

*Welfare and Values in Europe:
Transitions related to Religion, Minorities and Gender (WaVE)*

ENGLAND

D9: Darlington Case Study Report

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1. Abstract

In Darlington, a medium sized town in the North East of England, the residents who are not ethnically white British and also Christian, make up a very small percentage of the population. In this respect issues of welfare and wellbeing for members of minority groups in Darlington are similar to the situation in many other towns in England. The minority communities also represent a breadth of different experiences from the often invisible, but settled Gypsy / Traveller population, the more visible and also settled Bangladeshi, Muslim community to the new and fast growing and less coherent Polish community. Observation of the ways in which members of these groups interact with welfare services, coupled with interviews show that while many are happy with the services on offer there are some areas of particular importance for the minority communities and difficulties connected to their minority status to be overcome. In actions and attitudes expressed in relation to welfare issues basic values can be identified. These values have their roots in cultural tradition and religion and, while by no means exclusive to the minority communities in the town, they seem to be particularly strong motivators within these groups.

2. Presentation of the town

2.1 Introduction to the town

Darlington is a Medieval market town in the North East of England with a population of about 99,177 (DBC 2006a). The ethnic minority population in the town is well below the national average at 2.1% compared with a national average of 9.1% (DBC 2006a). Traditionally migration into the area has been a very marginal factor in the growth of the town, but although the North East region has one of the lowest proportions of people born outside of the British Isles (2.7% as opposed to a national average of 7.53%), between 1991 and 2001 it experienced the biggest rate of change in these figures of any area except London.

Although Darlington has a history as a manufacturing town, today 80% of those in paid employment have jobs within the service sector and the average wage in the town is low (Middlemiss 2006, p. 5). Unemployment in Darlington is also slightly higher than both regional and national averages and population density is above average (DBC 2006a).

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2.2 Majority and minority presence

Darlington, like the North East region as a whole does not have a particularly diverse population in terms of either ethnicity or faith. Nearly 98% of the population of the town are of white ethnic origin and 80% identify themselves as Christian. However, given that large numbers of most of the minority ethnic and religious communities in the UK as a whole are concentrated in large urban conurbations, the situation for minority communities in Darlington is similar to that for many others in medium sized towns throughout the country.

Figures from the 2001 Census can be broken down for analysis at levels of both town and administrative and electoral districts, called wards. In contrast to practice in many other European countries this Census collects information on the population categorised by ethnic origin. Table 1 below shows the numbers of people by ethnic group at town level and regional level as a percentage of the population. Collectively the non-white British population is referred to as the Black Minority Ethnic (BME) sector of the population. In 2001 the Census also included for the first time a voluntary question on religious affiliation, allowing for the religious presence in the country to be mapped and compared to ethnic identity (Table 2).

Table 1. Percentage of People by Ethnic Group¹

	<u>Darlington</u>	<u>North East</u>	<u>England</u>
<u>Total population</u>	97,838	2,515,442	49,138,831
<u>Resident population (%)</u>			
White	97.9	97.6	90.9
Mixed	0.6	0.5	1.3
Asian or Asian British	0.9	1.3	4.6
Indian	0.4	0.4	2.1

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Pakistani	0.1	0.6	1.4
Bangladeshi	0.3	0.3	0.6
Other Asian	0.1	0.1	0.5
Black or Black British	0.2	0.2	2.1
Caribbean	0.1	0.04	1.1
African	0.1	0.1	1.0
Other Black	0.0	0.02	0.2
Chinese or Other Ethnic Group	0.4	0.4	0.9
Total BME as % of total	2.1	2.4	9.1

Table 2. Percentage of People by Religious Affiliation²

	<u>Darlington</u>	<u>North East</u>	<u>England</u>
<u>Total population</u>	97,838	2,515,442	49,138,831
<u>Religion (%)</u>			
Christian	79.8	80.1	71.7
Buddhist	0.1	0.1	0.3
Hindu	0.1	0.2	1.1
Jewish	0.0	0.1	0.5
Muslim	0.6	1.1	3.1
Sikh	0.3	0.2	0.7
Other religions	0.2	0.2	0.3
No religion	11.4	11.0	14.6
Religion not stated	7.5	7.1	7.7

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Statistics indicating numbers of foreign born residents show that the largest proportion of migrant residents in Darlington is from Germany,³ followed by those born in India (BBC News A and Soni 2002, p. 59). Census data do not show patterns of migration since the accession of the 10 new states to the EU in 2004, but data from the Worker Registration Scheme show that although the North East has the fewest such migrants of any region in the UK, this has made an impact on diversity in the region. Up to 4,700 registrations were made between May 2004 and February 2006 of which 328 were in Darlington ; these figures are likely to be well below actual figures. When broken down by nationality the largest of the groups represented here are those of Polish nationality, followed by Lithuanian and Czech (Pillai 2006, pp. 18 - 21).

Migrants in the region are younger and more mobile than the British born population supporting other evidence indicating that many are EU citizens coming to the region to work, but not necessarily to settle, unlike earlier migration flows during the second half of the twentieth century, mainly consisting of Black and Asian migrants from Commonwealth countries. These migration flows were predominantly long-term, long-distance and characterised by existing family and community networks (Pillai 2006, p. 16).

2.2.1 Distinct Communities

Although there are several distinct minority communities in Darlington, these are not always easy to define in terms of language, religion or ethnic background (Thandi 2002, p. 61). In the following we have therefore made use of the categories into which the individuals we spoke to have placed themselves, and which represent the ways in which the communities have grouped themselves in Darlington. Here the groups are listed roughly in terms of size, although as ethnic and religious classifications sometimes coincide and have been included together here, this order is not systematic. The numbers of those given in each of the groups are taken from the Census.

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Traveller / Gypsy Community

There is an established Gypsy and Traveller population resident in Darlington, but although Gypsies and Irish travellers are recognised as Ethnic Minorities under the Human Rights Act it is not monitored as an ethnic identity for Census purposes so there are no statistics as to how many are resident in Darlington. . The generic term Traveller is often used to include a variety of groups including Roma, but also English Gypsies, Irish Travellers, Fairground and Showmen and New Age Travellers.⁴ Another difficulty in assessing numbers is the seasonal mobility of a large sector of this group. While some families have settled permanently in Darlington a significant number continue to travel for work as seasonal labourers and other families not based in Darlington travel to or through the town throughout the year. Lack of campsites means that many of those travelling through will set up unauthorised encampments and will therefore be moved on quickly by the local authorities.

The two sites in Darlington leased to members of the Traveller community by the Council provide 52 permanent residential pitches (hard standing areas each for 2 caravans) and 24 shorter term transit pitches (DBC B). This means that unlike the other minority communities in Darlington, the Traveller population lives on the outskirts of the town. In addition to the two larger sites there are three smaller owner occupied sites and a large number of families who currently live in houses. One estate in particular has a large concentration of Traveller families. The two Council owned sites are home to two distinct communities, one of which at least has a distinct faith profile in the Charismatic Christian tradition. Many of the families who live there attend a particular church in the town centre. Other members of the community in the town identify with one of the more high church Anglican churches, or the Roman Catholic churches.

Bangladeshi

The Bangladeshi community seems to define itself much by ethnic origin and language and many refer to themselves as Bengali and Bangladeshi interchangeably, but the vast majority are also Muslims. The Bangladeshi group is one of the smallest

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ethnic groups in the area (595 people). The largest community is however resident in Darlington (284) and to be found almost exclusively in the Northgate ward near the centre of town (DBC 2006b).

Muslim

According to the Census 559 people in Darlington identify themselves as Muslim, a population which is heavily concentrated in Northgate ward, where the Mosque is situated. Over 90% of the Bangladeshi and Pakistani communities are Muslim, but there are also Muslims in Darlington from other ethnic groups. The Pakistani population, while relatively large in the region is small in Darlington itself (c. 86).

Indian

While the number of ethnic Indian individuals in Darlington is fairly large (430) populations are distributed across urban Darlington. In addition the population is divided along faith lines, the major religions represented being Hindu (c. 120) and Sikh, as well as some Muslims. Therefore, community groupings tend to be formed along faith lines. The Sikh community, (c.300), in particular, has always structured itself along religious lines despite the diversity of languages and parts of India represented amongst its members.

Polish (and citizens of other countries in central Europe)

The Polish community is not visible in the Census, but estimates within the local authority indicate large numbers in the town and surrounding area (c. 7,000). These immigrants from Poland and other central European countries tend to come to work and are active in a wide variety of employment sectors (Fitzgerald 2007).

Chinese

Mixed as regards religion (about half of the Chinese community in the Census report themselves as being of: “No Religion”), the Chinese community (240) is more

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scattered geographically than any of the other minority ethnic groups in the town. To the external observer the community is therefore not very visible, but for its members, one Chinese respondent emphasised, there exists a community distinct both from the majority community in Darlington and from the Chinese population in the region as a whole (17, F).

Christian churches

Almost 80% of the population of Darlington call themselves Christian, but there are no formal membership statistics for the Christian churches to indicate numbers of people who feel a sense of affiliation with a particular denomination. Nationally about 50% of the population of the country tend to indicate a sense of affiliation with the Church of England and in Darlington it has 10 parishes covering the town, with more in the surrounding area. Also represented in the town are the Roman Catholic Church, the Methodists, the Eastern Orthodox church, the Religious Society of Friends (Quakers), the Salvation Army, the United Reform Church, and the traditional Anglican Communion as well as about nine non-denominational (Free) churches, including Baptist, Pentecostal and Charismatic congregations.

Other Ethnic minority and faith communities

In addition to the groups noted above two others in particular are worth mentioning. Firstly, the long established and well integrated African Caribbean population. Of those who classify themselves as Black or Black British in the Census the vast majority specify African (160) or Caribbean (140). Many are affiliated to a variety of Christian denominations, but Islam, Buddhism, Hinduism and Rastafarianism are also represented (DBC 2006b). Secondly, there is a small Jewish community (43 people), although there has been no Rabbi based permanently in the town for years and recently the synagogue, which had been used occasionally, was closed (4, M).

2.2.2 Minority Welfare needs

Deprivation

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Statistics, which break down the town into its 25 wards show that the town mirrors the national situation as regards inequalities in health and wealth. Figures from the national index of multiple deprivation show clearly that while some in Darlington live in comfortable circumstances, 44% of the residents of the town live in wards that are in the 25% most deprived in the country (Middlemiss 2006, 5). The vast majority of the individuals, who ascribe themselves an ethnic identity other than white British, live in two of the most deprived wards in central Darlington (Soni 2002, p. 55). In addition to this, statistically more deprived wards on the east side of town are also experiencing dramatically larger increases of rates of immigration than the more prosperous west side (BBC News A). It therefore seems reasonable to suggest that minority communities in Darlington are overrepresented amongst those who have significant welfare needs.

Unemployment

Most EU born migrants have moved to Britain to work, and have strong employment rates and low inactivity levels, therefore pushing up the employment rate for migrants in total. For non EU born migrants in the North East however the situation is the reverse with lower employment and higher inactivity levels (Pillai 2006, pp. 24-5).

2.3 The local welfare system

2.3.1 Public Service provision and organisation

Role of local government

An elected Council has responsibility at local level for public welfare services which do not come under the jurisdiction of the health care authorities. The Council decides on the budget and policy framework for the local authority. Services are then provided through a departmental structure staffed by professionals (DBC C). Today however, the local authority itself does not actually run all services, but is rather responsible for contracting and monitoring both for profit and not for profit service providers.

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Health care

Responsibility for general local health care and hospital care is held by the Primary Care Trust (PCT) and the Acute Hospitals NHS Trust respectively. These organisations are independent statutory bodies accountable not to the Council but to the county statutory health authority and the public through a board consisting of both professional and local lay people.

Partnership

The running of the town is significantly influenced by the existence of a local strategic partnership, the Darlington Partnership, which is a formalised way of coordinating interaction between authorities, businesses and civil society at a local level (Darlington Partnership 2003, p. 18).⁵ The Partnership is therefore not a service provider in its own right, but sets goals in the form of a community strategy, which all organisations and authorities in the town agree to work towards together (Darlington Partnership A). It has no funding with which to provide services over and above those disposed of by its member bodies, so rather than being a new source of action or funding, it is supposed to be a catalyst and facilitating body and is dependent on the strong voluntary sector of over 500 voluntary organisations and community groups in the town with over 10,000 volunteers (Darlington Partnership 2003, p. 10).

An overview of the local public welfare provision

The public welfare provision available to those legally resident in Darlington is fairly comprehensive and for the most part free at point of contact. Some services, such as education for children, is freely available to all, while other aspects are conditional on the level of income, or need for a service that the potential recipient can demonstrate. Basically, however, those resident in Darlington who need it have access within the public sector to health services, housing support, assistance at home or residential care for the elderly and disabled, income and child support, fuel allowance and free bus travel for the elderly. Private and voluntary bodies may be commissioned by the local

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authority to provide services within these areas, but otherwise services provided by voluntary bodies and financed by other means are over and above this basic provision.

During 2005-06 there were 1,409 people aged over 65 receiving services via the council helping them to live in their own home and a further 485 were being supported in permanent residential care. Community based services of different types were also provided for 673 people aged 18 – 64 and residential care for a further 73 adults under 65 (DBC 2006a, pp. 1-2). Given that c. 18,500 people over the age of 65 are resident in Darlington, however, and that 14,588 residents are reported in the Census as having a long-term limiting illness, these figures above are not large and raise questions as to the number of people relying on informal care from relatives and voluntary bodies.

2.3.2 Provision for Minorities within the welfare system

Equality Policy and Social Inclusion

Both Local Authority and PCT are legally obliged to develop and implement equality policies for both employment and service delivery within the welfare sector.⁶ At a practical level this includes initiatives to raise awareness amongst staff of the needs of particular groups and develop links with community leaders (DBC 2006c, pp. 9-11). Departments regularly assess their progress in this field against set targets and hold consultations both with minority groups in general and with representatives of particular groups (DBC A and 2, F). Regular consultations with members of the general public also show similar levels of satisfaction with health services from people of all ethnic groups.

Other social inclusion initiatives include a Police Liaison Group, set up to facilitate interaction between the police and the minority communities in the town and extensive translation and interpretation services provided by both social services and the PCT.⁷ In addition one of the active goals of the community strategy is to increase BME involvement in the town's community partnerships and to develop interfaith activity. How far these goals have been achieved varies between the different

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community partnerships. Initiatives range from a ‘World Cup International Football Tournament’ for boys aged 9-12, to attempts to find members of the minority communities willing to sit on the partnership boards.

As regards interfaith activity at a town level a Multi-Faith Forum was set up in 2005. This is mainly a discussion forum involving a small number of people (1, M). There are a number of reasons for the limited nature of this initiative, one of which is a caution expressed by some as to whether encouraging interfaith activity is a useful approach. This is well expressed in the response of one community worker in Darlington to a national mapping exercise organised by the Inter Faith Network for the United Kingdom in 2003, here presented in an extract from the final report: “*A respondent working with young people from the Bangladeshi community and others in Darlington suggested that interfaith issues were perhaps best not tackled directly, given the sensitive aspects of religious identity, particularly in the context of the current situation in the Middle East. Friendship building exercises were, he felt, a better starting place to open minds to others’ different faiths and cultures*”(Interfaith Network for the UK 2003, p. 57). The football tournament mentioned above is an example of a current initiative organised with such a strategy in mind (3, F).

Finally, it is important to note the upsurge in recent years in government interest in working with faith communities in community development and the project funding available for services and projects run by faith communities. In 2005 a number of community development bodies organised a seminar day in the region on faith-based community regeneration work, mainly attended by those working in the field. Participants commented that, while this development is largely beneficial to faith communities, there is a risk that authorities use such cooperation to further their own agendas, rather than focusing on meeting the faith groups’ needs (Humphreys 2005, p. 10).

Immigration policy and connection to welfare rights

Figures from the National Asylum Support Service show 19 households of asylum seekers, made up of 31 individuals living in Darlington in September 2006 (NERS

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2006, p. 5). National policy towards asylum seekers including dispersal schemes, namely that asylum seekers are not allowed to work and that their benefits are provided through voucher schemes rather than as cash means that asylum seekers, have particular difficulties in accessing services, over and above the problems, such as language difficulties, that members of settled minority communities have. These differences are highlighted in a report from 2002, which notes a feeling amongst asylum seekers in Darlington of inadequacies with housing, language services and English classes and the amount of vouchers (Thandi 2002, pp. 106-8).

Welfare rights for travelling Gypsies and Travellers

While Travellers formally resident in the town have the right to access welfare services, those who are only passing through can easily fall through the net. The local authority is legally required to move them on, but not obliged to provide welfare services. It is therefore often difficult for many of these families to access even basic health services. Here, however, Darlington is unusual in employing a Health Visitor with particular responsibility for this community who has in turn liaised with other bodies to set in place systems which can ensure that these families have access to health care. When the local authority is notified of an unauthorised encampment the Health Visitor is now also notified immediately and if possible visits the site to assess needs and administer basic health care before the families are moved on; she has also arranged for access to emergency dental care, something which she is not aware of for Travellers in other parts of the country.

2.3.3 Role of majority church

The majority church in the town, the Church of England, continues to have a particular role given its status as an established church. This is evident in its presence in all areas of town, representation on the Partnership and a certain coordinating function in terms of ecumenical work. It does not, however, have a particular function within welfare provision in relation to the local authorities over and above that of other voluntary organisations.

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Given the established nature of the Church, the parishes and, as an interview study in 2004 showed, the priests in particular feel very keenly their responsibility for the wellbeing of all those who live within the parish boundaries (Middlemiss 2006). This said, the ways in which this responsibility is expressed vary considerably from parish to parish. By far the most active of the Christian churches in the social field, however, is not the majority church, but the Baptist church in the town centre, which runs extensive programmes for the homeless and those with drug addiction in the area. The services provided by all the Christian churches and by other organisations with a Christian ethos, organisation or background are open to all and support and care is not conditional on the recipient's faith. In practice, however, services provided directly through the churches are mainly used by those with some personal connection to the worshipping community (see Middlemiss 2006).

2.3.4 Minority associations/networks

There are about a dozen groups, associations and networks in Darlington, which have been set up for the benefit of one particular minority group or community. Some of these also have more narrowly defined target groups (usually age or gender), such as the Bangladeshi Women's Association.

The size, scope and extent to which such groups are active varies, but as far as investigations could ascertain none of these groups runs what could be described as welfare or social work programmes. They seem to function mainly as social networks, through which informal welfare needs may be recognised and met by members of the community. Representatives of both the Sikh community and the Islamic society, for example, both stressed the worship centred role of the Gurdwara and the Mosque and the fact that no formal welfare programmes are run from, either of these buildings, but there are many examples of more informal support (6, M and telephone interview 3, M). One good example can be found within the Sikh community. Following the traditional communal meal after worship, care is taken to make sure that some members of the community, who it is known suffer financial hardship, are able to take away the remaining food with them. This is, however, not explicitly discussed to

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avoid embarrassment and cannot be seen as a policy decision within the community itself (16, F).

One more formalised body working for and with minority groups in the town is the Racial Equality Council (REC). Interviews with some of those who work with minority groups indicate that there has been suspicion of the REC from members of some groups, who have felt that it has been less representative of their interests than those of others. This is also indicative of the pitfalls of assessing the role and influence of minority groups by studying formal associations and organisations. Their role in practice is often very different to its appearance on paper and in several cases an association turns out to be one or two influential people. This highlights the important role of individuals in voluntary and community based groups.

3. Context and timeframe

The fieldwork for this study took place between September 2006 and September 2007, with the main concentration of research on site taking place in two periods in January and May 2007. No major national or local events took place during the fieldwork that might have had a significant impact on results, but some changes locally are worth mentioning.

Local council elections took place in May 2007 and, while this did not significantly affect the political composition of the council, it meant that some welfare issues were perhaps more prominent in people's minds than otherwise due to the ongoing election campaigns.

More generally as work started it became clear that the authorities were just becoming aware of and beginning to try to interact with the new, but sizable Polish community so issues connected with this community were high on the agenda.

Finally, it is worth expanding on the introduction given to the Racial Equality Council above. At the time of fieldwork this organisation, which represents both Durham and Darlington and had been very active in Darlington in the past, appeared to be without

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a director, no longer had offices in the town and proved impossible to contact. This represents a hiatus in, if not cessation of, activity in Darlington by the one body which claimed to represent minorities in the town in general.

4. Methods and sources

4.1 Groups and Themes

We are focusing on three very different minority groups:

- 1) The established Bangladeshi/Bengali community, which is also a Muslim community, concentrated in one area of the town.
- 2) The Traveller/Gypsy community, which has been present in the area for many generations, but is a fairly invisible minority.
- 3) The very new and fast growing Polish community.

In addition we focus on issues of children, the elderly, and women's roles and situation, and as work progressed we found that our thematic focus, was the most productive. In particular there were difficulties in gaining access to the Traveller community. In the analysis below therefore, while more information on the key groups is included, the focus is primarily on key themes, including examples from a wider range of communities.

These groups were chosen because together they represent the breadth of different minority communities in the town highlighting different aspects of minority community experience. The Bangladeshi community is a community that is established in the town and where several generations are represented, with younger generations often born in the town, in contrast to parents and grandparents. Like the Bangladeshi community the Traveller community is a long established presence, including both families that have settled permanently in the town and families that travel for part of the year. The Travellers also have their own distinct culture and community concentrated in areas on the outskirts of town. Unlike the Bangladeshi

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community that has received more attention (both wanted and unwanted) as a result of increasingly widespread BME rhetoric and recent global and national events, however, the Travellers have long been an invisible minority.

The third group forms a contrast to the first two in that it is a very new community. It is also less visible in official statistics than the Bangladeshi community. The recent arrival of this group to the town provides the opportunity to test for differences in experience connected to knowledge of and adaptation to the welfare system.

The three themes, children, the elderly and women, were chosen because in all groups in society, including the majority population, they represent areas where welfare services are in particular demand and where debates and conflicts around issues of welfare are explicitly value laden.

4.2 Methods and Materials

The study took place in two stages. In the first mapping stage a comprehensive amount of documentary material as much as possible was collected and complemented by shorter fact finding interviews, mainly held over the telephone. Documentary material collected included online versions of local newspapers; local authority and Partnership documents both internal and public; websites for local and regional bodies in both the state and civil sectors. In addition the transcripts of 28 interviews with representatives of local authorities, local churches and voluntary organisations, which we collected in the town in 2004 as part of research into the role of the majority church in welfare, were available as important background material (see Middlemiss 2006).

The second in-depth phase of the study focused primarily on open ended interviews with members of the minority communities and with people who work with these communities in a professional or voluntary capacity: 17 semi structured interviews of between 45 minutes and 2 hours were carried out. These were complemented with participant observation in 3 groups followed by shorter interviews with staff and participants. Interviews were carried out at the convenience of the interviewee and

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were held in their home or place of work, where the researcher was often shown the premises. Interviews were recorded and these recordings were complemented by notes taken during interviews and during and after participant observation sessions.

In the text where interviews are cited or used as the basis of a statement in the text the number given to the interview for cataloguing purposes and the gender of the interviewee are indicated in the following manner (16, F). Additional information about the interviewee is, where appropriate, noted in the body of the text. On occasions where the researcher's notes from a participant observation session provide the material this is indicated in the following manner (Group 1).

4.3 Representation

Representation is an issue for this study at a number of levels, both at a research level in terms of the extent to which individuals interviewed can be said to be representative of the communities of which they are members and at a local policy level. These two aspects are interrelated, as frequently those people whom it is easiest to gain access to are those who are in contact with the local authorities (and English language competence is also an issue). By stereotyping people as speaking for a pre-defined community we run the risk of studying communities of our own construction (Bauman 1996, p. 8). Also even if those people we speak with and observe can be said to represent their community at some level they may well only represent one part of it, as generational and gender aspects are particularly important. In addition there is also the question of to what extent the locality is representative of the country as a whole. Given the qualitative nature of this study and the necessarily small size of the sample it is therefore important to bear in mind that the results of this report can only be indicative.

5. Findings

5.1 Cooperation and Cohesion between and within various groups in the welfare domain

One place where members of several different minority communities meet with each other and with white British (nominally) Christian residents is in the field of childcare and schooling. Sure Start is perhaps the best example of this.⁸ Sure Start focuses on highlighting aspects of the cultures of the different parents (mainly mothers) and children who use the facilities of the centre and this seems to be popular and to function within the confines of the centre. Although to what extent this facilitates cohesion, or integration outside of the centre is harder to say. Having once found their way to the centre and built up a sense of familiarity with the surroundings and trust in the staff it is also common for parents to use it as a gateway for other services, such as health care and employment advice (5, F).

The minority communities studied have been found to be tight knit and treated like extended family, but even within this community people will turn to their own family first and attempt not to go outside it for assistance unless absolutely necessary. In the words of one young mother from the Sikh community *“The fact that it is smaller congeals people together really, brings people together. So I think, like you say, there is family support, which is direct and that would obviously be the first thing to do, but even outside of that people will support each other with minor things, like as I say it could just be, can you read me this letter, can you do me this bit of shopping, can you come with me to the GP”* (16, F). Similarly an older Chinese woman emphasised the fact that, although her community is spread out around the town, everyone knows and looks out for everyone else (17, F).

In the Polish community the family network is, for many, the route into Britain, into the local area and towards employment. Polish people that we spoke to were themselves the evidence that family and friends act as advisors to those planning to move to Britain and when they arrive provide accommodation, help and support (10, M). Other studies have indicated the tendency within this community to turn to family

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and friends rather than state benefits and this is also evident in Darlington (10, M see also Fitzgerald 2007, p. 5).

While ties to the extended family seem to be closer in these minority communities than in society at large, however, the basic reliance on the family as the primary element in welfare seems to be the same. This prioritisation of the family is one where the values of minority and majority seem to coincide. This is especially clear regarding the sense of children as a particular priority, although again this seems to be even stronger in the minority communities studied than in the majority community in general. One simple example of this is the contrast in clothing of the children at a playgroup attended by children both from Traveller and non-traveller families. The children from Traveller families arrive for the most part immaculately dressed in outfits that for the majority of other children would be reserved for special occasions (Group 1). This emphasis on clothing may well be a sign of the importance to the group of presenting themselves well in the face of judgement by those outside the group, but other indications, such as the prioritisation of doctors appointments for children, even when this means considerable inconvenience in travelling long distances, also point towards an attitude of putting children in the centre (13, F).

The prioritisation of children is particularly clear when seen in relation to a woman's position in the family before and after motherhood. Motherhood is, within the communities studied, an important factor that can both draw women closer to mainstream society and also push them away. One way in which motherhood draws women closer to mainstream society lies in the fact that many women seek health services when pregnant, or health and social services for their children, that they may not have sought for themselves. Midwives are important points of contact for many women with little English and have been the first point of contact for many, opening doors to other areas. One young woman, originally from Poland and who knew no one other than her husband had, for example, been taken along to a language class by her midwife. There she has begun to learn English and has also met other young women (Group 2).

5.2 Examples of tensions between and within groups

There are clear differences in how different communities within the town make use of collective space and which spaces they use and make their own. There are, for example, interesting tensions between the Local Authority's focus on integration and elements of some communities in the town who prefer to stay within one area of the town and will only attend events specifically targeted to their community. One community worker witnessed to the fact that while not averse to attending events organised by the Local Authority specifically for them many members of the Bangladeshi community are reluctant to attend events organised for a more diverse audience, even when held in familiar spaces (3, F).

Different attitudes and priorities are evident within groups which sometimes appear as tensions, often inter-generational. One such example is a generational split which can be seen within the Chinese community as regards care for the elderly. In one case, where support from social services was requested by some of the younger members of the community for the older generation, the help was eventually not taken up by the older members of the community, who did not want to accept support from outside the family (2, F).

In general very little animosity from the majority population towards the minority populations is reported. The one real exception to this is indications that the Traveller community feel discrimination and prejudice at a number of levels from schoolyard bullying to problems with access to health, social and educational services, and rude or patronising behaviour from some individuals and service providers. One story, told second hand, is an illustration of the perception of this from within the Traveller community: *“There was a lady in town who, she was in a café she said, with one of the children who is secondary school age, but she is having her home tutored and she was in a café and the people in the café rang up and reported her and said the child should be in school. ‘Fortunately for me’, she said, ‘the policeman who came went to our church and he knew that we were travelling people and he knew that my children were being tutored’. She felt very strongly that the people in this café were*

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prejudiced, she said, 'if you were there with your school-aged daughter I don't think that they would have phoned'” (13, F).

In cases where individuals from the other groups studied in the town did report being on the receiving end of negative attitudes on several occasions, they faced such attitudes with, what I interpreted as, tolerance and understanding. One good example is a health sector worker who reported a (very small) number of patients who had asked to transfer to an 'English' alternative. Her feeling was that this occurred in cases where there was no obvious solution to the patient's medical problem, but that the patient attributed her inability to solve the problem to a lack of competence and assumed this to be based on inferior skills. Skills assumed to be inferior because she came from outside the UK (15, F).

5.2.1 Self containment and self sufficiency

Not only do many members of the minority groups studied seem to prefer to keep care within the family, they also seem reluctant to make use of benefits, or other services to which they are entitled and which could improve the quality of life for them or their families. Representatives of social services and of various minority groups in the town agree that there is generally good awareness of the services available. They also agree that lack of information is not what prevents people seeking support. In the words of one Sikh woman, who also works for the council, many people will ask neighbours to translate or interpret for them, *“those services would be available to them through the council... but again very much the values here is what stops people accessing services. I don't know whether it is that they don't want to be seen not managing, it is this whole ethos of not wanting to ask for help. That is the best way I can describe it”*. Interestingly, these observations coincide with the conclusions of an in-depth interview study of Bangladeshi women in London, where researchers concluded that resistance to services in the welfare sector cannot be explained by poor information and language, but require more complex and culturally rooted explanations (Ahmed and Rees Jones, 2008).

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Anecdotal evidence from those within the social services also provides a further illustration. Many elderly people request home help/carers of their own ethnic/faith group, but the lack of workers from the minority communities in the town means that such requests are often not met. This highlights the fact that the feeling of belonging to a group, which leads people to request carers from their own 'group', may also be one of the factors which means such carers are not available, as the strong group sense has negatively influenced integration with the wider community.

Demand for carers from the same community as the individual requesting the care strengthens the image of minority communities as community oriented groups, which prefer to keep problems within the boundaries of the group and particularly within the immediate family. However, although it seems to be the case that in many respects people turn first to their own community for help, as one interviewee commented, it can be the case that people prefer not to be assigned a case worker from their own community since it can be seen as a failure to be looked after by 'someone else's daughter' and this feeling can be softened if the carer comes from outside the community. The ideal of one's own family looking after one in old age may not have been satisfied, but the sense that others have intimate knowledge of family affairs, which can then be spread in the community is softened. This highlights the double role of the community as support, but also a burden in terms of imposed expectations.

It is also interesting to note that the Council has not found it easy to recruit care workers from the south Asian communities. One interviewee observed that a recent targeted recruitment drive resulted in several women from the Bangladeshi community applying, but all later withdrew their applications: *"in the end they turned down the job because they felt that it was not a good job to do from the family's side...It wasn't approved to go and work in other people's homes and also they are not very comfortable with helping some unknown person bathe or change their clothes. It is not very acceptable"* (5, F). Not only is being cared for something to be kept within the family, caring, it appears, is also restricted to that domain.

The importance of being able to take care of oneself and one's family is also evident in other areas. Within the Traveller community it appears, for example, in the central

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role of the father's search for work defining the parameters of family life. Interestingly those interviewed from the Polish community point to what they call a 'lack of work ethic' in the majority population as the major value difference between the Polish immigrant community and the majority population. They seem particularly surprised by the numbers of young people leaving school to take 'dead end' jobs for quick money rather than working hard to educate themselves (11, M and 5, F).

Different needs and priorities held by different groups in the same area of town cause tension, particularly in deprived areas. One example of this is in the Northgate community partnership. This ward contains the Bangladeshi community as well as similar numbers of white British residents. The area has been allocated extra funding for regeneration which is to be distributed by the community partnership, made up exclusively of white British residents and where the Bangladeshi community has found it hard to find a voice. Different attitudes and wishes for a community centre held by the Bangladeshi community on the one hand and the community partnership on the other are therefore difficult to resolve.

5.2.2 Integration targets as a cause of tension

In addition interesting tensions have emerged between the general contentment of many in the minority communities with the services that they receive and the need of the local authorities to show that they are meeting targets for involvement of minority groups. Many members of minority communities are happy with the services they are receiving and simply want to ensure that they know who to contact should something go wrong. But the local authorities are under pressure to live up to equality plans and therefore to prove that they are involving minority communities in decision making and reaching them with services. This leads to the authorities having actively to pursue interaction with communities who are happy with the status quo (2, F).

Local civil servants are well aware of this and targets can sometimes force them to act against their better judgement and local knowledge, which can mean, at one extreme, that guidelines intended to improve integration and reduce tensions can hinder the

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process. One example of this is a meeting of representatives of minority groups in the town called at the request of assessors of the council's equality policy and held against the better judgement of the civil servants responsible at local level. The assessors asked to meet representatives of a number of bodies, but to save on time wanted, rather than visiting each group, to gather them together for one meeting. The result was a meeting where, amongst others, representatives of the Muslim community were sat at the same table as representatives of the Gay, Lesbian and Bi community. The result was a heated and, in the opinion of the local civil servant involved, non-constructive debate. This has, the person involved feels, set back processes that were in place and was without doubt not a positive catalyst (12, M).

This study in itself has also served to highlight areas of tension related to integration policy. Reactions by interviewees to the use of the term "minorities" varied from hostile, through pragmatic to positive. The difference of opinion lies in to what extent use of the term is seen to create tension and to what extent pragmatic use can promote cohesion, using the discourse of the day to the advantage of the local community in the battle for resources. For one representative of the Traveller community, whom we approached regarding participation in the study, this issue was particularly sensitive. This individual did not object to the use of the terms "minority" and "majority", but rather to the fact of what was seen as 'yet more' research on a community, which has to fight hard for resources in other regards, not least within the welfare sphere (telephone interview 2, F). On the other hand one community worker, herself with an ethnic Indian background, noted the fact that in a small town like Darlington to belong to a minority can be useful, particularly in applying for jobs, as equality policies mean that employers are keen to 'tick the boxes' of ethnic diversity (5, F).

5.3 The 'grey areas' in between

5.3.1 Trust

There is a tension for many in the minority communities we studied between seeing the benefits of externally organised group childcare and reluctance to leave their

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children with people outside the 'extended family'. However once trust in an individual, who runs a playgroup, for example, has been established this can be overcome. There is very little evidence of reluctance for children to mix with children from outside the community, as has been the case in the past, not least with the Traveller community and parents who brought their children to the playgroup mentioned above, who stressed the positive effect on their children from the interaction with other children outside of the family environment (Group 1). Members of this community are, however, still anxious that their children should attend schools along with other Traveller children.

One example of the phenomenon of trust in individuals rather than in the welfare system is the fairly recent request of the Traveller population for a liaison officer within the local authority specifically for their community. This request was declined on the grounds that if one group in society was given such a resource then all others could legitimately also demand such treatment, but it was also felt that this solution may potentially be problematic in that it would concentrate knowledge of the community in one person (12, M). Attempts are now being made instead to educate staff better across the board about the needs of different minority groups in the town and to provide lists for the respective groups of contact people within each department who have experience of working with particular groups. However, it is clear from speaking to individuals from within social services and health care who have, over a number of years, built up contacts with particular minority groups that these personal contacts are of particular value. Members of the communities in question make use of these individuals as mediators between themselves and welfare services in general. If they have contact, for example, with someone from social services they will tend also to approach that person for advice on health service matters too, rather than using the official channels. One example is regular contacts between the Chinese community group and a representative from social services, something that provides a two way communication on the needs of the community and the services of the council, without being a formal element of welfare provision (2, F and 17, F).

5.3.2 Practical issues as catalysts to value conflicts

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In many cases what we have found to be important is not differences in values between groups on their own, but how those differences that might exist are highlighted when lack of resources force individuals to seek help that they would prefer to avoid.

Money

Many would prefer to care for their elderly relatives without external support, but lack of financial resources means that they feel forced to seek help. This can create conflict both within the family and for the carer herself as she struggles with feelings of guilt. Similar tensions appear when women who feel they have to work because of the family's economic situation feel caught in a tension between the need to earn money and the feeling that they are abandoning their family duties. Even if they are themselves happy with the situation, they may face disapproval from others in the community (5, F).

Language

Lack of competence in English can both impede people seeking help outside the community, where they might be willing to otherwise, and 'force' people to compromise on principles that they would otherwise be reluctant to, for example, where mothers have to use husbands or children as interpreters. One member of a Basic English class fought hard with her limited English to convey the frustrations of having to rely on family as interpreters. In particular she wanted to stress the feelings of inadequacy, as a mother, having to rely on one's own child for translation in situations, such as negotiations with the local school, or the child's doctor where the maternal figure ought to be able to shield her child (Group 2).

This study is by no means the first time that issues of language competence within minority communities and the impact that this has on other areas of life has been highlighted.. A study in 2002 of educational and employment needs amongst Black and Minority Ethnic Communities in Darlington drew out many of the same issues addressed here (Thandi 2002). Using questionnaires translated into a number of

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community languages this survey reached people we could not reach with interviews and found that, although residents in Darlington from minority communities are generally satisfied with services provided by the council (Thandi 2002, pp. 107-9), language was identified by both professionals and members of the different communities as the most common barrier for members of the BME communities to services, education and employment prospects (Thandi 2002, p. 134). A number of the recommendations Thandi makes, such as increasing the availability of interpretation services and information leaflets translated into a variety of languages, have been implemented. However, language remained one of the major concerns to which interviewees referred. Not least problems in communicating with doctors and the associated complications of needing to involve family members in visits to health care services.

Time

In the Bangladeshi community it is the working hours of the men (often ‘anti-social’ with nights on shift work, in the catering/hotel business, or as taxi drivers) which define the patterns of the whole family (3, F). Many women structure their day around the man’s shift pattern in order to be able to spend time with their husband, but also so as to be able to prepare traditional food. In that they have responsibility for childcare, however, in addition to adapting to these hours the women are also required to get up and get children ready for school, etc. Once the children have gone to school women may then go back to sleep for an hour or two, but this is the time when most provision for crèches and activities for mothers with small children are available. So these women are not able to make use of such provision and are cut off from the wider community. The men’s working patterns also mean that they themselves find it hard to attend language classes or other adult education provision. One language class for women running during school hours and providing a crèche is an example of provision that has been adapted to fit the needs of the intended target audience. The timing and child care facilities makes the otherwise impossible possible for many of the women who attend (5, F and Group 2).

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For the Traveller community time constraints are seasonal as many families travel during the summer months, following the work of the father, and this impacts on the entire family (8, F). One of the consequences is that families often return to the town too late to register their children for their preferred school for the next academic year. A choice closely connected to faith based values as the Traveller families tend to prefer the local Roman Catholic schools, for their Christian ethos, but such schools are also popular with other parents because of their academic record and are quickly full. Families also experience significant difficulties in accessing health care as a consequence of adhering to their travelling lifestyle. One health care worker has witnessed the priority that members of the Traveller community place on health care, particularly where children are concerned, despite practical problems with registration and the relay of information while they are on the move. They are frequently, she noted, *“labelled very much as poor attenders / non- attenders, but in actual fact that is not the case, they weren’t receiving the appointments, [...] but I can ring and say little Johnny has an appointment next Wednesday and 9 times out of 10 they will move mountains to get back for it”* (13, F).

5.3.3 Space

One area where different groups in society express different and incompatible preferences is space. This can be seen in several ways, one is the issue of ownership of community space. Several minority communities in the town, of which the Bangladeshi community is one, have lobbied for their own community hall. They would be happy to let other groups make use of such a hall, but an important aspect would be their own ownership of the space. Alternative solutions of shared spaces, or use of ‘other people’s’ space is not seen as adequate (3, F; 6, M and 9, F).

A second aspect concerns religious spaces and buildings as representations of the community. This issue is currently being highlighted in the town in relation to the Mosque. The current building (a converted church) is now too small for the worship needs of the community, who are applying for planning permission to divide the space by building an extra floor and raising money for this purpose. Representatives of the

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community feel that opposition to the proposals by local residents is unjustified and based on prejudice, not least because the application does not include a change of use for the building. This is however also interesting when pitted against assurances that as Muslims in Darlington they feel no sense of exclusion or fear in general.

A third issue of space concerns the town itself. For members of the minority communities the contrast between living in a town the size of Darlington and living in an urban conurbation seems to be particularly acute and impacts upon individual and community life in both positive and negative ways. Several members of a basic English class commented that living in Darlington, rather than in one of the larger urban conurbations, which have larger minority communities, meant sacrificing social opportunities and access to ethnic food and clothing stores and community centres. In line with Thandi's (2002, p. 110) findings, however, while there was an element of regret in these comments, they were not uttered as a critique of Darlington, which in most regards was seen as a place in which people enjoyed living. It is possible that this sense of contentment, despite the fact that Darlington lacks the advantages of larger communities in terms of cultural resources, has a connection to the tightly knit nature of the communities in Darlington (at least as far as the established minority groups are concerned).

5.4 Other issues

5.4.1 Women and Family - the gender dimension to practicalities

Food

Food plays an important role in the family lives of members of the minority communities in Darlington and the relationship to food and food preparation serves as a helpful illustration of women's roles as carers. In the various Asian communities in the town in particular the women have responsibility for the children and *"a very big part of our culture, for the food, you have to cook fresh every day and you have to cook so many dishes, it is a big thing really, you can't just get things out of the*

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oven...It is a big thing in our lives really, the focus on the family meal and the kind of meal” (5, F). This illustrates the ties that continue to bind women in these communities to the domestic sphere. As the same Asian women continued, commenting on the difficulties for women who want to work “in our Asian culture, the home is the priority still. There isn’t you would not get so much help from your partner, they have to be looked after, so it is only the little bit of spare time which you can have when you are not supposed to do something else that you can do. I suppose once the children are in school that is the time when you get those 6 hours to start working.”(5,F).

Interestingly our interviews also provide an example of the importance of homemade, traditional food as a key element of family life at a time of changing eating practices for the majority. In response to a direct question as to whether tensions had ever arisen between residents from minority communities and from the majority population a representative of the women’s shelter in Darlington said that the only area that had ever been a problem was over food and food preparation in the shared kitchen. At one point the smell of the food prepared by a woman resident with her small children, as well as, the time and space needed to prepare it had irritated other residents (14, F).

In the Traveller community too, providing well cooked food for the family is a matter of importance and pride. A year or so ago a suggestion was made that lessons in cooking healthy food be arranged on one of the sites as a service to the community. This suggestion never made it as far as the community itself as one health worker’s horror at the suggestion resulted in its rejection. This idea, a product of good intentions had failed to take into account both whether this was the kind of service that was really needed by this group, but also the insult that would be taken from it in that the women of the community would take it as an implication that the food they are providing for their families is not good enough.

Identity and clothing

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The fact that Asian women in Darlington find it hard to find the kind of outfits that they want to wear, prompted one woman to request and then attend sewing classes with the aim not only of making clothes for herself, but also setting up a business making and selling them. . The sewing classes run in Darlington, funded by community grants, have led to women setting up their own businesses, but have also had a confidence building function; they have also been a point of contact for the women involved with women from other cultures and have acted as a first contact, which for some has been a way in to other services (Group 3). One reason why this has functioned so well, and the same is true of language classes organised through Sure Start, seems to be the fact that they are women only (5, F). This feels less threatening to some women, and for some enables them to take part, where as if there were men present in the class rooms, the male members of their family would not allow participation. For the Muslim women this is also true for women's only swimming and aerobics sessions, also arranged through Sure Start. Religious and cultural modesty regulations mean that these women are not able to swim or exercise in a mixed gender environment.

This is not the place for an explication of the role of the veil in Muslim communities in Britain, but the issue deserves a mention in as far as it surfaced in the course of fieldwork. One young Bangladeshi woman, born in Darlington, educated and with a full time job reflected on the fact that she herself switches between sometimes wearing the veil to work and sometimes not, but that whether or not she wore it seemed to have a greater impact on her non-Asian colleagues than on herself. She felt her own identity to be more closely tied to her community (and ethnic origins) than her colleagues perceptions of her. She, like another respondent from the Sikh community, felt herself to be first Bangladeshi and then British, where as non Bangladeshi workmates stress the fact that to them she is as British as themselves (9, F and 16, F).

5.4.2 Intersections between minority, religion and welfare domains

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At a practical level the intersection between minority community/ethnicity, religion and welfare can be seen in the use made by individuals of religious institutions as community centres. Other studies have shown that migrant workers often turn to faith organisations early on in their time in Britain and that they are more likely to seek support through such organisations than through official channels (Audit Commission 2007, 11 §18). The majority of Polish immigrants to Darlington come from a Roman Catholic background and such is the demand on the local churches by members of this community that the local Roman Catholic diocese is working to bring a priest over from Poland to minister to this community (7, F). This does not, however, mean that all Polish residents automatically turn to the church. Interviews revealed significant differences in levels of piety, active churchgoing and assumptions that the church might be a place to turn to for support. It is true that the Catholic churches, and particularly those in the region that offer services in Polish, are a point of contact for many Polish people new to the country. However, as an interview with a representative of a Roman Catholic Church in the town indicated, it seems that few of these expect much from the church as an organisation other than a place of worship and of contact with other Polish people (7, F). The churches seem, in other words, to function more as facilitators of community formation than of integration with the wider society, even if the latter also occurs.

5.4.3 The local situation in flux, as regards religion, minorities and gender and changes to come

One area where representatives of the local authorities are particularly aware of the potential for conflict lies in the possibility of tensions between older, settled minority communities and the new and fast growing central European, mainly Polish community(ies). Interviews with representatives of local authorities confirm the indications of a huge growth in the numbers of migrant workers in Darlington who have moved from central Europe (1, M and 4, M).

While there are no obvious signs of animosity on the side of the majority community to this influx of a new type of immigrant, those responsible for welfare and

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educational provision are aware of the need to strike a balance between making sure the needs of this community are met adequately and not appearing to ‘favour’ these new immigrants and be accused by established immigrant groups of ignoring them because they are settled and undemanding (1, M; 10, M; 12, M). This balance is made all the more difficult to strike by the fact that these new arrivals are hard to reach. There are no concrete figures of how many there are, many do not speak English and as they are not a single settled and defined community, but rather many small groups, it is hard to define what the needs of the ‘community’ might be.

A meeting in early 2007 for the Polish community set up by a local councillor to assess the needs of the community was attended by much larger numbers than expected. Those organising the event interpreted this both as an expression of need for information on services and of a lack of distinct community amongst the Polish migrants (1, M). The Council and Partnership are now concentrating efforts on supporting the formation of a Polish community group.

This was a sensitive issue locally at the time of the fieldwork as those who are seeking funding to help establish support for the Polish community locally need to demonstrate that there is a coherent community before they can secure the financial support which could help to establish such a group identity. So while many are aware of the current lack of cohesion in this ‘community’ few are prepared to admit it.

In addition, one reason why there is relatively little animosity towards these ‘new’ immigrants on the part of the majority community may well be that they are currently mostly of working age and relatively self sufficient, taking on unpopular jobs and making relatively few demands on welfare services.⁹ Other studies have shown that many of these ‘new’ immigrants intend to return to their home country within a few years, but whether they will remain or stay is an open question. Interviews with members of the Polish community in Darlington revealed distinctly open-ended attitudes towards the future where consideration of welfare issues will play a significant role in influencing decisions.

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It is evident within the selected minority communities that conflicts within the domain of welfare are being stored up for the future when the next generation become the very elderly and a new generation of children are born whose grandmothers work. For the Polish community there is an issue of whether Polish people who have come to this country for work will bring teenage children to join them to benefit from a British university education or have to return to look after elderly parents, or whether they may try and bring them to Britain instead (11, M).

For both Polish women and members of Bangladeshi, Traveller and other communities in the town there is a question of whether women who have made a career for themselves will leave work or work part-time to make time to care for elderly parents. Several women interviewed felt that they could see such a conflict on the horizon, which would involve both internal conflict, as they struggle with their own conflicting priorities, and external, as family members exert pressure. Many young women from the communities we studied work and are building careers and their families do not oppose that, those that have children even find that it is their families that make this possible by providing help with childcare. While the members of this older generation are currently young enough to be self sufficient the daughters and daughters-in-law feel that in a few years time they will be faced with a stark decision between career and caring full time for elderly relatives.

For many working-age people we spoke to the change was also one they felt would come as their children, now at school, entered adulthood. They feel themselves to be a mediating generation, but feel that a big change is on its way as ‘mainstream’ values enter their communities through their children in a way not seen before. One interviewee expressed the feeling that her children are British in a way that she is not, even though she herself had lived almost all of her life in the UK too. This said, even those who see this contrast between their generation, who would describe themselves as, say Indian, and their children who are more likely to call themselves British, feel that their children have values which are similar to their own and tied to their minority culture. The following story of an 8 year old Sikh boy sums this up well: *“I suppose looking at my grandparents, my mum to me, my mum works, but still has very strong cultural values as well and I think probably my son will be much the same and I know,*

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just as an example, he talked about, we went to a parents evening and the teacher said to me 'he is always wanting to help other people', and I said 'It is probably just part and parcel of him' and she was very concerned, she said 'He needs to concentrate on what he is doing'. And when I discussed it with him he said, 'Well no mum it is part of our religion isn't it, it is part of our culture. If somebody wants me to help them I would rather help them first and put myself second' and I think that ... he will display the same values as what I have, as what my mum has and my grandparents and I think to be honest a lot of it is in the religion, you know, and that I would say that kind of stems from religion, culture, the both of them really (16, F).

6. Analysis: emergent values

6.1 Analysis of values

6.1.1 Conceptualisation of basic values

In attempting to extract basic values from the attitudes and behaviours exhibited in the examples above I have made use of Shalom Schwartz's model for conceptualisation of basic values (Schwartz 2007, p. 39). This model developed for use in quantitative research, is nonetheless useful here as an aid to developing a tool for the analysis of qualitative material. It is possible to make use of the six main features of basic values which Schwartz lists as a tool for identifying values in the material. The six features are as follows:

1. Values are beliefs that are linked inextricably to affect
2. Values refer to desirable goals that motivate action
3. Values transcend specific actions and situations
4. Values serve as standards or criteria that guide the selection or evaluation of actions, policies, people and events.
5. Values are ordered by importance relative to one another to form a system of priorities.

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6. The *relative* importance of values guides action.

A further difference of this study, from the survey work conducted by Schwartz is the indirect approach of this study. From observations of individuals in their interactions with welfare services and questions in interviews about use of welfare services we are seeking to extract the values underpinning actions which may not be identical to the response an individual may give when asked a direct question about their values.

Guided by this model it is possible to see basic values in the material as distinct from norms, actions and attitudes, which are guided by these values.

From our material it is not possible to say that certain values are held by particular groups or communities in the town and not by others. There are however indications that different hierarchies of values may exist within different communities, or at least be influenced by cultural and religious traditions.

6.1.2 Interests, attitudes or values

A number of examples of conflict and cohesion in the welfare domain appear, at first glance, to be based on differences in values, but on closer inspection can be found to have a much more prosaic explanation. Reluctance to visit a doctor who does not belong to one's own ethnic or religious community seems at first to be related to values connected to community cohesion, but is often based rather on the practicalities of a language barrier.¹⁰ However, this said, the relationships between interests and values are often complex and intertwined. A woman who indicates a desire to see a doctor who can speak her language may be doing so because of a wish (on the part of herself or her husband) not to have to make use of a translator if she needs to visit a doctor when her husband is not able to accompany her.

Similar comments can be made about observations of conflict over issues of space. It is possible that the desires of a community for its own community hall, or of the Muslim community for an extension to the mosque, are based on securing the interests of that particular community in one part of town and connected to issues of

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power relations between minority and majority communities. But it is hard to argue that such focus on securing the interests of a community are not based on basic values related to the existence and preservation of that community.

6.1.3 Family

Many of the issues of welfare commented above relate back to the domain of the family and serve to highlight values connected to the understanding both of a 'good' family and the role of the family in wider society, but also of roles within the family.

Family values and care in the community have long been popular terms within the British welfare system, used with equal vigour by politicians on both sides of the political spectrum, but what exactly family values are is practically never specified.

There can be no doubt that in all the minority groups we have studied in Darlington family is valued highly and prioritised, but the basic values which underpin this are complex.

At one level it is connected to gender identity. In the Bangladeshi community, to take the example where this is most clearly evident, to be a good woman, whether mother, daughter, wife or daughter-in-law, involves taking responsibility for the family sphere, that is for the household cleaning and cooking, and for the care of the children and elderly relatives within that household. To be a good man is to support the family financially and to be able to protect and speak for the family. That the individuals who make up the family do their duty and fulfil their role is therefore a value understood to underpin the family unit and which makes the family what it is. In an ideal world, therefore, if everyone in the family does their duty by it, the family will be able to be self sufficient and not need to rely on society at large for support. Self-sufficiency, therefore, becomes a value as an expression of the ideal family unit as does self-subjugation, as it is in the taming of possibly contradictory individual desires that the family as a collective can be said to flourish. This later issue becomes particularly obvious in the roles of women in relation to the family and in particular in tensions between contradictory sets of values held by younger women. The increasing numbers

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of those who have received an education and started a career have come to embrace values of independence, self-determination and personal fulfilment. In the choice between career and caring for elderly relatives within the family home these values collide with those of duty to the family and the self-sufficiency of the family unit.

A further element which adds to the tension between values here is the value of respect, and in particular respect for elders. The importance of respecting and caring for one's elders is a value emphasised by members of all of the groups we have studied, often expressed as dissatisfaction with the way in which older people are treated in British society at large. Individuals refer to cultural tradition and religion as the motivations for their sense of duty towards the older generation. Therefore, we can see respect as a further value which itself supports the family unit as a collective entity; but the value of respect also serves to illustrate the sense of belonging, not only to family, but also to a wider community group. In those groups we have studied family may be the obvious first unit of reference, but it is closely followed by that of the cultural and/or religious community. The community is, in other words, understood to be a form of extended family in value terms. Preserving the community means preserving the values systems that uphold it and these are closely connected with those which preserve the family. Respect for elders and the duty of care for the family are therefore naturally seen to extend to members of the community group and the notion of self-sufficiency of the family also extends to the community group, although to a lesser degree.

The concept of respect for the elderly can also be used to draw attention to a further basic value, namely dignity. Individuals refuse help and support to which they are entitled and which would improve their quality of life because they do not wish to be cared for by outsiders. Similarly people refuse aids, such as stair lifts, saying this would be an imposition of their disability on the family home, regardless of the consequences of refusing such aids might have on their need of help from family members. Both examples represent increased and not reduced burdens on the family, which, as a consequence, is required to assist and care for older family members; consideration for the family can, therefore, not be the only concern in refusing such support. Rather it seems that needing to ask for help from outside, or to use aids

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which imply disability, seems undignified and offends the individual's sense of what is 'proper', as well as, their identity as a respected older member of a caring family and community.

This sense of identity being closely connected to group identity and to the importance of a sense of community coherence is also visible in other ways. The symbolic value of the ownership of space is one good example of this.

6.1.4 Education and Employment

In the areas of education and employment we see the connection between deep seated values related to quality of life and a striving for material wellbeing. Many of the groups we studied have moved to Darlington in search of work, but not just work, work that will pay better and provide a better quality of life for the individuals than in their countries of origin. Employment, in this respect, is an instrumental value, valued for the quality of life and security, which it can give to the worker and his or her family. For many, employment is also instrumental as a source of independence: for men particularly in their role as breadwinners, to be able to provide for their families and not depend on others, and for some women as a source of individual identity and personal freedom. In this respect education and employment are particularly closely linked. Education, and language knowledge in particular, opens many doors and is highly valued by people in all the groups we studied as an instrumental value, which can lead to self-sufficiency (for both individual and family) and independence.

In this area the notion of a work ethic also appears as both an instrumental and a more autotelic value. The need and valuing of a strong work ethic can be explained in instrumental terms in that it is necessary if quality of life is to be achieved for oneself and one's family. It appears, however, as a value in itself too in relation to values of self-sufficiency. To have a strong work ethic is part of doing right for oneself by society. There lies a value in providing for oneself and not needing to rely on others.

In addition to the connection between education and employment named above, there are also many values related to the sphere of education, which are also connected to views of the family and parental ambitions for their children. Parents who have

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recently moved to the country value education as a way into British society for their children. For those where several generations have lived in the country, education in schools is valued as part of the child's material future, while extra language classes (at the Mosque for example) are seen as important instruments for the preservation of a particular minority culture and religion, which is itself an ascribed value. Generally the spheres of secular and religious education appear to be kept separate in Darlington and there is little value-related tension around this issue. One area where it is visible however is in the question of sex education in schools for children from the Gypsy and Traveller population. Parents from this community are vehemently opposed to their children taking part in such lessons. In this opposition values of modesty, grounded in a Christian religious belief are combined with an emphasis on the values of tradition and culture. These values are seen to be superior to the secular values which are used by the schools to support their arguments that such education should be available to all. Focus on the issue of whether the family has the right to decide what is best for the children means that this discussion relates not only to values of modesty, but also again to family self-sufficiency and parental authority.

6.1.5 Health and Social care

Within the welfare spheres of health and social care the two values that appear particularly strongly in the material are human dignity and autonomy. This is true from the perspective of the individual, namely the importance of personal dignity, and also from an institutional perspective in that those providing welfare are expected, in striving for a system that gives equality of care to all, to take account the human dignity of all and the right of individuals to decide for themselves what constitutes dignity for them. Both of these values are, in this context inextricably intertwined with the values of respect and trust. The material shows the value placed on respect shown to both individuals and groups, not least in relation to culture and religion. It also shows the importance of relationships between individuals or groups of receivers and individuals representing the providers within the welfare sphere. This seems to be particularly important where the minority communities are concerned and highlights the importance of trust as a basic and instrumental value.

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That human dignity is valued is also evident at the level of informal relations. This is particularly visible within community groups in terms of their concern that the weak in society in general and one's own community in particular receive the support or help that they need. This concern is clearly linked to a value of human dignity, when expressed, as it frequently is, as a concern to provide care in a way that will not embarrass the recipient. At this level the value of human dignity is also made visible in the stress placed on the notion of 'putting others first'. Within the family children are prioritised, as is noted above, but men are also prioritised in many families in that their needs and wishes constrain the use of time and space. Over and above this the concept that one ought to go out of one's way to help others in the community, particularly the elderly, or not to impose one's disability on the family home is evident in a number of examples above. Prioritisation of children in particular is also related to women's identity as homemakers and 'good' mothers, but there is also a more general sense of the importance of putting others' needs before one's own, which is often, but not only, expressed by women.

6.2 Values related to religion, minorities and gender

6.2.1 Hierarchies of Values

It is clear that the notion of putting others first has a gender element and that wives, daughters and daughters-in-law, and mothers to an even greater extent, are to a significant degree affected by this. This is not to say that this value is not also strong in the majority community in the town, but it seems to have a particular relation to minority communities. Within these communities it has a particularly high position within the hierarchy of values, as is evident by its dominance when value conflicts occur both within and between groups.

A similar relationship can be found between minority groups and the value of self-sufficiency as expressed in reluctance to receive help from institutions and/or those outside of the immediate family. It is clear that self-sufficiency is also a value to be found within the majority population, not least the older generation, but the threshold

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for seeking help seems to be much higher within minority groups in the town.¹¹ This could be interpreted as indicating a prioritising of the value of self-sufficiency.

While many underlying values appear to be the same in both majority and minority communities they seem to be 'stronger' in the minority communities where the 'threshold' is higher for seeking help. It is possible that this is an indication of different hierarchies of values in the majority and minority communities.

6.2.2 Religious and cultural tradition and values

The intersection between minority, religion and value formation can often be found at a deeper level than the practical connection between ethnicity, religious affiliation and value expression. The intersection seems rather to be found in the continuing national cultural influence of a religious tradition. One example of this being the Polish residents of Darlington, who despite their very varied levels of religious affiliation, share in common similar values in the welfare domain.

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8. Endnotes

¹ Figures from Census 2001

² Figures from Census 2001

³ Most likely children of British Army personnel who have been stationed in Germany (Pillai 2006, 16)

⁴ The term Traveller will be used throughout this report to refer to those of the Traveller/Gypsy community in Darlington.

⁵ The assembly is controlled by a bi-annual assembly made up of representatives of community, public, private and voluntary sectors. For further details of Council strategy, goals and priorities see *Striving for Excellence* Darlington Borough Council Corporate and Best Value Performance Plan 2004/5. See also Middlemiss 2006, for a model of the organisation of welfare provision in Darlington.

⁶ General targets set in the Council's Race Equality Scheme (DBC 2002) are specified in annual action plans and these are then followed up as part of the annual review of progress. Internal documents specify in detail how far targets have been met.

⁷ Service users can request interpreters for any language and a significant amount of information material is available in Arabic, Bengali, Cantonese, Hindi, Punjabi and Urdu and increasingly in Polish

⁸ Sure Start is a government sponsored programme targeting children under five and their parents from deprived areas. It is part of wider policy aimed at eradicating child poverty. Services provided vary from support and education for parents, activities for parents and children and facilitating access to other services, such as health care.

⁹ Compare Audit Commission report: *Crossing Borders*, January 2007. The national picture indicates that migrant workers, particularly those from central Europe, currently make few demands on welfare services. However recent news reports of the strains put on antenatal care services in some areas by the large numbers of immigrants with little or no English indicate that this may be changing (BBC News (B)).

¹⁰ See also Donovan cited in Gilliat-Ray (2003), 341 for presentation of research showing that South Asian women often prioritise shared language and quality of care over gender in contrast to the assumption that Muslim women always prefer to see female doctors.

¹¹ Several interviewees within the framework of the WREP study in 2004 focusing on the majority community made reference to the reluctance of the older generation to seek out and make use of welfare services.