

CROSSCULTURAL ISSUES

WELFARE AND 'CONTROL' OF 'BLACK' FAMILIES IN BRITAIN

Britain is a multicultural society and Black people's presence in Britain has a 500-year history. Britain's relationship with Commonwealth countries has to be viewed in the context of its colonial past, where the British Empire exploited Commonwealth countries' resources, especially the resource of people, used first as slaves and later as migrant workers.

In this column I will focus on British immigration policies since the 1950s and examine the treatment of Black people in modern Britain. I contend that racism is the dominant experience of Black people in Britain. Racism is outlawed by legislation; however it is evident in the unequal access that Black Britons have to state services such as health and education, and the use of paternalistic 'control' procedures to deal with Black families.

The term 'Black' is here used to represent people of African-Caribbean and Asian origin, although it is recognised that the term covers communities with their own identities and differences.

In the 1950s and early 1960s, people from the Caribbean and Asia responded to the Government's call and came to assist Britain which was experiencing serious labour shortages. While in later years the media frequently exaggerated the number of Black colonial immigrants, the true picture was different in that over 350 000 white Europeans also entered the country between 1945-57. However, it soon became apparent that Blacks were not necessarily welcomed. They were kept, and still are kept, in the worst jobs and in an inferior position. This became even more apparent with the introduction of the 1962, 1968 and 1971 *Immigration Acts* which were used to restrict immigration in Britain. The British state has a contradictory position with regard to racism. It has made racism respectable by enshrining it in nationality legislation which is enforced through immigration controls. On the other hand it has passed anti-discrimination legislation to make racism unlawful.

The structural organisation of white patriarchal, heterosexual, capitalist, able-

bodied society ensures that certain sections of groups within that society are stereotyped, stigmatised and excluded from power and controls. Institutions should be aware of the devastating repercussions of direct and indirect racism. Though we see some local authorities in Britain establishing policy statements which address cultural diversity, actual implementation is rare.

The *Race Relations Act 1976* is seen by some as a positive move by government which allows for equal opportunity for all. However, it could also be criticised in that many institutions which have taken on board the equal opportunity policy statement, hide behind such action. They claim to be equal opportunity employers, but do not acknowledge the various forms of racism. Their commitment to equal opportunity is tokenistic and does not lead to any change in institutional structures.

White academics can assist in combating racism. Academics training welfare professionals in universities and other centres, should adopt anti-racist political and theoretical perspectives, recognise their own position as controllers of substantial resources and as upholders of a caring ideology, and promote anti-racist practice.

Welfare professionals in Britain often fail Black families. They view these families as dysfunctional and in need of state control. Many Black people have contact with social services only in the most desperate circumstances, approach-

ing them as a last resort. They have to struggle to cope with difficulties that could have been avoided had the social services been more responsible and given the appropriate help sooner. When intervention takes place at a later stage it is often to carry out statutory responsibilities of 'control'.

I would like to illustrate how institutions practice control on Black people's lives in the area of mental health. There is increasing evidence to show the over-representation of Black people being compulsorily detained under s.186 of the *Mental Health Act*. Research by McGowen and Cope in 1987 showed that the chances of African-Caribbean and Asian males being

compulsorily detained by order of the courts as an offender patient were 17 times those of white people in the 16-19 age group if born overseas, and 8 times if born in the United Kingdom.

It is well acknowledged that mental health services agencies are involved in social control and, as such, mental health professionals have power to exercise controlling functions under the law. For example s.13(5) of the *Mental Health Act 1983* gives an approved social worker the power to make an application for admission to hospital or reception into guardianship for any patient within the area of the local social services authority by whom she/he is appointed if satisfied that such an application should be made.

Cultural ignorance on the part of the services can have a detrimental effect on Black clients as not only may the components of some illnesses vary specifically between cultures but there are cultural differences in how they are presented. Language and communication difficulties and different cultural backgrounds are also important sources of disadvantage for the Black client.

The experience of Black communities in Britain is such that they are becoming knowledgeable about the controlling aspects of social services, but not the welfare aspects. Social services are more engaged in exercising control over Black families than in delivering the welfare aspects of the services and here I have only been able to touch on the mental health control aspect of social work. If Black people were equally represented in the welfare aspects of caring services then their experience of being at the receiving end of social control would have been counter-balanced with the experience of being at the fore-front of social justice.

Although there is a developing awareness of the particular service requirements of the Black population, it would be erroneous to conclude that anything other than piecemeal or marginal change has taken place in either service provision or institutional arrangements. My conclusion is that racism is the dominant experience of Black people in Britain in the welfare area.

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