

## **REVIEW: PERSPECTIVES ON WELFARE**

*Suzanne Audrey*

Alison Bowes and Duncan Sim (eds) **1997 Perspectives on Welfare: the experience of minority ethnic groups in Scotland** Aldershot: Ashgate, hb, £35, ISBN 1859724159, 239pp.

There is very little published research relating to minority ethnic groups in Scotland so that discussion of welfare policies tends to concentrate on data relating to England and Wales. Bearing in mind that Scotland has a different institutional and legal structure and a different migration history, a book that attempts to bring together available Scottish research and to stimulate further work is to be welcomed. The title of this book suggests a more comprehensive collection than is actually the case: following an overview of the demography of minority ethnic groups in Scotland, there are three papers concerned with social rented housing; four with care of the elderly; and three with women's health. Nevertheless, issues raised by the authors have implications beyond the immediate field of research.

The 1991 Census included a question about 'ethnic group' and, although it is highly unlikely that this produced accurate statistics, it is probably the best source of information to date. The data revealed that 1.25% of the total Scottish population described themselves as members of a minority ethnic group. The largest grouping was 'Pakistani' (34% of the total minority ethnic population) followed by 'Chinese' (17%) and 'Indian' (16%). 'Bangladeshi' and 'Other Asian' account for a further 9%, so that over three quarters of Scotland's minority ethnic population could be described as 'Asian'. Much of this population is 'visible' not just in relation to skin colour but in terms of dress, language, diet and religious practices, and therein lies the dilemma for academics and welfare practitioners. How can we be 'culturally sensitive' without resorting to cultural stereotypes? How can we acknowledge that there are distinct issues requiring consideration without becoming preoccupied with cultural differences or blaming 'cultural preference' for low take-up of

---

*Suzanne Audrey is a community worker based in Govanhill, Glasgow and a PhD student in the Department of Sociology at the University of Glasgow.*

*Review: Perspectives on Welfare*

services? A number of contributors to this collection used qualitative, semi-structured interviews which proved particularly effective in allowing respondents to highlight their own concerns rather than restricting discussion to cultural differences.

A study of Pakistani women, general practitioners and health visitors in Glasgow concluded that there were more similarities between 'Pakistani' and 'white' women than there were differences. Both felt they were unfairly criticised by GPs when they asked for house calls; both preferred female doctors for 'women's problems'; and both felt professionals were prejudiced against them because of class differences. The authors concluded that the problems of white and Pakistani women were remarkably similar, that GPs require additional training in communications skills, and that health visitors play an important role in helping patients to access services. Language was certainly a factor restricting access to and use of health services, but the fact that health visitors were considered by the women to be better communicators even where the 'language barrier' still existed suggests that time and a sympathetic approach played a significant role in the consultation process.

A study of South Asian women's experiences of cervical screening also challenged explanations using culturally based arguments. By focusing on the women's views it became clear that there was a positive attitude towards preventative health behaviour. Fear of racism did affect this behaviour but other factors were shared with 'white' women. Child care and household responsibilities were often placed before women's own health care, and there was a shared fear of cancer which made many women reluctant to attend for screening.

The third paper on women's health considered the emphasis placed upon 'culture conflict' as an explanation for the mental health problems of some young Asian women. Severe events, loss, role conflict, or prolonged major difficulties were cited as general triggers to depression in individuals, particularly where there was no strong confidant as a source of support. Some of these triggers may apply to a situation in which a young woman desires a lifestyle different from that of her family, but this should not be seen as inevitable. Some women do experience this without suffering depression, while others do not wish to change but do suffer depression. Attitudes towards religious and cultural traditions vary within all communities, not just those of South Asian origin, and in relation to mental health it is important to consider the individual's life history rather than seek or assume a cultural explanation.

With regard to housing, the three papers presented here all concluded that minority ethnic households face limited housing options and are under-represented in social housing. Some cultural factors did appear to be relevant. Larger families need larger houses which are not readily available through social renting. Proximity to family, appropriate shops and places of worship were likely to take precedence over internal characteristics of the house such as central heating or a garden. But 'cultural preference' was influenced by additional pressures, and interviews also revealed serious concerns about racial harassment which had led some respondents to reject the relative security of social housing in favour of owner occupation or renting privately in an area where harassment was less likely. The situation is not static and the 'life history technique' of interviewing led to the conclusion that attitudes and aspirations, which already vary widely from individual to individual, are likely to change as housing policies and levels of knowledge change. The greatest scope for change may be through housing associations, particularly through shared ownership schemes and minority-led housing projects.

It is in relation to the needs of the elderly that cultural factors can be seen as especially significant. While their children and grandchildren are likely to have been brought up in Britain, the majority of elderly interviewees spent their formative years in a very different environment. Research amongst older people from Indian and Pakistani communities in Glasgow revealed that the majority expected to be cared for by their families in their own home. Nevertheless, some respondents did express concern that their circumstances might change and, once the nature of sheltered housing had been explained, 10% of those interviewed expressed an interest. None of them, however, would consider living in a development where they were the only person from their ethnic group, and emphasis was again placed upon the importance of proximity to family, shops and places of worship. In 1984 a report sponsored by Age Concern and Help the Aged concluded that very few local authorities and housing associations in England had begun to identify the needs of black and minority ethnic elders or to evolve policies to meet that need. It appears that the same can be said of Scotland today.

Some Social Work Departments, on the other hand, have acknowledged that their services are not being adequately used and have attempted to address the issue. Experience has shown that translating leaflets into 'community languages' and providing anti-racist training for staff is not sufficient and one study presented here found considerable lack of knowledge about the Social Work Department amongst minority ethnic elderly, combined with strong resistance to help from outside of the family. On the other hand, local community groups had attracted elderly clients. The community group workers were bi-lingual and shared similar backgrounds to the elderly people

*Review: Perspectives on Welfare*

in their care. They showed greater understanding of the needs of their clients than Social Work staff, although some felt that their work was undervalued and there were insufficient opportunities for professional development. This led to situations in which community group workers were expected to make referrals to a Social Work Department which they felt was not ethnically sensitive, which marginalised them as workers, and which had proved insensitive to previous referrals. In contrast, another study focused on an area where the local Social Work Department had made substantial efforts to establish dialogue with members of minority ethnic groups, and found a generally positive image of the Department. Such efforts included ensuring that translation and interpretation was readily available; responding positively and knowledgeably to differing customs, cultures and religious beliefs; and employing more staff from minority ethnic groups in key posts.

The generally low uptake of social work services by those who are eligible often means that carers absorb a great deal of the stress. A study of minority ethnic carers showed, not surprisingly, that they shared many of the expectations of white carers with regard to services. Both felt that services should be consistent, affordable, and ensure the well-being of the client. But an entirely 'colourblind' approach can ignore the fact that ethnic minority carers also emphasised the importance of language, food and contact with others from the same background.

The study of minority ethnic elders with dementia serves as a particularly poignant reminder of how disadvantage can pile upon disadvantage. Minority ethnic groups are more at risk of mis-diagnosis since tests commonly used in the diagnosis of dementia are culture-bound and dependent on language and literacy. They may be effectively excluded from reality orientation and reminiscence groups because these groups commonly employ materials that have no meaning for them, and as their illness progresses they may be placed in unfamiliar surroundings with people who do not speak their language and show no understanding of their background. Most mainstream dementia services have no minority ethnic staff at any level, while organisations specifically for minority ethnic elders have limited resources and are unable to provide a specific service for dementia sufferers.

Some broad conclusions can be drawn from this collection of studies. The welfare needs of individuals from minority ethnic groups are no different from anyone else: services should be accessible, relevant and consistent. Sensitivity to language and culture is important to all clients, but where the language and culture are not 'mainstream' there is a tendency to regard these needs as 'special' and to marginalise appropriate provision. An emphasis on separate, minority-led provision can contribute to this marginalisation and

reduce the pressure on local authority departments to fulfil their responsibility to make services more accessible, more attractive and more responsive to minority ethnic users. Anti-racist training and translation into minority languages are important but are by no means sufficient, and professionals could gain knowledge from collaboration with 'less qualified' workers in the voluntary sector.

Qualitative, relatively unstructured research appears to be an effective way of allowing respondents to highlight issues of particular importance to themselves and tends to break down stereotypes. But any plea against a preoccupation with cultural differences must be tempered by a reminder of the need for cultural sensitivity. Skin colour will tell us nothing about an individual's diet, but if we know that someone is a practising Muslim then we should be aware of the importance of halal food. Nowhere is the potential for insensitivity, bordering on the violation of a basic human right, more starkly illustrated than in the passing comment of a worker caring for an elderly man with dementia:

Because Mr P had progressed so far by the time he came to us, there was no problem with his food. Normally he would not eat the same food as us, but like the other sufferers he had no hangups about food and would eat what was given to him.

Such a perspective on welfare should always be unacceptable.

*February 1998*