Narratives of ethnic identity among practitioners in community settings in the northeast of England

Judith Parks and Kye Askins

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The increasing ethnic diversity of the UK has been mirrored by growing public awareness of multicultural issues, alongside developments in academic and government thinking. This paper explores the contested meanings around ethnic identity/ies in community settings, drawing on semi-structured interviews with staff from Children’s Centres and allied agencies conducted for a research project that examined the relationship between identity and the participation of parents/carers in services in northeast England. The research found that respondents were unclear about, especially, white ethnic identities, and commonly referred to other social categorizations, such as age, nationality, and circumstances such as mobility, when discussing service users. While in some cases this may have reflected legitimate attempts to resist over-ethnicizing non-ethnic phenomena, such constructions coexisted with assumptions about ethnic difference and how it might translate into service needs. These findings raise important considerations for policy and practice.

Keywords: ethnicity; diversity; difference; identity; policy-making; community settings

Introduction

The context in which people experience local community in the UK is framed by ever-changing global dimensions of migration. While migration to and ethnic diversity in the UK is centuries old, the increasing complexity of contemporary migration trends and the ethnic make-up of communities in the local context require dynamic and open approaches to issues of identity and diversity. The term ‘super-diversity’ is used to emphasize that diversity cannot be seen ‘solely or predominantly in terms of ethnicity or country of origin’ and to recognize the ‘dynamic interplay of variables’ within country of origin (Vertovec 2007, 3), as well as the greater number of ethnicities and countries of origin of people living in the UK and concomitant complexities of needs, demographics and circumstances. Indeed, the range of legal statuses found in any single UK locality in a given ethnic or national group, from British citizens to undocumented migrants, ‘underscores the point that simple ethnicity-focused approaches to understanding and engaging various minority “communities” in Britain... are inadequate and often inappropriate for dealing with individual immigrants’ needs’ (Vertovec 2007, 17).

However, government responses to this increasingly complex migration and diversity in the UK have largely remained focused around issues of ethnic identity, and have influenced increasing levels of public awareness, and concern, accordingly. Policies tied to multiculturalism in the 1980s and 1990s were intended to celebrate
diversity and difference through public cultural events, with ethnic explicitness promoted. However, key events including 9/11, urban ‘racial disturbances’ in the northern English towns of Oldham, Bradford and Burnley, and the London bombings of 2005, saw widespread condemnation of multicultural policy as creating and maintaining a damaging version of identity politics that increased segregation rather than improved community understanding (Phillips 2008). Critiques of multiculturalism argue that foregrounding difference further entrenches essentialism within a capitalistic project, wherein minority groups must compete for increasingly scarce resources (Kundnani 2007), and that a lack of clear conceptual definitions of racism and disadvantage has marginalized anti-racism, unnecessarily, within the multicultural project (Berman and Paradies 2008).

These events and critiques saw a major policy shift to ‘community cohesion’ in the UK, which attempted to build communities with a common vision and a sense of belonging for all and bring diverse communities together (CIC 2007). While this cohesion agenda acknowledges difference across gender, age, class and so on, ethnicity is heavily foregrounded: policy rests on the premise that the integration of visible (non-white) ethnic minority communities – their inclusion and incorporation into wider British society – is desirable (CRE 2007). Alongside moves to a specific kind of ‘cohesion’, there has also been a critical shift in debate from the politics of race and ethnicity to religion and Islamophobia. Global discourses around the ‘war on terror’ have informed the increasing use of ‘Muslim’ as a label by the wider public, and religion has become a significant marker of identity for Muslims in the UK. However, emphasis on religious difference remains embedded in dissimilarity, moving not towards community cohesion, but the ‘racialization of Muslimness’ (Ahmad and Evergeti 2010, 1698).

These developments have heightened sensitivity around how issues of ethnic identity are discussed across government and agency-led interventions as well as at the community level, particularly in the context of rising support for the extreme right among some white British communities (Bottero 2009). Mas Giralt (2011, 332) comments that ‘[i]n Britain, the race relations system underpinning multicultural and integration policies has created an immigrant incorporation context dominated by a visual regime of difference and sameness based on racial and ethno-cultural cues’– with stereotypical assumptions about minority ethnic groups prevalent in community settings. For example, Phillips (2007, 36) points to ‘the continuing association between black and minority ethnic segregation and deprivation’ in the community cohesion agenda, emphasizing the racialized discourse about residential segregation in the UK that ignores the role of social class and lifestyle.

This paper explores the contested meanings around ethnicity in community settings, specifically how service facilitators and practitioners may strive to be open to more than ethnicity, in line with ‘super-diversity’ above, but at the same time express ethnicity-based assumptions and expectations about service need and use. We begin with the relevant literature, drawing upon work that conceptualizes ethnic (and other) categorizations as socially constructed and contextually contingent. This demands that we explore the central role of representation and language/terminology within processes of boundary-making and ‘othering’, and critically consider the validity of various productions such as ‘ethnic’, ‘minority’ and ‘black’. This review
includes the ways in which ‘whiteness’ as a social construction remains largely hidden in political and popular discourse, given the multi-ethnic dimensions to migration evidenced in this research, including white minority ethnic groups. We also briefly examine the difficulties evidenced in speaking about ethnicity in everyday settings, embedded in concerns about being or not being ‘politically correct’. We then outline the research methodology that this paper draws upon, before discussing the empirical findings. We argue that respondents were unclear about, especially, white ethnic identities, and commonly referred to other social categorizations, such as age, nationality, and circumstances such as mobility, when discussing service users. While in some cases this may have reflected legitimate attempts to resist over-ethnicizing non-ethnic phenomena, such constructions coexisted with assumptions about ethnic difference and how it might translate into service needs and delivery. In conclusion, we point to the implications of such issues for policy and practice, and offer suggestions for future research in this area.

**Constructing ethnicity and identity**

*Contested representations of race and ethnicity*

There is a well-established body of literature around race and ethnicity construction, grounded in theoretical understandings of identities as socially produced and contextually contingent. We focus here on the contested ways in which such productions are conceptualized and utilized, predominantly in the UK given our research context, in relation to issues of migration and community. For example, for Clarke and Speeden (2001, 17) the construction ‘minority ethnic group’ can ‘encapsulate both similarities in and the increasing diversity of experience of migrants and their children and grandchildren’, as well as ‘needs and interest-based identities produced by group members themselves, rather than an externally-imposed focus on skin colour’ (see also Blanc and Smith 1996). Agyeman (2002, 51) explains the similar term ‘ethnic minority groups’ as imperfect, but uses it ‘to mean all people from African-Caribbean, Asian, Chinese and other communities… whose experience of discrimination is shared as a result of their race, colour, nationality or ethnic origin’. Key here is the claiming of (ethnic) identity to challenge exclusion/marginalization based on social constructions of the ‘ethnic other’ as always already linked to difference in essentialized ways.

However, Samers (1998, 124) argues that the term ‘ethnic’ ‘can be colonialist, victimizing and patronising’, often excluding ‘multiple identities shaped by age, gender, sexuality, class and divisions of labour’, pointing out that ‘we are all ethnic, otherwise we would be a-historical’. Indeed, the use of ‘ethnic’ alone as a descriptor is highly problematic, normatively singling out non-white people as having ethnicity and hiding the multiple ethnicities of the white population, and/or constructing white as non-ethnic versus non-white as ethnic (Ware and Back 2002). Indeed, work on whiteness across the social sciences attempts to deconstruct precisely such normative, totalizing discourses around some homogenous white ethnicity, pointing to multiple white identities in terms of intersecting identities of nationality, gender, age and so on that cut through all productions of ethnicity (cf. Samers’ quotation above).
Certainly, the political use of signifiers is a complex and sensitive issue. Work on racism and ethnicity in the USA often uses the term ‘people of colour’ (Morello-Frosch et al. 2009), while in the UK, Alibhai-Brown (2001) discusses ‘visible communities’ in an attempt to avoid the homogenizing tendencies of the term ‘black’ and the power-laden term ‘minority’. Similarly, Mas Giralt (2011, 341) emphasizes ‘the visual regime of difference and sameness which underpins the integration framework of immigrants and their children’. The paradox here is that visible characteristics, within specific ideological perspectives, are the very basis for racialized exclusion; thus, foregrounding visible difference may also risk reiterating it and foreclose the anti-racist aim of ultimately moving ‘beyond the colour line’ (Gilroy 2001).

What we can be certain of is that struggles over the making and representation of identities are embedded in histories and geographies of exclusion, racism and lack of equality of opportunity (Askins and Pain 2011). Ang (2001) reminds us that boundary-making around identity is contested between hegemonic, (mostly but not always) majority groups and minority groups, with discursive categories shifting within and in relation to cultural systems. Beyond academic debate, these conceptual difficulties are clearly evident in policy-making and organizational praxis – for example, Morris (2003, 3) identifies ‘many inconsistencies in the use of terminology within policy documents’. It is unsurprising, then, that there is uncertainty among communities and practitioners regarding ethnicity. Furthermore, as mentioned through some of the literature considered above, productions other than ethnicity-based are also part of social relations. It is to work that emphasizes the latter that we now turn.

More than ethnicity

Carter and Fenton (2010, 1) contest the use of ethnicity itself as a putative objective category of group formation, commenting that ‘sociologists have come to see societies as structured around “ethnicity”’, partly in response to ‘the decline of class analysis’. They point to the methodological difficulties of considering ethnic populations as such, since these are determined by ‘aggregating individuals defined by a single attribute (e.g. that each individual has ticked the same box in an offered array of ethnic identities)’ (Carter and Fenton 2010, 3). They question the presumption of group-ness inherent in this classification, including assumptions of social interaction among members, while recognizing that some ‘sense of shared-ness’ can be drawn from an imagining of ‘people like us’ with whom we are not in regular contact, but who share many characteristics and circumstances. Much debate around migration and diasporic identities hinges on the latter, while often embedded in ‘ethnic’ terminology, and we can think here about Bhabha’s (1994) notion of ambivalence.

Key is how we are to describe, understand and relate to each other in local communities, and, for practitioners, to enable more positive social relations between service users. Hacking (2002, 113) has argued that ‘numerous kinds of human beings and human acts come into being hand in hand with our invention of the ways to name them’, leading to the notion of ‘making people up’. In some settings, ‘communities of interest’, ‘new arrivals’ or ‘faith communities’ replace ‘black and minority ethnic’
(BME) as generic terms. With regards to migration, Elias and Scotson (1994) describe ‘established-outsider’ relations in a suburban community in England, where an established group ‘closed ranks’ against an ‘outsider group’, based on ‘differences in power ratio’, and argue that:

What one calls “race relations”… are simply established-outsider relations of a particular type. The fact that members of the two groups differ in their physical appearance or that members of one group speak the language in which they communicate with a different accent and fluency merely serves as a reinforcing shibboleth which makes members of an outsider group more easily recognisable as such.

It is instructive here to take such conceptualization together with work on representation considered previously. We would suggest that such boundary-making processes are more than ‘simply’ established-outsider relations that draw on convenient, recognizable markers; rather, that in/outside categorizations may simultaneously be prompted by visual (and audible) difference, as research regarding the social and spatial exclusion of established BME communities in Britain has shown (e.g. Nayak 2012). That is, neither ‘outsiderness’ nor ‘visible difference’ has ontological priority; rather, they are produced, reproduced and understood in complex and complicated social relations.

Further complicating approaches to move beyond ethnicity, Norton et al. (2006), in research in the USA, found that, while white individuals may desire to be unprejudiced, leading to efforts to appear ‘colour-blind’ in discourse, they often still acted on essentialized constructions of ‘race’. Similarly, Moras (2010, 234), in a US study of white women who employ domestic workers, found that relationships with workers from minority ethnic backgrounds were often discussed in a non-racial manner, but drew on cultural and linguistic markers to construct ‘alternative dimensions of racial privilege’. She argues that racialized ideologies were communicated by referring to difference in reductivist ways, for example always already attached to language, accents or immigration status. In addition, there were problematic constructions of the category ‘white’: one respondent struggled to classify a Portuguese employee as white because of her ‘lack of US citizenship, her accented English and her country of origin’ (Moras 2010, 244). While productions of race and ethnicity in the USA are somewhat different to those in the UK, there are common issues here regarding how people may (re)produce ethnic identities, even while attempting to construct otherness in non-ethnic ways, aware of the difficult and sensitive issues caught up in ‘political correctness’.

At root are ideological and political perspectives, clearly also exemplified by recent research on the construction of religious identities in public discourse. Ahmad and Evergeti (2010, 1701) argue that what is crucial is when ‘one aspect of personal or group identity becomes more salient through a web of social interactions in various social and historical contexts’, and that ‘war on terror’ discourses have increasingly produced the ‘Muslim other’ as a predominant category, attached to visible signifiers (veils, hijabs, mosques) and essentialized. The research that this paper draws on found little mention of Muslim identities, perhaps because Islamic communities in the northeast of England are small, and discussions predominantly centred on other
categories: religion was generally only mentioned in relation to specific customs being considered in service delivery. As such, while recognizing its contemporary relevance, we do not dwell on religion in detail.

While we discuss ‘ethnic difference’, then, we do not intend to reproduce this unproblematically as an ontological given. Our underlying understanding is that narratives of ethnic identity/ies are embedded in contested, plural and politicized social constructions of self, ‘other’, community, belonging and place, which have implications for how people engage with each other in everyday settings. Before discussing the findings of the research, we outline the methodology, which itself was caught up in locally produced narratives and politics.

**Methodology**

This paper draws on semi-structured interviews conducted by Author 1, exploring interethnics interactions in community settings in the northeast of England (2007–08), specifically how practitioners construct the identities of parents/carers and how such constructions may impact approaches to service delivery. This region of England (Figure 1) is not widely associated with ethnic diversity, given its relatively low BME population: 6% compared to 14% across England and Wales in the 2011 census (ONS 2012), and slightly lower during the time of research.

Children’s Centres and related community settings were chosen as a sampling frame as spaces of potential interethnic and intercultural encounter with one common purpose across staff – the delivery of services to provide child and family support. Two urban areas were selected (unnamed to protect respondents’ anonymity) to represent different communities in terms of ethnic make-up: one having established BME groups as well as newer arrivals, the other being a traditionally white area but a receiving community for refugee families. The two areas are broadly similar in socio-economic status, being predominantly working class, with some particularly deprived and some more affluent pockets. In one area, one Children’s Centres operated from two separate purpose-built centres approximately 0.75 miles apart. In the other, two Children’s Centres operated services from a variety of community venues. These Children’s Centres were selected as they were actively seeking to increase the uptake of their services by minority ethnic groups.

The empirical data used in this research comes from interviews with staff engaging or seeking to engage parents/carers with Children’s Centres services. Individual and small-group interviews were undertaken with a total of thirty-three members of staff based at the Children’s Centres and allied local agencies. This included all core Children’s Centres staff (managers and service facilitators), a representative of the administration team in each area, and a sample of health and community staff involved in delivering Children’s Centres services, suggested by Children’s Centres staff as offering useful perspectives on the issues central to the research. While this meant that Children’s Centres staff acted as gatekeepers to staff from allied agencies, the latter covered a range of professions and broadened the respondent sample. Practitioners across agencies were diverse in terms of educational, vocational and socio-economic background. Twenty-eight interviewees (85%) were female, reflecting the gender ratio in employment in this sector – men make up only about 2% of the childcare workforce in England (DfES
Thirty-one respondents identified as white British and two as BME. The methods were approved by Northumbria University ethics committee; interviews were recorded and transcribed; and they were analysed using a ‘grounded theory’ approach (Glaser and Strauss 1967), identifying key themes and typologies.

Interviews were conducted based on a broad set of questions, which led to further questions and prompts where necessary. Author 1 explained the aims of the research and its focus on minority ethnic groups. Indicative questions included:

- What services do you facilitate?
- Who uses these services?
Who would you define as ‘hard’ and ‘easy to reach’ in relation to the services you offer? Why?

What do you think are barriers to accessibility?

What are the links between these barriers and identity?

Given the ways in which it is contested (outlined previously), Author 1 did not use the term ‘race’ when interviewing, referring instead to ‘ethnicity’ and ‘country of origin’. Respondents are identified in this paper by gender (M/F = male/female) and ethnicity: interviewees often shifted across identities for themselves, thus where relevant we adopt the category ‘BME’ in line with long-standing use of this term (in the UK) to indicate all, including white, ME groups/individuals, and ‘white British’ (WB) to describe the majority ethnic group in the population.

Author 1 was conscious of her own identity as white Northern Irish; how this was constructed through the interview setting, particularly through her accent; and how respondents’ perceptions of her might affect what ‘truths’ and ‘accounts’ she was told (Neal and Walters 2006). Indeed, both authors reflected on their positionalities in writing this paper, mindful of feminist debates regarding the part that we, as individuals, play in our academic endeavours, the need to understand/foreground situated knowledges, and the need to recognize how our subjectivities are caught up with a politics of position. Author 2 identifies as a white Anglo-Irish woman, who, like Author 1, ticks ‘British’ on monitoring forms.

Findings and discussion

Ambivalence and ethnicity in identity construction

A central theme that emerged through the research was uncertainty around identity as relating to whiteness. Most respondents were unclear whether white Eastern European families could/should be categorized as BME, with the inclusion of the word ‘black’ causing confusion. Respondent 23 (M/WB) addressed this uncertainty by distinguishing between ‘minority ethnic groups and BME groups’, while Respondent 25 (M/WB) referred to ‘the white community, in inverted commas’. As Bradby (1995, 408) argues in relation to the word ‘race’, using quotation marks around a word indicates ambiguity ‘as it is not known which part of its meaning the author intends, and which part is being renounced’. In Respondent 25’s case, this may indicate recognition of the lack of clarity in a term that crosses ethnic majority and minority lines, and reflects the lack of conceptual clarity in official categories detailed earlier in the paper.

Generally, however, the term ‘white’ was predominantly used to refer only to white British residents, often conflating being born in the area with whiteness. For example, Respondent 1 (F/WB) spoke of the ‘predominant white[ness]’ of services, and then referred to a Turkish mother who only occasionally accessed services and was clearly not considered part of this ‘predominant white[ness]’. Likewise, Respondent 16 (F/WB) stated: ‘I think it’s important for them [ME groups] to not just come and see a white face’, adding that she advertises ‘multicultural’ events ‘to English people as well, and say they would be very welcome to come along, especially if you want to mix with other races’. These comments suggest normative constructions of whiteness that essentialize people migrating to the area as non-white, alongside the assumption that if
you are not white you are ‘not from here’, while placing non-British white parent/carers in the ambiguous position of neither black nor white. Such productions exemplify the problematic nature of hegemonic whiteness (Ware and Back 2002).

However, some respondents described long-term residents without recourse to ethnicity. Respondent 22 (F/WB) discussed ‘the people who have sort of like lived here and are proper… I don’t know how to say it – proper – real… like lived [here] all their life and haven’t experienced like moving’. Respondent 3 (F/WB), when outlining the crossover between ethnic and other demographic categories, stated: ‘And when I say male parent, I don’t necessarily just mean of the core – I think I mean, you know, male parents in some of the black and minority ethnic communities as well.’ It was clear from the wider interview that this respondent used the term ‘core’ to refer to the white British ethnic majority, perhaps to resist using the word ‘white’ as this would have incorporated white minority ethnic groups new to the area. These responses could be understood in line with Elias and Scotson’s (1994) conceptualization of ‘established and outsiders’ identities, considered earlier. Indeed, references were made to ‘tribalism’ (Respondent 19, M/WB) and ‘intense… pockets of community spirit’ (Respondent 23, M/WB) among white British residents, as potentially exclusionary to newcomers. Similarly, Respondent 25 (M/WB) stated:

In an area like [X], being an outsider can be an issue; not being of [X] can be an issue. It depends how well you fit in. It depends how well you keep your head down. It depends on whether or not you stand out.

Here, difference is discussed in terms other than ethnicity, such as ‘core’, ‘proper – real’ and ‘outsider’, yet consistent across interviews where the term white was not drawn upon was a simultaneous return to visible markers of difference from a white majority. For example, while Respondent 3 (above) uses the term ‘core’, she also classifies non-core parents/carers as BME, and Respondent 25 emphasizes that standing out is an issue, implicitly from the majority, which is white British. This highlights, we argue, the ambivalent ways in which ethnic identities are constructed, with boundary drawing read/produced/represented as both not-ethnic (in line with Elias and Scotson’s (1994) interpretation of identity construction) and also grounded in visible difference that is largely reducible to ethnicity (Nayak 2012). This evidence seems to support Morriss (2003) belief that there is widespread confusion in policy and public discourse, embedded in the conceptual complexities outlined here.

Ambivalence was further evidenced through the study when respondents discussed specific groups as easy/hard to reach. Certainly, respondents commonly mentioned factors other than ethnicity as central to parents’/carers’ propensity to access services, such as life experience, personal attributes and age. Easy-to-reach groups included ‘English speakers’, ‘the motivated, educated, got Internet access, read a lot, take the children to school, are interested in the children’s upbringing’ (Respondent 1, F/WB) and ‘increasingly fathers – I just think with the government agenda, and dads are wanting to engage’ (Respondent 4, F/WB). Meanwhile, Respondent 6 (F/WB) outlined hard-to-reach groups as ‘those that haven’t had the good parental role models, that have perhaps fallen – you know, dropped out of school – the teenagers… and those that are new to the area… the asylum-seekers, the refugees’. However, a
close analysis reveals that the majority of respondents predominantly linked other-than-ethnicity factors to white British parents/carers – the latter tended to be categorized according to circumstances, past experiences, upbringing and so on, while BME parents/carers were more usually categorized by ethnicity and/or nationality, which was predominantly linked to length of residence across the interviews (as in the quotation above). For example, two respondents highlighted Eastern Europeans as easy to reach (Respondent 1, F/WB; Respondent 17, F/WB), with comments around greater motivation to access services attached to fixed ethnic and concomitant cultural attributes.

However, for Respondent 27 (M/BME) this motivation was connected to recent mobility rather than ethnicity. He described ‘the white European ones’ as having ‘nothing local, so they’re isolated’, while ‘BME families culturally have family support’, referring to established second- and third-generation BME communities in the area. Respondent 28 (F/WB) made the same distinction between long-term Asian parents/carers and those from newly arrived families. This could arguably be understood as seeing beyond ethnicity to a non-ethnic phenomenon, namely migration and correlated existence or otherwise of local family support networks. However, local support networks among white British families were rarely mentioned, suggesting that the latter were presumed to not migrate. Such constructions resonate with calls to deconstruct hegemonic notions of ‘whiteness’ that work to hide diversity across the ‘majority’ group (Phillips 2008).

More nuanced identity construction was at times evidenced across the research. For example, Respondent 2 (F/WB) described BME fathers as ‘a bit more assertive about what they want for their children… compared to young, white dads in the area’, framing her comments in terms of age and confidence rather than essentializing cultural behaviours as linked to ethnicity. The study area has a high number of young white British fathers, and this respondent distinguished between their lack of assertiveness and BME fathers who tended to be older. Likewise, Respondent 4 (F/WB) emphasized personality rather than ethnicity or being part of an established community as key in building connections with clients:

The newer families that are coming in don’t necessarily see me as a local person, but just someone with a Geordie accent who’s daft and who they can relate to. And I think… that it’s that empathy and it’s you as an individual I think that people relate to that more than the fact that you’ve got an accent or where you live.

Her manager, Respondent 7 (F/WB), supported the centrality of personality in such a role: ‘[S]he’s very effective at what she does, because she is fun, she’s very open and uses herself very much as humour.’ She added that coming from a similar kind of background and experience helped to build relationships with parents/carers, more than being from the area itself, as ‘you maybe empathise somewhat with the community… I would say was more important than the accent that goes with it’. Further, Respondent 25 (M/WB) outlined a potential danger of staff being ‘genuine local people’, arguing that ‘it can bring with it local prejudices’. Respondent 4 may also have been seeking to remove herself from certain prejudices by foregrounding personality over local and ethnic identity.
Indeed, many respondents demonstrated a reluctance to ask BME parents/carers about their ethnic or national backgrounds. Respondent 28 (F/WB) is typical: ‘I don’t usually ask what nationality people are but I got the feeling she would have been perhaps Czech, Kosovan, something like that.’ This response was given within a broader discussion around how asking people where they are from may be perceived to be openly acknowledging someone’s difference, and therefore as having prejudiced undertones. At times, like Moras (2010), Author 1 felt as though she had crossed over some invisible line by asking respondents about ethnic and other identities, in relation to their interactions with parents/carers. While there was uncertainty throughout interviews regarding ‘identity’, in part due to lack of clarity around concepts and terms, then, we also analyse this as reflective of concerns around the sensitivity of ‘race’.

In this section, we have highlighted the contradictory narratives that, we believe, reflect the lack of conceptual clarity in official categories outlined earlier in the paper, and may indicate respondents’ awareness of how ‘offidom’ is ‘making people up’ (Hacking 2002), in ways that both include and go beyond ethnic representation. How to name/represent users of services is inherently caught up in issues regarding equality of access, and what is critical to this study is that, alongside attempts to understand more than ethnicity in identity construction, respondents simultaneously revealed specific perceptions and expectations with regard to BME groups’ needs as service users, which we move on to consider next.

**Ethnicity-based assumptions about service needs**

Essentialist constructions clearly shaped respondents’ expectations of service use by particular groups, and thus their approaches to service delivery, in the main tied to ethnicity and/or nationality. For example, Respondent 32 (F/WB) described how she ‘linked up’ a Romanian mother with a mother of ‘similar nationality’, who was Albanian, making assumptions about who someone of a given nationality might prefer to socialize with, while Asian families were understood to all be impacted by working long hours in shops and takeaways. Indeed, there were mostly quite static understandings of different groups’ approaches to childcare and interacting with their children. For example, Respondent 29 (F/WB) described ‘Indian families’ as having a culture of *caring for* their children among extended family, rather than *playing with* their children: ‘They’re very much not seen as individuals until they reach a certain age, so there’s not a lot of toys in an Indian household … Their children are very much routine-orientated.’

Conversely, although equally essentialist, Respondent 6 (F/WB) felt that African families do place a particular emphasis on playing with their children:

[They] are very… up on play, they interact with their children a lot and so they don’t always see the benefit of coming to a group because they don’t necessarily see that socialising side of it as necessarily a benefit.

In both responses, reductivist productions of BME groups’ cultural behaviours were given as reasons for not accessing services. Across the research, such fixed productions
of groups’ needs in relation to service delivery were notably contrasted with those of the white British community. Respondent 19 (M/WB) referred to differences in terms of the social value of attending services and participating in groups: ‘[W]hite British women will be happy, sitting, chewing the fat with a cup of coffee, whereas the BME women will be knitting, they will be making something, repairing something.’ Respondent 16 (F/WB) echoed this, saying that the multicultural mother and baby group was ‘not really working because they [BME families] aren’t coming because there isn’t a specific thing to do’. Similarly, Respondent 28 (F/WB) outlined African parents/carers as wanting a clear purpose to services: ‘If it wasn’t about getting them a job or a better lifestyle… I don’t think they could really see the purpose of the group… and that was about trying to provide mutual support.’ Rather than questioning whether their service was delivered in the right way or by the right person, most respondents made ethnic-based assumptions and implied that potential BME service recipients were not interested in receiving what they offered. This may reflect a professionally centred approach to understanding reasons for non-take-up of services, incorporating a lack of recognition that the service in question may not be meeting specific needs for practical help and activities, for example to address wider local discrimination in employment. It must be recognized that other factors, especially class, may contribute to staff perceptions of why some groups are absent from services; yet in our research, perceptions of absence were predominantly based on ethnicity, as these examples show.

However, one interviewee (Respondent 19, M/WB) suggested that established BME communities do use services for mutual support:

Because of the way that a lot of the larger BME communities still work, because the Children’s Centre provides a networking hub, they will use it because they still have that cultural norm of networking and supporting each other through good times and bad.

However, rather than understanding such access/behaviour as similar to established white communities, it was grounded in a discourse of BME communities strengthening (their) existing ethnic ties. Further, many respondents held ethnicity-based perceptions about approaches to ‘integration’ that shape expectations of service use. We acknowledge that notions of integration are deeply contested and conceptually blurred, and are wary of the political implications of different meanings embedded in differential power relations (Askins and Pain 2011). However, careful analysis suggests that, in this research, the term ‘integration’ was used across interviews to refer to instances of interaction between different communities or groups, rather than a broader process through which new and existing residents may ‘adapt to one another’ (CIC 2007, 9), and it is in the former (respondents’) sense that we use it here.

For example, Respondent 29 (F/WB) commented that ‘Indian people operate within their community’ and that ‘Indian women tend to stay within the family, there’s always something for them to do at home’. Respondent 1 (F/WB) stated that the ‘Asian community’ is ‘very involved with their own community and they don’t seem to want to blend in’, and Respondent 19 (M/WB) stated that Asian families were often regulated by elders or community leaders. In addition, Respondent 16 (F/WB) stated that BME men act as gatekeepers for their wives: ‘I’ve had a dad come to my group before, to see what it was about for his wife – a Chinese man’; while
Respondent 27 (M/BME) described ‘problems with certain Muslim families’ whereby ‘the woman is actually in a different room while I’m telling the fella’. Respondent 29 (F/WB) commented:

When they do come in that they do not mix. They don’t talk to the other women… because they see them as different as well… We’ve got Asian families, we’ve got Polish people, who all stay within their separate little communities.

Non-interaction in service use, then, was commonly linked to the construction of minority ethnic groups as living in distinct communities: key here is that this is the dominant narrative, whether factually correct or not, re-emphasizing the racialized discourse regarding residential segregation that Phillips (2007) warns of. Tellingly, Respondent 22 (F/WB) recognized that such a stereotypical association was prevalent among the white British residents with whom she worked: ‘Like those flats… people will say “Ah, Kosovan Towers… don’t go to them places, it’s full of Kosovans.”’

Issues regarding integration are complicated by language barriers, and many respondents highlighted lack of English as a major barrier to parents’/carers’ participation in groups or services. For example, Respondent 5 (F/WB) commented: ‘I suppose there’s a big difference in language and whether those people that… come to baby social and other things have got a reasonable knowledge of English… The biggest barrier is language and it always will be.’ Similarly, Respondent 17 (F/WB) stated: ‘The main barrier to me is the fact that they can’t speak English, nothing else. Everything else can be overcome, but if they can’t speak English they’re at such a disadvantage, and they just won’t go out.’ Further, Respondent 30 (F/WB) believed that a possible barrier to service use by local Muslim women stemmed from a lack of understanding of the services by a Muslim gatekeeper who provides some services jointly with the Children’s Centres: ‘I suspect there’s more of a language barrier there than she is perhaps letting me know. I think she thinks the Children’s Centre is something different to what it is – I think she sees it as being childcare.’

Critically, recognizing lack of (confidence in) English as a barrier to service use was never explicitly connected to other barriers or issues discussed above. In this, respondents’ constructions were more in line with Elias and Scotson’s (1994) conceptualization of established/outsider.

Two respondents, while framing integration and service use in terms of migration (i.e. factors other than ethnicity), simultaneously returned to ethnic essentialism by constructing all ‘new settlers’ as coming from BME backgrounds: Respondent 33 (F/BME) felt that BME groups were more likely to integrate and use services especially if they were ‘new settlers’, while Respondent 22 (F/WB) commented:

[BME families are] more likely to want to integrate because they’re new to the area, so they might want to come in and use the services for that purpose. There’s a lot of the new people who’ve moved to the area that are accessing things.

Meanwhile, long-term white British residents, despite being the main users of services, were sometimes also perceived as disengaged, with a more inward approach due to non-migration, paradoxically leading to a weaker propensity to use services.
Respondent 1 (F/WB) felt that white British parents/carers ‘don’t think that there’s a wider community out there that they could integrate and learn from… I think the ones that have lived here all their life… perhaps aren’t as motivated for different reasons’. Similarly, Respondent 19 (M/WB) referred to a ‘tribalism’ that prevented some white British residents from accessing services at certain venues, a perceptual boundary grounded in local historical issues, which he felt was not likely to affect BME families. In both cases, non-mobility is the factor in not accessing services, yet to some extent this is simultaneously linked to ethnic background.

These empirical findings suggest contesting accounts of how identities and backgrounds are constructed among respondents, at times supporting conceptual work on Self/Other as complex, moving across social categorizations and individual circumstances and characteristics; at others reduced to visible markers of difference, especially ethnic identity, connected often to notions of insider/outsiderness. We conclude the paper by thinking about what this may mean for policy, praxis and future research in this area.

Conclusions

One interpretation of interview responses is that respondents attributed difference in service needs/use to non-ethnic factors such as age, confidence, mobility, gender and class. Indeed, many respondents were skilled in distinguishing a range of factors contributing to parents’/carers’ approaches to service use, and we stress here that all clearly outlined their motivation to support all parents/carers in the local community as grounding their professional work. However, essentialist assumptions about how ethnic difference might translate into service needs, particularly in relation to cultural practices around approaches to childcare and playing with children, coexisted with attempts to resist ethnic descriptors. In most cases, the apparent confidence with which respondents made ethnic-based assumptions of service needs contrasted with the uncertainty that they displayed in how to talk about ethnic difference, echoing Norton et al.’ s (2006) findings discussed earlier. Certainly, the framing of the interview questions with reference to ‘ethnicity’ must be recognized as contingent in responses, and was intended to enable participants to consider this factor in particular (given the research aim). The extent to which other factors are caught up in the complex and simultaneous resistance to and production of ethnicity needs further in-depth research, especially to further the policy recommendations we outline here.

Such disparities within discourse, and between discourse and practice, certainly reflect wider policy and conceptual confusion, and have implications for policy and praxis across the public sector. In order to achieve equality of opportunity, policymakers need to carefully reconsider representation and terms used – not least working to ensure better consistency at the conceptual level – in line with the complex and fluid societies of a super-diverse contemporary Britain. This in turn, we argue, requires new approaches to the ways in which practitioners are trained, in relation to how they direct and deliver services and organize service settings. For example, if specific services come to be associated with particular ethnic groups, there will be implications for the community cohesion agenda; and if (potential) service
users are presumed different in terms of behaviour or needs, due to ethnic or cultural markers, this may mean that they are treated differently in essentialist ways.

Difference will remain a critical issue, of course, as a diverse society has divergent needs. And while ‘targeting’ can be seen as a problematic leftover from multiculturalism, focusing only on difference, action is nevertheless required to redress imbalances in access to local services and support (Berman and Paradies 2008), in more nuanced ways open to more than ethnicity and more than difference. In the research here, there was little conceptualization of similarity by respondents, despite the fact that all parents/carers with whom staff worked had at least two important factors in common: they all had young children and lived in the localities in question. Such similarities can and should be recognized and built upon in the organization of service settings, since, as Lamphere (1992, 2) points out, ‘interrelations are not just a matter of race, ethnicity, or immigrant status but can be influenced by the organization of a workplace, apartment complex or school’.

This paper does not consider interactions between people in service settings, which are critical in improving our understanding of social relations and a key avenue for future research. Moreover, such work should pay close attention to the cross-cutting positions such as age, gender, language ability, as well as religion, and how these identities intersect with one another, as part of social relations in service delivery. Further, the relative strength of the northeast identity (Parks and Elcock 2000) was a factor in this study (but beyond the capacity of this paper), and future research could explicitly explore how local and regional identities and narratives also interplay with national, ethnic and cultural backgrounds.

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References


**JUDITH PARKS** is Lecturer in the Department of Geography at Northumbria University Newcastle.  
**ADDRESS:** Department of Geography, Northumbria University Newcastle, Ellison Place, Newcastle upon Tyne, NE1 8ST, UK. Email: judith.parks@northumbria.ac.uk

**KYE ASKINS** is Lecturer in the Department of Geography at Northumbria University Newcastle.  
**ADDRESS:** Department of Geography, Northumbria University Newcastle, Ellison Place, Newcastle upon Tyne, NE1 8ST, UK. Email: kye.askins@northumbria.ac.uk