including FBOs, because the state deems them to be "reliable interlocutors" (Dagnino, 2005, p. 20). Therefore, rather than create CDCMs from scratch, the state awards contracts to organisations active in the field of VAW. State funding turns these organisations into CDCMs. Funding is conditional on the centre adhering to state policies and practices concerning VAW and allows the service providers to hire professionally trained psychologists, social workers and legal experts. The technical standards developed for CDCMs mean that they must all offer a 'tripod' of help, including psychological and emotional support through individual and group therapy, help accessing welfare services through support from social workers, and legal advice from a lawyer based on their rights under the Maria da Penha law. The centres also run classes for women's wellbeing and confidence, such as exercise and dance classes, and income generation, e.g., handicrafts classes. However, CDCMs are held accountable for their use of state funding and must send monthly reports to their local council detailing their spending budgets. The centres are also limited to helping a maximum of 100 women per month, including new and ongoing service users. As many service users need support over a long period of time, the limit means that some women have to be turned away or wait a long time before receiving help. Furthermore, CDCMs complain that government funding is very low, making it hard to attract certain professionals, e.g., legal experts.

The study took place over seven months and included participant observation and in-depth interviews. I focused on the discourses about gender, religion and violence that are represented in institutional documents produced by the centres, on discourses emerging from events at the centres, and on discourses that professionals/leaders and service users engage in, during in-depth interviews. I examined the ways in which religion, gender and violence were articulated and negotiated by both centre staff and service users in the centres, and the solutions offered for dealing with violence. I observed 12 group therapy sessions, conducted 12 in-depth interviews with service users (i.e., women experiencing violence) and I conducted 13 interviews with professional staff in the centres. The professional staff included 5 social workers, 3 psychologists, 2 managers, 2 administrative staff and 1 lawyer. I also conducted analysis of documents obtained from the centres in the form of leaflets, memos, government documentation and flyers. For triangulation purposes, I spoke to numerous people at meetings, events, in private and in public about VAW ($n = 180$) building up a picture of different facets of the issues pertaining to VAW in Brazil.

Ethics approval was sought and obtained from the university institution. Interviews were conducted in Portuguese, recorded and transcribed, with consent from the interviewees. Data recorded during participant observation was taken down in note-form and later written up more extensively. The data was analysed through coding and grouping together information under themes such as 'gender', 'religion', 'violence'. The data for this article comes mainly from analysis of the Catholic-based CDCM, which has been renamed the Family Alliance in order to protect identities. For the same reason, first name pseudonyms are used in the article.

3.1. The Family Alliance

Located in the *zona sul*, one of the poorest neighbourhoods of São Paulo, the area has high rates of unemployment, low levels of schooling, precariousness of housing including many *favelas* (illegal housing settlements), and high levels of violence. At least 20% of heads of households have no income whatever, residents generally have an average of 6 years of schooling and around 10% of people are completely illiterate (Vilhena, 2011). According to data obtained from the centre, the Family Alliance is the only centre for women in an area of approximately 600,000 people. The service users are typically aged 26 to 55 and have between 1 and 4 children. Most are economically dependent on their partners as they are the main carers for the family and many of the families include people who are addicted to alcohol or drugs, problems strongly prevalent in these low-income communities. In approximately 60% of cases, the husband or partner is responsible for the violence, while in other cases it is family members including parents, older children, in-laws, cousins, aunts and uncles. The staff found emotional and psychological violence to be the most prevalent form of violence, followed by physical violence, then material abandon and approximately 10% of women had received death threats.

3.1.1. Religion at the Family Alliance

Due to its inclusion within the ostensibly secular welfare system, the centre is not supposed to offer services using an overt faith-based perspective, and the staff described the centre as ecumenical. "We might read the Gospel, or recite a prayer, but we don't hold services", said Lisa, the centre manager, keen to emphasise that Catholicism was not preached in the centre. However, many members of staff were motivated by Catholic Liberation theology which promotes activism and social work. Moreover, within the centre itself, religious symbols abounded, from crosses above doors to small figures of the Virgin Mary in most rooms. Brazil is a country where less than 10% of the population identify as atheist, where the majority are Catholic (66%) and where there is a growing evangelical Protestant—especially Pentecostal—population (22%), particularly in low-income, urban areas such as the *zona sul* (Vilhena, 2011). This is perhaps because Pentecostal conversion is sometimes viewed as a strategy for dealing with poverty, as well as physical and social insecurity (e.g., Goldstein, 2003; Rostas & Droogers, 1993; Stoll, 1990). In addition, patriarchal, racial and faith-based prejudice make admitting to following Afro-Spiritist religions such as Umbanda or Candomblé heavily frowned upon. It is therefore very likely that the religious symbolism so strongly present in all the rooms was nothing out of the ordinary for the women who used the centre's services. Furthermore, the country-wide statistics were reflected in the religious background of the service users, most of whom were Catholic (approximately 65%), a sizeable number of whom were Pentecostal (approximately 30%) and none of the women identified as either atheist or Spiritist. According to the staff, service users would identify as non-practising Catholics rather than atheist or agnostic, which underscores the symbolic strength of faith in Brazil, where identifying as a non-believer is still considered shocking.

There is a largely negative view of religion in the literature on organisations combating domestic violence, because religion is often presented as a mechanism through which VAW is supported and legitimised (Bradley, 2010; Dobash & Dobash, 1980; Lewy & Dull, 2005; Merry, 2001; Nason-Clark, 1997; Plesset, 2006; Vilhena, 2011). According to Nason-Clark (1997) women with strong religious belief may be more likely to stay in an abusive relationship for longer and work harder at saving the marriage than secular women because they believe that a marriage vow made in front of God cannot be undone. The message that the family is sacred and that women are held to be the caretakers of the family, responsible for its well-being, can make women more likely to believe that the violence is God's will or their own fault (Nason-Clark, 1997). Vilhena (2011) argues that because conservative Pentecostal groups tend to interpret the Bible in a very literal manner and focus heavily on the importance of female submission to a male partner (at least in Brazil), this can leave women highly vulnerable to IPV. Therefore, women of faith from patriarchal and conservative, gender-traditional religions who experience IPV may struggle more than their 'secular' counterparts to deal with the violence as their understanding of their gendered roles as mothers and subservient housewives makes it difficult to identify and act upon the situation of abuse in which they find themselves (Nason-Clark, 1997). On the other hand, research has also highlighted that some pious women use religious involvement to help heal domestic distress (Chong, 2008; Haaken, Fussell, & Mankowksi, 2007; Nason-Clark, 1997). For example, studying conservative evangelical Protestants in the US, Haaken et al. (2007) found that faith-based discourse on domestic violence was being addressed through the integration of 'biblical feminism' and traditional interpretations of scripture. This demonstrates female agency and shows that while traditional, patriarchal gender patterns

remain unchanged, women of faith can find ways to address the violence they experience within the parameters of their religion.

Yet, at the Family Alliance, staff told me that religion was not of importance in the centre. They said that they did not use a religious perspective in counselling sessions and they felt that for most of the women they dealt with, religion did not play an important role in their lives. Monica, the psychologist, said that most of the women were not even particularly religious and that it was something the women rarely talked about during counselling: "most of them [abused women] don't bring religion into it". This is interesting because at the so-called 'secular' centre where a feminist perspective was used to address violence, staff identified religious belief as a reason many abused women gave for not wanting to separate from their husbands, despite the violence they experienced. At the Family Alliance, Lisa, the centre manager, explained that on the rare occasions when religion did emerge as an issue, it was usually in connection to women from conservative Pentecostal faiths, and the staff addressed this from a theological perspective:

> We have to talk to these women [Pentecostals] about God and Jesus. Who is Jesus Christ? What does he want from us? We have to discuss the fact that God is not a god who cures all ills, and He isn't a god who punishes either. He is the God of life and abundance; it is sometimes very hard to make them see that they can break with this [domestic] violence. (Lisa, centre manager, April 20, 2014; personal communication)

The staff clearly attempted to address the issue of faith and IPV by addressing differences in Catholic and Pentecostal theology, highlighting the importance of the Catholic (and specifically Liberationist) perspective at the centre. The faith-based perspective also meant that religious tradition was not identified as a factor impacting on the situation of IPV, unless the theology differed from Catholicism.

3.1.2. Gender, Violence and Women's Rights

Despite not using an overt religious perspective within the centre, through interviews as well as listening to the conversations and advice that was given to the abused women at the centre, I noted a strong focus on the family and a rejection of the feminist analysis of violence as a form of gender-based violence. Furthermore, there was clear support among staff for mediation between the abuser and the battered woman and there was also a strong focus on a woman's role in domestic violence. Monica explained:

> I would never call myself a feminist.…I don't like it because you know here [the Family Alliance], the focus is on the woman, but if I can focus on the family then that's what I do. The feminist focus is just to focus on the woman and she's not everything. You have to think, is domestic violence only men's fault? Feminism just focuses on women and I don't agree with that. Of course, we listen to the woman, but our focus is really the family, as well as listening to the children and sometimes bringing the couple in together for mediation. (Monica, Psychologist, March 5, 2015; personal communication)

The staff questioned women's behaviour within the relationship, refuting the feminist belief that women are (almost) always the victims of IPV due to unequal gender relations and the patriarchal nature of society. The family focus at the centre means that women's sense of identity and subjectivity is mediated through their gendered, normative role as wife, mother and carer for the family. This suggests that while a religious perspective is not directly used to address VAW, the Catholic background of the centre influences a traditional and relatively conservative view towards gender roles and relations. Moreover, this conservative view of gender influences the way in which violence is understood and the solutions proposed for addressing violence. This could be seen in the use of mediation as a strategy to reduce violence and improve domestic relations. For example, a service user named Sandra was offered mediation when she told the staff that she wanted to separate from her husband. Sandra explained to me that domestic relations had improved for a while with the mediation. However, as the cycle of drinking and violence had begun again, she had returned to the centre. Sandra felt helpless and overwhelmed, and regularly broke down in tears. Mediation appeared to only be a temporary solution which offered little transformation, allowing cycles of abuse to begin again.

Offering mediation in a CDCM is unusual, because men are usually banned from entering the centres for women's safety. However, in 2009, the staff at the Family Alliance decided that men could be brought in for mediation if the abused women agreed. The timing of this, two to three years after the implementation of the Maria da Penha law in late 2006, suggests that the law caused some changes that the staff felt moved to address. Before the law came into effect, cases of domestic violence were usually held in small claims courts where men were required to apologise and give the woman a gift, usually in the form of a *cesta básica*, a gift box of food (Macaulay, 2005). Even before cases got to court, the police were notorious for trivialising domestic violence and encouraging the woman to withdraw the complaint (ibid). The Maria da Penha law was therefore designed to stop the mediation that had been occurring in police stations and small claims courts because activists argued that it let men off the hook and did not force a change in their (violent) behaviour. The law means that denunciations of domestic violence made to the police can no longer be withdrawn except with special permission from a judge. Moreover, cases including physical vi-

olence now carry automatic 3-month minimum mandatory sentences (Instituto Patricia Galvão, 2017). Mediation, therefore, no longer occurs at police stations and cases are now heard in special courts with judges trained in gender issues and domestic violence, although there is a serious lack both in gender training and specialised courts (ibid). At the Family Alliance, staff said they were concerned by the punitive nature of the law and the lack of conversation around violent behaviour with the men themselves. Several staff argued that if women could be heard, then surely men could be heard too. Marina, a social worker, believed the Maria da Penha law was too punitive, without offering alternative spaces where men's violent behaviour could be discussed:

> For men, the only thing is punishment and anything that punishes men, makes them angry. Nowadays, men go to court. Before the Maria da Penha Law, there was the *cesta básica*, there were some things....But now there's no questioning and talking about their behaviour, men go straight to prison. And even if there is the occasional help group for men, they have been sent there as a punishment. And nothing that has to do with punishment ever works. (Marina, Social Worker, April 15, 2015; personal communication)

Marina's comments seem to suggest a belief that mediation and the *cesta básica* were sometimes positive, and she views the growth in punitive charges towards men as negative. The staff felt ambivalent about the issue of going to the police, registering a complaint and the Maria da Penha law itself, because they believed that too much blame was then placed on men. Monica, the psychologist, also felt that women should monitor and question their own behaviour:

> Going to the police is a complaint about his behaviour, but here, we make them question themselves. Who am I? How did I act? We ask questions so that they think about themselves too, the way they have acted. (Monica, Psychologist, March 5, 2015; personal communication)

Therefore, even though CDCMs are solely for women, the staff at the Family Alliance had taken it upon themselves to act as mediators of the violence because the staff disagreed with the punitive measures of the Maria da Penha law. Furthermore, it is interesting to note that at the Family Alliance, only 19% of women had filed a complaint to police, compared to 30% of service users in the feminist CDCM where research was also conducted. This suggests that women's right to report violence is not being consistently encouraged at the centre.

Mediation in centres aimed at helping women overcome their situation of domestic violence is controversial. In the feminist analysis of the unequal power relations between men and women in society, mediation is seen as unhelpful. Many feminist professionals believe that once the relationship has reached the level of physical violence, it is hard to rebuild. This is because fundamental aspects of autonomy such as bodily integrity, freedom of movement and the freedom to form interpersonal connections with people other than the batterer are more likely to be established outside of the battering relationship than within it (Westlund, 1999). As seen through Sandra's case, once her husband began drinking again, the cycle of abuse returned, which suggests that mediation had only worked temporarily and was not a strategy that helped end the violence she experienced. If anything, mediation without denunciation to the police could leave an abuser in a greater position of power, unconcerned that he would suffer legal and/or punitive outcomes for the violence.

Furthermore, during interviews and in general, daily conversations, all the staff stressed the importance of remembering the women's role in domestic violence. According to Margarida, a social worker: "women hit and women beat", and they often did not realise it. The staff also viewed the violence as inter-generational and explained that violent women were reproducing what they themselves had experienced in the home. "I get women here and their husbands say to me: 'She hits me. I don't know what to do with her, is there somewhere for me [to get help]?' I have to tell them that there isn't", said Margarida.

Female violence towards men is unfortunately very under-researched and results are conflicting: for example, Straus (2014) argues that there is a high rate of assault by women and that women are often the initiators of violence. Straus suggests that female violence needs to be addressed to improve the effectiveness of programs to prevent and stop VAW. However, others have rejected Straus' analysis of a form of "mutual combat" between couples, arguing that women's use of force against intimate male partners is usually resistive and self-defensive (Larance, 2017). Moreover, while violence against men is known to occur, statistics of male VAW are overwhelming and international organisations such as the UN have adopted the feminist argument that VAW is linked to patriarchy and women's unequal position in societies around the world (UN, 1993). Therefore, while female violence against men does exist and firmly needs more research, it does not appear to be a problem of equal weight compared to male VAW.

Finally, I also met several women who felt overwhelmed with their situation and on a number of occasions they arrived at the centre, saying they no longer felt capable of looking after the children. These women were suffering enormously: grinding poverty, difficulties with their children, and violence in the home as well as the high levels of urban violence surrounding them. However, for the staff at the Family Alliance, women rejecting their normative and biologically-linked role as mothers who loved and cared for their children was simply evidence of women no longer wanting to deal with their responsibilities. This is despite evidence that IPV carries

a high cost to women's psychological and physical well-being, and includes physical symptoms and somatic complaints, as well as depression and post-traumatic stress disorder (PTSD; Foa, Cascardi, Zoellner, & Feeny, 2000). Mothers were expected to love their children, linking into the Christian-based and cultural view of the mother as self-less and giving. Regardless of the structural hardships including poverty and urban violence, as well as high levels of machismo and control over women based on gendered norms, the staff at the Family Alliance did not accept these issues as reasons for not properly effecting their duties as mothers. Therefore, despite a surprising lack of conversation over the role that fathers could or should play and widespread male VAW, family unity was prioritised, regardless of the difficulties of living together.

It must, however, be noted that prioritising the family is consistent with the ethos of social work in Brazil. The family is considered the indispensable space for the survival and protection of the children and members of the family. According to the National Social Welfare Policy (Política Nacional de Assistência Social), the state sees the family as the link between the subjective (the individual) and the collective (society). As the mother has traditionally been seen as responsible for raising the children and taking care of the family, the woman therefore becomes the mediator between the state and the family or between the public and private realms. Therefore, both the state's and the FBO's focus on women is strongly matrifocal, placing an emphasis on motherhood and making women responsible for the family's well-being. Moreover, the state has a vested interest in women maintaining their role as primary carers, because it is related to the free labour and social cohesion that women and families provide.

4. Conclusion

This case study of an FBO as a provider of welfare services to battered women highlights that organisations with a conservative, gender-traditional basis can have negative impacts on an abused woman's ability to deal with violence. This occurs when patriarchal attitudes towards gender roles and relations are maintained, undermining women's ability to address the violence in their lives. As women's identity and subjectivity is mediated through their gendered, normative roles as wives, mothers and carers for the family, women are encouraged to accept mediation with their abuser, to forgive violent husbands and to question their own actions, for the 'good' of the family. The importance of the family appears to be consistent with the centre's Catholic foundation and faith-based values, despite the centre not using an overt religious perspective in services offered. This perspective influences the way in which gender and violence are understood and solutions proposed to address violence.

Mediation in the centre was a practice adopted to counteract the loss of mediation which had previously occurred in police stations and small claims courts. Therefore, women's rights upheld by the Maria da Penha law, which specifically sought to reduce mediation, are being undermined. Furthermore, a woman's right to live without violence is subordinated to a focus on family unity, in which so-called 'traditional' gender roles are supported, as are gender relations which uphold patriarchy and the importance of the male in the home. I also identified a strong focus on women's role as perpetrators of domestic violence. While under-researched, I have demonstrated that the weight given to this problem at the centre is inconsistent with international statistics which demonstrate that men are overwhelmingly the perpetrators IPV. The views on domestic violence identified in the centre appear to excuse and minimise male violence and even blame women for the violence they experience. Violence is viewed as a personal rather than collective or political issue, which depoliticises the rampant, world-wide problem of male VAW.

Therefore, the family focus within the Family Alliance and the subversion of women's rights upheld in the Maria da Penha law (due to the use of mediation; a lack of encouragement to denounce partners to the police and by not addressing VAW as a gender-based problem), points to a certain collusion between a patriarchal state and the Catholic Church, which is a relationship that has been naturalised and reinforced to different degrees since colonialism. While feminists have made great achievements in demanding that the state provide legal rights and advocacy services for abused women, these achievements appear to be simultaneously undermined when women's welfare services are provided by patriarchal, gender-conservative FBOs. Controversy over gender roles and relations is rife in Brazil and at the heart of it lies control over the perceived nature of women's roles in society.

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Conflict of Interests

The author declares no conflict of interests.

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Article

Making Structural Change with Relational Power: A Gender Analysis of Faith-Based Community Organizing

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Abstract
This article presents research on faith-based community organizing in the US to examine how congregation members engage in structural change efforts related to marginalized populations. Examining the case of one organizing model, justice ministry, congregations focus on power defined through relationships, cultivated in informal spaces, and communicated through personal narrative (traditionally private, feminine spheres), and change is enacted by creating tension in public (traditionally masculine) spaces with decision-makers. A growing body of literature presents nuanced gender analyses of policy advocacy, social movements, and community change efforts both in terms of strategic models of action and revisiting our understanding of historical movements. We ask questions about how the expectations and work are constrained or facilitated by cultural expectations of gender roles and power dynamics. Examining the organizing model of justice ministry through a gender lens helps to understand how an emphasis on relational power (traditionally gendered as feminine) facilitates and strengthens the use of a range of tools, including publicly challenging authority (more frequently gendered as masculine). While the private/public, feminine/masculine dichotomy has severe limitations and risks oversimplification, the utility remains in helping name and challenge real power differentials based on gender.

Keywords
faith-based community organizing; gender; justice ministry; power analysis; relational power; religion

Issue
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1. Introduction

When we investigate the role of religion in welfare policies and provision, we often focus on how dominant religious traditions shape cultural discourse around welfare (and hence welfare policy) or how congregations help meet welfare needs at the community level. This article presents research on faith-based community organizing (FBCO) in the US to examine how congregation members engage in structural change efforts related to marginalized populations and those most often part of welfare systems. In the case of one national organization’s model of justice ministry, congregations focus on power defined through relationships, cultivated in informal spaces, and communicated through personal narrative (traditionally private, feminine spheres), and change is enacted by creating tension in public (traditionally masculine) spaces with community decision-makers.

2. Justice Ministry and Community Organizing

FBCO is a widespread movement that draws primarily from congregational groups to engage in local advocacy and solve community problems. National or regional organizing networks typically provide structure and training to congregants of member organizations (Flaherty &

Wood, 2004; Fulton & Wood, 2012; Jones, 2015). FBCO efforts tend to focus on issues of local concern to middle- and lower-income people in urban areas (Flaherty & Wood, 2004; Swarts, 2008; Wood & Warren, 2002). Specific topics addressed by FBCO groups vary widely but often have a common theme of striving for justice and equality for the disadvantaged (Galluzzo, 2009; Stout, 2011; Warren, 2001; Wood & Warren, 2002).

The model of national FBCO networks providing training and member groups joining to work for change at the local level grew out of Saul Alinsky's community organizing work in industrial Chicago in the 1940s (Galluzzo, 2009; Hart, 2001; Jones, 2015; Stout, 2011; Swarts, 2008; Warren, 2001). During this period, Alinsky founded Industrial Areas Foundation (IAF), which remains a major network for FBCO (Hart, 2001; Jones, 2015; Stout, 2011; Swarts, 2008; Warren, 2001). Over time this model, which was initially both church- and neighborhood-based, became increasingly infused with religious meaning (Hart, 2001; Stout, 2011; Warren, 2001). Important influences on FBCO include the non-violent protests of the Civil Rights Movement and the corresponding religious teachings of Dr. Martin Luther King Jr, whose thought had been influenced by Mahatma Gahandi (Baker, 2010; Jacobsen, 2017; Salvatierra & Heltzel, 2014; Slessarev-Jamir, 2011). Catholic social teachings and the Catholic Worker movement, the Protestant social gospel, liberation theology, and the Jewish commitment to Tikkun olam all contributed to the development, growth, and shaping of FBCO (Baker, 2010; Hart, 2001; Jacobsen, 2017; Salvatierra & Heltzel, 2014; Slessarev-Jamir, 2011). Additionally, influences from Latin America, such as the Sanctuary Movement, teachings on liberation theology, and the work of Cesar Chaves and Paulo Freire, have been especially strong for FBCO networks with hubs in the southwestern US (Bretherton, 2015; Hart, 2001; Salvatierra & Heltzel, 2014; Slessarev-Jamir, 2011).

There are a number of core elements that tend to be common across the various FBCO networks and that aid in bolstering the effectiveness of FBCO in addressing or overcoming the problems Alinsky identified as impacting organizing efforts. Among these core elements are the guiding principles of power and relationships.

The justice ministry model is one FBCO strategy used by one of the major national organizing networks. The particular emphasis on an explicitly religious worldview and the conceptualization of community problems as based on a scripturally-grounded belief in resource abundance rather than resource scarcity sets the justice ministry model apart from other faith-based organizing. While the overall goal of justice ministry is to advocate for and enact community level structural changes to benefit marginalized populations, the stated measures of success are focused on increased community relationships, leadership development of congregation members (both women and men), and other social inclusion-oriented factors. This case looks at the day-to-day work and strategies of four community organizations in the justice ministry national network, and how the integration of private/feminine and public/masculine spheres contributes to social inclusion, both in structural changes to benefit marginalized populations and in cultivating relational power and community capacity.

3. Gender Analysis

A growing body of literature presents nuanced gender analyses of policy advocacy, social movements, and community change efforts (Duin et al., 2015; Orloff, 2009; Peterson, 2012; Swank & Fahs, 2013), both in terms of strategic models of action and of revisiting our understanding of historical movements (such as the Civil Rights Movement in the US). A gender analysis examines the work of individuals, groups, and institutions through a lens of cultural values and "social relationships" (Orloff, 2009, p. 318) related, but not isolated, to sex (as a biological category) and gender (as a social category). We ask questions about how the expectations and work are constrained or facilitated by cultural expectations of gender roles and power dynamics. This article looks at the organizing model of justice ministry through a gender lens to understand how an emphasis on relational power (traditionally gendered as feminine) facilitates and strengthens the use of a range of tools, including publicly challenging authority (more frequently gendered as masculine).

Factors such as race/ethnicity, sexual orientation, social class, or physical ability also add layers of power differentials, though a full intersectional analysis is beyond the scope of this article. Certainly, one of the key components of any gender-related analysis is understanding power dynamics and how these are constructed through social relationships on multiple levels. Intersectionality analytical frameworks emphasize that power dynamics and experiences of social identity factors cannot be reduced to additive layers (e.g., gender + race/ethnicity) but that social relationships "converge to produce a social location that is different than just the sum of its parts" (Hankivsky, 2014, p. 255). Collins (2000) writes that the various social identity factors and social locations shift in meaning based on context, and individuals' experiences of privilege and oppression are connected to that contextual significance. In discussing the justice ministry model, a thorough intersectional analysis would at least need to examine the interplay of gender, race/ethnicity, socioeconomic class (including education), and (dis)ability. Focusing on gender as an "anchor point" (Christensen & Jensen, 2012, p. 112) for this discussion allows us to connect the tools of this organizing model with categories of public and private that are often gendered, knowing that the experiences of the communities and organizers cannot be distilled singly to gender.

While the private/public, feminine/masculine dichotomy has severe limitations and risks oversimplification, the utility remains in helping name and challenge real power differentials based on gender. Research litera-

tures shows that historically divisions in labor (workforce and home), income, political participation, educational attainment, and beyond are shaped by gender and related cultural role expectations, even as our cultural values around gender are shifting (Barreto, Ryan, & Schmitt, 2009; Morgan, 2006; Sen, 2014). In trying to understand how we value types of community change work and how power is developed, gender plays an ongoing role (and can contribute to discussions of other factors as well). Martin (2002) writes that the traditional gendered division of public and private spheres influences how individuals participate in community organizing activities. Especially when discussing welfare policy and program-oriented change, gender is significant because women are disproportionately the population most directly impacted (Orloff, 2009).

In the field of community organizing, the traditional model of Saul Alinsky emphasizes the power of community members as expressed through organizers bringing local concerns to larger public spaces and challenging public authorities (Stall & Stoecker, 1998). In the decades since Alinsky's work (Alinsky, 1971), communities have utilized and adapted the strategies in a variety of ways. Scholars have used gender analyses to examine other change strategies, including the success of public space-oriented work due to more private sphere-oriented strategies: "leaders are often mobilized by the masses they will eventually come to lead" (Robnett, 1996, p. 1664). One example of this is the ongoing discourse about the Civil Rights Movement in the US in which the success attributed to the charismatic leading men is challenged by the historical community building activities of women activists (Van Delinder, 2009).

3.1. Women and the Private Sphere

As discussed above, the association between women (and the traditionally feminine) and the private sphere stems from the historical and cultural social relationships and divisions of labor. The private sphere references caretaking activities in the home, personal relationships, and family-oriented support. Women's caregiving role shapes access to opportunity and definitions of appropriate or valued skillsets, including an emphasis on "interdependence" and relationships (Orloff, 2009, p. 324). These roles in formal job markets often have fewer economic benefits (wages and other compensation).

From a community organizing perspective, "women-centered" (Stall & Stoecker, 1998), "family-centered" (Cossyleon, 2018), and "feminine style" (Peeples & DeLuca, 2006) types of organizing include a focus on developing relationships, personal narratives as authoritative information, and other empowerment-oriented strategies: "personal tone, disclosure of personal experiences, reliance on anecdotes and analogies as primary forms of evidence, use of inductive structure, and encouragement of audience identification and participation" (Peeples & DeLuca, 2006, p. 65). Relational power requires engagement in change processes based on relationships with organizers and witnessing organizers' relationships with others (Gutierrez & Lewis, 2012) and an orientation to process over task (Mizrahi & Greenawalt, 2017). Focusing on relational power does not preclude the use of tension or conflict (as discussed below). Some research shows that working in communities predominantly made up of women requires setting aside public conflict as strategy and cultivating "community ties, economic independence, and education" (Cossyleon, 2018, p. 4). Other research, however, emphasizes the role relational power plays in empowering women and other marginalized community members to speak publicly and challenge authority (Gutierrez & Lewis, 2012; Krauss, 1998).

Gender socialization also shapes the experiences of individual community members and views of the effectiveness of their efforts. Itzhaky and York (2000) found that greater access to power to enact community change came through acting as "community representatives" for men and through engaging with organizations for women (Itzhaky & York, 2000, p. 232). Addressing community needs requires a variety of roles and activities, and seeing change come from organizing efforts is key to sustaining community member involvement. This view of effective roles connects with the previous discussions of women being more process-oriented and the next section discussing traditional public roles for men.

3.2. Men and the Public Sphere

A necessary step in addressing any community concern is defining the problem and identifying where the decision-making power lies to address the problem. Getting the attention of decision-makers often then requires finding or creating opportunities for public exchanges that a legislator or other official cannot avoid: "An Alinsky style of organizing that represents a male-dominated, public and confrontational sphere in which activists seek to gain power for a neighborhood" (Martin, 2002, p. 334). Officials wield power by restricting access to the processes and spaces in which decisions are made, and challenging these restrictions is a significant part of advocating for social change.

However, challenging authority and creating public tension push against many cultural norms, especially for the socialization of women to be peacekeepers and avoid conflict (Gutierrez & Lewis, 2012). The experience of cultural norms extends beyond gender to factors such as race/ethnicity, sexual orientation, dis/ability, and social class. Though an in-depth examination of these is beyond the scope of this article, the example of African American women's role in the Montgomery, Alabama boycott during the Civil Rights Movement in the US demonstrates the significance of both gender and race in community organizing: "they [African American women] were willing to work behind the scenes, rather than spearheading the boycott themselves, because they thought it was im-

perative that African American men's leadership be supported" (Gutierrez & Lewis, 2012, p. 224).

4. Justice Ministry and Gendered Power

4.1. Methodology

This discussion of FBCO is based on a larger project examining the role of congregations in meeting community social welfare needs. One national US FBCO network and five cities of the 21 where affiliated groups are located were chosen as the pilot sample. The five cities were chosen based on geographic proximity and age of the affiliated group. The affiliated groups ranged from 20+ years to 1 year in length of existence, and one group is no longer active. Each city's affiliated group employs at least one formal community organizer (except the inactive group) and has at least 10 congregational members. For the study, an initial series of qualitative interviews was conducted with congregational leaders and members (7), community members (4), and organizers (4). For each city and affiliated FBCO group, interviews were conducted with at least one of the organizers and at least one community member not directly involved in the affiliated group. Congregational leaders and members of the affiliated FBCO group were then contacted based on information from the organizers and other community contacts.

The researchers also observed community and organizational meetings of various types (at least two per city) and attended several regional trainings regarding the implementation of the justice ministry model. As described below, the organizing model operates on an annual cycle, and the meetings chosen for observation represented all parts of the cycle. While observations of meetings through the annual cycle were not conducted for all five cities, researchers did attend and observe all four major public events in the cities with active affiliated organizations.

The analysis of the stakeholder interview and meeting observation data was structured by themes drawn from the literature (used to construct the interview guide) and then the emerging themes from the data content. Using inductive/emic analytic principles, the data were organized using the interview guide as a descriptive analytic framework of sensitizing concepts, into both theory-based and respondent-based themes (Patton, 2002). This content analysis allowed for distillation of these data themes into concepts that could then inform the development of theory regarding the FBCO model.

The implementation of this organizing model involves an annual cycle of one-on-one meetings between congregation members and leaders, congregations members and community members, and organizers and congregation members; house meetings led by congregation members to discuss community concerns; community meetings to vote on which concern to develop into a campaign; small group meetings with stakeholders to research the concern and solutions; and finally a large public event in which decision-makers are called upon to commit to making specific, concrete changes towards the solution identified by the community group. Paid organizers for the justice ministry organization in each city facilitate connections between congregational leaders (formal and informal) and train community members (congregational members) to build individual relationships and hold the meetings that constitute the model.

Organizers do not lead house, community, or public meetings but instead provide the support and structure for members to develop leadership skills and craft personal narratives for the purpose of social change. Members are also trained and expected to raise the majority of the funds for the organization's budget. The large public events held annually are structured to present personal narratives related to the campaign's focus (chosen community concern) along with statistical data and evidence-based intervention recommendations. Decision-makers relevant to the concern and intervention are invited to sit on stage in front of a large public audience while the narratives and data are shared, and then they are asked to respond with a yes or no to the specific interventions requested by the community group.

The event's success is founded on the relationships organizational members have cultivated over time, shown by how many individuals show up in the audience and the personal narratives shared, and on the structure of putting the spotlight on decision-makers. Authority is challenged by inviting decision-makers to a community-organized public space and not allowing them to guide the conversation. In some cases, community members leading the public event must challenge a decision-maker in this public space if the person is unwilling to answer a request with a simple yes or no. From the beginning, the justice ministry model includes discussions of why challenging authority and creating tension are necessary change strategies, and organizers talk through the feelings of discomfort members may feel.

4.2. Justice Ministry and Gender

A gender analysis of the justice ministry community organizing model has a wealth of potential avenues for building knowledge about community change and social dynamics. As discussed above, a gender framework can include examining representation, traditional roles and expectations, cultural values, and intersections with other social identity factors such as race/ethnicity, socio-economic class, (dis)ability, geographic location, etc. While the sample size of this pilot study is too small to analyze representation in a meaningful way, one interesting observation was the predominance of participating community members who were women in contrast to the fairly equal distribution of women and men in the other roles (organizers and congregational leaders). Also, the majority of community members and congregational leaders interviewed and observed at related meetings

were, on average, middle age or older, in contrast to a wider range of age for the organizers. In the small interview sample, the distribution of race/ethnicity was fairly even; however, we did not collect data about any demographics of each organization as a whole. Interviewees did discuss the importance of cross-race organizing as a component of the justice ministry model, in the context of relationship-building more generally. A fully intersectional gender analysis of the justice ministry model will build in these rich discussions and will be possible as we expand beyond the pilot study. From the pilot study, we can apply a gender framework to the emphasis on relational power as the key community change strategy of the justice ministry model.

4.3. Justice Ministry and Power

Examining gender in power and change strategies can be based on representation—identifying the gender identities of individuals engaged in different types of strategies (public- or private-oriented, relationship- or conflict-oriented) and how these reflect social dynamics and power differentials. This article looks instead at how the FBCO strategies bring private, relational, traditionally feminine activities into public change efforts, beyond the gender representation in community members, organizers, congregational leaders, etc. In using private sphere, traditionally feminine activities such as relationship building to engage people for community change in public spaces, where traditionally masculine values of individual, confrontational leadership are more present, FBCO and the justice ministry model specifically shift power dynamics to enact social justice changes in the community. Because the justice ministry model also values the more traditionally masculine strategies of creating tension and public accountability, the gendered private/public dichotomy itself is challenged. The significance of a gender analysis in this understanding of public/private-oriented strategies is the contributions to understanding power.

The concept of power in FBCO is typically defined as the ability to act or the ability to act effectively (Baker, 2010; Hart, 2001; Jacobsen, 2017; Swarts, 2008). While it is acknowledged that corruption and coercion can occur in the context of power, they are recognized as outcomes that are distinct from power itself (Hart, 2001; Swarts, 2008). FBCO trainers emphasize that power is inherently based on relationships and is available to anyone willing to make the effort to build it, rather than operating in a zero-sum model (Bretherton, 2015; Hart, 2001; Jacobsen, 2017; Swarts, 2008).

More than simply based on relationships, the FBCO perspective argues that power is nurtured in relationships and grows out of relationships (Hart, 2001; Jacobsen, 2017; Swarts, 2008). Building power, particularly among the oppressed or disenfranchised, is considered the central goal of FBCO work (Hart, 2001). As one congregational leader (a Black man from a Baptist church) describes, relationships constitute the community in a way that enables it to make change:

> The core of it is relationship building. That's the core. It's all about relationships…it's really about meeting people where they are, developing relationships, getting to know them. And as a result of that, we can make a difference, because we're really becoming a community that's standing for something. (Congregational leader #1, 2018)

Flaherty and Wood's (2004) study also emphasizes the extent to which power is not easily extricated from the context of relationships in FBCO. In a discussion of the specific skills FBCO participants acquire in this work, they focus on the process of relationship building as necessary for "mutual trust" and in "learning how to act in the public arena": "One leader said that her understanding of a leader changed from one who has the ideas and carries them out, to one who has connections and ties to people, some concerns, and skills in bringing people together" (Flaherty & Wood, 2004, p. 25). This is consistent with the understanding of power as being rooted in relationships—a concept that is strongly supported by the FBCO maxim that leaders are simply people who have followers (Hart, 2001; Swarts, 2011).

The importance of relationships in FBCO is based primarily on two premises: 1) that, as discussed above, power resides in relationships, and 2) people are fundamentally interconnected (Baker, 2010; Bretherton, 2015; Hart, 2001; Jacobsen, 2017; Swarts, 2008). Noting that our very humanity hinges on relationships, Baker (2010, p. 150) writes that "to be human is to be in relationship". Jacobsen (2017) extends the essential nature of relationship to FBCO work in categorizing this work as essentially relational and arguing that organizing is about relationships before it is about issues and it strives to "move toward empowerment, community, and justice" (Jacobsen, 2017, p. 87), all of which have little meaning outside of relationships. One congregational member (a White woman from a Catholic church) interviewed in the study frames the change work as the relationships: "The basic premise is that if you are intentional about building strong relationships within your congregation, all the rest of it, all the social justice stuff takes care of itself more or less" (Congregational member #2, 2018).

In the context of organizing work, relationships are understood to involve mutual respect, trust, reciprocity, and often, though not always, emotional connection (Baker, 2010; Bretherton, 2015; Hart, 2001; Jacobsen, 2017; Stout, 2011). Moreover, relationships are understood to involve authenticity, the practice of listening openly, and personal encounter (Baker, 2010; Bretherton, 2015; Stout, 2011). A congregational member interviewee (a White woman from a Jewish synagogue) emphasizes the need for engaging each other on a variety of levels, not just about the major concerns: "our goal is to bring everybody together to meet [about]

the small things, but also to meet [about] these big things that happen in our community and I think we built a lot of, um, trust in our community" (Congregational member #3, 2018).

Importantly, though FBCO identifies power as rooted in relationships, relationships are not viewed solely as a means of accessing power. Instead, developing relationships is believed to be a powerful end in its own right (Hart, 2001). Moreover, the building and growth of relationships is viewed as a means by which the already eroded and increasingly deteriorating civil society of the US might be restored, at least in part by the increase in social capital FBCO brings (Bretherton, 2015; Hart, 2001; Warren, 2001; Wood & Fulton, 2015; Wood & Warren, 2002).

The importance of relationship in the context of potentially adversarial relationships is further emphasized by the FBCO teaching that the acts of challenging others or attempting to hold them accountable should only occur in the context of a relationship (Hart, 2001). This teaching is based, at least in part, on the premise that true and lasting change is only likely to occur in the context of a relationship (Baker, 2010), though FBCO models also emphasize the difference between private/personal relationships and public/professional relationships. Public relationships should not be held hostage by personal relationships, i.e., public authorities must expect to be challenged. One of the interviewees (a Black man from a Baptist church) talks about the use of "tension" as strategy in public relationships that can be uncomfortable in a personal relationship context:

> In our trainings, they [justice ministry organizers] tell us we need to make sure that there's a difference between the personal and business relationship, okay. There's a significant difference, and you can't—one of the criticisms that they [public authorities] always throw at us is that, "Well, you know, you're good church people. You're supposed to be kind and compassionate, understanding, not confrontational", and like that. But we believe in tension, and we don't mind tension, you know. Dr. King says that. You have to have that creative tension. So sometimes we work at creating tension. (Congregational leader #1, 2018)

The justice ministry model also utilizes the tension strategies and structures public events to include and hold decision-makers accountable. An interviewee (White man from a Lutheran church) describes the organizing goal being centered on the process more than the result and how that engages community members in the decision-making and accountability: "Campaigns are about 20 percent about actually winning…and about 80 percent…generating a crisis in an actual, like, concrete, political struggle that people can get involved in and we can build power around" (Congregational member #4, 2018).

The time and energy put into the relational power are seen as necessary to the foundation of the public events, partly to insure a big community audience and partly to building the community members' comfort level with creating tension. One organizer (a White woman) describes the difficulty members struggled with in publicly holding a political leader accountable: "There were lots of people in the crowd who said 'oh my goodness, I couldn't believe that we kept pushing him because he's been in the system so long, he obviously cares'" (Organizer #1, 2018). Organizers and community members alike discussed the ongoing conversations required to communicate the strategies and to practice the actions that pushed members out of their comfort zones. As one member (a White woman from a Catholic church) said:

> You realize these issues are things that we work on because people in our congregations experience it in their personal lives as a problem. So when we are putting these strategies in place to push officials, you know, to implement solutions to them, it's like the choice is often after a certain point either pack up your bags and go home and don't get it done or, you know, use power, be confrontational when necessary. (Congregational member #2, 2018)

The justice ministry FBCO model relies on the interdependence of power cultivated in private and public spaces.

While the justice ministry model pulls together a range of strategies from traditional community organizing, the radical primacy of relationships in the day-to-day work of the organizations gives insight into how valuing the historically marginalized spheres and roles of women can move change strategies forward. The data presented in this case do not provide a concrete evaluation of the successes of the justice ministry model, but the longevity of some of the community organizations in this initial study provide support for its success. Evaluative research questions would add significant weight and nuance to future discussions.

5. Power Analysis and Social Change

With a gender lens, the significance of bringing together multiple strategies contributes to the critical analysis of power required to enact long-lasting social change. Orloff (2009) writes that even our Western understanding of citizenship, the foundation of the welfare state, is gendered: "Citizenship has long been understood in exclusively masculine terms…as rational, autonomous, unburdened by care, impervious to invasions of bodily integrity" (Orloff, 2009, p. 333). Developing change strategies that cultivate multiple types of power helps transform the definitions of citizenship, participation, and the social problems welfare policies try to address.

Gaventa (2009) identifies space, level, and form/visibility as dimensions for analyzing power dynamics as well as for framing different points of access. Participation in democratic processes requires access to decision-making spaces and "the right to define and

to shape that space" (Gaventa, 2009, p. 26), including defining the public sphere (Werbner, 1999). We must acknowledge that global, national, and local forces shape each other and the access to power at each level. Finally, power takes visible, hidden, and invisible forms based on who has access to participatory spaces and in what places (Gaventa, 2009).

Within this power analysis framework, relationships become the source of knowledge and movement towards opening up closed spaces and making hidden and invisible forms of power transparent. Confrontation and challenging authority are useful strategies for pushing the boundaries of spaces where power is located, but unearthing the invisible boundaries of participation requires relationships.

6. Conclusion

We know from the extensive literature on welfare policy and cross-national comparisons that gendered power dynamics are interwoven into the development of policy and the definitions of the social problems welfare policy tries to address. Research also shows that the work of social welfare provision falls disproportionately on women, meaning poorly designed and restricted welfare policy impacts women both as benefit recipients and as providers (Holman, 2014; Monnat, 2010; Morgan, 2006). This article presents qualitative data and supporting literature emphasizing that social change-oriented community organizing (faith-based or otherwise) must cultivate relational power, in addition to other strategies. While relational power traditionally has been seen as part of women's work in the private sphere, organizing models such as justice ministry demonstrate the value and relevance of relationships in making community change and in strengthening other types of community power (such as publicly challenging authority). Stout (2011, p. 66) writes: "To feel anger is to have the importance of the relationship and its demands drawn to our attention". Valuing relationships in community building helps validate social change work traditionally done by women and supports the need for all community members to engage and invest in relationships. These strategies also facilitate new ways of thinking about power dynamics represented in social welfare policy and provision and how we meet the needs of the most marginalized members of our communities.

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Conflict of Interests

The authors declare no conflict of interests.

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Article

Making Gendered Healthcare Work Visible: Over-Looked Labour in Four Diverse European Settings

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Abstract
Healthcare has long been a gendered enterprise, with women taking responsibility for maintaining health and engaging with service providers. Universal healthcare provision notwithstanding, women nonetheless undertake a range of healthcare work, on their own account and on behalf of others, which remains largely invisible. As part of a multi-method comparative European study that looked at access to healthcare in diverse neighbourhoods from the point of view of people's own health priorities, the concept of 'healthcare bricolage' describes the process of mobilizing resources and overcoming constraints to meet particular health needs. Bricolage mediates between different kinds of resources to meet particular challenges and describing these processes makes visible that work which has been unseen, over-looked and naturalised, as part of a gendered caring role. Drawing on 160 semi-structured interviews and a survey with 1,755 residents of highly diverse neighbourhoods in Germany, UK, Sweden and Portugal, this article illustrates the gendered nature of healthcare bricolage. The complex variations of women's bricolage within and beyond the public healthcare system show how gendered caring roles intersect with migration status and social class in the context of particular healthcare systems.

Keywords
bricolage; diversity; European welfare; gender; healthcare; migration

Issue
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1. Introduction

The gendered nature of healthcare work is inherent to the way that health and welfare systems have developed over the years: supporting the health of others, both in private settings and mediating with professional service providers, has been taken for granted as a natural part of women's roles as mothers, daughters, sisters, aunts, wives, partners and neighbours. While health and welfare systems provide services and support to avoid dependence on family members, women's labour has never been entirely replaced by paid services (Annandale, 1998). The rise of globalized migration (Castles & Miller, 2009) has brought new gendered family regimes into contact with European health and welfare services, as well as disrupting expectations of cultural and linguistic familiarity and recognition (Brochmann & Hagelund, 2012; Crepaz & Lijphart, 2008). Migration is a gendered process, favouring variously aged and gendered groups, depending on the migration route and

regime of the sending and receiving countries (Donato & Gabaccia, 2015; Yuval-Davis, Anthias, & Campling, 1989), such that gender, migration and health interact in complex ways. This article considers how gender plays out in populations characterized by migration-driven diversity, in seeking healthcare appropriate for their self-defined health needs, in four different European welfare settings.

2. Background

Theoretical approaches to gender have developed apace since binary conceptions of men and women's health gave way to relational (Connell, 1987) and intersectional (Crenshaw, 1991) approaches. Theoretical approaches that have sought to understand the complex contingencies of how gender plays out alongside other aspects of identity and structure have yet to be regularly operationalized in health research (Annandale, 2013), despite efforts to establish working definitions (Hammarström et al., 2014).

Recognition that gender is fundamental to health outcomes through the lifecourse is represented in the routine presentation of mortality and morbidity figures disaggregated by gender and age. While health outcomes are patterned by gender, our interest here is in making visible the gendered processes involved in getting access to healthcare when living in diverse neighbourhoods, including their intersection with other dimensions of identity and structure, particularly migrant status and racism.

Ideally, healthcare would be both gender equal, in avoiding sexist discrimination, and gender equitable by "meeting the needs of women and men, whether similar or different" (Hammarström et al., 2014, p. 188). Access to healthcare is gendered both structurally, in terms of the political economy, and interactionally, in terms of how identity and discrimination play out interpersonally (Ettorre, Annandale, Hildebrand, Porroche-Escudero, & Rothman, 2017). Gender is both structural and individual, but is neither organizationally nor interpersonally determinant, since it intersects with other aspects of identity and of distribution (Fraser, 2000). This level of complexity is acknowledged by intersectional approaches which "go beyond additive analyses to study complex intersections as well as ensure that gendered power relations and social context are included" (Hammarström et al., 2014, p. 189). Intersectional approaches hold the promise of allowing the complexities of gender as they play out in different cultures, to extend beyond binary gendered categories (Richards et al., 2016).

This study was designed to map, both qualitatively and quantitatively, informal and formal work that is undertaken in diverse neighbourhoods, in order to meet self-identified healthcare needs. Our analyses have explored the rules of access for healthcare resources (Pemberton et al., 2018) identifying bricolage as a process undertaken by both healthcare providers (Phillimore, Bradby, Doos, Padilla, & Samerski, 2018) and users and defined as:

> A creative mobilisation, use and re-use, of wide-ranging resources, including multiple knowledges, ideas, materials and networks in order to address particular health concerns. (Phillimore, Bradby, Knecht, Padilla, & Pemberton, 2018, p. 6)

Our quantitative analysis shows patterns of healthcare bricolage whereby young people, women and those with more education are more likely to engage in bricolage (Phillimore, Bradby, Brand, & Padilla, in press). The current article examines the gendered dimension of bricolaging healthcare, to explore how this work consists in persistent advocacy work, often in the face of dismissal or discrimination, that interacts with migration and family status to look at the effect it has on women's lives.

3. Methods

The study utilized a parallel sequential mixed method in which each phase of the research informed the next (see Phillimore et al., 2015). One city in each of four different countries was selected to represent four different welfare regime 'ideal types': Germany, Portugal, Sweden, and the UK, with each country sufficiently different to allow comparison. Ethical approval was obtained from the relevant ethics committee in each setting.

3.1. Qualitative Research

The study began with an ethnographic phase wherein researchers walked two selected diverse neighbourhoods in each city, observing how different healthcare resources were used while engaging in conversations about healthcare with residents and service providers. Insights from observations were used to develop a semi-structured interview schedule (see supplementary file for schedule in English). Trained community researchers interviewed some 160 residents across the four countries, using their multi-lingual abilities and local networks. The community researchers were paired with academic researchers and together identified interviewees via networks, local organisations, and snowball sampling through street mapping and interaction with locals. Maximum variation sampling was used to ensure heterogeneity in terms of country of origin, age, gender, education level, income, ethnic and linguistic background. This comparison-focused sampling approach selects cases to identify factors explaining similarities and differences. Commonalities that emerge, despite many intersecting axes of difference, have increased validity because they do not result from sampling by predetermined characteristics.

Residents were interviewed in their preferred language, having signed consent forms stressing confidentiality and the option to withdraw from interviews. Names used in this article are pseudonyms. All interviews

were digitally recorded, transcribed and where necessary translated. Data were coded collectively using a systematic thematic analysis approach to identify key issues. This involved interpretive code-and-retrieve methods wherein the data were read by the research team who collectively identified codes and engaged in interpretative thematic analysis. A shared codebook was devised between teams using MAXQDA software with the project lead checking inter-coder reliability across sites.

Analysis of these semi-structured interviews identified five types of bricolage that were used as models in the survey.

These types are summarised as follows: first, *no bricolage*, where people used only the public healthcare system, such that all services and treatments were either covered by health insurance or were publicly financed; second, *within-system bricolage*, whereby respondents used the public healthcare system plus informal support from family and friends or information sources such as the internet, magazines, the radio, to address the health concern; third, *added-to-system bricolage*, where respondents added advice, services or treatments that were not covered by the public healthcare system, included out-of-pocket services, alternative or complementary medicine or services from another country; fourth, *alternative bricolage* where respondents did not use the public healthcare system but used privately contracted services or informal and informational support; and fifth *no resources used*, where respondents did not use any resources to address the health concern.

3.2. Survey

Potential respondents were randomly selected from the eight neighbourhoods. All persons that were over 18 years old and residents of the respective neighbourhood were eligible for participation. The aim was to sample at least 300 individuals per neighbourhood. The fieldwork was undertaken between January and October 2017. Respondents were approached via invitation letters, phone calls and door-to-door visits. Response proportions ranged between 53% in Birmingham to 14% in Uppsala. The interviews were conducted by multilingual staff either face-to-face or over the telephone. All participants provided written, or for telephone interviews, verbal informed consent.

As we were particularly interested in the healthcare work of residents living in diverse neighbourhoods, respondents were asked how long they had been resident in the neighbourhood and whether they experienced any health concerns while living there. Their health concern was recorded and they were asked which resources they had used to address their concern. The full sample comprised 2,692 respondents. Of these, 937 were excluded from the current analysis because they had not experienced any health concern while living in the neighbourhood or because of missing values in the variables of interest, leaving 1,755 individuals for the analysis.

3.2.1. Statistical Analysis

Frequencies were used to describe the sample characteristics, in total and by gender. Gender differences in bricolage behaviour were assessed using multinomial logistic regression models with type of bricolage being the outcome variable. Four different models were run. The first model analysed the unadjusted relationship between gender and type of bricolage. In the second model we adjusted for survey country, age, education, income, migration background and self-rated health. In the third model we added a gender-by-country interaction term and in the fourth model a gender-by-migration background interaction was included. Since coefficients from multinomial regressions are difficult to interpret, we calculated marginal effects using the postestimation margins command in Stata. This command estimates the effect of changing the values of the factors on the probability of observing an outcome. Further, for the illustration of the interaction effects we estimated predicted probabilities with 95% confidence intervals. All analyses were carried out using Stata 15 (StataCorp, College Station, Texas).

4. Results

4.1. Survey Findings

As Table 1 shows, the men and women who were included were similar regarding the covariates. Both in the crude and in the adjusted model, men were less likely to bricolage than women and, if they do report bricolage, then it tends to be contained within the healthcare system, with less adding to the system (see Table 2).

Considering the differences between bricolage patterns across countries, there is notable variation (Table 2, Figure 1). In the UK, there is comparatively little bricolage; women tend to do more within-system bricolage than men and, to a small extent, more adding to the system. Germany reflects the pattern that we found in the whole sample. The pattern in Portugal differs in that women tend to do less bricolage and less adding to the system bricolage than men. In Sweden, men do less bricolage, specifically less within-system bricolage (see Figure 1).

When analysing the tendency to bricolage by migration status we see this gendered pattern among those classified as non-migrants and also among the second-generation migrants (Table 2, Figure 2). However, among first generation migrants there is no difference between women and men's reporting of bricolage. This suggests that there is something about the migration process that, at least for a period of time, disrupts the standard patterning whereby women tend to bricolage more than men. Newly arrived migrants who find themselves in a new and unfamiliar healthcare system, may have a restricted ability to negotiate with service providers both because of limitations to linguistic and cultural knowledge. By the second generation both socio-cultural

Table 1. Sample characteristics.

Variables	Total (n = 1755)	Women (n = 985)	Men (n = 770)
Site, Country			
Birmingham, UK	318 (18.1)	161 (16.4%)	157 (20.4)
Bremen, Germany	727 (41.4)	426 (43.3%)	301 (39.1)
Lisbon, Portugal	268 (15.3)	146 (14.8)	122 (15.8)
Uppsala, Sweden	442 (25.2)	252 (25.6)	190 (24.7)
Age groups			
18–29 years	239 (13.6)	130 (13.2)	109 (14.2)
30–44 years	293 (16.7)	163 (16.6)	130 (16.9)
45–59 years	416 (23.7)	234 (23.8)	182 (23.6)
60–79 years	695 (39.6)	385 (39.1)	310 (40.3)
80 years or older	112 (6.4)	73 (7.4)	39 (5.1)
Education			
Low (ISCED 0–2)	533 (30.4)	297 (30.2)	236 (30.6)
Medium (ISCED 3–4)	554 (31.6)	311 (31.6)	243 (31.6)
High (ISCED 5–6)	632 (36.0)	354 (35.9)	278 (36.1)
Missing	36 (2.1)	23 (2.3)	13 (1.7)
Income			
Lowest quartile	465 (26.5)	273 (27.7)	192 (24.9)
2nd quartile	542 (30.9)	312 (31.7)	230 (29.9)
3rd quartile	237 (13.5)	114 (11.6)	123 (16.0)
Highest quartile	269 (15.3)	145 (14.7)	124 (16.1)
Missing	242 (13.8)	141 (14.3)	101 (13.1)
Migration background			
None	1081 (61.6)	612 (61.1)	469 (60.9)
Migrants	402 (22.9)	221 (22.4)	181 (23.5)
Descendants of migrants	272 (15.5)	152 (15.4)	120 (15.6)
Self-rated health			
Good	1179 (67.2)	655 (66.5)	524 (68.1)
Poor	576 (32.8)	330 (33.5)	246 (31.9)
Bricolage type			
No bricolage	278 (15.8)	129 (13.1)	149 (19.4)
Within-system bricolage	783 (44.6)	424 (43.1)	359 (46.6)
Added-to-system bricolage	579 (33.0)	375 (38.1)	204 (26.5)
Alternative	98 (5.6)	51 (5.2)	47 (6.1)
No resources used	17 (1.0)	6 (0.6)	11 (1.4)

Note: Presented data are numbers with percentages in brackets.

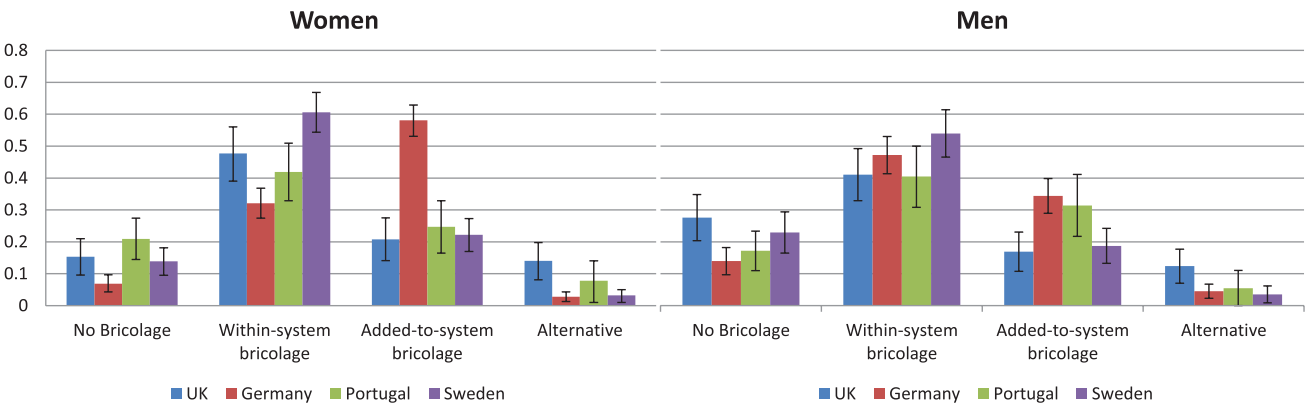

Figure 1. Probability of type of bricolage by country and gender.

Table 2. Gender differences in bricolage (marginal effects, change in probability).

	No bricolage Coef. (95% CI)	Within-system Coef. (95% CI)	Added to system Coef. (95% CI)	Alternative Coef. (95% CI)
Model 1 (unadjusted)				
Gender (ref. Women)				
Men	.06 (0.03; 0.10)*	.04 (−.01; .08)	−.12 (−.16; .07)*	.01 (−.01; .03)
Model 2 (adjusted)[a]				
Gender (ref. Women)				
Men	.06 (0.03; 0.10)*	.03 (−.01; .08)	−.10 (−.15; .06)*	.00 (−.02; .03)
Model 3 (Gender by country)[b]				
Women (ref)				
Men				
UK	.13 (.04; .21)*	−.07 (−.18; .04)	.04 (−.12; .04)	−.02 (−.09; .06)
Germany	.06 (.02; .10)*	.15 (.08; .23)*	−.23 (−.31; −.17)*	.02 (−.01; .05)
Portugal	−.05 (−.16; .06)	−.01 (−.12; .11)	.06 (−.04; .17)	−.01 (−.06; .03)
Sweden	.08 (.01; .15)*	−.07 (−.15; .03)	−.04 (−.11; .04)	.00 (−.03; .04)
Model 4 (Gender by migration background)[c]				
Women (ref)				
Men				
No migration background	.08 (.04; .12)*	.05 (−.01; .11)	−.13 (−.18; −.08)*	.00 (−.02; .02)
Migrants	.02 (−.05; .10)	−.03 (−.12; .07)	.00 (−.08; .09)	−.02 (−.06; .03)
Descendants of migrants	−.03 (−.04; .11)	.06 (−.06; .17)	−.16 (−.28; −.06)*	−.05 (−.06; .03)

Notes: [a] Adjusted for survey country, age, education, income, migration background, and self-rated health; [b] Adjusted for age, education, income, migration background, and self-rated health; [c] Adjusted for survey country, age, education, income, and self-rated health; * $p < .05$.

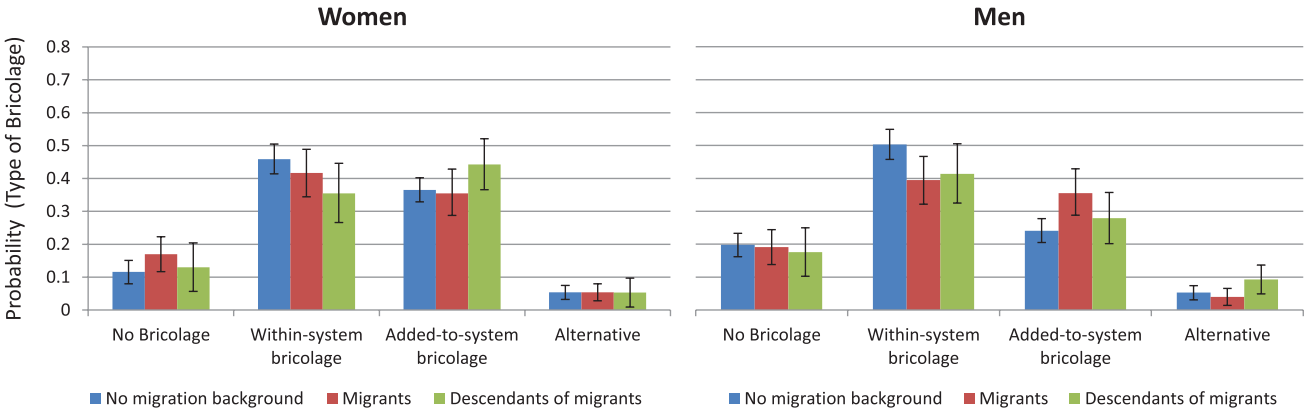

Figure 2. Probability of type of bricolage by migration status and gender.

and linguistic knowledge has been gained, permitting women, once again to take on the bricolage role.

4.2. Semi-Structured Interview Findings

Turning to the semi-structured interview material, below we present cases of women reflecting on the process of healthcare bricolage to address their own and family members' health conditions. We identify intersections of gender with migration status and other aspects of identity, which play out within the healthcare system in the process of seeking access. The gendered tendency for women to negotiate healthcare for themselves and their family members was disrupted by migration to another country where women had to acquire a new language and develop new networks of support. In some cases this made women highly dependent on their children or partners for translation.

In caring for their children, partners and parents and themselves, women drew on whatever resources were to hand whether private, public or overseas, driven by the need to find a solution. For women who were also migrants, taking on a caring role in a new context implied learning new ways of navigating the system and negotiating care including new conceptual languages for illness, new vocabularies and practices of care and therapy and, sometimes, a new language. We spoke to some women, both migrants and non-migrants, who negotiated the care that they needed successfully and expressed their satisfaction. However, there were many women who de-

scribed having to make significant efforts in order to get access to care and we heard about some situations that could not be overcome, despite these efforts.

4.2.1. Care as Persistence and Mediation

Women take on healthcare communication, both as mediators and as linguistic translators. Mok, a man of Chinese origin in his thirties (UK35) who had been in the UK for more than twenty years working in catering, relied on his wife for translation, saying that her English was better than his. But it became apparent that Mok relied on his wife not only for translation and mediation, but also for her persistence in seeking a solution to a debilitating pain in his shoulder. Mok said that his wife accompanied him to every General Practitioner (GP) appointment, resulting in various referrals and treatments, which did not cure his pain. Ultimately, Mok's wife consulted the internet and located exercises for a frozen shoulder on YouTube which effectively addressed the pain.

Women were dependent on their extended networks of other women for support to address their health concerns. Tinka (38 years, originally from Bulgaria) had multiple health problems including eczema, anaemia and abdominal pain. Unable to speak German, she had several unsuccessful GP consultations and refused to attend appointments without a supportive German-speaking friend. Tinka became dependent on her extended female network for support at medical appointments, treatment advice and sourcing medication. Tinka's mother in Bulgaria was particularly important in providing transnational care including medication and advice about traditional treatments.

Persistently making demands of whatever the resources were available, until a solution is eventually identified, was apparent in Ema's account of her son Tiago's diagnosis with schizophrenia. Ema (Lum44; 63 years, Portuguese) had multiple morbidities (including cancer, diabetes, hypertension, gout, kidney stones) that she coped with through bricolaging within the public healthcare system. She described illness episodes when Tiago, originally been diagnosed when employed in Germany, had been violent towards her, but despite these problems, Ema said she never gave up trying to get care for him. Eventually Ema brought Tiago to a doctor who persuaded him to accept treatment in preference to being hospitalised. Ema hoped that Tiago would "go before" (predecease) her, otherwise her daughter would have to take on caring for him, which would be difficult, not least because the daughter's children (Ema's grand-children) had serious health problems too. When asked what she did when she had a health problem, her response was: "I resolve it". Ema and her daughter were both divorced from the fathers of their children who seemed absent from the family support system.

Bricolage as persistence in searching for treatment for a dependent's serious symptoms was described by Annie (UK30), also a single mother. Having arrived as a refugee in 2000, she had British citizenship and spoke English well, but it nonetheless took Annie more than a year to get her son's symptoms diagnosed as tuberculosis (TB). She described her intense concern as her child was unable to keep food down, becoming weak and showing dramatic weight-loss. Her son's low mood and vomiting were interpreted as an eating disorder, and his stomach pain was medicated. The TB was not diagnosed by a doctor in Kenya, while visiting relatives, nor by the GP on her return to Birmingham, when Annie's son could hardly walk. The diagnosis finally came when he was admitted to hospital as an emergency case, with intense pain that led him to say "I am dying, Mum". Annie said that appropriate tests were finally run in the hospital when she refused to let her son be discharged. Once a blood test revealed TB, treatment started and within a month Annie's son was eating, gaining weight and, according to Annie, "he became normal".

Like Annie, Olga (32 years, married and originally from Cameroon), struggled to get her child appropriately treated although she had an excellent grasp of the German medical system. Disappointed by the treatment that her daughter received, Olga knew she had the right to change specialist and, after some research (within-system bricolage), she selected a new paediatrician and a new Ear Nose and Throat specialist from whom her daughter received satisfactory treatment. Olga was married and her husband was not mentioned as being involved in the process of finding suitable care for their daughter.

4.2.2. Barriers to Accessing Support

As a single mother, Annie bore the burden of care for her three children, and she was unable to name another source of support, apart from the GP whom she held responsible for the year's delay in diagnosing her son's TB. Olga was a University graduate, employed as a geriatric nurse and confident about navigating the German public health system to get care she deemed satisfactory. As a Black single mother, and care worker, with little formal education Annie's concerns about her son's wellbeing were apparently dismissed by health service providers in a way that she found difficult to challenge.

The challenges of negotiation and re-negotiation were described by Yuming (UK10), caring for her father, who had been diagnosed with dementia 10 years earlier. When first diagnosed, the father could be left with relatives, especially an aunt, but as the condition progressed, this became more difficult. Yuming recalled this same aunt pushing for formal care via social services, to replace the informal arrangement:

> My aunty, she threatened us with social services, because she looked at our situation and she said, we have some kind of disagreement or argument actually, and she said: "I am gonna report social services about what you are doing with your Dad", and then I thought,

> okay, I'm going to ring them myself. So I rang…and I explained the situation to them. They came and they assessed the situation.

Even with support from social services, the difficulties of meeting her father's needs had necessitated Yuming giving up her employment. Her father had a Chinese and Vietnamese background, but Yuming always hired people who were "100% Chinese, either Hong Kong or China", because "Chinese people work better for [them]". Yuming said that Cantonese speaking people always responded to her advertisements, and, although her father did also speak Vietnamese, she would not want to hire a Vietnamese carer because:

> It's too personal because it's too close to our background. Too much part of the community, possibly. You know, communities, they talk, they talk to one person and then…I don't like that, I don't like that. But with Chinese people, they don't know us so well.

Despite difficulties in recruiting suitable carers, Yuming did not want social services to appoint carers on her behalf because "they would be English people, English speakers" and so "they won't be able to do the job very well. They are not ideal for the job". If carers could not speak with her father (who "doesn't speak Englisg"), she would get no respite since she would have to be on hand to translate. The difficulties of recruiting and retaining carers who were the 'sort of people I want in my house' left Yuming with her own health problems (as described in the next section).

According to Aliyah (in her early 60s, originally from Sudan), getting good healthcare was significantly harder for migrants compared to 'native Swedes' for two reasons: first, migrants did not have access to much family support and; second, migrants were discriminated against in the public healthcare system. Married with two children, Aliyah said that before she had arrived in Europe, she had been told that Europeans had weak family relationships:

> I used to hear before that when you come to Europe, people here don't have strong social relationships with their families—the extended families—they are weak. This is a big lie! I found out that they have strong ties with their families and they get a lot of support. Like the women who work with me, they have their mothers and their grandmothers who help them with their kids: when someone brings a cake to work, their father makes it because he visited her at home and she [the colleague] has small children. So they have lots of social support from their families from their aunts and so on.

While migrants would help each other out, Aliyah reported that the support available to migrants was much more limited compared to "the native people here, they get the support they need". Aliyah felt that she was "definitely affected", that her "choices are limited" compared with "native Swede" colleagues: she said this "affects my life because we don't have that type of support". Although Aliyah had been in Sweden for twenty years, had citizenship, a good job and fluent Swedish, she nonetheless felt discriminated against in terms of primary healthcare, where nurses act as gate-keepers for access to the GP:

> Since I'm not Swedish, they would think that I don't speak the language well. I know the issue with doctors in this country: the nurses will try, as much as they can, they will try to make you not see a doctor. I have heard about cases—Swedes and non-Swedes—where nurses will say: "You don't have a problem"…so you don't meet a doctor. So it's up to you and your skills to convince the nurse to let you meet the doctor, to insist.

Having recently been admitted to hospital for an operation, Aliyah had observed that as an African woman, she received a poorer service than other Swedes: "I felt that the Swedes get the established doctors while the foreigners get interns. It's a feeling I got, but like I said I don't have proof. I could be wrong". She said that "because [she's] a foreigner" the healthcare professionals "don't treat [her] like a patient who needs to be treated". The extra barriers for those who look or sound foreign when seeking access to a doctor, to an experienced doctor and to appropriate treatment, all added up to extra work, at a time when help was most needed. As Aliyah explained:

> I just want to say that we as foreigners when we try to meet a doctor, we need to make an extra effort to get help. I don't think Swedes need to make the same effort because they get the help they need and they ask the doctor and the doctor asks them about many things. I always feel that we need to make more effort, so even though you are ill, you need to be alert and focus so you don't miss anything. When you are ill, you may not be able to talk or focus but you have to…you have to be sick and focused at the same time.

Aliyah describes a double-bind for those who are new migrants and who have a 'foreign' appearance in that their healthcare needs are deprioritised and they also lack the supportive networks and cultural knowledge to negotiate better care via an alternative route.

4.2.3. Lack of Appropriate Support for Carers

It was not only migrant women who found accessing suitable healthcare problematic. Åsa (Got10), a 60 year old Swedish woman, divorced from a man from Eritrea, with whom she had had three children, felt let-down by the healthcare system. Åsa was coping with thyroid and joint symptoms that she attributed to severe mental distress. She explained that two of her adult children had

died within 3 months of each other and so she was dealing with great "sorrow" which gave rise to "somatic ailments" due to having "lost [her] children, which [she] took hard". Both deaths had been unexpected and probably related to existing chronic health problems. Swedish born and bred and employed in healthcare, Åsa was confident about accessing services, but found that none of them responded appropriately to her loss. A mindfulness group, identified and paid for by her employer, "had its own agenda" which did not take her needs into account, while a counsellor recommended a self-help book that she felt belittled and even trivialised the scale of her loss, although he sometimes said "sensible things".

Åsa felt that she bore her sorrow alone, reliant on the support of her remaining daughter. Perhaps the death of two offspring could never be lessened by professional services, however responsive and sensitive that provision. Åsa's account reminds us of the limits of professional services to alleviate suffering and also the limits of women's own efforts to overcome restricted resources and services.

Despite her enormous determination Ema, who had had to retire from her cleaning job due to illness, had few alternatives to the public healthcare system, on which she was dependent to meet her many needs. Ema wanted her cataracts treated, but could not afford private treatment, so had to endure the long waiting time in the public system. Maria Alice, a migrant from Santo Tome and Principe, in her thirties, had spent most of her life in Portugal, was employed as a cleaner, and, having been diagnosed HIV positive, had significant healthcare needs. Like Ema, she relied exclusively on the National Health Service (NHS), despite her initial HIV diagnosis being delivered in a humiliating way by a doctor in a public hospital. While the Portuguese NHS is acknowledged as offering the best treatment for serious conditions such as HIV and cancer, Maria Alice nonetheless named specific treatment that she could not access. Specifically, she wished she could get interventions for her failing sight and treatment for depression that she could not afford herself and that were covered neither by her work-based health insurance nor the public healthcare system.

These women's accounts describe the efforts necessary to secure suitable healthcare for themselves as well as parents, partners and offspring, despite language and cultural barriers and in the face of having concerns and symptoms dismissed and deprioritised by professionals, which sometimes amounted to racism. The intimate nature of women's care for family members means that an absence of suitable services can have serious consequences for her own health. Maria Alice was a single mother to two young children and wanted to stay healthy for them. Yuming felt she was barely coping with her father's care and described intense anxiety associated with her father's variable ability to cooperate. The anxiety:

> Coincides with my Dad's dementia, the deeper his dementia, the deeper my anxiety, because then, when his dementia was only mild, then I can cope with it, because he can still communicate and cooperate with me. But it's when his—it's the time when he doesn't cooperate, you know, he refuses to do things; that's when I feel anxious.

The anxiety disrupted her daily life, but she did not take these problems to the GP any longer because he had not offered much in the way of support in the past.

> Interviewer: Did you ever bring it [anxiety] up with him?
>
> Yuming: Well I saw him a few times and I said, "Look, doctor, I got this chest pains and I think it is brought on by anxiety and just pressure and stress", and he gave me tablets for it. That's what he does. They don't advise any kind of counselling or whatever….Yeah, it could be stress but then you can't really get tablets for stress, can you? You can't kill stress with tablets.

Cristina, 60 years-old, was born in Angola, had lived in Portugal for decades and suffered with many health issues. She attributed chronic leg wounds to an accidental fall at work. Despite private insurance through her employment as a cleaner, this option was later withdrawn leaving her dependent on the NHS. She said:

> I don't really know what happened. I was good with the insurance and they took it away to put me back to the public system, something like that….They are treating me as if the problem I have is something I was born with. They say it is a prolonged illness but I was not born like this.

Cristina was distressed that her leg wounds did not heal and that their cause was misunderstood by her healthcare providers. She reported dismissal from her occupation-related private provision when her injuries became a chronic problem and, as a migrant, with little education and having been dismissed from her low-paid employment, Cristina had very few alternatives.

5. Discussion

Drawing on material from semi-structured interviews and a survey, this account renders visible gendered work undertaken to meet healthcare needs in diverse neighbourhoods. Using a typology of healthcare bricolage, the survey showed women more likely to report bricolage than men and, where men reported bricolage, it was more likely to be within the healthcare system. This pattern, consistent with gendered expectations of women as carers, can be seen among non-migrants and second-generation migrants, but was much less marked among migrants across the whole sample, suggesting that the difficulties of navigating an unfamiliar healthcare system disrupt women's bricolage. Unfamiliarity with the health-

care system could explain why gender differences seen in non-migrants and the descendants of migrants are reduced in the migrant generation.

The gendered bricolage pattern in our survey data is complex—with the gender differences varying by not only migration status, but also by country, suggesting the influence of the national healthcare systems on the opportunity for bricolage. In countries where the tendency to bricolage was more pronounced (Germany, Sweden), gender difference comes into play with women doing more bricolage than men and perhaps with women bricolaging on behalf of men, although our survey questions did not ask about this. By contrast, in Portugal and the UK where there is much less bricolage overall, gender differences play only a marginal role in explaining the survey data, but are clearly important in making sense of the qualitative interview material.

In the UK and Portugal there may be less opportunity for bricolage because of the configuration of the NHS with limited points of entry for patients to be referred on for care. While those with professional social networks can negotiate better care, for women in unskilled labour or who are unemployed, their networks do not offer the resources with which to bricolage. The Portuguese system offers very few alternatives to the NHS, so while it is possible to contract private services for tests and basic treatments due to public subcontracting, the infrastructure, treatment and physicians available through the NHS for serious diseases such as AIDS/HIV, diabetes and cancer are better than private provision. Women on low incomes have little incentive to bricolage so as to add to the healthcare system, especially when they do not have a social network that could support such an endeavour.

In the UK, as in Portugal, the costs of getting treatment outside the NHS are prohibitive and so women are less likely to add to the system through out-of-pocket treatments or private health insurance, although many state their desire to do so in order to access care more quickly in the face of lengthy waiting times. The universal but rigid healthcare systems of Portugal and the UK do not afford much scope for within-system bricolage, whereas in Germany the insurance-based system requires people to make a choice from a range of potential providers, the cost of which is subsequently reimbursed. Healthcare access is not controlled by providers in Germany and women bricolage more than men, who, if they do bricolage tend not to add to the system. Sweden has a universal tax-based healthcare system, but the range of different entry points and referral routes affords opportunity for within-system bricolage, which is undertaken by women to a greater extent than men, although Aliyah felt it was more difficult for foreigners. Sweden has very little private healthcare provision, limiting opportunities to add to the system.

The accounts of women's attempts to access suitable healthcare for themselves and their family, illustrate how gender, social class and racialisation intersect with migration in the context of national healthcare systems. Women provided translation and mediation services for partners, parents, offspring, persisting in the search for solutions in the face of unsuitable or ineffective treatment. Women's networks, largely consisting of other women, supported them in seeking suitable healthcare through advice and the provision of materials, including medication, where men feature as recipients, but not providers of support. The ability to insist on alternatives to inadequate or inappropriate care cannot be taken for granted, but when in a caring role, even women who were not confident in negotiating with providers, persisted on behalf of others. This persistence could have costs in terms of their own health, as illustrated by Yuming's anxiety. Women's resilience in the face of enormous challenges was illustrated by Ema's assertion that a health problem simply had to be resolved.

Women's persistence in seeking access to care was important for getting suitable treatment, despite concerns being dismissed by professionals. Professionals' reluctance to engage with women's health concerns must be seen in the light of embodied identities as Black, migrant, old, disabled and/or working class women intersecting with the structures of class and race. Specific needs around minority language and ethnic identity were not always respected by service providers and foreigners' healthcare needs were routinely deprioritised, according to some women. The intersections show why no single aspect of identity can be solely determinant. Thus, Black, migrant, single mothers in low-paid work described different outcomes: Annie repeatedly had concerns about her son's health dismissed; Maria Alice accepted treatment through the public health system, despite having been humiliated by a doctor; while Olga was able to negotiate more acceptable treatment for her daughter. Olga's success in getting appropriate healthcare was perhaps due to the German social insurance system that requires bricolage from healthcare users, alongside Olga's university-level education and confidence in German.

The ability to bricolage was enhanced by good social networks and the experience of depression and anxiety hindered it. The limited networks of migrants, as compared with 'natives', were said by Aliyah to constrain women's life choices. Some women who could not access suitable healthcare withdrew from further contact with healthcare provision without lodging any protest or official complaint; a tendency to express gratitude for inadequate services suggestive of a sense of expectation to behave like a "good migrant" (Bradby, Humphris, & Padilla, 2018).

6. Conclusion

Healthcare and welfare systems have been important in shifting caring work that had largely fallen on women in domestic settings, away from the private to the public sphere. However, caring remains gendered in ways that are revealed by looking at bricolage patterns across

four countries. In order to bricolage healthcare access, women need supportive networks and cultural knowledge and even then, they may not find their way to suitable treatment. The complexities of gender's intersection with racialised aspects of identity, with ethnicity and social class and with the specificities of healthcare systems, make intervening in this area complex, although the unmet need for care and support is apparent. Women have told us stories of the exhaustion and frustration involved in getting healthcare, but the details and contours of that exhaustion are not easy to generalise and so are likely to continue to be under-acknowledged as a hidden feature of accessing healthcare.

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Conflict of Interests

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Commentary

Religion, Gender, and Social Welfare: Considerations Regarding Inclusion

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Abstract
There is increased interest in faith-based social service provision in recent years, both in the United States and across Europe. While faith-based organizations provide welcome and needed services, there are several potential problems of social inclusion which involve gender, including decreased availability of social services when faith-based organizations are expected to compensate for cuts in government spending, potential for religious discrimination in employment, and potential for religious discrimination against recipients.

Keywords
gender; inclusion; religion; social welfare

Issue
This commentary is part of the issue "Exhausted Women—Exhausted Welfare: Understanding Religion, Gender and Welfare in Social Inclusion", edited by Martha Middlemiss Lé Mon (Uppsala University, Sweden).

1. Introduction

In recent years there has been increased interest in faith-based social service providers across the United States and Europe, including the Nordic states (Baker, 2012; Rommelspacher, 2017). Drawing on my background as a sociologist of religion studying the United States, I aim to raise questions about religious social services and social inclusion, urging readers to consider how they may translate to a Nordic context despite differing approaches to social welfare and religion.

Even in a more secular era, 90% of American adults say they believe in a higher power and 38% claim to attend religious services weekly or almost weekly (Fahmy, 2018; Newport, 2018). 83% of congregations, comprising 92% of service attendees, provide assistance to people outside the congregation, most often short-term assistance for food or clothing (Chaves & Eagle, 2016, p. 54). Large religious non-profit organizations receive a substantial portion of their funding from the government and are among the major human service providers in the United States. Public policy in the past two decades has demonstrated increased emphasis on faith-based social service provision.

According to Birgit Rommelspacher (2017), although church membership and attendance is declining in Europe, faith-based social service agencies have become more numerous. Rommelspacher (2017) claims that despite critique of religion, the services of faith-based organizations are welcomed by people, while politicians appreciate their "economic advantages" and "their image of offering more personally-motivated services" (Rommelspacher, 2017, p. 799). She notes how churches provide more than half of social services in Germany (with Christian social welfare organizations employing over 1 million people) and notes that faith-based social services have greatly expanded in Sweden as public welfare expenditure has decreased (Rommelspacher, 2017). Christopher Baker (2012, p. 6) similarly claims that in England, "millions of pounds of government money [are] being pumped into helping faith groups become 'service provider' ready".

"Faith-based social service provision" is broad, ranging from individual congregational volunteers to large professional organizations. It also ranges in intensity of religion in the operations of social service provision—from none to extremely intense (Rommelspacher, 2017). Women make up the majority of congregational volun-

teers, professional service providers, and service recipients (Edgardh, 2011).

Regarding social inclusion, there are several issues which have arisen in the United States that can translate to Nordic countries: (1) If faith-based organizations are expected to compensate for cuts in government spending, there is a fundamental question of social inclusion—will all who need services receive them? (2) If faith-based social service providers can discriminate in employment, social exclusion of some applicants or employees will occur, and (3) Social exclusion also arises when organizations can discriminate against potential recipients. Gender issues are salient in all of these questions.

2. Recent Policy Background on Religion and Social Welfare Provision in the United States

Religious organizations have long been involved in social service provision in the United States, through small-scale efforts in congregations to large religious nonprofit organizations (Hall, 2016). Political and scholarly interest in faith-based provision of social services intensified after the 1996 welfare reform law, which contained a clause encouraging partnerships between religious organizations and government in service provision. While partnerships between religious service organizations and government had previously existed for decades, religious organizations had to set up separate non-profit organizations that did not display religious symbols, and they could not discriminate in hiring on the basis of religion (Cnaan & Boddie, 2002). Under the new law, religious symbols and principles were permitted in programs receiving government money, which could hire staff using religious criteria. Individual congregations were permitted to apply for government funds to support social services (but not religious activities); proselytizing and rejecting recipients on the basis of religion were prohibited. Recipients also had the right to have alternative non-religious providers available (Cnaan & Boddie, 2002). In 2001, then-President Bush established the White House Office of Faith-Based and Community Initiatives to further develop religious partnerships. Numerous states, cities, and federal agencies developed their own faith-based offices. Executive orders controversially exempted religious organizations from non-discrimination clauses in hiring (Wright, 2009). Scholars note that the Clinton/Bush era laws did not result in largely increased partnerships between government and faith organizations. According to Peter Dobkin Hall:

> The debate over charitable choice stemming from the welfare reforms of the mid-1990s was not so much an argument about church-state separation as it was an effort to codify government support for faith-based social services that had been a feature of America's human services regime for decades. (Hall, 2016, p. 23)

Former president Obama continued to work with faith communities, renaming the office the White House Office of Faith-Based and Neighborhood Partnerships. He created a faith advisory council composed of clergy of different backgrounds and non-profit leaders to provide advice on policy priorities; partnership offices also worked in 13 federal agencies (White House Archives, n.d.).

In 2018, President Trump announced an executive order replacing the Obama era office with a new White House Faith and Opportunity Initiative, saying:

> This office will also help ensure that faith-based organizations have equal access to government funding and the equal right to exercise their deeply held beliefs. We take this step because we know that, in solving the many, many problems and our great challenges, faith is more powerful than government, and nothing is more powerful than God. (White House Briefings, 2018)

The executive order allows every department to incorporate partnerships with faith communities. It removes language requiring alternate service providers be made available for people who do not desire a faith-based service provider as well as raises concerns about potential for discrimination against LGBTQ persons and others (Levine, 2018).

3. Conclusion: Services, Gender, and Social Inclusion

Returning to the three issues posed at the beginning of this commentary, it is clear that while religiously-affiliated social service provision is an important part of social welfare, it is wise to be attentive to potential for social exclusion. Despite differing social welfare contexts, these concerns extend beyond the United States to Europe, including the Nordic countries.

Most fundamentally, religious social service providers do not have the capacity to substantially replace the role of government (Green, 2017). The notion that "faith is more powerful than government, and nothing is more powerful than God" cited above in President Trump's 2018 remarks, coupled with his proposed drastic budget cuts to human services, points to a notion that religious institutions should have an increased role in providing services in light of decreased governmental provision—a notion also occurring in Europe. However, large religious non-profits in the United States receive substantial percentages of their funding from the government, while individual congregations provide needed services but at small scales (Chaves & Eagle, 2016). Social exclusion, then, will occur when people are denied needed services. Ninna Edgardh states that "women will suffer disproportionately from any diminution in the role of the state as responsible for the welfare of the citizens" (Edgardh, 2011, p. 64). Some women will suffer as recipients losing services, while some will suffer overwhelming

care burdens as default presumed caregivers of family members (Edgardh, 2011). For my book, *Living Faith: Everyday Religion and Mothers in Poverty*, I interviewed urban women in extreme poverty. While appreciating the good that religious social services do, many women raised concerns. Said one:

> I think that they [churches] do what they can do, but they have a lot of limitations as far as funds and raising money….Every church I know helps people with food banks, clothing drives, or things like that. I think they do a lot, and I think the government should be doing more. (Sullivan, 2011, p. 222)

Second, faith-based service providers in the United States can legally use religious preferences in hiring. Large religiously-affiliated professional social service nonprofits hire from all religions and none. However, religious organizations are permitted to use hiring preferences, even if financially partnering with government. While laws permitting religious hiring preferences are designed to allow religious social service providers to retain their core identity, in practice it is necessary to be attentive to potential for social exclusion. Gender issues arise here in that employees are primarily women (paid social service work is primarily provided by women in both the United States and Europe; see Edgardh, 2011), as well as because of potential for discrimination due to sexual orientation. Discrimination concerns have impacted Europe as well, as Josef Hien (2017) details in a discussion of employment discrimination by faith-based welfare providers in Germany, where 80% of social care workers are female. Hien describes cases of people who lost their jobs due to "morally and socially conservative" faith-based welfare organizations, legally exempt from labor discrimination laws, disapproving of employees' lifestyles (such as having a same-sex partner; Hien, 2017, p. 535).

Third, in the United States, recent changes have brought concerns regarding discrimination against recipients, prohibited for organizations partnering with government in earlier laws (Cnaan & Boddie, 2002). While large professionalized religious nonprofits do not discriminate against recipients by religion, this may not hold true for all types of faith-based providers. Furthermore, recipients are no longer required to receive information about alternative secular organizations. Gender issues are salient, as substantial concerns have been raised regarding discrimination against LGBTQ populations (Levine, 2018). Even without active discrimination, exclusion may still occur, as noted by the women in poverty I interviewed who feared that people unaffiliated with religion would have less access to social services: "There's people who don't have a church home…so what happens to those people? The services wouldn't be spread among the people equally" (Sullivan, 2011, p. 222). Finally, some types of faith-based service providers promote conservative gendered views which may not be beneficial to recipients. For example, Rachel Ellis (2018) found in research on prison ministry to female inmates that Christian and Muslim volunteers encouraged inmates to find a religious husband and be submissive to him.

To conclude, in both the United States and Europe, governments are looking to faith communities as possible sources of increased social service provision, sources viewed as less expensive and more personal. Despite the welcome and needed social services that congregational volunteers and faith-based organizations provide to their communities, it is necessary to remain alert to issues of social inclusion—especially as they relate to gender.

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Conflict of Interests

The author declares no conflict of interests.

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