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Social Welfare Policy in Racialised Contexts

Frank Keating

This chapter explores the relationship between ‘race’, ethnicity and policy to provide an analysis of social welfare and racialisation. According to Barot and Bird (2001: 601) racialisation ‘is a process that ascribes physical and cultural differences to individuals and groups’. A Critical Race Theory (CRT) perspective is utilised to examine and understand the complexities of welfare policy in a racialised society such as the UK. CRT argues that racism is a real and lived experience for racialised groups such as Black and minority ethnic groups (BME); it is endemic and demands political action across all sectors (Delgado and Stefancic 2001). Taking a historical perspective, the chapter provides an overview and critique of key events of racism in the development of social welfare policy in the UK. It suggests ways in which welfare policy could be transformed to meet the needs and wellbeing of minority ethnic communities. This is a very large topic and the aim in this chapter is not to provide a detailed account, but to offer an overview to help orient the readers to key aspects of the racialised context of social welfare. For example, other issues such as ethnic matching also require attention, but are beyond the scope of this chapter.

When thinking about issues of ‘race’, culture and ethnicity in the UK context, it is clear that social policy in general and welfare policy in particular undermined the potential for wellbeing for BME (Williams and Johnson 2010). ‘Race’ and multiculturalism are among the most politicised areas of policy-making. A clear example is the recent media scare stories about immigration and the pressure on welfare services that are being used as a smoke screen to underfund (Bradshaw 2012). However, the evidence shows that there are fewer welfare claims from migrants, instead, there has been a net benefit to the UK economy (Vargas-Silva 2014). Another example is the debate on what Muslim women should and should not wear in a western context.

The case of a 16-year-old pupil who was barred from wearing a *niqab* (a veil that only shows her eyes) to school (Sanghani 2014) comes to mind.

Clarification of concepts

The discourse on ‘race’ and its associated concepts are complex and it is important to clarify what these mean (Dominelli 2008). A discourse, according to Fook (2002: 3), refers to ‘the way in which we make meanings of and construct our world through the language we use (verbal and non-verbal) to communicate about it’. In relation to ‘race’, Garner (2010: ix) suggests that it involves ‘historical and multi-faceted sets of social relations’. ‘Race’ as construct in the terms of this chapter is treated as a pseudo-scientific construct that has been used to create artificial boundaries between groups and will be enclosed in inverted commas (Singh 2013). It has to be acknowledged that this is a difficult construct to define, because there is no clarity or consensus as to what it means (Garner 2010). Questions arise as to whether it pertains to skin colour, hair type, nose shapes or genetic differences. Bloch et al. (2013: 14), for instance, defines ‘race’ as: ‘a set of ideas and institutional practices that help to shape wider sets of social, political and cultural relations’.

However, it is difficult to pin down ‘race’ to a single meaning as it takes on a wealth of different meanings in different contexts. Garner (2010) suggests that, instead of attempting to define ‘race’, it is more important to consider how its use and the meanings ascribed to it make access to resources easier for some groups and more difficult for others. However, ‘race’ acknowledges that racism based on skin colour and ethnic origin is real, endemic and pervasive. ‘Race’ as a construct has been mobilised in two ways. Law (2010) suggests that it has been used on the one hand to colonise and dominate groups of people (e.g. in parts of Africa, India and South America), while at the same time it has been mobilised to resist, challenge and revolt against racial (racist) domination. Ethnicity and culture are two constructs that are closely intertwined with the concept of ‘race’ but are equally contested due to the multidimensional and overlapping nature of these concepts. Ethnicity and culture share similar markers such as language, shared beliefs and group identity (Pilkington 2003). Ethnicity ‘refers to the differentiation of groups of people who have shared cultural meanings, memories and descent, produced through social interaction’ (Law 2010: 77). It is linked to birth place, a common language, a shared religion, collective culture and a shared history (Chattoo and Atkin 2012; Law 2010). Definitions of culture abound, but in essence it relates to language, beliefs, traditions and norms of groups (Chattoo and Atkin 2012). These constructs are dynamic and changing and should not be viewed as fixed, static or unchanging.

These dimensions of the human experience are often considered to only belong to BME groups, but this chapter takes the view that everyone has a culture and ethnic identity. The issue is: the extent to which people identify with and embrace these ideas and how they construe their identity in relation to other markers of identity such as gender, class, sexuality, age and ability. Chattoo and Atkin (2012) suggest that we need to adopt a critical and analytical stance to these concepts and in particular reflect on how they inform and shape the discourse on welfare.

Points for reflection

What are the differences between 'race', 'ethnicity' and 'culture'? How do these ideas apply to you?

Why are 'race', racism and racial inequality important?

The aim here is not to present BME communities in a negative light: these communities have a wealth of strengths and capabilities that are often undermined by the material, social and political conditions they experience. Racial inequalities exist and persist across all axes and indicators of social and economic need and the examples are numerous (Williams and Johnson 2010). Inequality and unequal treatment are evident in all categories of welfare provision, such as, for example, child and family welfare, informal care and mental health. Three examples are cited below to illustrate this experience.

Research evidence indicates that a disproportionate number of BME children are more likely to be subject to child protection plans and are often (and ultimately) placed in care (DfE 2014). Statistics for 2013 indicated that 16% of looked after children are from Black and mixed backgrounds and yet they only make up 5% of the total population of children in England. These statistics have to be considered and understood against the backdrop that BME families face similar challenges to other families, but they may experience additional stress due to poverty, poor housing, unemployment and racial discrimination.

The over-representation of BME people in mental health statistics is another striking example of racial inequality. The Chief Medical Officer's report in 2014 showed that individuals from BME groups are five times more likely to be given a diagnosis of schizophrenia and less likely to be offered psychological and more socially oriented approaches to treatment (Davies 2014). Pathways to care for these groups are adversarial, i.e. they usually come into contact with mental health services via the police or criminal justice system – the norm is for people to be referred via their general practitioner (GP).

A further example of racial inequality relates to BME carers, who face significant challenges in accessing support services. These include lack of information about support services, communication issues, lack of culturally appropriate services and a lack of understanding of how to support them. Their situation is compounded by the stereotypical views, i.e. 'that they look after their own', that are commonly held by professionals (IRISS 2010). Stereotypical views and attitudes such as these can therefore lead to formulaic assumptions about how their needs should be met.

A defining feature of racial inequalities in welfare is that these have persisted over a number of years and seem to be intractable. The situation therefore demands a continued focus on the negative impact of inequalities on the health and wellbeing of BME communities and the need for 'the creation of a welfare society – one in which the well-being of all is central and in which welfare arrangements are owned,

shaped and co-produced with the active engagement of all citizens' (Williams and Johnson 2010: 2).

Welfare theory and 'race'

A key premise of this chapter is that the social policy arena does not know what it thinks or should think about 'race' and ethnicity: there is no shared agenda and no policy on 'race' and ethnicity. Policies on race equality abound, but there is a lack of policy to provide guidance on how to deal with the contested and tricky constructs of 'race', ethnicity and culture.

Prior to understanding how issues of 'race', ethnicity and culture have been addressed (or not) in welfare policy it is useful to review how these have been theorised in welfare theory in general. Williams (1987) provided an informative critique of four different perspectives on welfare theory. A brief summary is offered here, but the reader is encouraged to read this classic paper. The four perspectives are: anti-collectivism, social reformism, political economy of welfare and feminism. First, anti-collectivism promoted the freedom of the market and individualism, which meant that discrimination at an individual level could be over-ridden. Second, social reformism emphasised pragmatism and took certain things such as the division of labour and family for granted. 'Race' was marginalised because proponents of this perspective advocated that everyone should be treated equally, regardless of existing inequality. Third, the political economy of welfare perspective specifically offered a critique of welfare and the welfare state in its analysis based on class, capital and the state. Again, we note the absence of 'race' from this discourse. Fourth, feminist theorists critiqued how women were construed in welfare terms, but failed to highlight how Black women were exploited or how the critiques of patriarchy does not apply to Black women in the same way they do for White women. A theme that runs through all these perspectives is the fact that even though critiques of welfare were offered, 'race' and racism were absent from the discourse.

It is against this background that I suggest that an exploration of social policy in racialised contexts needs to be considered along three axes, i.e. 'race', immigration and racial equality.

Three axes (tri-axial analysis)

Discourse on 'race'

Starting from the *discourse on 'race'*, there is overall a lack of consensus about its meaning in a western context. Theorists view it as a social construct which has deep social consequences. Yet, when one considers how 'race' is construed and understood in the policy context, it is clear that it is not always viewed as a social construct, but rather a fixed entity in people's identity. 'Race' has become essentialised (Delgado and Stefancic 2001), meaning that it became based on a belief that this is the sole defining characteristic of BME groups and who they are (an approach that has been

discredited but has resurfaced with the rise of multiculturalism). In practice, the focus or emphasis in 'race' discourse was the importance of understanding the culture of and traditions of BME groups – a practice seen as the pinnacle of cultural competence. For example, policy directives in relation to child and family welfare require respect for the child's 'race', culture and ethnicity. However, the fundamental principles underpinning any decision seem to be those of welfare and not 'race' or culture (Williams and Johnson 2010). On the other hand, in situations where the focus is solely on 'race' or culture, the needs of the child can be overlooked. This was clearly demonstrated in the case of Victoria Climbié, a young Black girl who was abused by her aunt and her partner (Laming 2003) and subsequently died. Professionals failed to identify the abuse as the actions of the aunt were located in a cultural context. This is an example of essentialising, where certain characteristics such as culture were seen as fixed in some groups thus creating a 'them' versus 'us' divide. The heterogeneous nature of culture across and within BME communities and the fact that identities are multi-faceted were completely overlooked or misunderstood. Moreover, a narrow focus on culture means that the harsher aspects and the devastating effects of racism and discrimination can easily be ignored.

The essentialising of culture has led to developments in culturally appropriate service responses. However, these responses have been mainly relegated to dietary needs and more latterly religious needs (less so spiritual needs) – the mantra of 'safaris, samosas and steel bands' come to mind here. It should thus come as no surprise when BME service users report much lower satisfaction rates with health and social care services.

Another dimension of the discourse on 'race' is the othering of BME groups. This is when groups are measured against a hegemonic ideal (i.e. White) and subsequently ascribed inferior status. In the classic paper referred to in an earlier section, Williams (1987) traces three aspects of policy development to illustrate how BME people have been 'othered' and marginalised. Williams (1987) argued that social imperialism, nationalism and immigration control were practised through subordination of class interests to those of nation and empire. Entitlement to benefits was linked to nationality as could be seen in the Old Age Pensions Act 1908. Black workers were kept in lower paid jobs and denied access to benefits, which meant lower social expenditure and inevitably a stratified workforce based on the erroneous belief that they could only work at unskilled levels. In situations where Black people were in receipt of welfare services, these were characterised by control rather than care and support. These communities were blamed for their deprivation because of their ways of living and their culture. Evidence of the control and harsher treatment of BME people is nowhere as stark as in the field of mental health care. The disparities in the treatment of BME people compared to the White population have persisted over centuries and can be seen in higher rates of diagnosis, higher rates of hospital admission and higher rates of seclusion and restraint (Davies 2014).

Racism and challenges to it are closely linked to the discourses on 'race'. Anti-racism (discussed below) involved movements to oppose and challenge racism. In particular it started with challenges to scientific racism, a practice to classify racial types and create racial hierarchies that led to stereotypical views that Black people had smaller brains than White people. For example, studies in the US in the early 19th century were measuring the size of the brains of different groups (craniology)

and found that there were differences and concluded that these differences indicate that Black people are less intelligent than White people (Law 2010). The first major challenge to scientific racism was in 1950 when UNESCO organised a world panel of experts to announce that there was no scientific basis for 'race'. Craniology was refuted in 1983 when the skulls used in the earlier studies were re-examined by a scientist named Gould, who found no basis for the previous conclusions (Law 2010).

Discourse on immigration

The *discourse on immigration* is similarly fraught. On the one hand, Britain wants to be seen as welcoming and inclusive and this is reflected in policy such as the concept that health care is free to all at the point of access. However, when the notion of 'a British identity' is threatened, immigrants are viewed with suspicion and hatred that can often lead to violence. The infamous 'Rivers of Blood' speech made in 1968 by Enoch Powell is one such example. Powell, an MP and former government minister, made a speech to the West Midlands area Conservative Political Centre in which he was critical of Commonwealth immigration and anti-discrimination legislation. He argued in this speech that if Britain opened its doors to immigrants there would be violence and bloodshed and called for stricter controls on immigration. Islamophobia is another example – practices such as forced marriages, wearing the *niqab* and radical Islamism have become enmeshed in the current discourse on immigration. The anti-immigration sentiment can be seen in the Home Office's pilot scheme in 2013 to stop illegal immigration. The scheme entailed adverts on London busses that said: 'Go home or face arrest'. The scheme was challenged and subsequently withdrawn, but what is interesting to note is that the Prime Minister considered it acceptable to use such techniques to fuel a fear of illegal immigrants.

It has been argued that there is no such phenomenon as a 'National British Identity' (Fanshaw and Sriskandaraja 2010), and therefore, by implication, welfare need cannot be homogenised. However, the current discourse on 'race' and ethnicity is still very much focused on the notion of Britishness – citizenship ceremonies were introduced for immigrants who apply for citizenship. Community cohesion policies were also introduced to promote greater integration of minority groups (Cantle 2008).

A common thread that runs through immigration policy is to control and reduce the ability of migrants from the New Commonwealth (Asia and Africa) to enter the UK. This pattern can be traced back to the Aliens Act 1905, which was specifically aimed at Jewish immigrants from Eastern Europe. It brought tighter controls and restriction from benefits and was extended in 1919 to stipulate that all Jews were expected to carry identity cards. Another strategy was to keep Black people ignorant of their rights to out-of-work benefits (Fryer 1984). Other examples are the Immigrants Act 1968 and the Immigration Act 1971, and even the latest Immigration Act 2014, which prevents illegal immigrants from accessing and using public resources in the UK and makes it easier to remove people with no right of abode (Home Office 2014). The arguments are linked due the fact that immigration is about a right to citizenship whereas welfare is concerned with entitlements to resources. Social citizenship has been the traditional basis for access to welfare services and a critique that points

to the fact that political citizenship excludes those in need (Williams and Johnson 2010). The discourse about citizenship and welfare is peppered with common myths that BME groups and migrants are a strain on welfare resources. Yet, evidence shows that immigration is economically beneficial to national states (Finney and Simpson 2009). Immigrants from outside the EU do not rely on public resources – instead they contribute to public revenue through direct taxation, are younger and therefore more likely to be economically active and make less demand on public resources to which they have recourse such as health care. It is interesting to note that there were similar arguments in the 1980s that ignored the fact that immigration was to bring skilled people to run welfare services and without them welfare would collapse (Bloch et al. 2013; Williams 1987). The policy of recruiting care and social work staff from outside the EU has continued until the current economic crisis. This section illustrates the close alignment of welfare and immigration policies, and has argued that as long as this continues, the entrenched inequalities for BME groups will persist.

Discourse on racial equality

Equality and diversity have been embraced in the *discourse on racial equality*, but with contradictory or conflicting standpoints. On the one hand it is progressive, while on the other it is regressive. *Race equality*, *equality of opportunity* and *valuing diversity* became desirable goals policy objectives. They are progressive in the sense that these policies were aimed at reducing racial inequality and promoting race equality in public services. Yet, they are regressive in that at the same time as developing policies on equality a range of anti-immigration policies were introduced.

Points for reflection

Pause for moment and note down what you think the terms ‘race equality’, ‘equality of opportunity’ and ‘valuing diversity’ mean.

Employment practices designed to increase diversity in the workforce were seen to be an appropriate course of action to promote racial equality. It became acceptable to list racial/ethnic background as a ‘qualification’ for jobs in health and social care. This was enshrined in a scheme of funding under Section 11 (s. 11) of the 1966 Local Government Act) where ethnic minority status was seen as an advantageous characteristic/qualification for certain positions. However, these practices did not yield major economic benefits for BME workers in the health and social care sectors. BME staff were (and are mainly) employed in junior positions with little access to power and decision-making and were often the subject of disciplinary investigations. More recent initiatives, such as the Department of Health’s ‘Delivering Race Equality’ (DRE) for mental health (DH 2005) were a progressive move to address the racial disparities in mental health. With the advent of the Race Relations

(Amendment) Act 2000, racial equality, equality of opportunity and valuing diversity was extended to service delivery. Race equality initiatives sought to achieve equal outcomes for different groups.

Developments and policy initiatives such as these described here were progressive, but it has to be noted that at the same time the 1997 Labour government introduced a range of anti-immigration laws, which can be seen as regressive in relation to promoting race equality. A common theme that ran through these Acts of Parliament is the issue of access and entitlement to welfare benefits, thus establishing a link between welfare and immigration (Bloch et al. 2013). Ideas of race equality have been displaced by equality of opportunity and valuing diversity, which focus on equal processes meaning that everyone should be given the same chances or opportunities. Valuing diversity and equality of opportunity in service delivery is underpinned by stereotypical views. Think here about views that some groups prefer to 'look after their own', underlying a sweeping assumption that carers in these communities did not need support. Other stereotypical views, such as that older people will be looked after by their community or that the 'shame' of having a disabled child should be kept in the community, are deemed to be acceptable explanations for the limited uptake of services.

Policy responses to race equality and diversity

The aims of policy development to achieve racial equality can be categorised into four main themes: cultural deficiency, assimilation, multiculturalism and anti-racism. A common feature in policy responses to racial inequalities is the seemingly circular nature of the discourse – there seems to be a constant return to the notion of assimilation and 'taking on' of British identity or 'fitting in'. For example, one local authority in London cut spending on translated leaflets and providing interpreters on the basis that this discouraged BME groups from learning English and taking on a British Identity.

Cultural deficit approaches are premised on the standpoint that BME cultures are inferior to that of indigenous, i.e. White groups. Difficulties experienced by BME communities in relation to health and social care were located in their ethnic and cultural traditions and seen as deviant, which means that these experiences were pathologised (Lawrence 1982). For example, beliefs that Black parenting was inferior resulted in an over-representation of African Caribbean children in care (Pennie and Best 1990). It is interesting to note that these ideas still permeate the discourse, as can be seen in current debates on the practice of female genital mutilation in the UK.

Assimilationist ideas are premised on the idea that immigrants will progress if they adopt a 'British Identity', lifestyle and values. They are also informed by the viewpoint that the difficulties that BME communities experience are due to the fact that they refuse to adopt British customs. The aim of such policy was to assist these communities to integrate with other groups and specialist provision was seen as working against assimilation. The 1965 and 1968 Race Relations laws were aimed at stabilising social relations (Bloch et al. 2013). Provisions were made for policy intervention in housing and school education, and additional funding for teaching English in localities with significant migrant populations. However, assimilationist

ideas failed to reduce racial and structural inequalities faced by BME communities and were discredited, with funding under Section 11 of the 1966 Local Government Act – the provision for local authorities to provide services for ‘persons belonging to ethnic minorities whose language or customs differ from those of the rest of the community’ – discontinued in 1999, and it was accepted that a shift in policy was required. Politicians at the time of the original legislation in the 1960s, such as Roy Jenkins who was the Home Secretary, argued for an integrative approach to cultural difference – hence the multiculturalism project that promoted accepting cultural difference.

Multiculturalism/culturalist embraced the notion that ‘different cultures associated with migration were deemed needing to be recognised and understood amongst the majority culture’ (Bloch et al. 2013: 13). Cultural diversity was promoted as a positive feature of society and an aspect of society to be celebrated. This led to the focus on cultural sensitivity and competence – learning about other cultures, the provision of interpreters and developing culturally sensitive and competent approaches were promoted. However, Atkin and Chattoo (2007) argue that the multicultural project did not address issues of power and institutional racism and this critique gave rise to the challenges from anti-racism.

The 1980s was seen as an ‘extraordinary policy moment in which the politics of dissent, “race” social justice, social change and, community campaigns converged and became entangled’ (Bloch et al. 2013: 31; see also Bartoli 2013; Bhatti-Sinclair 2011). Ethnic monitoring was introduced, race advisors, race units, race committees, racial harassment policies became established. This signalled a shift from the culturalist and assimilationist approaches that had prevailed to *anti-racism* and illustrates how the ideas of ‘race’ were mobilised as a site of resistance. However, the idea of ‘race’ became essentialised in its prioritisation over other social categories and unfortunately stood outside other social movements – the disability rights movement notably comes to mind here, a movement in which the voices of Black disabled people were not present (Stuart 2012).

This section has reviewed the different axes from which we can analyse ‘race’ and welfare policy. How we construe and understand issues pertaining to ‘race’, immigration and racial equality are vital to an appreciation of how welfare policy developed in the UK. The discussion has also illustrated the complexity of the issues and how the ideas of British Identity permeate the discourses on ‘race’.

Points for reflection

- Institutional racism is the collective failure of an institution to provide appropriate and professional services to people because of their colour.
- Individual racism is overt or covert discrimination against people at a personal level because of their colour.

Learning point: Can you think about any organisation and examples of institutional practices that exclude or disadvantage people on the basis of their skin colour?

The modernisation project and 'race'

Modernisation of the traditional welfare state, which started with the Thatcher government, aimed at reducing state involvement in the provision of welfare services and at increasing the economic efficiency of public services. Suffice it to say that these developments did not bring benefits or positive results for already marginalised BME groups. Glimmers of hope resurfaced with two significant markers, i.e. the Stephen Lawrence Inquiry and New Labour taking office in 1997. The Stephen Lawrence Inquiry was launched after the racist murder of a young Black man in South London in 1993. Stephen was an A-level student who planned to go on to train as an architect. One evening, when he was on his way home with a friend, he was assaulted by a group/gang of young White men. He tried to run away, but collapsed and died as a result of the attack. His family had a long struggle to get the Metropolitan Police to investigate their son's murder and had to cope with police ineptitude. An inquiry was instituted and led by Sir William Macpherson, a senior judge, with a report launched in 1999. The inquiry's major finding was that there is institutional racism (see Points for reflection on p. 118) in the police force (and by implication other public services). The Race Relations Act 1976 was amended to make it a duty of all public services to combat racism in both employment practices and service delivery. The newly elected Labour government embraced a policy of collectivism and social citizenship, which augured promise for BME communities. This implied a paradigm shift from universalist approaches to welfare to a more collectivist approach, where individuals and communities could determine their own aspirations and needs thus leading to a more inclusive society. The Social Exclusion Unit was established to work towards reducing social inequality and promoting greater inclusion for marginalised groups. The modernisation agenda now focused on partnership working with the state taking on the role of regulator by setting up National Frameworks for service delivery. Each of these National Service Frameworks highlighted the need to respond to cultural diversity and challenge discrimination based on the grounds of ethnicity, belief or religion. As laudable as all these policy initiatives were, the anti-immigration sentiment prevailed and the government also passed four pieces of immigration legislation.

A further significant development was the resurgence of assimilationist ideas. The Parek Report published in 2000 set out an ambitious agenda for change. However, it was misinterpreted as an attack on the idea of Britishness (Mclaughlin and Neal 2004) and its recommendations were never taken up.

Assimilationist ideas were remodelled into an integrationist and cohesion agenda – implicitly blaming BME communities for not integrating with mainstream society and by further implication locating the source or causes of inequality within these communities; interestingly, this seemed to be a 'masked' return to the cultural deficit approach that was prevalent in the 1960 and 1970s. The shift from single frame equalities legislation such as the Race Relations (Amendment) Act 2000 and the Disability Discrimination Act 1995 towards a generic equalities framework was introduced with the Equalities Act 2010. The discourse changed from the meritocratic idea of 'equality of opportunity' to fairness, i.e. no group was to be singled out for special treatment or favouritism and that there should be equal outcomes for all (DCLG 2011).

It is clear from the discussion above that the complexities around providing welfare in a racialised context remain unresolved. The final sections of this chapter consider the contributions of the Black Voluntary sector to welfare and some suggestions for transforming welfare.

Challenges from the margins – the Black Voluntary sector

Given the failings of the welfare state and the way in which BME people are construed in social policy, Black groups have organised separately to provide welfare and support services in their communities. One such example is the Colonial Peoples' Defence Committee that organised welfare support for Black seamen in 1948 (Barbery et al. 2000). These organisations offer useful critiques of the Eurocentric nature of service models and provision, but operated and continue to exist at the margins of welfare service with insecure funding, not helped by the short-term nature of contracts (Fernando and Keating 2009; Williams and Johnson 2010). There has been to date no large-scale evaluation of services in the Black Voluntary sector and the intelligence in this sector has not been incorporated into mainstream ideas of welfare. This marginalisation of the BME voluntary sector limits opportunities for providing appropriate support in mainstream services. Personalisation is a current development in adult social care that seems to offer potential for individualised support, i.e. support that is focused on welfare in a racialised context. However, the scope for this is undermined by current cuts in welfare.

Transforming welfare

As a way forward this chapter suggests that we adopt a social constructionist approach informed by Critical Race Theory (CRT) and intersectionality. Constructionism argues that humans make sense of their experiences by creating a model of the social world and how it functions or operates (Teater 2014). CRT was introduced in the US as a counter-argument to the positivistic and liberal discourse on civil rights (Crenshaw 1991; Delgado and Stefancic 2001). In essence it argues that racism is endemic, it is real (lived experience), that Black people embody multiple identities (ethnicity is one dimension of BME identities) and that White power and privilege is maintained and sustained by law and policy. Combining these ideas helps us understand that policy needs to take account of how people construct their reality and acknowledge that such constructions may include racism and discrimination. Policy needs to be based on approaches that are formulated according to the experiences of BME groups and the strategy for welfare must be informed by needs as articulated by these communities.

Moreover, if we accept that 'race' intersects with other dimensions of identity and disadvantage we can overcome essentialist approaches to policy and service delivery. Issues of 'race', racialisation and racism are inherent dimensions of the fabric of British society and the policy agenda needs to engage constructively with these discourses.

Conclusion

This chapter reviewed the complex terrain of social policy in racialised contexts over the last century. It explored how the idea of a ‘British Identity’ permeates the discourse on welfare policy and entitlement to welfare resources. Discourses around ‘race’, immigration and racial equality have been considered to provide some insights into policy responses in these arenas. Addressing these issues in a single book chapter is an ambitious project, and readers who want to pursue the issues introduced in this chapter are encouraged to read Bloch et al. (2013), Craig et al. (2012) and Williams and Johnson (2010).

Points for reflection

- What have you learnt about ‘race’, racism and welfare policy?
- How can this understanding be used to inform your social work practice?

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