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**Community Care: The Experiences Of Two South Asian
Communities In Relation To Caring For Older People**

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**Submitted for the degree of Doctor of Philosophy
1997**

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Thesis Abstract

Community Care: The Experiences Of Two South Asian Communities In Relation To Caring For Older People.

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This research is concerned with critically examining the experiences of minority ethnic communities, and in particular South Asian communities, with regard to community care. Interwoven with this, I argue and illustrate the inappropriateness of the continued homogenisation of distinct and diverse South Asian communities and its consequences. The field work focuses on the experiences of a Pakistani Mirpuri community and a South Indian Keralan community as a way of examining the implications of community care, and also to illustrate the diversity of ethnicity, beliefs and life experiences that exist within South Asian communities.

The thesis is split into three parts. The first part re-examines the sociological concepts upon which community care policy is formed, and also notions of 'race' and ethnicity used to describe minority ethnic and South Asian communities. This is followed by a policy analysis of community care, with particular emphasis on discussions regarding informal care. The second part of this thesis presents a demographic examination of the socio-economic characteristics of minority ethnic communities in Britain. In particular, it examines the Pakistani Mirpuri communities and the South Indian Keralan communities. I suggest that the interaction between class and ethnicity is crucial in shaping the experiences of these two communities with regard to gaining access to / use of social services, and in terms of wider life experiences and outlook. The final part present the field work carried out within these two communities. It outlines the process of field work from problems of gaining access, selection strategies, through to interviewing carers, older people and data analysis. This is followed by concluding chapters which reflects on the findings of this research and its implications for South Asian communities and for policy.

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INTRODUCTION

"Cash cuts signal 'collapse' of community care Policy"

(The Observer, September 29, 1996)

There have been countless discussions about the aims, objectives and implications of community care policy, from a political, sociological and policy perspective. However, very little research has been devoted to assessing the implications of community care for minority ethnic communities and in particular for South Asians. This study evolved from this need to address this gap in our knowledge of the experiences and attitudes of these communities with regard to community care and issues of caring and rights.

The study is in essence an exploration of the experiences of minority ethnic communities. Since it is impossible to examine all minority ethnic communities, the field work aspect of the research focuses on the care of the Pakistani and South Indian older people, as cases with which to address the effectiveness of community care policies as a vehicle for delivering care to minority groups in society. The Pakistani (Mirpuri) community in Middlesbrough and the South Indian (Keralan) community in West London were chosen for several reasons, particularly in order to highlight the diversity in culture, customs and language that exist within the often homogeneously perceived 'Asian community'. These two communities are not only differentiated by religion, but also their life styles, views, customs and experiences in Britain.

While the research is very much policy oriented, it uses a multi-disciplinary approach in its examination of the key issues. It combines a policy analysis with a sociological re-examination of concepts of community, ethnicity, 'race', gender and citizenship in relation to the issue of power in the construction or definition of these concepts. It also draws from the fields of social anthropology and social gerontology. The argument presented is that in general, policies are derived from limited social concepts and debates. For example, until very recently, policy makers have considered all 'Asian' and 'Afro-Caribbean' people as one, 'labelling' them under a generalist category of 'Black' and treating them accordingly. With an approximated 3.2 million people from minority ethnic communities living in this country, (from countries like India, Pakistan and of Africa), it is suggested that those responsible for formulating and implementing policy, whether they are from central government or local government or health authorities, have a political and social responsibility to ensure that policies realistically reflect the multi-ethnic nature of British society. The lack of even basic demographic research on the numbers of carers from minority ethnic communities or

their experiences of caring means that there is no way of assessing the implications of community care, or for that matter of any social policy, for these communities.

The thesis is split into three parts. Chapters One and Two examine the sociological and policy concepts underpinning community care. The aim is to disentangle the interaction among concepts of 'race', ethnicity and community, and to assess their practical use within policy. Chapter Two represents a policy analysis of community care and in particular of notions of caring and informal care which underpin it. Chapter Three investigates the demographic characteristics of minority ethnic communities as a whole and South Asian communities in particular. The chapter also examines some of the research carried out on these communities to date.

Chapter Four describes the research methodology and practical experiences of carrying out field work among the Keralan and Mirpuri communities. It addresses the many problems which were faced and the lessons that were learnt. Indeed this reflexivity underpins and characterises this research. The aim was to reflect continually and comment on the findings of both the conceptual and practical field work. Chapter Five presents the findings of the field work in the form of interview extracts and comments from respondents. Chapter Six presents the thematic data analysis and will begin to draw conclusions from the interview material. Chapter Seven continues and completes the conclusion and comments on the wider implications of this study. Every chapter will begin with a comprehensive introduction which will outline the aims of the chapter and set the frame work for the following chapters.

CHAPTER ONE

'RACE', COMMUNITY AND CITIZENSHIP - THE CONSTRUCTION OF DIFFERENCE

The purpose of this chapter is to provide a critical introductory analysis to some fundamental perspectives on 'race', 'ethnicity', 'community' and 'citizenship'. Interwoven into this discussion will be a concern with the use of the term 'care', a concept that has not received systematic attention but which is of critical importance in relation to community care. The underlying aim of this chapter is to examine some of the key issues and to make the reader aware of the dangers of forming implicit assumptions about certain groups in society based on inferred stereotypes or poor information. Hence this chapter will question the various uses of the aforementioned concepts both within academia and by policy makers. It will attempt to examine and understand the relationship between the actual or literal meaning of these terms and those interpretations that are based on a particular ideology, history, politics or stereotype.

In other words, this chapter will argue that a sensitive examination of the ways these words are used will help in differentiating between stereotypes or prejudiced assumptions and the truth¹. This will enable us to understand that terms such as 'race' or 'ethnicity' do not only define an individual by colour or culture but also relate to social and welfare needs. Welfare policies are derived from social debates. A re-examination of the way these concepts are constructed and then translated into practical policies is essential for understanding the interaction between theoretical thinking and the policy process.

¹ the writer accepts that the nature of 'truth', and its interpretation is highly contentious. To paraphrase Rabindranath Tagore the Nobel laureate poet and philosopher, 'Truth' is not a substantive concept that exists outside of the conscious human mind; it is more subtle, and its meaning is only derived from our conscious interpretation of it at any point in time. Hence the nature of 'truth' will be interpreted differently from individual to individual or perhaps even collectively from community to community, its interpretation being influenced by life experiences, culture and religion.

Chapter One will argue that in order to understand the specific experiences of South Asian communities, especially the nature of exclusion that these communities may face with regard to receiving due and careful consideration of their social and welfare needs by the government and policy makers, it is necessary to examine the interactions among notions of race, ethnicity, community and citizenship. It is hoped that the analysis presented in this chapter will both enrich sociological debate and help shed light on the formulation, implementation and appraisal of policy.

Concepts Of Race And Ethnicity: Disentangling The Debate

"Whenever anyone is inclined to use the word 'race' he should pause and wonder whether there is not another word that will express his meaning more precisely; usually there is" (Banton M. et al, 1990, p.10).

In discussions of 'race' there is always a danger that the analysis presented may lapse into accounts predominantly concerning problems of racism, discrimination and harassment. Whilst these are important issues, the discussions of them tend to adopt a homogenous approach to examining minority ethnic communities rather than an in-depth analysis of the specific nature of exclusion that may be experienced by the diverse minority ethnic communities that exist in Britain. Indeed there is a school of thought (of academics, politicians, activist and policy makers) which continues to argue that a collective unificational approach to these issues continues to be the most appropriate way of addressing these problems.

I suggest however, that whilst such an approach may be appropriate for addressing issues of racial discrimination and exclusion on a macro level, and whilst experiences of racism may be broadly the same across many different minority ethnic communities, it is inappropriate to adopt the same approach when examining the needs and experiences of minority ethnic communities with regard to welfare. Here there is a need to examine the experiences of specific South Asian and other minority ethnic communities and examine how factors such as ethnicity, religion, education and class interact to shape the specific experiences of different minority ethnic communities and consequently the extent and nature of the exclusion experienced.

"One key debate relates to whether the concept of 'race' should be consistently employed in social and policy analysis or whether it should be systematically criticised and rejected. (As 'races' are entirely mythical and imagined creations the problematic use of the concept is consistently denoted by the use of inverted commas)" (Law I. 1996, p.3).

'Race', 'ethnicity' and 'community' have become everyday terms, used by politicians, policy makers and the public at large. However, the simplistic and general use of these terms has meant that there is relatively little examination of the way concepts such as 'race' are interpreted. The power of the written or spoken word should never be underestimated. Words convey an abundance of ideas both good and bad. They can help to shape our perceptions of the wider society, and when employed by policy makers, can arguably lead to the formulation of flawed policies such as community care.

For example, until very recently, policy makers have considered all 'Asian' and 'Afro-Caribbean' people as one, 'labelling' them under a generalist category of 'Black'. With approximately three million people (1991 Census) of minority ethnic origins living in this country, those responsible for formulating and implementing policy at both a national and local level have a political and social responsibility to ensure that policies realistically reflect the multi-ethnic nature of British society and meet the different needs of these diverse communities.

While I accept that a certain degree of pragmatism needs to be applied for the purpose of policy making and perhaps categorisation, I question the general validity of such treatment, and argue for the right of these groups to expect due and accurate consideration in policy making, rather than the need to be given 'special treatment'. I also suggest that a failure to examine the implications of 'labelling' or categorising groups within society will ignore the real issue - that of power or the lack of it in claiming the citizenship right of individuals to self define their origins and needs, both on a practical level and more importantly, on the political agenda.

However, some would argue that discussions about the language of race or ethnicity will rarely produce a universal definition or description that will be commonly accepted. Yet, the power of these terms is still enormous. An examination of the events in the former Yugoslavia highlights how definitions or perceptions of an individual's or group's ethnicity and culture can cause conflict. Although this example

is extreme, the principles are the same. If we can attempt to clearly identify and understand what these terms mean and represent, we can then begin to examine what it means to be Indian or Pakistani or Afro-Caribbean or for that matter, to be German or Polish, as opposed to a political, or ideological or popular views of what constitutes being, for example 'South Asian'. Terms such as 'Asian' are generalist and wholly inappropriate. The term 'Asian' can refer to individuals born in India, Pakistan, Bangladesh, Sri-lanka and also to their descendants born in Britain. There is no one Asian culture or ethnicity. They are as diverse as the various cultures existing in Europe. Indeed the arguments and divisions caused by the debate on a single Europe, which is set against a backdrop of nationalism and individual notions of cultural roots and identity, illustrate the naiveté of terms such as 'Asian' quite graphically.

Yet the term 'Asian' is still widely used in academia and politics as well as society generally. Some would argue that the debate over definitions is trivial and wastes valuable time and energy. They suggest that you will never be able to find a term that fully reflects the cultural diversity of a community. However, I suggest that unless academics and politicians give due consideration to the way they still continue to 'label' sections of our society, then the individual and collective identity and needs of a very great many will continue to be overlooked.

At this point it is important to make a distinction between the terms 'race' and 'ethnicity'. The interchangeable use of these terms has meant that they have become somewhat blurred, and in one sense meaningless. Arguably, the idea of race is very much a social construct, a socio-fact rather than a genetic or biological one. It is linked with social Darwinism and is consequently often viewed as derogatory. Bhikhu Parek has described it as the '*product of the deeply misguided anthropology of the 18th and 19th century*' (1990, p.9).

When people first discuss race or ethnic differences, one may predict the first thing they will point out is the colour of an individual's skin. The actual scientific value of such a narrow perspective is very limited as individuals cannot be neatly divided into races. Doing so, would ignore the widely differing views, beliefs and customs within a community of 'like coloured' individuals. For example, grouping all Caucasians together as 'White' would ignore the diversity in ethnicity - e.g. from Sicilian to Scandinavian.

Blakemore & Boneham highlight this succinctly, *"the relative meanings of 'Black' and 'White' are well illustrated by the Asian's position. Should Asians and people of Asian descent be called 'Black'? Some insist that they should, because 'blackness' refers to status in a minority group disadvantaged by racial discrimination - that is discrimination prompted by visible physical differences in skin colour. Others, including a considerable number of Asians themselves, reject 'blackness' and maintain that their cultural identity and social position are more accurately defined by the umbrella term 'Asian' "* (1994, p.5)

Inherent in the use of the term race are underlying suggestions of genetic differences between communities, where one is superior over another. *"More recently, however, the term 'race' is applied in an anti-racist sense, as a way of describing issues of ethnicity in the context of power relations. The notion of race, therefore, includes the social, economic and political position of 'Black' people"* (Atkin, K, & Rollings J, 1993, p.3). Ironically, although these comments serve to illustrate the problems of defining an individual's or communities ethnicity and the inappropriateness of terms such as 'Black', they also highlight previous arguments about the continued use of homogenous terms by researchers today. It is indicative that research on 'race' and ethnicity which usually slips back to using homogenous terms even when attempting to highlight diversity, particularly in discussions relating to racism and discrimination. As Brah (1992) argues, the term Black *"became a political colour to be worn with pride against colour based racisms. The African-Caribbean and South Asian activists in Britain borrowed the term from the Black power movement in the USA, to foster a rejection of chromatism amongst those defined as 'coloured people' in Britain"* (p.127).

In recent years, the use of the term 'Black' has been criticised by commentators like Hazareesingh (1986) and Tariq Modood (1988, 1995). They argue that the term Black specifically refers to the history and cultural identity of those people of African descent and is primarily used to create a sense of uniform identity among the many people who are of African descent, but may have emigrated into Britain from the countries of the Caribbean and other places. Modood in particular argues that the use of Black to refer to South Asians denies the cultural diversity of these communities. However, Brah (1992) goes on to argue that the term Black used to refer to Afro-Caribbean people is in itself vague as it ignores the diversity of culture and life experiences/style between countries/communities in Africa and Caribbean countries.

Brah also notes that Modood (1988) continues to employ the term 'Asian' as against 'Black' which he claims 'sells short the majority of the people it identifies as Black' and against 'South Asian' which he dismisses as an academic term. He justifies this perspective by arguing that "*'Asian' is used to refer to people from the subcontinent of India prior to British conquest of Hindustan*" (1988, p.397). However Modood ignores that fact that the term Hindustan as used by the Mughals referred largely to Northern India and that pre-colonial India was made up of princely states, with people identifying themselves according to the part of Indian in which they lived. Even today, Indians in India often refer to 'India' as that which is represented by the state in which they live. Arguably, notions of India as a country grew out of the struggles against British occupation and following the horrors of partition. In any case, it is doubtful whether Modood's definition would find acceptance with modern day Pakistanis and Bangladeshis. His perspective is somewhat similar to that of Hazareesingh (1986) who argues that the term 'Indian' is more appropriate to refer to people from the Indian sub-continent. Ironically then, both Modood and Hazareesingh are advocating the continued use of collective homogenous terms to refer to Indians, Pakistanis, Sri-Lankans and Bangladeshis, both immigrants and those born in Britain of these descents.

The origins of the study of 'race' in Britain began in the 1960s, in particular with the work of John Rex (1982, 1986) and Michael Banton (1972, 1977). They examined the stratification of society following immigration in the late 1950s onwards. Rex and others concentrated on the relationship between immigrants and the 'White' working class, concentrating particularly on the social and economic position of minority ethnic communities. *"The research was concerned with situations in which structured conditions interacted with actors definitions in such a way as to produce a racially structured social reality"* (Solomas, J. 1993, p.19). The work of Rex and others was useful in that it signified the first real attempt to study the experiences of immigrants.

Rex's (1986) Neo-Weberian approach, in which he was preoccupied with the economic class position and social status of immigrants, led him to define minority ethnic communities as in essence comprising an 'underclass'. However I suggest that Rex's analysis and subsequent labelling of minority ethnic communities as comprising an underclass is flawed. As mentioned earlier, the notion of 'race' is very much a social construct and related to issues of empowerment and wider debates on citizenship which Rex fails to fully address. Equally, labelling whole sections of a community as 'underclass' merely perpetuates the problem. It ignores the diversity in history, of life

experiences, of education and class, particularly those who migrated from India and East Africa as demonstrated by the detailed examinations of differential South Asian ethnic group status by Ballard (1996), Jones (1993) and Robinson (1996). In particular the usefulness of Rex's classification today is challenged by the large section of the Indian community which has achieved middle class occupational and economic status. Rex fails to examine the impact of the interaction between culture, education, class and life experiences both here in Britain and in the country of origin in shaping the diversity of outlook, value systems and extent of integration or engagement of members minority ethnic communities in Britain. The use of the term 'race' today, is arguably inappropriate and dated. Communities and individuals should perhaps be referred to in terms of ethnicity.

The term 'ethnicity' is related to culture and involves the discussion of certain life styles, values and customs which openly set apart one group from another. It is not used in reference to the social and economic positions of communities in society. Ethnicity is far more appropriate for differentiating between groups in society, because all individuals have an ethnic origin. The term 'ethnicity' does not distinguish between individuals primarily on the basis of colour, but by culture, history, life experiences and hence by factors relevant to needs. The 'asian' community is comprised of many groups of peoples from different countries. There are differences of language, and within these countries there are regional dialects and customs. Blakemore and Boneham sums up this debate by suggesting a broad range of influences which, either individually or in combination, help to shape an individual's ethnicity (1994, p.7):

- (1) ideas of 'peoplehood', or of one's own identity being bound up with a common past, a shared history of one's people. These feelings may be expressed in nationalism when the ethnic group is identified with a political unit or with political struggle (for example, the movement for an independent Sikh state, Khalistan). Ethnic identity is usually associated with a 'homeland' or land of origin. Individuals may grow up in the homeland, or perhaps in an overseas community or diaspora which continues to identify with the homeland (for example Israel, Punjab).

- (2) a language, either distinctive to the culture or shared with others (perhaps with distinctive dialects or other modifications).

- (3) identification of the community with a particular religion (such as Sikhism) or with a world religion (such as Islam) in a way which fosters group allegiance.
- (4) a distinctive culture. 'Culture is itself an umbrella term referring broadly to a way of life: distinctive social institutions (family structures, marriage, initiation into a community), social norms, manners, attitudes and ways of thinking, diet, dress. As Rowland (1991) points out, culture and ethnicity are sometimes used interchangeably, but it is preferable to use ethnicity as the broader concept which includes culture, as well as the other components of ethnic identity.

The use of the term 'ethnicity' substantiates the argument that Britain is a multi-ethnic society, and was so long before the arrival of immigrants from the 1950's onwards. Britain is made up of four 'nations' - Scotland, England, Wales and Northern Ireland and within these nations there is a diversity of regional beliefs, customs and language. Furthermore, the Irish community still constitute the largest minority ethnic community, although the Irish communities have largely assimilated with the wider population. Nonetheless, Bhikhu Parek argues that "*this is a different kind of ethnicity. The peoples of these countries are not as explicitly defined by colour, religion or a history of colonialist and imperialist policies, furthermore they have remained geographically constant for as long as one can remember*" (1990, p.11).

Whilst Parek's argument does point out the differences in the multi-cultural nature of British society pre and post immigration; he can be criticised for making a rather sweeping and general statement. It cannot be argued that the Irish communities are not explicitly defined by religion and a history of colonialist and imperialist policies. Nevertheless, it is a fair point that when examining Indians or Pakistanis or any other South Asian community, we must consider multi-culturalism or ethnicity in a different way because of the significance of the racialisation of their ethnicities and of their linguistic and cultural differences.

When referring to Indian or Pakistani or Sri-lankan communities in Britain, it is a different, more explicit ethnicity in comparison to both the Irish communities and the wider indigenous population. With the Irish communities and those communities from, Jamaica or Trinidad for example, there has been a greater integration and assimilation with the wider population because of common cultural similarities like language. The

Indian or Pakistani communities, however, are, in contrast, explicitly distinguished both by language and culture. Conversely, the term 'ethnicity' also makes distinctions within minority communities and highlights the absurdity and injustice of the label 'Asian'. Within the homogeneously perceived 'Asian' community lies a diversity in culture, language, life experiences (both in Britain and in their country of origin), and of value systems and outlook that is as diverse, if not more so, than within all the countries of Europe. It is ironic that the futility of attempts at creating a 'United States of Europe' was not recognised earlier by examining the difficulties individual nations such as Britain and France have faced in coming to terms with their own multi-cultural societies.

On a more practical level, a brief examination of the changes in the dietary habits/culture of British people over the last fifteen years in particular highlight the changes in British society, and its transition to a contemporary multi-ethnic society. Britain's cultural habits have changed immensely in recent years. Indian food for example has become a part of the diet of a significant proportion of British society. Fruits and vegetables previously perceived as being ethnic or exotic have also become more widely accepted and consumed by a broader population - e.g. most supermarkets offer a wide range of 'minority ethnic' foods which are targeted at the needs of the wider population. Although this may be a very crude or general example, it could be suggested that the question of what it means to be British has changed. A Britain is arguably an individual who is comprised of a great many different ethnic influences and cultures. As previously discussed, the debate in recent years over the use of terms such as 'Black' and 'Asian' to refer to people of Afro-Caribbean and South Asian descent has evoked great controversy. It is therefore important to address some of these arguments as they often centre around notions of difference.

Although the debate encompasses a complex multiplicity of views, beliefs and traditions, it could be argued that British history and heritage is undergoing a process of re-writing, reflecting the wider changes in British society. The fundamental question that arises from this debate centres on whether these changes to Britain's culture and habits are reflected by the greater participation of South Asian communities in the political and policy process, or whether the specific and diverse needs of these communities are either acknowledged or realised by policy makers. In the end it could be argued, as with notions of 'race', the ethnic identity of an individual or that of a community will always be open to subjective interpretation or perception. Indeed, commentators such as Brah (1992) and Modood (1988, 1995) point out that

ethnicity itself may not necessarily be a complete indicator of difference. Within distinct ethnic groups there may be differences along class, religion and gender. However, the list of indicators provided by Blakemore and Boneham (1994) substantiates the argument that defining individuals and groups by their ethnicity is far more justifiable and useful than reverting to racial distinctions and categorisation.

What is apparent is that by engaging in an in-depth examination of the meanings and uses of 'race' and ethnicity immediately illustrates the diversity of ethnicities that make up contemporary Britain and the overwhelming implications of these debates help substantiate an argument that social and public policy needs to reflect the wider social/cultural change in Britain. Minority ethnic communities like the South Indian Keralan community and the Pakistani Mirpuri community are entitled as British citizens to have their individual needs met. They are also entitled to expect the due and careful consideration of these needs within the policy formulating and implementing process, not as a matter of special treatment, but because the Anglo-Saxon image of a Britain can no longer be perceived or accepted as being representative of a contemporary British Citizen. At the very least, if it is been generally agreed that Britain will work on a multi-ethnic (if not necessarily multi-cultural, basis), it is necessary to evaluate and state the practical implications in policy terms of this.

Following on from this, it is when we start to discuss concepts of community, its definition, interpretation and the interaction between minority ethnic communities and the 'indigenous' population, that the possibility of conflicts between these groups arises and discussions begin to centre around ideas of empowerment and citizenship.

COMMUNITY

"The word 'community' is, nowadays, a ubiquitous term. It crops up in all kinds of situations though its meaning remains elusive. 'Community' has been used in senses that include the personal, political, cultural, geographical, historical, national and international" (Cornwell, 1984, p.49).

As with issues of 'race' and ethnicity, the term 'community' has been employed in a rather abstract and loose sense. Notions of 'community care' have been all the rage in the 1980s, but when we come to the bare facts of the matter, what does community care really mean? The whole debate on what constitutes a 'community' both from the perspective of policy makers and sociologists is complex as well as diverse

encompassing individual social philosophies and value laden perspectives about the world we live in or indeed we should be living in. This debate has gathered pace in recent years and has been pushed to the forefront of the political agenda as a result of policies such as community care and by the debate over the E.C. - the Maastricht treaty (in particular the Social Chapter - The 1992 Treaty on European Union) and the implications of these for notions of collective rights and responsibilities.

Similarly, the neo-functionalist idea of 'communitarianism' popularised by Amitai Etzioni (1995) has caught the imagination of politicians and academics alike, with its vision of a more cohesive, responsible and socially aware community. Partly in response to the dominance of neo-Conservative individualism during the 1980s, notions of community have become the central issue of political argument and debate in the 1990s as each party tries to gain dominance of the centre ground in British politics. The fundamental questions are : what do mean by 'community'? - what rights, responsibilities and obligations do you have within a 'community'? These questions are in turn related to discussions on citizenship dealing with the relationship between rights and responsibilities of individuals and of the state, and with the interaction between them. This debate will be pursued later in this chapter, and I will attempt to highlight the relationship between concepts of community, ethnicity and citizenship and to illustrate the significance of such debates for social policy formulation and implementation..

Community: Multiplicity Of Interpretations And Uses

'When I use the word' Humpty Dumpty said in a rather scornful tone, 'it means just what I choose it to mean - nothing more and nothing less.' 'The question is', said Alice, 'whether you can make things mean so many different things' (Milson, 1974, p.48)

Raymond Williams ('Keywords', 1976) provides a useful starting point from which to examine the use of 'community'. He points out that the term community *"has been in the English language since the fourteenth century. Originally it was used to refer to the common people, as opposed to those of rank, or to a state or organised society. Subsequently by the sixteenth century the term was used to refer to the quality of having something in common and to a sense of common identity and characteristics. Community also came to be used to refer to a distinction between community and civil society on one hand and the state on the other, and between more direct, more total*

and therefore more significant relationships of community and the more formal, more abstract and more instrumental relationships of state, or of society in the modern sense. From the nineteenth century, then, the term was used to contrast communities and localities with larger, more complex industrial societies" (Mayo, M., 1994, p.49)

Thus, the changing use of community coincided with the evolution of British society from pre-industrial to industrial society. Industrialisation spawned towns and cities. An urban society had replaced the old rural way of life and people lived in large communities for the very first time. Community reflected the growing rights of individuals as citizens of society and the origins of state responsibility, e.g. the Elizabethan Poor Law of the 17th century. It could also be linked to Marshall's evolutionary notion of citizenship as comprising civil, political and social rights, which were gained by individuals in the 18th, 19th and 20th century respectively. Williams outline is also useful in highlighting the argument that the term community should not be defined in absolute terms, even in policy making. It is a fluid term, changing as society changes. This notion of a fluid community will be raised later in this chapter.

A more measured perspective is put forward by Konig (1969). Konig considers community to be about the social organisation and structure of our society which is made up of individual members. He suggests that it is a structure which has an integral part in human actions, purposes and values. Alongside this structure is a notion of a common purpose or shared perspective which should be striven for by all who are members of this brotherhood.

In essence, Konig is arguing that the strength of any community lies in its ability to direct those individuals within it along the same path, creating along the way a certain amount of reliance and emotion amongst its members which might be defined as community spirit. Presumably from this perspective, dysfunctional problems will arise within a community, when certain elements of that community do not appear to be moving in the same direction. Therefore, for example, arguments could be presented which suggest that the existence of certain communities affect the communal spirit of the wider community and are consequently, detrimental to the existence of the wider community as a whole. Konig's functionalist perspective seems to also suggest that whilst a 'community' is made up of individual members, it also exists independently of individuals, shaping and influencing individual behaviour. So an individual is only a member of the community as long as his or her action is functional to the well being of the community as a whole.

The work of Konig and others from the early/mid 20th century, often seems rigid in its interpretation of 'community'. Their analysis of individuals, of values and emotions upon which a community is built, seems detached and scientific. It is almost as though they were trying to define community, in very much the same way as a natural scientist would attempt to define the composition of a cell or chemical compounds. Such scientific approach and analysis is, arguably, too rigid and inappropriate when attempting to study the interaction between the individuals and groups of individuals who form a community. Konig does not indicate how individuals interact with one another to produce a consensus, or examine the relationship between authority, citizenship rights and equality which is the root of many communal conflicts and stratification. Perhaps what such a perspective highlights is that an individual is only a member of a community as long as he or she shares in the cultural and social traditions of the majority in that community - its dominant ethnicity? The consequences of a multi-ethnic or a multi-cultural community are not addressed.

Furthermore, the popularity of the term 'community', particularly over the last decade, has not helped to make its use or meaning any clearer. Peter Willmott suggests that the term 'community' has indeed been used more loosely in recent times - *"it seems to be used more loosely than it was, sometimes by politicians or administrators who wish to promote a particular policy or to avoid giving offence, sometimes by local enthusiasts who want to add weight to their campaign or action project, it is applied at a variety of levels from the national to the most local, and in a variety of senses"* (Willmott, P. 1985, p.8). Willmott goes on to give six examples of the uses of the term 'community' which are shown in Appendix 1.0 along with a short discussion.

This difficulty in defining what constitutes a community was shown by Young and Willmott's classic study of urban social life in Bethnal Green in 1957. From this study of life in East London, Young and Willmott constructed their first model of what constituted a 'community'. This model comprised two elements: the existence of some kind of collective life which residents identified and a social life and social relationships based on reputation rather than status. Hence, Young perceived a community as simply meaning *"a sense of solidarity with other people sharing a common territory"* (1957, p.33).

However, Young & Willmott's concept of community changed during the course of their studies. They argued that community also referred to collective life whether at

home or in the work place or on the streets. This definition is different from their original assertion. It is more wide reaching and encompasses a variety of social relationships. Young and Willmott have been criticised for having a romantic notion of what constituted a community. Critics argue that their vision of a neighbourliness, friendliness and consideration and obligation towards others is too narrow and naive. Whether the definition of Young and Willmott is relevant today is questionable, but their work and that of others highlight the fact that definitions of community remain opaque.

The tension here may be one of perspectives. An anthropological approach would concentrate on the notion of fluidity in describing communities, arguing that its meaning will change over time along with society itself. A policy perspective on the other hand would emphasise the need to clearly define community, both conceptually and practically. However, given the variety of meanings attached to the term community, it could be argued that those responsible for formulating policy at the national and in particular the local level will invariably adopt a fluid view of the term either explicitly or implicitly. They should realise in practice that a community is built up of several 'sub communities' who are distinguished by their sense of social identity, ethnic origin or disability or even the area in which they live. Interaction between the sub communities will determine the characteristic and shape of the wider community and subsequently the nature of its social and welfare needs. Therefore, it is impractical and potentially wasteful of resources to adopt a holistic approach to serving the needs of a community. Actual needs and wants will vary greatly within the wider community, and therefore a fluid approach should be adopted, to address these diverse welfare needs.

Martin Bulmer's study 'The Social Basis of Community Care' (1987) attempted to bring together and build upon the work of Young & Willmott (1985), Abrams (1980, 1984) and others to provide a coherent notion of community as the word is used, through utilising both sociological and policy perspectives. Bulmer addressed the myriad of interpretations and use of community, particularly within sociology, suggesting that community can be described "*in terms of people who live in a common geographical area. Or it can be defined in terms of common interests, interests which may be diverse as ethnic origin, religion, politics, occupation, leisure pursuits or sexual propensity, as in the Jewish community.....the occupational community of the police or the gay community*" (1987, p.5). He accepted that such diverse uses can mask a variety of meanings, but it does confirm that community is a term that has many

meanings, with the common factor that all definitions deal with people. For example, in reference to community care, Bulmer argues that *"'Community' is hardly a satisfactory term to convey the social basis of such care. No longer is its provision geographically confined to particular localities, however much this was so in the past. Some means is needed, all the same, to refer to the personal ties between those involved in informal relationships of one kind or another. The term 'social network' has come to be used extensively, as a means of relating abstract concepts such as institution or group activities and the relations of actual people"* (1987, p.108-115).

Despite these various notions of what constitutes a community, and the many types of relationships which form its structure, the meaning of the term 'community' still remains ambiguous. Yet the use of the term does have real practical implications for policy making because of the values held and assumptions made by policy makers when formulating and implementing legislation. It is important that an explicit examination is made of the intentions behind any use of the term community or for that matter 'race', ethnicity, or citizenship. Community, for example, can be used in policy to define or limit provision, thereby becoming an imposed and limited definition. Particularly with regard to issues of ethnicity, an ethnocentric notion of community within policy may lead to social exclusion for minority communities.

Bruce Lynch and Richard Perry highlighted the importance for policy of the term 'community', *"since community is at the heart of community care, the meaning attached to each term has an important bearing on the conception of the services which community care is intended to promote. However, community is a term which has a variety of meanings and applications, most of which entail the identification of some pattern of relationships between individuals and groups of individuals"* (1992, p.2).

Lynch and Perry's outline of how a 'community' is perceived, again highlights the diversity of the problem. The identification of some pattern of relationships, as Lynch and Perry indicate, is a highly subjective and value laden process. Here one can use theories of empowerment or citizenship to suggest that only those in positions of power can successfully 'label' or define a community and its needs. This in turn means that there are some in society that have 'greater' citizenship rights and are therefore empowered both to self define or label their own 'communal' origins and that of others and have those definitions accepted as norm.

It is important to acknowledge at this stage the fact that even within a self defined community, it is the views of the dominant members within that group that become accepted as the 'norm'. For example, perceptions of the 'Asian' community will vary within that community. Pakistani women who may not be 'allowed' outside of their home may regard their 'community' as describing their family, either their immediate or extended family. The community may be perceived as a group of households or those from a particular region of the sub-continent, or even from a particular caste. This highlights the point made earlier that the term community is a fluid term. It not only varies along cultural or ethnic differences, but also within communities. Conversely, it also illustrates the dangers of automatically adopting the views of a community ascribed by a dominant group in that community (for example, within a South Asian community, the dominant older generation may argue that they prefer informal care to institutional care) as being representative of the outlook and needs of everyone in that community.

Notions of community are the battle ground of individual and collective identity. This is the focus point of the struggle between public and private provision and ultimately wider issues of social rights. Furthermore, if we consider that the definition of what constitutes a 'community' is linked to notions of political and economic power, and examine the issue within the wider social context; we are effectively asking the question : can more than one distinct type of community coexist within the same society? This argument is not strictly limited to the practising of an individual's own religion and culture, but is also about sharing power. The issue of empowerment underlies tensions between theoretical interpretations of terms like community or ethnicity and their practical consequences.

Until recently and the promotion of a 'citizen's charter', empowerment is a theme that has been continually swept off the political and policy agenda. Perhaps for the first time, minority ethnic communities are beginning to become aware of their ability to influence change. Such communities not only want the right to practice their own cultures and religions, but also the right to equality in many spheres of social life, such as politics, education and health and social care. In any true egalitarian society, pluralism would involve sharing by all parts of society, with each group within that society having equal access to power. However, since the pluralist ideal hardly exists in practice, only by acquiring tangible economic and political power will those minority ethnic communities get their issues upon the policy agenda and thus initiate change.

As Perry (1992) commented, without the access to equal economic and political power, differentiation in society becomes a form of racialism rather than pluralism.

Therefore, even under John Major's 'classless society' where a Citizen's Charter exists to safeguard and guarantee equality of access and representation of needs for all people across a range of public services, there are some groups in society that have more rights and powers than others. As George Wilding (1986) and Ramesh Mishra (1989) have argued, citizenship provides the foundations of equality upon which real inequality can be built more securely. Here lies the root of the problems faced by 'minority' groups within society. It could be suggested that only through empowerment can individuals and communities have the ability to define their origins and needs, and have those views heard. 'Labelling' a group of people within society under the banner of 'ethnic minorities' in itself perpetuates real inequality. Such a labelling process implies that there are groups within society that are weak and need to be helped. It also ignores the diversity of religions, customs, norms, culture and hence needs that exist within the ethnic minorities.

The creation of citizen's charters only creates an illusion of equality within which inequality is simply perpetuated. It enables the government to present a picture of having tackled problems without really having done so. The government would argue that every individual is equally treated in the eyes of the law and thus has equal civil, political and social rights. Nevertheless, this ignores the fact that in practice, an individual's ability to utilise his rights is invariably governed by his or her economic power and social status. Subsequently, the term equality will have differing meanings in practice.

Empowerment can only be achieved if citizenship rights are more than just utopian goals. These rights have to be enforced in practice. For example, everyone should have the social right to appropriate forms of personal social service that reflect their particular needs, including those consequential on ethnicity. Yet it could also be argued that notions of empowerment are redundant unless individuals or communities as a collective unit claim their social rights, rather than expecting them to be handed to them. Nevertheless, the notion of empowerment is useful in that it differentiates between theoretical citizenship rights and the ability of an individual or a community to utilise those rights in practice.

At this point it is important to clarify the use of the term 'power'. Power can denote the ability of individuals or groups to make their own consensus or interests count, even when others resist. Secondly, power can signify the degree to which individuals or groups can impose their will on others, with or without the consent of other parties. Finally, from a policy perspective, power is best expressed by Lukes (1974) 2nd and 3rd dimensions of power. Lukes argues that power can be defined by saying that A exercises power over B when A affects B in a manner contrary to B's interests.

These implicit (and most important) forms of power are seen most commonly in the lack of action on the part of the government in recognising the particular needs of certain groups within society and in articulating those needs in the form of concrete policies. The inability of minority ethnic communities within society to get their issues on to the political agenda is in itself a sign of the inequalities that exist. This is highlighted by the recent government community care policy. Despite discussions of the nature of Britain's multiracial society and the problems of providing care to individuals from differing backgrounds, the final policy fails to address this issue. Subsequently, many ethnic groups have come to realise that their ethnicity is being blatantly disregarded. Their lack of political or economic power perpetuates this even further. Although South Asian minorities only make up some 3% percent of the overall population of the U.K., we must consider that any society which has more than one type of ethnic community is multi-ethnic or multi-cultural and as such, the welfare policies should reflect this. This is particularly important given that at a local level, the percentage of the population of South Asian minorities origin may be significantly higher than the national average. This relationship between notions of community and citizenship is examined further in this chapter.

Definitions of community, whether from a sociological perspective or a policy perspective or even a historical perspective, as shown, evoke passionate debates and contradictory conclusions. Any definition of community is constructed around certain assumptions on the nature of society as it exists, or on a comparative analysis of the historical/social/economic change in society over a period of time. In the end all these debates give weight to the argument that community is and should be a fluid term, its meaning changing with time, with society and applicable to a particular situation. The analysis of community is intertwined with that of citizenship, for a community is often a reflection of the individual rights of citizens and the relationship between groups of individuals and the state.

Consequently, the final section of this chapter will focus on notions of citizenship and continue discussions relating to empowerment.

CITIZENSHIP

"There appears to be a great yearning for citizenship, even though no one actually knows what it is" (Philips, M. 'Citizenship sham in our secret society', Guardian, 14/09/90).

The issue of 'citizenship' has become a popular subject for debate in the past few years on both the left and right. As with examinations of the term 'community', the fundamental questions within the citizenship debate concern the relationship between the individual and the state. In particular they examine the nature of the rights and obligations which are encompassed within a notion of citizenship. The whole debate on citizenship is so diverse and complex that it would be impossible to cover every aspect of the debate. Consequently, for the purpose of this thesis, discussion on citizenship will concentrate on the issue of social rights arguably the most important debate within social policy today.

The most important element of debate concerning citizenship revolves around whether individuals possess social rights (right to social/economic welfare from the state). Do social rights establish contractual rights to claim welfare, or does welfare enhance citizenship. A conceptual and practical link can be made among the notions of community, ethnicity and citizenship. The fundamental element that is common to the construction of all these terms is the notion of empowerment, which in turn is related to a citizen's rights in society. Who has the legal, social and moral right or authority to define a 'community'? Can we define the ethnicity of an individual or a community. It is not a revelation to say that not all citizens have the same level or access to citizenship rights in this country. Citizenship is concerned with possible ways of empowering communities and individuals. Citizenship in itself does not empower individuals or communities, but it creates the social or legal conditions, establishes a set of rights, which, when claimed, will guarantee a certain social, economic and political stake for all members of society.

The idea of citizenship dates back to ancient Greece when philosophers tried to understand and explain the relationship between the individual and the state. Aristotle argued that the interpretation of equality shapes the nature of the relationship between

the individual and the state. However, like many concepts that have a long history, the notion of citizenship has become more complex and ambiguous as society itself changed. Throughout history different individuals and political parties have claimed that they hold the true notion of citizenship. Yet, more often than not, these notions have been no more than theories that articulate and support their various self interests.

An examination of citizenship cannot be made without firstly and crucially, establishing the notion of community upon which citizenship is based. The citizenship rights that exist within a community are a reflection of the structure, sentiments and emotions of that community. Likewise, a community can be described in terms of a citizen's rights that exist within it. The concepts are born out of each other.

Nira Yuval-Davis demonstrates the link between the concept of 'community' and the notion of citizenship, when she argues, *"before examining some of the more specific issues concerning citizenship, one needs to evaluate the notion of 'the community' on which citizenship is based. Part of the reason that the notion of 'the community' is being used is the wish to avoid identifying citizenship in its wide social definition simply with the nation state. The notion of 'the community' is so vague as to extend from a village to a global village"* (Feminist Review, No. 39, 1991, p.58-68).

One assumption of a community is that of an *"organic wholeness. The community is a 'natural' social unit. It is 'out there' and one can either belong to it or not. Any notion of internal difference within the 'community', therefore, is subsumed to this organic construction. It can be either functional difference which contributes to the smooth and efficient working of 'the community', or it is an anomaly, a pathological deviation. Moreover, the 'naturalness' of the 'community' assumes given boundaries - it allows for internal growth and probably differentiation, but not for ideological reconstruction's"* (1991, p.58-68). Yuval-Davis goes on to argue that any dynamic concept of 'citizenship' must examine the way we construct our notions of 'the community' and not just assume that a collective community exists. This reflects earlier debates which suggested that an examination of the notions of community and citizenship used within policy must be examined from a multi-ethnic perspective to ascertain whether the notion of community in use acknowledges ethnic diversity and its consequences.

The modern concept of citizenship originates with the work of sociologist T.H. Marshall (1963). Marshall saw citizenship as consisting of three vital elements: Civil

rights - the idea of equality before the law, freedom of speech, the right to own property; Political rights - the right to vote, the principle of universal suffrage; and Social rights, which although less clear, refers to the guarantee of a minimum level of education, health provision and economic security to ensure a basic stake in society.

Marshall traced the development of these three elements from the 18th Century (civil rights), through the 19th Century (political rights) and to the 20th Century (social rights). He examined these developments in the context of Britain and saw it as part of the evolutionary change from a pre-industrial to an industrial society. Marshall described the changes as a general widening of the horizon so as to include the whole population. For example, political rights which were formally restricted to the aristocracy were firstly extended to the middle class, then to working class men and finally to women. Marshall saw the extensions to these rights as strengthening the social bonds in society ensuring full membership in the community. However, he stressed that only through the possession of civil, political and social rights can an individual have citizenship rights and thus full membership of society.

Marshall argued that to exercise full civil and political rights, a minimum of education, health, income and housing is required to empower individuals - i.e. social rights. Marshall saw these social rights as a natural progression after gaining civil and political rights. Here one is faced with a dilemma: while both civil and political rights are substantive rights which can be defined explicitly, Marshall's own definition of social rights as consisting of *"the whole range from the right to a modicum of economic welfare and security to the right to share to the full in the social heritage and to live the life of a civilised being according to the standards prevailing in society"* (1963, p.34), highlights the individualistic nature of social rights. What is the bare minimum of economic welfare and security? What services can be interpreted as a social right?

There is no consensus on social rights. While interpretations of civil and political rights as meaning the right to property and the right to vote are universally accepted, social rights is an ambiguous term. What someone, for example, from a middle-class background perceives as a social right may be seen by a person from a working class background as a luxury. Here we enter the 'needs/wants' debate. Whose interpretation of a need will be used to decide the minimum level of economic and social provision? Who has the power to have those interpretations accepted as the norm? Also, there is a question on whether 'need' is also assessed along the basis of ethnicity. As argued

previously, these questions are addressed by politicians and policy makers who more often than not, will be from the dominant social and economic classes.

Marshall attempted to establish a link between social rights and the development of society and was faced by a paradox. He saw the growth of citizenship as coinciding with that of capitalism, which was inherently a system of inequality. Acknowledging this, Marshall argued that citizenship is about equality of status as a member of society and not equality in any other terms. In short, being an equal member of society does not mean equality in terms of income, wealth, or class. Although Marshall saw the welfare state as a vital element of citizenship rights, he was one of the first to point out that the welfare state was not egalitarian. The welfare state is about formal limits to inequality (providing a minimum safety net of care). It was never intended to redress all inequalities in society and provide equality of life chances or outcomes. Ramesh Mishra argues that within the welfare state *"the re-distribution of incomes and life chances tends to be mainly horizontal - within classes, rather than vertical - between classes"* (1989, p.29).

Thus it could be suggested that citizenship creates an illusion of equality in order that a system of inequality can be built. This echoes Wilding's views that the idea of citizenship and its components, such as the welfare state, makes inequality legitimate and more acceptable. Citizenship in this view is not concerned with the practical consequences in terms of empowerment, but with ensuring a symbolic notion of equality of life chances. Marshall's evolutionary theory of citizenship is arguably simplistic and fails to explain how social rights are claimed or guaranteed, or indeed whether they exist at all. Similarly it is not clear from his work whether civil and political rights have to be established before social rights. Furthermore if elements of social rights such as the welfare state is essential for maintaining capitalism, why are Neo Conservatives or the New Right so opposed to state responsibility for welfare provision?

Bryan Turner (1993) criticises Marshall's theory on citizenship as only being applicable to those countries with similar socio-economic infrastructure as Britain, and tried to develop it a stage further. Turner views Marshall's work on citizenship as *"the legacy of the Liberal political response to the problem of the relationship between democracy and capitalism. Marshall's concern with citizenship was addressed to a specific problem in Liberal theory: how to reconcile the formal framework of political democracy with the social consequences of capitalism as an economic system. That is*

how to reconcile formal equality with the continuity of social class divisions" (1993, p.6).

Turner examined the notion of active as well as passive notions of citizenship. He carried out a comparative analysis of the evolution of citizenship in Germany, Holland, France and the United States. From the findings of this analysis, Turner articulated two major variables which in turn given rise to four types of citizenship. The first variable examined the notions of passive or active citizenship. Turner examined this in relation to the development of citizenship via the state and via local and workplace struggles, such as trade unions. The second variable was used to examine the relationship between public and private sectors within civil society. Turner illustrates that *"an example of citizenship which combines active citizenship with strong emphasis on the public domain would be the French Revolutionary tradition; for active, more private citizenship, American Liberalism; passive and public citizenship is highlighted by the British model; and passive and private, German Fascism"* (Sociology, vol 24, no2, 1990).

Yet, much of the empirical and theoretical foundations upon which Turner makes his assumptions have also been criticised. As Yuval-Davis pointed out, *"although Turner expands the comparative basis on which he examines constructions of citizenship, and recognises that citizenship cannot be examined as an homogeneous notion across different states (as well as in different historical periods), he still limits it to Western societies"* (Feminist Review, No.39, 1991, p.61). The implications of a multi-ethnic community and its consequences for existing citizenship theories are largely unaddressed except for issues of immigration and migration across Europe. Furthermore the theories either do not acknowledge or underplay the possibility that notions of citizenship can vary culturally and those communities that have emigrated to Britain like the Pakistani Mirpuris may have distinct notions of civil society (indeed whether it exists at all) and citizenship based on their culture and religion. This may be very distinct to those perspectives existing among the majority.

There is also an implicit assumption underpinning citizenship theories that a civil society exists, and that every individual inherently possess civil rights and therefore automatically enjoy a level of citizenship rights. This view originates with the works of Marx and Marshall and is arguably flawed or short sighted. Indeed Turner's definition of citizenship seems to justify this point. Turner defines citizenship as *"that set of practices (judicial, political and cultural) which define a person as a competent*

member of society, and which as a consequence shape the flow of resources to persons and social groups" (1993, p.2). Turner goes on to clarify the use of the term practices, as referring to the difference between theoretical and practical citizenship. Like Marshall, Turner's definition can be criticised for being equally ambiguous and open to interpretation.

Nonetheless, Turner's distinction between active and passive notions of citizenship is useful in highlighting the difference between theoretical descriptions of citizenship rights and the practical obligation, responsibilities and consequences of rights. In effect it is the difference in citizenship rights as laid out in, for example, the citizen's charter and whether these rights empower individuals in practice. In housing, you are treated as a 'full' citizen if you are a home owner. Similarly, people often refer to being a citizen in terms of having paid their tax or their National insurance ("their stamps"). Hence, citizenship in practice is not perceived as a natural right, but an earned right. The notion of citizenship or being a full member of society is a transactionary one, a contractual agreement between an individual and the state. Contractual in terms of obligation, responsibility and entitlement. In short, the respective responsibility and obligation of the state and the individual. This reinforces the argument that citizenship, in practice, is dependant on an individual's economic and social position in society, an individual's ability to contribute to the state - 'no representation without taxation'.

Will the citizenship rights of ethnic minority communities be inevitably entwined with notions of 'deserving' and 'undeserving' citizens? Indeed with regard to minority ethnic communities, it could be argued that the right of a South Asian individual or community for example to be a citizen of Britain is often equated in terms of the economic benefit to Britain of that individual or community (e.g. 'popular' perceptions of Indians being associated with small businesses, Bangladeshis and prioritised council housing in East London).

Stuart Hall and David Held (1989) point out that constructing citizenship boundaries along the basis of ethnicity is one issue which citizenship theories fail to address. Debates around the issues of citizenship and minority ethnic communities relate to all aspects of citizenship - civil, political and social rights. Hall and Held concentrate on the link between citizenship rights and the rights of immigrants firstly to enter a country, and secondly with regard to their citizenship status once they have entered the country.

Here there is a link between the definition and perceptions of minority ethnic communities and citizenship. Often, minority ethnic communities and its members are classified in terms of citizenship - are they citizens of the host country? The answer to this question very often determines how these communities, and the rights of members within them, are generally perceived. By withholding full citizenship rights from members of minority ethnic communities, the government or the state denies responsibility for upholding the civil, political and social rights of these communities. For example, no responsibility to provide comprehensive welfare. However, they may still have a moral obligation to look after the members of minority ethnic communities. There is also a paradox here. There are many cases of immigrants gaining the right to welfare (such as income support and council housing), but not having complete access to civil and political rights. Nevertheless, I suggest that the issue of social rights is still of paramount importance to minority ethnic communities. For example, stereotyped notions of minority ethnic communities being comprised of large networks of extended families, providing informal care is still held by policy makers today. This often serves as an excuse for not providing welfare services catered to meet the needs of minority ethnic communities.

Sheldon Wolin (1993) takes up this point and argues that there needs to be a 're-cognition' of citizenship theories. Re-cognition centres on the argument that there needs to be continued reassessment of the assumption, notions and values upon which citizenship and perceptions of different groups are made. Wolin argues that with immigration, the process is more than just about trying to incorporate different communities into the wider community, it is about the views and perception held on these communities and whether they are based on genuine cultural or ethnic difference or on stereotypes and value judgements. Wolin also suggests that such re-cognition is far easier during times of economic prosperity and opportunity. Although, as Wolin observed, "*this allowed the immigrant to be absorbed rather than engaged. Today, however, the recognition of differences is an upsetting encounter, akin to what Edmund Wilson called "shock of recognition". We might think of re-cognition as a radical revision in the culturally produced representations of a familiar being as when once current images of 'Negro', 'Indian' 'woman' or 'sexual deviant' were shattered during the last half of the twentieth century*" (1993, p.480). Hence it could be suggested that the nature of citizenship rights 'enjoyed' by members of minority ethnic communities, particularly first generation immigrants and also second and third generation British Indians or Pakistanis, is largely ignored and it is this issue which is of greater relevance than immigration.

This leads to the central issue of this citizenship debate - the relationship between caring and citizenship. At the heart of this discussion is whether individuals have social rights and whether they can be established as a practical set of contractual rights, similar to civil and political rights. This invariably depends on public and private notions of rights. The distinction between public and private notions of citizenship is perhaps not as relevant to Britain as it is to other countries such as the United States, because of our long established notion of state responsibility and communal responsibility. Attempts by New Right Conservatives to separate the rights and obligations of individuals in the public domain and the private domain have had limited success so we have a link between communal responsibility and citizenship, i.e. definitions of community and citizenship. Referring back to the New Right and even within conservatism, there is a strong sense of communal responsibility that is sometimes criticised for being paternalistic. Traditional Conservatives like Edmund Burke through to Disraeli who coined the phrase "one nation", have attempted to cater for those who are not catered for by the free market system.

However, this sense of responsibility by the state was qualified by a desire to instil a contractual agreement between the state and individuals. In general, apart from the Poor Law, an individual's right to welfare was based on the notion of insurance, i.e. determined on your ability to work/seek work (echoes of 'deserving' and 'undeserving' poor in poverty debates). If you were out of work, you did not automatically receive benefits, in effect a contractual/contributory relationship. Mrs Thatcher's governments attempted to implement this ideal during the early 1980s, with greater and more stringent means testing being introduced for assessing eligibility to social security benefits. The notion of universal, 'as of right' benefits was only established in the post-World War Two years under the welfare state.

In the U.S. citizenship is largely concerned with liberty - individual, legal and contractual rights, i.e. based broadly on a classical Liberal notion of citizenship, where a citizen is deemed to be an individual who has civil rights, rights to property and contractual rights. Everything else is left to the private domain and the voluntary sector. Hence an individual is primarily responsible for his or her welfare in terms of having private health insurance policies. An individual has a contractual right to welfare based on the contributions he or she has made to their health insurance policy. However, this residual system means that almost 33 million Americans are without comprehensive health cover and have to instead look towards state welfare, which is

very fragmented, differing from state to state, and also heavily means tested. Another fundamental difference between the U.S.A. and Britain is that the former is a federalist nation and arguably more pluralist, and this affects all areas of social and public policy. This means that it is difficult to translate the policies and experiences of the U.S.A. to Britain. The New Right in this respect are wrong in advocating a move to a more residual North American welfare system.

I suggest that in Britain, the notion of citizenship does not only encompass an individuals liberty and civil rights, but also social rights, despite the attempts, particularly under Thatcherism, to adopt a classical Liberal perspective. Conservatism, since the time of Edmund Burke, has been about maintaining social order, an adherence to tradition and sustaining of community spirit and unity. Even though conservatism can be criticised for being paternalistic and for having ulterior motives in appeasing the 'masses', there is nevertheless a notion of communalism which runs through Conservative ideology. Despite the fact that within Conservatism there are conflicting notions of citizenship, from a total rejection of any need for citizenship (with the fundamental principle in society being an adherence to law and order) to a more social Liberal perspective of citizenship being comprised of civil and political rights, with some elements of (means tested) social rights, it would be wrong to suggest that community, the notion of citizenship and conservatism are incompatible.

However, is there an actual ideological and practical agenda in developing social rights of citizenship, particularly with respect to policy formulation and implementation within the Conservative party, or is it pure pragmatism, the desire to distance itself from the extremes of Thatcherism, that has forced the Conservatives to even talk about citizenship, though not in terms of social rights, but rather of individual rights (as in the Citizen's Charter)?

Social rights afford the individual the right to make a claim on the state for social and economic welfare, or allows collectivities to demand that the particular needs of a community are met. Individual social rights empower citizens, a notion which arouses fear in both the free market oriented right and those of the left, who believe in being accountable only to the common interests of the majority in a democracy and not to every individual or even to a plurality of community identities. In principle there is no significant difference between legal and political rights and the right with regard to a modicum of social and economic welfare - social rights. The ideological and philosophical case for social rights such as the right to health care and other social and

welfare services is as real and essential as the need to ensure the individual right to political and legal representation.

However, market Liberals like Hayek (1990), Milton Friedman (1962) and John Gray (1990) argue that there is a significant difference between social rights and legal/political rights, on the basis that there is no common agreement on what social rights are. Legal rights can be tested in courts of law, political rights can be defined fairly accurately, but social rights are based on notions of social justice which will differ from individual to individual, and, most fundamentally, tamper with the free market. The market allocates resources according to individual initiative and endeavour. If people experience poverty or disadvantages in social and economic welfare, then these outcomes are the 'natural' consequences of the market, not injustice. Social rights attempt to tamper with the natural justice of the market and by doing so, impose an unjust restraint on individual enterprise and punishes those who succeed by the high taxation needed to reallocate resources. Hayek argues that as far as rights are concerned, the only rights capable of realisation are legal rights to property and political rights to freedom of speech, assembly and franchise (refer to Hayek, F. 'The constitution of liberty', Routledge, 1990).

However, Raymond Plant (1992) suggests that many of the criticism labelled at social rights are weak. He also dismisses *"the claim of critics on the right that social rights cannot be enforceable in law because they imply a claim on resources - by pointing out that all rights require resources if they are to be enforced. He argues that liberty depends not simply on the absence of coercion, but on what we are able to do if we are not coerced, and that 'positive' (social) rights are therefore no less important than 'negative' (civil) rights such as freedom of speech and movement, because they can guarantee the abilities which make liberty worthwhile. If that is the case, does it necessarily follow that social rights should have the same constitutional status as civil rights?"* (1992, p8). Yet, further to this point, it has to be suggested that social rights have to be physically claimed by an individual or collectively as a community for them to have practical meaning and consequences.

The argument here is that Conservatism or Classical Liberalism cannot deny the existence of social rights. Margaret Thatcher when attempting to dismantle the welfare state in the early 1980s was in fact attempting to destroy social rights. Similarly, her refusal to accept notions of 'community' and 'society' - arguing that society was no more than a collection of self interested individuals - was again an

attack on the principles of social rights, in particular the role and responsibility of the state in welfare provision. The failure of Mrs Thatcher and the Conservative party substantially to draw back the welfare state demonstrates the strength of social rights. Correspondingly, many commentators discuss 'social rights' as though it is a new concept. Some go as far as to present social rights as some kind of universal solution. The debate here is not one of whether social rights exists or even whether they should exist, but in what form do they exist at present?

Notions of citizenship today inevitably concern the elements of social rights. Conservatives when talking about notions of community, of society, of citizen's obligations and responsibilities to one another to ensure communal cohesion, are largely talking in the language of social rights. I suggest that for the Conservatives, or for that matter any government, to ensure the maintenance of communal cohesion, to fuel a sense of communal and individual obligation, social rights must be seen to exist, in practical policy initiatives. Citizenship can no longer be referred to simply in terms of civil and political rights.

I would argue that social rights are an integral part of citizenship, that cannot exist outside any ideological notions of citizenship, whether that be a Conservative, socialist or Liberal perspective. When referring to concepts of community, we automatically talk about the rights of individuals, the responsibilities of individuals and the state - in essence a discussion about a citizen's rights without actually talking about citizenship.

In practice however, and here is the question of the link between ideological or philosophical concepts of citizenship and its use in social and public policy formulation and implementation, there is a great gulf between political rhetoric or belief or promise and actual deliverance in terms of tangible individual rights and thus notions of equality, need and justice in policy making. Furthermore, the debate so far poses the crucial question, is caring and citizenship compatible ?

Citizenship and Caring: a complex interaction

The discussion thus far raises the important question of what are the implications of the interaction of concepts of ethnicity, community and citizenship for notions of caring. These have a significant impact on the nature of exclusion experienced by minority ethnic communities, particularly in respect to policy. On a wider level the crucial question arises as to whether the issue of care, and more importantly

responsibility for care, can be interwoven within notions of citizenship and social rights?

"The one immovable feature of the idea of citizenship is that it is placed in the public domain: it is concerned with how the individual and the state relate to each other across public concerns, and how public institutions, such as the judiciary and the polity, mediate the relationship. In Britain, over the last 15 years, an important movement of carers, often combined with feminists, has managed to make informal care a public and political issue (see, for example, Griffiths, 1988). But I will argue that even though caring has moved on to the public agenda, it nevertheless remains difficult to put the public notion of citizenship together with the private notion of care" (in Bornat, 1993, p.143).

Ungerson highlights what I regard is an important issue within the citizenship debate - the relationship between notions of citizenship that exists in the public and private domains. This is an issue that is at the heart of the debate as to whether social rights empower individuals to claim from the state for assistance with caring. Turner suggested that there is a distinction between passive and active notions of citizenship. Similarly there is a distinction between the perceived rights of citizens in the public and private spheres of life.

Ungerson argues that there is a conflict, in particular in the 20th century, between notions of citizenship that are in essence confined to the public domain and an individual's social rights - a right to a modicum of welfare and personal security - which it is the obligation of the state to provide. *"The first problem is that carers are not in the public domain; they are physically located within the so-called 'private' world of hearth and home" (1993, p.144).*

Ungerson claims that this is further reinforced by various political ideologies which perceive caring to be essentially a private activity - and one that is carried out by an individual out of love or obligations of kinship and reciprocal duty. To Ungerson, the motivations behind caring - love, kinship, duty - are particular to a certain individual and may not reflect a general consensus in society. Therefore acts of caring, for whatever reason, are essentially private acts, and thus do not fit into the public construct of citizenship. To Ungerson this remains the problem at both a theoretical level and a practical level. The government can relinquish responsibility for looking

after older people on the assumption that it is not a public issue, but lies in the private domain of the family and the individual.

The Thatcherite conservatism that has been so dominant for nearly two decades did make explicit its view of the rights of individuals in the public domain and the obligations of the state. When Mrs Thatcher came into power in 1979, which led to the New Right dominance of the Conservative party and British politics in general, there was a concerted effort to reduce state responsibility and involvement in welfare provision and to shift the responsibility for welfare care back from the state to the individual - i.e. from the public domain to the private domain. Hence, it could be argued that informal care is today, even more than in the past, seen as a private function.

Yet, is it necessarily a private activity? The Conservatives have always promoted the idea of self help and enterprise and there has also been a concerted hegemonic effort to re-instate the role of the informal sector - the family and in particular women, as wife, mother and principle carer. As early as 1977, Mrs Thatcher claimed the Conservative party as 'the party of the family'. Here I suggest that caring can be brought into the public domain. For this concerted effort by the Conservative party to capitalise on and institutionalise the informal care which has always existed as a private function, has paradoxically brought the issue of caring into the public domain. If citizenship is indeed composed of various civil, political and social rights then every individual has a claim as a citizen to these rights. Therefore, even though caring can be argued to be a private function, it can also be argued to lie in the public domain and hence evoke obligation and responsibility on the part of the state. The state has a responsibility to help families with caring, to help care for older people, to help women with caring since all these individuals have a right to personal and welfare security. If this means that a family needs help to look after an older or disabled member then they should receive it.

No doubt many will argue that this will still depend on the state perception of individual need and hence rights, but the suggestion here is that it is not implausible to connect caring to the public domain. Policies such as community care, do that. The state for example, supports the care of children by providing child benefit and family support. Here is an example where caring is firmly connected to the public domain. Therefore, whilst I accept and to an extent agree with Ungerson's argument that it is

difficult to integrate the private function of caring with a public notion of citizenship, it is not impossible.

It does mean that we have to re-examine the notions of community upon which citizenship is based, the relationship between the rights of women and caring, and perhaps most importantly, the issue of power in the construction of all these concepts and issues : in short the social and economic stratification of society.

Ungerson is less convinced and argues that *"when we try to link care with citizenship, particularly where we adopt a notion of citizenship that emphasises rights, we run into difficult water as soon as we try to operate a notion of rights within the domestic and private domain. One can immediately see similar difficulties when it comes to caring: do children have the right to their parents, or more particularly their mother's continual attention ? Do parents, once they have grown frail and elderly, have a right to be cared for by their children and a right to be financially maintained by their better-off kin ?"*(1993, p.144).

In response I suggest that although Ungerson is right that no one in the private sphere has an automatic right to the love of their mother or the care of their children, in the public sphere, individuals have rights from the day they are born. Children have social rights. Parents when they grow older have similar rights. Regardless of gender or ethnicity or age, all individuals have at least the notional social right to social and economic welfare. Despite the attempts by the present government to roll back state responsibility in welfare provision, the creation of the Citizens' Charter underlines the fact that caring/to be cared for does fall into the public domain, because the state has acknowledged a responsibility and obligation to look after those individuals who do not receive care (for whatever reasons) in their private domain.

Here, the boundaries between the private and public domain become blurred. I further suggest that the distinction between the public and private domain in Britain is not as distinct as in other countries. Hence the attempt to examine caring through notions of the public and private domains of citizenship is perhaps wrong. The question is not necessarily about the existence of social rights, but about the ability of individuals and communities to turn their notional rights into practical contractual rights. With regard to minority ethnic communities this practical ability is determined by the way these communities are perceived and 'labelled' by politicians and policy makers.

It is an issue as to whether the welfare needs of these communities are recognised and appropriate services are provided, or instead there is a presumption on the part of policy makers that informal care is predominant in these communities and that outside care is neither wanted nor necessary. Do members of these communities 'qualify' as full citizens? Admittedly there may be cultural or traditional objections from within these communities to engagement with outside care agencies. However, the argument here is that certain section of the community may be socially excluded because of their ethnicity from claiming their social rights.

The conceptual debates addressed in this chapter are complex, encompassing many sociological, political and policy issues as these affect individual life experiences. In many ways, this chapter is no more than an exploratory one, aiming to show that concepts of 'race', ethnicity, community and citizenship need to be examined both individually and collectively. Chapter One in essence has set up the conceptual framework upon which this research is carried out and has attempted to start from base and question the relationship between sociological concepts and policy in the hope of understanding the multiplicity of factors underpinning policy.

The overall aim has been to illustrate the interaction between these concepts in shaping perceptions of the nature of minority ethnic communities, and the implications of this for policy. All policy is built on a series of concepts : community care is no exception. For example, the term 'community' in itself can be contentious and its interpretation can significantly change the impact of policy and its implications for different sections of a community. The debates examined in this chapter demonstrate the inappropriateness of the term 'race' and show how its continued use can perpetuate and create social exclusion. Ethnicity is a more appropriate term as it distinguishes between communities on the basis of culture, class, life experiences and need. Although, as Brah argues, ethnicity itself is not a complete indicator of difference, it is a more useful concept than 'race'. Furthermore, the use of the term ethnicity immediately substantiates the argument that Britain has always been a multi-ethnic community, although the diversity of ethnicities is greater today. Again there are direct consequences for policy.

Finally, notions of citizenship were examined not only because of the term's popularity within political and policy circles, but also because of its usefulness as a conceptual and practical tool in creating equality of life chances and outcomes. In terms of social policy and issues of care, the discussions centred on whether existing citizenship

perspectives can create the social and political conditions within which all individuals and communities, regardless of their ethnicity, can claim their social right to receive due and careful consideration of their welfare needs from the state.

It has become evident that there have been few citizenship theories that have attempted to tackle the issue of multi-culturalism and develop a notion of citizenship which reflects the shape and nature of modern British society. Whilst research is devoted to addressing issues of citizenship, immigration and migration, particularly across Europe, there needs to be greater attention paid to assessing the implications of multi-culturalism or ethnicity on existing citizenship perspectives. Citizenship theories tend largely to be universal, ethno-centric and apolitical, assuming that notions of citizenship transcend other forms of social stratification - ethnicity, class, gender, and religion.

As Iris Young (1989) argued from her examination of universal notions of citizenship, *"nothing in this understanding of citizenship as universal as opposed to particular, common as opposed to differentiated, implies extending full citizenship status to all groups. Indeed, at least some modern republicans though just the contrary. While they exalted the virtues of citizenship as expressing the universality of humanity, they consciously excluded some people from citizenship on the grounds that they could not adopt the general point of view or that their inclusion would disperse and divide the public. The ideal of a common good, a general will, a shared public life leads to pressures for a homogenous citizenry"* (p.253).

Young goes on to suggest that citizenship theories need to realistically reflect the nature and structure of modern society, in particular to accept the various modes of stratification which differentiates between individuals and groups in society. For example, apart from ethnicity, class and poverty can disadvantage groups within society. She argues that, *"defining citizenship as generality avoids and obscures this requirement that all experiences, needs and perspectives on social events have a voice and are respected. A general perspective does not exist which all persons can adopt and from which all experiences and perspectives can be understood and taken into account. The existence of social groups implies different, though not necessarily exclusive histories, experiences and perspectives on social life that people have, and it implies that they do not entirely speak in the general interest, because no one of the groups can speak for another, and certainly no one can speak for them all. Thus the*

only way to have group experience and social perspectives voiced, heard, and taken account of is to have them specifically represented in the public (1989, p.267).

However, there is a school of thought which continues to argue that citizenship based on a universal, homogenous concept which is blind to group differences is still useful, that regardless of an individual's ethnicity, gender, class or religion, a universal notion of citizenship has the same meaning for all. Hence it is a good tool with which to address inequality and exclusion on the grounds of ethnicity. In contrast classical Liberal perspectives of citizenship, endorsed by Conservatives like Mrs Thatcher and Sir Keith Joseph, argue that acknowledging differentiation is quite dangerous and may promote instability. Hence the suggestion that minority groups either have to assimilate to the identity and cultural norms of the wider, majority community or accept that notions of citizenship held by the majority may not apply to them.

These debates shows the complexity of this question and the lack of consensus which exists over notions of citizenship (particularly social rights) and the subsequent ambiguity created regarding whether individuals and communities are considered as full citizens at all. What is clear is that the interpretation of citizenship has important implications for communities like South Asians and also for any group that may be considered 'fringe' or outcast because of their political, social or cultural traditions. Whilst citizenship can undoubtedly become a tool with which to empower individual and communities, it can also be used to limit or exclude provision (for further reading, see Phillips, 1987).

Prelude to Chapter Two

A number of questions have arisen as a result of engaging in the discussions presented in Chapter One. These are shown on pp.38-39 and will be addressed in Chapter Two and used in the field work and subsequent analyses (presented in Chapters Four to Seven). Chapter Two will in essence be a policy analysis of community care with particular examination of notions of informal care and the implications of the policy for minority ethnic communities. However, it is worth considering that the notion of a 'mixed economy' of welfare upon which community care is built means that the policy has intentionally or unintentionally become fragmented and diverse in implementation. This makes for very difficult and complex analysis, since a macro analysis of community care can often mask the differences between national formulation of policy and local implementation, and subsequently the nature of impact on communities.

So whilst Chapter Two largely examines community care on a macro-level, concentrating on the ideological and pragmatic factors which influenced the formulation of national policy, it is acknowledged that implementation is very often affected by local policy implementers and in particular low level actors in the implementation process. Equally, implementation is affected by the collaboration and general relationship between health and social service departments. Therefore, the conclusions and arguments presented in chapter two are largely based on an overview of policy aims and objectives.

That said however, the issue of the role of health services or attitudes towards health providers is not addressed directly in this thesis. Furthermore the nature of local implementation of community care could only be addressed in Middlesbrough, since the South Indian Keralan community were spread throughout London and so covered many social service departments. The role of Cleveland County Social Services is addressed later in this thesis (Chapter Three and Four) and its efforts in catering for its minority ethnic communities (in particular the Mirpuri community) is addressed along with any policy documents.

- (1) What notions of ethnicity, community and citizenship are used in community care policy?
- (2) Is there any consideration of the needs of minority ethnic communities within community care policy initiatives? Is there any consideration of the relationship between needs and ethnicity?
- (3) In policy, what meanings are attributed to the term 'care', particularly in respect to notions of informal care?
- (4) Following on from question 3, Who in practice, is assumed to be the principle carer under community care legislation?
- (5) Is there an assumption on the part of policy makers that an extended networks of informal care exist widely within minority ethnic communities? Is this a justified assumption?

- (6) What are the views of the Indian and Pakistani communities towards community care and the issue of care in general? Are members of these communities aware of new systems of welfare provision or their rights to comprehensive welfare as citizens ?
- (7) How do members of the above communities perceive themselves, socially, culturally politically and economically ?
- (8) What is the nature of ethnic diversity that exists between South Asian communities. Are these significant and what impact does it have on the experiences of these communities with regard to welfare, and in terms of engagement with the wider communities?
- (9) How effective are the Pakistani and Indian communities in securing representation of their issues and needs on either national or local government policy agenda ?

CHAPTER TWO

COMMUNITY CARE

"Community care has been a long contested term used by different people in different ways at different points in time" (Means, R. & Smith, R., 1994, p.8).

Chapter One reviewed the conceptual foundations of community care policy, examining notions of ethnicity, community, citizenship and, most fundamentally, caring. The issues raised in Chapter One generate a number of crucial questions which policy must address. It is important to examine the interaction between the conceptualisation of issues and their practical use within policy. This will help the understanding of the aims behind policy and its impact on specific groups within society.

On a general level, it could be argued that policy makers usually adapt a very short to mid-term strategy when formulating policy, and hence policy becomes incremental. The reasons for this are the result of cost containment strategies, and the reluctance to formulate and implement policy that may provoke criticism and consequently reflect poorly on the policy makers and crucially on government. However, community care represents more than just a short term strategy, although pragmatic factors such as an ageing population and a desire to cut public expenditure were significant influences. Ideologically community care marked a dramatic attempt to redefine the nature of the relationship between individuals and the state and to shift the balance for the responsibility and provision of welfare from the state back on to individuals and communities. This was coupled with the introduction and promotion of the notion of a 'mixed economy of welfare' with greater emphasis placed upon the private, voluntary and informal providers of welfare. Underpinning this was a long term aim of return the welfare state to its original limited role in ensuring the provision of a minimum safety net of care.

Chapter Two begins by briefly examining the factors behind the renewed emphasis placed on community care through a 'mixed economy of welfare'. Following this the chapter will examine the notion of informal care, one of the most important facets of community care, both ideologically and practically. Discussions involving informal care will draw upon the themes of caring and citizenship rights raised in Chapter One and their link to issues of gender and ethnicity. In essence the aim is to examine the

concepts and thinking underpinning community care policy so as to understand their implications for minority ethnic communities and South Asian communities in particular.

THE POLICY CONTEXT

The area of welfare in which we can find the widest translation of modern Conservative ideology into practice is arguably Personal Social Services and in particular community care. The idea of community care is not a new one, it has been on the fringes of the policy agenda for over 40 years. Yet, *"in terms of policy implementation, it held the dubious honour of having the biggest gap between political rhetoric or promise and actual deliverance"* (1991, p.183).

The historic origins of community care and thus notions of collective communal responsibility can be traced back to the 4th/5th centuries, when the church first built homes for the old. In 1601, the Elizabethan Poor Law made basic welfare provision for the old and poverty stricken a duty for the state as well as the individual. This legislation remained intact until the 1834 Poor Law Amendment Act, which set up workhouses to take in the old, the poor and mentally and physically disabled. The legislation made an explicit distinction between deserving and undeserving poor which laid the foundation for much subsequent social and public policy legislation.

There have been countless critiques of community care policy (Challis, 1994, Wistow, 1994, Bornat 1993, Walker, 1989, Bulmer 1987). This chapter will briefly examine the factors that led to the renewed fashionability of community care for the policy agenda during the 1980s and suggest that the reasons behind its introduction as a policy are more complex and controversial than it might otherwise seem on first sight. The policy is examined within the context of the Neo-Conservative political thinking and culture that has dominated the British political arena for nearly two decades, usually referred to as 'Thatcherism'. My argument is that the introduction of community care as a government policy has more to do with reducing state involvement in welfare provision, and transferring responsibility for welfare from the state back to the individual and the family, than with improving welfare services that meet the needs of all in the community.

It could be suggested that community care is inherently flawed as a policy because it is based on very general and archaic assumptions about the role of the informal sector. It

fails as a comprehensive policy that delivers health and social care to all sections of a community. Its main objective has been to promote the role of the private, voluntary and in particular the informal sector, under a banner of a 'mixed economy of welfare'. The theoretical assumption is that such community care would be cheaper than statutory care. However, it could be suggested that in practice community care is in fact more costly to administer than institutional care. As Bulmer (1987) argues, the intellectual confusion surrounding the concept of community care has resulted in policy confusions and ambiguity. Fundamentally the relationship between caring and individual rights and the boundaries between collective and individual responsibility for welfare are not explicitly addressed and explained in community care legislation or in local government community care plans.

Titmuss (1968) claimed that he had tried and failed to discover any precise social origin for community care. However he was concerned that a reduced system of reliance on institutions would not necessarily be balanced by an adequate expansion of community-based services. Although Titmuss's claim that a social origin for community care cannot be established is questionable, his concern with the practical implications of community care is widely shared. Recent Audit Commission reports together with those produced by independent agencies like Scope (1996), have argued that community care has produced a fragmented and ill-funded system of welfare, which fails to meet the needs of older or disabled or mentally ill people. The general conclusion seems to suggest that community care services are not formulated to meet the specific needs of their users. Rather the users have to shape their needs around the services available. The result is that certain sections of a community (particularly at a local level) may experience exclusion.

Community care represents a fundamental move away from the principle of universal health care and the notion of predominant state responsibility in welfare provision. Traditionally those groups which community care is designed to help - people suffering mental illness, with learning difficulties and older people have had a very low rating on the policy agenda. They are seen as unglamorous and receive very little attention. Nevertheless the underlying philosophy behind community care, that of welfare pluralism and the advancement of a 'mixed economy of welfare', appealed to the Thatcher governments. Consequently, from the early 1980s onwards there was an intensification of interest in the notion of community care that led to a succession of reports, particularly that of Sir Roy Griffiths (1988), which laid the foundation of subsequent government policy. The background to the appointment of Griffiths to

review community care provision is important for understanding the policy aims and hopes of the Conservative government at the policy formulation stage and the subsequent realities of implementation.

The foundations of the renewed interest in community care were laid in the early 1980s and were undoubtedly fuelled by ideology, which remained the driving force behind the policy throughout the 1980s/90s. For some, the notion of community care would seem to be paradoxical given the highly individualistic neo-Conservative or New Right ideology. However, I am suggesting that the notion of community care is coherent with the views held on welfare by the New Right inspired 'Thatcherites'.

The central aim of Thatcherism was to cut expenditure and promote efficiency in welfare service provision. The consensus among the Conservatives was to give the so-called 'Cinderella services' greater priority and importance. The aim was to replace 'inefficient' state institutions and agencies as the main providers of welfare with community based services. Older and disabled people, for example, should be cared for by the family and the community rather than by the statutory sector. These aims derived directly from Conservative ideology - to create a more spontaneous, organic local voluntary health system (Conservative Manifesto, 1983) - where the individual in need of welfare becomes a 'consumer' as opposed to a patient, with all the individual rights of choice that entails.

However, the use of ideological argument was not by itself sufficient to ensure that the issue of community care reached the political agenda. There were numerous reports and government papers into community care in the run up to the appointment of Sir Roy Griffiths. Despite the enthusiasm about the potential of community care, the Conservative government was still wary of implementing any proposals. This was highlighted by the 1983 circular on community care produced by the Department of Health and Social Security (D.H.S.S.). It reaffirmed the findings of the 1981 D.H.S.S. paper that suggested that community care by the statutory sector could in fact be more expensive than was thought at first. The 1983 document stressed that unless there was an opening up of community care to the private and voluntary sectors, it had only limited political usefulness.

Nonetheless, there was a sudden intensification of interest in community care policy from the mid-1980s onwards, although for no one particular reason. The private sector in particular were encouraged to provide residential and nursing homes. Several

factors may have contributed to this. Firstly, there was a growing pressure on the government to cut expenditure in light of their inability to reduce state involvement in other areas of health, for example, the National Health Service. Secondly, the 'demographic bombshell' (misconceived) argument suggested that there might be a rapidly ageing population and resulted in the general issue of the care of older and disabled people reaching the public and political agenda. Finally, the success of community care programmes in other European countries, for example Sweden, may have spurred the Conservatives into action.

The Audit commission did much to elevate the issue of community care on the political agenda. The commission were primarily interested in improving the cost effectiveness of providing welfare - in improving efficiency and value for money. The 1986 report was highly critical of the co-ordination and co-operation that existed between health departments and social service departments at that time. They viewed this as the root of the problems that affected welfare service delivery to needy groups such as older people. The commission was also critical of the speed at which community care was being promoted, and concluded that progress towards greater community care should be examined and implemented.

This led to the appointment of Sir Roy Griffiths to advise on new methods of providing care in the community, in line with Conservative ideals of providing choice and efficiency through a 'mixed economy' approach in which the public, private and voluntary sectors competed to provide health services on an 'equal' basis. In short, the government when appointing Griffiths, largely constructed the criteria by which Griffiths was to conduct his examination of Personal social services. One could make a cynical observation about the appointment of Sir Roy Griffiths in itself. His only 'qualification' for the post was that he was the head of the highly successful and profitable Sainsbury's chain of supermarkets, which invariably employed key free market principles of efficiency, enterprise and demand led service management.

Griffiths report reflected the desire to establish a 'mixed economy of welfare' by advocating that there should indeed be an opening up of care providers. Whilst Griffiths argued against a major restructuring of services on the basis that it would be time consuming and disruptive, he did call for greater local co-ordination of services, with local social service departments regulating the mixed economy system. Webb and Wistow articulated this desire quite succinctly, *"The state and local authorities were seen as enablers - designing, organising and purchasing health services from*

private and voluntary sectors, rather than providing them directly" (1987, p.190). Community care services be they from the statutory, private, voluntary or informal sectors need to be responsive to local community needs, with emphasis placed upon local government to assess the quality of services provided. Accountability in the use of finance and in efficiency of service delivery were the key elements in the Griffiths report, although it failed to clarify whom the proposals empowered; would it shift power to central government, local government, the private sector, the voluntary sector or give potential users consumer rights of choice?

Mrs Thatcher felt that too much power was given to local authorities in the acquisition and allocation of services. As, Lynch & Perry Commented *"originally, the government seemed quite reluctant to give local authorities a central role in this new age. The delay in responding to Sir Roy Griffiths original report on community care, is indicative of real reluctance on the part of the government to give local authorities a central role in ensuring that it's own objectives for community care were realised"* (1992, p.1). The call by Griffiths for the government to have a minister for community care was rejected as being quite unnecessary. After some delay Mrs Thatcher finally accepted the bulk of the Griffiths proposal despite her reservations. The subsequent 1989 white paper "Caring for People: community care in the Next Decade and Beyond" built on the Griffiths report and set the criteria for the National health service and community care act of 1990. Essentially the proposals were a translation of neo-Conservative ideals. Community care opened up health care to the private and voluntary sectors and utilised 'more important' sources of welfare - the family, friends, neighbours - the informal sector. A short anthology of the development of community care since 1979 underpinned by a 'mixed economy of welfare' is shown in the Appendix 2.0.

A Brief Discussion On The Role Of The Private And Voluntary Sectors

The Conservatives have repeatedly argued that the introduction and promotion of a 'mixed economy of welfare' has empowered individuals to choose what services they want, in which format, and have by-passed professional self-interested groups like social workers and doctors in the decision making process. However, despite the rhetoric there has not, as expected, been a reduction in government intervention in welfare provision. Indeed, it could be suggested that although they may have by-passed self interested professional groups in welfare provision, these groups have been replaced with profit oriented, equally self interested private welfare agencies.

The 'bottom line' in any private enterprise is profits. The government has been forced to set up 'watch dog' agencies to monitor private welfare providers, to protect both consumer interests and the validity of government community care policy. Thus, whilst de-centralising state provision of personal social services, they have increased bureaucracy in other ways. Therefore, the ideal of creating a non-state-interventionist system would seem to have been defeated. Similarly, the claim that a 'mixed economy of welfare' improves choice in the acquisition of welfare services is equally questionable when considered against the needs of minority communities such as South Asians. The very ethos of private enterprise, that of supply and demand, dictates that private agencies are more likely to provide services to meet the most common needs of the majority in a community rather than attempt to cater for a small minority. Particularly if the needs of those minorities (for example South Asians) are quite diverse from that of the wider communities and hence requiring specialist carers and services. This is compounded by the lack of research into the needs of minority ethnic communities. People from these communities may have less choice and become less inclined to seek or utilise social services from a system that appears only to cater for people who are White.

Conservative governments over the last few years have also faced practical problems which may force a change in perspective towards community care. By funding voluntary agencies to provide alternative sources of health care, one could suggest, that they are in effect institutionalising those agencies through financial dependency, and in the process extinguishing an invaluable sector of innovation. Traditionally the voluntary sector has been the 'thorn' in the side of the statutory sector, being both critical in its analysis of statutory service formulation and delivery and creative through developing alternative methods that are in tune to local needs. However, they may be less willing to criticise or create alternatives now that they themselves are perceived as primary providers of welfare and judged in terms of 'welfare contracts' from central and local government on their effectiveness in being a primary source.

Furthermore as Brotchie and Hills (1991) point out, there are more drastic fears for some voluntary agencies, *"The most controversial part of the Community Care Act is the introduction of the 'mixed economy of care' which ensures that local authorities will no longer be the main providers. Some voluntary organisations have welcomed the introduction of contracts as a way of being able to count on long term funding. Others have been more cautious. There are particular concerns among small*

voluntary organisations that their interests will be pushed to one side, or simply starved of cash, while contracts go to the larger and more powerful regional or national organisations" (1991, p.44-46).

It could be argued that the lack of co-operation and co-ordination which existed between social service departments and health departments prior to community care has been replaced by an equal incoherence between the private, statutory and voluntary sectors, resulting in a fragmented and confusing system.

Community Care And Minority Ethnic Communities: Due And Careful Consideration?

"Community care services often mis-represent the needs of ethnic minorities because of a preoccupation with cultural differences. The emphasis on cultural practices means that many service organisations blame the potential client groups for either experiencing specific problems or not making 'appropriate' use of services, rather than examine the relevance of the service being provided. The onus for change is thus on minority groups rather than the purchasers and providers of services" (Ahmad & Atkin, 1996, p.4).

The implications of community care for minority ethnic communities will be examined with particular respect to the three government papers outlined earlier - the Audit Commission report of 1986, the Sir Roy Griffiths report and the government White Paper on community care. These were chosen because they represent the different policy stages of community care prior to becoming legislation and also highlight the evolution and influences that shaped the final policy which came into effect in April 1993.

The implementation of the care in the community initiative has been beset by many problems which have led to many believing that the policy is invariably doomed. From the Griffiths report onwards there seems to have been a reluctance to tackle the issues, among others, of ethnicity and gender. The general impression that is gained by an examination of these papers is that the needs of minority ethnic communities in Britain have been largely ignored, given that consideration of these needs would inevitably have made the whole community care policy even more complex both to construct and implement. As Connelly (1988) pointed out, *"Britain is a multicultural*

society. *This has implications for those responsible for planning, implementing support and care for frail or vulnerable people, both black and white*"(p.20). Despite vague discussions on the nature of Britain's multi-ethnic society, the problems of providing care to individuals from different ethnic backgrounds and thus addressing their needs, community care policy lacks the conviction or determination to introduce a welfare policy that reflects the needs of all groups within society and is responsive to those needs.

This is highlighted by the fact that the government's white paper on community care devoted only 57 words in addressing the needs of minority ethnic communities culminating in a very general and ambiguous statement: *"The government recognises that people from different cultural backgrounds may have particular care needs and problems. Minority communities may have different concepts of community care and it is important that service providers are sensitive to these variations. Good community care will take account of the circumstances of minority communities and will be planned in consultation with them"* (D.O.H., 1989, p.10-11).

The government can in theory argue that they have addressed the needs of minority ethnic communities. However, in practice they have neither given explicit practical directives as to how the needs of minority ethnic communities should be tackled nor established any legal responsibility for local governments to provide relevant care to minority ethnic groups. The government has, for all intents and purpose, belittled and ignored the needs of minority ethnic communities. The Institute of Race Relations (1994) described the formulation and implementation of community care policy as a "sham" in respect to the needs of minority ethnic communities. It points out that there was/is very little consultation with minority ethnic carers or the 'Black' voluntary sector when assessing need and formulating or acquiring appropriate services. The Institute also argues that the government "homogenised" potential minority ethnic users of community care, assuming them to be equal in terms of social position, employment and life experiences in general. This, as noted in Chapter One, is without doubt wholly inappropriate, as minority ethnic communities are not only comprised of people from diverse social, cultural and economic backgrounds, but their needs and wants are a reflection of these ethnic differences. Hence homogenisation of needs is both short sighted and unjust.

In response, the government may argue that the community care policy is responsive to the needs of all in society, in that it allows local government to formulate community

care action plans that reflect the needs of 'citizens' within their constituency. Community care policy is indeed a series of initiatives. Yet, the responsiveness to all the needs of the community requires those who are implementing the initiatives, both at a local and national level, to be aware of the diversity in ethnicity, beliefs and needs within a community and the necessity for all sections of a community to have an equal voice and power both in claiming a citizens welfare rights and in influencing local services. As the pluralist notion of power sharing hardly exists in practice, it is up to local authorities to ensure that the needs of all sections of the community are safeguarded. This requires policy makers to understand the social, political and ethnic nature of a community they are planning for. For example, under the N.H.S. and community care Act (section 46, 1990), local authorities are responsible for assessing needs and for publishing clear care plans that meet the specific requirements of a constituency. Yet, there is recent evidence to suggest that *"even where additional information was available about specific black needs these were ignored. In Oldham for example, health statistics showed that 40% of children with learning difficulties came from the Asian community, but this was not reflected in Oldham's care plans"* (Institute of Race Relations, 1994, p.10-11) .

Law (1996) outlines some fundamental practical problems that community care faces. *"The increasing gap between political rhetoric and policy implementation has been identified by Walker and Ahmad in a survey of care providers in Bradford. Deep worries were voiced over five areas of concern. First, increasing gaps between needs and the level of resources throughout the system, secondly, continuation of problem areas, e.g. inappropriate hospital discharges, thirdly, intolerable strains on 'the community', particularly voluntary organisations and carers, fourthly tokenist consultation with black groups and unequal competition for resources and lastly, concern over conflicts in government policy, i.e. the 'dismantling of welfare' versus funding adequate community care"*. (p.125)

As Connelly, Walker and Johnson have shown, there has been a tendency by some to argue that considering the difficulties that have been faced in implementing the community care policy, it is unrealistic to add any additional considerations arising from the multiracial nature of the community within which care is to take place, and that it would be wiser to expend all available effort into getting the general framework of the policy sorted out, benefiting both ethnic communities as well as the 'White' community. Their argument is that once the general framework is set up, you can then examine the needs of particular groups within the community and revise the policy

accordingly. This ad-hoc philosophy seems to be inherent in the policy initiatives and outlines given to local government agencies.

Considering the implications of demographic change and the numbers of older people that already exist within minority ethnic communities, coupled with a probable disintegration of the perceived nature of informal care that is so stereotypically asserted to exist widely within the ethnic community; is it possible for consideration of ethnicity be put to one side (as it would seem the community care policy does), until the general framework of the policy is created? Whilst it is crucial for the basic problems that are being faced in the implementation of community care policy be addressed, it could be argued that unless there is a concerted effort to examine the needs of ethnic communities in Britain today and the possible evolution of that community and its views and values in the coming years, the implications of the community care policy for some minority ethnic communities may be insignificant.

Naomi Connelly argues that, *"providing relevant services, in a way which takes account of the realities of black peoples lives in Britain today, is not a matter of 'special treatment' or 'positive discrimination'. It represents a reasonable and necessary acceptance of the diversity of contemporary multiracial Britain. In addition, consideration of possible race aspects of both care in the community and of community care more generally is likely to sharpen much needed discussion of the aims of support and care, and the principles which should be the basis of welfare provision."* (1989, p.20). Indeed it is questionable whether community care policy as it is currently set out can ever work. Are the problems which forced full implementation back to April 1993 indicative of the fragile ideology upon which community care policy is based? A recent Audit commission report highlighted the lack of clarity and direction of the community care policy and warns that the government care in the community policy could dissolve into chaos without better management (H.M.S.O., 1993).

What is already very apparent is that community care is failing to meet the needs of all sections of Britain's multicultural society and to provide services that members from these communities are rightfully entitled to as citizens. The ambiguity of community care policy is compounded by fears that the social exclusion resulting from it may also be the result of discrimination on the part of social services, leading to failure to acknowledge and meet the needs of minority ethnic communities, and actively to recruit members of these communities into social services. Indeed, the Social Services

Inspectorate Policy Report on 'race' equality in 1992 acknowledged this problem. *"We recognise that racism both institutional and personal, is widespread in our society and that it impedes both equal opportunities policies in employment and the effective provision of services to Black and minority ethnic families and communities. Racism, in addition to denying many people their rights, impoverishes the nation as a whole by preventing Black and minority ethnic individuals and communities from contributing fully to society"* (p.4). For further reading on community care and minority ethnic communities, see Ahmad & Atkin (1996), Law (1996), Graig & Rai (1996) and Atkin & Rollings (1993).

The remainder of Chapter Two will concentrate on the notion of informal care raised previously. Discussions relating to the informal sector are set against the background of the debate within Chapter One concerning notions of caring and individual citizenship rights, notions of community and communal obligation and running through all these issues is that of gender and ethnicity.

The Informal Sector: Reaffirmation Of Traditional Care, The Family And Community Or Political Opportunism?

"In practice community care means drawing on the resources of the family, neighbours and voluntary groups rather than over reliance on the services of full-time professionals in hospital" (DHSS, 1981b, p.22).

Even as early as 1981, it became very clear that a care in the community policy would in practice mean care by the community. In Britain there are just under 7 million carers who look after the needs of the old, sick or disabled relations at home, often with very little help (Scope, 1996). It is estimated that the work they do saves the government thirty billion pounds per year. There is now an extensive literature on informal carers and the expectations and pressures upon them under the present community care legislation (e.g. Ungerson, 1993, Brothie & Hills, 1991, Parker, 1990, Dalley, 1988). It is also clear from the existing literature that there needs to be a more research into the needs of minority ethnic communities and the experiences of minority ethnic carers.

The informal sector is one of the crucial elements of community care, both in terms of ideology and practice. During the last decade there has been a concerted cultural attempt to reinstate the importance of the family, the roles of women as wife, mother

and principle carer, and Victorian values of self help and individual responsibility. Although, as Malcolm Wicks (1982) argues, assumptions about family life and the responsibility of members within them can be found in the Beveridge report, recent developments in community care policy serve as an illustration of the renewed importance placed upon the family and the informal sector in general by the last government.

Indeed as early as 1977, the Conservative party under the leadership of Mrs Thatcher, proclaimed itself as the party of the family. Policy toward community care has reflected this philosophy. The relationship between individual responsibility and state responsibility was actively addressed from 1979 onwards in favour of the former and with a view to rejecting notions of individual social rights - a contractual claim to state welfare - both ideologically and pragmatically. The Thatcher governments argued that the state has no duty to look after those older people who could very well be looked after at home by their families. The state has a duty only to those who cannot be catered for by other sources of welfare (i.e. the voluntary and private sectors). Through the use of cultural hegemony and shrewd political argument, the Conservatives tried to promote the role and significance of the informal sector in society as a whole. The underlying aim behind the emphasis on the informal sector has been to extinguish the argument that citizenship rights also include a social right to receive assistance with caring. To the Conservatives, acts of caring were seen as private individual acts that lie outside the jurisdiction of state responsibility and obligation. Ideologically, the Conservatives portrayed the informal sector as a reaffirmation of traditional values of family, of community and of individual responsibility. Pragmatically, the assumption was that the informal sector constituted an untapped resource and a solution to the problems posed by an increasingly ageing population and pressures to reduce public expenditure.

The term 'informal sector' - like community care - is more often than not misleading in its interpretation. Although generally taken to mean care by family, friends or neighbours, in reality it tends to mean care by families alone and ultimately by women members. The emphasis on the informal sector constitutes an institutional attempt to utilise the bonds of kinship and obligations to look after one another within a family (and to a lesser extent the wider community of friends and neighbours). There are also pragmatic reasons for encouraging greater care within the family. Martin Bulmer argues that *"kin ties remain the most important source of informal care for the majority of the population....within the web of kinship relations, the nuclear family is*

central and source of most caring relationships" (1987, p.136). Bulmer goes on to suggest that definitions of community in the context of social care are based on two elements, the nature of locally based informal social networks, and a 'sense of belonging' amongst groups of people. However, Bulmer stressed that such a perspective lacked objective reality and is a fragile notion upon which to formulate policies and services (highlighting once again, that the perception and interpretation of the term community in practice is diverse).

There is perhaps a more basic explanation for the increased expectations placed upon the informal sector. Care within the family, predominantly by women, constitute a less expensive method of care. *"women carers are notoriously underpaid and recognised, both in a social and financial sense"* (Johnson, 1991, p.170). The informal sector provides a cost efficient option for both reducing government intervention in welfare provision and reducing public expenditure on welfare in an area where care is more often than not long term. Indeed the 1990 OPCS survey identified that out of an estimated 6.8 million people in Britain who offer some form of support to people with care needs, some 3.9 million (58%) are women. In general, the survey found that women are more likely than men to take the main responsibility for caring for someone, and to spend 20 hours a week or more in caring. Women are also more likely than men to be involved in providing personal and physical care or mainly personal care, whereas men are more likely to provide just physical care or practical help (OPCS, 1992). New Right Conservatives like Seldon (1981) argue that the care of older people within the community not only strengthens ties within the family, but recognises that the nuclear family is not only the central source of most caring relationships, but has been a successful source of welfare for centuries echoing the views of Bulmer. Here ideological argument is used to justify pragmatism in policy making.

Despite these arguments, the increased expectations placed upon the informal sector as a source of extensive health care are likely to face considerable pressure during the 1990s and into the next millennia. Population projections alone indicate that the proportion of people aged over 75 is expected to increase by 31% to almost 1 million by the year 2001. Also, given that people are living longer as a result of a 'healthier' society, the number of those aged over 85 is expected to double to more than 1 million over the same period (Wicks, 1982).

Coupled with this is the 1988 OPCS report which revealed that the number of disabled people requiring welfare support has doubled to over 6 million in the last 15 years. Of those disabled, almost 4 million were on or below the poverty line. Therefore, the number of individuals requiring care will increase in years to come, at a time when the number of potential carers in the community is, in real terms, declining. There are a number of factors which can account for this decline: among them reduced family size, increasing participation of women in the labour market and rising divorce rates. *"Between 1971 and 1987, total fertility rates declined by almost 22% in the United Kingdom. One obvious consequence of this is smaller families, which means that there will be fewer potential carers when the present generation of parents reaches old age or when a sibling becomes disabled"* (Johnson, 1991, p.170-171).

Also, in recent years the Conservative government was forced to recognise the changes in the perceived roles for women in society, not just as a result of gender politics but also in consequence of pragmatic problems which the ideology behind community care policy failed to grasp. Women of the 1980s/90s are very different to those of the recent past. Issues concerning the 'treatment' of women in both the work place and the home have become more than mere issues of social debate. All political parties have come to realise that issues of gender, as well as of ethnicity, cannot be swept to one side and ignored. It is in the last three decades that the role of women in society has changed the most. Women now comprise a significant proportion of the labour market. Women are not only less inclined to 'naturally' adopt traditional domestic roles, but in many cases are simply 'forced' to take on employment as a result of economic hardship. Today the proportion of women in employment has risen from 40% in 1968 to over 55% in 1988. Population projections also show that the number of women aged 45-64 (the peak age for caring) will not rise as fast as the number of very old people. The government can no longer count on women being the natural providers of care within the community.

Finch and Groves would argue that despite the above observation *"the government policy on community care ignores the significance of this change, and assumes that women will continue to accept their cultural designation as carers and that they will always be willing to sacrifice work opportunities in the interests of caring for dependant relatives. None of this can be guaranteed"* (1980, p. 486-511). These factors coupled with rising numbers of divorces resulting in even greater numbers of single parent families means that the ability of the informal sector to provide welfare is

diminished. The question is, whether the expectations placed upon the informal sector and in particular families, can be realised in the future.

Another, perhaps wider, implication of the discussions concerning the role of the informal sector and particularly responsibility for caring raises issues concerning the relationship between the individual and the state. The pressures placed upon women as principle carers have raised questions about the citizenship rights of the carer versus the cared for. Ultimately, debates in respect to community care centre on issues of social justice, obligation and social rights, which the legislation itself fails to resolve. What is the respective responsibility and obligation of the individual and the state for providing welfare? Is the assumption, on the part of the Conservative government, that women and families are the primary providers of care both an attack on the notion of individual social rights and paradoxical to attempts by the Conservative government under John Major to define the relationship between individuals and the state around the principle of citizens charters.

Ungerson (1993) (see discussion in Chapter One) expressed her doubts as to whether notions of caring can be tied up with citizenship rights, and in particular with social rights. The success of Conservative social policy initiatives relating to Personal Social Services can be measured in terms of the community care legislation's effects. These involve re-emphasising the traditional role of the family, in particular women. This approach is based on the notion that caring is purely a private act and lies outside public notions of citizenship and hence any contractual right to claim assistance from the state. The Conservatives have also argued that community care policy is a return to the social insurance welfare state envisaged by Beveridge, where the state had a responsibility to help the most needy and to provide a basic minimum, not to become a substitute for the family or a replacement for individual responsibility as it had come to be during the 1950s/60s. The Conservatives also claimed that the country could no longer afford the welfare state as it existed and a return to care by the family and the community was a sensible, moral and economically necessary requirement. Pragmatically, care by the community, by the family and predominantly women offers a cheaper alternative to statutory care.

Johnson (1991) has challenged the very assumptions upon which community care policy is based. The traditional view is that older or disabled people prefer informal care as opposed to statutory or commercial forms of care, and only turn to formal agencies when informal care is not available. Yet, studies both in America and Britain

have indicated the opposite. Given the choice, a significant number of older people reject informal care based on kinship and obligation, for professional statutory or private agencies. *"A British survey by West showed low levels of support in the community, and this suggests that dependence on state services may be preferred to dependence upon kin"* (1991, p.171).

Although the survey does not reveal that informal care from family or friends was not forthcoming, it argues that ideally, individuals preferred professional care with the added support of their families to having to place the total burden upon their families. Thus from the perspective of potential users of Personal Social Services, the research makes it clear that informal care was seen as a secondary source of potential care and not assumed to be the 'natural', provider of care. If the conclusions of the survey are accepted, then it has to be suggested that the whole philosophy of a 'mixed economy of welfare' approach adopted by the Griffiths report and subsequent government policies is inherently flawed. Far from following the ideals set under the 'citizens charter' and empowering the individual with greater choice in the acquisition of Social care, it constrains and coerces families and friends through the use of cultural hegemony and restrictive policies into accepting the wishes of the government. Families may be 'forced' to look after their older or disabled members as a result of professional help being denied to them by new community care policy. Transference of welfare care from professional agencies to the informal sector could lead to falling standards and inadequate care of older people.

Equally, the standard and comprehensiveness of services are not uniform across the country, but vary from one local area to another, producing a fragmented system. The government did not necessarily see this as being a failing, but as a characteristic of the free market element within welfare services. The government argued that the days of providing universal services are gone. Services should be allocated in response to demand. However, this perspective is, arguably, short sighted. Social and health services cannot be run on free market principles of supply and demand. Health care must recognise that there will common ailments, such as those associated with ageing, and not so common ailments such as mental illnesses. You cannot distinguish the importance of an illness or need simply by examining the demand or incidence rates. Indeed, Welfare Pluralists are anxious to strengthen the informal system by linking it with the statutory and voluntary sectors, the main aim being to interweave the help and resources of the formal health and welfare services with the informal support and help given by family, friends and neighbours. They would agree with the findings of West,

discussed earlier, that users of community care such as older people, would prefer to rely on the formal agencies of welfare, with families providing moral and some practical help.

Parker articulates the usefulness of present community care services to carers quite succinctly: *"The evidence one is able to glean from various sources suggest that available services are likely to have little overall effect for informal carers. Firstly, few dependant people who have informal carers appear to receive services and when they do, such services are usually crisis oriented rather than a part of long-term support. Secondly, the criteria by which services are allocated are often irrational (not allocated in relation to need.) and discriminatory (not provided where female carers are available)"* (Parker G., 1990).

Nevertheless, the government would argue that the emphasis placed upon the informal sector is justified, in that it urges those families who are capable of looking after their older members to do so. It also increases general awareness among friends and neighbours of their civic responsibilities. It follows closely from their efforts to reinstate the ideals of citizenship. The Conservative government argued that all citizens have an obligation to fulfil their responsibilities and duties. Therefore, if an individual is capable of looking after his or her elderly family member, they have a social responsibility to do so. Thus, money can be targeted on those who are in 'real' need of care. However, it could be suggested that the community care policy of the present government will affect those families from lower incomes who have been denied access to statutory care, because of new means testing and also due to the fragmentation of services. These families who cannot afford private care will in essence be caught in a trap similar in principle to the poverty trap. Older members from these families will have little choice but to look to their families for help or the voluntary sector.

Ironically, this attempt to significantly reduce the state obligation to provide care, and to shift the burden on to the individual and the family, may have rebounded on the Tories as its affect on the middle class became more apparent. There was a growing opposition to community care from the middle class, as community care began to attack their personal savings. The argument has again centred on citizenship rights. Older people who have worked all their lives, paid their national insurance and taxes, feel that they have a contractual right to claim welfare assistance from the state. They

argue that the government was relinquishing the "cradle-to-grave care" promise given when the welfare state was originally founded.

More and more older people, particularly from the middle classes, have been forced to sell their homes to pay for care that they feel they should receive as a right. New community care means testing has meant that in recent times, the personal savings and property of older people and the availability of potential carers is taken into consideration by local authorities when assessing need. Age Concern predicts that by the end of 1995, nearly 40,000 people will be forced to sell their homes, simply because they have reached old age. With the state no longer providing care as of right, older people are having to meet the cost of nursing home fees. On the Isle of Wight, the first authority to warmly embrace the ideal of community care, and a magnet for retired, prosperous, older people the average cost of home help rose dramatically. This came as a result of a shortfall in their Personal Social Service budget for 1995. Older people on the island have begun to spend their savings on material goods, like cars and boats, rather than let the local social services have their money. Some older people are not even seeking help with care, through fear. Far from private care being perceived as a natural provider of welfare in a mixed economy of Personal Social Services, incidents like that on the Isle of Wight have brought into question the role and aims behind a 'mixed economy of welfare'.

Those people who were convinced by the Conservatives to buy property and to accumulate wealth felt betrayed. Only recently, Mr John Major preached the importance of maintaining a wealth legacy, to ensure that wealth and property is passed down from one generation to another. Yet, community care threatens this from the outset. Many feel that they were being unfairly punished for hard work and their citizenship rights were being blatantly ignored. They feel that they are no better off for having paid their National Insurance contributions than those who have not worked all their lives and still receive full social benefits. Community care charges have hit property owning and small business classes severely. This, perhaps, unintended attack on 'Middle-England' by the Conservatives arguably proved crucial in bringing the issue of community care, of caring and individual citizenship rights onto the political agenda. The pressure exerted by the middle class may finally resolve the issue of whether individual social rights are as substantive as civil and political rights.

Informal Care Within Minority Ethnic Communities: Myths And Stereotypes

"Over the next ten years, demographic changes will increase pressure on the caring responsibilities of black families. There will be more older people living in the community and because of the relationship between age, sex and disability, it seems there will be a corresponding increase in the numbers of people requiring care. Little is known, however, about the nature and experience of disability and informal care among black communities" (Atkin & Rollings, 1993, p.18-19).

Whilst there have been numerous pieces of research examining the numbers of older people or numbers of carers in this country, there has been little research carried out to investigate either the numbers of carers from minority ethnic communities or their experiences of caring and of statutory/private/voluntary social services. A recent survey of informal carers by Green (1988), highlights this point.

Green carried out a general survey of households and calculated that approximately 6.7 million people care for elderly, disabled or sick people within the same household. However, the statistics gave no break down of the numbers of carers from minority ethnic communities. This is characteristic of much of the research that has been conducted in this field.

"As for white people, care in the community for black families usually means care by the family. However, in comparison with what is known about white carers, there is little information on informal care among black communities. Information on care giving among black communities is most often provided by local authority surveys. These however, are locally based making generalisations difficult. Available information is thus exploratory and speculative and therefore sparse. There is little material, for instance on the experience of caring for people with different types of disabilities, or any attempts to distinguish between different types of care giving" (Atkin & Rollings, 1993, p.11).

Yasmin Gunaratnam (1993) examines the stereotypes concerning care within South Asian families from the perspective of both a researcher and a carer. She reaffirms the arguments made earlier that there is very little research on the subject of South Asian carers. Gunaratnam goes on to comment on the basis of her own research and life experiences of caring. *"Asian peoples come from a variety of countries and cultures, representing different dialects, languages, religions, histories and customs. These*

differences have meant that not all Asian carers in this country have the same experiences or needs. However, before we can begin seriously to examine some of the different experiences of Asian carers in Britain, it is important also to address some of the 'popular' myths and stereotypes about Asian communities generally and Asian carers in particular. Perhaps the most significant stereotype about Asian carers is that all Asian families live within an extended family, where roles and responsibilities are clearly defined and caring for ill or disabled family members is a 'natural' function" (in Bornat, 1993, p.115).

The views of Gunaratnam echo the points made earlier in this thesis. While statistics do show that there is a significant proportion of extended families within South Asian communities, this is not as large as stereotypes project. Also, statistics in themselves do not show patterns of caring among the South Asian communities. It would be wrong to assume that a high proportion of extended families within South Asian communities automatically means that large networks of informal care are present. Ironically, in this case, the lack of wide scale research means that it is impossible to show explicitly that the stereotypes held by politicians and policy makers are wrong. What can be said is that research carried out at a local level throws up conflicting conclusions. For example, Bhalla and Blakemore carried out a survey of 400 European, Afro-Caribbean and South Asian older people in Birmingham in 1981. They discovered that 95% of South Asian older people compared with 59% of Afro-Caribbean and 11% of European older people, were looked after by their relatives. A quarter of the South Asian sample had no close relatives in Britain. In this case, the research shows that a high level of informal care does exist within the South Asian community.

However, several questions have to be asked about the research. Firstly, there were no questions asked as to whether South Asian communities knew about the social services that they were entitled to. In other words, no attempt was made to test the knowledge of welfare services. I suggest that a low level of knowledge about social services will invariably mean that there will be a corresponding high levels of informal care within the community. Also, many social services agencies may not take into consideration the dietary and cultural needs of minority communities, for example, the provision of halal meals on wheels for Muslims. Second, the research may be dated and a combination of economic (the need to migrate to look for work) and socio-cultural factors may have changed the structure and outlook of the South Asian community over the last decade.

A survey (1992) carried out by the London Borough of Hounslow showed that the take up of services among its minority ethnic population (who are predominantly South Asian) has risen from 11% in 1981 to 42% in 1991. It must be noted that these figures can give the impression, that the services utilised were provided solely by local government social services. In fact, a great many services are provided and run by minority ethnic voluntary groups, some part-funded by local government. More importantly, these figures may also substantiate the argument that there is a cultural conflict between first generation South Asian immigrants and British born second and third generation South Asians. The tradition of an extended family and responsibility and duty to care for older members of the family may be breaking down among second generation South Asians. The need to migrate for work, the assimilation with the wider cultural notions of placing parents into nursing homes, day centres etc., means that the ability and duty to look after older parents may not exist as widely. I accept that this is a contentious statement, and without substantial research, it will remain a mere speculation. However, this issue will be taken up in the field work and subsequent analytical chapters.

Gunaratnam puts forward an impressive argument in her analysis of the government community care policy; *"in terms of carers, lack of accessible information about services and inappropriate provision has meant that the proposed move to care in the community is at some levels quite meaningless. Asian carers have always provided not only care in the community but also care by the community in the face of inaccessible services"* (1993, p.115). In short she is arguing that the community care policy in its present form will have at best a minimal impact upon carers within many South Asian communities. Informal care will still remain the only source of welfare available to South Asian carers. What is clearly needed is more research (both at a local and national level) dedicated to examining the nature of informal care which exists among South Asian communities and the domestic division of labour which exists. Research to date indicates that burden of informal care predominantly falls upon women, who may face great pressure to adopt the role of wife, mother and carer through a combination of cultural, familial and communal influences.

A study of minority ethnic carers in the London Borough of Camden (1990) revealed that the majority of carers were women and that involvement in informal care among these communities was very high, particularly among those women who did not speak English. It also found that there was poor formal support provided to these

communities to assist with care responsibilities. Also as Brotchie and Hills point out, *"The traditional structures of minority ethnic families are changing. Research points to evidence that, contrary to popular belief, only 18% of Asian households live in extended families and a large proportion of the elderly population generally have no close relatives in Britain at all"* (1991, p.31). Informal care among minority ethnic communities and their practical experiences of it are discussed further in Chapter Three.

The lack of choice and of the consideration of needs to be provided for by community care compounds this situation, so the full impact (or lack of in relation to minority ethnic communities) is only just beginning to be felt. That said however, community care as a policy is still very much in its infancy since its full implementation in April 1993, and therefore it may be wrong at this stage to make wholesale generalisations about its possible long term benefits, particularly at a local level, for minority ethnic communities. However it could be argued that the signs are not encouraging for minority ethnic carers in light of the policy to date which reveals an unwillingness or apathy towards examining and understanding the implications of Britain's multi-ethnic society for policy.

As suggested in Chapter One, this is particularly important when we note that policy making is only as good or as fair as the information upon which it is based. Social policy formulation and implementation appears for to be based on stereotyped assumptions about the homogeneous nature of minority ethnic communities and the extended network of informal care that is assumed to exist within these communities, particularly South Asian communities. It is necessary to establish whether these perceptions are based on fact. The lack of even basic demographic research on the numbers of carers from minority ethnic communities is indicative of the lack of interest there is in providing relevant care to minority ethnic communities.

This may also be a reflection of the lack of power on the part of minority ethnic communities in getting their needs onto the political agenda. The needs and wants of minority ethnic communities are still, by and large, decided by policy makers and government ministers, despite notions of the citizen's charter or the superficial involvement of equal opportunities or race relations agencies. The outcome of a research programme in this field may either confirm or contradict the approach thus far adopted by government. Research may establish that there is indeed a high level of informal care within these communities and reluctance to use outside welfare agencies

as a consequence of cultural and ethnic objections or beliefs. Equally, research may reveal that a high level of informal care exists among minority ethnic communities as a result of poor knowledge or inaccessibility of information about social services or perhaps due to a lack of awareness or ability to claim and enforce citizenship rights to receive due and careful consideration of needs on the political and policy agenda. The fundamental point here is that without in-depth, proactive research into the experiences and needs of minority ethnic communities, the culture of stereotypes, ignorance and disinterest will continue to exist and thrive within politics and policy making. It could be suggested that, at present, such a situation may seem a better option for the government.

It is clear that there is an interaction between sociological perspectives of concepts like ethnicity and community and policy making. Lack of consideration of the needs of minority ethnic communities by policy makers highlights the fact that unless we redefine our base notions of terms such as the minority ethnic community or ethnicity, then the needs of these communities will not be recognised on the political and thus policy agenda.

To conclude, the informal sector is an important provider of welfare, but its importance may be over estimated, and in practice overburdened by government policy. *"It would appear that we should be asking not whether the family can provide more care in the future, but whether it will even be able to maintain its current level of provision. There are obvious limits to the extra work that families can be expected to absorb and these limits may have already been reached"* (Johnson, 1991, p.173). Several recent reports have highlighted the urgent need to re-examine the ideological and pragmatic aims behind community care policy.

A recent report by the organisation Age Concern, expressed its deep concern that almost two years after the implementation of community care policy, the system is still very fragmented and is failing both to meet the needs of older people and to provide adequate support for carers. It called for a serious review of community care policy. More stringent means testing introduced in the last year, with personal savings and property being assessed, has compounded the situation. *"Community care fails disabled"* was the conclusion by a poll carried out by Scope (formerly Spastics Society) published in August 23 1995. The findings of the research revealed that 1 in 6 disabled people have had to start paying for care which they once received free. 3 in 10 disabled people and more than a 1/3 of carer's are unhappy with social services.

The survey of 1,500 disabled people and 1,300 carers paints a picture of charges, means-testing and rationing, forcing many people to rely on family and friends.

Chapter Two has attempted to link the theoretical conceptualisation of notions of ethnicity, community and citizenship with the its practical manifestations in policy. Although the examination of community care was no more than exploratory, it helped reveal the ideological and pragmatic aims behind the policy and helped highlight the role and significance of one of its central tenants, the informal sector.

Community care policy is a classic illustration of policy making that does not strive to legislate and give explicit directives, but which at best proposes a set of very loose and arguably at times ambiguous guidelines which are open to interpretation at the local level. In essence the formal policy was an expression of a set of ideas or ideals which the government wanted to implement. However, this was largely left to local authorities to interpret and implement in practice, as illustrated by local Community Care Action Plans which are formulated on the basis's of a loose collaboration among local social services and health commissions and also some community health trusts.

What happens in practice at a local level is very much dictated by the relationship among these agencies. This was very much the situation before the reforms suggested by the Audit Commission report of 1986 which cited the poor relationship and collaboration between health and social services as the fundamental cause of poor or inadequate care services at that time. In this respect the Conservatives arguably changed very little. What they did both ideologically and pragmatically was to increase the role, public profile and importance of private welfare agencies and push the notion of welfare pluralism under a banner of a 'mixed economy of welfare' to the forefront of the political and policy agenda.

The Conservatives changed the emphasis or focus on the private sector and promoted it as a major and a 'natural' provider of welfare. Other than in re-instating the importance of the family and in promoting the role of the private sector, it is difficult to see what other major changes they introduced to P.S.S. that were not in place and practised (albeit perhaps not with as much public profile) during the time of the Labour governments. Notions of subsidiarity and personal responsibility were equally important then. However, by opening up the private sector, the Conservative government introduced a whole new source of provision, which may not differ greatly in practice from what was offered previously, but which means that the government

could in theory reduce the budgets of local authorities in the provision of statutory services. In essence this was an attempt to reduce public spending and pressure local authorities to introduce tougher means testing for care support and 'force' more and more families to utilise private care which is funded not by local authorities, but by those families.

The question is where do minority ethnic communities fit into this debate? It seems to me that they come in only marginally at the national level and more substantially at the local level, depending on the demographic and ethnic nature of a local population. As indicated earlier the national policy devoted some 57 words to address the needs of minority ethnic communities ending with a general and ambiguous guideline : good community care will take account of the circumstances of minority communities and will be planned with them (HMSO. 1990). This is open to multiple interpretations at the local level. How this is interpreted depends not only on the demographic characteristics of the local community, but the nature of minority ethnic communities themselves locally, in terms of class, socio-economic factors and education. Furthermore, it will depend on whether these communities are actively engaged with the wider population, welfare agencies and local government.

A further question arises from the material examined in this chapter. Do minority ethnic communities have an opportunity to exercise their right to claim due and careful consideration of their needs on the policy and political agenda, and thus the choice to choose culturally appropriate services from either the statutory or private sectors? In other words has community care resulted in specific social services being designed and delivered to meet the needs of minority ethnic communities by local authorities? Ahmad and Atkin (1996) suggest that *“community care provision often ignores the needs of black and minority ethnic groups. For example, structural barriers to access are not taken into account when in the organisation of services. Often service managers will say that services are ‘open to all’ regardless of ethnic background. Yet radical inequalities and poverty disadvantage minority ethnic people and can create additional barriers to gaining service support; and the dietary, linguistic and caring needs of minority ethnic communities are often disregarded because services are organised to white norms”* (p.3).

It is difficult to assess the implications of recent community care initiatives on minority ethnic communities when communities like South Asians are consistently overlooked. Recent imposition of charging systems ('cash for care' initiatives) is one recent

example where research needs to assess its implications for South Asian and other minority ethnic communities (for wider discussion of 'charging' policy, see Baldwin & Lunt, 1996). As Craig and Rai (1996) suggest, "*members of black and ethnic minorities are not receiving levels of income to which they are entitled, which impacts on their prospects of receiving and purchasing care, and that much recent research is unable to demonstrate the structural reasons for this*" (p.143). Craig and Rai go on to argue that "*a combination of constraints on resources and the maintenance of traditional 'top-down' modes of service delivery effectively excludes all but the most determined user groups from participation in the planning and delivery of care services. These constraints create even greater barriers to those from ethnic minority communities*" (p.128).

Consequently, it could be suggested that the socio-economic and ethnic characteristics of individual South Asian communities may dictate how successful these communities are in seeking out and receiving financial assistance to purchase care. For example factors of class, religion and perceptions of gender may determine the extent to which a South Asian community is disadvantaged by community care initiatives. So, in comparing Keralans and Mirpuris, the field work may show that in practice, Mirpuris face greater barriers to utilising community care services. As Ian Law suggests "*the real gap in policy implementation is clearly evident on the ground*" (1996, p.125).

What Chapter Two has shown is that the lack of in-depth qualitative research makes it difficult to ascertain the implications of community care for minority ethnic communities and that this may lead to stereotypical conceptions based on beliefs about those communities capacities for informal care. I suggest that if this situation is unresolved, local authorities may actively ignore the needs of their minority ethnic communities and with particular reference to South Asian Communities continue to use such stereotypical assumptions about the nature of these communities as a way of substantiating political and policy inaction.

Furthermore given the evidence that the specific needs of minority ethnic communities are not being recognised by politicians and policy makers, either at the local or national level, there are those who argue that the market led emphasis of the 'mixed economy' approach will disadvantage minority ethnic communities even further. Naina Patel echoes the point made previously by arguing that "*stereotyping, gatekeeping, organisational and direct racism effectively work to keep black elders out of the 'market'. Racism creates an effective barrier to entry to social service provision, and*

eliminating these barriers is essential before one begins to talk about 'community care' as in the white paper. In the analysis of market dynamics, the interplay between demand and supply assumes that black elders are willing, able and can effectively express their demand for care provision; while the suppliers, that is the providers (the private and voluntary sectors) can supply accessible, appropriate and adequate services to them. Black self help organisations are also the weak players in any competitive tender for contracts because they are running on shoestring budgets, often without the same access to specialist skills as some of the more affluent larger voluntary groups" (Patel, N, "A Race Against Time", Runnymede Trust, 1990).

The debates examined within this chapter have raised a number of issues and questions for the research to address, some of which have already been identified. Shown below are a few more questions. It is useful to draw together the issues identified in this chapter in the form of a set of, at this stage, relatively general questions. This has two inter-related purposes. First, it reflects the way in which the review of debates informed my own approach to specifying the set of issues which I wanted to explore in the field work. Second, it begins the specification of the social and policy issues to which I will return in Chapters Six and Seven of the thesis. In other words, I went into the field to find out what the experiences of real people were and how they related to issues of ethnicity and policy / services. Not only was I interested in the experiences of people but I also wanted to find out what they, themselves, thought about these very issues. In these concluding chapters I will return to these questions (and those posed at the end of Chapter One) in order to push the debate further on the basis of what I found out in the field.

Chapter three will attempt to shed light on the practical consequences of community care policy by examining the demographic characteristics of South Asian communities. Following that, it will examine the experiences of caring among South Asian communities and the implications of the interaction between class and ethnicity in shaping the life experiences and diversity of South Asian communities.

Issues and questions arising from the discussions within Chapter Two:

- (1) What is the extent of the ethnic and socio-economic diversity of South Asian communities?
- (2) What is the nature of informal care experienced by South Asians?

- (3) In light of the response to the previous questions, what reforms may be needed to make community care more responsive to the needs of South Asian communities ? Here, the research becomes pro-active in its analysis.

- (4) Do the local community care plans for Middlebrough cater for the needs of minority ethnic communities in practice ? The question tests whether the guideline given by central government is sufficient and also whether the argument by Conservatives that local government has greater autonomy in the acquisition of services, post C.C. legislation, and is therefore more responsive to needs that are particular to their region, is reflected in practice, or are local governments in effect more constrained by central government as a result of budget controls?

- (5) Within community care services are provisions made for the care of Indian and Pakistani older people ? - for example. do providers cater for differences in language, diet and customs. Even when a local authority acknowledges a need to take action, is the nature of that action invariably dependent on the quality of information or research that is carried out prior to policy formulation and implementation?

CHAPTER THREE

'Mirpuris and Keralans: Ethnicity, Class, Gender and Age in relation to Community and Care in two South Asian 'communities'.

Chapters One and Two set out to examine the conceptual and policy debates which inform this research. At the end of both chapters, several questions were identified from the preceding debates to inform the whole research programme. In effect the first two chapters set up the frame work for Chapter Three onwards. My field research is essentially an exploratory study of the experiences of minority ethnic communities. Since it is impossible to examine all minority ethnic communities, the field work aspect of the research focuses on the care of Pakistani and South Indian older people, as a case study intended firstly, to address the effectiveness of community care policies as a vehicle for delivering care to minority groups in society, and secondly to examine the practical implications of issues of 'race', ethnicity, caring and citizenship rights raised in Chapters One and Two. The Pakistani (Mirpuri) community in Middlesbrough and the South Indian (Keralan) community in West London were chosen for several reasons, but particularly, to illustrate the diversity in culture, customs and language that exist within what is popularly perceived as a homogeneous 'Asian community'. These two communities are not only differentiated by religion, but also by their life styles, views, customs and experiences in Britain.

Chapter Three will examine the context within which the field work was carried out by providing a demographic profile of minority ethnic communities, firstly nationally, and then locally in Middlesbrough and London. It will suggest reasons why the perception of social services and their take up may vary between South Asian communities, in particular, examining the interaction between class and ethnicity.

Minority Ethnic Communities In Britain - A Demographic Analysis

" Over the next ten years, demographic changes will increase pressure on the caring responsibilities of Black families. There will be more older people living in the community and because of the relationship between age, sex and disability, it seems there will be a corresponding increase in the numbers of people requiring care. Little is known, however, about the nature and experience of disability and informal care among Black communities". (Atkin & Rollings, 1993, p.18).

Having devoted substantial attention to the theoretical questions underlying the experiences of minority ethnic communities in Britain - i.e. issues of 'race' and ethnicity, the following section of this chapter will present an account of the ethnicity of contemporary Britain. The use of empirical evidence is an important facet of policy making : it enables politicians and policy makers alike to justify a particular policy or position. Similarly, the use of statistical evidence can play a useful role in highlighting discrimination or exclusion.

In order to examine or highlight the implications of community care for minority ethnic communities, it is necessary to explore the demographic characteristics of minority ethnic communities in Britain and their experience of welfare care, both statutory and informal. Demographic statistics (Ceri 1996, Smajic 1995, Haskey 1991) can be used to highlight the multi-ethnic nature of British society, and to also illustrate the varied composition of Britain's minority ethnic population. More importantly if the statistics were collected more appropriately with careful consideration given to the multiplicity of ethnicities that exist in Britain, they could show that a minority ethnic community is not a homogenous group.

An examination of empirical and historical evidence will also substantiate the argument that Britain has always been a multi-ethnic society. *"Indeed, as Fryer (1984) somewhat polemically points out, a Black presence in the ranks of Roman Battalions was recorded in Britain before the arrival of the Anglo-Saxon peoples who supposedly define indigenous ethnic identity. More significantly, Jews, Gypsies, Irish and African people*

have made their homes in this country in the face of varying degrees of hostility as far back as mediaeval times" (Smaje, 1995, p.26). Finally, from a policy perspective and the contentious issue of take up of services, demographic statistics can be used to illustrate that the distribution of minority people among localities is fundamental to planning community services. Areas with high numbers of South Asian people, for example, raise different planning and service delivery issues from those areas with low numbers of South Asian people (Young, 1990).

The demographic profile presented in this section is based on the 1991 Census, the annual Labour Force Survey and various independent and local government data sources. As noted earlier, when reading through an examination of Personal Social Service or health literature and demographic surveys both on a national and local government level, it immediately becomes apparent how little research has been devoted into examining either the characteristics or needs of minority ethnic communities. Often large and vastly different minority ethnic communities are amalgamated together to make the collection and analysis of demographic data easier. This will be reflected by the data sources examined in this section, which tend to provide a general picture, rather than examining specific needs or experiences, particularly at a national level. For example, the 1991 Census recorded 94% of the population as being under the category of 'White'. This included those people born in Ireland, as well as people of Greek, Turkish, Cypriot and other European origins and 'mixed white' origins. Thus no attempt was made to examine in any detail the ethnic profile of Britain. Surveys still tend to distinguish between groups in society on the basis of 'race', when collating information. This leads to ambiguity and lack of understanding of the history, life experiences and needs of the various ethnic communities that make up British society. Nonetheless, it is important to examine whatever evidence is available.

The National Picture (Classification Of Groups As Used By Each Survey)

The numbers of people in each ethnic group, as recorded in the 1991 Census, are displayed in table 3.01. 94% of the population described themselves as 'White'. The next largest group was Indian (included in this category were those people of East African origin), comprising approximately 1.5% of the population, followed by the 'Black' Caribbean (0.9%) and Pakistani groups (0.9%). A further breakdown shows that Indian communities represent some 28% of the total minority ethnic communities (just over 3 million people), with the Afro-Caribbean and Pakistani communities each comprising around 16% of the total.

Table 3.01 Population of Great Britain by ethnic group (1991 Census, OPCS)

Ethnic Group	Number(thousands)	Proportion of total population (%)
White	51,874	94.5
Black - Caribbean	500	0.9
Black - African	212	0.4
Black - Other	178	0.3
Indian	840	1.5
Pakistani	477	0.9
Bangladeshi	163	0.3
Chinese	157	0.3
Other - Asian	198	0.4
Other - non Asian	290	0.5

It is important to note that within the category 'White' are included some 700,000 people born in Ireland and also those people from other European countries such as Greece and Turkey and those of 'mixed parentage'. Ironically until the arrival of Afro-Caribbean and South Asian immigrants during the 1950s/60s, the Irish communities were considered as immigrants and outsiders. Similarly the inclusion of Greeks, Turkish Cypriots and Jewish people under the generalist category of 'White' is misleading and does not reflect how

these communities may be perceived by the wider public. For example, it is sometimes very difficult to distinguish between an Indian and a Turkish individual on the basis of physical appearance. As discussed in Chapter One, it is futile to attempt to try and divide people into specific racial categories. *The use of the term 'mixed' ethnic origin is equally baffling and also brings into question the whole debate on what constitutes a minority ethnic individual.* Greater integration between ethnic communities in Britain, particularly between Afro-Caribbean and 'White' communities means that there is a substantial group of people that are born out of mixed ethnic relationships. It will be interesting to see how (and indeed whether) the government and policy makers will attempt to categorise their particular identity.

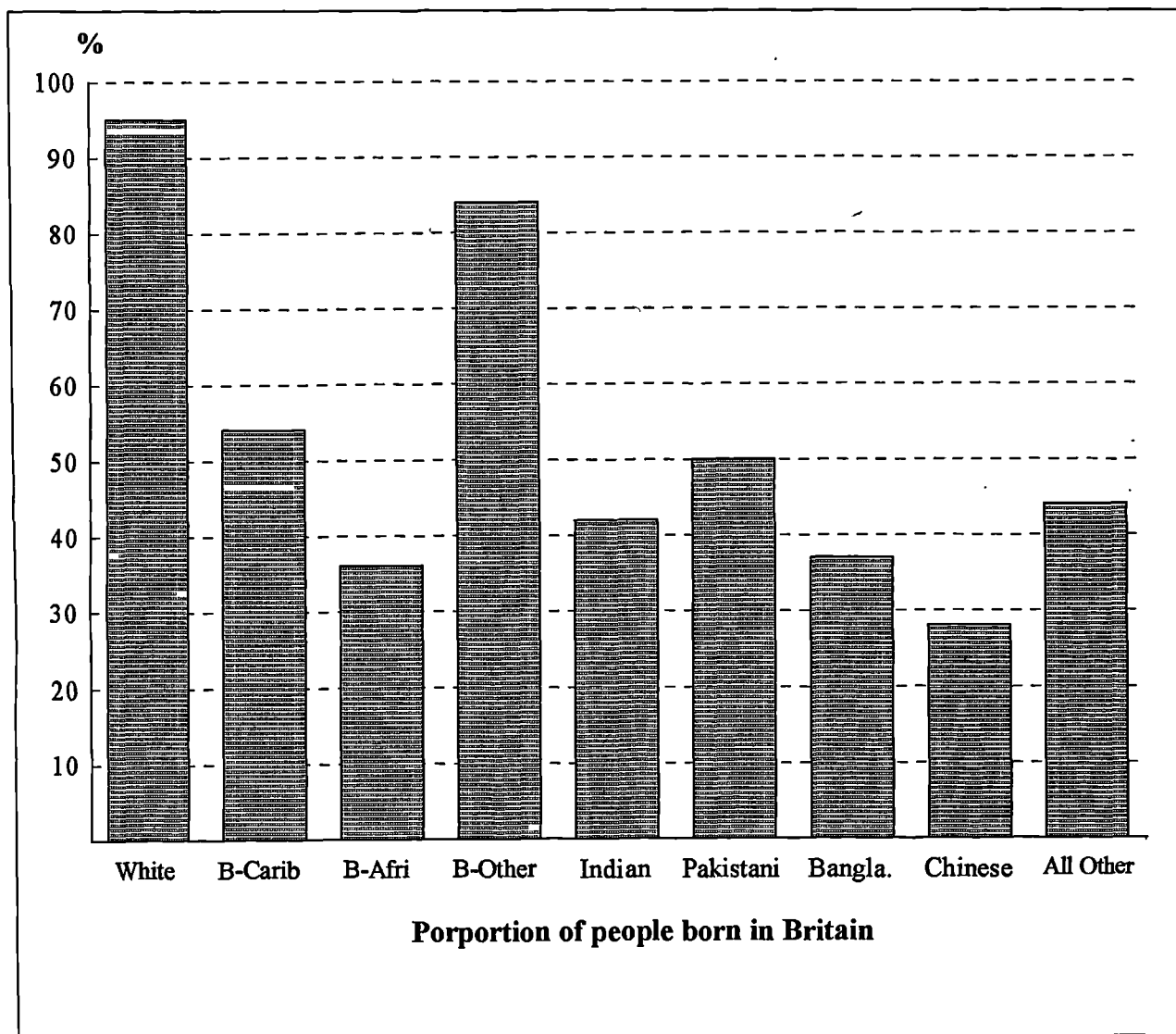
Another interesting point is that those people from Mediterranean and other similar countries perceived themselves as White, when asked to indicate their ethnic origin. It would seem that their colour was not deemed an absolute indicator, but it was either the cultural similarities they shared with the wider 'White' population or the notion of being a fellow European or the reluctance to label themselves as 'Black' that was of overriding importance in their self classification. So in this respect the term 'White' is equated with a shared cultural or national identity, or indeed a shared ethnic identity. This may be particularly indicative of the historical conflict and animosity which has existed between countries in the Mediterranean, namely Greece, Cyprus and Turkey. Turkey stands on the border between Europe and Middle Asia. Hence ethnic identity is often perceived as a reflection between being an European or Asian or even arguably between being a modernist and a traditionalist.

The classifications used in the Census seem to involve unacceptable notions of 'race', ethnicity, nationality and arguably racism, perhaps further emphasising the lack of understanding, or indeed will, on the part of the government and researchers to reflect on the practices and stereotypes used when engaging in a demographic or other study. This in turn manifests itself in the form of tokenism. The breakdown of 'Black' categories - 'Black Caribbean', 'Black African', and 'Asian' ones - 'Indian', 'Pakistani', 'Chinese' attempts to make clumsy distinctions between people which are really equivalent to using categories such as 'non-white'. The 'Black' categories apparently emphasises racial differences, whilst 'Asian' ones refer to national identity. Similarly it would seem that a 'White' category was used to avoid mass confusion among respondents (as may have occurred for example if ethnic origin was used as an indicator - the Celtic traditions of

Scotland, Wales and Ireland, is but one example of regional differences and loyalties). As Ceri points out not all communities are treated equally under the Census, *"the Irish are not treated identically, there is only birthplace rather than Irish ethnicity (unlike for Indians), on this basis, the Irish are slightly less numerous than the Indians. However, on a directly comparable basis they would probably constitute a larger group than Indians"* (1996, p.98).

Finally, the ethnic statistics gathered are of little use when assessing need or formulating appropriate social services that meet the varying needs among communities, resulting from their ethnicity. The statistics merely perpetuate the social exclusion resulting from attempting to homogenise vastly different people under a single category. There is little doubt that an urgent review has to be made of the classifications used in the 1991 Census and other studies in order to take into consideration the demographic changes within minority ethnic communities. How would you classify second and third generation British born Indians or Pakistanis? Figure 3.01 (p.75) shows the percentage of people from minority ethnic origins who were born in Britain

Figure 3.01 Proportion of minority ethnic people resident in Britain who were born there
(1991 Census, OPCS).



The graph shows that at least half of the Black Caribbean and Pakistani population were born in Britain, whilst some 42% of Indians were born in Britain. Overall, almost half of all minority ethnic communities were born in Britain. This means that country of birth can no longer be used as a broad indicator of ethnicity. There is a need to shift the assessment of need and policy formulation from one based on the perception of people as immigrants in a new country, to one which acknowledges that British identity and heritage is being comprised of a multiplicity of different cultural influences, and all of them are native to Britain. It also reaffirms the danger of simply homogenising groups of people as Indian or Pakistani in Britain. Needs will vary not only between different ethnic communities, but within these communities on the basis of age, generation and extent of integration with the wider population. Future research needs to reconcile the classification of first generation immigrants and subsequent British born or raised second and third generation British Indians or Pakistani citizens whose ethnicity will be composed from both the 'English' and South Asian cultural traditions, with greater influence from the wider 'English' culture prevailing in society.

Table 3.02 Ethnic group by age (1991 Census, OPCS)

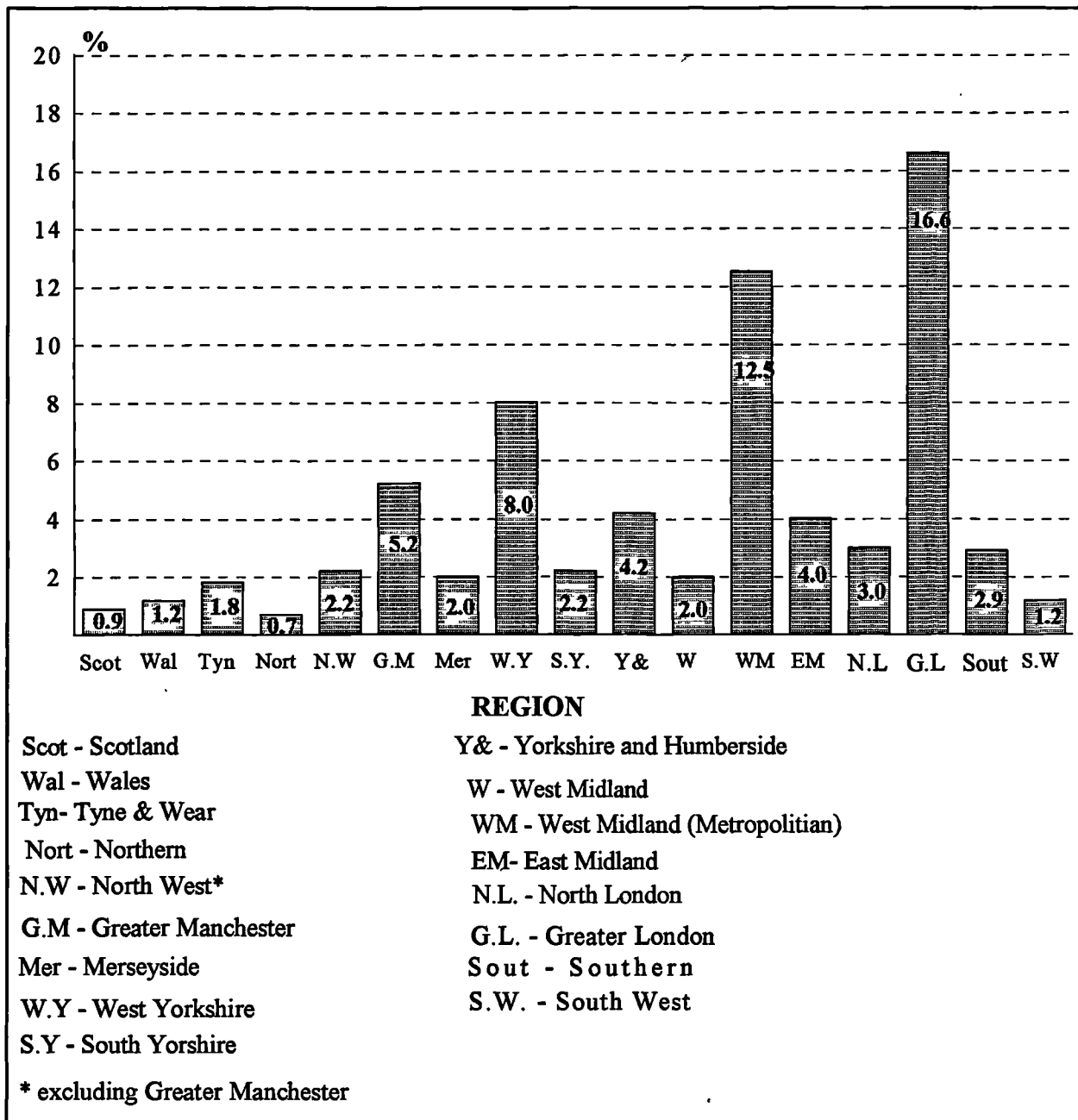
Ethnic group	Proportion within each age-					
	group (%)	16 - 44	45 - 64	65 - 74	75+	All Ages
White	19	42	22	9	7	100
Black-Carib.	22	48	25	4	1	100
Black-African	29	59	10	1	0	100
Black-Other	51	43	5	1	0	100
Indian	30	50	17	3	1	100
Pakistani	43	43	12	1	0	100
Bangladeshi	47	38	14	1	0	100
Chinese	23	59	14	2	1	100
Other	35	50	12	2	1	100

Table 3.02 reaffirms many of the research findings (mainly local government surveys) prior to the 1991 Census. It is immediately apparent that people from minority ethnic communities are, on average, younger than the White population. For example, almost half the Pakistani group is aged under 15 years of age, compared with around 20 percent of the White group. At the other end, whilst 1/5 of all private households in Great Britain contain a person aged 60 and over, this is the case for only 4% of South Asian and 6% of Afro-Caribbean households. These differences in age structure have a number of implications for social policy formulation in the mid to long term. The figures indicate that whereas the relative demand for health and social services will at present be dominated by the needs of children and young adults, this will, to a significant degree, be reversed in the future with greater demands by older people. This has been reflected in recent demographic trends which indicate a substantial and impending growth in the numbers of older people among the Afro-Caribbean communities and from Indian, Pakistani and Bangladeshi communities. *"The rising proportion of older people of Afro/Caribbean people (19%) and Asian people (12%), for example, is comparable to that of White people (19%)"* (William's, A. 1990, p.23).

Finally, it is important to note that Statistics also show that there are important differences and imbalances in the age and gender structures within minority ethnic communities. This is the result of differences in migration patterns. For example, *"an important gender imbalance characterises the elderly population of Black communities. Men will outnumber women among Black older people because of differences in migration. This is the reverse of the situation among the White population"* (Atkin & Rollings, 1993, p.8). The traditional pattern for migration was the arrival of a male member of the family into Britain, followed some time later by women and children. The statistics are also of fundamental importance in the discussion related to informal care. Women within South Asian families may face greater pressure to assume the role of principal carer as a result of the differences in migration. The role of principal carer may not only be assigned within the nuclear family, but also the extended family.

Another important characteristic of minority ethnic communities that needs to be acknowledged by policy makers, is the uneven distribution of these communities throughout Britain. Figure 3.02 (p.79) shows the distribution of minority ethnic populations in Britain. It shows that the largest populations exist in London and the metropolitan counties, and the smallest in non-metropolitan counties, especially in the North, Wales and South East. The distribution of the minority ethnic communities also varies greatly among local authorities. For example, the minority ethnic population of the London Borough of Hounslow is estimated at over 27% of the total population, whilst in Middlesbrough the population is 4.4%. All these statistics in themselves highlight the need for community care policy to be responsive to the local needs of minority ethnic communities. The minority ethnic communities cannot simply be labelled as 'Black' and treated as a homogeneous group. Needs and wants will vary greatly within and between minority ethnic communities and from area to area.

Figure 3.02 Distribution of black populations in Britain by Department of Health regions and Metropolitan areas (source: Haskey, 1999)



It has only been recently acknowledged that welfare service provision needs to be both ethnically sensitive and responsive to differing needs resulting from various cultural, religious and regional beliefs within minority ethnic communities. One of the most revealing aspects of this is the lack of knowledge and use of statutory welfare and social services by minority ethnic communities. Atkin argues that *"there is little empirical work examining how to incorporate Black user's views into service delivery. The debate is thus still at the exploratory stage. Service provision to Black people, for example, is often conceptualised in terms of knowledge and use of community based health and personal services and rarely considers the quality of service delivery"* (1991, p.20).

Figure 3.03 (p.81) shows the findings of a comparative field research project carried out by Karl Atkin. Atkin interviewed 81 South Asians and 55 White people. It illustrates how significant numbers of older South Asian people had not heard of the various health and community services available to them. This was in direct contrast to the knowledge of the White sample. Atkin argues that whilst research has highlighted how little minority ethnic communities know about community services regardless of age, gender or disability, until recent years there has been very little attempt by both central and local government to examine the reasons behind this factor.

What few, and often general, policy initiatives that have been carried out have tended to address the problem by simply producing literature in, for example, South Asian languages which explain the services that are on offer at present without any regard to whether those services that are presently on offer are appropriate to meet the diverse needs of minority ethnic communities. Little or no attempt is made to seek the views of minority ethnic people or consult 'Black' voluntary groups when attempting to formulate health and social services that meet the needs of potential minority ethnic users. Furthermore, Anwal Bhalla and Blakemore suggest that there is a difference between South Asians and Afro-Caribbeans knowledge of services, with Afro-Caribbean older people being better informed about social services than South Asian older people ("Elderly of the minority ethnic groups, Birmingham: All faiths for one race", 1981).

Figure 3.03 People who did not know about services (%) - 'Asians' (1st), 'White' (2nd) (Source: Atkin et al., 1989)

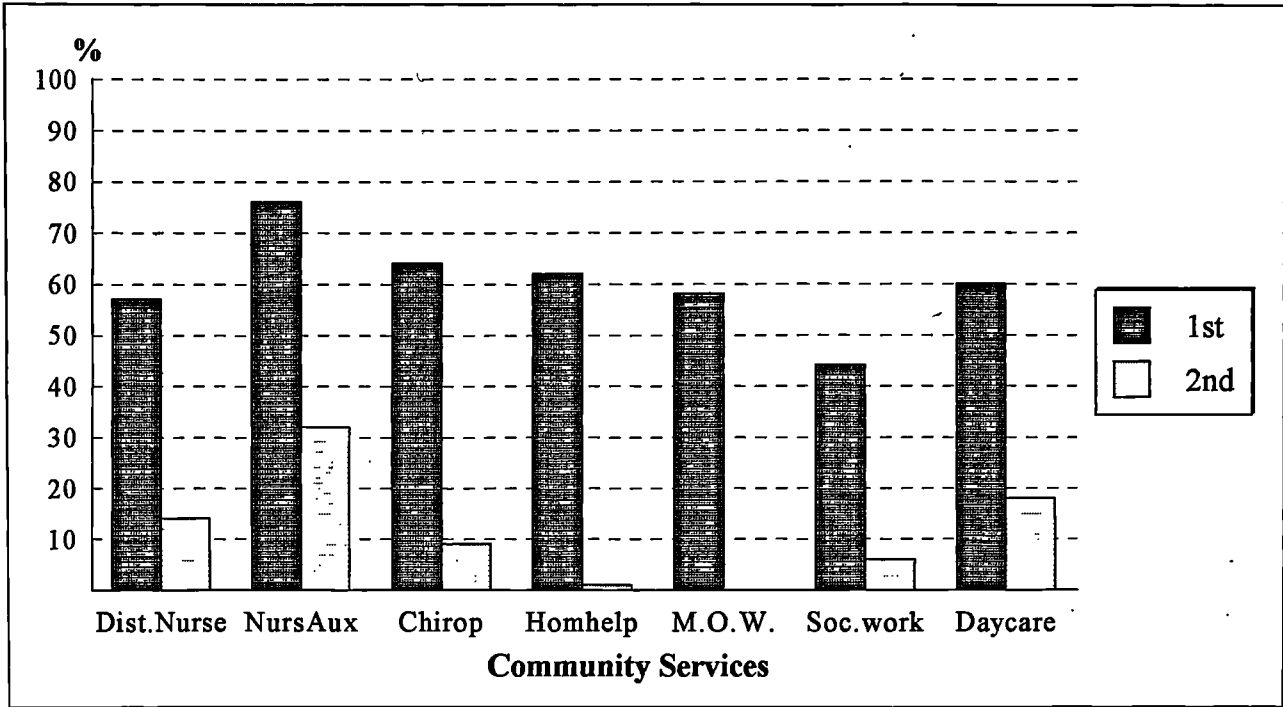
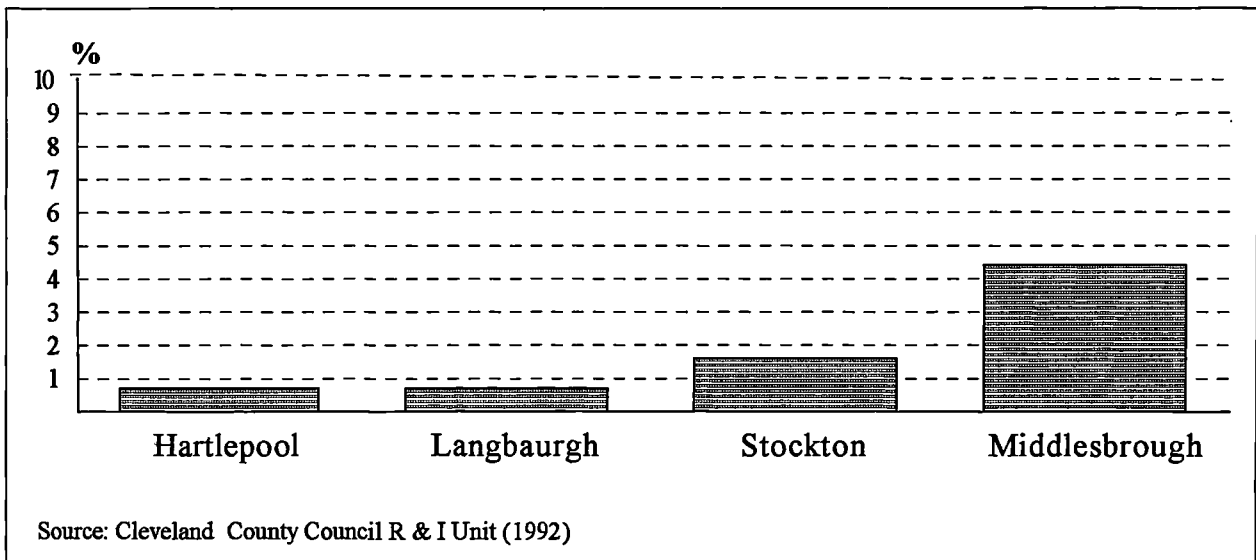


Figure 3.04 Distribution of minority ethnic communities (% of total population, 1992)



Referring to discussions in Chapters One and Two, it could be argued that this difference between South Asian communities and Afro-Caribbean communities is attributable to the wider difference in the extent to which each of these communities have assimilated or integrated with the wider population. Members of the Afro-Caribbean communities are not disadvantaged by language and less disadvantaged by culture than members of South Asian communities. This is supported in a qualified way by the views of Karl Atkin and Janet Rollings who point out that "*although empirical studies suggest that Afro/Caribbean people's knowledge of services is greater than that of Asian communities, knowledge and receipt of services is significantly less than for White older people*" (1993, p.19-20). Nevertheless, further research needs to be carried out to ascertain whether the difference in knowledge, highlighted by Bhalla and Blakemore, is a significant one or merely distinguishes between degrees of lack of knowledge.

The general message from all the research is that there is a significant under use of community and social services by minority ethnic communities. There may be several reasons for this. Firstly, until recently the needs of those from minority ethnic communities were not fully understood or appreciated. For example, it is in only recent years that the government has acknowledged the need to train social workers so that they are qualified to deal with members of minority ethnic communities. Although as illustrated in Chapter Two, this is hampered by the ambiguity of community care legislation in setting specific directives or mandates to local government.

Secondly, even if there is an acknowledgement of the needs of minority ethnic communities by local government authorities, it may result in no more than a paper exercise to avoid criticism, perhaps in the form of an ill constructed demographic survey. Cleveland County Council, for example, commissioned a study by their social service departments to look at new ways of providing care to its minority ethnic communities. This study was completed in 1993. Its findings were neither taken up by Cleveland County or made widely available to the public for comment.

Thirdly there has been precious little research carried out on the needs of minority ethnic communities. Often any research that is carried out, in particular by local government departments, has tended to treat minority ethnic communities as a homogeneous group, and subsequently to make general assumptions and draw general conclusions. For

example, the borough of Newham in East London, which has a large Bangladeshi community, decided to erect signs and information in Bengali at Hospitals, social service departments and even roads. However, they failed to realise that substantial numbers of the Bangladeshi community could not read Bengali.

Whilst it may be reasonable to argue that a certain level of pragmatism is required in policy making, I suggest that it is an inefficient use of resources to formulate any policy initiatives on incomplete data or generalised assumptions. It could be cynically argued that the control of information by local authorities is to their advantage, since it ensures that there isn't greater pressure placed upon their services by 'new' sections of the community becoming aware of the social and health services that are their right. Coupled with this is the continued stereotypical view of the existence of an extended network of informal care within minority ethnic communities. As noted in Chapter Two, more recent research is beginning to show that this assumed notion is mis-placed.

The remainder of Chapter Three will examine the demographic profiles of South Asian communities in Middlesbrough and London. The Pakistani (Mirpuri) community in Middlesbrough and the South Indian (Keralan) community in London represent the field work groups. This along with the national demographic profile will form the background to the research methodology discussion in Chapter Four.

Profile Of South Asian Communities In Cleveland County

Minority ethnic communities within Cleveland County comprise approximately 1.9% (1991 Census of Population) of the total Cleveland population. The vast majority of the initial minority ethnic immigrants came from Pakistan, India and Bangladesh. People of Pakistani descent form the largest group followed by those from India, Bangladesh, China, Africa and the West Indies. There are a wide variety of languages spoken and religious faiths followed within the minority ethnic communities in Cleveland. Punjabi, Urdu, Bengali, Arabic and Chinese are the major languages spoken. Islam, Hinduism and Sikhism are the major religions. The population is largely concentrated in the districts of Stockton and Middlesbrough. The South Asian community in Middlesbrough is differentiated by religion, culture and socio-economic factors. For example, first generation immigrants born in India are more likely to be in the professional and

managerial socio-economic groups, whilst those born in Pakistan are more likely to be in the foreman/skilled manual worker category. The following figures show the demographic profile of South Asian communities in, firstly, Cleveland County as a whole, and secondly, in Middlesbrough. The distribution of minority ethnic communities in county Cleveland is shown in figure 3.04 (p.81).

Similarly to the national picture, figure 3.05 (p.87) shows that the South Asian population is significantly younger than the Cleveland population as a whole. There are proportionately twice as many people under the age of 16 in the Asian community, and a correspondingly low proportion of older people. The percentage of men and women in South Asian communities is equal at fifty percent each.

Figure 3.06 (p.87) shows that the percentage of married adults within South Asian communities is almost on par with the rest of the Cleveland County population, whilst the proportion of widowed and divorced people is lower in the South Asian communities than the rest of Cleveland.

Specific Profile Of South Asian Communities In Middlesbrough

Overall the largest minority ethnic adult group resident in Middlesbrough comprises those born in Pakistan, followed by those born in Britain and India (see figure 3.07 on p.88). There are variations between districts within Middlesbrough, and each community tends to live together in a particular area. The majority of the Pakistani community are Mirpuri, originating from the rural northern state of Mirpur in Pakistan (technically in Azad Kashmir). Mirpuris are considered to be the most traditional and religious of all Pakistani communities, both in Britain and within Pakistan itself. The overwhelming majority of Mirpuris are conservative Muslims. Figure 3.08 (p.88) gives a breakdown of the country of birth of children from minority ethnic communities in Middlesbrough. It shows, the vast majority of children from these communities were born in Britain. Combined with the adults born in Britain, the majority of the minority ethnic population in Middlesbrough were born in Britain - i.e. they are not immigrants, but British Pakistanis.

Figure 3.09 (p.89) shows that the main language spoken in South Asian households in Middlesbrough is Punjabi. The next most frequent language is English, followed by Urdu. The interesting figure is the one for English. It reflects the previous tables which showed

the numbers of adults and children among South Asian communities who were born and raised in Britain. Also, it is important to note that the majority of those people who speak Punjabi or Urdu in their households are older, first generation immigrants. Research carried out by the Research and Intelligence Unit for Cleveland County Council has shown that grasp of the English language among first generation Mirpuris is relatively poor, particularly among older people. There are obvious implications for the formulation, and in particular, implementation of policy initiatives.

The issue of language is of crucial importance for the take up of health and social services. It is also apparent that differences in English fluency exist between distinct South Asian communities and are indicative of the wider socio-economic and cultural differences between South Asian communities noted in Chapter One. Research both nationally and locally in Middlesbrough and London has repeatedly highlighted this fact. This raises an important debate on the relationship between ethnicity and class which, as argued later in this chapter, is a significant factor in explaining the differences in life experiences between members of different communities in Britain.

Figure 3.10 (p.89) shows the household size of South Asian communities in Middlesbrough. It is clear that there is a lower proportion of one and two person households in the South Asian Community than in the wider Cleveland community. In fact, larger households are particularly prevalent in Middlesbrough. This may give credence to those who argue that extended households are a common characteristic of South Asian families, and in turn represent large networks of informal care. However, large households do not necessarily mean an extended family or that an extended network of informal care is present. This is substantiated by the comments made by the Research and Intelligence Unit who carried out the survey, *"In comparison with the County average there are more Asian households with 2 or more family units i.e. there are more multi-generation and multi-family households. However the vast majority of Asian households have, like the county in general, a single family unit, mostly composed of parents and their children. The stereotypical picture of larger Asian households with 3 or more generations and several family units is not accurate for Cleveland, if indeed it is accurate for anywhere in the United Kingdom"* (1992, p.7).

Furthermore, it is important to note that in Middlesbrough the percentage of smaller families is growing. In 1982 only 9 percent of surveyed South Asian households in

Middlesbrough had one or two members. In order to examine the issue of informal care, an extensive qualitative piece of research needs to be carried out which examines the structure of South Asian families, and the comparison between the perceived division of labour existing in these families and the role of men and women in reality. Here the tension between traditional roles for men and women ascribed by the communities themselves and the changes to these roles brought about by, among others, practical economic needs for men and women to work may be of crucial importance for the nature of care that actually exists among South Asian families in Middlesbrough.

Although, the local surveys of South Asian communities in Middlesbrough are relatively useful, there are some deficiencies in relation to informing policy for social services. The most obvious deficiency of the local surveys and indeed of national surveys is the lack of emphasis placed upon the importance of religion. Among South Asian communities, religion, culture and way of life are sometimes indistinguishable. For example, among Pakistani Muslims, religion often shapes peoples life styles, particularly among older people. Muslims only eat halal meat and pork is forbidden. Among Hindu communities, vegetarianism is a way of life for a great many people. Equally, the consumption of Beef is forbidden. These and other traditions are born out of religion and further differentiate between South Asian communities. Surely, these factors are of crucial importance when formulating social services that meet the needs and expectations of South Asian communities.

Figure 3.05 Age of the population (1992)

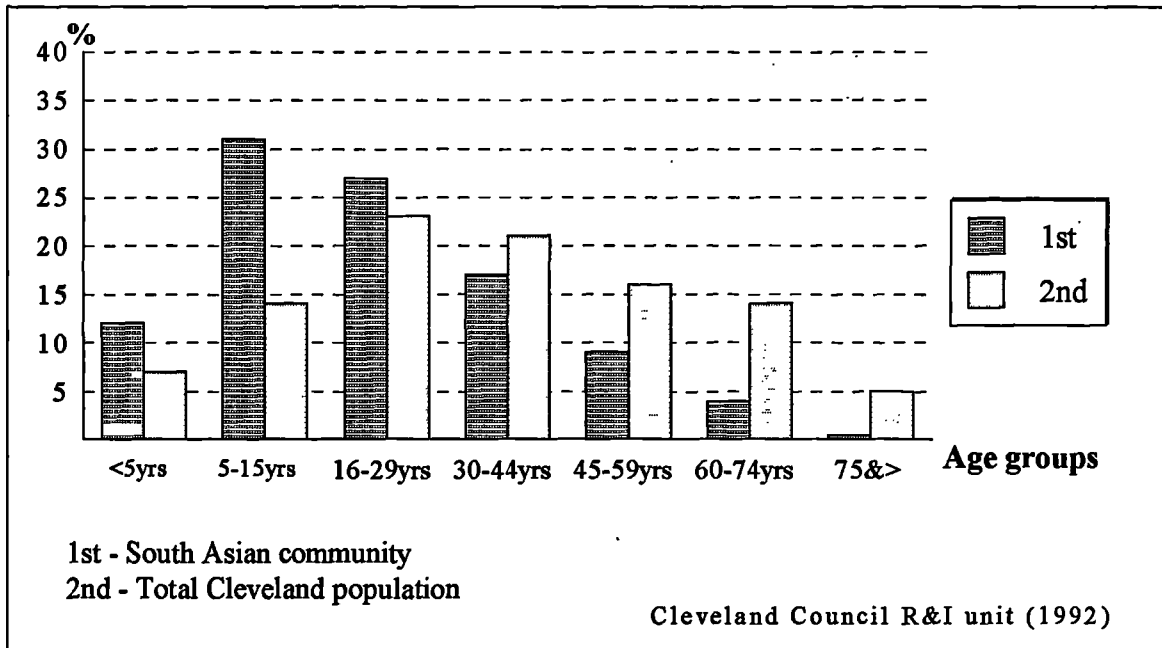


Figure 3.06 Marital Status of Adults in Cleveland County (1992)

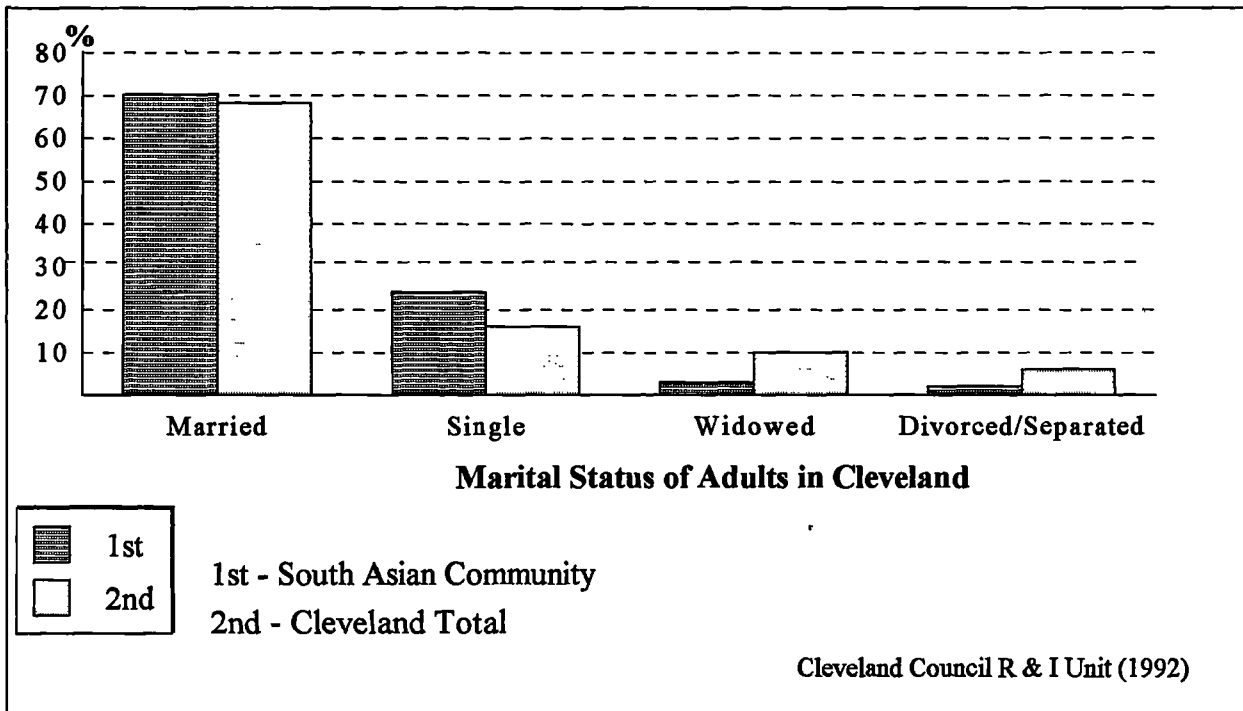


Figure 3.07 Country of Birth of Minority Ethnic Adults in Middlesborough (16yrs and over)

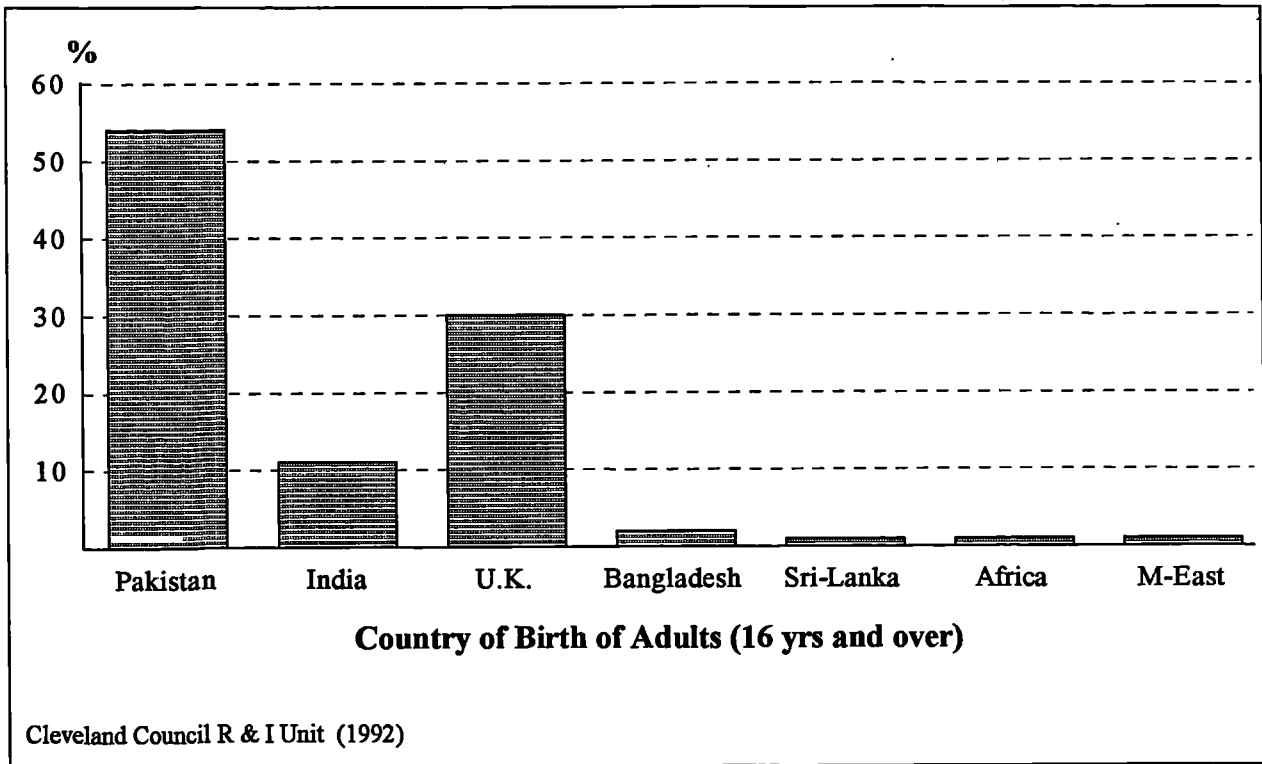


Figure 3.08 Country of Birth of Children (under 16yrs)

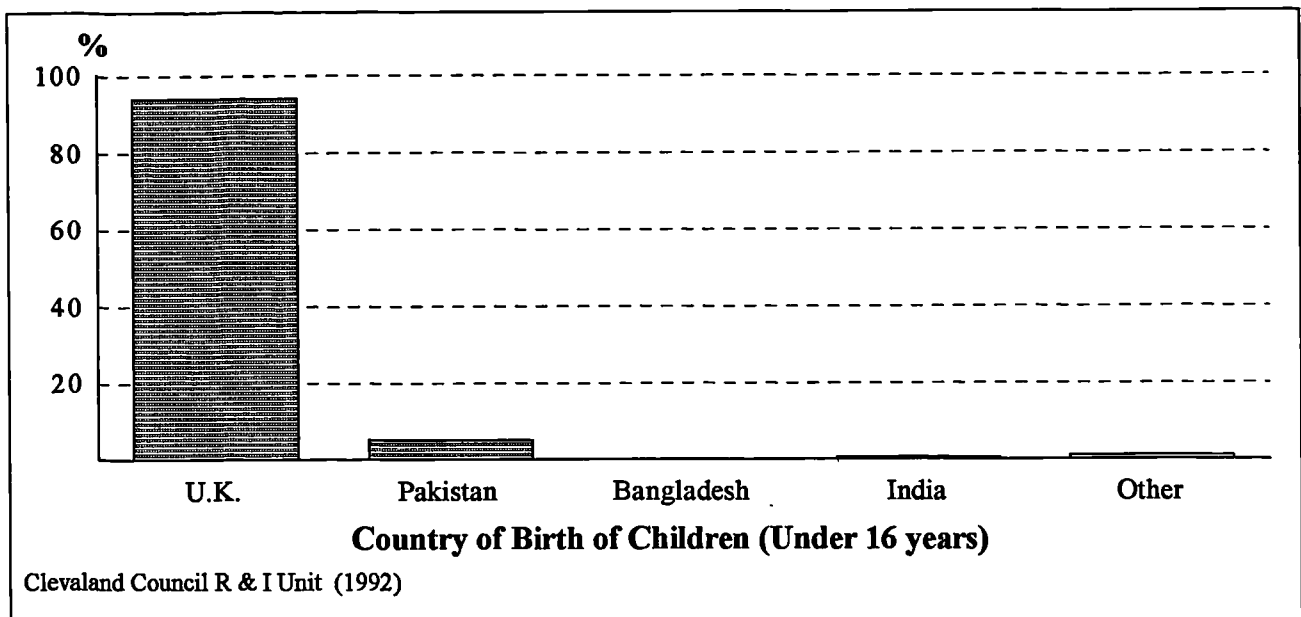


Figure 3.09 Main Language Spoken in South Asian households in Middlesbrough

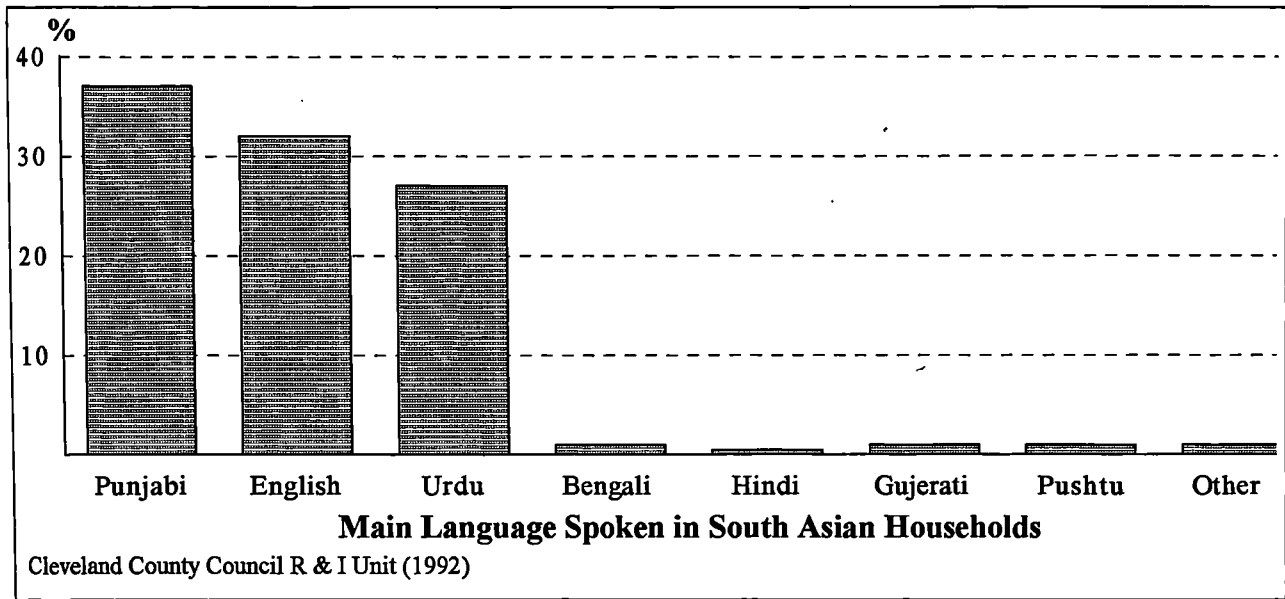
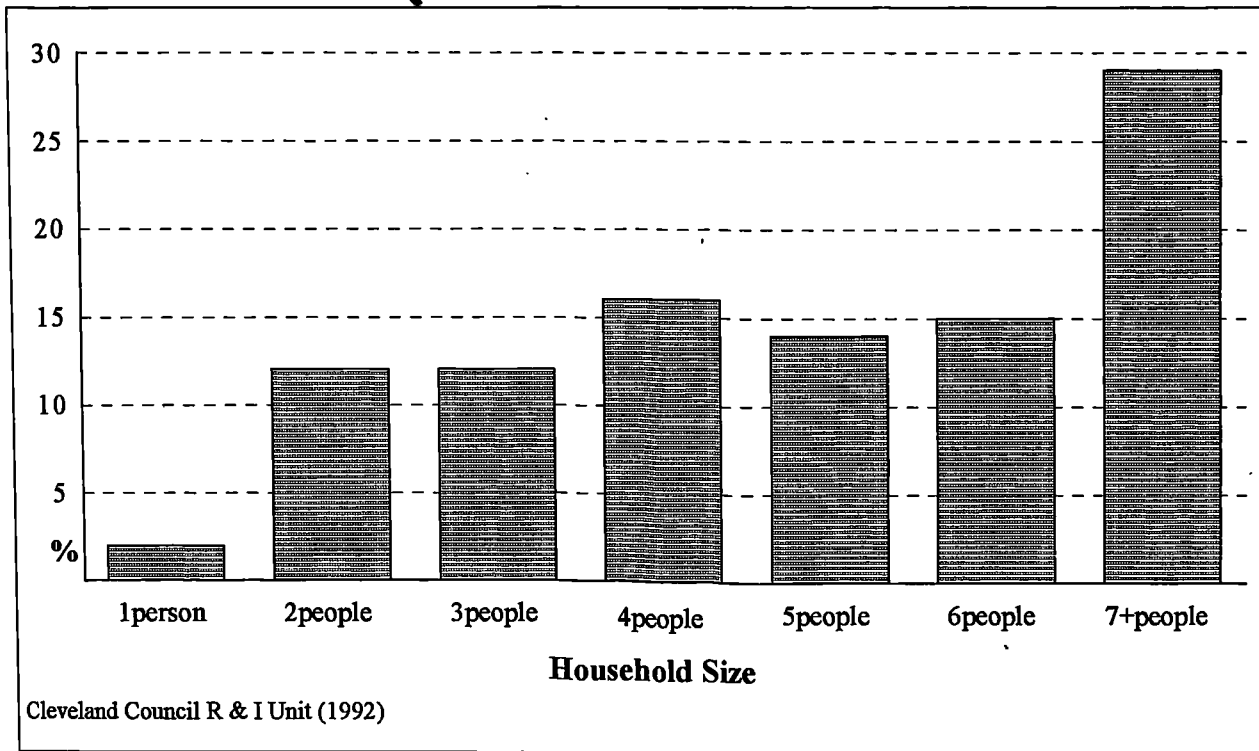


Figure 3.10 Size of Households within South Asian Communities in Middlesbrough



Demographic Analysis Of South Indian (Keralan) Communities In London

During the demographic search it was found that whilst general information on the structure and origins of 'the' South Asian community as a homogenous group in a particular area in London was available, this was not the case when examining specific communities, in the case of this research, South Indian Keralan communities. The Census tells us that the majority of South Asians in London are of Indian origin. There is a crude attempt to acknowledge that the South Asian communities are not a homogenous group by differentiating between Indians, Pakistanis and Bangladeshis. However there is no attempt to examine the vastly different ethnicities that comprise Indian communities. A basic examination of electoral records highlights the regional differences of South Asian communities within London. In West London and North London, the largest South Asian communities are Indian Punjabis and Gujeraties with the main religions being Sikism and Hinduism respectively. In East London however, there are large Bangladeshi communities, which are predominantly Muslims.

Returning to the specific case of South Indians within London, whilst it was relatively easy to provide a profile of the Pakistani Mirpuri communities in Middlesbrough, an equivalent demographic profile cannot be given for the Keralan community since they are spread across London, and there are no specific statistics for this community. Perhaps the community is too small to be officially recognised as a distinct ethnic minority. Yet, this lack of demographic/research statistics on the Keralan communities substantiates the argument that the Census, central/local government research surveys tend to group various minority ethnic groups from India under the generalist category of 'Asian'. I suggest that the only reason why there is more information on the Mirpuri community in Middlesbrough is because it represents the largest single minority ethnic community. Ironically, the state of Kerala in India has been quite extensively researched in relation to its successful education and health policies. The secular Keralan society and its people are noted for their liberal attitude toward all religions and the lack of caste politics and for greater gender equality which sets it apart from the rest of India as well as from other South Asian countries. Yet very little is known about the Keralans in Britain, the majority of whom emigrated to Britain in the late 1960s and early 1970s.

In London there are various South Asian communities, with those from Central and Northern India comprising the largest groups. It would seem that in any one particular area in London, the needs of South Asian communities is taken to be represented by the single largest South Asian community existing in that area - this could be a Muslim Pakistani community or a Punjabi Sikh community or a Gujarati Hindu community. Consequently, other, smaller, South Asian communities like the Keralan communities, which include Hindu, Muslim and Christian members, and whose ethnicity and life experiences are very different from the aforementioned communities are amalgamated with the more dominant South Asian communities. Hence the individual ethnicity and needs of Keralan communities are ignored. The assumption is that meeting the needs of the most dominant or 'obvious' South Asian community in an area will meet the needs of all South Asians. The case of the Keralan community illustrates the impact of this process.

It could be argued that the responsibility for ensuring that individual and communal needs are recognised falls in part on members of ethnic minority communities as well as on politicians and policy makers. It is up to members of the Keralan or any other community to voice their needs and express their distinct ethnicity, which sets them apart from other South Asian communities. Alternatively, it could also be suggested that perhaps one of the reasons why the Keralan community is not as explicitly distinguished is because the members of this community are largely middle class and there is greater integration with the wider community and greater assimilation of 'White' culture and customs. Hence the needs of the Keralan community may not appear as distinct or severe as those of other South Asian communities. The subsequent field work in this thesis should go some way to shedding light on the issues raised by this demographic account. Figure 3.11 (p.93) shows the complex pattern of ethnicity in the London Borough of Hounslow, but also shows that diverse South Asian communities are amalgamated into one by those whose research is the basis of policy.

A large number of Keralan families live in the West London borough of Hounslow. Sources from within the Keralan community (the Keralan Association and Keralan Christian Foundation) claim that more than 1500 Keralans live in the Borough of Hounslow. Yet, local demographic surveys do not even acknowledge the existence of a Keralan community in Hounslow. Nonetheless Figure 3.11 does provide a useful comparative tool with which to examine the different composition of South Asian communities in Middlesbrough and an area in London, both in terms of size and of

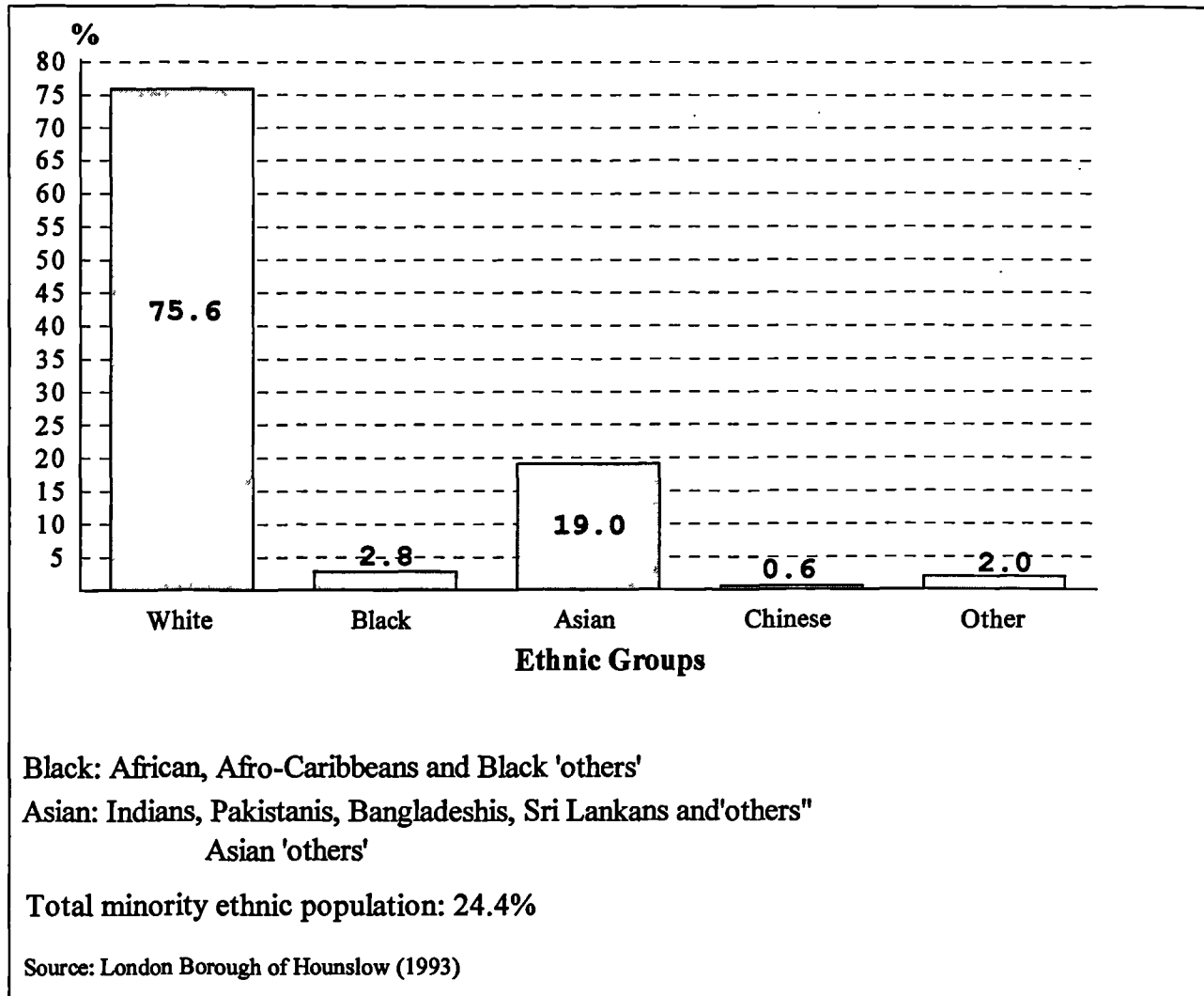
ethnicity. A further breakdown of statistics illustrates even more the high percentage of people from minority ethnic communities living in the borough of Hounslow. In certain areas, especially at the centre of the borough, the percentage of people from minority ethnic backgrounds is very high. For example, in the economic and social capital of the borough the percentage of people from minority ethnic communities are:

Hounslow Central:	47.6% (39.6% of South Asian background)
Hounslow West:	49.8% (42.7% of South Asian background)
Hounslow East:	50.2% (45.1% of South Asian background)

The difference in size of South Asian communities in an area has many consequences which may in turn lead to very different life experiences for South Asian communities in Middlesbrough and London respectively. In recent years, members from South Asian communities have become significantly better represented within local government in London boroughs than in Middlesbrough.

There are many South Asian councillors and the current Mayor of the London Borough of Hounslow is South Asian. In the run up to the general election of 1997 there was a greater number of South Asian candidates seeking nominations from major parties. Whether success at local council level translates to the national level remains to be seen. However, it is clear that in areas where there are significant large South Asian communities, they are beginning to take an active and possibly crucial role (in terms of effect on policy making) in politics. The ancient rule of politics - 'he who shouts the loudest gets heard' - may indeed lead to the needs of South Asian communities occupying a more important position on the policy agenda, particularly at local level. At this stage this statement remains merely a conjecture.

Figure 3.11 Minority ethnic population in London Borough of Hounslow



DOUBLE DISADVANTAGE: THE RELATIONSHIP BETWEEN CLASS AND ETHNICITY

In the comparative examination of the South Indian Keralan community in London and the Pakistani Mirpuri community in Middlesbrough, the importance of the issue of class has become increasingly evident. It is clear that the two communities can not only be distinguished by ethnicity, but also by class. Class both helps to shape the individual ethnicity of each community and explain the differences in life experiences of members of the Keralan and Mirpuri communities, particularly that of the first generation immigrants in Britain and in their country of origin. Furthermore, the differences in socio-economic status between the two communities is even more evident among second generation British born or raised Keralans and Mirpuris. The differences in levels of education and occupations reflects the interaction of class and ethnicity.

These differences may have a profound effect on the views of these communities on a wide range of social issues from the use of social services to issues of gender, equality, caring, enforcement of citizenship rights and also on the extent to which each community has integrated with the wider population. Class can also determine the extent to which each of the communities is disadvantaged or excluded in terms of access to and use of social services. An examination of the socio-historical background to the Mirpuri and Keralan communities reveals the reasons behind the difference in class between the two communities and may also help explain, why very little is known about the Keralan community in Britain. That said it is acknowledged that some of the following discussion may pre-empt the field work. However, I felt it necessary to present this as a prelude to the field work and analysis. I would argue that the examination of the implications of the interaction between class and ethnicity is important, both conceptually and in terms of raising questions for the field work to address.

It could be argued that the predominantly working class Mirpuri community in Middlesbrough may in practice suffer a double disadvantage (in comparison to the Keralan community) resulting from their ethnicity and their class. The Mirpuri community in Middlesbrough came to Britain more than thirty five years ago from the rural parts of Pakistan, to work in the foundries and ship-yards of North East England. The vast majority were men who had little or no education, and consequently entered semi-skilled

manual occupations. The Mirpuris are considered the most conservative Muslims in Pakistan, and much of this tradition was imported into Britain. The Mirpuri community is stratified along the basis of caste and gender. Women very much occupy the subservient role in the community, and daughters are still considered as of 'less value and more burden' than boys. Similarly, a combination of religion and the fact that the Mirpuris traditionally lived off the land, has meant that there is little history of people being educated and entering professional occupations and there is fierce resistance to change and suspicion of outside influence. It has to be noted here that the writer is largely referring, at this stage, to first generation Mirpuri immigrants (for further reading: the experiences and outlook of other Pakistani and Mirpuri communities have also been examined by Alison Shaw - '*A Pakistani Community in Britain*', Blackwell, 1988).

Although the Pakistani Mirpuri community in Middlesbrough is one of the oldest South Asian communities in Britain, there has been very little integration with the wider population. A large majority of the original immigrants still speak very little or no English. It would seem that the Mirpuri community has managed to recreate a community in Middlesbrough that mirrors that from which they came almost forty years ago in Pakistan. This 'fortress' attitude is reflected in their attitude towards anyone that is not from their community, be they another South Asian or 'White'. The majority of the community today is still of working class background, with second generation British Mirpuris replacing the foundry work with retail and skilled employment. However, as recent research substantiates (Ceri Peach, '*Ethnicity And The 1992 Census*', 1996), the level of education is considerably poorer in comparison to other South Asian communities and the wider population. This is particularly evident among women.

There is also deep rooted resentment and suspicion of the establishment and particularly the judiciary. This is addressed by boycotting involvement with local politics, rather than attempting to change attitudes from the 'inside'. The bulk of the community live in one particular area in Middlesbrough and are visibly set apart from the rest of the community. From an outside perspective, the Mirpuri community are perceived by local government, health/social services and education agencies as predominantly a working class community interwoven with extended families and significant networks of social support.

In comparison, the South Indian Keralan community is predominantly middle-class, most particularly among second generation British born or raised Keralans. The life experiences

back in India and here in Britain are markedly different from their Mirpuri counterparts. There is a history of good education, and engagement with and keen awareness of the political and bureaucratic establishments among Keralans. Members of the Keralan community of all ages pride themselves on the fact that they are well read and knowledgeable about the country that they have settled in. Keralans have always considered themselves as the intelligentsia of Indian society. Keralans take pride in the fact that their language (Malayalam) is an ancient Dravidian language untouched by any of the conquering empires of India. Education of both men and women is considered both normal and proper. Both girls and boys are taught at an early age that education is both necessary and a source of wisdom - information is power. There is a desire and ethos to succeed at the highest level - almost Conservative ideals of self enterprise, hard work and initiative, coupled with a greater willingness to adapt to 'foreign' cultures and to integrate with it. This is reflected in the fact that the majority of the second generation and a substantial percentage of first generation Keralans have entered professional occupations, such as medicine, accountancy, engineering and the civil service.

One of the main characteristics of the Keralan community, which immediately sets it apart from the Mirpuri community is in the role of women, both in terms of traditionally ascribed or perceived roles and those in practice. The emancipation of Keralan women (e.g. even traditionally women in Kerala have enjoyed greater rights and equality with men than other South Asian women, in fact until recent times in Southern India, inheritance of land/wealth passed down to daughters in households rather than men) has a profound affect on the stratification of Keralan society. There is greater equality and sharing of domestic duties - e.g. care of children or older members of the family - between men and women in Keralan families.

This has a substantial impact on notions of informal care that exist in Keralan families and also on take up of health and social services. In contrast women in the Mirpuri community are occasionally referred to as "Dehk Bahl" which roughly means 'responsibility to look after the welfare of another person'. There isn't an equivalent word in Punjabi for 'carer'; instead references to acts of caring are placed in terms of responsibility and duty, and not discussed in relation to any wider notion of gender equality. Mirpuri girls from an early age are taught their 'responsibilities' with respect to caring. Boys on the other hand are taught about upholding family honour, allegiance to Islam and duty in terms of providing for the family. Provision for the family does not

necessarily include any domestic or care responsibility. The future wives of boys are expected to automatically assume the role of carer of their in-laws. It is acknowledged that such attitudes do exist among families in the Keralan communities, but the different traditions about gender roles mean that the implications of this are very different.

A further consequence of differences in attitudes to gender equality, education and class between the two communities is that take up of social services may not cause the same scorn and communal indignation among the Keralan community as among the Mirpuri community, where it is expected that women be the main, and in some cases, sole providers of care for children and older people. The fear of losing "izzat" or "face" is a particularly powerful factor within the Mirpuri community in Middlesbrough, where seeking 'outside' help with caring responsibilities is often seen as failure on the part of that particular family and more often than not on the women members within that family - i.e. wife, daughter/in-law. Among the Keralan community, it is not questioned if outside help - e.g. use of day centres, home help, nurses are sought to assist with care responsibilities. In fact it is considered quite proper and necessary.

One similarity between the Keralan and Mirpuri communities may arise in terms of communal reaction to the issue of use of residential or nursing home care for older members of families, especially parents. This issue may provoke an equal reaction in both communities; that of condemnation, indignation and in some cases, families may be ostracised from the community. Both communities may view this as a denial of family responsibility and duty on behalf of the particular family. While scorn among the Mirpuri community will more likely be directed at women members of the family, anger among the Keralan community would be voiced against all members of the family. However, it will be interesting to investigate the strength of the feelings on this subject among second and third generation British Mirpuris and Keralans. Here, it could be suggested that the extent to which each of the communities have integrated with the wider population, the extent of education, the nature of occupation, in general the socio-economic positions of second and third generation members of the above two communities will determine future attitudes to use of long term institutional care for older people. Further to this, it could be argued that members of the Keralan community, who by the very nature are more fragmented in terms of location through migration in relation to employment, and are more integrated with the wider population, are more likely begin to use all manner of long term social services in the future than their Mirpuri counterparts.

Consequently, one reason for the 'absence' of the Keralan communities in demographic surveys could be attributed to the fact that the members of these communities are middle-class, with middle-class views and experiences and more importantly with an ability to seek out information about health and social services as citizenship rights. It is widely accepted that the middle-class are the biggest beneficiaries of welfare services, since they can both seek out services and articulate their needs. In this respect the Keralan community may well be more willing and better equipped than their Mirpuri counterparts to engage with and manipulate local and central government services, not fraudulently, but in terms of meeting their individual needs. Thus the extent to which the Keralan communities are disadvantaged or excluded as a result of their ethnicity, may not be as great or severe as the Mirpuri community.

People of all ages in the Keralan community speak English and are not as closed a community as the Mirpuri community. Similarly the fear that the cultural heritage of the Keralan community will be destroyed is not addressed aggressively among members of the community, but discussed in terms of balancing the need to integrate with the wider population whilst maintaining a cultural roots. A fluid and pragmatic approach is taken by the Keralan community, which recognises that adopting a suspicious or inward looking attitude to the wider population will only result in its members' needs being neglected and will cause even more alienation from the rest of society.

Whilst acknowledging the need to address inequalities and discrimination which stem from Keralan ethnicity, the ability of members within the community to relate to the establishment and to articulate their concerns and fears, sets them apart from other South Asian communities. The fact that the Keralan community is largely middle class has meant that access to health and social services is not as severe a problem as for the Mirpuri community. The class background of the Keralan community has allowed it to gain access to those in positions of power and to understand the system from within. In comparison, the socio-economic position of members of the Mirpuri community in Middlesbrough coupled with differences in socio-historical life experiences between the two communities has meant that the Mirpuri community may indeed suffer from a double disadvantage. These issues will be examined in relation to the field work findings but it is clear that a

minority ethnic community may face degrees of disadvantage or social exclusion according to their ethnicity and their class.

To conclude, Chapter Three has attempted to highlight the practical position and experiences to date of South Asian communities in Britain. It has attempted to show that demographic studies carried out to date tend to rely on stereotypical assumptions on the nature of South Asian communities in Britain. There have been some crude attempts to move away from perceiving South Asian communities as homogenous communities, but this has been no more than distinguishing between communities on the basis of original nationality. There has not been a serious attempt at examining the multiplicity of ethnicities, life experiences that exist within Indian or Pakistani communities. No attempt has been made to resolve the contradictions in socialisation and needs between first generation immigrants and subsequent second generation British Indians or Pakistanis either born or raised in this country who may share more with the wider 'White' culture than with that of their parents. They too are labelled as minority ethnic citizens.

It would seem that much of the social research carried out at either local or national level starts from the implicit assumption that South Asian culture and family life will continue to support the needs of older people or the disabled or children without the need for specific welfare services that are sensitive to their needs. The needs of older South Asians in particular, have been largely ignored. The diversity of ethnic communities in Britain today warrants gerontological investigation. Existing literature examines the needs of South Asian older people from an ethno-centric perspective, ignoring the vastly different positions of White older people and South Asian older people, for whom the expected problems of old age is compounded by fear and lack of understanding of the British society that they live in and ignorance of their entitlements (see Blakemore & Boneham, *'Age, Race and Ethnicity'*, 1994) Even research focusing on issues of caring, need and social services from the perspective of minority ethnic communities usually ends up adopting a homogenous approach to addressing needs arising from the multiplicity of cultures, life experiences and social backgrounds of these communities. As noted in previous chapters, examinations of the interaction between concepts of 'race' and ethnicity in determining the experiences of social services for minority ethnic communities are confused by compounding of the pragmatic necessity to provide some kind of ethnically sensitive social services, however general they may be, with an anti-racist perspective

which concerns itself with addressing issues of discrimination and exclusion on a macro level.

Nonetheless, the material reviewed in this chapter suggests that if policy makers choose to continue to ignore the needs of South Asian communities in Britain, then health and social policy will for all intents and purpose be geared to the needs of 'English' people. Older South Asian people would only be equally treated if their needs were the same as the 'English'. If their needs differed, because of their ethnicity, it is likely that they would be disadvantaged. This raises the question of infringement of citizenship rights to services that meet at least the bare minimum in social and economic needs of an individual. Citizenship rights or those laid out in the citizens charter do not stipulate that an individual has to be of a certain ethnic origin to be able to claim those rights.

Much of the discussions in the later sections of Chapter Three may be perceived as being either contentious or no more than supposition. However, it has helped to raise important issues and questions for both the field work to address and for subsequent analysis to offer more practical evidence to further substantiate the arguments put forward in this chapter. This reflexive approach will be the underlying theme to the subsequent chapters, in particular data analysis and conclusions.

Chapter Four will begin this process of evaluation, it will outline in some detail the aims and objectives of the field work and discuss the research methodology employed to carry out field work. The chapter will in essence drawn upon all the questions and issues raised in both conceptual chapters one and two and the pragmatic context laid out in Chapter Three. The field work will attempt to examine the interaction between ethnicity, class and notions of rights and empowerment in determining the attitudes and experiences of the Mirpuri and Keralan communities with respect to community care and life in Britain in general. A comparative analysis will be made of the aims and pre-conceptions of the field work prior to its commencement, during field work and post field work. Chapter Four will in this respect, become a diary of field work experiences. In the end, Chapter Four will set up the theme for the data analysis and concluding chapters, by establishing the reflexive frame work of pre-research questions/objectives/assumptions versus post research issues and findings.

CHAPTER FOUR

FIELD WORK

RESEARCH AIMS AND METHODOLOGY: THE ETHOS OF REFLEXIVITY

Wax in his book "Doing Field Work: Warnings and Advice" commented:

"strict and rigid adherence to any method, technique or doctrinaire position may, for the field worker, become like confinement in a cage. If he is lucky or very cautious, a field worker may formulate a research problem so that he will find all the answers he needs within his cage. However, if he finds himself in a field situation where he is limited by a particular method, theory or technique, he will do well to slip through the bars and try to find out what is really going on" (1973, p.10)

The preceding chapters have highlighted the multiplicity of issues, both conceptual and practical, which underpin this examination of the implications of community care policy for minority ethnic communities.

A significant consequence of the conceptual, policy and demographic issues covered in the preceding chapters, has been to substantially change the approach and objectives of the field work. This chapter will build upon the conceptual and empirical thematic framework set up in the preceding chapters to explain the construction of the research methodology which was used to address the issues and questions raised in them. The underlying theme which underpins the Ph.D. as a whole, is one of reflexivity and continual reassessment of the aims and objectives of the research. Reflexivity is used to refer to the process of continually reflecting on the findings of the research as it progresses and reacting appropriately..

At this point, it is important to note that although it is often considered the norm to describe the methodology chosen to carry out the research in terms of different phases, i.e. literature critique, field research design, sampling and so forth, in practice this is seldom the experience. For this research in particular, and arguably most social research, the linear model of research can be misleading. A researcher often faces several key questions during the writing up of a research which are directly associated with attempting to adhere to a traditional framework implicitly ascribed for the presentation of research methodology



or accounts of field work. Is it more professional to describe the field research in fixed stages - e.g. literature review followed by gaining access and so forth? How much of the primary stages of the field work do you account for in the research methods chapter in respect to the process of gaining access into the research communities, making contacts and sampling? Do you reflect on field work experiences whilst describing methodological processes, for example, interviewing or sampling, or is it better to devote a distinct chapter to reflect on field work experience?

Such questions have arisen during the course of writing this chapter. The field work in Middlesbrough was anything but structured, and rightly so. It was a fluid process, where sampling was ongoing throughout the entire field work, as was gaining access. Yet this fluid, opportunistic field work method is not particularly easy to describe in a structured manner. So whilst Chapter Four presents the evolution of the field research using categories such as gaining access and sampling, this is done in a loose sense and with some reservation. This approach is well validated in the methodological literature - see Denzin (1970), Bell & Newby (1977), Bulmer (1978), Burgess (1984), Moser and Kalton (1992), Dey (1993), Gilbert (1993), Fielding (1993), Mason (1996) and Silverman (1997).

That said, Chapter Four will begin by outlining the initial research proposal, highlighting the pre-research assumptions and focus for field work investigation. It will then go on to outline the aims and reasons behind choice of research methodology, the problems encountered and strategies employed to address them. The final section will act as a prelude to Chapter Five with discussions relating to the process of data analysis

Pre-Research Aims And Assumptions

Checkland (1983) argues that the methodology by which research is carried out is defined as the procedure for investigation by which concepts and philosophies can be expressed and explored. The impetus behind this research resulted from an examination of the literature concerning community care. It became immediately apparent how little work had been done to illustrate the impact of community care policies on minority ethnic communities. Consequently, fundamental questions prior to commencing any research - why am I doing this research? what is the need for this research?- were immediately addressed. On two levels, academic and personal, it was obvious that any research examining the experiences of minority communities in Britain would contribute to wider

knowledge and be original. Hence I set about writing a proposal to the Economic and Social Research Council for funding to carry out research on the issues raised above.

Original Proposal

The full title of the proposal was, "community care: the implications for minority ethnic communities". Since it is impossible to cover all minority ethnic communities, it was made clear in the proposal that the field work 'case studies' would focus on the care of South Indian and Pakistani older people. It was argued that the study of the aforementioned communities would in essence address the effectiveness of community care policy as a vehicle for delivering care to 'minority' groups in society. Furthermore, while the research had consequences for social policy, it would utilise a multi-disciplinary approach, in particular incorporating sociological debates to enlighten the study. The theoretical foundations to the research would derive from a discussion of the concepts of community, 'race', ethnicity, gender and citizenship / empowerment.

The fact that this was a Ph.D. imposed certain restriction on the scale of the field research. The need for discipline meant that from the outset the research aims and objectives had to be clear. Similarly, the field work had to be achievable. This meant that issues of access and proposed sample groups for interviews had to be examined in some detail. It was decided that the Pakistani Mirpuri community in Middlesbrough and the South Indian Keralan community in London would be the two specific South Asian communities used to address the research issues and questions. The rationale behind this decision rested on several factors. Firstly, as explained in previous chapters, the Pakistani Mirpuri community and the South Indian Keralan community are differentiated by socio-economic, cultural and historical background, both here in Britain and in Pakistan and India. The aim was to examine the notion of a homogenous 'Asian' community existing in this country. Equally it was intended to highlight how local and national surveys, such as the Census, still tended to use categories which composite people of different and distinct ethnicities.

Secondly, from a practical perspective, it was assumed that potential problems of gaining access into homes to interview older people and carers (presumed to be mainly women), would be reduced by the fact I am from the Keralan community in London and with respect to the Mirpuri community, my own South Asian ethnicity would allow privileged access that would otherwise be restricted. Also, that having lived in Middlesbrough for

seven years I was very familiar with the area and had some knowledge of the Mirpuri community.

The aim, particularly in Middlesbrough, was to use social service departments, social/link workers, community/youth workers, G.P.'s, senior members of the community and Temples/Mosques as local 'gate keepers' through which to establish contact with the communities. The problem of language was a specific problem with respect to the Mirpuri community and it was optimistically suggested that I would take language classes in Urdu and Punjabi to equip me with a sufficient grasp of the languages to enable me to communicate adequately with members of the Mirpuri community. The overall feeling was that field work would not hold too many pitfalls that were not already accounted for and a great emphasis was placed upon my ethnicity in this respect.

In hindsight however, as explained later in this chapter, it became clear in light of the conceptual examination and during the course of the field work that some of the pre-research assumptions were a little naive and there had perhaps been an over confidence in the significance of my own ethnicity and background in facilitating relatively trouble free field work. Particularly in Middlesbrough, unexpected events and the discovery of some previously unknown characteristics of the Mirpuri community - for example, the influence and power wielded by certain families who are for all intents and purpose criminal syndicates - threatened the field work, both in terms of gaining access and personal safety. Equally the suggestion of learning Urdu and Punjabi to equip myself to carry out interviews in Middlesbrough was, on reflection ambitious. Considering that the languages of Urdu and Punjabi are as foreign to me as German or French, it was bold to assume that I would be competent enough in the aforementioned South Asian languages after a few lessons. This is a clear example where I allowed my own South Asian ethnicity to over compensate in addressing potential hurdles. That said however, the process of reflexivity allowed for continual re-evaluation of research assumptions and objectives.

The interaction between the conceptual debate and field work allowed for the knowledge acquired as a result of research to be used to evaluate the research itself. In other words, although prior to commencing this research I was aware of the injustice of homogenising groups in society, the immense diversity of cultures, languages and life styles within South Asian communities was only impressed upon me during the research. Hence, the ability to understand the implication and naiveté of the statement concerning the issue of learning

the aforementioned languages was only possible as a result of the conceptual, literature and field work research. The unpredictable, and sometimes volatile nature of field work was impressed upon me at a very early stage of the research. The eventual field work is best characterised by Burgess who argued that researchers need to *"approach substantive and theoretical problems with a range of methods that are appropriate for their problems. Such a perspective means that researcher's cannot rigidly apply their methods, but need to be flexible in their approach and utilise a range of methods for any problem"* (1984, p.143).

Making Contacts, Establishing Trust And Gaining Access

I began my field work (almost from day one) in September 1993. In effect the process of establishing contact with gate keepers and addressing the problem of gaining access into the two South Asian communities, had been in progress for some months (albeit on a small scale) prior to being awarded an E.S.R.C. grant for a full time Ph.D. I had begun my work on the issue of the implications of community care for minority ethnic communities on a part-time basis from early 1993. I was aware from the beginning that potential field work problems might emerge in gaining access to the Pakistani Mirpuri community in Middlesbrough, where I had only a few contacts. I knew that attempting to carry out a largely qualitative research into the experiences of older people and carers in a community with different customs, beliefs and languages to my own ethnicity would be problematic.

However, in the South Indian Keralan community, it was relatively easy to gain access and to talk to people. To this end, my father was immensely helpful in introducing me to various people in the community, some of whom I had known since I was a child. My father did much to inform members of the Keralan community about my research aims and objectives. Equally, the fact that Keralans are generally well educated meant that they were always willing to listen in the first instance without prejudice or judgement. However, as I learned there are pitfalls to using personal relations to aid field research As explained later in this thesis, allowing my father to participate quite extensively in the field work in London, in terms of facilitating access to carers and arranging interviews, translating information into Malayalam (the language of Kerala) nearly back fired due to unforeseen personal disagreements between myself and my father at a later stage in my

field work. Nevertheless, in the embryonic stages of the field work I decided that it would be better to expend my initial efforts on gaining access into the Mirpuri community.

Initially, I was determined to build up a general picture of the Mirpuri community in Middlesbrough and to identify leading characters in the community - from businessmen to religious leaders. It was important to contact local voluntary welfare agencies, any self help community agencies and community workers. I refrained from contacting Cleveland Social Services for their help with the research, until I had a clearer picture of the internal workings of the Mirpuri community, the nature of my potential sample group and the research methodology that would be employed. In effect, the field research at this stage was split into two halves.

Whilst devoting energy in establishing contacts within the Mirpuri Community, I was also working on the most appropriate method to collect data. A conscious decision was made from the beginning to keep a detailed diary on field work, noting the contacts made, initial conversations, in fact anything that was said by a contact or a potential respondent or any other experience. By recording the evolution of the field work, it would represent both an accurate account of the process of gaining access, making contacts and so forth, and also record comments made by people outside an interview situation, which may not have seemed useful at the time, but may be of significance at a later stage of the research. Both implicitly and explicitly a fluid approach to the use of research methodology was employed, since I was aware that the conceptual literature examination that was being carried out prior to and during field work might substantially effect the nature of the data that was required to be collected. The use of a rigid methodological frame work, be it quantitative or qualitative, would have diminished my ability to respond to any unexpected incidents that may have occurred in the course of the field work.

Much of the initial profile of the Mirpuri community in Middlesbrough was constructed through an examination of local government demographic and electoral records (presented in Chapter Three) and by talking to shop keepers, and the few friends I had in the community. I also contacted the Asian society at the University of Teesside, situated in the centre of Middlesbrough. The society had quite a substantial number of members who were local students. This proved very beneficial. The local students that I talked to help identify the leading members of the Mirpuri community. They also gave me an insight into the social, political and economic dynamics of their community. Most importantly, I was

able to talk freely to female Mirpuri students, who helped me understand the potential mine field that lay ahead in gaining access to carers who, according to them, were overwhelmingly women. Furthermore, the first evidence that my ethnicity would, in fact, be perceived as being that of an outsider rather than a fellow South Asian was impressed upon me through my conversation with the students.

To one student, the fact that I was male, Indian, middle class and a Hindu would put me at a distinct disadvantage. The advice from that particular student was to *"tone down my 'posh' accent and say you are a Christian, if anybody asks"* (as discussed in Chapter Three, it became clear throughout the course of the field work, that the issue of class was an important factor). The consensus among the students was that I would have difficulties in gaining the trust of men in the Mirpuri community. If I failed to do this, *"I might as well pack my bags and go home ! (great laughter)"*- a female Mirpuri Student. This was in reference to my questions on the possibilities of gaining access to interview carers. *"Don't you know we lock our women up!!!!"* (Sarcastic humour from one of the lads....great fits of laughter). Yet, among the female students, in particular, the view was that *the "Pakistani community should be grateful that people like you want to do this kind of research, instead of slamming the door in your face, its these men you have to convince and our mothers!!!!"* (again, fits of laughter). On a more serious note, the local students urged caution when approaching the 'elders' in the community and *"to always go with someone who can talk the language"*. The jokes and sarcasm displayed by both male and female Mirpuri students also revealed how the Mirpuris saw themselves and the differences in the perspectives between men and women even among second/third generation British born and raised young people. Some of the aforementioned sarcastic comments by the young Mirpuri people also appeared to be in reference to how they thought 'outside' communities perceived them.

I met the local students on three occasions and despite the reservations of some of the students that I spoke to, the benefits of these initial contacts proved invaluable in the long run. I knew from my conversations with local business men and students that I would have to try and learn the customs and traditions of the Mirpuri community, before attempting to gain full scale access. The importance of gaining the support of senior religious leaders in local Mosque was also impressed upon me. Religion plays a key role in the lives of Mirpuri people in shaping their views and perceptions of the 'outside' world, particularly for older Mirpuris. A seal of approval from the Mosque in the community

would apparently remove many hurdles. Religion was a defining distinction between the Mirpuri and Keralan communities, with religion having far less influence in the lives of Keralan people, either ideologically or in practice. The difference in attitude and openness between the Mirpuri community and the Keralan community became immediately apparent during the early stages of the research and further underlined the validity of the ongoing critique within this research of literature and policy which presumes South Asian communities to be a homogenous entity.

Although the initial process of making contacts in Middlesbrough was in itself unproblematic, the process of identifying potentially influential gate keepers and establishing trust to enable the long term involvement of contacts was quite another matter. In order to forge a working relationship with members of the Mirpuri community in Middlesbrough and the various welfare agencies concerned with providing social services, I was determined to ensure that as many people as possible were contacted and informed of my research aims and objectives - in essence to start networking. My conversations with the few contacts I had in the community and the students at the University prior to attempting to gain access into the Mirpuri community had helped to identify the major 'players' in the community. I also decided to attempt a process of 'cold calling' at primary places of congregation in the community, like the Mosque and a local community centre.

My initial contact was done through a letter, which introduced myself and the research. The letters to members of the Mirpuri community were far less formal than those sent to the various social and welfare agencies. The letters to businessmen and the senior members of the Mosque were also worded as simply as possible without causing offence. I was aware of the fact that the letters were written in English, but worked on the assumption that someone would be available who read English. I also emphasised that I was not working for any government agency like social services or the Department of Social Security or even the police. All the letters to members of the Mirpuri community were concluded with a request for help of any kind with the research and the reassurance that any help provided was at their discretion and all information would be received in complete confidence. I also mentioned that I would get in touch with them shortly to get their response. A follow up contact, most commonly by phone, allowed me an opportunity to get a speedy response to the introductory letter and in the event that they were not interested in participating in an interview, to ask the respondent whether he or

she would be interested in completing a simple questionnaire. The whole purpose was just to gain a foothold in the community, and for my name to become known by the senior members of the community. The letters to statutory and voluntary welfare agencies concluded by requesting the possibility of a meeting in person to discuss the research and their possible involvement. In fact, of all the agency contacts, I met with representatives of all but two.

Ironically, one of the respondents from Cleveland Social Services who felt that there was nothing to be gained from a meeting was a South Asian policy officer responsible for planning and provision for minority communities in Cleveland. Despite the severe lack of policy research into the needs of minority communities in Cleveland, the person responsible was adamant that Cleveland Social Services was meeting the needs of all minority communities. This strong reaction to my research was puzzling to say the least. The aforementioned person seemed more concerned that her own position was not made open for criticism, even though all I was offering was a collaboration between Cleveland Social Services and myself. A mutually beneficial arrangement, where Cleveland Social Services were offered all the data and conclusions from my field work in return for assistance with gaining access into the Mirpuri community and in interviewing South Asian social and link workers was not achieved at this stage. In fact, as described later in this thesis, I was to have several disagreements with the said head of policy and planning for minority communities and with Cleveland Social Services as a whole.

My initial contacts with the senior members of the Mosque, businessman and those people who were referred to me produced mixed results. After several preliminary contacts with the Mosque both personally and via contacts in the community, the senior members of the Mosque granted an 'audience' with the spiritual leader. I was aware of the importance of such a meeting and knew that I had to impress the leader. The subsequent meeting however, was short and rather fruitless. Speaking through an interpreter (a fellow member of the Mosque), it was clear from the onset of the meeting that the spiritual leader of the central Mosque in Middlesbrough was reluctant to sanction my research. He said that his role was to *"guide his people away from foreign influences and to keep to the faith. We have a long and proud history. People look to me for advice and direction...it is the interests of our community that is the most important thing to me"*. Although he did not make any direct references to me, it was clear that he felt that my research would encroach on the personal lives of the Mirpuri people. When I attempted to point out that

the research might help the Mirpuri community, he was again reluctant to commit himself. In fact he was more interested in talking about his role, and that of Islam in general, than in actually discussing the research. It seemed as though the meeting was arranged more out of courtesy than out of interest at my research. I was not granted another meeting with the leader of the Mosque.

Despite several apparently quite successful meetings, the senior members of the Mosque were still very suspicious about the actual motives behind my research, as reflected by the questions - *"who did you say you are working for?"* or *"you from social security?"* or *"you policeman?"* - which were repeatedly asked at every meeting. This fact alone suggests that those at the Mosque had already made their decisions about my research prior to meeting me, and even after subsequent meetings it was clear that some members had not even taken the effort to read my research aims and objectives.

The local Mirpuri businessman were generally more co-operative. They were interested in my research in as much as it was part of their wider agenda in improving the areas in which the Mirpuri lived. To many of the businessman I spoke to, it seemed that the research could offer another way of increasing the profile of the community and drawing attention to its needs. Although the businessman were curious about the research topic, they were more interested in discussing the conditions of the areas in which they lived. This sentiment is characterised by the comments of a second generation British Mirpuri businessman who owns a small retail business, *"we pay our taxes like anybody else, but the council don't bother cleaning our streets in the areas we live in or improve the conditions of the houses. They expect us to say nothing and live quietly...when our kids play in shit!!"*.

Despite the rhetoric of the businessman that I spoke to in respect to initiating changes to their community, many were uncomfortable with the idea of me interviewing older people and particularly women. Some were wary that I may be trying to extract personal information, but most expressed their concern at the possible response of the rest of the community to them allowing me to interview women in their family. However, they did extend their support for the research and promised to talk to people in the community on my behalf and to aid access. Some of those I spoke to kept their word, and did refer me to families that had older people and other people that might assist with the research.

Of the initial 55 introductory letters that I had sent out in Middlesbrough, 24 respondents agreed to a follow up meeting. Of the 24 that had agreed all but 10 were members of welfare agencies. Of the 10 members of the Mirpuri community that agreed to at least an introductory meeting in person, 6 were recommended to me by my initial contacts within the community. Whether these 6 people agreed to meet with me out of respect or courtesy to the contact that had recommended them, rather than a genuine interest in participating with the research, was unclear. Nonetheless, regardless of the reasons, a follow up meeting in person gave me an opportunity to at least form new contacts within the community and further the networking process. Of the remaining 31 people that were either reluctant to meet me in person or uninterested in participating in the research, I managed to convince a further twelve people to at least complete a basic questionnaire (discussed later) on issues related to use of social services, caring and old age.

In comparison, of the initial 55 introductory letters I sent to those members of the Keralan community identified by myself, my father and my other contacts as possible respondents to the research (identified in terms of a base criteria of being either an older person, a known carer or having previous knowledge/experience of the previous two); 21 people contacted me prior to my follow up call and invited me along to see them. Of the remainder that I contacted, all but 4 agreed to an initial meeting. Of the four that declined participation in the research, two of the potential respondents were due to go on an extended holiday. This remarkable response rate could be attributed to my father, who is a well respected and much admired senior member of the Keralan community. Those who received my introductory letter may have been unwilling to be openly seen as refusing to help with a fellow Keralan son's research. Yet, this may be an injustice to those who quite enthusiastically responded to my introductory letter. In my telephone conversations to the Keralans it was apparent that there was a great deal of curiosity and interest in my research and for some an obvious sense of pride that a fellow Keralan was embarking on such a project. Also, many of the Keralan respondents expressed the view that the research could be very beneficial to both the Keralan community and the wider South Asian communities. The marked difference between the response of members of the Mirpuri community and the Keralan community was the lack of suspicion and caution displayed towards the research by the Keralans. This may have had much to do with the fact that I myself am a Keralan, but it could also be suggested that it is indicative of the wider socio-economic and cultural differences between these two communities.

Since it was not feasible to examine the role of social services in London with respect to the Keralan community, as the community is spread throughout London, it was of paramount importance to gain access to welfare agencies in Middlesbrough. Of all the welfare personnel contacted in Middlesbrough, Abdul Khan (actual names are only used with the consent of a participant) at the Middlesbrough Development Team, Miss D a Pakistani Link Worker (for all intents and purpose, a Social Worker) at Cleveland Social Services and Linda Fowler at Newport Day Centre proved to be the most helpful. Particularly in the case of Miss D and Linda Fowler, it was frustration at the lack of response from the senior management at Cleveland Social Services that prompted me to approach them directly. Once I realised that the senior management at Cleveland Social Services were slow to give official approval to the research, I had to make a conscious decision as to whether to bypass official channels and contact social workers and managers at the 'ground level' within social services directly. In the end the major factor was time. I did not have the luxury of waiting for an official reply to my request for help. Although I was aware of the possible consequences of contacting individual care managers and social workers without approval, I decided that I had little to lose (in the end, the senior managers at Cleveland Social Services contacted Durham University to complain about my methods and officially refute claims of non corporation - see section entitled field work diary in Appendix 2.7).

I had several meetings with Miss D. I explained to her the research objectives and my preliminary field work experience, along with the problems I faced with senior management (she was less than surprised). To her credit, and despite possible repercussions for her job, Miss D was very enthusiastic about my research. The research also offered her an opportunity to put forward her own research project to her manager, which would examine the attitudes of the Mirpuri community towards social services and investigate possible alternatives to the present set of social services for minority communities. I helped Miss D formulate the project proposal. In return she agreed to put me in touch with older people and carers within the Mirpuri community and referred me to other contacts within other agencies (among them Abdul Khan). I quickly formed a good relationship with Miss D and the reciprocal benefit of our co-operation was impressed upon her immediate manager, who, despite my problems with senior management, gave unofficial approval for Miss D to co-operate with me.

Miss D proved to be a most helpful contact in the Mirpuri community , although she is not often taken seriously by senior men in the Mirpuri community. By her own admission, the Mirpuri community has mixed feelings towards Miss D, particularly among those at the Mosque. *"they see me as a daughter or sister rather than a professional woman. In fact many shun me for not having settled down at my age (25), with kids. This sometimes makes my job very difficult, especially when I am trying to help them. Elderly people often appreciate what I am doing, but the younger ones think I'm out to take their kids or start family rows. Its ironic, you've got to have a sense of humour...I was brought up in the community"*. Miss D also pointed out the lack of will among senior management at Cleveland Social Services to fully examine the needs of minority communities. She pointed out that there are only three fully qualified South Asian social workers for the whole of Cleveland County, and helped me to understand the internal dynamics of Cleveland Social Services and their relationship to minority communities, particularly in Middlesbrough.

Miss D helped me to gain access to carers and others that I would never have been able to contact on my own. One woman in particular, only agreed to meeting with me after several requests from Miss D. This was not surprising, as the woman in question was not only a carer of mentally ill parents, but also ran a 'safe house' for battered Mirpuri woman, mostly in the mid-twenties. Very few people are aware of what she does and she herself is absolutely frightened that someone in the Mirpuri community will find out that she is responsible for running a 'safe house'. The woman alleged that the incidence of domestic violence is fairly high among the Mirpuri community, particularly against those women who have come from Pakistan. However, very little about this is known outside the Mirpuri community, and it is difficult to ascertain whether the frequency of such incidents is equal to or greater than that in other communities. What is certain (according to Miss D and the referred woman) is that very little is done about it by the authorities, in respect to the Mirpuri community, and as with many other women across the country, perhaps even more so, victims within the Mirpuri community suffer in silence and fear. This fact has meant that this particular woman did not consent to any abstracts of the interview with her being used in this thesis. Despite this however, and the fact that the issue of domestic violence was not directly relevant to this research, it gave another insight into the Mirpuri community and one which warrants future research. In defence of social services, Miss D did point out the extreme difficulties that would be faced in examining the incidence of

domestic violence within the Mirpuri community where such issues are not discussed openly, even between members of the community.

Abdul Khan, a team leader at the Middlesbrough Development Team, was a most useful and significant contact. Abdul had very good contacts in the Mirpuri community, was well respected and also had close links with welfare bureaucracy. Abdul was also one of the very few Mirpuri's who utilised social services. His father has used Newport Day Centre since it started catering for South Asian older people, in fact he was one of the first from the Mirpuri community to do so. I met Abdul on a regular basis throughout the field work and he was instrumental in gaining me access to interview a significant number of carers and older people in the Mirpuri community. Abdul also distributed questionnaires on my behalf. However, the most beneficial help given by Abdul was in offering the use of one of the offices at the Middlesbrough Development Team Centre to carry out interviews. As explained later, the ability to offer an alternative location to carry out interviews was immensely useful in convincing potential respondents to agree to an interview.

Throughout the field work, Abdul Khan was an invaluable source of advice and help. He also made an interesting comment on the role of Cleveland Social Services at our first informal meeting which seemed to echo both what others had said and my own experiences with the senior management of social services at that time. *"Despite the public attempts to recruit more Black and South Asian social workers and Counsellors, Cleveland Social Services are by in large operating a paper exercise, an image campaign. They do not seem to be interested in setting up services that are responsive to the needs of minority ethnic communities. All of this despite appointing a policy officer for minority communities"*. Although it may be argued that Abdul is biased, the statement made a lasting impression upon me. As I got to know him, it was clear that Abdul's comments were not pre-meditated attempts to slur social services, but were the result of years of experience dealing with them.

Linda Fowler was another influential contact. She was in charge of the day to day running of Newport Day Centre, which in the last three years had started to cater for South Asian older people. It is the only one of its kind in Cleveland and gaining access into the centre to talk to older people (both South Asian and White) and members of the staff was a priority. I met Linda Fowler and members of her management team several times, before

securing access. Linda was very interested in the research , but was also eager to discover what the views of older people (South Asian in particular) were about the services provided at the centre. Subsequently, in return for access into the centre to carry out interviews I would give her general feed back on the views of older people at the centre. However, I did refuse to give her feed back on any specific views given by members of her staff, particularly the two Pakistani care workers on the grounds that it would violate confidentiality. I knew that if I had agreed, it would not be difficult for Linda to ascertain which care worker expressed a particular opinion, since my main liaison contacts at the centre were the two Pakistani care workers, who I also planned to interview several times. Furthermore, it would have raised several ethical questions if I were to 'report back' to management.

That said, Linda was most helpful in distributing questionnaires to older people at the centre, especially to those older people who were unwilling to participate in an interview. Access into the day centre gave me an opportunity to interview Mirpuri older people on a one-to-one basis (away from their home) and to carry out focus groups and a comparative analysis of the views and experiences of South Asian and White older people.

It has to be noted that the previous accounts represent no more than a brief abstract of the result of meetings and conversations that took place over a period of months. In terms of long term success, they also represent among the best contacts made in Middlesbrough, without whom the field work among the Mirpuri Community would have been considerably restricted.

Construction Of Research Methodology: The Use Of Quantitative And Qualitative Strategies

Appendix 2.2 outlines the three main issues that the research methodology had to address. The following section will concentrate on the selection of research methods to address points two and three.

The Use Of A Questionnaire

The use of a questionnaire was not an explicit decision taken prior to commencing field research. It was a decision taken during the initial stages of field work and arose out of

the necessity for obtaining basic information about potential interviewees in order to assist in sampling processes and to allow those who could/would not agree to being interviewed an alternative method through which to participate in the research. Furthermore, the questionnaire along with a covering letter (see Appendix 2.3) was also used as a mail shot method, providing me with an opportunity to contact potential respondents throughout the field work period who were either referred directly to me or more commonly contacted when members of a welfare agency (e.g. Middlesbrough Development Team) offered to distribute questionnaires to people they knew. The questionnaire allowed potential respondents a freedom of choice of either ignoring the letter/questionnaire, completing the questionnaire and not agreeing to an interview or completing the questionnaire and agreeing to an interview.

In this respect the use of a questionnaire provided a method by which respondents could be made aware of the specific issues that the research dealt with. Particularly in Middlesbrough where a combination of suspicion and lack of knowledge meant that many people mistakenly associated my research with a host of other issues, for example working for government agency like the D.S.S. or *"trying to corrupt our women"* (Mirpuri Man), the questionnaire could be used to both reassure potential respondents of confidentiality/anonymity and highlight the benign nature of my research. I was also careful when constructing the questionnaire and covering letter not to pre-empt or influence the responses of the respondents, but to get them to think about the relevant issues that the research addressed.

In any case, the questionnaire was not used as a specific quantitative data collection method. An examination of the questionnaire will reveal that the information that was gathered comprised largely basic details such as age, gender, religion, occupation, presence of any illness or disability and whether respondents had utilised any social services. There was a question that asked older people in particular whether they live with their partners or family and who cares for them. This was used to address the specific issue of the presupposed existence of extended families and large networks of informal care within South Asian families. I deliberately ended the questionnaire with an open ended question, asking the respondent to air their views on old age, caring, their experiences in Britain and any other issue they felt was relevant.

The questionnaire and covering letter was also translated into Urdu and Punjabi for use in Middlesbrough and into Malayalam for London (Appendix 2.4). I used my contacts within the Mirpuri community to help construct a covering letter and questionnaire in Urdu and Punjabi. I was aware that a significant proportion of the Mirpuri community could not read or write Punjabi or Urdu. However, the rationale was that using a translated questionnaire and covering letter would help to improve my profile within the Mirpuri community and would also forge links with older people in the community. Respect was a key motive, both in Middlesbrough and London. Although I knew that the vast majority of Keralans were fluent in English, I still decided to send a copy of the questionnaire in Malayalam along with the English copy, again to strengthen my relationship with the older members of the Keralan community. As I cannot read or write Malayalam, I used my father to translate the covering letter and questionnaire into Malayalam. The questionnaire itself was used and distributed in a number of ways. Both in Middlesbrough and London I used a combination of mail shots and the use of contacts to distribute questionnaires.

I also decided that at the meetings in Middlesbrough following my initial introductory letter, I would ask the Mirpuri respondents to fill in a questionnaire prior to a full interview. During the course of that first meeting in person, I would gauge the potential of the respondent in terms of an interview and then ask them to fill in the questionnaire and possibly go through it with them. I realised at this stage that as I had not yet secured the services of an interpreter, this could cause problems. However, in the case of Middlesbrough, a more overriding factor dictated the sampling. I took the attitude that I would interview all those people that had agreed to being interviewed as long as they fell into the general criteria of being a carer, an older person or someone who has had experience of caring or social services. As I was aware that I might face severe problems in the future in terms of gaining access, I decided it would be prudent to ensure that every opportunity to interview carers or older people was taken.

With the Keralan community, however, the questionnaire played another role. Being some 300 miles away from London, I had to plan each trip to London very carefully and make sure that each trip utilised the time spent in London to its maximum. Because I was not faced with anything like the problems in Middlesbrough in terms of gaining access, sampling took on a more structured and significant role. Prior to meeting any of the potential interviewees, I sent them a questionnaire, which I asked them to return to me

courtesy of an enclosed self stamped envelope. The questionnaire, along with telephone conversation helped me to make an initial sampling of the respondents. Since I was only going to interview between 30 and 40 carers/older people I needed to begin streaming the initial respondents to my letter. Hence, although access was not a significant problem in London, time and expense in terms of travelling to and from London was, so my methods needed to be altered to meet this problem

Brief Reflection On The Primary Stages Of Field Work

The problems that I faced at the initial stages of the field work, in terms of trying to gain access into the Mirpuri community, constitute an interesting issue in themselves. This highlights the very closed nature of this community in Middlesbrough, its members being highly suspicious of any outsiders, whether they be from a minority ethnic background themselves or not. To many members of this community, their perception of Britain is derived from the experiences of their community as a whole, and also from what they are told at places of congregation, like Mosques, by senior members of the community. Among the older generation and an apparently significant numbers of second and third generation British Mirpuris there appears to be very little contact or integration with the wider local population. This makes it difficult for any researcher to gain access into such a community. Although I have no doubt that my own ethnicity made it slightly easier, in the sense that people are willing to give me more time than they might have given otherwise, it was not been as advantageous as presumed at the outset of the research. I think the situation would have been made easier if I could speak Punjabi or Urdu - the mother tongues of the Mirpuri community. Perhaps if I had waited until I had the services of an interpreter before attempting to gain access (even on a superficial level) into the community, I might have had an easier time.

At a very early stage in the field work I realised the importance of researching a community prior to attempting access, in terms of identifying the prominent members of that community, its culture, norms and customs, points of social congregation and so on. For example, with the Mirpuri community in Middlesbrough, I learned very quickly that it is very much run by key business families, who wield both economic and social power, and by the religious leaders. In the initial stages of field work in Middlesbrough, I became aware of a feud between two very large families, who were each seeking to gain control of

the religious, economic and social soul of the community. This presented a variety of possible minefields to negotiate. Whilst I accepted that it was unrealistic to expect to comprehensively research a community before attempting to gain access to it, I learned that in order to gain access into the Mirpuri community in Middlesbrough I had to learn the customs and norms of that community very quickly, and also realise my own position within that community. Consequently, the progress at times was slow, but all I could do it seemed was to be patient and appeal to those who wielded influence within the community.

Furthermore, the preliminary stages of field work also impressed upon me the need to negotiate and barter services. Particularly when dealing with welfare agencies, the ability to secure co-operation and support is very much learned on the job, by experience. I realised that the ability to judge an individual's character, to read a situation (e.g. a meeting or a conversation) and to react appropriately were key skills in facilitating social research. In short the ability to understand the environment in which the research is conducted and to be aware of your own role is of paramount importance.

SAMPLING

Sampling is often considered the pivotal stage of field research. The issue of representativeness goes hand in hand with that of validity. To quantitative social scientists, the process by which a sample is derived is a reflection on the two most 'important' questions facing a research - how far does the researcher's presence influence the generation of data (internal validity) and can any conclusions derived from the findings of the research being either generalised to other cases or be repeated (external validity)? Selection strategies are of importance, although, the theoretical methods ascribed by some sampling methods may be often inappropriate or impossible to do in practice.

A social researcher has not the luxury of being able to extract 'specimens' from their natural environment and study them in a controlled laboratory situation. The presence of a social researcher will always affect the research. The researcher is part of the social phenomena that is society; he or she is invariably part of the overall picture. It is important, however, that the researcher realises this fact and tries to understand how he or she is part of / fits into the research environment. To strive towards achieving total

objectivity and representativeness by becoming the proverbial 'fly on the wall' is both time consuming and futile. Even with the use of non-observational qualitative methods such as focus groups or interviewing, the impression of the world that the researcher gleans from the research is that which is seen through the eyes of the researched. By trying to establish common references in the different accounts, the researcher can shed light on the research issues. Hobbs (1993) suggests that only through the use of participant observation will a researcher gain a truly representative picture of the issue he or she is studying, since your understanding of the research issues is gained from first hand views and experiences. So the use of less structured or theoretical selection processes and strategies in the field may not necessarily devalue the validity of the data collected or the conclusions from the research.

In cases where access to the research group is difficult to establish, sampling is often a case of judgement and opportunity rather than of probability sampling. This research is a perfect example where sampling as such meant very different things in practice with the Mirpuri community in Middlesbrough and the Keralan community in London.

In Middlesbrough, the sampling was largely a combination of opportunistic and snowball sampling. Burgess (1984) describes snowball sampling as an approach which *"involves using a small group of informants who are asked to put the researcher in touch with their friends who are subsequently interviewed, then asking them about their friends and interviewing them"* (1984, p.55). The validity of such a process is substantiated by Gilbert (1993) who views snowball sampling as a technique *"used to obtain a sample when there is no adequate list which could be used as a sampling frame. It is a method of obtaining samples of numerically small groups, such as members of minority ethnic communities and drug takers"* (p.21).

Snowball sampling and opportunistic sampling are very much connected. Opportunistic sampling is often a reaction to problems encountered in gaining access. The researcher is often forced to make a judgement on the potential value of interviewing a person that has been either referred to him or someone that he had met by accident during the course of the field work. Judgement and opportunism goes hand in hand. In Middlesbrough, I had a criteria by which a potential interviewee was selected. For example, if a person agreed to be interviewed or was referred to me and met the criteria of either being an older person or a carer, or even someone who knew a lot about issues of caring and social

services, they were interviewed. As previously mentioned, I worked on the premise that it would be expedient to interview as many people as possible, in case the field work in Middlesbrough came to an unexpected halt or experienced overwhelming problems.

Primary contacts within the community, and outside like Abdul Khan and Miss D were instrumental in not only providing referrals, but in ensuring that a significant percentage of my covering letters and questionnaires would reach older people and carers in the Mirpuri community. The fact that those that would receive my covering letter and questionnaire were friends or acquaintances of Abdul and Miss D improved the chances of the letters and questionnaires being read. The very least that could be expected from this was an expansion of the networking process.

In London, however, the initial sample compiled of older people and carers was of considerable size, hence a more structured and controlled sampling process was used to produce an interview sample. Sampling followed the more quantitatively ascribed process. The information gathered on respondents in Middlesbrough and London were compiled onto a database. This was then used to create a profile of potential interviewees as part of the final process of creating an interview sample.

The Use Of An Interpreter

The use of an interpreter was not anticipated from the outset of this research. It was hoped that I would be able to gain a competent grasp of Punjabi and Urdu to enable me to at least hold conversations with members of the Mirpuri community. As explained previously, this was an optimistic presumption. The overwhelming need for the services of an interpreter was quickly impressed upon me in the first few weeks of field work. However, it was less than an easy task finding a suitable interpreter.

The difficulties in finding a suitable interpreter broadly fell into two areas, competency and finance. It was important for any person employed as an interpreter to understand the nature of this research and the intricacies of carrying out interviews. The ability to negotiate with people, not pre-empting answers or unfairly influencing interviewees are all basic tenets of facilitating successful and valid interviews. Coupled with this, the interpreter would have to be competent enough to transcribe tapes from interviews and articulate the comments of the respondents from Punjabi or Urdu into English, clearly and

accurately. This initial data analysis requires the interpreter to have understood the main focus of this research and also (as with the interviews itself) to pick up on/pursue any other interesting issues that may have arisen from an interview. Whilst all of these requirements would have been fairly easy to satisfy by employing a professional social researcher, one of the main problems associated with securing an interpreter was finance.

Ph.D. research does not allow for the employment of a professional interpreter charging anywhere between twelve and thirty pounds an hour for interpreting and translating services. Therefore an alternative approach had to be adopted. The field work expenses provided by the E.S.R.C. barely covered the cost of travelling to Middlesbrough and London let alone employing an interpreter. The E.S.R.C. refused to increase the field work allowance. Consequently, I either had to find an interpreter that was prepared to work on a voluntary basis or provide a financial incentive myself. In the end, it was a combination of personal expense combined with a sum of money provided by Durham University that allowed me to offer any kind of financial incentive to a potential interpreter.

Another problem was associated with gender. Since the majority of carers in Middlesbrough are women, I knew that I would have to be accompanied by a female interpreter if I was to secure access to interview women in Mirpuri families. Equally, I felt that despite the traditional division of labour that exists within the Mirpuri community, many older people would perhaps feel more comfortable agreeing to an interview if there was a female interpreter present, rather than face two men. Thus I had to find a South Asian female interpreter who was both fluent in Punjabi/Urdu and mature and articulate enough to handle the methodological requirements of field work. An ideal interpreter would be an educated South Asian, preferably Pakistani Muslim, woman.

To gain the services of such a person, I used my contacts within the Mirpuri community and welfare agencies. I also decided to advertise within the University of Teesside, for example, an announcement at an Asian Society meeting. The reasoning behind this was that I could possibly gain the services of a female South Asian student who was both familiar with the area of social policy and interested in gaining first hand experience of social research. In hindsight, this proved to have been a prudent approach. However, my first interpreter did not come from the University, but was a member of the Mirpuri community referred to me by Abdul Khan. Mrs. Z was very enthusiastic about my

research and willing to participate. She had been recently married and was eager to "*do something useful with my time*". Mrs Z had previous experience of working as a community worker within the Mirpuri community, so was aware of the issues that the research was addressing. Although, she had left her job following her marriage, she still had significant contacts within the Mirpuri community. From a personal perspective, I was delighted to have found someone like Mrs Z and thought that the problems in finding a suitable interpreter were over.

However, this was not to be the case. Although, I worked very closely with Mrs Z over the period of several weeks in preparing her for the interviews, as described in the field work diary section (Appendix 2.7) I suffered a major set back on the eve of commencing interviews. In fact, during the course of the field work, I have been forced to work with four interpreters, the last two being students from Teesside University. For a variety of reasons (all of which were out of my control), the problems of finding a new interpreter was a periodical experience, throughout the research. The two Mirpuri interpreters used, both left because of family or communal pressure. Working with students is always problematic as I had to tailor my interview schedule to coincide with the free time of the students and also to avoid any clashes with their own course assignment deadlines. The issue of interpreters is also addressed in the forthcoming section on interviews.

In reflection, having to use so many different interpreter was not ideal. It was never possible to establish a long term relationship with an interpreter and hence achieve continuity. The frequent process of establishing trust and understanding with a new interpreter was also time consuming. However, as with the whole field work, I was getting used to dealing with the unpredictable nature of social research and had to deal with events as they occurred.

Yet, working within the constraints of a Ph.D. in respect to lack of financial resources does have the effect of 'forcing' the researcher to be more self reliant, resourceful and skilled in the manner in which he or she negotiates with people, secures access, forges contacts and generally facilitate a successful interview. The problems encountered in doing the field work (as with the interpreters) have equipped me with a range of skills and the confidence to carry out social research within very difficult situations. Although, the situation with the interpreter was not in any way ideal, it was possible to complete a

significant proportion of the proposed field work by utilising alternative approaches and contacts within and outside the Mirpuri community.

The Collection Of Data: Interviews

"Many situations merit the description 'interview', but we can in the present context confine ourselves to that in which the interviewer is neither trying to help the informant nor to educate him, neither to gauge his suitability for a job nor to get his expert opinion: the situation where she is simply seeking information from, and probably about, him and where he is likely to be one of many from whom similar information is sought" (Moser & Kalton, 1992, p.270).

Interviewing is one of the most common but complex techniques used within Social Sciences. The collection of data is the most crucial stage of any research and also the most vulnerable. From the choice of a particular interview method to the analysis of the data gleaned from that interview, the researcher is always open to criticism about the validity of the methods employed. Discussions regarding the structure and use of interviews are indicative of the wider debate concerning the respective validity of quantitative and qualitative research methods within Social Sciences.

The whole debate concerning the usefulness of quantitative and qualitative research methods has been well documented (Bulmer 1992, Burgess 1984, Moser & Kalton 1992, Gilbert 1993, Dey 1994, Denzin & Lincoln 1994, Miller & Dingwall 1997).

A brief note on quantitative and qualitative methods is outlined in Appendix 2.5 and help to set the background to the following discussions on discussions on interview techniques.

The Choice Of Interview Techniques

"Interviewing has a strong claim to being the most widely used method of research. Whenever we are getting our bearings, whether it is as a researcher or a new arrival in a foreign land, the quickest, most instinctive method is to ask a question. It is therefore no surprise that interviewing takes many forms. The normal way of differentiating types of interview is by the degree of structure imposed on its format" (Fielding, N., 1993, p.134)

There are a multitude of terms used to describe different interview techniques - structured, unstructured, formal, informal, controlled, uncontrolled, surveys, ethnography, life histories and so on. There are a variety of roles a researcher can adopt from a participant observer to an interviewer with a questionnaire. Each of the above descriptions relate to the discussions concerning the use of quantitative or qualitative methods in social research, and is also indicative of the aims and objectives of the research. Formal or structured interviews are synonymous with social surveys. The interviewer will have a fixed set of questions which he or she will ask a respondent. Questions and answers are asked in a fixed order and the answers recorded in a standardised form. The use of structured interviews, with the aid of a pre-coded questionnaire is particularly useful in collating factual information about individuals or groups, for example, age, gender, religion and so forth. Unstructured or informal interviews are commonly used when investigating sensitive or emotive social issues, where a more flexible approach is needed to gather the information that the researcher is looking for. Here the researcher allows himself to form a relationship with the potential respondent in order to establish trust and also to gauge the character of the respondent so as to appropriately pitch the questions.

Moser and Kalton (1992) make the following observation of structured and unstructured interview techniques. *The case for formal interviewing is simple. Only if all respondents are asked exactly the same questions in the same order can one be sure that all the answers relate to the same thing and are strictly comparable. Then, and then only, is one justified in combining the results into a statistical aggregates. The standardisation of formal interviewing is unfortunately not sufficient to ensure that the questions have the same meanings for all respondents; some questions may even not be understood by certain types of respondent. Different groups of people, in different social classes, regions of the country, town rather than country, use different vocabularies and have different language usage, and may not place the same interpretation on the meaning of a standard question asked in a standard way. With informal techniques, the interviewer can tailor the wording of questions to each particular respondent and can ask the questions in an order that is appropriate for him. The chief recommendation for informal methods is that they can 'dig deeper' and get a richer understanding than the formal interview* (1992, p.296-301).

The essential limitation of a formal interview technique is the inability to respond to situations and responses that stray from the pre-set questions or assumptions. A

structured approach, for example a survey, cannot make allowances for vastly differing opinions, sentiments and emotions that respondents may have about a topic. Whilst rational straight forward answers can be quantified and recorded, it is very difficult to scientifically measure or quantify complex, emotional answers. Often the choice between a structured and unstructured interview method depends on the research issue. Whilst a structured, quantitative approach may lend greater validity to the data collected, it is only adequate when the researcher is more interested in producing factual or numerical results, for example market research. Such an approach becomes far less useful when examining complex social phenomena, when the interviewer would need the flexibility to delve into the responses given by an interviewee.

Burgess (1984) makes a comparison between traditional methodological approaches to interviews discussed by Moser and Kalton and Goode and Hatt with emphasis on the structured interview in the context of social surveys, with those based on field experiences see for example, Oakely, Finch and Platt. Burgess echoes the previous debates concerning structured and unstructured interviews, arguing that the main difference between formal and informal interview techniques is perspective. With structured interviews, there is little long term relationship between the researcher and the respondent. In this situation, it is assumed that the researcher has control over the interview situation, the questions and the respondent. The respondent is given the role of the subordinate and the researcher the power. Burgess argues that in the field, such an approach is both restrictive and unnatural. It is more common for the researcher to build an equal relationship with a potential respondent in order to establish trust and confidence. In order to do this, the research invariably adopts a flexible approach to facilitate interviews and to be responsive to unexpected events in the field.

Cannell and Khan (1968) suggested that three main factors determine the success of an interview: accessibility, cognition and motivation. 'Accessibility' of relevant information is dependent on the interviewer ensuring that the potential respondent is aware of the specific issues that the research addresses. Without pre-empting the responses of the interviewee or provoking bias, the researcher must channel the thoughts of the respondent to the relevant research issues. This will ensure that the interview does not lapse into meaningless conversations. 'Cognition' refers to the condition where the respondent understands exactly what is required of him. Again, the researcher has to ensure the

respondent is made aware of the aims and objectives of the research and understands their role in the research.

The third requirement for a successful interview is 'motivation'. Cannell and Khan's explanation of motivation describes a situation where the respondent agrees to co-operate fully in the research and to answer any questions fully without distortion, and is closely linked to issues of gaining access and establishing trust. It is imperative for a researcher to build a personal understanding with a potential respondent to ensure that any subsequent interview will realise useful data. Equally, to maintain the interest and motivation of a respondent, the researcher has to ensure that the respondent is comfortable with the research and their role within in. The researcher may have to ensure confidentiality and anonymity or offer an alternative location for an interview if the respondent is uncomfortable with the present one. Motivation is also linked to control. Whilst a researcher is aware of the need to maintain control of an interview, this must not be at the expense of the respondent. It is important for a respondent to feel equally in control and not to feel harassed, intimidated or even belittled by the researcher. From the wording of a question to the manner in which it is delivered, a respondent must not be made to feel ignorant or embarrassed. This is particularly important when dealing with vulnerable groups like older people or people from different ethnic background to the researcher.

Although, Cannell and Kahn's (1968) prerequisites for a successful interview are somewhat broad and perhaps dated, they still provide a useful framework for planning and carrying out interviews. This also ties in with discussions relating to gaining access and gaining permission for interviews and compliments more recent commentary on this subject by, among others, Gilbert (1993), Dey (1993), Fielding (1993) and Mason (1996).

In light of the literature on the use of interviews, the experiences of gaining access into the Mirpuri community in particular, and the nature of the research issue - essentially individual experiences of care/caring, I decided not to conduct structured interviews, with a pre-fixed order and form of questions. I knew that such an approach would be unworkable, particularly in view of the fact that the majority of interviews among the Mirpuri community would involve older people. I needed to be able to respond to any unexpected comments or information from interviewees. Equally, I was aware that the ongoing conceptual debates and experiences in the field were continually shaping the field

work itself and the emphasis of interviews. In this respect, the interviews were often approached as ethnographic accounts of the experiences of members of the Mirpuri and Keralan community in Britain. The hope was to allow a rich tapestry of 'insider' information about the Mirpuri and Keralan communities to emerge from the research. In other words to allow the older people, the carers and other members of the aforementioned communities an opportunity to tell their 'stories'.

I knew that such an approach would invite criticism, but felt that the lack of knowledge of South Asian communities in general meant that if an opportunity arose to delve into the inner workings of the Mirpuri and Keralan communities it ought to be taken. However, another factor forced me to change my approach to interviews. A significant proportion of the interviews carried out among the Mirpuri community, particularly older people, were done with the help of an interpreter. The use of an interpreter immediately places a researcher at a disadvantage. As previously discussed, the relationship between a researcher and interpreter is crucial in facilitating a successful interview. Cannell and Khan highlighted that cognition and motivation were two important factors in carrying out a successful interview. This did not only apply to respondents, but in this case, to the interpreter. To ensure that the interpreter was completely aware of the specific research issues, confident enough to recognise any other interesting information that arose and also follow them up, took time and considerable effort. This was severely hampered by having to use different interpreters but I had little choice in this matter. This meant that I had to prepare for the interviews with an interpreter by writing out the questions that I thought I might want to ask. The interviews incorporated many of the questions raised in the conceptual, policy and demographic analysis and also others that arose from the previous interviews. The questions at the end of the previous chapters, represent some of the questions addressed in the interviews. However, the questions were not written down in the form of a questionnaire, but served as a rough guide for the interpreter to follow. During the course of an interview, I would continually interact with the interpreter, asking her about the responses of the interviewee and telling her what I wanted to know.

A few examples of the questions used are shown below. The interviews were intended to provide an insight into the lives of Mirpuri and Keralan carers and older people by discussing:

- (1) The type of care provided by the South Asian carers.
- (2) The physical, psychological and social costs of caring on the carer.
- (3) The use or non-use of a range of services by South Asian carers and older people.
- (4) Whether existing services in Middlesbrough are appropriate to meet the needs of the Mirpuri community.
- (5) The life experiences, attitudes and outlook of older people and carers on a broad range of issues from social services, caring and life in Britain generally.

I would tell the interpreter, prior to the interview, what I wanted to cover in the interview and regularly asked for a summary of what was being said and what other information had arisen. Working with an interpreter becomes easier as you get to know one another and when the respondent is someone that you have previously interviewed or conversed with. The tape recording of interviews was also advantageous in addressing possible lack of understanding between an interpreter and myself. A large proportion of the interviews carried out in Middlesbrough and London were tape recorded (57% of Mirpuri respondents and 64% of Keralan respondents). This allowed me to ask the interpreter to transcribe all the tapes fully, so that I could pick up on any issues the interpreter may have missed at the interview and also assess the interaction between the interpreter and the respondent with respect to pre-empting answers or bias. The use of a tape recorder also enabled me to take a back seat at the interviews and not have to 'interrupt' the interview too often to get feed back from the interpreter. That said, as described later in this chapter, the use of interpreters to transcribe interviews can cause serious problems.

Unfortunately with those people who refused the tape recording of an interview, I needed more frequent feedback from the interpreter during the course of an interview. This was a disadvantage in some cases, as it meant that the interview was more interrupted. It also made one or two of the respondents more uncomfortable, particularly those who were a little reluctant to give an interview in the first place. Carrying out interviews among the Mirpuri community was a slow learning experience and was never trouble free.

This was in marked contrast to interviews carried out among the Keralan community, where I had the advantage of being an 'insider'. The freedom to carry out an interview without an interpreter was significant. I dispensed with a list of questions, but instead used general issues to begin an interview and thereafter, prompted the attention of the respondent towards a particular issue. The interviews were far less structured and were more akin in some respects to conversations. The opportunity to record the interviews gave me a freedom to dispense with note taking and concentrate on establishing a relationship with the respondent. It also allowed me to pursue conversations that were not directly related to the issue of care of older people or social services, but were equally interesting and relevant : for example, the accounts from older Keralan men of their experiences in the first few years of arriving in Britain, the perspectives of older men and women on the dynamics of Keralan society, both here in Britain and in South India and the experiences of second generation Keralans with respect to having partners from outside the community. All of this enabled me to gain a deeper understanding of my own communal origins and compare it with the experiences of Mirpuri people. Very little is known about Keralans in Britain. Therefore, the interviews gave an opportunity of redressing this, albeit on a small scale.

However, one of the main difficulties faced at interviews with Keralans, particularly older people, was to not allow the interview to drift too far away from the research issue. With some of the respondents who had known me since I was a child, there was a tendency to drift into conversations concerning my family and also to treat the interview as a social occasion, with meals and so forth. Consequently, the length of interviews varied from an average of between one and two hours to whole days. In comparison, interviews with the Mirpuri community lasted from eight minutes (when the husband of the carer decided that the interview with his wife was improper and abruptly asked us to leave) to an average of forty five minutes. The longest was three and a half hours. Interestingly, it seemed that the Mirpuri older people actually enjoyed the interviews and most just wanted to chat. I am convinced that were it not for the reluctance or suspicion on the part of the families of older people, I would have been able to carry out more in-depth interviews over several visits. A number of older Mirpuris tended to drift away from the subject of care and social services and talked in general terms about their experiences in this country, and reminisce about their country of birth. Most were clearly uncomfortable to talk about issues of

caring in front of their families, who as with interviews with carers were always either present or in the background.

Subsequently, it became clear that setting also played an important role in shaping interviews with older people and carers and in the 'quality' of data gathered from an interview. Setting was of particular relevance with regard to interviews carried out in Middlesbrough. It was sometimes difficult to obtain personal information concerning the lives of carers, their opinions, outlook and experiences in the surroundings of an interviewee's own home. To this end the success of meetings with Abdul Khan in securing the use of his offices to carry out interviews proved most useful. The use of his offices to carry out interviews provided an alternative location/setting to discuss sensitive or personal questions away from the homes of carers and older people. Several people, mostly women carers accepted my offer of an alternative meeting place. In some extreme cases, the women put themselves at some personal risk in speaking to me. The issue of confidentiality and anonymity was crucial. The ability to offer an alternative site was invaluable in those cases.

The interview check list (Appendix 2.6) resulted from the previous discussions related to interview techniques and was used as a rough mental frame work when formulating the research methodology prior to field work. Nevertheless, some of these questions were still relevant throughout the field work period.

The Use Of Focus Groups

The use of focus groups has been well documented and its usefulness in eliciting in-depth qualitative information has been proven (Morgan, 1988, Gilbert, 1993, Bloor 1997). However, the decision to use focus groups was not taken prior to commencing field work, but was the result of pure opportunism. Access to Newport Day Centre in Middlesbrough provided an opportunity to carry out focus group sessions with both South Asian older people and White older people at the centre. It was a chance to carry out a comparative analysis of the views and experiences of older people from vastly different ethnic backgrounds. It provided an opportunity to examine cross cultural views on social services provided at the centre and also explore the opinions of White and South Asian older people on each other, life experiences of old age and views on society in general.

The focus groups comprised of just South Asian older people, just White older people and a mixed group. The two focus groups with South Asian older people present were carried out with the help of an interpreter. The sessions were very interesting and productive. The older people were allowed to talk freely and without restraint. A similar set of focus groups were planned with carers, but through a combination of a lack of time and the inability to convince carers within the Mirpuri community, I was unable to carry out these focus groups. The carers within the Mirpuri community were unwilling or unable to attend a group of this kind, which may have been perceived rather negatively by the rest of the Mirpuri community.

In many respects I have paid mere lip service to the myriad of issues that encompass the debate on the use of interviews in social research. The various formats of interviews can be placed in continuum with structured at one end and unstructured at the other. However as Moser and Kalton suggests, *"In practice, the choice is not between completely formal and the completely informal approach, but between many degrees of informality"* (1992, p.271).

Overall Field Work Experiences : Problems And Solutions

The task of locating Pakistani Mirpuri carers proved to be a mini research in itself. There were no ways of identifying such carers in social services or health registers. Thus carers in the community had to be identified by the community. In essence, the carers either had to identify themselves as being carers or be referred to as carers by a contact in the community. It is at this point that I first learned that there whereas in English the term carer identifies a person in terms of their role and responsibilities, there was not an equivalent word for carer among the Mirpuri people. So immediately there was also an issue of language. Explanations of the term 'carer', its common usage coupled with the purpose of the research and possible benefits had to be explained slowly and often repeatedly to potential respondents, either by myself or more commonly by liaison contact or interpreter. Ironically this also had an affect of making myself question what care or caring means and describing it in practical terms. When working through a third party be it an interpreter or a contact, the job was made doubly difficult, because I had to ensure that the interpreter or contact was absolutely clear themselves when describing caring.

In effect, I had to get people, particularly women, to assess their position and role in the family in order for them to tell me whether they fitted into the category of carer. Although, this was not particularly difficult with women who had been raised in Britain and had a fairly good grasp of English, it was a difficult exercise among older women and those women who had emigrated from Pakistan and had little or no knowledge of English or the wider society around them. Another prickly problem arose from this process. Certain male members of the family within which the carer lived were uneasy with the thought of women assessing their role within the family and with respect to caring. To some men, this was seen as overstepping the boundary and encouraging the women members of their family to question their position and that of other members in the family. One, went so far as to request that I and my interpreter leave the house, and "*stop trying to poison his wife and daughters minds*". This experience emphasises the unpredictability of social research and the need to adopt a very fluid and reflexive approach to field work. The ability to handle meetings, conversations and to judge people's characteristics were of equal importance. This is further illustrated by the following incidents.

As previously discussed, the use of a field work diary was a conscious decision taken at a very early stage of the research. Shown in Appendix 2.7 are a few direct extracts taken from the diary between the period from June 1994 to September 1994. These extracts have not (intentionally) been articulated or altered, so that they remain in the form , as they were written, in the field. They show the chain of events as they occurred and my initial reaction. The advantage of such a diary became very evident during the final stages of this research, particularly in the writing up of field research. The first extract deals with the social and communal problems faced in securing the long term services of an interpreter, and the second illustrates the problems I faced with Cleveland Social Services and the bureaucracy in gaining their co-operation with the research. This account also tries to explain the possible reasons behind the inaction on the part of Cleveland Social Services in coming to a decision on whether official approval and assistance should be given to the research.

Further Problems

Almost at the end of this research I faced renewed problems resulting from the use of interpreters which raised issues of integrity, objectivity and validity of some of the data gathered through interviews. I was to discover that some of the transcriptions of

interviews carried out in Punjabi by my first interpreter were either falsified or misinterpreted, perhaps as a result of her opinions and values impinging on her objectivity or as a result of the pressure to keep to agreed schedules for the completion of transcripts. More cynically it could just come down to wanting to earn money without the effort.

The problem was only discovered by accident, when my final interpreter was producing transcriptions from tapes of the last batch of interviews carried out in Punjabi. Among the tapes I had given her, I mistakenly gave her an old tape, of which she produced an account. Whilst reading through the accounts she had given me, I came across this old interview and was quite surprised to see it among the final collection of interview translations. As a matter of good practice and curious to see whether the two interpretations of the interview were the same, I compared the two accounts. I was shocked to find several glaring discrepancies. For example when the respondent (a 56 year old female Mirpuri carer) was asked whether she or any of her family would use social services, in the old translation the respondent apparently replied by saying, *"I would never dream of using social services, it would go against my customs, beliefs and religion...no, my family would not consider it, anyway the people who provide services do not think about our people and there is racism"*. My final interpreters interpretation of the respondent's views were very different - *"Personally, if the services were suited to the needs of my father, yes I would at least think about using those services. That said, I know that in real life I don't have that choice, not only because I don't know about what services are available, but my parents' friends and our community would stop us even considering such a thing"*.

In another example, the respondent was asked how the role of main carer had affected her life and whether she received any help from family and friends. In the old translation, she apparently replied, *"I have been caring for my father for the past 12 years. It has been my duty and I do not see it as a sacrifice or burden. I have help from my children and my brothers and their wives, so it is not as bad as you think. My father is very ill, he needs constant care, who else other than me can provide that care. I am his only daughter"*. In the new transcription the respondent was interpreted to have said, *"I have been caring for my sick father for the past 12 years. In that time, other than my children, I have had no help, even though my brothers and their wives live in the next street. I don't like to burden my children, as they have studies and my eldest son has just opened a shop. Sometimes, I cry for hours, my father needs constant help, he can't even go to the*

bathroom on his own. I know it is my duty and I would not dare say this to anyone in the community, but sometimes I feel ashamed because I wish my father would just pass away". It is clear that depending on which translation was accepted, the whole interpretation and conclusion drawn from the 'views' of the respondent would change.

To determine which of the interview translations were correct, I asked a personal friend who speaks Punjabi (as a once only request) to translate the interview word for word. I discovered that my final interpreters translation was indeed correct. I then employed my final interpreter (with my own money) to translate all the tapes that my old interpreter had done. In the ten interview translations that I had re-translated, four interviews were grossly mis-interpreted or falsified and the remainder were more or less accurate. When I confronted my old interpreter, after some time, she admitted to having falsely interpreted the interviews and for having let her own feelings cloud the translations. She apologised repeatedly and said that a combination of lack of time and need for money had forced her into the aforementioned actions.

In reflection, perhaps I should have had all the interviews double checked by using two translators. Equally, perhaps I could have emphasised the need for objectivity and integrity above meeting agreed timetables and in particular perhaps I should not have employed interpreters, but looked for volunteers. However, as previously discussed, the process of finding an interpreter was a difficult one. Issues of time, money and choice effectively ruled out the possibility of double checking all the interviews, although it was a consideration. That said, once an interpreter is found, you hope that a working relationship can evolve which establishes trust and understanding. In such a situation you are in many ways in the hands of the interpreter, with the hope that he or she is carrying out the research with integrity and professionalism. Hindsight is a precious gift researchers do not possess when carrying out field work. Furthermore, the above experience underlines the apprenticeship nature of doing a Ph.D. and in many respects having gone through such problems makes you a better trained researcher. So whilst the whole episode was time consuming and frustrating, on reflection much was learned as a result.

The Potential Difficulties Of Using Family In Facilitating Field Work

Earlier in this chapter I described how my father had been quite instrumental in facilitating field work within the Keralan community by introducing me (and my research) to potential respondents, by translating a research outline, covering letter and questionnaire into Malayalam and in general assisting in the networking process. There is no doubt that were it not for my father's popularity and the respect that he commanded among the Keralan community the initial field work in London would have been significantly harder. So at least in the formative stages of field work the calculated decision to use my father was successful.

However, the potential pitfalls of using my father also became evident as the field work progressed and at one stage threatened to prematurely end my research in London or at the very least reduce the number of potential respondents. My father and I had a fundamental disagreement on a personal issue of choice of marriage partners. He opposed my decision to marry a White girl, not on any grounds that he disliked my choice or on the basis of education or class (both of which were not an issue, since she was both educated and middle class), but he did not believe that I appreciated the fact that marriage was for life, and that I should think through the potential cultural problems in more depth. We disagreed fundamentally over this, as I pointed out that I had more in common with my potential wife's 'English' culture than I did with my Keralan roots. I also disagreed with him on the basis of my upbringing and socialisation which promoted integration and understanding between the Keralan and wider communities. So to me, my fathers opposition was not based on any sound argument, but on fear and, to my surprise and disappointment, on prejudice. The net result was that we barely communicated for several months.

I had to radically re-think my approach to field work among the Keralan community. Many of my potential respondents were left in an uncomfortable position of having to deal with me and not knowing which 'side' they should be taking in public over my rift with my father. Many felt out of loyalty and friendship to my father that their participation should be postponed until I had resolved my differences with my father. However, others to their credit still continued to participate in the field work, managing to make a separation between my dispute with my father and the research. As one Keralan man said, "*your*

work will live long after this dispute with your father and is of importance. Besides, your father will come around and you and he will find common ground". Even so, the field work in London slowed down significantly and the network of contacts and participants among older Keralans effectively became silent and I was facing problems separating the research from my personal problems. The two had become inevitably entwined in London, due to my father's close involvement with the research.

In the end however, my father did come around. His own education and strong belief in integration and coexistence with all communities (for which he fought for all his life) did not allow him to continue his objection to my decision. Within a matter of weeks he had met with all of my partners family and he gave us his official blessing. As a matter of interest my family and my partner's family are now very close. It is an indication of the Keralan mentality that my father and I were to patch up our differences. Indeed belying the disagreement we still shared the same values. Many of the Keralans that I spoke to during the disagreement were confident and convinced that in time, matters between my father and I would be resolved. As my father expressed, *"over time, my education, my beliefs and my friends within and outside the community were pointing out the futility of the situation. Yes, my friends stood by my decision, but in private they were pointed out the consequences. We as a community do not believe in ostracising our children like other communities. We should have the intelligence and wisdom to settle things through talking. In many ways, you marrying an English girl is a natural consequence of your upbringing and your Keralan values".*

This particular episode as with others was in reflection a most valuable methodological lesson. Equally, in terms of the research issues, it highlighted the views, belief systems and outlook of the Keralan community, and their ability to become flexible over matters of tradition and value systems. It is this underlying pragmatism that also differentiates the Keralan community from the Mirpuris who seem to hold tradition, customs and religion above anything else. My personal problems has also raised the wider debate of the potential conflict between first generation immigrant Indians or Pakistanis and subsequent second and third generation British Indians and Pakistanis, raised in Britain and caught between vastly differing cultures. This issue is addressed in subsequent chapters.

Prelude To Forthcoming Chapters

Chapter Four has attempted to establish the chain of events that underpinned the development of the field work. In many respects the discussions relating to the research methodology used in the field work represent the most difficult aspect of social research to document and present. The researcher is faced with the constant knowledge that his or her approach is open to scrutiny and criticism. It is unclear how much of the field work a researcher is expected to document and account for. The intention behind this chapter has been to combine discussions relating to specific areas of field work (making contacts, sampling and so forth), with a continuous reflective analysis of the experiences of carrying out field work and initial analysis.

In this respect the forthcoming chapters will attempt to present and analyse data against the criteria of issues set prior to commencing research, during research (e.g. the questions raised at the end of the previous chapters arising from the conceptual and policy debates) and finally against the initial analysis whilst doing field work. The process of data analysis is problematic and open to criticism. It is not an exact science, but a perspective based on the data gathered. For example, it has already become apparent that there is a significant difference in the cultural heritage and life experiences of the Mirpuri and Keralan communities. It has already been suggested that attitudes towards caring in the two research communities result from the aforementioned factors and the specific dynamics of the Mirpuri and Keralan communities (e.g. the domestic division of labour). Equally, the role of religion and class have also been suggested as being significant factors. It is hoped that the extracts from interviews and case studies, presented in the following chapters will help to substantiate or refute the initial analysis presented from Chapter Three onwards.

The forthcoming chapters will not just attempt to deal with issue of caring but will include a broader account of the life experiences and perspectives of members of the Mirpuri and Keralan communities. By adopting this roughly ethnographic approach, it is also hoped that previously unknown characteristics of the inner dynamics of the Mirpuri and particularly Keralan communities in Middlesbrough and London will be presented and examined. The remainder of Chapter Four will set the framework for the coming chapters by examining the process of data analysis

The Process Of Data Analysis

"Q. What colour is snow?

A. White.

To most of us, the answer 'White' may seem satisfactory, but to an Eskimo it would seem a joke: Eskimos distinguish between a wide variety of 'Whites' because they need to differentiate between different conditions of ice and snow. So it is with qualitative analysis. Just as Eskimos distinguish varieties of White, so researcher's distinguish varieties of analysis. There is no one kind of qualitative data analysis, but rather a variety of approaches, related to the different perspectives and purposes of researcher's" (Dey, I. 1993, p.1).

Dey's comments succinctly articulate the potential complexities of qualitative research in general and data analysis in particular. As emphasised earlier in this chapter, much of the discussions involving research methodology and the interpretation of data are centred around notions of validity. Whilst there are countless books devoted to the subject of quantitative social research and the empirical procedures for statistical analysis and presentation, the process of qualitative data analysis in comparison is examined in a general rather than a specific sense. Many of the criticisms made about qualitative research with respect to validity and the lack of a standardised methodology, seem to be reflected in the nature of literature on qualitative analysis, which almost apologetically tackles the subject of data analysis within qualitative social research.

A researcher using a quantitative, structured methodology has the luxury of not having to necessarily qualify the validity of his or her choice of data analysis in the knowledge that the chosen procedure has been 'tried and tested' previously. However, the vast diversity of qualitative social research invariably means that each researcher is in essence re-inventing the process of data analysis used in the research. There is a tendency to continually qualify the procedures used to examine data and the conclusions derived from that data. This is ironically both time consuming and futile. Qualitative analysis by definition is a subjective interpretation of data, a viewpoint based on the evidence gathered in the course of the research. From the choice of research methodology to presentation of data, a researcher in any discipline is open to scrutiny and criticism. The subjective nature of a

qualitative social research is arguably most at risk of such criticism, for new perspectives or approaches to social issues or problems instantly arouse the opinions and emotions of the reader. However, the type of data gathered by qualitative methods cannot be gathered using more quantitative methods. The following chapters presents the life experiences, emotions and attitudes of members of the Keralan and Mirpuri communities, of which very little is known in relation to their experiences in Britain. The use of interviews has helped to give an insight into the dynamics of the Keralan and Mirpuri communities, of their experiences of caring, attitudes towards social services, the perspectives and opinions of providers of social services and finally, the attitudes of members of the aforementioned communities on their own community and their position within the wider community.

The forthcoming chapters therefore, represent the analysis of the information gleaned primarily from interviews, but also from questionnaires. The data analysis is set against the ongoing debate on the use of qualitative techniques, but is less concerned with validity than it is with providing an insight into the researched communities. Thus, it is acknowledged that the interpretation of the data may be perceived by some as being contentious, but this research is putting forward a perspective which the reader must decide is either accurate, relevant or interesting. As Burgess illustrated, *"the analysis that is presented by the field researcher will be both descriptive and analytic. However, the presentation that is made will depend upon the theoretical perspective that is used, the goals of the researcher and the audience that the researcher wants to address"* (1984, p.182).

Chapter Five will give extracts from interviews to substantiate the analysis and conclusions derived from the data. It is hoped that the following chapters will further complement the debates, issues and analysis raised in the previous chapters and set the framework for the concluding chapter.

CHAPTER FIVE

Presentation of Interview Data

Thus far the thesis has attempted to bring some pragmatic intellectualism into debates concerning 'race', ethnicity, community, caring citizenship, class, and community care policy with special reference to the situation of different South Asian groups. The thesis has argued both conceptually and in relation to the factual account about the inappropriateness of homogenising South Asian communities, and has also indicated the lack of research dealing with the experiences and needs of the very different South Asian communities that exist in Britain. Indeed research to date (by researchers from both minority ethnic and White communities) seems to be unable to move away from adopting a homogenous approach, with continued use of labels such as 'Asian' or 'Black' to encompass several different communities about which little is known separately.

My field work has attempted to address these issues and to explore the diversity of South Asian communities by examining the Mirpuri and Keralan communities. The purpose has not only been to examine the differences and similarities between these two communities, but also to examine the differences and similarities with wider communities. In essence the connection and interaction between conceptual questions and the analysis of policy in practice has allowed for better understanding of how issues relating to minority ethnic communities fit into this complex process. Equally, the aim has also been to develop a framework with which to analyse the field work findings.

The prelude to this began at the end of Chapter Four which outlined the various pitfalls and intricacies of data analysis. The aim of Chapter Five is to set the background and foundation of the analysis of the data gathered, by presenting the data much in the form that it was gathered. The following extracts from interviews etc. will be used to substantiate the conclusions drawn in the forthcoming analysis. It is hoped that the

interview material will give an insight into the Keralan and Mirpuri communities and also shed light on the issues and arguments put forward in the previous chapters. Where possible, the direct quote from an interviewee is given. However, for those interviews carried out in Punjabi and Urdu with members of the Mirpuri community, and data gathered from interviews without the aid of a tape recorder, the comments made by the interviewee may be paraphrased. Finally, since it is impossible (and in many ways unnecessary) to present data from every interview carried out, a large proportion of the data gathered is not presented in the main text of this thesis.

In essence the following interview extracts represents the most typical of the interviews carried out. The aim was to pick out a series of interviews of carers and older people from both the Mirpuri and Keralan communities and also from welfare bureaucrats. In this way the views of the providers and potential users of care services would be represented. I have placed a number of interviews in the Appendix and have also utilised as many of the comments and views, from as many different interviews as possible, in this chapter and in the following chapters. It is hoped that issues of validity and representativeness will have been addressed, although as argued in Chapter Four the issue of validity depends ultimately on a subjective decision by the reader. In many ways the intention from Chapter Five onwards is to enrich our understanding of two distinct and to-date, little known South Asian communities. However their experiences may have consequences for the wider community, not only in respect to whether community care as a policy truly meets the needs of all citizens in society regardless of class or ethnicity or gender, but also in terms of what it means to be a British citizen and whether Britain has indeed reconciled the very many distinct communities and cultures which live in it and become a genuine multi-cultural society.

It is acknowledged that the use of the term 'most typical' may give the impression that I regard the interviews shown as being perhaps more worthy or important than others that were carried out. In this respect, the term is misleading. The intention was not to make

subjective or biased judgements as to the importance and validity of an interview in terms of the data gathered. Rather the term 'most typical' was used to describe those data elements that were both representative of opinions expressed by other respondents and also gave a more in-depth insight into the questions and issues which the research addressed. This is a practice used generally in social research, both within and outside academia. As Fielding (1993) commented when discussing analytic stances towards interview data, "*sociologists differ greatly in their assessment of interview data*" (1993, p.151). Fielding goes on to argue that whether you apply a positivist approach or symbolic interactionism or inductive reasoning to data analysis, "*we cannot authoritatively conclude that one is better than another and they are not the only ones that can be used*" (1993, p.152). In this respect, the aim of the data analysis in this research was to use the interview material to shed light on the issues and questions that arose during the course of the research. The selection of material was very much guided by the principle that the illustrative examples should be both broadly representative (achieving as far as possible with qualitative materials the nomothetic standards applicable to this criterion) and capable of conveying the meaning of the issues for the respondents, (thereby achieving the ideographic criteria which underpin sociological interpretation as a practice).

Arguably, there is always a problem with illustration and selection of qualitative data and whilst I have endeavoured to be representative, it is the nature of interviews that some reveal more than others, so therefore I have tended to emphasise discussions of those interviews that have revealed more than others in Chapter Five. In Chapter Six, I have attempted to deal with the issue of representativeness by a bit of very simple content analysis and quantitative statistical presentations of responses by interviewees and I am convinced that the interviews that I regard as very revealing are in fact the ones that are not atypical, but reflect the views expressed by the wider set of respondents whilst being the most powerfully articulated versions of those views. The concern was not to pack out the data analysis with masses of repetitive extracts. This is both time consuming and can

also detract from the insight that has been gained from the field work by making it difficult for the reader to sift through the interview material. As Burgess suggested, *“in some respects, the analyses that are presented in the final research report are only partial, as much analysis that has occurred in the field will not have been incorporated into the final report. In field research, analysis includes the way field notes are assembled, questions are posed and categories constructed. It is, therefore, essential to look at extracts from field notes and at the questions that are posed to see the way in which they relate to the findings. In addition,, it is important to examine chapters that deal with the early days of the field research to see how questions were developed and preliminary analyses were made in the field”* (Burgess, 1984, p.144).

Throughout this thesis, questions that have arisen from the ongoing research have been raised and presented (as the end of Chapters One and Two). These questions were used to both inform and shape field work investigations. The interview data presented is also used to address some of these questions, particularly in Chapters Six and Seven. Furthermore to address possible criticism of bias or subjectivity on the basis that I am a Keralan and such my analysis of the Mirpuri community and respondents are somehow distorted, I would refer back to discussions relating to research methodology in Chapter Four and argue that the integrity and objectivity of the research was of fundamental importance. I have attempted to maintain this approach throughout this research. It was the aim from the outset to select the most powerful and significant interview material to substantiate the analysis and conclusions put forward. That said, I suggest that this approach is neither unusual or detrimental (see Dey 1993, Gilbert 1993, Fielding 1993, Silverman 1993, Denzin & Lincoln 1994, Mason 1996, Miller & Dingwall 1997).

There is a school of thought which argues that qualitative data can be stringently validated through methods of ‘triangulation’ (Denzin, 1989a), whereby findings are judged to be valid when different and contrasting methods of data collection produce identical findings on the same research subject. As Bloor (1997) points out, such an approach can be

problematic when researching highly emotive issues that are affected by the environment within which a research is conducted. *“All research findings are shaped by the circumstances of their production, so findings collected by different methods will differ in their form and specificity to a degree that will make their direct comparison problematic. A problem arises when two sets of findings are at odds: should the findings from the best available method be set aside on the basis of evidence generated by an inferior method”* (1997, p.39). Depending on the social issue that is researched, there is often one best method that will be most suited or effective for researching that issue - for example, interviewing. It may then become futile to try and test the findings of that research using less appropriate methods.

Jennifer Mason (1996) points out that *“conventional measures of reliability are more comfortably associated with quantitative research where standardised ‘research instruments’ are used than they are with qualitative research. This is premised on the assumption that methods of data generation can be conceptualised as tools, and can be standardised, neutral and non-biased. However, these assumptions are ones with which most qualitative researchers would want to take issue. At the very least, given the non-standardisation of many methods for generating qualitative data, a researcher will be unable to perform reliability tests of this type, because the data they generate will not take the form of a clearly standardised set of measurements”* (pp.145-147). Buchanan (1992) echoes this, arguing that *“the quality of qualitative research cannot be determined by following prescribed formulas. Rather its quality lies in the power of its language to display a picture of the world in which we discover something about ourselves and common humanity”* (p.133).

That said, Mason (1996) argues that it is still important for qualitative researchers to be concerned with issues of validity and representativeness of data gathered and presented, albeit in a different way. *“I think this concern should be expressed in terms of ensuring - and demonstrating to others - that your data generation and analysis have been not only*

appropriate to the research questions, but also thorough, careful, honest and accurate. At the very least, this means you must satisfy yourself and others that you have not invented or mis-interpreted your data, or been careless or slipshod in your recording and analysis of data” (p.146).

In essence, Mason (1996) argues that it is crucial to explain, both the process by which data was gathered, and also the reasoning behind any selection of data in analysing interview accounts. As she points out, *“judgements of validity are, in effect, judgements about whether you are ‘measuring’ or ‘explaining’ what you claim to be measuring or explaining” (p.146).* Throughout this research, the aim has been to openly discuss the processes by which questions have been raised for the field work to test, the general aims of the field work, the methods employed in the field to gather data, and the basis upon which conclusions are drawn from the data. This honest, reflexive approach applied to the discussion of field work problems presented in Chapter Four, as it does with issues of validity, reliability and representativeness of the data analysis presented in this and the forthcoming chapters.

With regard to the validity of interview data chosen to represent a wider opinion expressed by a majority of respondents, Mason (1996) puts forward the following opinion: *“In my view, the validity of interpretation in any form of qualitative research is contingent upon the ‘end product’ including a demonstration of how the interpretation was reached. You must be able to spell out on what basis you have felt able to, for example, interpret a piece of dialogue from an interview, or a set of observations from a particular setting, or a section of a document, as reflecting upon a particular ontological concept or set of issues. Furthermore, you must explain how you have woven sections of a data together (for example, you might have done this cross-sectionally by theme or holistically by ‘case’) to produce an interpretation of how specific instances in your data set can be read together as saying something about, for example, social processes. You may wish to regard data generated from some interviews as more valid in relation to*

your research questions than those generated from others. You must be able to demonstrate to others, how you are able to make such judgements. Do you for example, think that a particular interviewee is deceiving you? Is it that you were unable to understand or communicate effectively with a particular interviewee? Do you think that one interviewee is better placed than another to account for whatever it is that you are interested in? I think that a general dictum that you should explain how you came to the conclusion that your methods were valid is a better way to demonstrate validity to others” (1996, pp.148-150).

Dingwall (1997) argues that whilst there are problems of validity associated with data gathered through qualitative methods, it does not necessarily diminish its usefulness. He argues that it is important to acknowledge that interviews provide an insight into the perceptions of the world from the viewpoint of the respondent. Therefore, as I suggested, it may provide unique data on previously unknown characteristics of an individual or community in relation to the research issue. This is tempered by the need to insure that wider generalisation made from the data is substantiated either by sound argument or evidence of commonality of specific perspectives among respondents.

Silverman (1997) make a blunt argument in his appraisal of qualitative research. He argues that, *“if there is a ‘gold standard’ for qualitative research, it should only be the standard for any good research, qualitative or quantitative, social or natural science. Namely, have the researcher’s demonstrated why we should believe them? And does the research problem tackled have theoretical or practical significance?”* (p. 25).

I believe that I have attempted to satisfy the requirements set out by Mason, Silverman and others. In addition to my previous comments on the processes and reasoning behind the presentation and analysis of data, Chapter five presents data against a set of themes, for example, ‘care and gender’ and ‘knowledge of Personal Social Services’. The data analysis presented in Chapters Six examines the data using a matrix (Appendix 3.0) which

cross classifies the data against a set of themes and by returning to the questions posed in previous chapters, and also under specific issues. The extracts from the interviews presented in this thesis have been selected not only because they are very clear individual illustrations of themes, but also because they are representative in the sense described by the authorities cited above. Overall, I believe that the data presented is unique in the insight it provides into two distinct South Asian communities, and useful both in terms of policy and wider sociological debates on ethnicity, class, citizenship etc.

Issues relating to research methodology is reflected upon further in Chapter Seven. However, I will conclude this section of the chapter with a final sobering observation from Mason on the debate encompassing qualitative research: *“I don’t think all of this implies that the qualitative researcher is compelled to write an enormous treatise on their methodology to accompany every publication or presentation of their analyses. It certainly means that methods and methodology must be explained and justified, but the most effective way to do this is to get into the habit of taking nothing for granted about, for example, the transparency to an audience of the logic of your methodological choices or analytical decisions and practices”* (1996, p.150).

Brief Overall Breakdown Of Interviews Respondents

Middlesbrough

Total number of interviews carried out: 43

(includes older people, carers, members of welfare agencies and other)

Number of interviews with Carers: 15

Number of interviews with Older people: 18

Number of interviews with members of Welfare Agencies: 4

Other (Religious leaders, businessmen and Community leaders): 3

Focus Groups (5-10 Mirpuri and White older people at Newport Day Centre): 3

London

Total number of interviews carried out: 37

(includes older people, carers, and other)

Number of interviews with Carers: 17

Number of interviews with Older people: 17

Other interviews (businessmen, community leaders and so forth): 3

An interpretation of some of the most commonly used phrases in Punjabi that appear in interview extracts is shown in Appendix 2.8

INTERVIEW EXTRACTS

(The names may have been changed for reasons of confidentiality)

Name: Mrs N **Country of Birth:** U.K. **Age:** 23
Parental Country of Birth: Mirpur, Pakistan **Religion:** Muslim
Occupation: part-time undergraduate student **Marital Status:** Married
Care Responsibilities: full-time carer of her parents-in-laws, one almost bed-ridden.

Although Mrs N's life was pretty much dictated by her care responsibilities, with which she received little or no help from either her spouse or social services, she handled her obvious anger and sadness at her predicament with remarkable calm. I had met Mrs N on a couple of occasions prior to the 'serious' interview. She was referred to me, by one of my contacts in the community and also by my first interpreter. Mrs N took some persuading before she met me. She was fearful that other members of the community in Middlesbrough may get wind of the fact that she was talking to a 'strange man'. However, after our initial meeting, with my interpreter also present, I assured her of complete anonymity. Following this Mrs N was eager to contribute to the research.

I felt that the research also allowed her the opportunity of voicing her feelings, without fear of reprisal. Her comments are typical of many of the carers I interviewed, albeit better expressed than many other carers. In this respect, I was also fortunate in the sense that Mrs N was both educated and articulate in her thoughts and opinions. She had just begun a Social Policy course at a local University, so was quite aware of the issues that the research was addressing. This allowed me to pitch the questions at a more complex level. Many of the other Mirpuri carers and older people that were interviewed could not express themselves clearly in English, or the interviews were held in Punjabi/Urdu, and thus my own ability to interact with the interviewees was reduced. Hence the following interview represented one of the most successful interviews carried out in Middlesbrough.

The following is an abstract of the main points that were raised in the interview with Mrs N, which I conducted on my own, and which lasted approximately 1hr and 40 minutes. The interview was carried out at the offices of the Central Middlesbrough Community Development Team (courtesy of the team leader, Abdul Khan).

Me: Mrs N, are you aware of community care policy?

Mrs N: *Well, I can't say that I know everything about it, but, is it not to do with changes to Personal Social Services?*

Me: Yes that's right

Me: In your opinion, do you think that community care, by which I mean social services, day centres, residential homes and so forth, cater for the needs of minority ethnic communities?

Mrs N: (almost apologetically she asks) *by minority ethnic communities, do you mean Asians?...cos I don't know enough about the national situation, but as you know (Mrs N grins and makes a sarcastic reference to her care responsibilities) I know about the situation in Boro.*

Me: Well, tell me about the Pakistani community in Middlesbrough then.

Mrs N: *Well, I can't say that community care has had any impact in my community. I mean, I haven't had any help from anyone from the council or social services. The only experience I've had is of being fobbed off from one person to another, when I went there to ask about my phathi's parents, sorry..that means husbands parents. You know, Roy..... I think there tends to be a view among those that work in social services and especially the council, that Pakistani people are looked after by an extended family, and therefore when you go for help, they think that you are trying to fiddle social services..... or something like that. I suppose from their point of view, our language and cultural attitudes makes them*

believe that there will be difficulty in establishing health services for our people. I also think that social services think that the majority of people in the community are ignorant.....that really annoys me (her face wears an angry expression). You can tell it in their eyes, when you speak to them. Sorry to go on like this.

Me: That's no problem, you talk as long as you want.

Mrs N: (She pauses) *No, I don't think community care has made any difference for our people or for me.*

Me: Going back to what you were saying about social services presuming that extended networks of care are common in the Pakistani community, how widely do you think this is true within your community, especially with the 2nd and 3rd generation British Pakistani's?

Mrs N: *I think the idea of care in the family or in the community may last another 30 years or so, because Pakistani children are still brought up in the traditional way, and socialised to look after their parents and brothers and sisters....especially the girls. Pakistani's are quite traditional that way, and I think that the younger generation are also that way, unlike other Asians.....you got to remember that I live in a very closed community, where everybody knows each other. Families do tend to rely on each other, because there is very little help from outside, or if there is, very few people seem to know how to access those services. Also, very few people have actually moved away from their family homes. There is a saying amongst Pakistani's that we were born to...how can I translate this.....to walk through life...unlike other Asians like the Indians, who are more dynamic..... and also Indians are not as caged by their religions. Even Indian Muslims are so different to us. I've gone off the point again, haven't I ? (she again looks embarrassed).*

- Me:** Not at all (I smile to reassure her, it seemed apparent that Mrs N was enjoying the opportunity to talk). You just make yourself comfortable, I'm in no hurry (I laugh out loud).
- Mrs N:** *Going back to what you were asking, I do think that if Cleveland Council provided more facilities for the Pakistani community, especially the elders, then there will be a shift towards looking after themselves. Thinking about it, I think that the younger generation feel obliged to look after their parents because of pressure from the community, not because they necessarily want to do it. Also, if children didn't look after their family then their parents will be dishonoured in the eyes of the community. I hope things change a little, so that the younger generation can go and pursue careers. I think that's the key, if a few of the younger generation start getting careers, then I think that will change attitudes, perhaps (she sighs).*
- Me:** Mrs N, through your own experiences of caring or other knowledge you may have of social services, what provisions are made, in general, for the care of Pakistani older people by Cleveland Social Services. I mean, are you aware of any services that cater for differences in language, diet and customs?
- Mrs N:** *I am aware of services like meals on wheels and home help, through my dealings with social services.....but, the problem is that these services that are provided make no regard for the cultural needs of our people, so many elders do not feel at ease with the services provided. I mean, for myself it is a no win situation. I feel angry, because my husbands parents don't receive the right sort of services that they are entitled to...and em, I don't get any help at all with what I have to do. Now if I were to use the services like home help or meals on wheels, not only would my mother and father-in law be unhappy, but it would bring...do you know what sharam means Roy?*

Me: I think so, it means shame does it not?

Mrs N: Yeah, that's right (she looks surprised that I know). *The whole family would be shamed in the eyes of the community. Especially me...they would all blame me* (she stares at the ground).

Me: How do your husbands parents feel about receiving help, would they prefer outside care?

Mrs N: *The elders in our community are very docile and are afraid to ask for any help. In my own case, my husbands parents speak very little English, and so are disadvantaged. They prefer to be looked after at home, by me, mainly because they cannot comprehend being looked after by a stranger..especially a White person. We do know of two elders that tried using Newport Day centre, but their negative experiences have added to the reluctance of my own family. I think that sometimes, my in-laws wishes that some one could help me,....but the thought of outside help is alien to them. Its just that they are both afraid to try and afraid what others may think about me and my husband. My husband being an only child means that there are no other members of the family to help. We have cousins, but they just look in every now an then. So much for an extended family!* (a sarcastic look).

Me: Okay, now if social services did provide appropriate services, like home help, day centres and residential homes, that met the needs of Pakistani older people, would they then use these services?

Mrs N: *I don't know, some families may use services like home help and day centres, but I think the majority of people wouldn't, because of what I said about shame. Its to do with our culture and tradition and how we regard our elders in the community. We have a sense of duty to make sure that the elders are properly looked after at home. I personally think it is all to do with what others in the community would say...sharam is a big fear of*

all families. I would, at least consider using some services, but I don't think my husband would approve or the other families in the community. I think a lot of people are also afraid of social services for two reasons. One, they don't want any outsiders coming into families, and two because of ignorance about what their rights are, and what sort of services are available...most of them don't want to appear stupid. So those who do try and get some help are stopped by doing so..through fear of 'issat' (loss of face) in the community. Its ridiculous (she shakes her head). I don't think people realise of care that looking after sick old people is a full time job. So we have a situation where neither the social services or the senior members of the community do anything about it. I mean if our people showed more determination in getting proper services, we would have a better chance. All they are doing is giving social services a grand excuse not to do anything. I mean,.....tell me if I am wrong, but other Asians in different parts of the country seem to get what the services that they want, like in the Midlands and London. I mean we cant go on shutting ourselves away from the rest of the world.....you are sure that none of what I have said will get out? (She looks towards me with a mixed expression of anger and need for reassurance).

Me: What you say Mrs N will remain between, just the two of us. Even If I use any of the comments you have made, I will be using a different name. Don't worry, you have complete anonymity.

Mrs N: *It is not that I don't trust you, Roy,....but you have to be careful. Some people in the community can be quite vicious with their tongue! (She smiles). Can you switch the tape, off please?*

Me: Yes, no problem...is it okay if I take some notes?

Mrs N: Yeah....em, that's fine.

Me: So, are women in the Pakistani community still expected to assume the primary role of carer, or are women/girls given a chance or expected to gain a good education and seek careers?

Mrs N: *To answer this question, you have to understand the socialisation of the two sexes in our community. Pakistani girls are brought up all their lives in preparation for marriage. The duty of the father to ensure that the girl gets a suitable husband. Girls are merely passed on from one family to another from.... father to husband. Most people in the community, men and women, see the role of women as that of wife, mother and carer. This is not just particular for the Pakistani community, but for all communities, for all colours.....I think. The big difference for Pakistani women is that they are not encouraged to get careers or to study beyond a certain level. I mean some families encourage their girls to get a degree, but not for career purposes, but to increase their marriage value or potential. My own case has raised a few eye brows. It is quite rare for a Pakistani girl to be married, have responsibility to look after elders and still want or have the privilege to go and do a degree. My husband, thank God, is very supportive...but he still gets a few remarks from other men in the community. The ironic thing is that, now days, both men and women need to work to make ends meet. I think that most of the people, especially men, are living in the Victorian era.*

Me: Please carry on.

Mrs N: *I mean, there is a lot of unemployment among our people. Quite a lot of the men are out of work, but they still have this traditional attitude towards women working. Its no wonder that so many families are having a tough time making ends meet. Its all to do with honour and saving face, men can't stand the thought of being supported by their wives or sisters or mothers. I mean some of the older women work, but its mainly sewing clothes or making samosas and sandwiches for the local shops. This is considered okay, because they don't leave the house.*

Me: Do you hope to have a career?

Nazia: *I would love to. My plan was to have a career and then settle down and have children. But I was married at the age of twenty...not that I wanted to, but my father was poorly, and he said that his last wish was that I would be married before he died.....I'm the youngest daughter of four. Well, I got married, and my father is still alive (she says in a sarcastic voice). I'm not bitter, I mean my phathi (husband) is very good to me....but all I've seemed to have done in the last two years is look after my in-laws. Don't get me wrong, I love them, but it is a huge burden, and sometimes I feel like...I'm too young for all this. I know there must be thousands of other women in my shoes all around the country, but that is no comfort. I just think that if a few women were to go ahead, get educated and get good careers, it may change things. The elders in the community may not see the need to hold back their daughters.....I don't know, its worth a try.*

Me: Is there any conflict in general between the elders in the community and second and third generation British Pakistanis?

Mrs N: *Yes there is, but no one will acknowledge this, especially the elders. Most of it is to do with arranged marriages, education and jobs (particularly with women). Our elders want their children and their grand children to carry on their traditional way of life and customs. More and more, especially boys, are refusing to have arranged marriages and there is a lot of tension because of that. The elders don't really want the young people to mix with the White people, they just want us to stay in the community and go to Mosque. I mean young people have to be prepared to go any where to work. You can't stop young people mixing with the outside world. I know a few people that have boyfriends and girlfriends that are from outside the community. The young people want to live a problem/hassle free life...and they want to enjoy themselves, not necessarily in terms of going out to night clubs or getting drunk.....but in*

having the opportunity, especially women to get a good education, a good job and mainly in choosing their own marriage partner.

Me: Is that the general view among the younger generation?

Mrs N: *Actually, its funny you asked that. Over the last few years there has been a growing movement among some younger people that preach the old way of life. Some younger people are getting even more traditional and closed that even our elders.*

Me: What do you mean exactly?

Mrs N: *Well, some young people, especially those involved with the mosque are actually trying to convince other younger people not to mix with the White communities and not to have White girl friends and especially a message to all the young boys to stop Pakistani girls from mixing with outsiders.*

Me: Yes, I got a sense of that when attempting to make contacts within the community and to gain access to talk to carers like yourself. Is that why you were nervous about talking to me.

Mrs N: *Yes that was one of the main reasons. I had heard something about you, before I even met you. People were talking about this posh Indian man being seen talking to people in the community and trying to get to speak to our women. You see this sums our community. Whilst people are generally very nice to people from the outside, behind your back it will be quite different.*

Me: Going back to this growing movement of traditional young people, can you think of reasons why this has started in recent years?

Mrs N: *I think a lot of it has got to do with the Pakistani Muslims in places like Bradford. I think some younger people in Middlesbrough are attempting to copy those in Bradford and Leeds. These people are perhaps reacting*

to racism and other discrimination by taking to Islam and becoming aggressive towards the other communities. It is quite worrying, I mean, these people don't just hate White people, but anyone who is not a Pakistani muslim...or even Mirpuri. All this is done in the name of Islam and the preservation of tradition. Also, a lot of them are lead by...how can I say it...(she pauses for a long time) ... well, there are certain Pakistani families in Middlesbrough who are known to sell drugs and other things. As a result they are quite regularly checked up by the police. In turn these families have whipped up extreme idealism among some younger people, claiming that they are victims of harassment and that the younger generation have to be more aggressive than our elders, have always respected and obeyed the law.

Me: So, are you saying that this rise in fundamentalism among some of the younger generation is a result of not only genuine racism and discrimination, but also as a result of organised crime?

Mrs N: She looks quite scared. *Yes, but that's only my opinion, I could get in a lot of trouble over this.*

Me: Don't worry, we can move away from this subject if it would make you more comfortable. Anyway, I just want to put one more question to put to you, and then we'll call it a day.

Mrs N: *Okay, I have to get home soon anyway...you know care duties!* (she laughs out loud).

Me: What changes or reforms are needed to make social services more responsive to the needs of the Pakistani community?

Mrs N: *I think that social services needs to take the requirements of the Pakistani community more seriously. They should take seriously any enquires from Pakistani people about getting help with caring more seriously, rather than be dismissive. Colour posters, leaflets and articles in the local*

Pakistani papers and around social service departments and G.P. surgeries should be made in order to attract Pakistani users. I think most of all, the local council and social services need to build a great deal of trust and faith among Pakistani people. In the same way, our community has to work with social services, tell them what is needed, so that everyone plays a part in reforming the present services.

I ended the interview there. Mrs N and I carried on chatting about her life for another 15 minutes. She then said she had to leave. I thanked her for taking part in the research and for her frank comments. I reassured her again on the issue of confidentiality and said that I hoped to meet her again. Mrs N, thanked me for allowing her to talk, wished me the best of luck with the research, commenting, *"we need people like you to show the rest of the country, the experiences of our communities...I admire your dedication despite your experiences in our community"*. With that she left. I saw Mrs N on two other occasions following the interview, but only in an informal sense with my interpreter. The last I heard, she was struggling to keep up with her degree.

Brief reflection on the interview

The interview with Mrs N raised a great many important issues. Her comments reveal the experiences of many of the carers, of all ages, that I met during the course of the field work. However, Mrs N's position also highlights the plight of the second generation British Mirpuris. There seems to be a constant battle to reconcile the cultural differences between the Mirpuri traditions and that of the wider community. For people like Mrs N whose socialisation has been a combination of influences from the Mirpuri culture and that of the White community, it would seem that a feeling of being trapped best describes her situation. Being so young, means that there is an underlying sentiment of sadness in not being able to do what she wants. Although the sense of isolation which can result from 24 hour care responsibilities is one that is shared by carers of all ethnic backgrounds, Mrs N faces disadvantages not only because of her situation or gender, but because of the tension

between the Mirpuri culture and the White culture. She can relate to both, but is not able to be at home in either the Mirpuri or the wider community. Mrs N seemed remarkably calm and rational for someone who is so burdened by care responsibilities and the conventions of her community. Yet, the overriding impression from the interview was the underlying fear of reprisal from her family and the Mirpuri community, if they were to find out that she had been talking to me - an 'outsider'. What is certain is that it is unlikely that Mrs N is as outspoken in her community as she was at the interview.

Excerpt from interview with a female Mirpuri carer

The interview was carried out with an aid of an interpreter, as Mrs B had some difficulties with English and in grasping some of the research issues, although it has to be noted that Mrs B was in no way illiterate, in fact she was educated to A'level standard in Pakistan. Mrs B was born in Pakistan, is in her late thirties and has lived in Britain for the past fifteen years. She has been married for nineteen years, is the mother of four children, the eldest is sixteen years of age and the youngest is six. Over the past four years she has also been responsible for caring for her husband (who is in his late forties and paralysed on one side of his body, due to a stroke) and also her mother (56 years old) who is severely arthritic and her husband's father (69 years old) who suffers from Parkinson's disease. Mrs B's health has recently deteriorated as a result of her care responsibilities and she was visibly upset at her predicament. She receives some help from friends and neighbours, but due to a family feud she receives no help from either her husband's family or her own. Mrs B is too afraid to contact social services for support with her caring responsibilities. It is apparent that Mrs B has been influenced by other members of the Mirpuri community. She has been 'advised' that it would be shameful and irresponsible if she were to seek outside help to care for her family, social services may take her children away, and most commonly that others had apparently previously sought help from social services, only to find out that there are no appropriate services available for Mirpuri people.

Whether Mrs B was ill-informed or not is not the point of contention. Mrs B herself had strong views on the role of social services in regard to her own situation and that of the Mirpuri community. She said that she had 'researched' the provision made by Cleveland Social Services for minority communities and also considered the feelings of her husband and her parents when contemplating the take up of social services. Mrs B explained her feelings (direct translation from Punjabi).

"It is generally unheard of for Pakistani elders to use the day centre or worse, those nursing homes. To understand this, you need to understand the sub-continent culture as the family plays a central part of community life and is the foundation of our society. From childhood to marriage and throughout a person's life, it is spent in the company of the family. The family governs our lives and it is difficult to remove yourself from the family and think about your own needs above that of the family. From an early age, children are taught to respect the elders and to adhere to their wishes. Therefore to abandon parents or elders in their old age or to allow outsiders to look after them and deal with their personal requirements would be the ultimate shock, both in terms of respect and regard for the family, but also as a disgrace to the community. I have to accept my calling in life. I know it is sometimes difficult for Western women to understand our situation, but we were not brought up to question our roles. My parents and my religion taught me that we all have our specific duties and gifts in life, however hard that may be for me to accept at times. Please understand, I don't have the opportunity to use outside help, because social services are made for White people, would you seek help if you knew that the help you would receive would come from people who don't even understand your culture or language? I hope things do change, for my daughters. I hope that they will be given a chance to be more than just a wife and mother".

Mrs B's comments echo those expressed by Mrs N and further emphasise the social and cultural pressures on Mirpuri women to adopt the role of principal carer. Mrs B's experiences also highlights the feeling of isolation and lack of opportunity felt by Mirpuri carers in respect to having the option of utilising culturally appropriate and sensitive social services. Whether Mrs B's reluctance to take up social services is largely due to misconceptions of social services on the part of herself and other members of Mirpuri community rather than to cultural barriers is debatable. What is certain is that wide spread resentment and suspicion of Cleveland Social Services, which is seen as just catering for the needs of White communities, still exists. In general people felt that the Social Services Dept did no more than acknowledge that needs existed. It did not respond to them..

Interview with a Keralan carer and an older person

Name: Mr O

Country of Birth: U.K.

Age: 29

Parental Country of Birth: Kerala, India

Religion: Christian

Occupation: Audit Accountant

Marital Status: Single

Care Responsibilities: Assists/main carer of Father who has suffered a variety of major illness over the past three years.

Brief details on Mr O's father:

Mr E is fifty eight years old and came to Britain in 1969. He worked as a ground manager for an Airline, until his retirement in 1991. He has been married for almost forty years, and has four children of whom three are married (the oldest has emigrated to America). Mr O is the youngest of the four children. Mr E was forced to take early retirement after suffering a major heart attack and stroke (which left him paralysed and with temporary loss of memory and cognitive abilities). Mr E was in need of twenty four hour care for eighteen months and despite a significant comparative recovery is still largely wheel chair bound and in need of care and attention. He also suffers from diabetes, which compounds the effects of his other illness and consequently he requires a special diet. His wife left her

job to look after him, but he still relies heavily on the physical support and care of Mr O. However, both Mr E and Mr O have been successful in securing help from local social service departments, particularly occupational therapy. Mr E is an educated, well spoken man, who prior to his illness, was very popular man at work and was well integrated with members of the local community of all ethnic backgrounds. His knowledge and experience of wider English culture and life has served him well during all his difficulties. Even today, despite the severe health problems, he maintains a keen interest in the social politics of both the Keralan community and the wider communities. Mr E was very enthusiastic about my research and was eager to participate in any way that he could.

Mr O represents the common perspectives of a second generation Keralan. I chose the interview with him for several reasons. Firstly, as a comparison with the previous interview extracts. Secondly, because Mr O is both young and a male carer, and as such one of the very few that were interviewed in the field work. Finally, the experiences of Mr O in caring for his Father further demonstrate some of the differences in the cultural and attitudes between the Mirpuri and Keralan communities and also common experiences. This is shown in particular by the comments made by Mr E in respect to issues of caring, the use of social services and general life experiences.

Gaining access to interview Mr O and his father was not an issue, as I had known them for many years. However, I had to manage this familiarity by emphasising to Mr O and his father the need to give accurate responses to my questions and not to either articulate their answers to meet what they thought I would like to hear or to hold back their true feelings because of our friendship. This point in particular was discussed with Mr O, and I had to be sure that he would be comfortable discussing personal issues. Both Mr O and his Father assured me that they were comfortable in participating in the research and saw the benefits of the research. The interviews with Mr O and his Father were carried out separately, although conversations with Mr O's Father were considerably shorter than that with Mr O because of a combination of the effects of his illness (an inability to maintain

concentration for long periods, the need to use the toilet every twenty minutes or so and the need by his wife to administer certain medicines regularly). Shown below are some of the main points raised in these interviews, beginning with an overview of the interview with Mr O and some direct excerpts from the interview with him.

Mr O has been largely responsible (along with his mother) for the day to day care of his Father for the past three years. From personal care to attempting to get support from social services to being a "*taxi service*" (Mr O's words), Mr O has been the focal point of care responsibilities for his Father. Mr O is very philosophical about the personal costs of caring for his Father. Mr O's life has been restricted to home and any personal decision he makes, has to take into account the needs of his Father. For example, Mr O delayed going to University, because of his Father's illness, not because of pressure from his parents, but out of his sense of duty. Mr O's elder brother was already away at University, and thus was unable to assist as much as he wanted with his father's care. Mr O's sister was married and had a family of her own. Although she would help as much as she could, both Mr O and his parents were conscious of the fact that she had her own family and life. Mr O's Father did not want to burden his children, but was in constant need of care and attention. Mr O was for all intents and purpose the only one of the children that was able to help with care needs. When Mr O did decide to go to University, he had to choose an institution that was not too far away from his Father.

In the end, he got a place at a University about eighty miles away. This gave him a chance to have time for himself and also enabled him to visit his Father as often as possible (in practice, every weekend and occasionally during the week). Mr O had to forgo much of his social life because of his Father and also opportunities of employment outside London. However, Mr O is not resentful, since the decision to care for his Father was not forced upon him, but was a personal decision and perceived as being the natural thing to have done. Mr O is very much respected in the Keralan community for what he has done. Although Mr O has a sister, she has not faced any recriminations from the community. In

fact, Mr O's role as carer is widely perceived as being 'normal' and an essential response to the needs of his Father, considering Mr O has always lived at home. Perhaps, the communal reaction towards his sister or his brothers would have been different, had Mr O decided to pursue his own life and aspirations, effectively leaving the care of his Father to his mother. As Mr O commented, *"we have no other close relations in Britain, I had little choice really"*. Mr O's account of caring in terms of the physical and psychological affects of caring is very similar to that described by other carers of both communities and also accounts from the wider community.

However, it could be argued that Mr O's case would be a rarer occurrence in the Mirpuri community, particularly in terms of wider communal reaction and the pressures that may have been placed upon the daughter of a similar family in the Mirpuri community. Furthermore, perhaps what stands out from Mr O's case is that it is more similar to the experiences and attitudes of the wider communities - to the British societal norm.

Mr O is angry that more appropriate help is not provided by social services or other welfare agencies, and resents the hurdles that he and his father has had to overcome in qualifying for occupational therapy and home visits from a nurse. Mr O described the pressures placed upon him and his mother by social services to provide all the care.

"We must have had countless visits from social workers, before they agreed to provide us with what we wanted. On every occasion, either implicitly or up front, they would try to convince us that my Father's needs were not a priority and that responsibility for his care, rested with us as a family and not on social services. The fact that my mother gave up her job to care for my father worked against us. They were not unduly concerned that all my parents had to live on was a reduced occupational pension. The fact that I was working and single meant in the eyes of social services that I should be providing for the welfare of my parents. I wasn't even accredited with being an individual! I think they thought we had other relatives and that we would give up. They kept trying to convince us that the services we wanted did not exist, until I pointed out that they in fact did and

that a member of their own department had informed us of that fact. I think, had it not been for the fact that my Father was well spoken in English and was altogether very knowledgeable about life in Britain and what he was entitled to, and the fact that we weren't going to be put off, we would not have received any help. I can see how, ordinarily intelligent people can get put off by the bureaucracy of social services, let alone those people who cannot speak English or lack the confidence or knowledge to tackle social services. Saying that however, once we gained the co-operation of social services, they were very helpful and believe it or not, efficient".

Mr O raised some very interesting issues during the course of the interview with him which substantiate some of the conclusions drawn in the preliminary analysis section and also generally highlight the similarities and differences between the comments made by members of the Mirpuri community and the Keralan community.

Me: Mr O are you aware of community care policy?

Mr O: *Yes, very much so. Its not surprising really, considering that my Father has been ill for so long. Both my Father and I have done a lot of research into finding out what is and is not available through social services. If you don't find out you'll never know, that was our attitude. My Father was in need of care facilities, for example modifications to our bathroom and toilets, wheel chair and a special (electric) bed. I knew that there would be appropriate services and funds out there, my Father was adamant that we should claim for those things that were rightfully ours, so we did. Yeah, I know about community care Roy (rueful smile).*

Me: In that case, Mr O, from your personal experience and perhaps from that of others, does community care cater for the needs of minority ethnic communities?

Mr O: *On a National level, I feel that community care does not cater for the needs of ethnic minority communities. However, where there are large*

numbers of ethnic people, there has been an awareness of the differing needs of such people. This awareness has resulted in various initiatives to bring on board ethnic communities within council policies on community care. Information, literature are available in various languages to explain what is available. All this public relations is fine, but still falls very short of what is required. These attempts at catering for the needs of ethnic communities may be the result of the immense and obvious demands for ethnically sensitive community care as more and more minority ethnic people grow old, retire or fall ill. Also, more people from minority ethnic communities are involved in local politics, especially in London, and are using their political power in areas where there are significant numbers of minority ethnic people to bring to the forefront health and social issues concerning their communities.

Me: How does the Keralan community figure in all of this?

Mr O: *I feel that the Keralans are not as effective as they could be, particularly, but there is a reason for this. Keralans are in effect a minority within a minority. In West London, in terms of size and numbers living in one particular area, the Keralan community is comparatively non-existent with respect to the Sikh Punjabi's or the Gujeraties. Keralans are spread throughout London, in fact the whole country. They do not seem to live in one particular area, apart from perhaps a few areas in East London. Keralans, especially the younger generations are prepared, possibly encouraged to migrate to get a job, to build their own lives. We do not seem to have this need to stay close to our parental homes or have an extended family living together or close by. Most families do not have many relatives, if at all, in Britain. Unlike, say the Punjabis or Pakistanis, Keralans traditionally don't seem to have this need to form large communities in one area, I guess a lot of that has got to do with the way we are brought up, to be flexible. The younger generation like us have integrated greatly with English people, we all feel British, even though we may not necessarily feel one hundred percent patriotic. But that is to do with the ongoing experience of racism. Our kids will truly be*

British. Anyway, all of this does have a point (Mr O laughs out loud), .as a result of all of this, the Keralan community does not have a strong enough platform or base from which to voice their opinions. Also, I feel that Keralans tend to be very passive, preferring to adapt themselves to the situation and relying on their intellect to overcome difficulties rather than aggressively voice their opinions on the local or National political stage like the Punjabi's and Gujeraties.

Me: That's interesting, because Keralans and the state of Kerala is renowned for its political diversity and the general political awareness and activity among the electorate.

Mr O: *No, that's true, but what I means is that the Keralan community is very small and its people, especially the second generation tend to be largely professional and well off. Consequently, although in general the Keralans in our community are very politically conscious, I don't think they feel sufficiently aggrieved or agitated to become involved in politics. I think that we are very good at changing ourselves to meet ourenvironment...you know when in Rome...therefore, we do not perhaps feel as disadvantaged as other Asian communities, who are maybe less culturally integrated with English society. Its just my opinion.*

Me: You mentioned in your own personal account of caring for your Father that you were concerned that more appropriate social and health services should be provided for minority ethnic communities. In light of what you've already said about attitudes with the Keralan community to social services and your personal experiences, would Keralan older people use social services such as day centres or residential homes or prefer care from their own families or perhaps even by the community, you know friends or neighbours?

Mr O: *Well, I think its highly unlikely that first generation Keralans would use social services such as residential homes, but they are more likely to use respite services such as day centres, if the centre itself specifically caters*

for Asian people and if other elderly Keralans started to use them. I guess, when significant numbers of Keralans reach old age, there may be a need for the second and third generation Keralans to perhaps establish a communally run social centre for older Keralans. Unfortunately, the problem as I've said before is that there isn't a sufficiently large Keralan community, living in one particular area to warrant or enable such a scheme. I may be wrong, I have heard that in East London, they are planning such a centre. Obviously the biggest factor is that at present, there aren't that many elderly Keralans. Many of those approaching old age have this notion of returning to Kerala and spending their retirement years there. As you know, in practice very few actually make the move back to Kerala, so we will have to see what happens in the next ten years or so. Saying that, what is true is that those people that came to Britain at roughly the same time and have become friends since arriving in Britain, because of their common bond as Malayalees or were friends back in Kerala or mostly Singapore, have maintained a strong network of friends and as you know with your own Father, are very active in organising events and functions that brings together Malayalees from all areas of London and the country at least three or four times a year. So I think that this network of friends will help each other, both in terms of passing information on what rights people have in terms of receiving help from health and social services and also in providing general support.. Returning to your question, I think that services such as nursing or residential homes would only be used in severe cases of terminal illness or psychological problems or when it is not possible to stay with children. Other than that, older people would expect their children to look after them.

Me: So how would you assess the impact of community care on Keralans?

Mr O: *I think this depends on what services you are talking about. As I said, in terms of long term care, older Keralans would prefer to be looked after by their families, with some help from social services. They would use social services within the home environment, for example occupational therapy*

or home nurses or even meals on wheels, if they served culturally appropriate meals...you know like rice and sambar (a vegetable curry) or dosas (pancakes). I feel that the issue of shame or disgust in seeking help from social services does not come into it. You would not face any derogatory statements or judgement from the rest of the community. As long as all efforts are made by the immediate family in taking care of them and organising the affairs of the older people, the use of social services as secondary support and help is seen as a rightful thing to do, besides it is the practical thing to do. However, if the immediate family did not provide any support or help and left the care of the older people to social services, then that would bring shame and ill feeling towards the family. I think this is the case for all communities, not just Keralans, in fact its the kind of thing the Conservatives have been telling us not to do for years, you know that care should be provided by the family and not just by the government.

Me: Talking about responsibility for care, I know that you have a sister, in your opinion are women in the Keralan community expected to assume the role of primary carer, or are women/girls given a chance or expected to gain an education and seek careers?

Mr O: *Again this depends on which generation you refer to. In general, I think Keralan women enjoy greater equality with men than other Asian women. Women usually play the central role in the running of the home. Yet, among some of the older generation and perhaps a small fraction of the second generation, the traditional role of women being carers and men being the bread winner still exists. However, I think for the vast majority of second generation women/girls, they are expected to gain a good education and have careers like boys. Some may say that this is so that women become more sellable in the marriage market. But I think this view is definitely held by a minority of people within our community. Sure, we all want to get married to someone who is well educated and intelligent, and I can see that the more educated a girl is, the better the prospect of*

getting an equally educated partner...that is life. Yet, I think that more and more girls are encouraged to get a good education, because they themselves want a career and are unwilling to automatically adopt the role of wife and mother. Equally, parents realise that to get on in this country, their children has to be educated and confident enough to handle themselves in British society, no matter whether they are a boy or a girl. Also its a snowball effect. As more and more girls enter professional careers, this encourages others to do the same. Its not easy for young Keralan women, perhaps they more than anyone else finds reconciling the traditional attitudes of Keralan society with that of English society they have been born into or have grown up in.

Me: Is there a conflict between first generation Keralans and second or third generation British Keralans?

Mr O: *There are some major conflicts or differences between the first generation Keralan immigrants and the younger generation. I think the main areas of difference are in personal attitudes, aspiration, marriage and in general cultural experiences. The older generation feel that traditional Malayalee society, history and customs are being destroyed and will be lost forever. This is partly true. The structure of Keralan community, with it being spread throughout London and the country, has meant that the chances of young Keralans mixing with or growing up with other Keralan of similar age is slim. The younger generation have integrated with the English communities and in a sense their identity is unclear, Whilst other Asians such as Punjabis or Gujeratis have strong sense of ethnic roots and identity which has been instilled in them through living in large communities, young Keralans have not gone through the same experience. Also, older Keralans themselves have failed to see how they themselves have changed whilst living in Britain. They have integrated and assimilated much more of the wider culture than they are either aware of or would like to acknowledge. The older Keralans are in a conundrum. Whilst they have tried to instil traditional attitudes and values into their children, they themselves have realised that their children have to survive*

in British society and to do, they have to be allowed to integrate with them. For example, many parents accept and encourage their children to be independent enough to move to find a job or to grab opportunities and not be stifled by their families. Therefore, they cannot now turn around and ask their children to be more traditional. A common area where there is a clash of attitudes is over the issue of marriage and having boyfriends/girlfriends. Many young Keralans are unwilling to have an arranged marriage or feel that they have to be married by a certain age (particularly the case among women). They are more likely to have a non-Malayalee relationships as they are far more integrated with British society. However, I personally feel that the Keralan way of life and particular attitudes toward life is instilled in most young Keralans and will continue to be passed on generation after generation. I think that most young Keralans feel that they can merge the Keralan culture with that of the English way of life, combining the most advantageous aspect of each culture. I think a significant percentage of older Keralans are either willingly or reluctantly accepting this perspective.

I ended the interview with Mr O by asking him what changes or reforms does he think are necessary to make social services more responsive to the needs of South Indian communities as a whole.

Mr O: *I think to change or reform social services so that they are more responsive and understanding of the specific needs of Keralan people is to firstly recognise that such a community exists. That even though we are a part of the wider Asian/Indian community, we are so distinct from them in so many core areas, historically, socially and culturally. Secondly, that the Keralan community is a growing community, with a complex relationship between older Keralans and the younger generation. Whilst the younger generation may be more integrated with the rest of society and therefore perhaps in less need of specific social services, the older generation does need help and access to appropriate social services. Although the older generation will always try to adapt to their situation and utilise what services there are at present, this is done as a result of*

lack of other more suitable services which recognises their needs. Yet, it is true that to bring about change, older Keralans must learn to shout louder to have their needs heard and for the younger generation to take a less selfish, modernistic approach and recognise that whilst they may not have any need for specialised services, their parents or grand parents may do. Hence they have to take up the 'battle' on behalf of the older generation. Most younger Keralans are professional and hence in positions of authority and weight. They must use this to the benefit of the older Keralans and not be simply blinded by the success of their own progress and integration in British society. In the end, local and central government agencies have to work with members of the Keralan community to bring about change. Older Keralans must take on leadership roles and be involved in forums in which they can voice their opinions and needs and have them heard. Local governments must likewise recognise the existence of the Keralan community and provide opportunities for them to become involved in the said forums, otherwise the Keralan community will continue to fragment and lose their distinctiveness within the Asian community.

The interview with Mr O's Father centred primarily on his illness and issues of care. However, Mr M echoed many of the comments from other senior Keralans (described earlier and also presented in Chapter Six) on life in Britain when he first arrived in Britain in 1969. Mr M also spoke warmly of the friendliness of English people upon his arrival. However, unlike some of the other senior Keralans, Mr M experienced the rise in racial tension and violence from the late seventies onwards. Particularly when his wife and children joined him shortly after his own arrival in Britain, he said that his children faced some terrible years at school. *"The yobs considered all of us to be Pakis...they did not discriminate in their choice of victims and the violence they meted out. All of this was even more difficult for me to handle, since I had a good professional job and my own relationship with English people were always good. However, my children did suffer terrible verbal abuse and violence, it was at its worst in the late seventies. But, I was*

lucky, I had the means to move to an even better area and to move the children. Still its quietened down now, there doesn't seem to be so many overtly aggressive racists. The most deadly racists are the middle class...but we know how to handle them and where they are coming from (he winks at me and laughs)".

On the subject of social services and caring, Mr M had some interesting points to make. *"social services, yes I have used home help and other services...why not, its my right, there is no shame in it. Why should I put all the burden for my care on my wife or children? I've worked hard all my life, paid my taxes, as have my children. I have not time for people of whatever colour who may be too proud or even cursing of others who want to use social services. I mean, I am lucky, I'm cared for by my wife who prepares all my food, administers my medicine, gives me a bath or shower and keeps an eye on my general well being. She has given up her job to care for me. My son has devoted much of his time to my care, although I feel bad for the lad...he is young and has a right to his own life, but he has done it without hesitation or request. I know looking after me is a heavy burden, so I will make sure that my wife and children get as much help as they can with caring for me. Generally, social services in Hounslow are, I think, quite good. Sure we have had problems in the beginning, but you know what government bureaucracies are like, if they can get away without spending money on you, they will try. But the services I have received have been very good. I have had a specialised bathroom and bedroom fitted and a home help nurse".*

Mr M went on to say, *"most of the communication with social services and so on was undertaken by my sons who have been brought up in the U.K. and are perhaps not daunted to ask for such services and by the bureaucracy. Speaking in general terms, this may be a problem for other Indians who are retired and don't know of the services that may be available for them or are too frightened because of their community pressure or lack of education to ask for help from social services. I think in West London, local authorities are trying to provide information, mainly for North Indians in the various*

mother tongue. The problem for Keralans is that nobody in local government know that we exist as a separate community. Some older Keralans do not have a specialised agency that can go through the normal channels themselves. I don't think there is a problem with Keralans using social services (although I don't think any would use Nursing homes or residential homes), as long as they can gain access to services that they could use".

The rest of the interview with Mr M was a regurgitation of his previous points, this was not helped by the constant interruptions for medication and so forth. However, the above opinions were expressed with clarity and conviction. Mr M was also pleased that a fellow Keralan was undertaking social research of this kind and pointed out that Keralans did not only need to become doctors, engineers, lawyers and accountants, but articulate academics and politicians.

Excerpt from interview with a female Keralan carer

Miss L is 26 years old, a graduate management trainee in a Bank and has been a carer for almost a year. She is the second oldest of three children, and has two brothers, both of whom are still at home. Her parents are both retired, and her father is 69 years old and has been very ill with a combination of debilitating illnesses. Her mother who is 60 gave up her job to look after her husband, but her health has also recently deteriorated, leaving her unable to properly look after her husband. Both her brothers have professional careers and although they contribute to household duties, initially at least, they largely look to Miss L to tend to their parents care needs. Miss L has taken on the role of main carer, not because of tradition or fear of communal reaction, but, out of duty and love. *"My parents have given my brothers and myself everything they could offer, in terms of love, care and sacrifice. I have become what I am today, largely because of them, their encouragement and determination, that I should have the opportunity to fulfil my full potential. Yes, I feel depressed at times, I have a demanding job, and to wake up early in*

the morning and to stay up late at night to attend to the needs of my parents has been a strain. I know my parents feel bad that I have all these responsibilities, they want to see me married and start my own life, not be tied to them. That said, I know they want to remain at home. They have made it clear to my brothers that they too have responsibilities and should not abandon me. Equally my father has also said that we should get some help from the council".

It is the last point which is off significance. Miss L refused to be completely burdened with the responsibility for the care of her parents, a point she made to her brothers. *"After a while, I started to resent my brothers for not helping me more. I was determined to nip this in the bud and made it clear that I wanted them to do more around the house as I too had a career and ambitions. Equally, I told them we should go down to social services and see what help we can get. My brothers did start to do more, I guess I am lucky that they didn't become stereotypical traditional and refused to do more. Anyway, my parents wouldn't have let them sit on their behinds, we were raised as an equal family. On the issue of social services, we were all determined to get help, as my brothers said, we pay a hell of a lot in taxes, its our turn to claim the rewards of our and our parents hard work".*

Miss L did receive help from social services, but only *"after a bit of a bureaucratic struggle!"*. On the issue of long term respite and residential or nursing care, Miss L was uneasy at the thought of putting her parents into a home. *"I guess I could never bring myself to voluntarily placing my parents in a home. If their health deteriorated to a point where they would need to be in a nursing home, I guess we as a family would have to consider it. The problem is that it is not really an option, since the services such as these are catered for White people. Yes we know about the services, and we can utilise many of them, but long term care, really means care at home. It is not so much a cultural thing, its a person feeling. It is like caring for my parents, yes my brothers help, but at the end of the day, I feel it is ultimately my responsibility. This may go against my education or*

principles, but it is a fact of life and something I just feel. I don't think it is necessarily a question of my roots, although my culture obviously has a great influence, I think I would feel the same if I were Black, White or Chinese, its just the way I have been brought up".

The interview with Miss L raised some significant points, not only as a comparison to the Mirpuri respondents, but also as a comparison to the societal norm or in particular the influence of class. The experiences and views of Miss L and her family immediately distinguishes it from many of their Mirpuri counterparts, in terms of attitudes towards social services, a willingness to re-assess the domestic division of labour in the family on the basis that there should be relative equality of gender and in the ability and confidence to seek out welfare assistance from the state under a notion of rights. These differences could be attributable to class, education and also in the socialisation and socio-cultural history of the two communities. Particularly in respect to use of social services, class has an overriding influence. On a wider note, the question arises whether the experiences of care and attitudes towards use of residential care of Miss L and her family any different from the British societal norm? It could be argued that they stem more from their class and education than from their ethnicity, whilst the views and attitudes of the Mirpuri respondents seemed to be more hindered and limited by the cultural and social traditions of their community.

Referring back to the introduction and the general discussions on the presentation of interview material, I have placed some more interview accounts in the Appendix (2.9). The interviews with Mr Y and Mrs W were again among some of the best interviews carried out and provided a more in-depth picture than gleaned from the average interview. The interview with Mr Y in particular illustrates the similarities and differences between Keralan and Mirpuri older people, on issues of gender, rights, attitudes towards social services, and life experiences in general . It also highlights the tensions which may exist among older people in reconciling their own traditions and value systems with that of the younger generation and the fear that their own culture is being slowly destroyed.

The remainder of Chapter Five will present a series of views of Keralan and Mirpuri respondents, but under specific headings which relate to issues of caring, attitudes, life experiences and so forth. Following this, the views of Miss D and Abdul Khan who (as described in previous chapters) were both instrumental in facilitating field work among the Mirpuri community and also represent welfare bureaucrats will be presented along with the views of Meena Kumari, the South Asian head of Planning and Policy for Cleveland Social Services. Finally I will present a case study of Newport Day Centre (Middlesbrough) which is the only one of its kind that attempts to cater for South Asian older people. All of this will provide further evidence reinforcing the kind of views that were expressed at interviews and set-up the frame work for data analysis in Chapter Six. That said, it is acknowledged that invariably the process of data analysis and reflection has begun in this chapter, although Chapter Six is specifically dedicated to presenting the implications of the data gathered. This is in keeping with the notion of reflexivity which have underpinned the discussions and issues examined in this thesis.

Care and Gender

"I know it may not be fashionable, but it is a duty that I took when I married my husband to look after him in times of need, it is the most satisfying thing I have done in my life, besides it is my choice and right" (55 year old Keralan woman caring for her 62 year old husband).

"It is necessary to help your mother and father in old age, they have sacrificed so much for you, you cannot just abandon them in an old peoples home, like White people do. This is not only disrespectful, but evil" (28 year old Mirpuri woman).

"I believe and certainly it is my experience that the majority of Keralans and indeed, Asians in general prefer informal care over formal care. That said, this situation is

rapidly changing and the drop in informal care would seem to be proportional to the size of the second and third generations. In other words everyone is fast realising that the ability of the second and third generation to provide this informal care is dwindling"

(67 year old retired Keralan).

"Keralan women are expected to care for their parents and parents-in-laws. That is the custom and has become the unwritten rule. As such, even if they have a good education and a career, they are expected to look after the older people or have them looked after privately. Irrespective of religion or caste this rule prevails because this is a custom. This is one rule you can't break if you want to remain a traditional Keralan woman. Customs do change, but they take generations to change. In this respect I think that the traditional attitude will or are changing rapidly and in two generations time, the traditional customs will be followed by only a minority of Keralans in this country"

(60 year old Keralan woman).

"I think I am quite lucky, I get a lot of help from my brothers and their wives in looking after mum and dad, so its not so bad. I know many women who are just left to look after their parents or husbands parents and often their children too. I think if I was left alone, I would try to get some help from social services...I am not a slave" (30 year old Mirpuri Woman).

The Social and Personal 'costs' of caring

"I have no doubt that caring for my husband over all those years is the reason why I am depressed and unhappy. Sometimes I think it is so unfair that women are seen as just maids, maybe it is the will of God. I don't know how much longer I can take this, he is so demanding and my family offer very little help....I wish I had some daughters"

(55 year old Mirpuri woman, caring for her 61 year old husband who has severe back problems and is incontinent).

"Everything centres around my husband and this leaves little time for myself. I have had to give up my job so that I can spend extra time caring for my husband. I have no choice, if I am seen to carry on with my life in a carefree manner, his relatives and the community would be saying all sorts of cruel things" (36 year old Mirpuri woman, caring for a 45 year old with heart trouble and bronchitis).

"It affects the family the most, when we need to plan something or go out then his needs have to be considered and most times it means that we do not go out" (24 year old Keralan woman caring for her 66 year old grandfather).

"I am the main carer, although my father does help and on some occasions my younger brother, who lives at home. I attend to my mothers personal needs and see her most days after work on top of which I also have to look after my own family. On top of my work, I must spend at least two to three hours ever evening of the week and most of the weekend either looking after my mother or my own family. My husband helps a little bit, although he could do a lot more" (31 year old Mirpuri woman, caring for her mentally ill mother and her own two children).

"Whatever help you can get from outside, does not stop you from feeling the strain of caring for some one. I have been caring for my husband for over five years, and I cannot say it has not been difficult. It is a burden, emotionally, financially and socially, and there is no way around it" (56 year old Keralan woman, caring for her partially sighted husband).

Knowledge of social services (community care) and attitudes towards them

"The family will not apply for help from outsiders, because we don't want to be seen as though we cannot look after him ourselves" (56 year old Mirpuri Woman, talking about her 78 year old father).

"My mother does not receive any help from Health or social services and her needs have been left to the family. I really believe we should be getting some help and certainly there should have been an interpreter at the beginning of my mothers illness to explain to her and my father what was going on. Anyway, from my experience of social services, I am not going to apply for home help or any other service, because firstly, they will not be able to understand her needs and also the family and her will be stigmatised within the community. People will say that we have deserted her and that we can't cope. She has gone through enough, I will not put her through any more hurt. The community is everything to her, even though they make me so sick at times. At the end of the day, I feel I have the main responsibility to look after her" (31 year old Mirpuri Woman).

"Even if I wanted to use social services, I would not know where to go for information or whether I am entitled to get help. There should be one place that gives you all the information you need" (34 year old Mirpuri man).

"I believe that some community care Services are available to minority ethnic communities, but I am not sure whether specific Residential Homes and Day Centres exist particularly for the use of minority ethnic communities". There are no specific provisions made by local social services for Keralan older people, I don't even know whether the local authorities are actually aware of the existence of a Keralan community" (67 year old Keralan man).

"I don't think there is any harm or shame in using social services or community care, why should there be, as long as those services are utilised at home and with the support of the family. I have used many social services, it is my right, I have worked over 43 years, 35 off them in this country. Why shouldn't I get help. Certainly no communal gossip or sentiment will stop me, besides I have heard nothing of that sort to date. I have children, but they have lives and a right to live them" (69 year old Keralan man).

"Social services, what services? I don't know of any services, anyway why do I need help from the government, I have my family and friends. I don't need handouts or charity" (58 year old Mirpuri Woman).

"Community care...social services, call it what you want, I don't think you will find many people in our community who knows what these are or what it does. We have to rely on ourselves, its always been that way, and it will continue to be so" (49 year old Mirpuri Man).

"Community care, yes I have heard about it, but don't know any specific details. I suppose you have to ask which community does it care for....not Indians, I don't think" (53 year old Keralan Man).

"I know a little about community care, I have an English friend at work who used social services to look after his mother, but I don't know of any people in our community who has used these services" (39 year old Mirpuri Man).

"I know very little about community care or about social services. I have seen posters about them at the doctors surgery, but we don't talk about these things in our community. Sometimes, the women will talk about it when we get together, but they are usually stories about White people and how they treat their parents or grand parents. My doctor once

told me about some help I could get with my sick mother...but that was about it"

(33 year old Mirpuri Woman).

"Yes, I know about community care, but I would not be able to give you any details. To be honest I have never had to deal with social services very much, in fact only once, when my husband's father was very ill after a stroke in hospital and a Social Worker came around to tell us what help we could get. My husband and I did look into it, especially about a visiting nurse, but since I was not working at that time, it was not necessary, as I could look after him" (34 year old Keralan Woman).

"My doctor told me about some services from the council and explained to me in Punjabi about community care, he was very good and found out about what help my husband could get who is diabetic and has arthritis. But, even my doctor knew that what the council could offer would not be suitable for my husband, the Social Worker that was sent to my house could not even speak Punjabi and my children have all left home, anyway she seemed to want to get out of the house as soon as she came in" (60 year old Mirpuri Woman).

"Yes! I would use social services if my parents or husband were ill, why not. I know a little about what you can get and I'm sure there is a lot more out there. My husband works hard and pays his taxes, we should get something back. I know what some elders would say and how people's tongues would talk, but it won't be them that has to care. I know many women who feel the same, although some would be scared to do anything on their own" (28 year old Mirpuri Woman).

"My father has been ill for some time now, and we have had a lot of help from social services in the end. I say in the end, because me and my husband has had to fight with

them for nearly three months to get help with dad. Once they realised we weren't going to give up, we got all sorts of help like occupational therapy and a visiting nurse. We have had no major complaints or criticism from others"(32 year old Keralan Woman).

Use of Day Centres and long term institutional care

"It helps my father to go to the day centre. He likes meeting other people and staying active. I think he hates staying in the house for long periods. He seems to enjoy the Day Centre and visits it regularly, it seems to give him independence from us."

(33 year old Keralan woman caring for her 67 year old father)

"My husband wouldn't want to go to a place like that, he wouldn't know many people and would feel isolated. It would be different food and language and what will people say about the family? No I don't think I would want him to use such a place"

(51 year old Mirpuri woman caring for her 60 year old husband)

"Of course they will or will be forced to by circumstances as time goes on. At the moment, the older Keralans have plans of retiring in Kerala where they have kith and kin, also it is their place of birth, where generally they get good care from relatives whom they have helped in their needs. In time to come, this tendency will disappear and due to pressures of life in Britain, especially for second and third generations career, the need to move to find work, British cultural influences- older Keralans may not receive attention from their family and will seek refuge in Day Centres and Residential homes".

(67 year old Keralan Man)

"My father prefers to stay at home and have family visit him or go for a short walk, he would never use a Day Centre, anyway his English is poor and I don't think they (the Day Centre) have any idea about Asian Families, our customs and our problems".

(27 year old Mirpuri woman caring for her 65 year old Father)

"I don't need any help from outside, my daughter and I can do all the work, we would not allow any outsider to help look after my wife".

(67 year old Mirpuri man caring for his 60 year old wife who suffers from arthritis and asthma).

"Well, it is going to happen sooner or later. Life, views are changing so quickly. It is going to be difficult for our generation, but we may have to use day centres and social clubs one day. It is my hope that we as a community will run our own. The responsibility lies with the younger as well as the older generation to do so".

(56 year old Keralan woman)

"Yes, my father has actually volunteered to go to the local Day Centre. He wants to get out and about, you know doesn't want to get stranded at home. My husband and I have to work, although we do take turns to come home at lunch to see to my father. I just wish that the Day Centre had other Malayalees, but its mainly North Indian elderly there, so I guess its not too bad".

(31 year old Keralan Woman caring for her 71 year old father).

"No! No! No! I would rather die than allow myself or my husband to go to a White mans dumping ground. Only those people whose families have abandon them use things like these so called Day Centres and worse those homes, where they live like farm animals"

(55 year old Mirpuri woman, caring for herself and her 63 year old husband)

Life experiences, attitudes and outlook

"Of course the problem also lies with our own community. The community in M'bro is a very close knit one and the elders feel a duty to protect our culture, religion and also our family life. One of the reasons why there has been very little change in our community

and our views on things like social services is that the older generation has not allowed any change to take place. So the younger generation are trapped. If they mix with White people or use things like social services then they are called traitors. If they don't do these things then they end up in the same cycle of despair as the older generations. I mean in my own case I would like to think that my daughter would look after me in my old age, but I also want her to have a life of her own. That said I wouldn't use any social services if they remain the same as they are now"(31 year old Mirpuri Woman).

"Sometimes, it is frightening to think that you are growing old in a foreign country. But you know after being here for 30 years, I feel Britain is my home, my children have been raised in this country and are more British than Keralan and so you feel you have to make a choice and do the best you can. Britain has given us a lot, but sometimes I do miss Kerala"(62 year old Keralan woman).

"I don't know many White people, there is no need to really, all my friends and family live five minutes from each other, it is like a village. The White people do not share our values, customs and beliefs. We have nothing in common, so it is not surprising that we don't mix, is it?" (52 year old Mirpuri man).

"I have been in this country for forty years and I have faced racism, violence and abuse from White people. I am Mirpuri before being British. Why should I feel British when I have had such experiences. The Whites do not want us and I have no need to mix with them. Yes, our children mix more, but we remind them of who they are"(63 year old Mirpuri man).

"The older generation as have the community as a whole come to realise and accept that we are in practice British. Yes we are of Keralan roots, but our lives have changed and certainly those of our children and grandchildren will be of British identify and culture than Keralan. That is life and a price we have paid for moving to Britain. You cannot

enter a country and then expect that country to change to suit your culture and outlook. We all need to share our different cultures for the good of our country. I cannot stand those Asians that have come to Britain, enjoyed its privileges and then slate this country. Yes there are racist, but on both sides"(42 year old Keralan woman).

"I don't feel hatred for English people, I have English friends. But we don't have much in common, except where we work and the fact that we are working class. Our religion, way of life is all different. That makes it very difficult to mix and there is always friction from other people in both communities. Personally, I think we need to mix and get to know one another. Britain is basically our home"(39 year old Mirpuri man).

Interviews with members of welfare agencies: the relationship between purchasers, providers and users of social services.

Brief highlights from the interview with Abdul Khan

As mentioned previously, Abdul Khan was invaluable in enabling me to gain access to carers and older people in the Mirpuri community. He was also in a unique position (as Team Leader of Middlesbrough Community Development Team) to comment on the relationship between social services/welfare agencies and minority ethnic communities in Middlesbrough, in particular the Mirpuri community and also on the inner dynamics of the Mirpuri community (Abdul is a member of this community). Abdul Khan is himself a carer, responsible for his 72 year old widowed Father (who was also one of the first Mirpuri users of Newport Day Centre). Secondly, Abdul is a thirty four year old second generation Mirpuri who has lived the majority his life in Britain. He represents a link between older Mirpuris and the young Mirpuris born and raised in Britain. Consequently, Abdul is in a position to view the Mirpuri community, its traditions and its future from the perspective both of the older Mirpuris and of the second and third generation Mirpuris.

I met Abdul regularly throughout my field work among the Mirpuri community and formally interviewed him on three occasions. The interviews threw up many interesting facts and gave the perspective of the provider and the potential user of social services. Shown below are some of the comments and opinions expressed by Abdul on the specific issues which the research addresses and about the Mirpuri community in general.

Abdul argued that from his experience of dealing with carers and older people and minority ethnic communities in general, *"it was apparent that there was a low take-up of social and community services by members of the minority ethnic community, predominantly Pakistani in Middlesbrough. This is occurring even after opening up specialised day centres at the end of 1992"*. Abdul claimed that from his own research and work, out of four hundred families that he has dealt with or know personally, twenty five families have used social services (6.25 %). Of those, only four (1%) families have used respite services such as day centres (including Abdul's Father).

However, he went on to say that *"there was difficulty in encouraging people to use the new day centres and community centres because of long established traditions of informal care that existed within the community. There were problems in overcoming stigma attached to seeking outside help, for example, residential care is not even considered by families. Cultural obligation and sense of duty are difficult hurdles to overcome. Elderly or disabled people looked to their families for care. Coupled with this is the problem of dismantling long held views that the 'White' social services did not cater for the needs of minority ethnic communities"*. This reflects many of the comments made by carers and older people who were interviewed. Indeed, cultural obligations and a lack of trust in social services is a theme (albeit to varying degrees of importance or emphasis) that ran through all the interviews that were carried out with Mirpuri carers and older people.

Abdul did end his comments on the take of services by adding that, *"take up of services, especially the day centre, of late (September 1994) has been improving, it's the word of mouth effect. It takes people a long time to first accept changes in methods of care minority ethnic elderly people are used to, and secondly to trust them"*.

Abdul also argued that from his experience *"90% of carers and families within the Pakistani community in Middlesbrough most frequently asked for financial and practical help in the home rather than day centres or residential care. The burden of care predominantly falls on women. Women are still perceived as the rightful and only providers of informal care, especially by older people. They ask for home help, but from members of their own community. Many women carers have no choice but to rely on their immediate or (if applicable) extended family for help. Women, it seems, bear the brunt of the suspicion and lack of trust in social services. This stems in practice from a general lack of understanding of social and health services available to Pakistani people. Yet, this is also a poor reflection of welfare agencies, particularly social services in implementing services for minority communities and in also communicating with minority ethnic communities"*.

Abdul had strong views on the structure and dynamics of the Mirpuri community, particular on the experiences and attitudes of older people. I also asked Abdul's opinion on my own impression and analysis of the Mirpuri community, particularly in the 'fortress' mentality to 'outsiders' that is displayed by some members of the Mirpuri community and also the apparent reluctance on the part of senior and older Mirpuris to allow themselves or their families to integrate with the wider community.

"I partly agree with your description of a fortress mentality existing among a significant number of Mirpuris, especially older members. But this is not due to false pride or tradition, but due I think to insecurity and a lack of confidence in older people in pursuing their rights. Many of them came here and lived very independent, full working

lives. They do not and some still do not believe in 'state handouts'. In that respect they echo the sentiments of some older White people ("I don't want to be a burden" and "thank you, I can look after myself" are common phrases I hear from White pensioners).

Perhaps the reason older Asian people do not want to integrate with the wider community is that there is nothing for them to integrate into. Their language, culture, food, habits are all so different to those of White people at their age. Is it any wonder they are reluctant to take up residential accommodation in a local authority home where they may be the only Black resident. I don't think we need to (or indeed be asked to) necessarily integrate with the 'White community' in order to claim our rights as citizens or to educate them about our cultures. Even though other Asian communities may be choosing to integrate extensively with the White communities, it does not mean it is either a correct or necessary approach. Yes, we must be able to explain and articulate our needs so they can be met. But this does not mean 'blending in' with the larger White community: even if this was possible. We certainly need to educate both White people and our own common history and culture. Unless we do this continually, our own history will become stale and will always be written and interpreted by historians who are essentially Eurocentric. This process of education should be continuous and happen at home, school, work and in leisure".

The comments of Abdul Khan lend weight to those expressed by carers, older people and members of the Mirpuri community in general. Abdul gives a perspective on issues of caring, the role of social services and the nature of the Mirpuri community from an 'insider' and 'outsider' perspective. However, while he points out the multiplicity of cultural and social influences that dictate the take up of social services by members of the Mirpuri community and the difficulties faced by welfare agencies, he is also critical of the role and attitudes adopted by social service agencies. Equally, in his appraisal of the Mirpuri community and in particular the role, life experiences and outlook of older people, he attempts to defend and rationalise the reasons behind the 'fortress' attitude adopted by

some members of the Mirpuri community. Abdul also exemplifies the lack of will on the part of members of the Mirpuri community (including Abdul) in integrating with the wider community. His arguments against integration echo that of other Mirpuris interviewed (especially older people). In his defence of the improbability of full integration, he also makes an implicit attack on the attitudes of members of other South Asian communities like the Keralan community whose members are comparatively more open and integrationist.

Nevertheless, Abdul's comments does substantiate some of the analysis presented previously, concerning the Mirpuri community. Furthermore, the traditional sentiments expressed by the first generation Mirpuris about the need to maintain the socio-historical heritage of the Mirpuri community, and to resist wholesale integration with the wider community is also echoed by the views of some second generation (and in the case of Abdul), professional Mirpuris. Just as there are differences between first generation Mirpuris and second generation Mirpuris, perhaps there are greater differences between these generations and third generation British Mirpuris? The socio-historical gulf between senior (45+ yrs) and older Mirpuris (65+ yrs) and second generation Mirpuris (30+ yrs) may not be as big as between these groups and young Mirpuris (12+ yrs)?

Brief highlights from the interview with Miss D

Miss D as explained in Chapter Four, took a considerable risk in working with me, particularly during the period when I had not received formal 'blessing' for my research. I worked closely with Miss D over a period of several months. This allowed me to gain an insight into the bureaucracy of Cleveland Social Service and also to examine the research issues from the perspective of the provider and who was also a Mirpuri 'welfare bureaucrat'. Furthermore her comments, particularly concerning the significance of informal care among the Mirpuri community, may also be a reflection of the wider views, beliefs and perceptions of the nature of South Asian communities that exist within social

services as a whole. Indeed, it could be argued that Miss D's views on the subject of informal care and traditional attitudes to caring within the Mirpuri community, and the likelihood of Mirpuri older people or carers using social services, could be used to vindicate or discredit the attitude of social services toward South Asian communities. Thus, I took the opportunity to ask Miss D her views on community care with regards to the Mirpuri community and also the role of social services in general.

"I can't say in all honesty that community care, caters for the specific needs of the Mirpuri people in Cleveland. But in saying that Newport Day Centre does attempt to provide a culturally sensitive service within the limitations of its budget funding and to the best ability of its staff (of whom only two are South Asian, of which only one is full-time). Residential homes could possibly cater, but due to a lack of demand, their suitability has never been tested. Its a catch twenty two. The majority of the Mirpuri people think that residential homes are not only culturally wrong, but only cater for White users, which is partially true. This in turn means that there is no demand and consequently there is no need for residential homes to be equipped in terms of providing appropriate Indian food, having qualified staff and so on to meet the needs of the Mirpuri community. Ironically it is a situation that suits the older Mirpuris who want to continue to believe that their children will carry on the tradition of informal family care despite the influences and needs of life in Britain; and also social services, who are not implicitly keen to open up new markets or demands on them and therefore continue to believe in the idea that Mirpuris so not need help and look after each other".

Miss D was more guarded and perhaps diplomatic in her response to my question of what specific provisions were made by Cleveland social services to meet the needs of the Mirpuri community, under the community care legislation. *"Some social services which are being provided do take account of the needs of Asian communities, for example Newport Day Centre* (note: Newport Day Centre seemed to always figure in any response related to social services and the Mirpuri Community, in all of the dozen interviews carried

out with members of welfare agencies, I was never given another example of a social service in Cleveland which had made specific attempts to cater for the needs of South Asian communities), *has two Black care workers, provides a common room where older Asian people can watch Indian movies and also provides Indian meals. There is an interpreting service provided by Middlesbrough Borough Council, but this is not open to the general public, but is there to provide interpreters and translators for service providers. There has been a recent drive to recruit more Black staff, and this has resulted in more Black social workers, outreach Link Workers and also home care assistants. However, the vast majority of social workers and so on are English, and are still not aware of all the different customs and religions. Some are slowly learning, but there is neither the encouragement or in practice the need. Most English social workers are not given Asian cases, and so they do not have a chance to become familiar with the needs of that community. Instead, what tends to happen is that the Black social workers and Link Workers tend to be overloaded with Asian cases. This is not a good situation, since the Black social workers do not get a chance to do non-Asian cases and the English social workers do not get to become familiar with all sections of the community. It is fundamentally a management problem".*

However, when Miss D was asked whether she thought that Mirpuri older people or carers would use social services, she replied, *"I think from my own experience both at work and from my own upbringing, most Mirpuri older people expect to be cared for by their family. They would not look towards social services. There is a certain amount of shame attached to being seen to be using outside help, it would be seen by the community as though you were dumping a member of your family in a home. Although saying that, I think things are changing with the younger generation, particularly with people having to travel to get a job and as more women (like myself) are getting a job and wanting a career. In that respect I think attitudes among the younger generation will change that of the community as a whole. But, this is going to be a slow change. Older people still have a lot of power and influence in the community, especially since they run the*

Mosque. I know for a fact that many of the older people in the community are unhappy with my own job in social services, more so because I am a woman. They see it as setting a bad example for young girls and also in breaking tradition, that I am not married and with kids. So, the small mindedness is still very much present. This is made worse by the fact that many of the older people have had very little integration with English people and way of life. Their ideas are just as stereotypical as those held by some English people about Mirpuris. Many older Mirpuris, especially those who have come over to Britain late in their lives (to be looked after basically by their families) have a poor grasp of English which makes the situation worse. In that respect, stereotypes about social services are heightened and made more confusing. It is a battle really between the older generation and older way of life and the young generation. But I think that whilst take up of social service will continue to be slow in the next few years, in the long run, more and more Mirpuri families will start to use them".

The views of Meena Kumari (Head of Policy and Planning for Minority Ethnic Communities)

Although Meena Kumari's response to this research was less than enthusiastic and she was openly reluctant to participate directly in the research (as explained in Chapter Four), I did manage to glean some response from her by sending her a questionnaire, asking her to address key questions (although, the response to my questions took three months to arrive). I purposely did not send her a huge list of all the questions that I wanted to ask her and also kept the questions quite general and non-confrontational to avoid the possibility of my questions being ignored. It was in essence an opportunistic attempt to provoke some measure of response from Meena Kumari.

Meena Kumari's answers to my questions were short and diplomatic. She did not attempt to give expansive responses. It seemed as though, she reluctantly agreed to answer the questions, but decided to tow the official line and give politically correct responses to the

questions rather than give her own personal opinion or perspective. This was very much in keeping with her apparent general aim to ensure that her own position was not in any way made open for criticism, even though it was made repeatedly clear that it was not the intention of the research to do so. However, it is still important to present her responses to the question put to her. Shown on the following pages are the exact answers she gave to some of the questions. The way in which the questions (these were purposely general in the hope of inducing a comprehensive, personal response) were answered tells us something about the way Cleveland Social Services perceived my research and its general attitude towards minority ethnic communities. Perhaps, it also indicates why Meena Kumari was not interested in participating in an interview.

(1) Does community care cater for the needs of minority ethnic communities, and more specifically from your experience and knowledge, what provisions are made to address the needs of the Mirpuri Community, for example the care of older people by Cleveland Social Services?

1. *Black staff with bi-lingual skills are available to carry out assessment of needs in the context of Black families language, culture and customs.*
2. *When such staff are not available, interpreters are used.*
3. *Black staff are available in some establishments. Where such staff are not available, interpreters are used.*
4. *Dietary needs are met by the provision of halal meals.*
5. *Religious needs are met depending on the service users needs.*

Information on these issues is integral to all departmental training programmes.

- (2) In your opinion, would Mirpuri older people use social services (for example, home help, Day Centres and Residential homes) or prefer/expect to be cared for by their family or community? Please give your reasons.

This would depend on individuals family's circumstances and aspirations. Some families are currently using social services.

- (3) How do you think members of the Mirpuri community view social services in Cleveland. Are they aware of community care or specific services they are entitled to?

Social services are viewed favourably by the members and the individual families. The majority of people in the community are aware of services provided by social services department.

- (4) From your experience who are the main carers in the Mirpuri community and are there many extended families or networks of care within this community?

Recently, a survey of the needs of Asian carers in Cleveland was undertaken by Cleveland County Social Services Department and funded by Northern Regional Health Authority. The survey established that 40% of carers lived in an extended family system.

Women can have careers and still be the main carer in the family. The role of a woman in a family would depend on individual families attitudes.

- (5) In your opinion, are there are changes or reforms needed to make Cleveland Social Services more responsive to the needs of minority ethnic communities in general and in particular the Mirpuri community?

More qualified Black staff at all levels in the organisation.

Systems for collecting unmet needs on an individual basis.

Racial Equality Strategies that underpins all the mainstream functions of the departments.

Meena Kumari ended her replies at this point and concluded her letter by reaffirming her confidence and belief that Cleveland Social Services was meeting the demands of its minority ethnic communities to the best of its abilities and according to the guidelines set under Personal Social Service legislation.

A Case Study: Newport Day Centre in Middlesbrough - a comparative examination of ethnicity, experiences of care and ageing

Description of the Centre:

Newport Day centre is situated in the heart of Middlesbrough and close to the single largest minority ethnic community in Middlesbrough - the Pakistani Mirpuri community. The day centre was opened in 1982 and provides care for around 50 older people a day, from 9.00 am to 5.00 p.m.. The majority of the older people have to make their own way to the centre, but there is a bus service provided for people with severe disability. Most older people use the centre between one and four days a week. Over the past three years the centre has catered for South Asian older people, but by the management's own

admission, the staff were until very recently wholly untrained to cater for the needs of South Asian older people and the centre ill equipped in terms of providing meals.

Over the last year, the centre has had the services of two female Pakistani care workers, of which one is part-time. Newport Day centre is the only one of its kind in Cleveland to offer respite services to South Asian families. Although the take up of services is proportionately poor in comparison to White older people, in terms of the centres own record since offering services to South Asians, the numbers of Older people have grown from an average of three in the first year to around ten over the last year. It is however, an ongoing battle to attract older people from South Asian communities, particularly the Pakistani Mirpuri community, despite a local advertising campaign.

During the course of my field work, I had established access into the Centre following several meetings with management, and proceeded to interview the South Asian older people at the centre. I also decided to interview the White older users of the centre to get comparative view of the centre itself and the other older people. The following analysis is based on general conversations with South Asian and White older people at the centre and the management, and on eight interviews carried out with older people, the carers and management over the period of two months.

The White older people at Newport Day centre were interviewed to ascertain whether the care experiences of South Asian older people were different to that of the White users. It has been argued that South Asian older people face a double jeopardy scenario to their White counterparts, resulting from ageing and ethnicity. For South Asian older people, the psychological and physical effects of ageing are compounded by growing old in a 'foreign' land. Communication problems, lack of integration with the wider population may all lead to South Asian older people being alienated to a greater extent than White older people. This may in turn effect the take up of services by older South Asians and their experiences of care. Hence, Newport day centre offered an opportunity to examine

common experiences of ageing - loneliness, sense of uselessness/burden, lack of empowerment and alienation from the wider community. Also talking to White and South Asian older people enabled me to address cross communal/ethnic attitudes towards one another.

The immediate impression that was gained from talking to the White and South Asian older people at the centre was that whilst there is certain caution and tension between the younger generations of the two communities, this was not reflected among the majority of older people of either community. To the majority of White and South Asian Older people, the common experiences of ageing was more important than ethnic differences...a case of "we're all in the same boat". Also, for some older south Asians and White people attending the day centre, it was the first time that they were in close contact with each other. So, whilst everyone was cautious in the beginning, towards the end, they had managed to overcome language and cultural barriers and to integrate and co-exist.

Ironically, this was not helped by the fact that the management and staff at the centre had decided to set aside one room for all the South Asian older people to use, this room had a T.V./Video which played Hindi films, a tape recorder for playing Indian/Pakistani Music and a small library of South Asian books and magazines. Whilst the initial thinking behind this is understandable, to make the South Asian older people comfortable and to prevent any problems with other White older people, in effect the room had implicitly segregated White and South Asian older people. The under staffed centre with one full time and one part-time Pakistani carers, who had responsibility for all users of the centre as well as South Asian carers, used the room to monitor all the South Asian older people. However, both South Asian and White older people at the centre expressed their dissatisfaction at the arrangement. The older people suggested that a more open, integrative centre would allow for greater understanding and integration between the people. They argued that to implicitly segregate the two communities for fear of upsetting a few traditional or prejudiced older people from both communities was silly.

Referring back to the issue of the particular problems faced by some South Asian older people, It was apparent that even when South Asians utilised personal social services like day centres they face a double disadvantage or double jeopardy (Blakemore & Boneham, 1993). Like all older people South Asians can suffer disadvantage in terms of empowerment. Yet, the ethnicity of South Asians - language, culture and life experiences - can compound the situation, resulting in South Asian older people often feel neglected, scared and isolated in, what is to some South Asians, still an alien country. This is particularly true of Mirpuri Older people, among who, very few indeed have either a grasp of the English Language or the confidence to integrate with the wider society, as they lack an understanding of the dynamics of the wider communities. The overriding impression that was gained from the conversations with the Mirpuri older people at the centre was a sense of burden and uselessness which stemmed from old age, compounded by fear and isolation at growing old in a society that they do not feel part of or understand. Admittedly much of this could be blamed on the older people themselves, for not having made an effort to integrate with the wider community. However, it would be dangerous to start apportioning blame. What is clear is the real need to provide a system which is responsive to the psychological effects of growing old for people not born and raised in Britain. The Mirpuri older people have a right to receive services that are responsive to their needs. To achieve this, the Mirpuri community must be instrumental in co-operating with social services and local government, to better educate those responsible for providing services.

Whilst the physiological effects of old age have been well documented and research has been carried out to identify the general psychological effects of ageing, there is a lack of understanding or research into the specific experiences of ageing for South Asian people. Inevitably, this has an impact on the type of services provided for the aforementioned community. For example, with regards to the management and care workers at the Newport Day Centre, they are sometimes as much at a loss as to which type of services to

produce as anyone else. They complain about a lack of support from the local authority, lack of trained staff, and most of all lack of firm directives from either local or central government.

The day to day care of South Asian older people requires an in-depth understanding of the backgrounds to these people, which affects their dietary, religious and life practices. This means that local social services must seek the advice of the local communities, and that local communities must provide such information. Only through this interaction between local people and local welfare agencies will appropriate services be provided. This brings us to the question of will. It is some times not just cost containment strategies that dictate policy making, but also the lack of will on the part of policy makers to provide services. Why should Central and local government provide services to those people or communities that will not either ask for them or claim them? We do not live in a plural society, but a self empowered, 'if you don't ask you don't get' society.

All in all, the interviews at the day centre was invaluable, because it allowed me to interview South Asian and White older people utilising the same social services. On page 193 are listed some of the views expressed by older South Asians and White older people attending the centre. These views illustrate the differences and similarities between White and South Asian experiences of social services and of growing old. In the Appendix there is also an example of an impromptu focus group of all the South Asian older people at the centre, on one of my initial visits.

Interview with Mr S (Indian Punjabi) at the Newport Day Centre, Middlesbrough

Profile: Mr S is 61 years old and retired. He lives with his son and daughter-in-law. Mr S is looked after at home by his daughter-in-law who has also got a full-time job.

"I have been going to the Day Centre for about a year. At home, I am looked after by my daughter-in-law. I like the centre, it gives me a chance to mix with other people, I also

like the fact that the centre has both White and Asian people. This gives us all a chance to learn about each other and share our experiences. Although, there are people on both sides who won't mix. With some of the Pakistanis, I think it is because they cannot speak English very well. I have no problems".

"The centre gives me a chance to get away from home, although I feel I lose my independence at the centre, because you are constantly told what you can and cannot do. You see at home, I am independent during that day, because there is no one around. Also, I think, the staff likes to pack all the Asians into one room, so that they can keep an eye on us. I don't think they really know what to do with us, although there are two Asian carers. The food isn't very good either, they need to get an Indian cook. But I don't really mind all this, we can listen to Indian music, watch films and walk around the gardens. But I think they need to give us a separate room to listen to Indian music, as some White people always complain".

"I don't think there is a problem in using services like this, the family need a break and so do you. It is not as though my family has thrown me out of my house. It was my son who told me about the centre. He works for the housing department at the town hall. He also found out about other services like home care, but I did not want that. We did get special bathroom facilities and a chair lift fitted by the council. My son was very good in finding out and getting things done".

The above is a classic illustration of the fact that welfare rights (Social Rights) have to be sought and claimed by the individual or family. Knowledge and information about services available are not readily advertised or made available, it has to be found out and this requires knowledge of bureaucratic processes and engagement with the variety of local government and welfare agencies. The ability, confidence and determination to do so is invariably linked to issues of class, education and also arguably ethnicity (would the situation have been different if Mr S were Mirpuri?). The aforementioned factors are

among the most important means of exclusion. Mr S was able to gain access and utilise the various services because he and primarily his son had the knowledge and know how to have their needs met and to enforce their citizenship rights. These factors determining access and utilisation of services would be applicable to any group within Society. Other factors which may have a bearing are gender and religion.

Mr X (White) - Newport Day Centre

Profile- Mr X is 71 years old and is retired. He suffers from severe arthritis and has also suffered a stroke which has left him with a partially paralysed left hand. He lives by himself, although his daughter visits him regularly to help care for him.

"Social services have been quite good, I receive home help and meals on wheels, although they have told me that I may not get these services any more as I am better able now and cos my daughter comes in to help care for me. I don't know what they mean by better able, I worked hard all my life, I think I should be the judge of whether I need help, I've paid tax all my life and have never claimed dole".

"I have been attending Newport for over six years, I was told about the place when I was in hospital after my stroke. A Social Worker arranged for me to come here. I really like it here, I think the staff are excellent, the food really good and I have a lot of friends here. I also get on really well with the Asians, we are all in the same boat, so there is no point in not getting on with anyone. Its difficult to talk to some of them, as their English isn't any good, but we still manage to play a game of cards!"

"I don't think social services do enough for working class people of any colour, I think there should be more respect for older people and effort made to look after them or at least let them know what help they can get. I don't think middle class people would have any problem. I don't think it is about colour of your skin or education, I think it is about

money and class. The government should give old people who have no money, enough money to stand on their own feet, and help to live like decent people".

Mr R (White)

Profile- Mr R is 70 year old retired man, married and lives at home.

"My wife and I do not receive any home help from social services, we've applied several times, but they have turned us down. My wife is 65 and we basically look after each other. I have been coming to the centre for over two years, my wife doesn't attend the centre. Newport gives me a chance to get out of the house for a few hours, it also gives my wife a few hours on her own. I like meeting other people and to just walk around and chat. I like the fact that the day centre is mixed with Asian people, it is good to mix with people from different parts of the world".

Mr K (Mirpuri)

Profile: Mr K is 73 years old. He has only been in Britain for 10 years. He came over from Pakistan to join his son and family following the death of his wife.

"The centre is okay, I am glad there are other Mirpuris of the same age as me here. I have come to the centre for the past 10 months. I come two days a week. I didn't like it at first, I like being at home, but there is no one to look after me there every day, so I had to come. Now, I like it, I don't speak to the White people very much, I cant understand English very much, so I just talk to other Mirpuris. The food is not good, but I don't complain. I sometimes feel very lonely in this country and frightened, I don't know many people and cant go out on my own. The centre is the only place I come to. I would not come here if there were not other people like me here".

A further extract of interviews carried out at Newport Day Centre is shown in Appendix 2.9

It is hoped that Chapter Five has presented a spectrum of views and opinions gathered by the interviews. Many more of those views will be used in the course of Chapter Six, but the aim here was to present some of the best interviews. The interviews in themselves serve to illustrate the diversity in attitudes, outlook and experience between the Keralan and Mirpuri communities and immediately highlight the absurdity of homogenising different communities along boundaries of 'race' or presumed cultural commonalities. As Chapter Six will show, the difference between the Keralan and Mirpuri communities can be greater than the similarities, which tend to revolve around experiences of racism and specific attitudes towards long term care and the disintegration of cultural roots. This is tempered by the nature of the engagement of these communities with the wider communities and the interaction of factors of class and ethnicity in shaping the life experiences and future outlook of Keralans and Mirpuris - of all generations and genders.

CHAPTER SIX

DATA ANALYSIS AND CONCLUSIONS

Chapter Five presented a sample of the data gathered by interviews and in essence began the analysis of the findings of the field work. Chapter Six will continue this process and put forward a series of conceptual and practical perspectives - a set of conclusions and arguments - based on the data gathered. It will use the findings and insights gained during the course of the research, both practical and conceptual, to advance the debate on these issues. The purpose behind this reflexive approach is to offer new insights into South Asian communities and to link these to issues relating to the wider community.

An example of the approaches taken to data analysis is shown in Appendix 3.0 and referred to as the matrix analysis. As the table shows it allows for comparative description of the Mirpuri and Keralan communities (or indeed for that matter any community) in relation to a number of issues. The matrix approach allows for clear and concise criteria to be constructed and applied to the data, so that the organisation of data and subsequent analysis are made easier. It replicates the workings of qualitative computer analysis software e.g. NUDIST. This package was not available in time for me to use it in this project. Chapter Six will continue the process of reflecting on the questions and issues raised in previous chapters, in particular at the end of Chapter One. Whilst some of these questions have already been addressed they provide a useful frame work with which to highlight the implications of the data gathered and will be used to organise the data analysis and in essence tie the thesis together.

Chapter Six will then present the conclusions drawn from the data gathered and will in itself provide the framework for the overall conclusion to this thesis in Chapter Seven.

Fieldwork Findings

From the information presented in Chapter Five and that gathered overall, there tends to be a general agreement among the Mirpuri community (39 out of 43 people interviewed - 91%) in Middlesbrough that social services are not adequately providing for the needs of that community. Those interviewed in the Keralan community expressed less concern (25 out of 37 interviewed - 67.5%) at being able to gain access to or utilising existing

services, but expressed the opinion (33 out of 37 interviewed - 89%) that more appropriate social services should be provided, particularly assistance with the care of older people. Indeed, one point that was repeatedly and almost equally raised (Mirpuri: 32 out of 43 - 74.4%, Keralan: 24 out of 37 - 65%) by members of both communities is the lack of facilities for older South Asian people. This could be attributed to the traditional view still held by some social services that extended families are predominant in the aforementioned communities (particularly in Middlesbrough) and that these meet the care needs of families.

The comments made by both carers and older people in interviews suggest that in practice, social service departments do not to realise or accept that although individual members of families may help out with care responsibilities, this is not done willingly, but due to a combination of traditional cultural values of duty and obligation and a lack of other sources of help. The carers more often than not, accept the role reluctantly and often require significant help. Particularly among the Mirpuri community (see Table 6.01), because of the apparent lack of knowledge of services and representation of needs, the individual falls into the trap of looking after the person themselves.

Table 6.01 Older people and carers interviewed who knew about social services

	MIRPURI RESPONDENTS	KERALAN RESPONDENTS
OLDER PEOPLE	3 out of 18 - 16.6%	12 out of 17 - 70.6%
CARERS	8 out of 15 - 53.3%	15 out of 17 - 88.2%

Table 6.02 Number of older people and carers interviewed who lived in an extended household

MIRPURI RESPONDENTS	KERALAN RESPONDENTS
15 out of 33 - 39.3%	2 out of 34 - 5.8%

Is there an assumption on the part of policy makers that an extended networks of informal care exist widely within minority ethnic communities? Is this a justified assumption?

This question was raised at the end of Chapter One. The interviews revealed that the majority (Table 6.02) of older people and carers live in nuclear households, instantly undermining the belief held by policy makers and welfare providers that extended families and communal networks of informal care "look after their own". Equally, despite the fact that the number of people living in extended families is significantly higher among the Mirpuri interviewees, it is not as high as the general local government surveys of minority ethnic communities in Middlesbrough suggest. This substantiates the argument (see Chapter Three) that general demographic surveys using homogenous categories which composite minority ethnic communities can often produce incorrect and misleading information which in turn can lead to false assumptions about the nature and extent of informal care that may exist in a South Asian community.

Is there any consideration of the needs of minority ethnic communities within community care policy initiatives? Is there any consideration of the relationship between needs and ethnicity?

These questions were raised at the end of Chapter One. This research has shown that there was very little evidence of services being formulated or provided by either statutory or private welfare agencies which met the specific communication, religious and cultural needs of South Asian communities. Especially in Middlesbrough where the Mirpuri community represented the single largest minority community, social services adopted a very indifferent attitude towards the needs of the said community. Despite Cleveland Social Services having a South Asian Planning and Policy Officer (p.195, Chapter Five) purely responsible for addressing the needs of minority communities in Cleveland, little in the way of substantive policies have either been proposed or implemented. Ironically, those services that have been adapted to meet the cultural needs of South Asian communities in Middlesbrough, for example Newport Day Centre (p.198, Chapter Five), have managed to attract users. There is willingness among those who work at the ground

level within welfare agencies to initiate change and to improve services. However, this sentiment has not always been shared by the senior management. Another factor is the failure of the Mirpuri community to claim their rights and participate with local government and welfare agencies in the formulation of appropriate services that meet their needs. Arguably, responsibility in this respect rests on the community as well as social services.

In London, an appraisal of the relationship between social services and the Keralan community was not possible, since the Keralan community were spread throughout London and the community in itself represented just one element among all minority ethnic communities in London. This seemed to be an important factor, when assessing the appropriateness of services with regard to the needs of the Keralan community. As discussed in Chapter Three, the needs of a South Asian community in any part of London are often deemed to be represented by the single largest South Asian community in that particular area. Hence, the Keralan community did not even register on a demographic survey. It would also seem that factors of class and level of integration have meant that the Keralan community have been able to adapt themselves to the system of services that is available as opposed to social services being adapted to meet their needs. In general the social services provided in London have been formulated and implemented with greater regard to the needs of South Asian communities than in Middlesbrough. There may be a simple reason for this, London is a huge city with a large multi-ethnic population, and thus the opportunity for social service departments to recruit South Asian social workers and community workers is greater.

It could also be suggested that pragmatic political interest may provide a more obvious reason for the relative success of South Asian communities in securing representation of their interest with local government and welfare agencies in London. It would become increasingly difficult for politicians and policy makers to ignore the needs of a section of its constituency if they happened to represent a significant proportion of the local population in that area. The size of a South Asian community is reflected in demographic and political (in terms of voting power) pressure on local authorities. Hence at a local level, the physical size of a South Asian community and perhaps more importantly, the socio-economic position of that community may empower its members (politically and economically) to demand ethnically responsive health and social services.

Consequently, it has to be noted that even within London there are regional differences in the level and type of social services provided for South Asian communities, reflective of the size of South Asian communities living in a particular area. Differences also seem to occur according to which South Asian community is living in an area. For example, the relatively poor Bangladeshi community in East London are targeted as priority cases in housing and social welfare, whilst in West London there are less crisis oriented and more 'normal' services provided for the predominantly Indian Punjabi Sikh community, who are generally prosperous, business owning people. These socio-economic differences also seem to have an affect on the impression of these communities held by the wider public.

The 'special' prioritisation of Bangladeshis in East London has provoked resentment and anger among the White population in an area where economic hardship and poverty affects a great many people. The wider population view the Bangladeshis as receiving an unfair advantage and this has contributed to a renewed and worrying rise in the popularity of extreme right wing Nazi political parties in the area. In West London where the Sikh Punjabis are seen as prosperous business people, the provision of social services that meet the particular cultural needs of this community does not provoke a similar reaction among the White population in that area. Members of the Sikh community are seen as hard working, and perhaps most importantly, as tax paying citizens.

What are the views of the Indian and Pakistani communities toward community care and the issue of care in general? Are members of these communities aware of the new systems of welfare provision or their rights to comprehensive welfare as citizens? (from Chapter One)

The differences within the widely perceived homogenous 'Asian community' were illustrated through the interviews carried out in the Keralan and Mirpuri communities. There was a marked difference in the opinions voiced by members of the Keralan community and the Mirpuri community. Although there is a general consensus among members of both communities that social services at present do not cater for the needs of their respective communities, the Keralans that were interviewed (both older people and carers), were more pragmatic about their situation. There was more of an effort to understand the reasons behind the lack of services rather than merely blaming racism or prejudice, which were the main reasons given by a significant number of Mirpuri respondents (23 out of 43 - 53.5%). The Keralans tended to adopt the attitude, "*right we*

know the situation, lets see what can be done to get around it" (a 64 year old retired Keralan man). There seemed to be a general (29 out of 37 - 78.4%) feeling among the Keralans interviewed that there was nothing to be gained by acting the victim, as expressed by a 26 year old Keralan woman, *"there is absolutely no point in shouting racism every time one hit a hurdle, if you want to change the status quo, you have to understand the system"*.

The difference in the socio-economic background of members from the Keralan community and the Mirpuri community was very evident in interviews. From first generation Keralan immigrants through to second generation British born or raised Keralans, the ability to articulate and express opinions and the willingness to engage in discussions about social and political issues was very apparent. Furthermore, the difference in this respect between women from the two communities was most marked. Keralan women were more willing to engage in interviews and participate in wider discussions. There were less cultural or traditional restrictions on Keralan women than on Mirpuri women. These differences are indicative of the wider differences in the roles of women in the two communities. Second generation Keralan women in particular enjoy greater freedom and equality with men, both in the home and in terms of careers. However, it is stressed that these differences are in no way applicable to all members of the Mirpuri or Keralan communities.

Table 6.03 Number of older people and carers interviewed who would use social services.

	MIRPURI RESPONDENTS	KERALAN RESPONDENTS
OLDER PEOPLE	6 out of 18 - 33.3%	13 out of 17 - 76.5%
CARERS	10 out of 15 - 66.7%	15 out of 17 - 88.2%

Table 6.04 Number of older people and carers interviewed who would use Day Centres, Nursing or Residential Homes.

	DAY CENTRES		RESIDENTIAL/NURSING HOME	
	MIRPURI	KERALAN	MIRPURI	KERALAN
OLDER PEOPLE	5 out of 18 - 27.8%	7 out of 17 - 41.2%	0 out of 18 - 0%	2 out of 17 - 11.8%
CARERS	7 out of 15 - 46.7%	10 out of 17 - 58.8%	0 out of 15 - 0%	2 out of 17 - 11.8%

Table 6.05 The number of carers who are women among those interviewed in the Mirpuri and Keralan communities.

MIRPURI	KERALAN
27 out of 33 - 81.8%	19 out of 28 - 68.9%

Another widespread assumption addressed by the field work is that South Asian carers would not use the social services due to cultural reasons. The research did establish that this was true in some families. A number of carers (Mirpuri: 5 out of 15 - 33.3%, Keralan: 2 out of 17 - 11.8%) did say that they would not use services for the fear of 'losing face' in the community. Fear of being viewed negatively in the community would stop some people from seeking outside help. The point that needs to be made here is that this was only true of a relatively small number of carers and should not be generalised to the whole community. Also, this issue of 'losing face' or 'standing' in the community was of greater importance among members of the Mirpuri community than among the Keralan community. In any case it is clear that is important to ensure that this particular point is not used in isolation, by central/local government or welfare agencies, as an excuse for not developing culturally appropriate services.

Attitudes towards the use of Day Centres and long term institutional care for older people

This issue was raised in Chapter Five. One similarity between the Keralan and Mirpuri communities, in terms of communal reaction, comes over the issue of use of residential or nursing home care for older members of families, especially parents. The findings of the field work partially substantiates the suggestion in Chapter Three that there would be a similarity in the views of the Keralan and Mirpuri people interviewed on the issue of long term 'out of home' care. As one Mirpuri woman explained, *"I could never place my parents into a home, it would be as though I was disowning them. My sense of duty and tradition bounds me to care for my parents in their time of need. How shall I be judged by god if I were to turn my back on my parents? "*. Similar feelings were expressed by Keralan respondents, although their views were often tempered by pragmatism. *"No, I cannot imagine placing my parents into care. Its not a question of duty or obligation, although there is an element of that, but of love. They have raised me and cared for me, I would like to do the same. Although, I guess you can never rule it out. If for some reason I could not care for my parents, I would consider using outside care. So I suppose I cannot rule out their use completely, but it would have to be a crisis situation or when I thought I couldn't cope".* (30 year old Keralan Woman).

That said however, the field work did not show that the overwhelming reason for this was due to fear of communal reaction or loss of face. Although this was the case for some people, particularly Mirpuri respondents, for others the reluctance to use the aforementioned services stemmed from a lack of confidence in those services as they exist at present. It could be argued that the opposition to the use of long term institutional care may not be significantly different to the societal norm. Issues of duty, obligation and kinship are often cited by people of all ethnicities as reasons why they may not use such services.

Experiences of Caring

There also seems to be similarities between the accounts of caring given by carers in the Keralan and Mirpuri communities. For example many carers of older people and members of their family with disability or chronic illness have described how responsibility for

caring has resulted in their own health deteriorating. Even carers among the Keralan community who utilise social services, point out that the services provided are often crisis oriented rather than long term (echoing the views of many carers across all sections of society). Similarly, other than occupational therapy and the occasional visits by nurses, many services do not meet the specific needs of the Mirpuri and Keralan communities. In many cases in both the Mirpuri and Keralan communities, especially among the first generation, wives would assume the role of primary carer because of their sense of duty and love for their husband or parents or children (see table 6.05). Although among the Keralan women there is an element of choice which is denied to many of the Mirpuri women, more often than not a woman would assume the role of carer to ensure that the recipient of the care does not receive it from a 'stranger'.

This is a particularly powerful and widely shared motive in terminal cases. It is common for these South Asian women to spend a significant proportion of their lives caring for a member of the family. Considering that in some cases there is often a large age difference between a husband and a wife, a woman may find herself a principal carer at a relatively young age. In the Mirpuri community for example, there were several cases of men in their late thirties marrying girls as young as sixteen, largely to ensure that there was a carer in the family to look after older parents. A repeated sentiment that was privately expressed by carers in both communities, but more so by women in the Mirpuri community, was that a combination of cultural or traditional expectations placed upon them by 'the community' and a lack of appropriate social services meant that they had no time for themselves and no respite from care duties. The image of a silent, disempowered, lonely carer was painted by some of the carers that were interviewed and referred to by other members of the Mirpuri community.

Both Mirpuri and Keralan carers described similar personal and social costs of caring, as highlighted by the following accounts: *"because my husband needs looking after all of the times, you are too tired to do anything else"* (an arthritic, 64 year old Mirpuri woman); *"I feel so tired because of the work I have to do. My husband cannot exert himself, so we are in bed by 7.00 p.m., this means we never go out, and we never see anybody. Its hard on the children, but what can I do...who else will look after him?"* (40 year old Keralan woman, looking after her 52 year old husband paralysed by stroke). Although the majority of carers are women (especially among the Mirpuri community) there were also several male carers, particularly among the Keralan community. As one male carer

commented, *"caring for my wife means that I am always stressed and I suffer from blood pressure. I get very little help, I have daughters, but they are both married with careers and have their own family. They do what they can, but I don't want them to be burdened. My wife suffers from diabetes and depression, it is sometimes difficult to cope with the constant changes in her character. I do a lot of the housework, but I do get help from my Malayalee neighbours and close friends, which is relieving. I have decided to enquire about help from social services, but I haven't had a visit from them as yet, but I will pursue the matter even if they consider me low priority case"* (63 year old retired Keralan man).

In comparing the views voiced by respondents in London and Middlesbrough there seems to be relative agreement on cultural issues - e.g. views on familial duty - but differences in life experiences and attitudes towards social services, discrimination and so forth. There are many reasons for these differences which could be attributed to socio-economic factors, education and demographics. As one member of the Mirpuri community commented, *"if we look at London, it has a mixed and diverse Asian community comprising of various sub-continent people of different religions, culture and languages, but grouped together they form a huge Asian community. Because of this, the need to press for changes or gathering funds in relation to social services has become an easier task"* (an older Mirpuri shop keeper who has been in Britain since 1958).

What is the nature of ethnic diversity that exists between South Asian communities. Are these significant and what impact does it have on the experiences of these communities with regard to welfare, and in terms of engagement with the wider communities? In other words, how do members of the Mirpuri and Keralan communities perceive themselves, socially, culturally politically and economically (particularly older people)?

There seems to be a clear determination amongst Keralans that their community should not to be seen as a small, self-enclosed minority, but rather as part of the wider community. At the same time there also seems to be a lot of frustration among older Keralans that their individual ethnic identity and needs are not recognised widely as being different from other South Asian communities, either by local government agencies or other communities (including other South Asian communities). Much of this sentiment

could be argued to be intellectual arrogance on the part of older Keralans, in that they see themselves as somehow superior to other South Asian's and the wider community. However, this may be an injustice.

Older Keralans in particular seem concerned that the success of the Keralan community in integrating and functioning within the wider community may ironically spell disaster in maintaining the cultural heritage of Keralan society in Britain in years to come. Equally, older Keralans, particularly those that are retired feel that their individual needs have been overlooked and presumed to be those that are represented by the single largest or common South Asian community living in any one particular area in London. As one older Keralan commented, *"we are a minority within a minority. Our distinct culture, language and history is assimilated with other more common Indian communities, who may seem to outsiders as being as one with Keralans, but in reality, perhaps other than the common colour of our skins and the discrimination we face because of it, there is often very little in common between some Indian communities"*. It would seem that some older Keralans find it difficult to reconcile the need to portray the Keralan community as a distinct South Asian community with the intrinsic desire or intellectual realisation that integration with the wider community is both necessary and inevitable.

This situation can be compared to that of the Turkish communities in Germany, where they comprise some two million people. Particularly in Berlin which has the single largest Turkish community of some 250,000 people, there is an ongoing ideological and cultural battle between the first generation Turkish immigrants and the second and third generation Turkish Germans. Ironically the classification of second and third generation Turks as Turkish Germans is also a source of much conflict and debate. Germany does not allow for dual citizenship, thus the Turkish people, some of whom have been in Germany for several generations have to relinquish their Turkish identity and origins to become German citizens. The German reluctance to accept that two distinct cultures can be assimilated to represent German identity has forced the issue of multi-culturalism and notions of citizenship to the top of the political agenda in Germany and to the attention of Europe as a whole and set against the backdrop of attempts to create a federalist European state. Second and third generation Turks have had to make a choice between a German identity, or an immigrant Turkish identity. For many, this choice is resented. The majority of the second and third generation feel as German as any other citizen (having very little in

common with Turkey) and feel aggrieved that they have to make a public choice to gain official recognition as being German people.

Although the situation in Germany is different from Britain, the experiences of members of minority ethnic communities in Britain in coming to terms with their ethnic identity as an amalgamation of their native communal ethnic origins and that of the host country is similar to that experienced by the aforementioned Turkish communities. Particularly among the second and third generations, the attempts to reconcile the different cultural influences is affected by the ambiguity surrounding interpretations of British identity and of what constitutes a British citizen. Although multi-culturalism is an accepted right of a British citizen, many South Asian's still feel that an implicit choice has to be made to integrate fully in British society and way of life or remain within South Asian communities and be closed off from outside influence.

Many Keralans of all ages clearly believe that there is a lack of communication among the authorities, welfare agencies and Keralan community. To address this problem and air the specific needs of Keralan people in health and social services and other areas, the Keralan community decided to elect a small number of members to represent the interest of the community at local and central government agencies. This was to ensure that a clear representative of the community could be identified by local authorities and members of the Keralan community themselves, rather than have several organisations within the Keralan community purporting to represent the needs of Keralan people. In this respect, there is a marked difference between the role of older people in the Mirpuri and Keralan communities. In the Keralan community, older people play a significant role in instigating initiatives to bring about change. Equally, it is quite common for 'young elderly' members of the Keralan community of both gender to play an active role in managing the affairs of other more older people and assisting in care duties. There is an important reason for this, and one which emerged from interviews with older Keralans.

The senior members of the Keralan community (predominantly in their late 50s or early 60s) were much more integrated on a social level with the White community from the moment they arrived in England. The Keralan community were far less affected by the British occupation of India than those from the Northern Western parts of India where the Mirpuri community originates. There is a history of co-habitation between the British and the Indians of Southern India and greater integration. As suggested in Chapter Three, to

understand the experiences of the Keralan community in Britain and particularly the attitudes of its older members, it is important to acknowledge the socio-historical influences that shaped the character of Keralan society and its people.

Consequently, the Keralans that came over to Britain (largely during the 60s and 70s) integrated with the wider population on a social level, in terms of having English friends and partaking in traditional British past times such as going to the pub. There are even accounts (although not openly discussed) of several Keralan men having English partners during their early years in Britain. Some of these relationships ended up in marriage. When talking to some of the senior male Keralans in Britain, their recollection of Britain in the 60s and 70s is similar to that recalled by White men of the same age. They talk about the way of life, cost of living (talking in old English currency), talking about going to the pub - the only fast food was "pie and chips"- and so forth. Although the issue of immigration brings with it discussions on racism, it seems far less of a daily issue and experience than it is today and certainly from the late 1970's onwards. Indeed the subject of racism is often discussed in relation to a minority in society in the 1960s and early 70s.

"Yes, you came across a few that called you a Black bastard or gungadin, but they were few and far between. Most of them were working class, uneducated kids. The vast majority of English people we knew and socialised with were warm, friendly...and well, colour never came into it except in the sense of curiosity. We all expected a lot more racism than we encountered. I think that the fact that most of us came from Singapore, where we all worked for the British (mostly for the Colonial Civil Service and the Navy), meant that we were all used to mixing with and living with English people. Besides that we all had a good grasp of English, were young and prepared to join in the daily activities of British life. We used to be members of sports clubs and social clubs. I think the fact that we were such a small community, of no more than 100 people, meant that we did not have a high profile. Besides we were all either working or students, hence we could never be accused of scrounging off the state. I think racism is far more of a daily experience and far more widespread than it ever was when we first arrived here (Mr R, 64 year old retired Keralan man).

Recollections by the majority of male Keralan immigrants were very similar to the view expressed by Mr R. Many spoke fondly about the 'swinging sixties' and those who went to university in Britain spoke almost in romantic images of a simpler way of life in Britain

and certainly more tolerant. Many pointed to the onset of economic recession and the mass immigration of Indians from Kenya/Uganda and from North India and Pakistan as the turning point in relations between South Asian communities and the wider communities in Britain. Until then, Keralans (a comparatively tiny community) were perceived as intelligent, cultured people, quite distinct from other immigrant communities, particularly the Afro-Caribbeans. From the mid-seventies however, the Keralan community began to be amalgamated in popular consciousness with the new immigrant South Asian communities. Unfortunately a significant proportion of the new immigrants were fairly uneducated rural people. They quickly began to be perceived by the wider public as having escaped from poverty in their 'native' countries and to have found salvation in a rich welfare state Britain. The older Keralans are very philosophical about the changes which occurred from the mid-seventies.

"In a way, it is understandable the reaction of the English communities from the seventies onwards. Many of those people who came from India, Pakistan and Bangladesh were looking for a better way of life, and if you were honest they were attracted by the social benefits available in Britain. Those who arrived from East Africa were different. They were refugees, most were very rich, successful business people, who lost everything overnight. Most were also well educated. I think they were unjustly treated and branded by the public. As we have seen in recent years, many of those people branded as 'peasants' from East Africa have significantly helped the British economy. Most have established successful businesses here in Britain and have helped to transform British culture and society to what it is now, a multi-cultural community. Although, the effects of recession and unemployment have made certain sections of our community resentful to minority communities, I don't think anyone can deny that Britain has changed immensely since the seventies. I think more than any other minority ethnic community, Indians have had the most profound affect on British society and way of life. I can't believe that in thirty years, Indian food and culture is not only commonly known, but food particularly has become an almost British tradition. To think that when I first came here, not many people had even heard of a curry or seen an Indian, let alone have it provided by your local supermarket! Yes, some things have certainly changed. I've changed and so have a lot of my age group. We are more British than we know and have more in common with English people than we realise" (Mr S, a 58 year old Keralan man).

A further aspect is that the first group of men that arrived in Britain still remain very closely entwined. There is a sense of having supported each other in the early years which has carried on today, resulting in community organisations such as the Keralan Association and also a greater co-operation between non-blood related families. There is a web of care and common responsibility for the welfare of members of these families, built on a sense of kinship based not on blood ties, but common shared experiences of their early years in Britain and which binds them together.

This has resulted in the fact that a significant percentage of 'young elderly' citizens in the Keralan community care for older people (i.e. senior members of the Keralan community, ageing late 50s onwards openly take responsibility for the care of much older people). Whilst in the Mirpuri community the majority of older people are cared for by younger people, there is a middle group of 'young elderly' in the Keralan community who are also carers (albeit, not primary), some because of kinship, and others because the Keralan community (unlike the Mirpuri community) is built on the notion of secular, associative membership. In short the senior members of the Keralan community seem much more active and participative than their Mirpuri counterparts. They are also much more aware of the importance of their own position within their community and of that of the Keralan community in British society. The 'young elderly' Keralans are active both economically and socially and occupy an important role within their community, both as a cohesive influence, and in empowering older members to take control of their lives and maintain their self reliance and independence so as to live a full life.

In comparison, the Mirpuri community is much closer to the traditional Orthodox Jewish community in Gateshead, who have attempted to isolate themselves from outside contact and influence. The Orthodox Jewish community share very similar attitudes to the Mirpuri community over the family and the role of women. Just as the Mirpuri community attempts to maintain a structure of society and traditions of yesteryear, the Jewish community attempts to maintain a tradition and way of life that stems back to the 17th/18th century. This community lives in a concentrated area adopting a fortress attitude towards the outside communities and being heavily influenced by religion. This Jewish community is very different to other more liberal Jewish communities in the area. Older people in both these communities are resistant to change and act as guardians against outside influence and attempts to change existing communal life. Family unity and

the obedience of its members is secured through a cultural hegemony of religion and traditional conservatism.

The Mirpuri older people do not seem to want to empower themselves to lead independent lives either from their family or community or in terms of engagement with communities outside of their own. Instead, the reliance on family and the community is viewed as a traditional method by which to evoke feelings of obligation and duty among the younger generation and hence maintain the status quo. Consequently, the 'young elderly' play a very different role to that of the Keralan community. There does not appear to be a need for the 'young elderly' Mirpuris to involve themselves in issues of care or to adopt the role of carers, since the division of labour within the family and the traditional socialisation of men and women (despite the Mirpuri community having existed in Britain for over forty years) has meant that care roles are predominantly ascribed to women. We should of course remember that the pattern of Mirpuri immigration means that the 'young elderly' are a far smaller proportion of the population than is the case with the Keralans.

Therefore, it could be suggested that the Mirpuri community may actually fuel the stereotypical views of them. Both the Mirpuri community and the welfare bureaucracy share the same conception of extended families, reluctance to use services, and the existence of an extended network of informal care involving blood and non blood ties. For the bureaucracy this is more a general stereotypical perception of South Asian communities. For from the senior members of the Mirpuri community there seems to be an unwillingness to accept that such a perspective is incorrect. To them it would be shameful to admit that the traditional image has somehow changed, and that older Mirpuris have failed to maintain the traditional customs and duties that were passed down to them through their socialisation in Pakistan. To accept that the younger Mirpuris have adopted a wider English attitude to the way they live their lives and to their relationship with their family or community is not perceived as an evolutionary development of their community, but symptomatic of the unacceptable corruption of traditional Mirpuri values by outside influence. The underlying tension in relationships between first generation Mirpuri immigrants and second and third generation British Mirpuris stems from the inability of senior Mirpuris to accept that their children are being influenced by the wider community in which they live, and, hence, that the Mirpuri community itself will change.

One view expressed by some older Keralans was a desire to spend their retirement in Kerala. Especially among Keralans who have few or no relatives in Britain, the desire to spend the twilight of their lives in Kerala where they would have the support of all their family and to complete the 'cycle' seemed a powerful motive. The cycle refers to the reasoning behind the original decision to migrate to Britain, i.e. to give their children more opportunities, to generally make a better life for themselves and then return to Kerala. For some older Keralans, the desire to return to Kerala stemmed from the effects of growing old in a 'strange' land (double jeopardy discussed in Chapter Three) and even more so from a reluctance to accept that Britain has grown to represent 'home', and the older Keralans themselves have become alienated or distanced from life in Kerala. This is reflected in the fact that of all the Keralans that arrived in Britain, less than five older people are known to have returned to settle in Kerala. The general pattern for those who have attempted to return to Kerala, has been to stay in Kerala for about three months and then decide to return to Britain.

It would seem that those older Keralans who have attempted to re-settle in Kerala have discovered that they are more socialised to living in Britain and more integrated here than in Kerala. The realisation that the Kerala that they left (for some, more than fifty years ago) is very different to the Kerala of today, being far more westernised and commercial than they had anticipated and their inability to come to terms with life in Kerala in general has been a shock to some older Keralans. Most expressed their relief and pleasure at returning to Britain and the confusion of such an emotion. The myth of returning home is not just particular to Keralans, but is experienced by all South Asian communities. However, the vast majority of Keralan older people, hold no desire (other than perhaps a romantic dream) to return to Kerala. Most have accepted that Britain is for all intents and purpose their home. Another powerful factor is the realisation by older Keralans of the extent to which their children and their grand children have integrated with the wider population - are British - and as such are as foreign to India as any other tourist would be. The length of time spent in Britain and the level of integration with the wider population are determining factors behind the desire to return to Kerala being no more than a myth or dream for the vast majority of Keralan older people.

Among the Mirpuri older people, the desire to return to Pakistan takes a different form. As with some older Keralans there is a desire among a significant proportion of older Mirpuris to return to Pakistan. However, two factors differentiate the experiences of

Mirpuri older people from that of Keralan older people. While Keralan older people are in comparison educated, retired professionals, a large number of Mirpuri older people are either retired unskilled workers or have never worked before. Subsequently, the older Mirpuris are far less integrated with the wider population, and have little experience and understanding of Britain outside of their communities. In this respect they are more isolated and alienated than their Keralan counterparts. Hence for many there is a desire to return to Pakistan, to more familiar surroundings. However, there is an important reason why there are not larger numbers of Mirpuri older people returning to Pakistan. The overriding factor is standard of living and quality of life. Many of the Keralans expressing a desire to return to Kerala have large houses, modern amenities and luxuries waiting for them in Kerala. In terms of quality of life, good health and social services, electricity, running water, cars and electrical goods (cookers, washing machine, T.V., fridge etc.), are all common in Kerala. To Keralan older people, it is not the quality of life or standard of living that is the overriding factor in deciding whether to stay in Kerala, but whether they 'fit' into Keralan society and way of life. Mirpuri older people originating from the rural regions of Pakistan, left a very basic way of life to come to Britain. To them, a return to peasant way of life is a huge change in life styles and standard of living. Whilst many older Mirpuris entertain the thought of returning to Pakistan, very few actually make the transition back to rural life. The lack of even the most basic amenities such as electricity and water was regularly cited as examples of why it would be difficult for older Mirpuris to return to Pakistan.

Indeed, many Mirpuri families, bring over the older members of their family from Pakistan to Britain, so that they may be well looked after in the twilight of their lives. So, it is more common for older people to emigrate to Britain to spend their old age with members of their families that have settled in Britain than for elderly immigrants to return to Pakistan. The quality of health and social services is an important attraction. This leads to another important factor that distinguishes the Mirpuri and Keralan older people. There are significantly more extended families among the Mirpuri community than there is among the Keralan community, where nuclear families predominate. It is more common to find families comprising of grand parents, uncles, aunts, cousins and so forth among the Mirpuri community than among the Keralan community.

Again socio-economic factors have dictated such characteristics. Very few members of British Keralan families living in Kerala feel the need to emigrate to Britain. The quality of

life and opportunities in Kerala have meant that there is less reason to leave Kerala. Equally, the standard of education in Kerala means that the professions which Keralans enter (medicine, engineering and computing) are in much demand by countries in the Middle East, where the rewards are much higher. However, among the Mirpuris, there is a desire to leave the Pakistan and the rural way of life. Britain in this sense becomes the proverbial land of opportunity. Consequently, the common migratory patters among the Mirpuri community has been for families in Pakistan to pool their resources together to fund a male member of the family (the family in this sense can assumed to mean an extended family or even a village) to come to Britain and settle. Once that male member has settled in Britain and gained employment, other members of the family would follow. A significant proportion of the family would have migrated to Britain over a period of several years. It then becomes very difficult for older Mirpuris to return to Pakistan, when the bulk of their family may in Britain. The notion of 'going home' has consequently taken a new meaning. It is more common for older Mirpuris to stay in Pakistan for an extended period (six months to a year) and then return to Britain. This is repeated every five years and represents an attempt to reconcile the difficulties of growing old in Britain and in returning to settle in Pakistan.

Notions Of Care And Rights: Perceptions Of Health And Social Services

The interviews further illustrated the differences in notions of care between the Mirpuri and Keralan community, which not only reflect of the ethnic and social differences between these communities, but encompass issues of care, gender, class and notions of public and private citizenship rights and responsibilities. Within the Mirpuri community there is a clear distinction between private care and public care (associated with shame, denial of familial obligation, responsibility and loyalty). In the Keralan community, there does not appear to be a rigid distinction between the private and public sphere of care provision. It can be suggested from the qualitative evidence that the class background of the Keralan community does not hinder them from using social services either in relation to cultural values or in terms of gaining access.

There is a serious question as to whether what the Keralans experience is in any way different from what the general population experience when people are put into the roles of carer and cared for. Keralan linguistic competencies, family forms and social

aspirations are so close to the societal norm, that what they experience seems to be the same as what most experience - particularly in a class comparative analysis (i.e. with the wider Middle Class). Yes they have difficulties, but these are not distinctive difficulties associated primarily with their ethnicity. The Mirpuri situation is very different and the reason for this seems to me to be the product of a kind of mutual unstated complicity between a social service department which doesn't have the time (or is restricted by finite resources) to be bothered very much, and the community's traditional elite's strong patriarchal domination and subordination of women into role of carers.

Furthermore another interesting factor has arisen, both implicitly and explicitly, from the interviews with the Mirpuris. It seems that there is a tension between private notions of citizenship rights, of obligation and traditional communal construction of gender roles; and public notions of citizenship, obligation and social rights or claim on public resources. The private notions of citizenship held by the Mirpuris are a reflection of the traditional construction of gender roles, of division of labour and of the attitudes which bind the Mirpuri community. This has an impact on the way the Mirpuri community and, in particular the older generation, perceive public and private welfare. Health services (although not addressed explicitly by the research) are perceived as being essential to maintain physical well being and more importantly can only be provided by trained 'experts' and thus there is no communal obligation relating to such services (a clear separation and acceptance of private and public provision). Social services on the other hand are more emotive and immediately evoke questions of cultural responsibility, division of labour and ascribed care roles and duties. In other words the distinction between private and public provision of care, of responsibility and tradition becomes blurred. In the case of Mirpuris, the provision of private care is seen as both 'normal' and necessary in maintaining communal ties and traditions within a family. The act of providing care is not equated with professional care, not perceived as requiring 'expertise', but a 'natural' role of women and the family.

This distinction between health and social services is arguably not just particular to the Mirpuri community. Indeed some Keralan respondents also made the distinction in attitudes towards health and social services, although references to health care were not made as often as by Mirpuri respondents, some of whom openly preferred conversations concerning it to issues of Personal Social Services (56% of Mirpuri respondents spoke at some point about health services, 38% among Keralan respondents). As one older

Keralan man expressed, *"They (Keralan community) are very aware of health services and are very efficient in making use of it. With regard to social services and community care, I think they are aware of the policy, but less aware of the practical services that social services provide. The reason for this is that I believe there is more reluctance to readily use social services than there is in using Health Services. Using social services instantly raises questions related to the internal family relations and also about issues of duty and caring"*.

As Claire Ungerson (1993) argues, professionalism and science mark off a specific health territory in care which is absent for the Personal Social Services. She goes on to argue that the ambiguity surrounding the provision and use of social services makes it difficult to attach it to any notion of social rights. It could be argued that notions of care are not only personal, but so deeply entwined in the culture and tradition of a community that very often, the public notions of the rights of the carer and cared for are superseded by communal solutions to the problems of care and provision of care. In other words these issues are resolved through socialisation and the domestic division of labour that has evolved out of the culture, tradition and religion of a community. Added to this is the issue of class. From an examination of the interaction of these factors, the attitudes of the Mirpuri community can be better understood. Equally the issue of class can be used to explain why there is less of a distinction made between health and social services by the Keralan and arguably by the wider middle classes.

Although the issue of health was not directly relevant to this research, it would be interesting to carry out comparative research with the wider communities to confirm whether the comments of the Keralan and in particular Mirpuri respondents with respect to health and social services are specific to the experiences of South Asians or shared by members of all communities regardless of ethnicity. Equally important with regard to future research, it would be interesting to examine views of Mirpuri people on care responsibility - separation between private and public provision - in the case of older people with Alzheimer's disease, the mentally ill or handicapped people. Would the care of such cases be deemed a health issue or a personal one?

The Influence Of Religion

One facet of the examination of the Mirpuri and Keralan communities, in respect to attitudes towards social services and the influences which mould their life experiences, is the interaction among religion, individual rights, and gender and the impact of this on communal rules and norms which govern the lives of individuals within these communities. Religion plays far less of an influential or governing role in the lives of Keralans. The principles of secularism, freedom of speech/conduct and universal suffrage are part of the everyday lives of people in Kerala and hence of Keralans who came to Britain.

The Mirpuri community in this respect could be compared to orthodox Judaism, where religion plays a fundamental role in the socialisation of individuals within these communities, in shaping their attitudes and the social, traditional and familial structures. It is difficult to separate religion from culture or from what is perceived as tradition. They overlap and interchange. The consequence of this is that it becomes very difficult (particularly for the younger generation) to break away from the traditions laid down by older generations, for women to become emancipated, for the battle is not only to change the attitudes and hold of the older generation, but also against religion itself, which then becomes an insurmountable barrier.

Girls are ascribed traditional family, care oriented, sub-ordinate roles at a very early age through a socialisation based on a cultural hegemony which is founded on traditional history and religion. In comparison, the socialisation of Keralan boys and girls is akin to the societal norm. All of this has a profound influence on the respective evolution and integration of the Mirpuri and Keralan communities with the wider population and also on the rights exercised by members of these communities, both men and women.

The Islamic religion is not only evangelical, but preaches that there is not a separation between the 'state of God' and the civil state. Therefore religion within the Mirpuri community is irrefutably linked to and shapes communal culture and tradition. Hence a break from tradition is deemed as a break from religion. In Kerala, there is a constitutional and cultural separation between religion and the identity and nature of civil state (i.e. akin to a separation between private and public notions of citizenship). Hence,

Keralans make a Separation between religious identity and state identity and distinguish the rights of individuals within a civil state from religious notions of obligation and duty.

Future research might involve examining the cultural characteristics and inner dynamics of communities such as the Mirpuri community in 10 - 20 years time. Will the 2nd/3rd generation British Mirpuris be as religious and traditional or will they have become more integrated with the wider communities of all ethnicities?

The fieldwork has attempted to address the questions and issues raised in the previous chapters. The data gathered through the interviews has provided an insight into two diverse South Asian communities. The analysis of the data gathered began in Chapter Five with the presentation of interview accounts. These accounts not only highlighted the differences and similarities within a previously perceived homogenous community, but emphasised that the future outlook and characteristics of these communities will be dictated by the complex interaction between issues of ethnicity and class. This has already determined the extent to which each of the two communities has integrated with the wider population and their ability to engage within all spheres of public life. The field work has also shown that issues of caring, gender and use of 'outside' social welfare is still influenced in communities like the Mirpuri by the strength of tradition, religion and self imposed exclusion from wider communities.

Despite arguments that collective ethnic or 'race' action is both needed and necessary to combat issues of racism, harassment and discrimination in all areas of life, this thesis has argued that it is equally important to reconcile what it means to be British and to acknowledge the existence of distinct and diverse South Asian communities. This has further implications for the formulation and implementation of social and public policy.

Chapter Seven will continue the process of drawing together all the elements of this research begun in this chapter and present further conclusions. It will also comment on the wider implications of this research, particularly in relation to issues of exclusion and empowerment. One question which arises from this is are the experiences of South Asian communities in terms of getting their needs acknowledged by policy makers at the local and national level particular to them, or are they generally characteristic of groups in society that are less advantaged than others, both economically and socially?

CHAPTER SEVEN

Overall Conclusion

The aim of this study was to assess the implications of community care for minority ethnic communities, in particular two South Asian communities, by focusing on the issues surrounding the care of older people. I set out to address the conceptual and practical questions derived from this and to explore the experiences and views of older people and carers in the communities themselves. Chapters Six and Seven jointly constitute the conclusion to this thesis but have different foci. Discussions in Chapter Six largely revolved around data analysis using the findings from this to explore some of the questions raised in previous chapters. Chapter Seven will develop these review of the issues in relation to the findings presented in previous chapters and will attempt to assess their wider implications. In this chapter I will be implicitly referring back to the sets of questions with which I concluded Chapters One and Two of the thesis. These questions informed the conduct of the fieldwork and have been explicitly addressed in Chapter Six. Here they constitute the background frame of reference for the general conclusion to the piece.

The conclusion is structured as follows. The first two sections present what I regard as the most important findings. The first of these sections examines the interaction between class and ethnicity and its consequences for differentiating between South Asian communities and for understanding the diversity of life experiences and outlook which exist among these communities. The section also reflects on the usefulness of emphasising ethnicity over the use of collective or homogenous identification of South Asian communities. This is followed by a section entitled, 'Citizenship, Ethnic Identity and Social Policy' which considers the implications of the research for other communities and examines the value of citizenship as a tool with which to explain diversity, differentiation and inequality between groups in society.

The next section examines the policy implications of this research. It argues for the need for policy makers, both nationally and in particular locally, to be sensitive to the diversity of needs that may exist among minority ethnic communities and to re-assess the basis or assumptions upon which policy is formulated towards these communities. I argue that there needs to be greater collaboration and consultation between welfare agencies and South Asian and other minority ethnic communities in the assessment of needs and the formulation of social provision that is required. This is qualified by the need to take note of the important finding of the field research that such a consultative

process may not always produce a representative picture of the needs of a certain community, since it is largely dependent on who is chosen to represent the views and needs of community. The section also comments on the general impact of community care provision at a national and local level and suggests future research is required if community care initiatives on South Asian and minority ethnic communities is to be fully understood - for example the impact of charging. Finally, I suggest that discussions focusing on ethnicity, welfare and policy should centre around the processes by which issues of ethnicity and its consequences are recognised and managed by welfare bureaucracies. This 'ethnic managerialism'¹ by the various welfare agencies, especially at a local level, will have a crucial impact on the lives of South Asians and other minority ethnic communities and will determine the extent to which each of these communities are excluded or catered for.

In the last part of this conclusion I briefly reflect on the methodological implications of the research, illustrating the many difficulties that can arise when attempting to carry out, in-depth qualitative research among South Asian communities

THE INTERACTION BETWEEN CLASS, ETHNICITY AND RIGHTS

Overall, it is clear from the findings of the field work that class is a most important factor in shaping the attitudes and beliefs of the Mirpuri and Keralan communities. It is apparent that there is a clear interaction between ethnicity and class in explaining some of the differences between the aforementioned communities. This further underlines the inappropriateness of using homogenous terms such as 'Asian' or 'Black' in identifying and labelling minority ethnic communities.

The complex interactions between ethnicity and class, not only in this country but also in the countries from which the immigrating generation came, are not generally considered in most studies. Indeed the interaction between the two has only recently been incorporated into the examination of Census findings by Ceri Peach et al, 1996. The term 'race' continues to be used either in an attempt to differentiate in physical terms between different ethnicities or in terms of discussions relating to racial discrimination and harassment. There is a school of thought which argues that the term, 'race' continues to be a relevant concept in that it helps to identify power relationships in society.

As Brah (1992) argues, *"in my own research, I have found that South Asians will frequently describe myself as 'Kale' (Black) when discussing issues of racism. But since the whole social being of South Asian and African Caribbean peoples is not constituted only by experience of racism, they have many other identifications based, on, for example, religion, language and political affiliation. More, as many demonstrations and campaigns show, the concept of Black was mobilised as part of a set of constitutive ideas and principles to promote collective action"* (p.129).

Racial discrimination is arguably not a one way street which only afflicts non-White communities. Underlying this power perspective is the idea that racial discrimination stems from those who discriminate having power over those who are discriminated against. This may be true in a simple 'playground' scenario, but becomes more complicated and subtle in complex communities and organisations. Labelling sections of a community as 'Black' may also give the impression that all non-White people need to be helped and are somehow disempowered from helping themselves. This could be regarded as paternalistic and disempowering.

Fundamentally, the continued use of the term 'race' in effect causes social exclusion for the communities to which it is used to refer. Modood (1988) argued against the use of 'Black' to represent all minority ethnic communities as he felt that South Asian communities are intrinsically different to those people from the Caribbean or Africa, for example. However, Modood dismisses the need to differentiate between South Asian communities. To Modood, the cultural and social experiences of these communities in Britain are so broadly similar that ethnic differentiation is of little use. Referring back to discussions on 'race' and ethnicity' in Chapter One (pp. 4-12), Brah (1992) also voiced concern at the over reliance on the use of ethnicity to differentiate between groups in society and argued that factors of gender and religion must be considered. This research does substantiate Brah's point and has shown that ethnicity in itself is not a complete indicator of difference, but factors of class, religion and gender are also crucial. In this respect, as the following sections will illustrate, the findings of this research support the work of Brah and others, highlighting the importance of factors of class, ethnicity and religion in differentiating between South Asian communities.

The continued use of inappropriate homogenous labels not only ignores the vast diversity of ethnicities which exist in Britain, but also homogenises the attitude, values and needs of these people. This clouds our understanding of the ethnic diversity and social positions of South Asian and other minority ethnic communities. The lack of

academic consensus over the use of ethnic and 'race' terms, further compounds this situation. Hence it becomes easy to use stereotypical assumptions of the nature of the 'Asian' community - for example to assert the existence of extended networks of informal care and / or the reluctance to use social services - in order to justify inaction on the part of policy makers and the government in giving due and careful consideration to the actual needs of these communities. Now, within policy-making the overriding problem faced is usually that of finite resources versus infinite need. With first generation minority ethnic communities it was relatively easy for policy makers to effectively ignore the possible needs of those communities and not to provide culturally appropriate services.

Yet, Brah (1992) questions the usefulness of ethnic differentiation in improving the distribution of resources to minority ethnic communities.. *"It is argued that the term 'Black' serves to conceal the cultural needs of groups other than those of African-Caribbean origin. This particular critique is often steeped in 'ethnicism'. Ethnicism, I would suggest, defines the experiences of racialized groups primarily in 'culturalist' terms: that is it posts 'ethnic difference' as the primary modality around which social life is constituted and experienced. Cultural needs are defined largely as independent of other social experiences centred around class, gender, racism or sexuality. This means that a group identified as being culturally different is assumed to be internally homogenous, when this is patently not the case. The 'housing needs' of a working class Asian living in overcrowded conditions on a housing estate for instance, cannot be the same as those of a middle-class Asian living in a semi-detached house in suburbia"* (1992, p.129).

Brah argues that replacing homogenous labels with ethnically based categorisations will not necessarily lead to better funding or more equitable distribution of resources, than using collective labels such as 'Black'. I suggest that ethnically sensitive classification of communities will help to reveal the diversity of needs among South Asian and other communities and help policy makers (at a national and in particular local level) to better understand and address the nature of welfare and social needs that exist among its South Asian communities, particularly in the long term. Policy-making is only as good and as just as the information upon which it is based. Thus the continued homogenisation of South Asian communities in the area of social and health services will continue to ignore the diversity of needs and hence continue to allocate resource at a general level.

In addition as shown by the field work, the interaction between class, ethnicity and religion has a fundamental impact on the ability of South Asians to receive and utilise social services, particularly among older people and women carers. I also suggest that the situation is rapidly changing among second and third generation British Indians and Pakistanis and the impact of these changes will determine the extent to which individuals and communities experience exclusion. The issue of citizenship rights has emerged. Especially among the more educated, middle class communities, there is an awareness of social rights, particularly with regard to 'contractual' notions of right which stem from having paid taxes and national insurance. The comments from the Mirpuri and Keralan respondents of all ages illustrated the differences in knowledge of rights. This again highlights the diversity in life experiences and attitudes of different South Asian communities.

The Mirpuri community, on the basis of the evidence gathered, is an inward looking, predominantly working class, traditional religious community which continues to be controlled and shaped by the views of the older first generation. Here there is little awareness of social rights or indeed willingness to accept them. There is an implicit mutually beneficial interaction between the views of the older generation Mirpuri and social services within Cleveland, which serves to meet the needs of both those parties. This 'reciprocity' underlines the argument that citizenship rights or demands for culturally appropriate services have to be claimed and enforced. It is arguably not enough merely to shout 'racial discrimination', but individuals and communities need to go out and 'bid' for services. However, this would invariably require those communities to open up and adopt less of a 'fortress attitude' to the outside world (as shown in the field work, this fortress mentality is not only directed toward White people, but to others like myself, whose ethnicity and life experiences is different from that of many from the Mirpuri community).

Examination of the Keralan community demonstrates that the ability to utilise or claim social rights is fundamentally affected by socio-economic factors - education, type of employment, and class. These factors also affect the outlook of members of a community. For example, the majority of the Keralans interviewed expressed the opinion that social services did not cater for their specific needs, but attempted to utilise the existing services to the best of their ability. Other economically powerful and demographically large South Asian communities such as the Indian Sikh Punjabi communities in West London command great electoral and political power locally. Their needs cannot be ignored because of the aforementioned factors and also because they are politically active.

This diversity of experiences among South Asian and other minority ethnic communities at a local level, equally undermines those who argue that racial discrimination is all about power and represents a zero sum game where the racial discriminator has all the power at the expense of 'Black' people. In this respect homogenous labels such as 'Black' and 'Asian' actually serve to disempower 'non-White' people and to distort the picture of diverse needs. There is a complex interaction among ethnicity, class, religion and gender which needs to be considered in examining any section of a community in relation to issues of community care. In the Personal Social Services much of what might be available is not advertised, nor are practitioners or providers allowed to initiate informing clients of their existence. Hence, access to and utilisation of these services, which can be argued to form part of every individual's social right, is determined by an individual or community's ability to seek out those services and work through the bureaucracy (see Le Grand, 1982, 1993).

In Chapter Three I suggested that the Mirpuri community might face a 'double disadvantage' resulting from the interaction between class and ethnicity. The findings of the field work seem to substantiate this suggestion. For example, there seems to be an implicit, mutually beneficial interaction between the perceptions of the social services in presuming that traditional views of the preference for informal care over outside care held by senior members of the Mirpuri community represent the views of majority among the Mirpuri community and the desire of senior members of the Mirpuri community to maintain the importance of informal care and restrict or even forbid access to and utilisation of outside formal care. For social services this is conveniently appropriate - why open up a new 'market' of potential users of social services who will then make a claim on the finite resources of social services when there seems no communal or individual pressure on social services to do so - and for older Mirpuris, an acceptance of outside care is seen as the first step to the destruction of Mirpuri values, beliefs and sense of community.

Now there is a connection here with ideology. In other words, it can be suggested that there is a congruence between traditional authoritarian elements in Conservative assertions of the need to move towards the family and away from state provision, and the societal norms of some Mirpuri people. This also raises an issue regarding citizenship. Older Mirpuris in particular, do not seem to be willing to express what the distinctive needs of the Mirpuri community are. To do this would require the older members of the community to abandon its closed attitude to the wider society and to allow people (both within and outside the community) to judge and challenge the

traditional views, values and beliefs which underpin the socialisation of men and women and define the domestic division of labour within the Mirpuri community. Therefore, other than claiming rights to services that cater for dietary and religious needs, it is difficult to see what services associated with care could be claimed from the existing universal system which did not challenge traditional communal views of gender roles which exist in the Mirpuri community. In the Keralan community, the issue is not about gender equality, but about the process and means of accessing and utilising existing services - the attitude of how best to use a system of services which were set up without any direct regard or acknowledgement of any distinctive needs of Keralan people.

Yet, it is interesting that whilst there are significant differences between Keralans and Mirpuris there is also agreement on issues of personal identity and on the use of residential homes provided by social service agencies. Where the communities differ is in their ability to understand and utilise the system and in their capacity to adapt to it. In this respect, the Keralan community is much more fluid and open to discussions relating to issues of care and caring, gender roles and the need to change. A large percentage of older Keralans came to Britain speaking good English and with an apparent willingness to integrate or engage with the wider population. However, the older Keralans also have a strong associational sense of civil society. Like middle class catholic Irish or orthodox Jews, there is a sense of self reliance, reflected in the set up communal organisations and self help groups.

It could be suggested that in ten years time, the young Keralan elderly will seek to raise funds to set up a communal run residential home, which caters purely for older Keralans and is run by them. In this respect, the young Keralan elderly are sufficiently knowledgeable (due to socio-economic factors) about the existing Personal Social Service system to seek funding from these agencies and to organise and raise communal funding to set up such a charity based home. A venture of this nature will be regarded as acceptable since it is provided by the Keralan community specifically, for Keralans. Ironically to achieve such autonomy and self reliance - in essence a separation from the wider communities - individuals and communities need to be engaged with the wider society and system of services.

This approach by the Keralans would be a sensible response to the long term care needs of the community and results from an acknowledgement by older Keralans of the pressures faced by carers (men and women) in combining the role of carer and mother/father or career person. This possible approach by the Keralans would also fit

well into the 'mixed economy of welfare'. So in essence the Keralan community would be within their rights to set up such an establishment. In this respect, the Mirpuri 'fortress attitude' which helps to reaffirm wider stereotypical notions of the structure, attitudes and outlook of the community with reference to care and needs, will in the long run force the Mirpuri community to become more reliant on an outside system of social services. The Mirpuris are not likely to be able to provide a communally run system of social services which will be fashioned and run by the community and will help to maintain its independence and autonomy. This inability to plan and cater for the future welfare needs of the Mirpuri community could be linked to issues of class, ethnicity and also to religion (Chapter Six, pp. 228-229).

That said, however, the Mirpuri situation may not be unique, but indicative of the situation of the working class in general. If we return to the issue of citizenship, in theoretical terms this notion can be argued to be about providing an 'equality of chances', while in practical terms the ability of an individual or community to utilise citizenship rights is invariably linked to issues of class, education and life experiences where social divisions may inhibit the ability to take up social rights. The apparent lack of will shown by the Mirpuris may lead to the community becoming progressively more dependent on the wider system of Personal Social Services, but in the role of a passive, disempowered user at the mercy of professionals in the services who may dictate what their 'rights' are, the type of services they are entitled to and whether they will receive culturally appropriate services. If South Asian communities such as the Mirpuri are expected to utilise a system of social services designed and run for White users with only superficial regard given to the specific needs of South Asian communities, then these communities will in essence experience social exclusion.

This may also have a detrimental impact on the future of the Mirpuri community itself. Within the Mirpuri community the combined effects of unwillingness to express needs and reluctance to reassess the traditional gender division of labour may lead to conflicts as women come to resent the demands made upon them. The power wielded by the older Mirpuris and their reluctance or refusal to allow carers and families to utilise outside help and voice their needs couple with a continued insistence on traditional provision of care by the family, may trap and alienate second and third generation British Mirpuris, particularly women. Those who feel the pressure of having to engage with the wider population to be able to work and live within it, and who may perhaps have to become spatially mobile in order to obtain employment, will be subject to particular pressures.

Given that forthcoming generations are likely to become more affected by wider cultural influences, it would be interesting to examine what the attitudes and structure of the existing Mirpuri Community will be in, say, twenty years time. Indeed whether it will exist in something akin to its present state is open to question. The evolution of the Mirpuri community may lead to a 'pressure cooker scenario', which could result in inter-generational conflict, given the attitude of non-compromise adopted by the older Mirpuris. Although there are tensions between the first and second generation Keralans (as illustrated by my own experiences in the field), these are not as pronounced as those which exist in the Mirpuri community and in many ways it is much easier to overcome any problems in the Keralan community. There is also an acceptance by older Keralans that the Keralan community is in a state of flux and will change considerably in years to come. The structure, outlook and perhaps even the 'ethnicity' of Keralans will change with the second and third generations.

The inability of older Mirpuris to become pro-active and open to the idea of utilising the system of Personal Social Services should not only be attributed to the fact that they are working class, but is also a product of generational, demographic and migrational factors. Many older Mirpuris were brought into Britain as ageing dependants. Even when they have lived in Britain for many years (the Mirpuris have been established in Britain much longer than Keralans), they have had very little contact with the wider population. This coupled with a poor grasp of English and a lack of a culture and history of pro-active 'young elderly', who as in the Keralan case, are actively involved in the setting up and running of a system of voluntary agencies, contributes to the inability to provide communal welfare. Ironically, the older Mirpuris seem very active in establishing and maintaining religious centres, but seem unable or unwilling to transfer these skills to acknowledging and addressing welfare needs.

In practice, the question arises as to whether the Mirpuri community can accept or acknowledge that they may have in future significant numbers of older Mirpuris with senile dementia, and that a continued expectation, and responsibility placed on women or children to provide care may be both mis-placed and insufficient. However, allowing alternatives to informal care to be even considered would invariably involve a reassessment of communal values, and especially attitudes to gender roles held by older Mirpuris - the crucial question is can these attitudes be overcome in addressing practical problems? Keralans seem capable of acknowledging the existence of social problems, and seem content to contemplate communal solutions. Potential 'solutions' of this nature are not regarded as a rejection of family values, or the abandonment of

older people, but as a means of placing the care of family members into the hands of the community as a whole.

It should be noted here that the attitudes of these two communities towards residential care (see Chapter Five, p.185 and Chapter Six, p.214) is close to that held by members of the wider community. The question here is not whether the two communities have to become very open to the idea of using residential homes as they exist now, because this objection to residential homes is not specific to these communities, but how the communities themselves will respond to the needs of their older members in years to come? Will they be flexible enough to offer a collective communal response or will they continue to assume that families will offer care? Can the Mirpuri community bring themselves to re-evaluate their existing traditional value system? Perhaps pragmatic issues such as the relationship between older and younger Mirpuris or the desire by younger Mirpuris to have a greater say in the running of their own lives and freedom may initiate such a process.

However, Abdul Khan (see Chapter Five, pp.189-191), argued that the unwillingness of Mirpuris in general, and older Mirpuris in particular, to engage with welfare bureaucracies and to integrate with other communities results from a feeling that there is nothing for them to integrate into. He argues that the Mirpuri language, culture, and food are all so different to those of White people that it is not surprising that Mirpuris are reluctant to integrate and take up social services. Whilst Abdul makes a valid point and suggests that the reaction of the Mirpuris is not atypical he does not offer ways in which this situation can be resolved when an individual or community is taken out of its familiar social environment and placed into a foreign society.

There is an implicit question here of what constitutes British identity. Abdul's views suggest that notions of British identity will never evolve to incorporate the Mirpuri community and will remain largely euro-centric. Whether this will prove true of course remains to be seen. What can be said is that, from this research, it is clear that South Asian communities are not only ethnically diverse, but their attitudes towards life in Britain may also be very different. This may have significant consequences for the attitudes of members of these communities on a whole range of issues related to culture, religion, gender, and welfare and may determine the social exclusion experienced by members of these communities in coming years.

This interaction between class and ethnicity will be particularly important in determining the future experiences and social position of South Asian and other

minority ethnic communities. Whilst comparisons have been made between the Mirpuri Community and Orthodox Jewish community with regard to the influence of religion, traditional attitudes toward the domestic division of labour, and involvement with the wider population, the Jewish community is closer to the Keralan community with respect to self help and collective communal responsibility, and the underlying common denominator is class. Both the Jewish and the Keralan community are largely middle class. Both very confident in understanding and working within the wider system of local government and Personal Social Services and in negotiating with these agencies to secure funding to provide their own communal services.

Brotchie & Hills commented on community care and the issue of caring in general by suggesting that *"From all the data available it is clear we must change conventional expectations about who will shoulder the responsibilities for care. Policies based on the assumption that there is a ready pool of potential carers are ill-informed - quite apart from whether they are fair or not. The balance between different age groups is changing: families are getting smaller, and the number of childless couples is increasing, so the number of people in younger generations available for caring roles, has decreased"* (1991, p.31). The question is whether this is applicable to the Mirpuri and Keralan communities? Indeed what will occur if the diverse needs of South Asian communities continue to be overlooked by policy makers? Community care in its present form will arguably have very little impact on the care needs and experiences among South Asian communities. What this research has shown is that policy makers and government need to adopt a multi-ethnocentric approach to policy making. Therefore, it is clear that the extent to which each of these communities benefit from social services will differ markedly.

It should also be noted that the interviewees, both Mirpuri and Keralan, both older people and carers, almost all raised the issues about the nature of care in relationship to rights which have been discussed by Ungerson (1993) which were reviewed in Chapter One and which will be discussed again in the next section. The problems about the relationships between 'rights' expressed through collective citizenship and the actual emotive content of inter-generational personal relationships seem cross-cultural in form, but it is clear that the expression of these problems is profoundly influenced by the complex interaction of class and ethnicity. The customary gender based practices which reinforce female caring in the Mirpuri community are not contradictory to personal feelings of responsibility but impose a multiplying burden on those women subject to them. In contrast middle class Keralans seem very much like middle class people in general in their consideration of exactly this issue.

The following section examines the wider implications of this study, particularly with regard to the implications of the interaction between ethnic identity and citizenship for social policy. The debates are set in the context of a 'post-Thatcherite' society, because discussions concerning rights, responsibilities and obligations relating to both care and notions of British identity have been very much influenced by the ideological debates of the Thatcher years. Thatcherism has had a significant impact on the relationship between the state and the individual and forms the background to the following debate.

CITIZENSHIP, ETHNIC IDENTITY AND SOCIAL POLICY IN POST THATCHERITE BRITAIN

“Though in many respects the law is blind to group differences, the society is not, and some groups continue to be marked as deviant and as the other. In everyday interactions, images, and decision making, assumptions continue to be made about women, Blacks, Latinos, gay men, lesbians, old people, and other marked groups, which continue to justify exclusions, avoidance's, paternalism, and authoritarian treatment. Continued racist, sexist, homophobic, ageists, and ableist behaviours and institutions create particular circumstances for these groups, usually disadvantaging them in their opportunity to develop their capacities and giving them particular experiences and knowledge” (Young, 1989, p.268).

Young's comments illustrate the differences between theoretical perspectives dealing with individuals and communities and citizenship, and the practical consequences of a group differentiated, multi-ethnic society. The study of the Mirpuri and Keralan communities with regard to community care raises a number of questions about the relationship between the individual and the state, and about individual and communal notions of citizenship rights, political power, class, gender and social rights. In essence the question which arises is whether access to social benefits and acknowledgement of individual or communal needs are dependant on the socio-economic position of the potential consumer of a particular social service or benefit. Furthermore, there is a question as to whether existing theories of citizenship recognise the existence of a group- differentiated society on the basis of ethnicity or class or gender. In essence are notions of citizenship rights still broadly based on a universal notions of equality or do they realistically reflect the social complexity of today's society.

The experiences of South Asian communities may not be atypical, but illustrative of the experiences of communities that are disadvantaged because of their ethnicity or class or because they are considered a fringe 'interest'. The case of gay men and lesbians highlights this point. Throughout the early eighties, the Conservatives waged a campaign against local government authorities, particular those under Labour control which funded agencies and societies catering for the needs of the homosexuals or for that matter any other so called fringe or left wing groups. Through the use of cultural hegemony (roughly based on New Right conservatism coupled with Victorian Christian morality) the government argued that it was both a gross waste of public expenditure and also somehow morally wrong to provide specific services that catered for fringe interests or 'minority' communities.

The discovery of A.I.D.S. initially among the homosexual community heightened this opposition to providing specific social and welfare services to homosexuals. Yet, when it became evident that the incidence of A.I.D.S. was increasing among the heterosexual community, the approach towards homosexuals changed. They began to be seen as victims themselves of a disease that did not distinguish different sexual propensities. Hence providing specific social and welfare services to homosexuals became both necessary and a responsibility of government. However, it could be argued that this change in the attitude and policy of the government toward homosexuals had less to do with a significant change in the ideology of the government than it did with a pragmatic concern with the health of society as a whole. Indeed the rights of homosexuals, have changed very little in the last decade.

What the above example shows is that unless the needs of a 'minority' section in society coincide with the interests of wider communities, their needs can effectively be ignored or played down through the use of ideological assertion or misinformation about the cultural or socio-historical nature of that community (for South Asian communities the continued belief in the existence of large networks of informal care and the perception that these communities would not use social services are illustrative of this point).

What the field research has shown is that unless individuals or communities actively claim their social rights, these rights will not be automatically guaranteed or recognised. There are particular needs which do have general implications e.g. the AIDS example cited. Hogwood and Gunn (1990) argue that when an issue achieves particularity (i.e. gains the attention / or affects the wider society), it arrives on a policy agenda.

Yet, the process by which issues are prioritised on a political and policy agenda has implications for all sections of our society. This selective discrimination within policy making could affect any community. It would seem that 'labelling' groups within society, for example, as the 'Underclass' or 'Black' or 'Asian' seems both to deny the individuals within these groups their social rights and to set a boundary which excludes and divides these people from the rest of society thereby enabling the government to relinquish any responsibility they may have toward these people. The ability to utilise social rights is dependent on how individuals and communities are perceived by the state and the wider society. Notions of 'community' and in particular 'citizenship' are by definition exclusive, their practical consequences being to exclude those who do not possess the demarcating criteria.

Liberty can be defined both negatively as freedom from coercion and positively as freedom to be able to pursue certain types of activity. Whether individuals are disadvantaged by socio-economic factors, ethnicity or even sexual propensity, the fundamental questions raised concern whether these individual's are still entitled to receive due and careful consideration of specific social and welfare needs and have them met?

Young (1987) argues that, "*group representation is the best means to promote just outcomes to democratic decision-making processes*" (pp.262-263). In essence Young is arguing that in theory and in practice there must be an acceptance that group differentiation is part of citizenship. In Britain, the acknowledgement of group differentiation would automatically emphasise the diverse ethnic make-up of British society. For Young a group-representative form of citizenship would ensure rights and equality for all groups in all areas of life. However, for a differentiated- group representative citizenship to work, groups themselves (for example the Mirpuris) must be willing to engage with other communities and more importantly with welfare and other institutions in society. If they do not group representation would in practice be no more than an ideal and would become dominated by participant groups, to the detriment of those groups who have dis-engaged themselves from other communities and societal institutions.

How are oppressed or disadvantaged groups empowered? Its the proverbial 'catch 22'. As Raymond Plant (1992) argues, social rights which enable individuals and communities to have their social and welfare needs met, have to be claimed and enforced. So, for a differentiated citizenship to work, all individuals and communities must participate and be represented.

At present with some South Asian communities there is an awareness that in order to have their particular social and welfare needs met, they have to engage with welfare and other government institutions. However, this approach is not shared by all South Asian communities where some argue that there is nothing to be gained from becoming a participative citizen. Notions of citizenship appear to be different and there may also be a belief that there is nothing to be gained from such participation since welfare and other institutions are inherently discriminatory and are not interested in addressing the needs of these communities.

As Wolin (1993) argues, there is a need for 're-cognition' (Chapter One, p.27). In relation to policy with the need to develop a notion of citizenship based on group differentiation and representation which would substantially change the impact of policies such as citizens charter and would facilitate a transformation of the ideas, assumptions and stereotypes upon which policy is continually formulated with regard to minority ethnic and South Asian communities.

Another factor that has emerged from the field work has been the communality in accounts (between the field work groups and the wider communities) of experiences of caring and the relative sense of powerlessness and isolation felt by carers. Many of the issues raised by Keralan and Mirpuri carers - lack of help from social services, the inadequacy of informal care - are echoed by carers from all backgrounds. As in other communities the bulk of the burden of informal care falls upon women, and this is compounded by greater cultural pressures on some South Asian women (Mirpuri communities) to assume the role of carer and assumptions on the part of welfare bureaucracies that this is guaranteed and will continue to be the case. However, this assumption is almost always generalised to include all South Asian communities by welfare agencies, due in part to the aforementioned cultural pressure from South Asian communities themselves and also because social research dealing with these communities tends to take the form of general surveys which grossly composite vastly different ethnic communities.

The available levels of informal care presumed to exist in South Asian communities will change dramatically, especially in more liberal South Asian communities like the Keralan communities as more and more women have careers and move away from their family homes. There is already a considerable difference in the attitudes of women in the Mirpuri and Keralan communities in terms of attitudes towards using social services. Even within the Mirpuri community there are differences between the

attitudes of older people in respect of using social services and carers, who would like the opportunity to use more services, particularly if they are culturally appropriate. So, as with expectations placed on women from all ethnic groups in respect to assuming the role of principal carer and the role of the informal sector in general, the reality of the matter is that it is highly unlikely (as we approach the third millennium) that the informal sector will be able to cope with the extra demands made upon it by an increasingly ageing population although many women will continue to assume the role of carer, regardless of their ethnicity or communal pressure.

Throughout the interviews the relationship between access to social services, caring and rights was central to people's views. The interviews with carers often involved discussion involving the personal and social costs of caring and the rights of the carer versus the rights of the cared for. Comments such as *"My son has devoted much of his time to my care, although I feel bad for the lad...he's young and has a right to his own life" illustrates this point. It can also be likened to discussions concerning social rights, public and private notions of citizenship and caring"*.

Ungerson (1993) argues (Chapter One, pp.32-35) that it is difficult to establish a practical set of rights when talking about caring. She claims that it is very difficult to establish notions of caring within a public notion of citizenship and thus evoke responsibility of the state for caring. Although, I argued that care responsibilities are already acknowledged in the public sphere of citizenship in relation to child care and that the state assists in these care duties through child benefits and family credit, there is still ambiguity concerning caring and any citizenship right to seek assistance with care responsibilities from the state. Ungerson poses the question, how do you separate the rights of the carer from those of the cared for?

The answer to this question is not clear cut. Referring to accounts of caring from carers, it appears that each carer has initially made a private, personal decision to care for an older member of the family. In theory, the carer could have decided to walk away from the role of carer and ignore the needs of a parent or older member. However, often there is not this choice in practice. As a result of a multitude of influences from personal ties to kinship, to love, to duty, and communal pressure, the carer has no choice but to assume the role of the carer. However, this does not mean that the carer has either relinquished his or her citizenship right to seek assistance from the state or that the role of the state is somehow external to the situation of the carer. In terms of consideration of rights, both the carer and cared for have a social right to seek assistance. In the case of the cared for, he or she has a right to seek help from the

state (perhaps contractual if he or she has been paying tax), to be looked after in time of need ("cradle to the grave"). From the perspective of the carer, he or she has an equal claim on the state for assistance, particularly if they have other care responsibilities (for example children) or have an economic necessity to work.

In other words, it is not simply a case of deciding between the rights or needs of the carer or cared for, but of establishing the right seek assistance with care, regardless of whether it is claimed by the carer or cared for. Often, carers are denied any sort of assistance with care. Qualifying criteria or means testing has reduced social services to a system which often makes a distinction between either providing total support for caring or nothing.

Indeed the ideology behind community care, which concerns itself with the location of care and who pays for care ('cash for care' initiatives), acknowledges that some carers should receive some financial assistance with care depending on the burden and extent of care responsibilities. The problem here often lies in the practical interpretation of that ideology and national policy at a local level. This can often lead to ambiguous policy criteria for such benefits and hence, many local authorities can quite legally relinquish any responsibility for such payments to carers by subjectively interpreting policy and defining need.

In the case of the South Asian communities examined in this study, the needs and rights of both the carer and cared for are in essence ignored. Lack of culturally appropriate services means that the citizenship rights of South Asians are either being ignored or worse still not allocated to these people under a notion of citizenship rights which still implicitly perceives a full British citizen as being represented by an Anglo Saxon image. This interpretation of the interaction of ethnic identity and citizenship rights is a powerful one in dictating whether individuals and communities receive culturally appropriate services that meet their specific welfare needs.

On a wider level, it is ironic that so much time and effort is expended contemplating the advantages and disadvantages of establishing a European 'super state' and of consequent European as opposed to national identity when the complexities of contemporary multi-ethnic Britain have yet to be resolved². Individual, communal, national identity is what make us what we are, gives us a foundation without which our lives would have no meaning, our communities will have no unity. However, the question is, how does one contemplate the future when large sections of a community

are uncertain as to whether the notion of British identity incorporates and acknowledges the multiplicity of ethnicities that exist in that community.

The culture of a nation and society is always changing, but there is a need to understand and examine this change, so the consequences of such a change can be understood both on a national level and in terms of the effects on individuals and communities. Britain is a multi ethnic nation (if not necessarily multi-cultural), the majority would acknowledge this. However, to appreciate the practical changes that stem from this multi-ethnic society, there needs to be open debate about what it will mean to be a Briton in the next millennium. The debate will need to take into account the practical life experiences of all communities, of all ethnicities, in general terms and more specifically in relation to discussions of welfare policy.

With respect to citizenship, I would suggest that theoretical and practical examinations of citizenship need to address the issues of caring and rights within the framework of a multi-ethnic British society in relation to power and the 'labelling' of sections of society by the government and policy makers whether it be distinctions and labels based on ethnicity, class or even morality. This matters enormously for the determination of citizenship rights.

As with the debate concerning the most effective way of addressing inequality and discrimination on the basis of ethnicity and 'race', there is an issue about the idea of a group differentiated notion of citizenship which seeks to empower disadvantaged groups in society. As Young herself acknowledged, "*contemporary social movements seeking full inclusion and participation of oppressed and disadvantaged groups now find themselves faced with a dilemma of difference. On the one hand, they must continue to deny that there are essential differences between men and women, Whites and Blacks, able-bodied and disabled people, which justify denying women, Blacks or disabled people the opportunity to do anything that others are free to do or to be included in any institution or position. On the other hand, they have found it necessary to affirm that there are often group-based differences between men and women, Whites and Blacks, able-bodied and disabled people that make application of a strict principle of equal treatment, especially in competition for positions, unfair because these differences put those groups at a disadvantage*" (1987, p.268).

Young's work and that of Ungerson are very useful in illustrating the tensions between theoretical, universal notions of citizenship and their practical translation. These

authors demonstrate the need for citizenship theories to acknowledge the existence of group differentiation on the basis of socio-economic status or ethnicity or gender and to take account of the inequalities and exclusion experienced as a result. Otherwise the usefulness of citizenship in empowering individuals and communities will remain largely symbolic.

POLICY IMPLICATIONS

“Despite the current re-structuring of community care provision, there remains widespread uncertainty, puzzlement and ignorance about what should be done to meet the community care needs of minority ethnic communities”

(Ahmad & Atkin, 1996, p.4).

At the end of Chapter Two (p.68), the following question was raised - *what reforms may be needed to make community care more responsive to the needs of South Asian communities ?* - This following section will outline the policy implications of this study.

The main policy implication is that policy needs to be responsive to the diversity of minority ethnic communities which may exist, particularly at a local level. Policy makers and community care implementers have to be sensitive about the ethnic and socio-economic diversity of South Asian communities and be aware that these, along with issues of religion, gender and general life experiences have an immense impact on the nature of the welfare needs existing in these communities and the kinds of services which they require. Furthermore, such an understanding may also indicate to the welfare bureaucracies the likelihood of services being taken up by members of these communities.

The relationship between national policy ‘directives’ concerning South Asian communities, within community care policy, and their local interpretation and implementation is crucial to understanding the extent of exclusion experienced by South Asian and other minority ethnic communities. Whilst in theory it could be argued (as Brah (1992) and others suggest) that allocation of resources and services is better done on a broad collective notion of South Asian or other minority ethnic community's needs at a national level, this must be qualified by an acknowledgement of the multiplicity of needs that will arise from the diversity of ethnicity and other factors at a local level. All of this has a wider impact on the social, political and cultural characteristics of these communities, particularly with respect to issues of caring and who should care. As Law (1996) suggests, *“The problems Black minority ethnic*

people have experienced in having their needs effectively assessed by SSTs have been persistent and there are no indications that the situation is improving. Summation (1993) highlighted the complexities involved in assessing the needs of Asian children and gives a clear example of insensitive social work practice in the case of an Indian Muslim child who experienced difficulties when placed in an Indian Sikh foster family" (p.124).

So, policy formulation and implementation at a local level in particular will have varying degrees of impact on South Asian communities depending on the assumptions and information about which services are provided. Of course, whether South Asian communities are recognised at all depends to a large extent on the demographic size of a community, its socio-economic characteristics and level of interaction with the wider society and, more importantly, with local governmental institutions.

It is clear that there needs to be greater consultation and collaboration between local government, social service agencies and members of a particular minority ethnic community at a local level both in assessing need, and subsequently when formulating or purchasing appropriate community care services. The study shows that welfare bureaucrats tended to assume that members of minority ethnic communities were similar in terms of social position, employment and life-experiences. This feature is further compounded by the implicit and explicit assumption that South Asian communities in particular have broadly similar social and welfare needs.

Hence services continue to be formulated on this broad collective perception of needs or on the basis that addressing the needs of the most dominant or demographically visible South Asian community will serve to meet the needs of all South Asian communities. However, allocating resources and formulating services on the basis of a broad notion of Black needs at a local level may not result in culturally responsive services being provided that meet the specific needs of the various South Asian communities. In other words, these communities may not benefit from the aforementioned system of services any more than they would by utilising a White oriented social services in which the needs of a potential South Asian user will only be met if they were the same as those of White users.

To use Wolin's (1993) terminology, there needs to be a 're-cognition' of the assumptions, perceptions and possible stereotypes upon which policy toward South Asian and other minority ethnic communities are formulated and implemented, particularly at the local level. Policy makers have to acknowledge that South Asian

communities existing in their area may be comprised of a diversity of ethnicities, cultures, religion and attitude which shapes the of needs of those communities and impacts on the way these communities interact with the wider communities and the nature of exclusion experienced.

Arguably, the continued homogenisation of minority ethnic communities, particularly on the basis of anti-racism by academics and researchers compounds the exclusion experienced by some South Asian communities. From a research perspective, I suggest that there must also be a shift in the focus of future research. There needs to be a move away from the examination of the collective experiences of South Asian and other minority ethnic communities with regard to social services towards a position which examines the practical ways in which issues of ethnicity are addressed by different welfare bureaucracies.

'Institutional racism' is often used to explain the exclusion experienced by minority ethnic communities and was particularly used extensively, in the 1970s and early 1980s to explain inequality and prejudice experienced on the basis of ethnicity and 'race'. Although there is still value in examining the existence and impact of institutionalised racism, this research has shown that there could also exist an implicit, mutually beneficial interaction between social service agencies and some South Asian communities. The relationship between older, first generation, men and welfare bureaucrats served the ends of both parties and adds validity to the views held by the bureaucrats. What is needed is more work on the way in which welfare and other agencies address issues of ethnic diversity, its impact on needs and also other structural barriers that may exist to exclude South Asian or other minority ethnic community from gaining access to and utilising culturally responsive social services. This 'ethnic managerialism' may better highlight the attitudes and responses of welfare agencies and professionals, and may also help to explain the many subtle and implicit factors which contribute to the exclusion of South Asian and other minority ethnic users. In essence what is required is an examination of the relationship between welfare agencies and minority ethnic communities at a local level, and the impact of this relationship on policy formulation and implementation.

However, this suggestion is tempered by the fact that such a process will also require a willingness to examine the attitudes, culture and outlook of these communities, both in the sense of whether communities such as the Mirpuri feel that their needs are acknowledged by policy makers, and also in terms of how the Mirpuris themselves perceive the wider society. In this sense, as argued previously, their needs to be a re-

cognition or reassessment of perceptions, stereotypes held by Mirpuris and other South Asian communities about White communities. There was a general impression among some of the older Mirpuris interviewed and the carers, that White people do not want to care for older people and hence neglect their care duties and responsibilities. So the existence of community care to some Mirpuris seems to re-affirm their beliefs that White families do not look after their older members and instead 'dump' them on an outside system of care. As highlighted in Chapter Two (p.51) they do not seem to be aware that there are over six million carers in this country and most of them are White. It would be interesting to research how extensive such views are among South Asian families and hence, to what extent this inhibits the use of social services.

Finally, from a pragmatic point of view, it may be beneficial for local policy makers to consult with different South Asian communities, for they may realise that communities such as Keralans are quite willing to set up communally run Day Centres and Residential or Nursing Homes to deal with an inevitable increase in numbers of older people within their community. Financially, they may only require minimal local statutory funding, with the rest coming from inside the community. In this way, local government could be seen to be addressing diverse South Asian needs, within notions of a mixed economy of welfare funding and improve relations between local government and South Asian and other minority ethnic communities. It should be noted of course that the possibility of this development is absolutely a function of the middle class position of Keralans. This matters not only in terms of financial resources but in relation to the community's willingness to engage with the wider society and with its welfare bureaucracies, which willingness is very much a function of organisational and personal competence. In other words the Keralans may well achieve a negotiated outcome which commits considerable public resources to the specific needs of their older people precisely because they are willing to act as a pressure group and have the social competence to do so. For the Mirpuris such action is both contradictory to social values and difficult in practice.

RESEARCH METHODOLOGY

This research has thrown up a number of issues about research methods. From the outset it was clear that the issue of the choice and use of qualitative research techniques would cause some problems. Many of the problems associated with field work and data analysis were discussed in Chapters Four (pp.139-140) and Five (pp.141-148). Problems arising from using family members to facilitate field work and from the use of interpreters are examples. In Chapter Four (p.139) I argued that there

can be a general problem that is more particular to qualitative research, that of having to justify research techniques which have not been 'tried and tested' previously in other research. It is the nature of qualitative research methods in comparison to quantitative methods that they are often shaped by the ongoing field work and the nature of the social research issue itself. This is a particular difficulty given the relative paucity of examples of qualitative research among minority ethnic communities which might serve as models.

Overall, the extent of problems faced in carrying out qualitative research in the Mirpuri and Keralan communities is indicative of a general lack of interest in developing research techniques to facilitate successful social research among South Asian and other minority ethnic communities. In this respect, the field work diary and comprehensive documentation of the process and experience of carrying out field work within this research should be very useful to others doing this sort of work in the future, whether an academic or agency context.

Craig and Rai (1996) highlight the lack of research devoted to examining the specific experiences of minority ethnic communities with regard to Personal Social Services, citing individual and institutional racism and methodological limitations as the main reasons for this. In particular, Rai points to the lack of in-depth qualitative research which aims to find out the experiences of South Asian and other minority ethnic communities. Craig and Rai raise a most important point; in their view to gain a better understanding of different minority ethnic communities, efforts must be made to develop the most effective and appropriate research techniques to gather in-depth information. Whilst there has been quantitative research which has illustrated, for example, that low take up of services among minority ethnic communities, in particular South Asians, can be attributed to a lack of knowledge and language incompetencies, these surveys arguably present just the 'tip of the iceberg', particularly given their tendency to homogenise the diverse South Asian ethnicities. The influence of class, religion, gender and structural factors such as poverty in differentiating among minority ethnic communities are either underplayed or ignored. There are few examples of qualitative research commissioned by welfare agencies or local government which has explored the interaction among these factors and its impact on notions of care, responsibility for care and provision of services.

As long as this lack of interest in developing in-depth social research among South Asian and other minority ethnic communities continues, then on each occasion qualitative research is carried out among these communities, researchers will in essence

be 're-inventing the wheel' in the choice and use of appropriate research techniques. From the academic and policy perspectives this will mean both a continued lack of knowledge and of consideration of the implications of social policy for minority ethnic communities.

OVERALL REFLECTION AND SUGGESTIONS FOR FUTURE RESEARCH

It is hoped that the analysis and conclusions presented in Chapters Six and Seven illustrate the contribution this research has made to highlighting the diversity of ethnicities, value systems, class and religion which exists within South Asian communities and which helps to shape the life experiences and outlook of members of these communities with respect to issues of caring and take up of community care services. The fundamental implication for policy is that there needs to be a re-assessment or 're-cognition' of the perceptions, value judgements and overall information used by policy makers at a local level in the allocation of and provision of social services to South Asian communities. There has to be an acknowledgement of the ethnic diversity and group differentiation (on the basis of religion, class and life experiences, both in Britain and in the country of 'origin') which exist among South Asian communities and which shape the nature of their needs.

What is clear from this research is that community care as it exists will have varied impact on South Asian communities. For some like the Mirpuri community, the impact seems to be minimal, with older people and to a lesser extent, carers, preferring to provide care within the family. For other South Asian communities like the Keralan community, take up is higher and attitudes towards social services are more positive. Although there is an acknowledgement that community care as it exists does not cater for, or indeed acknowledge, the needs of Keralan older people and carers, the specific socio-economic and cultural nature of the Keralan community has lessened the impact of this absence. Factors of class, language competencies and education have given Keralans, particular older Keralans, the tools with which to seek out and best utilise the existing system of services. Also in comparison to the Mirpuri community, the distinction between civil society and religion among Keralans has allowed them to reconsider traditional domestic division of labour and permits greater gender equality in all areas of life. This means that carers, who are still predominantly women among the older generation, have greater choice in the acquisition of outside help.

Whilst, all of this may highlight the importance of the specific ethnic and class nature of South Asian communities in gaining access to and utilising community care services,

it still does not excuse the lack of interest shown by policy makers and politicians in examining the diversity of ethnicities that now comprise British society and the nature of welfare needs that result from this diversity. The London Group on Race Aspects of Community Care (London, HMSO, 1992), set up to address the reservations of minority ethnic communities toward community care advocated, advocated eight principles which would ensure that the needs of minority ethnic communities are considered and addressed in practice. The principles (shown in Appendix 3.1) echo and substantiate much of the findings, debates and conclusions of this study, all of which were reached independently and without knowledge of the report at the time of doing the research. The findings of the field work in particular reaffirm the need for changes.

Underpinning all these principles is the notion of citizenship rights, and in particular of social rights, and whether these rights can be established as 'contractual' rights which guarantee an individual, regardless of their ethnicity, religion or colour, access to culturally appropriate services that meet the specific requirements of that person. However, although the proposals of the London Committee (1992) emphasise the need for community care to acknowledge and act on the needs of minority ethnic communities and substantiates much of the failings of Personal Social Services identified in the study with regard to South Asian communities, the wording of the proposals themselves is ambiguous and also illustrates the fact that research continues to treat the needs of minority ethnic communities using Umbrella terms such as 'Black' and from a perspective of 'Race'. It fails to acknowledge that needs may not be 'homogenous' among South Asian and other minority ethnic communities and there is a need to implement an explicit set of directives as opposed to general guidelines.

Indeed, although this thesis reaffirms many of the conclusions reached by other researchers, for example Atkin, Rollings, Bhalla and Blakemore (Chapter Three, pp.77-80), it has also repeatedly emphasised the fact that knowledge of and take up of services differs from one South Asian community to another. Whilst this illustrates the absurdity of homogenising minority ethnic communities, it also raises a criticism of the work of the aforementioned authors, in that they themselves have homogenised South Asian communities under the umbrella term 'Asian' and compared this category with 'White' communities. They have not examined the experiences of specific South Asian communities in order to study the differences in life experiences and attitudes that exist within these communities, differences which, in turn, have an important influence on the way in which these communities perceive social services as well as their opinions about caring and responsibility for care.

As the field work has shown, there are significant cultural and socio-economic differences between two 'like coloured' communities from the sub-continent. Consequently, even though the research carried out by Atkin et al. was qualified by the argument that is attempting to show a general comparative picture between South Asian and other communities, these researches are guilty of generalising amongst different ethnicities. Hence the usefulness, other than in providing a general picture, is still limited and ironically conforms to outdated methods and perspectives on the multiplicity of cultures and South Asian communities that exist in practice.

It is apparent that there is a real need for undertaking social research which attempts to de-construct homogenous classifications of South Asian communities. A research with which to demonstrate the multiplicity of cultures which exist among South Asian communities and hence need. This study is in essence an exploration of the experiences of two distinct South Asian communities with respect to community care and in particular issues of class, ethnicity, care, rights and wider life experiences and has thrown up a number of issues and questions which highlight the lack of in-depth qualitative research aimed at these communities. Consequently it illustrates the need for future research which examines the experiences of other South Asian communities such as the Sikh Punjabis or Gujarati, which aims to see what the structure, outlook and nature of these communities will be in years to come.

Indeed, there is an opportunity to use the findings of this research to address the lack of methodological discussion and literature on the processes of carrying out qualitative research among South Asian communities. This can be directed at an academic level and perhaps more importantly as resource for practitioners. The field work carried out in the study can be fused with the findings to provide a detailed account of the methods and process by which qualitative information can be gathered in the aforementioned communities. Whilst there is a greater incidence of quantitative work (particularly contract 'survey' research - e.g. Joseph Rowntree, Nuffield, Commission For Racial Equality) carried out among some South Asian communities, there are far fewer qualitative studies. Therefore, a detailed account of such a research may benefit future researchers, both academics and practitioners.

As Graig and Rai (1996) argue, *"The agencies continue to operate, as the DSS did before them, a system of benefits delivery unshaped by a coherent strategy of racial equality, whose 'colour blindness' is mitigated only by certain provisions at the margins. As a result, targeted and large-scale research (whatever its limitations)*

funded by the DSS, which aims to explore the specific experience of ethnic minority communities is virtually impossible to execute. It is still not unusual for relatively well funded and otherwise experienced research teams to go into the field, for example, not knowing the ethnic origin of respondents, not being able to draw a sample based on ethnic origin and having little idea as to whether the design of research instruments incorporates an appropriate understanding on the cultural and social contexts of all respondents" (p.126).

Below are some suggestions for further research, which reiterate previous discussions and illustrate the reasons for focusing on these areas.

ISSUES WHICH NEED EXAMINING:

(1) Testing the conclusions of this thesis on other minority ethnic communities.

There is a need to extend the field research into other South Asian, and possibly Afro-Caribbean, communities to see whether the findings of the Ph.D. can be generalised to these communities. Issues of diversity, differentiation and its impact on perceptions of non-informal welfare and needs in general held by South Asian communities need to be examined further.

(2) The cultural specificity of welfare services and 'ethnic managerialism' must be challenged.

The need for welfare services to be cultural responsive, not in a general homogenous sense which distinguishes between the perceived differences in needs of White and minority ethnic users, but acknowledges that within minority ethnic communities there is a diversity of needs and beliefs which should be mirrored by the services provided in a particular area. Furthermore, it should be recognised that there is a difference between national and local policy formulation and implementation. Hence, policy should dictate that at a local level, the needs of specific minority ethnic communities should be met, and that social policy should be based on an understanding of local ethnic diversity. Most fundamentally perhaps there needs to be an ongoing assessment of 'ethnic managerialism' by welfare bureaucracies.

(3) Comparison of attitudes toward health and social services.

The need to examine the attitudes and perceptions of health and social services. As argued there is a difference in perception of these services and the interaction of class and ethnicity is crucial in explaining these differences. Comparisons with White communities and discussions about common attitudes and experiences with the wider society, particularly across class would be an important consideration.

(4) The impact of multi-culturalism and the usefulness and role of social rights.

The need to examine the impact of reconciling the future identity of what constitutes a British Citizen. on a wider level the above issues have an impact on how the 2nd and third generation minority ethnic people reconcile their identity and where British identity can be moulded around a notion of multiculturalism as well as multi-ethnic to allow people of all ethnicities to be represented as being British. Furthermore, to examine whether the notion of social rights still useful and applicable in practice. Do the experiences of the above communities confirm the practical existence of social rights or that social rights as a notion is more applicable in theory than in practice by either policy makers or claimed by users.

(5) Community care and minority ethnic communities.

To examine the implications of ongoing community care initiatives for South Asian and other minority ethnic communities. It is important that research is devoted to examining the ongoing changes within Personal Social Services with regard to minority ethnic communities. A failure to do so will mean that these communities will continue to be overlooked and under-represented within policy-making. The implications of 'charging' and direct payment initiatives are examples where its impact on minority ethnic communities have to be researched in detail.

The aim of this research was to address the lack of in-depth understanding of South Asian communities and their experiences of social services and in particular with regard to issues of care and older people. In doing so, the research has highlighted the ethnic diversity and socio-economic positions of two South Asian communities. It has clearly demonstrated that the continued homogenisation of South Asian communities will continue to exclude these communities to various degrees from receiving ethnically sensitive social services that respond to particular communal and individual needs within these communities. Members of the Keralan and Mirpuri communities are distinguished by ethnicity, class, socio-economic positions and by life chances. These factors both determines the extent to which members of each community experiences exclusion, and indicates the possible future experiences of these communities with regard to community care.

The research has raised as many questions as it has addressed, illustrating the real need for future research to focus on and examine the implications of Personal Social Service reforms on South Asian and other minority ethnic communities. From the development of qualitative research techniques among these communities to examining the implications of ethnic managerialism, the overwhelming impression from this research is that there needs to be a substantive 're-cognition' of the diversity, social positions and life experiences of South Asian communities. Both in terms of policy and wider sociological understanding and debate. Until this happens, I suggest that the needs and consideration of South Asian and other minority ethnic communities will continue to overlooked or underplayed.

On a personal level, the Ph.D. has been a valuable experience. It revealed information on the sociological nature and characteristics of South Asian communities which were not assumed prior to this research or were not available. This research has provided experience and skill of carrying out field work, dealing with unexpected problems. organising and analysing data and presenting a series of conclusions. The principle of reflexivity adopted in both conceptual and practical field work allowed for greater reflection on the research throughout the work and arguably worked well.

Finally, it is hoped that this research has contributed both in an original and practical way to our understanding of the experiences and outlook of South Asian communities with respect to community care and the possible future needs and nature of these communities.

¹ 'Ethnic Managerialism' is a term used to refer to the ways in which welfare and other agencies manage issues of ethnicity. This as suggested in the chapter will indicate the priority and significance attributed by social service agencies for example, to the needs and rights of South Asian and other minority ethnic communities.

² It is acknowledged that the notion of a 'European State' is not necessarily incompatible with ideas of individual national or regional or communal identity. However, I am largely referring to the public perception and interpretation of a move towards a single 'European State' which largely revolves around notions of sovereignty and individual nation identity. This comparison was made to show how the difficulties of creating a 'federalist European state' could not have been better predicted by the experiences of some countries within Europe to come to terms with their own multi-ethnic, multi-cultural society.

APPENDIX

1.0 Willmott's six examples of uses of the term community

- As a synonym for 'the public', 'everybody' or 'the British people' (for example, 'This White Paper is.....addressed to the whole community').

- To refer to an ethnic or other minority whose interests might be taken into account locally or nationally (for example, 'the Asian community', 'the gay community').

- To signal a new approach or soften the public image of an institution (for example 'community homes' instead of 'Residential Homes').

- When a public service is locally based and organised in order to serve people locally and to provide care in familiar setting (for example, community care).

- When a service or activity, whether public or voluntary, is run with the participation of local people (for example community arts).

- When an activity or a protest movement is organised by and for local people (for example play group, residents' action group).

The examples given by Willmott illustrate the variety of contexts in which the term community is used. However, the common factor among all these examples is that the term 'community' implies some sort of relationship or communality. This could mean a relationship to a particular geographical area, or the ethnic origins of a group of people, or a common goal or objective that is shared by a group. The term community is sometimes defined, particularly within policy making, in terms of two concepts - interest community and local community. Interest community is use to describe

communities that are distinct because of their ethnic origin, religion, politics, profession and sexual propensity. It also denotes self-help groups, which are set up to help people with common problems such as eczema, alcoholism, or AIDS.

Local communities is used to refer to the population of a particular geographical area. They are seen as factual entities, the community is not described as collections of people, but is seen in a general sense (for example, the community in North East England). Yet, whether these distinctions or categorisations of community are useful in an everyday sense or even in understanding what the term community means is debatable. As Peter Willmott argues, *"in common usage, community does not necessarily refer just to the fact of people living in the same place (or sharing the same interests). It refers also to their feelings or sentiments, and to the social networks and patterns of behaviour that sustain and reflect such sentiments and feelings"* (1985, p.6).

2.0 A Brief Anthology Of Community Care Policy Since 1979: A Mixed Economy Of Welfare

1986 Audit Commission Report

The Audit Commission was primarily interested in improving the cost effectiveness of providing care - in improving efficiency and value for money in the formulation and delivery of care services. The Audit Commission report of 1986 did much to elevate the issue of community care upon the political agenda.

In short:

- it was highly critical of the co-ordination and co-operation which existed between health departments and social service departments at that time, and saw this as the root of the problems that affected welfare service delivery to needy groups such as older people.

- it was also critical of the slow rate at which community care was being utilised. The commission concluded that progress towards greater community care be examined and implemented.

- the commission suggested that community care should involve : "the bringing of services to people, rather than people to services, and the adjustment of services to meet the needs of the people, rather than the adjustment of people to meet the needs of services".

Community Care : Agenda for Action (The Griffiths report), 1988

The recommendations of the Griffiths report formed the backbone to subsequent government policy. The key points of the report is noted below. All but the call for a minister for community care were accepted in main by the government.

The findings of the report:

- central government should ensure that there is a Minister of State in the D.H.S.S. who is seen by the public as being clearly responsible for community care.
- local authorities should, within available resources : assess the community care needs of their locality, set local priorities and service objectives and develop local plans in consultation with health authorities in particular (but also others including housing authorities, voluntary bodies and private providers of care) for delivery those objectives.
- identify and assess individual needs, taking full account of personal preferences (and those of informal carers), and design packages of care best suited to enabling the consumer to live as normal life as possible.
- arrange the delivery of packages of care, building first on the available contribution of informal carers and neighbourhood support, then on the provision of domiciliary and day services or if appropriate, residential care.
- act for these purposes as the designers, organisers and purchasers of non-health services and not primarily as direct providers, making the best possible use of voluntary and private bodies to widen consumer choice, stimulate innovation and encourage efficiency.

Caring For People : Community Care In The Next Decade And Beyond
(H.M.S.O., London 1989)

This was the White paper, along with '*Working for Patients*', which built on the Griffiths report and prefigured the N.H.S. and Community Care Act of 1990.

- The government believes that for most people, community care offers the best form of care available, certainly with better quality and choice than they might have expected in the past. These changes are intended to :

"enable people to live as normal life as possible in their own homes or in a homely environment in the local community; provide the right amount of care and support to help people achieve maximum possible independence and by acquiring or reacquiring basic living skills, help them achieve their full potential; give people a greater individual say in how they live their lives and the service they need to help them to do so".

Promoting choice and independence underlies all the Government's proposals. The key components of community care should be: services that respond flexibly and sensitively to the needs of individuals and their carers; services that allow a range of options for consumers; services that intervene no more than is necessary to foster independence; services that concentrate on those with the greatest needs.

The Government's proposals have six key objectives for service delivery:

to promote the development of domiciliary, day and respite services to enable people to live in their own homes wherever feasible and sensible;

to ensure that service providers make practical support for carers a high priority;

to make proper assessment of need and good case management the cornerstone of high quality care;

to promote the development of a flourishing independent sector alongside good quality public services;

to clarify the responsibilities of agencies and so make it easier to hold them to account for their *performance*;

to secure better value for taxpayer's money by introducing a new funding structure for social care.

2.2 The Research Methodology Had To Address Three Main Issues:

- (1) To provide a demographic profile of the Mirpuri and Keralan community - done through an examination of local and national researches and surveys - e.g. the Census (OPCS) and as presented in Chapter Three.
- (2) To assist with sampling processes and with providing a profile of an interviewee / carer / older person.
- (3) Data Collection - interviewing - what is it that you are trying to find out?

2.3 Covering Letters And Questionnaire

Department of Sociology & Social Policy
University of Durham, Elvet Riverside 2,
Durham City, DH1

Dear Sir/Madam,

Let me firstly introduce myself. I am currently at the University of Durham carrying out research on community care and the care of minority ethnic older people. As part of my research, I am interviewing older people from all backgrounds, to try and gain an understanding of their varying needs and experiences. Also, the research will critically examine the role of social services to see whether the services provided meet the needs of 'Asian' older people in Cleveland.

My research is funded by the Economic and Social Research Council. There has been very little work carried out to examine the needs of the Pakistani/Indian/Bangladeshi communities in Cleveland. It is my hope, that this research will improve both our understanding of the needs of minority ethnic older people, problems of old age, of caring, and thus the social and health services provided by the local Government.

I would be very grateful, if you could complete the attached questionnaire. Please feel free to voice as many of your opinions and views as you wish. If you are willing to be interviewed for the research, please let me know at the end of your questionnaire. Only with your help can I complete this research, which may help to improve services to our communities. I also want to stress that the information given will not be passed to any other person or authority.

Thank you,

Roy Bhanu

Work Tel No: 091 374 2310, Home Tel No: 091 378 9516

Department of Sociology & Social Policy
University of Durham, Elvet Riverside 2
Durham City, DH1

Dear Sir/Madam,

Let me firstly introduce myself. I am currently at the University of Durham carrying out research on community care and the care of minority ethnic older people. As part of my research, I am interviewing older people from all backgrounds, to try and gain an understanding of their varying needs and experiences. Also, the research will critically examine the role of social services to see whether the services provided meet the needs of South Indian older people in London.

My research is funded by the Economic and Social Research Council, and its findings may be picked up nationally. There has been very little work carried out to examine the needs of South Indian communities in London. It is my hope, that this research will improve both our understanding of the needs of minority ethnic older people, problems of old age, of caring, and thus the social and health services provided by the Local Government.

I would be very grateful, if you could complete the attached questionnaire. Please feel free to voice as many of your opinions and views as you wish. If you are willing to be interviewed for the research, please let me know at the end of your questionnaire. Only with your help can I complete this research, which may help to improve services to our communities. I also want to stress that the information given will not be passed to any other person or authority.

Thank you,

Roy Bhanu

Work Tel No: 091 374 2310, Home Tel No: 091 378 9615

Questionnaire

The answers to the following questions will be confidential and will not be passed on to any other person or authority. Where possible, I would be very grateful if you could give any other detail which is relevant to the question. Ultimately, your answers will help me to examine the different needs of Asian older people and the social services that are being used and needed. (Thankyou, Roy Bhanu, University of Durham)

Name : **Male / Female (delete as appropriate)**

Address:

Place of Birth : **Date of Birth:**.....

Date of entry in the U.K. (if applicable) : **Religion:**

Are you Single / Married / Divorced/ Widowed ? (delete as appropriate)

Number of Children : **Number of Children married :**

Occupation (before retirement and if any at present):

Date of retirement :

Are you receiving any occupational pension: YES / NO (delete as appropriate)

Are you receiving State Pension : YES / NO

Are you living on your own / with your partner / with your children : YES / NO

Do you suffer from any illness or disability : YES / NO

If Yes, please give details:

.....
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.....

Are you registered as a disabled person : YES / NO

Do you receive / use any social services (e. g. Home help, Day Centres): YES / NO

If Yes, please give details:

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Are you cared for by a member of your Family : YES / NO

Please give details:

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Any other information (e.g. your personal experience , your views on social services and the needs of Asian older people in general):

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2.4 Covering Letters And Questionnaires In Malayalam And Urdu

The following pages show copies of the above questionnaires/letters, beginning with those translated into Urdu and used in the field work among the Mirpuri community in Middlesbrough. Following this, are the covering letters, questionnaires and outline of the research translated into Malayalam and used with the Keralan communities in London.

ڈیپارٹمنٹ آف سوشیالوجی اینڈ سوشل پالیسی

یونیورسٹی آف ڈرہم

ایلیویٹ ریورسائیڈ 2

ڈرہم سٹی

ڈی ایچ 1

ڈیرسر امیڈم

مجھے اپنا تعارف کروانے کی اجازت دیں۔ میں موجودہ دور ان میں ڈرہم یونیورسٹی میں بڑی عمر کے لوگوں کیلئے سوشل سروسز میں ریسرچ میں حصہ لے رہا ہوں۔ اس ریسرچ کا ایک مقصد یہ بھی ہے کہ میں ہر قوم کے بوڑھے افراد سے ملاقات کروں، بات چیت کروں اور انکی ذوروریات میں تبدیلیوں کے بارے جانکاری حاصل کرنے کی کوشش کروں۔ ساتھ ہی اس ریسرچ کے ذریعے کلیو لینڈ میں بسنے والے بزرگ لوگوں کیلئے انہیں سوشل سروسز کی طرف سے ملنے والی مخصوص کمیونٹی کیئر اور اسکی موزونیت کا دیگر سروسز کا مبصرانہ طور پر جائزہ لیا جائیگا۔

میری اس ریسرچ کا خرجہ نیشنل ریسرچ کونسل ادا کرے گی اور اسکے نتائج قومی سطح پر اکٹھے کئے جائینگے۔ میری یہ امید ہے کہ اس ریسرچ کی بدولت بوڑھے لوگوں کی ضرورتوں، بٹھاپے کی مشکلات اور دیکھ بھال سے متعلق ہماری کچھ دقتوں میں اضافہ ہوگا اور اس طرح سوشل اور ہیلتھ سروسز کی جو فراہمی لوکل گورنمنٹ کر رہی ہے کو تقویت پہنچے گی۔

میں آپ کا بہت ہی مشکور ہوں گا اگر آپ ساتھ نھی کیا گیا سوانامہ مکمل کریں۔ براہ مہربانی اپنی سچی آواز، رائے اور خیالات پیش کرنے سے ہرگز گریز نہ کریں۔

شکریہ

رائے بھانو

ورکس ٹیلیفون نمبر۔ 091- 374 2010

صوم ٹیلیفون نمبر۔ 091 - 378 9615

سوالنامہ

مندرجہ ذیل سوالوں کا جواب پوشیدہ رکھا جائیگا، اور کسی شخص یا اتھارٹی کو اس کے متعلق کچھ بھی نہیں بتایا جائیگا۔ اس سوال سے متعلق جہاں تک بھی ممکن ہو سکے اگر آپ تفصیل سے بیان کریں گے، تو میں آپ کیلئے نہایت ہی مشکور ہوں گا۔ سوشل سروسز اور ہیلتھ سروسز جن سے بزرگ افراد مستفید ہیں اور جو فریڈر کار میں، آپ کے جواب سے، انتہائی طور سے جائزہ لینے کیلئے میرے لئے قابل امداد ہو گا۔ (آپ کا شکریہ۔ رائے بھانو، یونیورسٹی آف ڈرہم)

نام: ----- مذکر / مونث (عورت / مرد ایک کو کاٹ دیں)

پتہ: -----

مقام پیدائش ----- عمر: -----

برطانیہ میں داخلے کی تاریخ (اگر مناسب ہو) -----

کیا آپ شادی شدہ ہیں؟ / اکیلے / بیوہ / رنڈہ (مناسب کاٹ دیں) -----

بچوں کا شمار: ----- * شادی شدہ بچوں کا شمار -----

پیشہ - (ریٹائرمنٹ سے پیشتر یا موجودہ وقت اگر کلام پر ہیں) -----

ریٹائرمنٹ کی تاریخ -----

کیا آپ کوئی آکو پینشنل پنشن حاصل کر رہے ہیں (پیشہ سے متعلق) (ہاں / نہیں۔ مناسب کاٹ دیں)

کیا آپ سٹیٹ پنشن حاصل کر رہے ہیں: ہاں / نہیں

کیا آپ اکیلے رہتے ہیں / اپنے پارٹنر کیساتھ رہتے ہیں / اپنے بچوں کیساتھ رہتے ہیں: ہاں / نہیں

کیا آپ کسی بیماری یا معذوری میں مبتلا ہیں: ہاں / نہیں

اگر واقعی تکلیف ہے تو براہ مہربانی تفصیل سے لکھیں

کیا آپ کا نام معذوروں میں رجسٹر کیا ہوا ہے؟: ہاں / نہیں

کیا آپ کو سوشل سروسز کی طرف سے گھر میں مدد یا ڈے سینٹر استعمال کرتے ہیں: ہاں / نہیں

اگر جواب ہاں میں ہے تو براہ مہربانی تفصیل سے لکھیں:-----

اور دیگر معلومات (یعنی آپ کا ذاتی تجربہ، سوشل سروسز کے بارے میں آپ کے خیالات اور بزرگوں کی عام ضرورتوں سے متعلق)

ചോദ്യോത്തരം

ചോദ്യം : ചുരുക്കം/സൂത്രം.....

വിവരണം:

ആനന്ദപാലം: ആനന്ദകൃഷ്ണൻ

ആനന്ദകൃഷ്ണൻ കായസമുക്തകൃഷ്ണൻ : ചുരുക്കം:

ആനന്ദകൃഷ്ണൻ/ആനന്ദകൃഷ്ണൻ/വിവരണം/ചുരുക്കം/ചുരുക്കം
ആനന്ദകൃഷ്ണൻ :

ചുരുക്കം/ചുരുക്കം:

ചുരുക്കം/ചുരുക്കം/ആനന്ദകൃഷ്ണൻ :

ചുരുക്കം : (ചുരുക്കം ചുരുക്കം ചുരുക്കം :
ആനന്ദകൃഷ്ണൻ/ചുരുക്കം/ചുരുക്കം :

ചുരുക്കം ചുരുക്കം കൃഷ്ണൻ :

ചുരുക്കം/ചുരുക്കം/ചുരുക്കം/ചുരുക്കം/ചുരുക്കം/ചുരുക്കം : ചുരുക്കം/ചുരുക്കം

ചുരുക്കം/ചുരുക്കം/ചുരുക്കം/ചുരുക്കം/ചുരുക്കം/ചുരുക്കം : ചുരുക്കം/ചുരുക്കം

ചുരുക്കം : ചുരുക്കം/ചുരുക്കം/ചുരുക്കം/ചുരുക്കം/ചുരുക്കം/ചുരുക്കം : ചുരുക്കം/ചുരുക്കം

മുൻകൈയും രോഗങ്ങൾ ധിക്കാരം? ഉണ്ടോ/ഇല്ല

ഉണ്ടെങ്കിൽ ഇതു സംബന്ധിച്ച വിവരങ്ങൾ:

രോഗത്തെ പ്രതിരോധിക്കാനുള്ള നടപടികൾ എടുത്തുണ്ടോ?
ഉണ്ടോ/ഇല്ല

ഉണ്ടെങ്കിൽ ചികിത്സിച്ചുവന്ന സമാധാനപ്പെടുത്തലുകൾ:

മുൻകൈയടിച്ചുവന്ന സമാധാനപ്പെടുത്തലുകൾ എടുത്തുണ്ടോ?
ഉണ്ടോ/ഇല്ല:

ഉണ്ടെങ്കിൽ വിവരങ്ങൾ:

മുൻകൈയടിച്ചുവന്ന സമാധാനപ്പെടുത്തലുകൾ ഉണ്ടെങ്കിൽ വിവരിക്കുക:

മെൻ്റെ പി. എച്ച്. ഡി. പ്രബന്ധത്തിൻ്റെ രണ്ടാമതദ്ധ്യായം

സമുദായ സേവനവും സൂത്രീകൾ :- സൂചിയാസൂചിപ്പിക്കു
ചെയ്ത നാൽപ്പതാം അദ്ധ്യായം, സമുദായിക സൂത്രീകൾ
അദ്ധ്യായം വലിയൊരു ഭാഗം സൂത്രീകൾ ആണ്.

1. ഇത് ഗവേഷണത്തിൻ്റെ തുടങ്ങിയ ഭാഗമായി
ൽ ഉൾപ്പെടുത്തേണ്ടതല്ല സമുദായ സൂത്രീകൾ ഉൾപ്പെ
ടുത്താൻ സാധിക്കാത്തതുകൊണ്ട്, വലിയൊരു ഭാഗം
പാതിപ്പാതികളായും, തെക്കുകിഴക്കൻ സൂത്രീകൾ
ദക്ഷിണ കേന്ദ്രങ്ങളായും, സമുദായ സൂത്രീകൾ
നന്നം കൈവർത്തു ലഭിക്കുന്ന സൂത്രീകൾ ഉൾപ്പെ
ട്ടു. പ്രത്യേകമായും നന്നം കൈവർത്തും
ഉൾപ്പെടെയുള്ളവ ഉൾപ്പെടുത്തേണ്ടത്. മിഡ്ഡിൾ
ലെയർ സൂത്രീകൾ ഉൾപ്പെടെയും, വെസ്റ്റ് ലെയർ
സൂത്രീകൾ ഉൾപ്പെടെയും ഉൾപ്പെടുത്തി
കൊണ്ടു കൊടുക്കേണ്ടത്. കാരണം, ഇവൻ
കൾ പലപ്പോഴും സമുദായ സൂത്രീകൾ ഉൾപ്പെ
ടെയുള്ളവയായിരിക്കുന്നതുകൊണ്ട്, തമ്മിൽ വി
കാസം ഉൾപ്പെടെയും, ശ്രീലങ്കയിൽ, ക്രൈസ്തവ,
അദ്ധ്യായം, മൂന്നാം ഭാഗം ഉൾപ്പെടെയും ഉൾ
പ്പെടും.

2. സമുദായ സൂത്രീകൾ ഉൾപ്പെടെയുള്ളവ ഉൾപ്പെ
ടെയുള്ളവയായിരിക്കുന്നതുകൊണ്ട്, തമ്മിൽ വി
കാസം ഉൾപ്പെടെയും, ശ്രീലങ്കയിൽ, ക്രൈസ്തവ,
അദ്ധ്യായം, മൂന്നാം ഭാഗം ഉൾപ്പെടെയും ഉൾ
പ്പെടും.

വേണ്ട ഒരു ചാട്ടുകൾ ഉണ്ടെന്ന്
കുറും ഒരു വെട്ടുത്തുവിട്ടുണ്ടോ?
പിറ്റേന്നു കേട്ടു, ചിട്ടാർ, ക്രിയാന
കാര്യം, ക്രിയാനം, മനോഹരവൽ
ചരിത്രങ്ങൾ നന്നല്ലോ?

8) ചിന്തിപ്പാൻ കഴിയും, വെട്ടുത്തു
കേട്ടു, ചിട്ടാർ ചരിത്രം സമീപമിട്ടു
ഉപയോഗപ്പെടുത്താത്ത കേന്ദ്ര
കേന്ദ്രം, രാ. ചരിത്രം താഴെ സിദ്ധ്യ
നന്നു കേന്ദ്രകേന്ദ്രം ന്യൂന ചരി
സമീപമിട്ടു കേന്ദ്രം നന്നു കേന്ദ്രം?

9) ചരിത്രങ്ങൾ നിർമ്മിക്കും, തന്നെ
ഇൻസ്പെക്ഷൻ കേന്ദ്രം ചരിത്രം
ചരിത്രം നിർമ്മിക്കും വേണ്ടുന്ന നന്നും
ഈ ക്രിയാന ചരിത്രം തന്നെ വെ
ചരിത്രം നിർമ്മിക്കും വേണ്ടുന്ന വെട്ടു?

10) നാട്ടിൻപുഴ നന്നു ചരിത്രം
ഇൻസ്പെക്ഷൻ കേന്ദ്രം ചരിത്രം
കേന്ദ്രം, ചരിത്രം നിർമ്മിക്കും
കേന്ദ്രം ചരിത്രം നിർമ്മിക്കും
ഉപയോഗപ്പെടുത്തും, വെട്ടു
ചരിത്രം നിർമ്മിക്കും
തന്നെ? ചരിത്രം ചരിത്രം
കേന്ദ്രം, ചരിത്രം നിർമ്മിക്കും
കേന്ദ്രം ചരിത്രം നിർമ്മിക്കും
നന്നു ചരിത്രം നിർമ്മിക്കും
തന്നെ?

11) വെട്ടു, ചരിത്രം ചരിത്രം
കേന്ദ്രം, തന്നെ ചരിത്രം
നന്നു ചരിത്രം നിർമ്മിക്കും

ഓർമ്മയ്ക്കും - അവർ ചുരുക്കം
നമുക്ക് നമുക്ക് നമുക്ക് നമുക്ക്
അതും, അവർ നമുക്ക് നമുക്ക്
നമുക്ക്, നമുക്ക് നമുക്ക് നമുക്ക്,
നമുക്ക് നമുക്ക് നമുക്ക് നമുക്ക്
നമുക്ക് നമുക്ക് നമുക്ക് നമുക്ക്
നമുക്ക് നമുക്ക് നമുക്ക് നമുക്ക്
നമുക്ക് നമുക്ക് നമുക്ക് നമുക്ക്
നമുക്ക് നമുക്ക് നമുക്ക് നമുക്ക്

12) ദൈവപദം - ഉദ്യോഗസ്ഥ
നമുക്ക് നമുക്ക് നമുക്ക് നമുക്ക്,
നമുക്ക് നമുക്ക് നമുക്ക് നമുക്ക്? അവർ
നമുക്ക് നമുക്ക് നമുക്ക് നമുക്ക്?

ദൈവപദം അവർ നമുക്ക് നമുക്ക് നമുക്ക്
നമുക്ക് നമുക്ക് നമുക്ക് നമുക്ക്. അവർ നമുക്ക് നമുക്ക് നമുക്ക്
നമുക്ക് നമുക്ക് നമുക്ക് നമുക്ക്, ദൈവപദം അവർ
നമുക്ക്, നമുക്ക് നമുക്ക് നമുക്ക് നമുക്ക്. ദൈവപദം
നമുക്ക് നമുക്ക് നമുക്ക് നമുക്ക് നമുക്ക് നമുക്ക് നമുക്ക്
നമുക്ക് നമുക്ക് നമുക്ക് നമുക്ക്, ദൈവപദം അവർ
നമുക്ക് നമുക്ക് നമുക്ക് നമുക്ക് നമുക്ക് നമുക്ക് നമുക്ക്.

2.5 A Brief Note On Quantitative And Qualitative Techniques

Quantitative research methods is based on the scientific measurement of quantity and in establishing clear causal explanations for social phenomena. Social research of this kind is often data based, for example, survey methods, with the general aim of producing conclusions immersed in structured techniques and data which can be repeated by similar 'experiments'. Whilst, qualitative methods starts from the premise that sociology does not deal with inanimate 'subjects', but with human individualism, which requires very different techniques to those employed by the natural sciences. Qualitative studies, for e.g. ethnography, semi-structured interviews or participant observation, aim to discover the underlying motives, desires and feelings behind human behaviour. Qualitative methods enables a researcher to gain a better understanding and insight into the way an individual relates to society and the community he or she lives in. Qualitative research can be said to be a function of the researchers insight and impressions. However, the previous statement would be considered contentious by some, and illustrative of the disadvantages of adopting an unstructured research technique. To advocates of quantitative methods and processes within sociology, only the use of such methods can ensure the validity of a research and thus its findings.

Yet, the presence of the researcher will affect the research. The researcher is part of the social phenomena that is society. He or she is invariably part of the overall picture. However, it is important that the researcher realises this fact, and tries to understand how he or she is part of/fits in the research environment or picture. It is arguably foolhardy to carry out a piece of research on a false assumption that the researcher is somehow distanced from the research subject or environment. This strive towards objectivity and the idea of becoming the proverbial 'fly on the wall' is both time consuming and futile. Once a researcher accepts that he or she will try to remain as objective as possible, but that total objectivity is impossible, then he or she is released from the constant burden of trying to attain a utopian ideal of validity and can instead concentrate on the research issues. For example, how a would a researcher examine

the effects of child abuse on a child or a parent by using strict quantitative methods? Surely, by using ethnographic methods such as unstructured interviews the researcher will be able to gain a greater insight into the experience of a child. To do such a research may involve the researcher to gain the confidence of the child, to assess the types of questions to ask and so forth. To achieve this, may take several informal meetings between the researcher and the respondent.

2.6 Interview Checklist

- (1) What do I need to know?
- (2) Why do I need to know?
- (3) Are interviews the best method to obtain the information?
- (4) What questions will I ask?
- (5) What kind of interview should I favour?
- (6) How will I move from the more general framework outlined in (4) to specific questions? Indeed are specific questions appropriate?
- (7) How will I analyse the questions?
- (8) How will I order the questions?..should I include prompts, to assist flow of information?
- (9) With whom should I 'pilot' my questions?
- (10) How aware am I about my own bias (i.e.. strong views about the area I am researching)? How do I cope with this?
- (11) Who should I interview?...the size of sample, status, time limits?
- (12) Will I be able to determine the time and place in which the interview takes place?
- (13) What part will the interview context play in my analysis of data?

(14) Have I cleared 'official channels' before the interview takes place?

(15) Do I intend to check the accuracy of the interview data with the interviewees?

(16) How will I record the interview?

(17) How will I respect respondent's anonymity and issues of confidentiality?

(18) What's in it for the interviewee(s)?...do I make promises I can keep?

(about outcomes, respondent validation)

(19) In what manner do I conduct the interview? (rapport, politeness, negotiation, thanks)

2.7 Field Work Diary

June 1994 - 'The interpreter'

After securing the services of an interpreter, I was to find out at the very last minute (three weeks into my field work and on the eve of commencing interviews with carers and older people of the Pakistani community) that she would be unable to interpret and translate for me. Mrs Z has had to pull out, because of objections from her husband and his family.

Although Mrs Z was very reluctant to withdraw her help, it seems that she had little alternative. Her husband, who is a *"very traditional man" (her words) was unhappy at the facts that firstly, she would be working with a man, and secondly that I am both Indian and Hindu. It is also clear that Mrs Z's husband, who is not educated beyond 'O' level standard, regarded my research as being pointless and also dangerous, since he perceived the research as an attempt to "westernise Pakistani women like the Indian women are becoming" (his words). Coupled with this there is also the issue of class, which has increasingly become an important factor.*

Mrs Z's husband's resentment of my work, my presence, would seem to stem as much from his wife's professional involvement with the research, as it does from my class background. Whether it was my southern accent or the way I dressed or my job, it seemed to make Mrs Z's husband very uncomfortable and aggressive. I tried to address his fears, but decided that it would be best to close the matter, since continuing the research with his wife as interpreter may cause problems in the future. On one or two occasions, the husband has hinted that continuing to work with his wife *"is not smart thing to do...if you want to finish your job"*. *This indirect physical threat was more than obvious. Equally, I did not want to take the risk of attempting to convince his wife to continue working with me, for the fear that it may cause general resentment among the Mirpuri community and threaten the whole research.*

June 1994 - The 'bureaucracy'

Problems with Cleveland Social Services

In the past few days, it has become apparent that the senior management of Cleveland Social Services will not give official blessing to my research and hence will not allow me to work with social workers or to gain access to their clients. However, I have been told by the Head of Planning and Information that they will give me a final verdict by the 1st July. Therefore, at this stage I can do no more than wait before deciding upon the relevant course of action.

I will outline the background to my attempts to gain the assistance and support of Cleveland Social Services and the reasons given by them for the possible refusal of that help.

I have been negotiating with social services for help with my research for the past six months. Initially, I approached 'Black' social workers within social service departments in Middlesbrough. The social workers were referred to me by my contacts at the Middlesbrough Community Development team and Cleveland County Council's Equal Opportunities Department. The social workers, particularly Miss D, are based at Sandringham House in Middlesbrough. I had several meetings with Miss D and her manager Colin Holt. I gave both of them an outline of my research aims and hopes and the type of help I was looking for. They were both very interested in my work and said that they would be willing to help and also that they would like copies of my findings. However, Colin Holt mentioned that he could not give any help until there was formal approval by head office - i.e. the Director of Cleveland Social Services or Paul Davis, Head of Planning and Information.

I then wrote a letter to the director of social services, informing him about my research, the contacts made thus far, and the possible benefits to the social service departments of my research in terms of gaining qualitative data on the experiences of caring among the Pakistani community in Middlesbrough and the factors which

influence the take up of social/welfare services by the Pakistani community. All this would be gained by the Cleveland social services with little or no expenses incurred by them. He telephoned me and informed me that my research proposal was being examined by Paul Davis who is head of planning and information. Paul Davis himself rang me on several occasions, informing me that he had looked at my proposal and that he had also spoken to Meena Kumari. He said that he did not see any problems with the research and that he has asked a member of his staff to follow my research proposal and that they would be in contact very shortly. This he acknowledged in writing, but only because I wrote to him reminding him of our conversation (which took place three weeks prior to my follow up letter). His letter was dated 9th May, a full month after he initially agreed, in principle, to the research.

Thereafter, I called the department of Planning & Information on a weekly basis, as I had no formal approval from them of my research. Meanwhile I had formally negotiated with the Manager of social services in Middlesbrough to 'tag' along with Miss D, to use social service libraries and data and also Miss D had agreed to help me with interpreting and also in helping me gain access to families within Middlesbrough. However, none of this could happen without formal approval from Paul Davis.

On the 23rd June (2 months after getting an unofficial approval from Paul Davis), I again contacted the department of Planning and Information at social service Head office. I spoke to a member of Paul Davis Department (Paul Davis, was by now, a very hard man to get hold off!!). He, to my utter amazement, informed me that my proposal had been discussed at some length by the senior management of Cleveland Social Services. It was of the Director's and their opinion that my research would not, in fact, be beneficial to Cleveland Social Services. Their argument is that the research & intelligence unit in Middlesbrough carried out an extensive piece of research on the minority ethnic community and also that social services themselves had, apparently, looked into the nature of caring among minority ethnic communities. Now, I said, that with all due respect, the research carried out by the R & I unit was a survey which looked at the demographic nature of the ethnic minority community, the use of social services and also the nature of disability among minority ethnic communities. It was

not a qualitative attempt to gain a deeper understanding of the nature and experience of caring among minority ethnic communities or indeed even examine the views/needs of carers or older people themselves. The R & I survey was largely a statistical analysis of the minority ethnic community and was not intended to provide an understanding of the issues that I am addressing. This view is not only mine, but that of the R & I itself, when I spoke to them.

Coupled with this, I pointed out that my research is as benign a research as you could possibly get. The aim of my research was not simply to criticise Cleveland Social Services, but is an attempt to discover whether there is indeed a low take up of services among the Pakistani community and if so why? and their experiences of caring and life in general. We spoke for nearly forty minutes, at the end of which he said that he will talk to Paul Davis once again and contact me, with a final decision by 1st July.

If Cleveland Social Services do refuse to help with the research it will have a significant affect on my fieldwork. It would mean that I would not be able to tag along with Miss D and hence improve my chances of access to carers, Miss D will be reluctant to interpret for me. My success at gaining access and support into Newport Day Centre (the only one which caters for minority ethnic elders) will be in risk. The professional carer there - Miss Parveen Akhtar - is willing to both help with interpretation and in setting up interviews and in particular focus groups. The Manager of the Day Centre - Mrs Linda Fowler - may be a little more cautious if she finds out that head office has not approved my research. In the aforementioned situation with Miss D, I may have to negotiate with her and her manager at a local level. I do know that Miss D is keen to get her own research proposal accepted by her manager. Her research would be very similar to my own research in that it deals with take up of services among the minority communities in Middlesbrough coupled with attitudes toward social services. I may be able to offer Miss D assistance with constructing her research proposal and also the opportunity of pooling our resources together in carrying out our respective research. Equally, I will continue to meet Aaisha on a regular basis, so that I can get to know her on a personal and a

professional level. This may induce greater commitment or willingness on her part to see the positive implications of my research and the need for her help.

Anyway, I have spoken to Abdul Khan who is the team leader of the Middlesbrough Community Development team about my recent problems. He in fact contacted me today (26th June) and he asked me to meet him on the 27th June (the only time he is free) to discuss the problem. Apparently, he has a few ideas which he wants to run by me, especially concerning access to families and gaining the services of an interpreter.

In addition to this, I am already scheduled to meet Parveen Aktar at the Newport Day Centre on 28th June to discuss certain leads that she has and also to confirm that she can help me with interpreting. I will also discuss the possible use of the Day Centre for focus groups. However, I will not tell her about the problems with Paul Davis and co., there is no point in rocking the boat until I am absolutely sure what is going on. Even then I am not sure whether I need to tell her what social service Head office has decided. This may appear unethical, but I will ensure that Parveen's position at the Day Centre is not in any way threatened. I am also scheduled to meet Miss Salma Basid on 29th June who is a community worker and has expressed an interest in my research after seeing my proposal. I hope to cement a working relationship with her and thus secure an alternative approach to working with welfare agencies in Middlesbrough. I am now working on the premise that Cleveland Social Services will not grant me permission, and thus I have no alternative but to pursue other channels.

July 1994 - 'The Reply'

The past two weeks has seen some incredible correspondence between Cleveland Social Services, myself and Durham University. It began with Cleveland Social Services refusing to grant permission to 'tag' along with social workers or participate in any way with my research, on the grounds that it holds little benefit for social services. My reaction to this letter was a mixture of anger and disbelief. Anger at the length of time taken by Cleveland Social Services to come to their decision and disbelief that they could find my research as holding little use for them. My reply to Cleveland

Social Services was strong and to the point. I expressed my disappointment and disbelief, pointing out that my research is both benign and in essence 'free' from the perspective of Cleveland Social Services. I also mentioned that I had been made aware that Cleveland Social Services had carried out a survey into the experiences of South Asian Carers, under the supervision of Meena Kumari, but the findings of this research is still at the 'committee' stage, waiting for approval for publication even though the work was carried out eighteen months previously. Therefore, it was difficult for me to judge Cleveland Social Services commitment to meeting the needs of minority ethnic communities on the basis of a piece of research that is inaccessible to both myself and the general public.

I went on to say that *"Whilst I appreciate the pressures on you and social services in general, it would appear that, yet again, issues to do with minority ethnic communities have a low rating on the policy agenda and are invariably pushed to the bottom. As it stands at present it could be concluded in my final report, which is picked up nationally, that social services in Middlesbrough are not interested in assisting in any research which may improve the understanding of the needs of minority ethnic communities in Middlesbrough"*.

The letter was concluded by urging the senior management at social services to reconsider their decision. To ensure that the letter was not overtly blunt, my supervisor read and approved my reply.

My reply however caused an unexpected reaction from Cleveland Social Services. The responsibility for my 'case' was transferred from Paul Davies to another manager, Dr Parratt, who proceeded to reply to my letter, by contacting myself, my supervisor and Robin Williams (Head of Sociology and Social Policy Department at Durham University). Dr Parratt resented what he called *"threats from Mr Bhamu"* about the possible presentation of Cleveland Social Services in my thesis and pointing out that *Cleveland Social Services had a strong relationship with Durham University (Durham having carried out several lucrative pieces of research for Cleveland) and it would be unfortunate if that relationship was soured by the inappropriate actions of one of its*

researchers (me!). Dr Parratt argued that Cleveland Social Services received several requests for assistance with research over the course of a year, and in declining participation with my research it was in no way a reflection of their commitment to meeting the needs of minority ethnic communities.

September 1994 - 'The Proposal'

Meeting with Dr Parratt

This meeting with Dr Parratt was very useful in clearing up the confusion that existed between myself and Cleveland Social Services and in setting a framework for co-operation in future.

The following outline will highlight the issues raised in the meeting and the details of the settlement:

- (1) David Parratt expressed the issues raised in his letter to myself and Robin Williams. His main concern was with the tone of my letter, in which I said that the refusal of Cleveland Social Services to co-operate with my research could be deemed as a disinterest on their part on issues related to minority ethnic communities. Dr Parratt said that this statement was unfair and in his view, raised ethical questions on the conduct of my research. He went on to say, that the tone of that particular letter was aggressive and threatening. I addressed the points raised by Dr Parratt and said that whilst I understood his interpretation of my letter, my comments were the result of a combination of frustration at the apparent U- turn by Cleveland Social Services, and also the lack of feedback from Dr Parratt's department as to the reasons why my research request was rejected.

- (2) Dr Parratt next question was an interesting one, and he asked this question several times. "Why Cleveland Social Services, could you not have carried your research out in another area in the country ?". I was rather amazed at this question because it seemed that Dr Parratt had not read my research proposal or understood the reasons I gave in that proposal. I explained to him that one of the aims of the research was to highlight the diversity of customs, beliefs, religions and life experiences within the homogeneously perceived 'Asian' community. Also, that Middlesbrough had a very traditional Pakistani community, coupled with the fact that I knew Middlesbrough very well and in practical field work terms, it was close to Durham. I went on to add that whilst he was correct in saying that there must be other Pakistani communities in the country, I went through the reasons for choosing the Pakistani community and Middlesbrough again with him.
- (3) Then Dr Parratt had a surprise for me. He informed me, that the report on Asian carers referred to him and Paul Davis in their letters and the one that had been stuck in committee stages for over a year had just been approved for publication. This had apparently been decided in the last week. I asked him why there has been a sudden change of mind in publishing this report, which I was told, until this U-turn, would not be published. Dr Parratt said that senior management had decided that it was in the interest of Cleveland Social Services to publish this report, and besides they had always intended to publish the report. Dr Parratt had a copy of this report waiting for me. In some respect, Dr Parratt had predetermined my criticism of Cleveland social services by giving me this report. Therefore, I would have to review this report before passing any judgement on Cleveland Social Services and on their commitment to meeting the needs of minority ethnic communities.

Then, Dr Parratt went on to give me the criteria used by his department when vetting a research proposal. He started by saying that as a department, they spend a significant amount of money on commissioning various social research. However, when asked to participate in a research, a series of questions are asked:

- (i) Is the proposed research credible ? - both the construct of the proposal and the credibility of the researcher
- (ii) Is it desirable for the department to be involved ?
- (iii) Is the research helpful in terms of the departments values, plans and objectives?
- (iv) What is the impact on services users, carers and social service staff of this research?
- (v) What are the resource implications for the staff and the department ?

Dr Parratt then said that in regards to my research proposal, Cleveland Social Services had no problems on the first three questions. In relation to question (iv) - according to Dr Parratt, members of the Pakistani community in Middlesbrough have expressed a tiredness of the excessive research and consultation carried out by social services in recent years, because the community feels that nothing comes out of these research. I replied that my research may be able to ascertain why the community, indeed if they do, have these views. Also, why is it that nothing comes out of the excessive amount of research ? I in fact put this question to Dr Parratt, who declined to comment, with a smile.

In relation to question (v) - Dr Parratt pointed out that if I were to tag along with social workers, then the potential clients/existing clients will have to be informed prior to any meeting. This would entail some demands on social workers time. I addressed this point by querying, whether it wasn't existing practice to let clients or potential clients know of a visit, in writing or by phone, before the actual visit ? He

acknowledged that this is true. I then asked him whether the social workers couldn't mention my name in their letter or phone call ? I went on to say that although I can see that there will be some demands made on social workers, this is not as great as it may seem on first analysis. Also, I would understand if social workers felt it unwise to take me along to a visit, if they themselves were visiting a person for the very first time.

Dr Parratt was also very concerned that I am not able to speak Punjabi fluently, therefore, in some respect, the social worker with whom I would tag along, will act as my interpreter. To this I said that I could minimise this happening by taping any meetings, and get my own interpreter to transcribe the tapes.

We spoke on all these issues for over 1.5 hrs. In the end we came to a compromise. Dr Parratt is willing to accept in principle my research proposal, on the understanding that I would initially get only restricted access, which would act as a pilot study. This will enable Dr Parratt and senior management to assess the nature of my relationship with social workers and the practicalities of 'tagging' along with social workers. In short, I would be allowed to 'tag' along with social workers to two meetings. This will act as the pilot study, after which Cleveland Social Services will make a final decision. Also, Dr Parratt would like to confirm himself the credibility of the interpreter that I will use, so that the information that I will gather, and hence the conclusion drawn from them and given to social services will be valid . He has also agreed access to use social service libraries.

I accepted his proposal and see it as a positive step forward. He will confirm our agreement in writing.

October 1994 - 'Reflection'

In the end, the events which has occurred over the past few months has resulted in 'forcing' Cleveland Social Services to grant access to review their research on minority ethnic communities (as with their dramatic U turn on publishing the last research on South Asian carers in Middlesbrough, which until the aforementioned sequence of events was 'stuck' at the committee stage for over a year, awaiting permission for publication). It has also revealed the inner bureaucratic workings of Cleveland Social Services, and further emphasised the politics of dealing with such organisations. It is unfortunate that it has taken so long for matters to be resolved with Cleveland Social Services. If these events had occurred much earlier in the field research (as hoped), I could have utilised the offer by Dr Parratt more comprehensively. As it is, I have already negotiated (at a local level) to tag along with Miss D and also secured access into Newport Day Centre.

I know that I have opened myself for criticism at the manner in which I secured access and co-operation, without official consent or knowledge. However due to the constraints of time and the initial apathy shown by Cleveland Social Services toward my research, I felt it more expedient to attempt to carry out my field work in other ways as opposed to go through official channels. This is in no way an arrogant rejection of the ethical issues relating to the conduct of researchers in the field, but is the result of the unpredictable nature of field work.

Finally, the review of the report by Cleveland Social Services on the experiences of South Asian carers, has (unfortunately) revealed it to be no more than an extensive survey. Whilst the report highlights the injustice of assumptions such as the common existence of extended families in South Asian communities, it is apparent that the report does not critically assess the role or performance of Cleveland Social Services. Furthermore the report did not attempt to examine the experiences/attitudes towards caring and social services, other than from the perspective of a few (carefully chosen)

carers and older people who have either used social services or are known to them. The report concludes by making some broad recommendations for future research. The need for more appropriate social services that meet the communication and cultural needs of South Asian communities is paid mere lip service, without emphasising the responsibility on the part of social services to invest money and a need for a structured time scale to achieve the aforementioned requirements of South Asian communities. Whilst the report is a step forward, the conclusions of its researchers, appears to have been toned down for publication and perhaps its failure to recommend specific policy initiatives may be due in large to the impending local government boundary changes.

2.8 Key Phrases In Punjabi/Urdu:

Mother - 'Ma'

Father - 'Baap'

Sister - 'Behan'

Brother - 'Bhai'

Community - no direct word for community, but a village is known as a
'Pind'

Country - 'Mulak'

Honour/Loss of face - 'Izzat'

Shame - 'Sharam'

Mother-in-law - 'Sas'

Father-in-law - 'Sohra'

Husband - 'Phathi'

Wife - 'Biwee'

2.9 Interview Extracts

INTERVIEW WITH Mr Y - Retired Keralan Man

Me: Are you aware of any specific services provided for South Asians?

Mr Y: *"I believe that some social services are available to minority ethnic communities, but I am not sure whether specific Residential Homes and Day Centres exist particularly for the use of minority ethnic communities".*

Mr Y: *"I believe and certainly it is my experience that the majority of Keralans and indeed, Asians in general prefer informal care over formal care. That said, this situation is rapidly changing and the drop in informal care would seem to be proportional to the size of the second and third generations. In otherwords everyone is fast realising that the ability of the second and third generation to provide this informal care is dwindling".*

Mr Y: *"I don't think the Keralan community is very effective in representing itself at the local or National level. The main reason for this is that there is no one Keralan community, rather several pockets of communities around the country and spread largely across London. Therefore, unlike other Asian communities, there is no possibility of collective action. Keralans are also notoriously proud in their ability to adapt to any situation they may find themselves in. Thus, they will often seek to satisfy their needs, for example with local government, on an individual level. I think much of this boils down to intellectual arrogance. Although, there is greater collective action and*

mobilisation among the older generation, those above 55, who have the common experience of having come to the U.K. at the same time. The younger generation are more scattered and often travel wherever they have to, to pursue their careers. Unless both the older and younger generations present themselves as a single community, the Keralan identity and culture will be at risk of extinction and we will be merely considered as Asians".

Mr Y: *"There are no specific provisions made by local social services for Keralan older people, I don't even know whether the local authorities are actually aware of the existence of a Keralan community"*

Me: Will Day Centres and Residential Homes be used by Keralan older people?

Mr Y: *"Of course they will - or will be forced to by circumstances as time goes on. At the moment, the older Keralans have plans of retiring in Kerala where they have kith and kin, also it is their place of birth, where generally they get good care from relatives whom they have helped in their needs. In time to come, this tendency will disappear and due to pressures of life in Britain, especially for second and third generations - career, the need to move to find work, British cultural influences- older Keralans may not receive attention from their family and will seek refuge in Day Centres and Residential Homes".*

Me: **How do older members of the Keralan community view social services, are they aware of community care?**

Mr Y: *"They are very aware of health services and are very efficient in making use of it. With regard to social services and community care, I think they are aware of the policy, but less aware of the practical services that Social Services provide. The reason for this is that I believe there is more reluctance to readily use social services than there is in using health services. Using social services instantly raises questions related to the internal family relations and also about issues of duty and caring".*

Me: **In your opinion, would Keralan older people use social services or prefer/expect to be cared for by their family or community ? Is there any shame or disgrace attached to seeking help from social services to look after old parents or disabled, ill members of a family ?**

Mr Y: *Keralan older people would prefer and expect to be cared for by the family, failing which, by the Keralan community. They will use social services, but only as a last resort or as part-support. Among the most traditional Keralan families, they will continue to look after their old parents even in extremely difficult circumstances to avoid the shame and disgrace of having to seek help from social services. But this attitude varies enormously and especially among the younger Keralans.*

Me: **Are women in the Keralan community still expected to assume the principal role of carer - i.e. wife, mother and carer of parents and in-laws ? Or are women/girls given or expected to gain a good education and seek careers like men/boys ?**

Mr Y: *"Keralan women are expected to care for their parents and parents-in-laws. That is the custom and has become the unwritten rule. As such, even if they have a good education and a career, they are expected to look after the older people or have them looked after privately. Irrespective of religion or caste this rule prevails because this is a custom. This is one rule you can't break if you want to remain a traditional Keralan woman. Customs do change, but they take generations to change. In this respect I think that the traditional attitude will or are changing rapidly and in two generations time, the traditional customs will be followed by only a minority of Keralans in this country".*

Me: **Is there a conflict, in your opinion, between the 1st generation Keralan immigrants and 2nd and 3rd generation British Keralans? What, if any, are the main areas of conflict ?**

Mr Y: *"This is a very sad area. A lot of Keralan families (I can't give you a percentage figure) have this problem. Many of the first generation Keralans expect their children to listen to sermons and obey the commands given out daily. The children tend to interpret it as "Do not do what I do, you do only what I tell you to do". This is generally a universal area of conflict. More serious disagreements arise out of language, culture and social activities. The biggest conflict usually arises over the issue of marriage. As more young Keralans marry out of their communities, the older generations feel that the Keralan culture and way of life is dying. This inevitably provokes passionate emotions.*

Me: Finally, in your opinion, what changes or reforms are needed to make social services more responsive to the needs of Keralan communities as a whole ? Is it the responsibility of central and local government or of the communities as well ?

Mr Y: *"In my opinion, the local government is really, or conveniently, ignorant of the fact that the Dravidian (Keralan) communities in the U.K. has a very different outlook and experience to other Asian communities. The local government and central government have to be educated on this matter. Representation has to be made at central and local levels. I believe that other Indian communities are better organised than Keralans, but they do not encourage Keralans to join these organisations for fear that the Keralans will gain control and leadership of their communities. The key is for Keralans to create one large Keralan organisation which brings together all the communities scattered around the U.K. and in particular London. The younger generations should be encouraged to learn about the unique secular history of Kerala, of the Christian, Muslim and Hindu cultures which make up Keralan culture (avoiding the minefield of castes). Ultimately it is the responsibility of young Keralans to maintain the Keralan identity, while being British.*

Interview with Mrs W (Mirpuri Woman):

Brief Profile: Mrs W is a 31 year old Mirpuri, who is married and has 2 children. She has a full time job and is the main carer of her husband and children and is also responsible for the care of her 64 year mother, who now suffers from a mental illness.

"I have no doubt that my mothers illness has largely resulted from years of domestic violence, from my father and my brothers. She had to suffer in silence for many years and would not tell her doctor or seek help, even when I offered to stand by her. I was young at that time and she did not want to ruin my chances of a good marriage. It was also made worse because she had very poor grasp of English and so could not communicate to the outside world. She was a very scared woman, who had little idea of the world around her, other than the community, I suppose it is not surprising when you think she came to Britain from a village in Pakistan. My father finally agreed to seek help from the doctors when my mother had a severe mental breakdown. However, she was examined by White professional people who diagnosed her without any knowledge of her background or her language, my mother had no idea what was going on, there was no Black worker to explain what was happening. We were treated like peasants and she was just pumped full of drugs".

Today, the mother of Mrs W is back at home.

"I am the main carer, although my father does help and on some occasions my younger brother, who lives at home. I attend to my mothers personal needs and see her most days after work on top of which I also have to look after my own family. On top of my work, I must spend at least two to three hours ever evening of the week and most of the weekend either looking after my mother or my own family. My husband helps a little bit, although he could do a lot more".

"My mother does not receive any help from Heath or social services and her needs have been left to the family. I really believe we should be getting some help and certainly there should be an interpreter at the beginning of my mothers illness to explain to her and my father what was going on".

"Anyway, from my experience of social services, I am not going to apply for home help or any other service, because firstly, they will not be able to understand her needs and also the family and her will be stigmatised within the community. People

will say that we have deserted her and that we can't cope. She has gone through enough, I will not put her through any more hurt. The community is everything to her, even though they make me so sick at times. At the end of the day, I feel I have the main responsibility to look after her".

"I hope things do change in the future, there should be a real availability of choice for our people. There is not a balance at the moment. Even if families wanted some help towards their caring, there is no where to go to receive proper help. You cannot use services that are basically provided for White people. social services do not really promote their services to Pakistani communities and there needs to be more Pakistani or Asian social workers".

"Of course the problem also lies with our own community. The community in M'bro is a very close knit one and the elders feel a duty to protect our culture, religion and also our family life. One of the reasons why there has been very little change in our community and our views on things like social services is that the older generation has not allowed any change to take place. So the younger generation are trapped. If they mix with White people or use things like social services then they are called traitors. If they don't do these things then they end up in the same cycle of despair as the older generations. I mean in my own case I would like to think that my daughter would look after me in my old age, but I also want her to have a life of her own. That said I wouldn't use any social services if they remain the same as they are now".

Question: it is clear from Mrs W's comments that there were no trained health or social workers to specifically address the needs of her mother. That said however, her experiences of health services in particular would seem to substantiate the classic explanation of the patient-health professional relations which is claimed to exist. That is one of disempowerment on the part of the patient and professional power and knowledge on the part of the health professional whose authority and conduct is rarely contested and the ability to do so is largely dependant on the class, education and life experience of the patient. Hence, is Mrs Ws mothers experience (although compounded and disadvantaged by issues of culture and language) significantly

different to that which may be experienced by the wider community, in particular those from working class backgrounds, regardless of their ethnicity? Issues of citizenship rights and exclusion arise.

"My father is the main carer of my mother who has arthritis and heart disease. Me and my sisters try to do what we can, but we have large families of our own and also live quite far away and none of us can drive. I feel quite bad, because he is under so much pressure and also he gets pressure from his friends to get us to do more. His friends tell him that he shouldn't be looking after his wife day and night when he has three daughters. It makes me really angry and guilty. My father is such a gentle understanding man who tries to please everyone and doesn't want us to neglect his grand children. We do try to help". (26 year old Mirpuri Woman).

"The family will not apply for help from outsiders, because we don't want to be seen as though we cannot look after him ourselves". (56 year old Mirpuri Woman, talking about her 78 year old father).

2.9 Interview At Newport Day Centre With South Asian Older People: Direct Extract From Field Work Diary (July 1994)

The following people were at this interview:

Mr R - Pakistani/Punjabi/Muslim who spoke very little English

Mr I - Pakistani/Punjabi/Muslim who spoke mainly in Punjabi, although his grasp of English was better than Mr R.

Mr C- Pakistani/Punjabi/Muslim spoke very good English

Mr K -Indian/Hindi?Hindu - although Mr K had suffered three strokes, he was still able to speak quite clearly in English.

Also, Miss D, who is a link worker at Cleveland Social Services, and who has been largely responsible for placing the people above into Newport Day Centre. She volunteered to help interpret for me at these interviews, in an unofficial capacity (at that time, I was still going through a tough battle with Cleveland Social Services to get formal approval to my research).

I decided to use the first interview as no more than an introductory chat about the aims of the research and the issues that were to be discussed. Since all the older 'Asian' members of the Newport Day Centre were at the meeting, it seemed an ideal opportunity for both myself and Miss D to get to know Mr R/Mr I/Mr K and Mr K. It also enabled those present to feel comfortable with us as researcher's. I think that if I had just gone straight ahead with interviewing each older person individually straight away, they may have felt a little intimidated. This way I could explain the purpose behind my research to everyone at the same time and to answer any queries or reservation they may have had. It also enabled me to formally ask the 'elders' (as they are know) their permission to interview them.

In the end this approach seemed justified. Not only was everyone comfortable with one another, but I soon found out which person was outspoken among the group - Mr I and also I was pleasantly surprised to get more than a positive feedback to my research. In fact, once the members of the group started talking...there was no stopping them, especially Mr I who took it upon himself to translate questions and the purpose behind the interviews to the rest of the group. Miss D did the majority of the talking, speaking in Punjabi to Mr R, Mr I and Mr C. Mr K could not understand Punjabi, so we spoke to him in English.

Such was the enthusiasm of the group that this initial meeting was quickly turning into a impromptu focus group, with issues ranging from social services to experience of old age to the general experience of their lives in this country being discussed. I decided to let the group continue in their discussion, even though quite a lot of what was being discussed was not directly related to the research issue. I felt that the fact that all the members of the group were freely speaking was a very good sign that they were both relaxed and comfortable in mine and Miss D's presence. It was vital for Miss D to strike a rapport with them, since she will be doing the majority of the talking and interacting. Also, if I were to stop them talking, it would give them a very negative sign that I was not really interested in them, but just what I could get out of the interview. This initial interview went on for over an hour and was a great success. The dates for the one-to-one interviews with the older people were also arranged.

Once I realised that, this initial interview was turning into more than a mere introduction and that the group were 'in the mood' for talking, I decided to throw in a few tentative questions for the group to debate as a whole:

ME: What do you think of the Day Centre ?

Mr I: *Not bad, I had my doubts in the beginning, but it is not bad.*

Mr C: *Not bad, I like the company and have no problem with the White people.*

Mr R : Had difficulty in expressing himself because of a combination of a recent stroke and poor grasp of English. Mr I obliged in helping to ask the question and to gain an answer, which was. *I like it.*

Mr C: *It is my first time here, so I can't say.*

ME: What do you think about the 'White elders' ?

Mr I: *Yes, they are okay, I have no problems, some nice people. We are all Old! (he laughs out loud)*

Mr K: *Yes, I think its good, we all get along and I play cards with some of them. I have no problems.*

Mr R: *I have no problems, I like them.*

Following the answers to this question, I decided to ask them the following question:

ME: Would you prefer an all South Asian Day Centre ?

Mr R: *Yes*

Mr I: *Yes*

Mr C: *Yes*

Mr K: *I don't really mind, I think it is okay as it is. It is good to be with your own people, but I can also think it is good to have a mixed Day Centre. Anyway, I don't think the government will give us our own place, because we don't make any noise.*

ME: What do you mean by that, Mr K?

Mr K: *Well, I have been in this country for many years, and I don't think that our people are very much liked by the government. It is only now, with our children that they are noticing us and our needs...anyway its only what I think. (Mr K is visibly tired, and his words become very muffled and confusing, I decide not to ask any more questions.) Apart from Mr K, all the others answered the above question succinctly and without any real explanation.*

ME: Are you happy with the carer's at the Day Centre ?

Mr R: *Yes, but I prefer to be bathed by a White person than Parveen or Zahida (the female Pakistani carers), because I see them as my 'daughters'*

ME: So Mr R would you prefer White carer's to Pakistani carer's?

Mr R: *No, I like Pakistani carers, because they speak our language and know our always, its only when it comes to Bathing.*

Mr I: *Yes, I am very happy to be looked after by Parveen and Zahida...they are like my daughters (he laughs out loud).*

Mr C: *Yes, I prefer our own people to look after us, especially our women, because they know our customs, our ways and they respect us as their elders.*

Mr K: *At first, I did not want to come here and be looked after by strangers. I wanted to stay at home with my son and daughter -in- law. But now I enjoy coming here and I don't mind who looks after me, they are all nice. It doesn't really bother me.*

ME: Are you happy with the facilities, food at the Day Centre ?

Mr R: *Yes, it is okay....the food is Halal and nice.*

Mr I: *Yes, they give us our own food which is good and also we can watch Indian films.*

Mr C: *I think it is okay.*

Mr K: *I eat both English and Indian food and also mix with everyone here. I have no problems.*

The interview drew to a close shortly after this question, during the remainder of the interview Mr R and the others talked about Hindi films and stories of their Childhood in Pakistan.

3.0 Matrix Analysis

	KERALAN	MIRPURI
Citizenship		
Ethnic Identity		
Class		
Gender		
Religion		
Care/Caring		
Life experiences, attitudes and outlook of older people, carers & 1st/2nd generation		
Knowledge of Soc.Services,attitudes towards S.S. andtake up of services.		
The attitude/outlook of S.S.Due & careful consideration of needs? Social Policy debates.		
Needs and Rights - the possible future structure &cultural dynamics of --->		
The similarities and differences between the two communities.		
comparisons (using the above themes) between these communitis and other communities / societal 'norm'		

3.1 Recommendations By The London Group On Race Aspects Of Community Care

- (1) All citizens have rights to receive services appropriate, accessible and adequate to their assessed needs, with due consideration to their religious persuasion, racial origin and cultural and linguistic background.
- (2) There should be a diversity of service, method of service delivery, to meet needs, reflect cultural diversity and offer choice, the aim being for community care services to move from a service-led to user-led approach.
- (3) Services should provide the right amount of care and support to help people achieve maximum possible independence and, by acquiring basic living skills, help them achieve their full potential.
- (4) Service users and their carers are citizens who should be accorded the maximum participation in service planning and delivery consistent with their wishes.
- (5) Service users and their carers should receive adequate information about services, and criteria and priorities concerning their deployment, and systems of accountability, monitoring of services and complaints procedures also need to involve service users and their carers to a degree consistent with their wishes.
- (6) There is a particular legislation which supports the rights of Black people to receive a non-discriminatory service, in particular Section 71 of the Race Relations Act 1976.

- (7) In view of the continuing disadvantage of people from Black and minority ethnic communities in community care service delivery, particular action is needed to redress the balance, and this should be incorporated into overall plans, programmes and procedures.

- (8) Each organisation involved in community care service provision should produce a Race Action Plan, in order to demonstrate how it proposes to ensure that needs of minority communities will be taken into account, and as a basis for monitoring its efforts.

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