The Politics Of Diversity:
Charles Husband

This module on The Politics of Diversity is one element of a major distance learning training programme initiated by the English National Board for Nursing, Midwifery and Health Visiting and funded by the General Nursing Council and the Department of Health. The materials have been developed under the editorial direction of Professor Charles Husband and Ms. Bren Torry and will be published, free-to-user on the world wide web in late 2003. As a draft manuscript this document is released for your information and should not be quoted without permission.

January 2003

© Department of Health
Contents

About this module

- Learning outcomes
- Assignment
- Module texts

Introduction / Overview

Section 1 - The nature/origins of diversity

- Reasons for migration
- Patterns of migration
- Demographic impact of migration
- The interplay between immigration and race relations

Section 2 - The creation of 'Us' and 'Them'

- National identity
- Race
- Ethnicity

Section 3 - Different definitions of 'the problem'

- 'The minority is the problem'
- 'Cultural deficits' of minority ethnic groups are the problem
- Personal prejudice is the problem
- Cultural racism is the problem
- Institutional racism is the problem

Section 4 Changing definitions and changing responses

- The 'immigration problem' approach
- The cultural deficits' approach
- The personal racism approach
• The cultural racism approach
• The institutional racism approach

Section 5 - Differentiated citizenship and the politics of difference
• Formal citizenship and substantive citizenship
• Universal and differentiated citizenship
• Differentiated rights for minority groups
• Self government rights

Section 6 - Final Reflections

Bibliography
About this module

Learning Outcomes

When you have completed your study of this module, you should be able to:

- critically examine the concepts of:
  - 'national identity', 'race' and ethnicity
  - personal, cultural and institutional racism
- compare and contrast a number of different approaches to 'multiculturalism' and their impact on provision for minority ethnic groups.

You should be able to illustrate your explanations with examples from your own experience (or that of colleagues in your Health Service).

This module aims to enable you to become confident in your understanding of key concepts that are essential in the planning and delivery of health care in multi-ethnic Britain. Although the content of this module may seem somewhat distant from the immediate practice of health care delivery the topics discussed here will enable you to be clear about the fundamental issues that must be addressed in developing culturally safe transcultural health care practice.
Introduction / Overview

Ethnic diversity is a defining characteristic of contemporary societies - an indisputable truth about the 'demographics' or makeup of the population living in any one country. What is not so indisputable is the concept of multiculturalism - the complex mix of politics, attitudes and beliefs, which shape how a society understands and seeks to manage that diversity. These concerns lie at the heart of this module.

In Section 1 you'll take a look at one of the processes by which societies become multi-ethnic - the process of migration. You'll learn about some of the factors that lead people to migrate - sometimes based on factors drawing them to a new country, sometimes on factors pushing them away from their country of origin. You will be encouraged to relate the five main patterns of migration to the demographic make up of your own area - and your own family history. No doubt you will find that most family histories include experiences of emigration and immigration. The question then arises: 'If the process of migration is not alien to our personal experience, why is it so easy for current immigrants to be presented as threatening and alien?' The answer to this question is tied up with 'identity' - the key topic of Section 2.

Section 2 considers nationality, 'race' and ethnicity, providing psychological and sociological explanations of the ways in which 'other people' come to be defined - and treated - as 'different'. The subjective experience of having an ethnic or national 'identity' will be related to the social and political forces that impact upon the definition and maintenance of those identities. Recognition of the ways in which identities are constructed and maintained provides a valuable basis for understanding the invention of 'racial' identities. The dynamics of 'identity politics' become important as we see how modern states define ‘the problem’ of ethnic diversity - the primary topic of Section 3.

In Section 3 you will discover that the reality of ethnic diversity has been seen - by governments and policy makers - to generate a number of ‘problems’. Not surprisingly,
the definition of ‘the problem’ in ethnic relations sets the agenda for policy formulation about **What Should Be Done**, which is the province of Section 4.

**Section 4** considers various approaches to multiculturalism, arising from the different 'definitions of the problem'. You will be encouraged to think about the model of multiculturalism that you employ, and about how that has implications for your response to multicultural initiatives and demands for ethnically sensitive practice in health care delivery.

In **Section 5** you will be introduced to current debates about the ways in which states come to a political understanding of ethnic diversity. You will be encouraged to think about what citizenship means. How shall *we* show respect for individuals and protect collective identities. The politics of difference is very much about how groups mobilise to protect their rights, and you must consider how these concerns can be made compatible with the multicultural policies developed by the state and health care trusts.

And finally, in Section 6, you will find some 'final reflections'.

There are four main elements to the learning materials - in this and other modules of the programme:

- The **text** of the module is intended to take you through the key points as clearly and concisely as possible, referring you to important texts which are listed in the **bibliography**, for you to follow up in accordance with your wishes/needs.

- Throughout this module you will be referred to a recent review of multiethnic Britain which provides an expert overview of ethnic diversity and offers one perspective on how ethnic diversity should be managed. The text, *The Future of Multi-Ethnic Britain* (2000) (known as The Parekh Report) was commissioned by the Runnymede Trust and will provide valuable frameworks for your thinking.

• Throughout the module guide you will find exercises to help you consolidate your learning. In many of these exercises, you will be given both personal reflection and group discussion tasks. For the latter, you could either work with fellow students or discuss the topics with colleagues.

Distance learning allows you the flexibility to work at your own pace and in your own style. It means you can take the route through the material that you find most helpful. Some people will prefer to read through the whole module first and then start on the exercises and further reading. Others will do the exercises as they go along. It all depends on the type of learner you are. Some like to collect the detail step by step, others like to familiarise themselves with the structure and key concepts before filling in the details.

The important thing is to be active in your learning - asking questions, completing the exercises, setting yourself goals for your further reading, working out how it applies to your own situation. The more active and reflexive your learning, the more likely it is that you will understand the key principles and be able to apply them in your work, both now and in the future.
SECTION 1:
THE NATURE/ORIGINS OF DIVERSITY

Objectives
When you have completed your study of this section, you will be able to make an initial assessment of the ethnic diversity of your own area - and its significance for current and future health care needs - based on your learning about:

- the 'push' factors that encourage people to leave their country of origin (beginning the process of emigration)
- the 'pull' factors that draw people to a particular country (beginning the process of immigration)
- patterns of migration
- the demographic impact of migration.

You will also be able to explain, briefly, the interplay between immigration and race relations policies.

Read the Following
Immigrants and asylum seekers have become such a focus for political debate and media panics that it is all too easy for members of European countries to see contemporary ethnic diversity through a very one-sided perspective - and to see immigration as a threatening activity, undertaken by foreigners.
Immigration has become a political ‘hot potato’. It figures high in the racist rhetoric of far-right extremist political movements. But, in somewhat more sophisticated terms, anti-immigrant sentiments have been recurrent elements of the political rhetoric of mainstream parties throughout Europe. We only have to consider the party political consensus in Westminster on juxtaposing economic-migrants with ‘real asylum seekers’ to get a sense of how “immigrant” has become synonymous with negative notions of illegality and scrounging (Beattie, 1999).

This one-sided view involves a very considerable degree of collective forgetfulness. For example:

- it has been argued that there are more people of Norwegian background living in North America than there are Norwegians currently in Norway.
- North America and Australia are just two of the locations which over the last two centuries have received massive movements of people from the United Kingdom
- many European countries like Norway, Portugal, Greece and Britain have long experience of emigration from their shores.

It would be well if members of all countries reflected upon the reality that their emigrants were somebody else's immigrants.

Ethnic diversity arises from processes other than migration - including, for example, wars that change state boundaries. However, we will return to these later. In this section, you'll be taking a look at:

1. Reasons for migration
2. Patterns of migration
3. The interplay between immigration and race relations
4. The demographic impact of migration.
1. Reasons For Migration

It may be helpful to our understanding of both our shared past and our contemporary society to reflect briefly on motivations for migration. Although it is not entirely academically respectable, it can be helpful to think of migration as being shaped through the interaction of complementary processes - push and pull factors.

<table>
<thead>
<tr>
<th><strong>Push factors</strong> include:</th>
<th><strong>Pull factors</strong> include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Relative poverty</td>
<td>• The anticipation of a better standard of living</td>
</tr>
<tr>
<td>• Lack of employment</td>
<td>• A sense of linguistic and cultural compatibility</td>
</tr>
<tr>
<td>• Social exclusion</td>
<td>• Existing links to the new environment e.g. chain migration</td>
</tr>
<tr>
<td>• Political oppression</td>
<td>• Formal Government policy to facilitate immigration</td>
</tr>
<tr>
<td>• Love</td>
<td>• Love</td>
</tr>
</tbody>
</table>

Let's take a closer look at each of these factors in turn . . .

**Push Factors**

Relative Poverty

This suggests that people are moving to improve themselves. Some cases - for example, the Irish famine in the nineteenth century and the Scottish
clearances - might involve extreme, life-threatening, forms of poverty and starvation. However, many of the people who made use of assisted passages to Australia from the United Kingdom in the 1960’s, say, were far from starving. They did, however, expect to improve their standard of living through migration.

Employment
Transitions in the economic and industrial profile of a country can lead to major movements of people, in the bid to find employment. The industrial revolution was a major form of this phenomenon. Others include:

- the closure of coal mines in Scotland in the 1960’s - which brought labour to the North East and Midlands. (Subsequent industrial decline, of course, led to further migrations)
- the construction of the Mangla Dam in Pakistan and the radical dislocation of the rural economy, which was a major factor in the migration of people from Mirpur to Britain.

Social Exclusion
The life chances of a person and/or a community may be radically limited by social exclusion, whether on grounds of ‘race’, religion, gender, sexual preference, nationality or some other characteristic. Such exclusion is often sustained by informal cultural norms and can be a powerful motivation to migrate.

Political Oppression
Political oppression, in contrast, is frequently intentional, organised and brutal. Oppressive regimes in Hungary, Chile and Bosnia have, at different times, generated flows of asylum seekers to Britain. Jewish refugees from Eastern Europe at the turn of the twentieth century are another example.
Love

Love should not be underestimated as a force in human lives. Three of the ways in which this acts as a trigger for migration include:

- moving to be close to a loved one
- unrequited love - which might make distancing oneself an attractive prospect
- economic migration as an expression of love for others, rather than immediate economic self-interest.

Pull Factors

In many ways pull factors are the logical complements of the push factors.

Anticipation Of A Better Standard Of Living

This is a necessary complement to relative poverty. In normal circumstances, only perversity would lead someone to migrate to a country where they could expect a significant decline in their standard of living. Of course, for many asylum seekers the critical consideration is not the potential standard of living but, rather, the possibility of life itself.

Linguistic And Cultural Compatibility

The 'law of least effort', is likely to lead people to countries where their 'cultural capital' is transferable: that is to places where their existing experiences and competences are likely to be relevant and usable.

- The employment prospects of the potential immigrant will be much greater if s/he has the appropriate linguistic skills
- Settling into a country that is culturally similar can reduce the challenges and feelings of disorientation associated with moving to a new place.
Existing Links
Existing links to the new environment can greatly facilitate the processes of entry and settlement in a new country (another example of the 'law of least effort' in operation). Existing social networks are very useful in the processes of finding accommodation and a job. They can also act as cultural guides to the informal, as well as the formal, rules of the new environment.

Government Policy
Migrant labour may be of very significant benefit to the receiving society (leading to formal government policy to facilitate immigration). Examples include:
- historical British efforts to attract nurses and other health care staff from overseas.
- current anxiety over whether Britain can compete successfully in the new information technology industries without actively attracting skilled overseas expertise.

Love
This is a powerful pull factor. Where distance separates lovers, who moves to whom is often determined by the balance of the other factors. Deciding to be together is however, often the start of a series of difficulties - not least of which will be the immigration policy of the receiving country.

The Processes of Emigration are always complexly changing
Emigration from one country inevitably creates immigration in another. The push and pull factors sketched above offer a simple insight into this process - and a basis for reflecting upon the realities of migration. For example:
For any one country, person or community, these factors may not be stable over time. National economies change, immigration policies change and, eventually, some networks become stronger and others weaker. This means that patterns of migration will change.

Patterns of migration, over time, can affect both the demographics of an individual country and the distribution of migrants over several countries. For example:

- The well-established migration of people from the Caribbean into the United States was dramatically disrupted by changes in the United States immigration policies in the 1950s.
- The demise of the Soviet Union - together with Finland’s entry into the European Union - have both made Finland’s borders more permeable to migrants than was previously the case.
- The potential attractiveness of Melbourne to Greeks (it has the second largest Greek population after Athens) is affected by current Australian immigration policy, which has a highly selective skills based rationale.

As patterns of migration change, the migrant populations become widely dispersed. Many families have kin in a number of countries with family, trading and cultural networks linking the widely separated communities - a phenomenon known as Diaspora. Such diasporic communities have a distinct sense of time, space and history that gives personal meaning to their 'globalised connectedness'. This notion of diaspora has become very important in looking at how we should understand ethnic identities, because it reminds us to see how different communities negotiate their experience of their present circumstances through their understanding of their past. For very many individuals, the places where they were born and where they now live are only tentative anchor points for their sense of place and identity. Air travel, telephones and e-mail all provide the means for making their diasporic identity real. Diasporic identities are not built...
only on remembered shared histories but also out of contemporary shared media, family contacts and political links.

In the contemporary globalised world we need to learn to be sensitive to the emotional and territorial maps that frame our positioning of others and ourselves in the world. Before you take a closer look at the main patterns of migration, use Exercise 1 - which follows - to reinforce what you have learnt so far.

**EXERCISE 1.1 (part a)**

**Personal Reflection**

Get out an atlas or a copy of a map of the world. On this map, mark with a cross all the places where you have past or current family connections and answer the following questions:

1. How globalised is your family network?

2. How do you come to have this pattern of dispersed kin? Why did they move? What does it tell you about past processes of migration?

3. To what extent do you personally have a sense of a 'diasporic identity'?

Now undertake part (b) of the exercise.
**EXERCISE 1.1 (part b)**

Group Discussion Topics:

Share your mapping of your family networks. Discuss what it tells you about each other:

(a) What quick images do you have of the locations on each other’s maps?  
(For example, is Milton Keynes really embarrassing?)

(b) How do you **feel** about what you are hearing?

(c) Reflect upon the ways in which others place your family locations in their worlds.

---

**Recap and Further Reading**

You will have by now begun to get a sense of how normal it has been, and is, for people to move from one country to another. Our experience of migration, both personally and through our family history, gives each of us a particular insight into this process. It also helps you to begin to be able to reflect on contemporary British ethnic diversity within an explicit awareness of your own identity and perspective.

**Everyone should read:**

- *The Parekh Report – Chapter 1*
  
  This will introduce you to some of the issues that arise when we think of multi-ethnic Britain and will prepare the way for further work.


**Further Reading:**

- For an accessible discussion of how space and identities interact read:

Further useful overviews are to be found in:


And in the


A very rich insight into the dynamics of one minority ethnic community’s negotiation of its past and present can be found in


Read the following text

### 2. Patterns of Migration

The population of Britain at the beginning of the twenty-first century is, like that of many European countries, shaped considerably by post-war patterns of emigration and immigration. Thus, in addition to Britain’s long-established historical diversity, post-war immigration has done much to shape the current ethnic demography of Britain. In briefly examining this post-war phenomenon of immigration we can discern patterns of migration that have a common relevance to other European countries

(Castles and Miller, 1993)
The history of how different identities come to be present in a particular society is an important starting point for understanding the present. The different historical trajectories and processes of migration help to define the way in which communities are formed and operate. For example:

 Regarding the long-established ethnic minority communities of Liverpool and Cardiff as identical to the African-Caribbean and South Asian communities of Birmingham Leicester, Bradford or Bristol as identical to the refugee communities of Somalis in Sheffield . . . since they are all ethnic minority communities in urban contexts in Britain - is a denial of the distinctly different experiences and consciousness of their own dislocation and settlement.

(Husband, 1996:32)

There have been five main patterns of post-war migration in Europe:

1. **Return migration of European settlers from former colonies** (for example, the English from India and Africa)
2. **Immigration of ethnically distinct members of colonies or former colonies**
   (for example, Caribbeans and people from the Indian sub-continent migrating to Britain, and Indonesians and Surinamese migrating to the Netherlands)
3. **Migration of manual workers** (for example, from less wealthy European countries to Germany and France)
4. **Migration of skilled employees** (between highly developed countries)
5. **The resettlement of refugees and asylum seekers** (for example immediate post-war European resettlement and contemporary inter-continental asylum seeking)

You're now going to take a brief look at each category in turn - to learn about the processes shaping the development of ethnic diversity in the contemporary European context. Keep in mind, as you read, what you have already learnt about
'Who moves where - and why?' You should also be starting to think about 'With what results?'

2.1 Return Migration Of European Settlers From Former Colonies

This first category comprises individuals and families returning 'home' to a country they may 'feel part of' - but which is strange to them. With successive ex-colonies winning independence through the 1950s, 60s and 70s, ex-colonial settlers’ return home was not always entirely voluntary. With 'Africanisation' in some African states and bloody independence struggles in Kenya or Algeria, for example, some of those returning to their 'motherland':

- were left with a bitter sense of being expelled
- found that the country they returned to did not match the nostalgic image they had of it - an image that had been sustained by distance and occasional visits
- did not necessarily have an unambiguously positive welcome.

2.2 Immigration Of Ethnically Distinct Members Of Colonies Or Former Colonies

Following the Second World War, countries like the Netherlands, France and Britain - with extensive overseas colonies - actively recruited labour from their ex-colonies, to fuel their post-war economic recovery. The rapid development of this process in the 1960s was driven by the interests of the receiving societies - for example:

- the workers recruited were likely to be familiar with the language and culture of their ex-colonial rulers
- the receiving societies had paid nothing for the education and development of these workers.
2.3 Migration Of Manual Workers

In similar fashion, wealthy European countries recruited migrant labour from poorer European regions to staff their manufacturing and service industries. For example, Germany attracted labour from what was then Yugoslavia and also from Southern Italy, through organised programmes such as the Gastarbeiter system.

Immigrants in both this and the previous category attracted a good deal of hostility from people in their receiving societies. Given the direct and immediate economic benefit of their immigration, such hostility can't be explained in terms of their economic cost to the country. So what might be the reason? (You'll be coming back to this in the next section, but in the meantime, keep thinking about it for yourself.)

With the international oil crisis of the early 1970s and the downturn in national economies throughout Europe, an 'immigration stop' emerged. Increasingly, further migrant labour was surplus to requirements and governments began to introduce immigration legislation to drastically reduce - and by the 1980s virtually stop - the flow of migrant labour.

Although the action taken was economically expedient, the politics attached to the process were often explicitly racist and fueled the emergence of far right groupings such as the National Front in England and the Front Nationale in France. Hostility toward members of minority ethnic communities became embodied in the politics of European mainstream political parties in the 1970’s and 80’s as they sought to give legitimacy to their immigration policies and fight off the electoral appeal of the far-right parties (see Solomos, 1993).

The anti-immigrant sentiments laid down at that time and the platform created for a heightened concern with national identity established at that time, continue to inform contemporary debates about ethnicity and citizenship today.
2.4 Migration Of Skilled Employees

Skilled labour of various kinds has remained at a premium. Professionals within multi-national corporations and individuals with scarce expertise have continued to be mobile between European countries.

This category of migration, then, reminds us that economic pragmatism remains an important element of post-war migration despite the increasing harshness of immigration legislation. The European Union - as a free market in labour, amongst other things - has served to facilitate this mobility among citizens of the member states. However, this has been a mechanism to promote mobility among an essentially 'European' workforce, whilst simultaneously continuing to resist the immigration of 'aliens' from non-member states. The Nordic Labour Market serves a similar purpose. You might want to pause and reflect on the past and current flow of nurses from the United Kingdom and Ireland to the United States; and current attempts to attract nurses into the UK from the European Union.

2.5 The Resettlement Of Refugees And Asylum Seekers

This category comprises individuals and their families fleeing from oppression and from risk to their life and well being (for example from natural disasters). The right to seek asylum is enshrined in international law. However, no one has an absolute right to be granted asylum. This creates three main sub-groups in this category: refugees (to whom asylum has been granted), those with leave to remain (though they are not recognised as refugees and have fewer rights) and asylum seekers (whose applications are being considered and who have no rights).

At the end of the Second World War there was a massive movement of refugees across national borders as new borders were drawn and the 'Iron Curtain' redefined the social geography of Europe. For example, in Britain the European
Voluntary Worker Programme resettled, amongst others, displaced persons from Latvia, the Ukraine, Poland and other European countries under the control of the Soviet regime. This period of refugee resettlement was carried off both with efficiency and considerable good will. In more recent years, however, asylum seeking has become a transcontinental process. As Dewey observed in 1987:

*The road we now face presents a situation that is neither geographically nor, at least with current perception, numerically confined. Movements of refugees and asylum seekers span the globe, in a deepening pattern, from the developing to the developed world. And because the numbers seem to be a wave of individuals knocking on our doors – and not just masses of people we could help in some distant country of asylum – then the numbers indeed become an alarming issue.*

… affected European countries are certainly alarmed. In some, even panic may not be too strong a description. But with this sharp reaction stemming from the numbers, and the global sources of the problem, we are beginning to see a response that could also be alarming. We see responses starting to depart sharply from the principles of solidarity and coalition which characterised the road behind us …

*Defensive and restrictive unilateral reactions to change risk eroding the principles for the treatment of refugees and asylum seekers, which have been developed multilaterally – with so much effort – over the last thirty years.*

(Dewey 1987:24-25)

A critical aspect of this more recent process, again, was the 'alien' nature of the asylum seekers - they were not virtual near European neighbours but culturally unfamiliar. For example, Vilby (1987:10) commented that:

*… the increase in the influx of non-European asylum seekers has occurred after a period where growing unemployment problems had already*
created tensions between nationals and migrant workers in many European countries. Refugees are considered a new group adding difficulties to societies already troubled by problems. Public attitudes are less positive than a few years ago, and each country justifies its restrictive policies by the fact that other European countries are doing the same.

This European response to asylum seeking has increasingly become a concerted policy of making asylum seeking as difficult and unpleasant as possible: what Weh (1987:51) called a 'policy of dissuasion'. This policy of resistance to asylum seekers has been co-ordinated within the European Union under the Dublin Agreement on asylum seeking - which some regard as violating the spirit of the 1951 Geneva Convention for Refugees (see Fernhout, 1993).

In principle, and on occasion, refugees have attracted the sympathy of the citizens of the country where they have settled. However, currently asylum seekers are frequently abused in the national press and seen as illicit scroungers by significant sections of the population (Beattie, 1999).

The creation of this 'Us' and 'Them' situation is the main topic for Section 2 of this module. First, though, a look at the impact of immigration on the demographics of the receiving country and at the interplay between immigration and race relations.

Recap and Reading:
Different patterns of migration have implications for how both the migrant and the members of the receiving country experience the process. In order to understand how the United Kingdom came to respond to post-war migration it is useful to reflect upon the
history of British identity. This will provide a basis for beginning to understand the British response to immigration (which we will return to again later).

**Everyone should read:**

  
  This will remind you of the historical development of the United Kingdom and introduce our concern with national identity that we will develop later. It will also make you think of **seven recent trends** that have an impact upon British ethnic relations.

**Further Reading:**

A useful brief review of post war migration into Britain is to be found in:


An overview of immigration into Europe is provided by:


and in:


And, for those who wish for a more extensive analysis, then an up-to-date account can be found in:

EXERCISE 1.2

Activity

Bearing in mind what you have learnt about the various patterns of immigration just described, think about the ethnic diversity in the areas where you live and/or work and:

1. List the different ethnic communities living there
2. Find out what you can about the history of each community you listed – which pattern of migration would you say each group represents?

Linking your thinking back to the previous introduction of the concept of diaspora, try to understand how these particular histories of migration have relevance to the contemporary values and experience of specific minority ethnic communities.

EXERCISE 1.3

Group Discussion

Share your knowledge and be honest in trying to identify how confident you are about what you know. What do you know about the majority ethnic communities? How much real contact do you have with the ‘truly rich’? or with the significant proportion of the majority population who live in poverty? It is not only ethnic diversity that is shaped by the territorial demographics of our country and local community. Be explicit in identifying your shared areas of ignorance about both majority and minority identities and histories.
3. The Demographic Impact Of Migration

The demography of contemporary Britain is a reflection of the history of migration. The first people to come here - particularly those belonging to the patterns based on economic interest - may have been initially made up largely of single workers. However, as a result of their long-term settlement, partners and children came to join the initial migrant and reunify their family.

Different family relationships and cultural values within the different ethnic groups may have considerable impact on, say, the relative percentages of different age groups in the population, the number of people per household and the number of births, marriages and deaths. These statistics, in turn, have major consequences for the planning and delivery of services such as health, housing and social security.

Given the past pattern of immigration where the migrant populations were drawn into Britain in order to service specific industries such as textiles, the automobile industries, health and transport, there was not a random dispersal of minority ethnic workers throughout the country. On the contrary, they were clearly concentrated within specific urban conurbations around Britain. And a combination of economic disadvantage, racial discrimination in the housing market, and the active support of friends and relatives in helping with their initial settlement in Britain resulted in a further spatial concentration of specific minority ethnic communities within these conurbations themselves. This demographic concentration provided some benefits for the developing minority ethnic communities through allowing for the emergence of shops and organizations that met their cultural needs; and it provided for collective support. However, this
spatial concentration of expanding minority ethnic communities also attracted local hostility and fed the growth of racist anti-immigrant sentiments in Britain. Thus, the history of contemporary British ethnic diversity cannot be understood only by following the changing demography of the country; it is also necessary to understand how attitudes and policies developed around British ‘race relations’.

4. The Interplay Between Immigration And Race Relations

It is important for our understanding of contemporary health care provision in Britain (Nazroo, 1997) to understand how the social exclusion of minority ethnic communities in Britain developed and has been sustained. A part of this understanding is to be found in the political responses to immigration and the development of ethnic diversity in Britain in the decades after the Second World War. The reality was that, like other European countries, Britain drew in migrant labour to service the industries and services of a changing and expanding economy. Sadly, this positive inflow of labour power came to be seen by the end of the 1960’s as a crisis of “coloured immigration”. That we in Britain talk so easily and spontaneously about ‘race relations’ is regarded as strange by many of our neighbours in Europe. The fact was that following Britain’s experience as an imperial power across the world, we had a long history of seeing difference in terms of race. Unfortunately, our language of race not only was used to describe difference, it also conveyed a strong judgement of relative worth. Consequently, the changing demography of Britain became a focus for a politics of race relations. As you go through this module it will be important to remain alert to how the way we think about difference has an impact upon the way we develop policies and practices for responding to ethnic diversity.
Settlement Patterns In The 1950s

The influx of labour power from the Caribbean and the Indian sub-continent in the 1950s - so vital to Britain’s economic recovery - was not randomly distributed across the British labour market. Instead, it was disproportionately recruited into industries that the majority ethnic population found unattractive and which they were deserting in favour of the newer industries, offering cleaner, healthier working environments; and better rates of pay. As a result, the minority ethnic labour force became disproportionately associated with specific areas of employment including textiles, car manufacturing and transport.

Discrimination in the labour market and in housing combined to concentrate the minority ethnic communities in specific areas of specific conurbations. This, in turn, fed fears of a threat to the culture of the majority ethnic population - fears that were actively nurtured and popularised by right-wing politicians. The growth of anti-immigrant sentiment was fanned by both the local and national press and led to Parliamentary moves to restrict immigration.

Immigration Policies Of The 1960s

At the Conservative Party Conference of 1961

“forty of the 576 submitted resolutions featured immigration, thirty-nine of them, in varying degrees of militancy, calling for control.”

(Foot, 1965:136).

The party was faced with:

- a vociferous anti-immigrant cadre within the Party
- strong pressure from the constituencies
- Ministry of Labour predictions of a continuing shortage of labour
In 1962, the Conservative Government introduced the Commonwealth Immigrants Act, with the aim of appeasing anti-immigrant sentiments. However, by failing to confront and challenge the explicit racism of the anti-immigrant propaganda, they only served to feed the demand for more labour controls.

One of the ironies of immigration policy throughout the 1960s was that, as the pressure to introduce more restrictive immigration legislation grew, so too did the rate of immigration - with migrants seeking to enter Britain to work and/or join their families before entry was blocked.

Africanisation In The Late 60s/Early 70s

Africanisation in some African states at the end of the 1960s, led to a panic about the possible number of people who had a legal right of entry into Britain from East Africa. In particular, the activities of Idi Amin in Uganda precipitated an exodus of Ugandan Asians to Britain. In response, the Labour Government rushed through the Commonwealth Immigrants Act, in February, 1968, which effectively nullified the rights of these British passport holders. Richard Crossman (a Cabinet Minister at the time) made explicit the unprincipled pragmatic rationale behind this legislation, as follows:

“As progressives we were opposed to capital punishment, persecution of homosexuals and racial prejudice, whereas a large section of our working-class supporters regard such ideas as poison. What they hate most is our softness on colour. It nearly cost us the election of 1964 – particularly in the West Midlands – and it was widely felt that our improved majority in 1966 was due to our new tough line on immigration control. That is why as a Government we were panicked in the Autumn of 1967 by top secret reports predicting a mass expulsion of Asians from East Africa and began to make contingency plans for legislation which we
realised would have been declared unconstitutional in any country with a written constitution and a supreme court”.

(cited in Humphry and Ward, 1974: 89)

*The Oil Crisis Of The 70s*

The oil crisis of the early 1970s and the downturn in European economics led to highly restrictive immigration legislation being enacted across a range of Western European countries. This ‘Immigration Stop’ has continued, with highly selective criteria being applied to would-be immigrants, who must show that they have valued skills, or wealth, which can benefit the receiving country. However, family reunification provides continued immigration, as relatives and spouses enter Britain to join communities that are now well established in Britain.

The pattern was now set in train. Both major political parties compete for electoral success by adopting strongly anti-immigrant rhetoric and policies, to appease the anti-immigrant sentiments amongst the electorate.

As immigrants become settled communities, this strategy necessarily feeds racist sentiments against minority ethnic groups. Thatcherism in the 1980s and 1990s produced a potent variant of these politics as it fused a nostalgic neo-Conservative nationalism with an explicit identification of challenges to ‘British culture’. This was illustrated with a typical lack of subtlety by Norman Tebbit’s 1990 statement that:

“In recent years our sense of insularity and nationality has been bruised by large waves of immigrants resistant to absorption, some defiantly claiming a right to superimpose their culture, even their law, upon the host community. All this in the era when the great Euro legal and cultural magimixer of Brussels is trying to blend us into a Continental culture, abusing our linguistic heritage with crude Eurospeak such as pigmeat and
sheepmeat in place of pork, lamb and mutton which had adorned our table talk for centuries past. Sterling – not just a currency but an adjective of excellent worth, having been debauched, devalued and even deformed in the politicians’ money, ‘Green Pounds’ – looks set to be masticated by EMUs, ERM and ECU before becoming more fodder for that monetary successor of the Panzer, the Deutsches Bundesbank.”

(Tebbit, 1990: 81).

**Race Relations And Immigration**

The language of anti-immigrant politics feeds on an assumed shared national identity, which (as will be examined in Section 2 of this module) tends to be highly resistant to recognising diversity within British society. This leads to a permanent tension, within multi-ethnic societies, between the party political exploitation of anti-immigrant sentiments and governmental attempts to promote multi-cultural coexistence. (This tension is apparent in the dual strategy of the current Labour Party in trying to sustain a robust resistance to asylum seekers, whilst simultaneously seeking to demonstrate a concern with equality and good community relations within Britain.)

This has meant that, in parallel with the increasingly stringent anti-immigrant legislation there have been the Race Relations Acts of 1965, 1968, 1976 and 2000 - which were progressively more determined to promote ‘harmonious community relations’ and to limit discrimination and racist behaviour.

This juxtaposition has led to objections that the ‘positive’ legislation was merely a cosmetic operation to help divert attention from the racial discrimination inherent in the immigration legislation. Indeed, the resistance to drafting race relations legislation that might have real teeth (in the first two Acts) revealed something of this conflict and these Acts had relatively little impact in countering racial discrimination (Hill and Issacharoff, 1971; Katznelson, 1973).
The 1976 Race Relations Act was a potentially radical piece of legislation but it has failed to live up to its promised potential, in its interpretation and use within the British legal system. (Lustgarten, 1989). The current Labour Government has sought to rectify these failings of the existing legislation by passing the Race Relations (Amendment) Act 2000 which extends the outlawing of race discrimination (direct, indirect and victimisation) to public authority function not covered by the 1976 Act; and it places a general duty on specified public authorities to promote race equality. This Act has direct implications for health and social care providers in the UK. Alongside other policy initiatives, such as The Vital Connection DoH (2000), this Act demonstrates the formal commitment of the State to equal opportunities and the outlawing of racial discrimination. (See the Module – Race Equality Management for a fuller discussion of the practical implications of this new legislation).

Whilst the legal framework of the 1976 Race Relations Act provided the government with a vehicle for asserting the liberal British commitment to justice and equality, it has also provided minority ethnic communities with a point of leverage to challenge racism and discrimination. The vulgar explicit racism and the confident unembarrassed discriminatory processes of the 1950s and 1960s are less evident today. However, through more subtle forms of rhetoric and more carefully managed discriminatory processes, racism continues to thrive in contemporary Britain - a topic to which we will return in later sections of this module.
EXERCISE 1.4

Activity

Consider the language that is used to discuss ethnic diversity in:

- the area where you live
- the place where you work

Reflect upon how this language came into use and consider how it fits with the official contemporary language used by different politicians.

How do issues of equal opportunities emerge in your workplace? Consider how gender, disability, sexual preference and age are experienced in your workplace. What formal policies govern behaviour in relation to these aspects of identity? Which if any of these policies do you feel protects your interests?

EXERCISE 1.5

Group Activity:

Share your experiences of how ethnic diversity is managed in your workplace:

- What are the dominant views about ethnic diversity?
- What are the range of attitudes you encounter toward ethnically different colleagues?
- What are the range of attitudes you encounter toward ethnically different clients?
- What mechanisms are there to prevent racial discrimination?
Recap and Further Reading

Everyone should read:

- *The Parekh Report* – Chapter 3.
  
  This chapter ‘Identities in Transition’ raises questions about the development of different minority ethnic communities and about how we must develop means to acknowledge each other as fellow citizens whilst also respecting our ethnic difference.

Further Reading:

A useful, and accessible, contemporary account of attitudes to difference; and an account of the historical background can be found in:


An invaluable and detailed account of the implications of current ethnic diversity in Britain can be found in:


At the end of this section you should have come to have an understanding of the background to contemporary ethnic diversity in Britain. You should be able to make connections between the history of migration and how we all locate ourselves within a diasporic network of time, space and social networks. It is also important that you can make a distinction between the demographic realities of migration and ethnic diversity and the way in which this became an issue in British politics. How we in Britain have defined ‘race relations’, and how we continue to develop policies for managing the implications of ethnic diversity for health and social care, will remain a continuing theme in this module.
SECTION 2:
THE CREATION OF 'US' AND 'THEM'

Objectives

When you have completed this section, you should be able to:

- compare and contrast the concepts of national identity, 'race' and ethnicity
- explain the processes by which people develop their sense of 'national identity' and 'ethnicity' - and illustrate this with reference to your own sense of identity
- discuss the impact of other aspects of your identity (including, for example, your gender, age, political views) on your ability to express your national identity or ethnicity

What do you currently know?

In Section 1, you have learnt about the ways in which history and patterns of migration have helped to shape the nature of contemporary multi-ethnic Britain. You should also have discovered that:

- nearly all of us have family histories that include migration, whether within the United Kingdom or internationally
- the factors that motivated those migrations are similar to those that continue to impel people to migrate today.
Which leads us back to the question posed in the Introduction to the module: *If the process of migration is not alien to our personal experience, why is it so easy for current immigrants to be presented as threatening and alien?*

Many of the answers to this question are tied up with the notion of 'identity'. One of the ways in which we routinely confirm our identity is through social comparison with others:

- comparison with other members of our own 'in-group' - to ensure that we are consistent with group norms, that we are 'one of us'
- comparison with relevant 'outgroups' - to ensure that we are not like 'them'.

The comparisons - based on criteria that are particularly valued by us - allow us to define others not simply as 'different from us', but often as 'different and inferior to us'.

For those of us living and working in multi-national / poly-ethnic Britain, defining our 'identity' - laying claim to membership of what we imagine is a common community of people - is complicated. For example:

- Hybrid identities such as Pakistani/British or Cypriot/English, or Muslim/Welsh - are a common feature of contemporary life, as we all seek to make sense of our own biography and experience
- Often, hybrid identities are associated with past or recent immigration in the United Kingdom - and are consequently seen as being associated with minority ethnic identities. But, strong regional identities are equally powerful ways of fragmenting national affiliations - do you define yourself as English, Scottish, Welsh or as British? Or, as Geordies, Cornish or a Londoner? Along with the concept of diaspora the idea of hybridity has become very important in contemporary discussions of ethnic diversity. At its simplest it reminds us that we are all complex individuals with many facets to our identity. Often it is those aspects of our personal biography and make up that society treats as significant which are discussed in understanding issues of hybridity. Thus, in contemporary Britain it is apparent that gender is a major factor in shaping your life chances.
Thus, in issues of discrimination, minority ethnic women may be referred to as suffering a *double jeopardy*.

But, it is important not to see different elements of our identity just adding together. As we make sense of selves these different elements interact complexly. Thus, for example, if you consider how someone’s gender, ethnicity, class and disability may interact within a hybrid identity you can begin to comprehend the complexity. When these individual aspects of identity are mobilised as group identity politics; as in the women’s movement, the disability movement or gay rights, then we can appreciate how important it is to understand the implications of hybridity. For example, the women’s movement was criticised internally by Black women who perceived it to be white and middle class.

When we apply the notion of hybridity to any nation or any ethnic community it acts as a powerful warning against us expecting uniform behaviour from all the members of these categories.

- Being resident in Britain does not necessarily mean that you are 'British'
- The fact that someone is a British 'citizen' tells us little about her/his 'national identity'
- When someone *does* claim a specific 'national identity', it tells us little about what this *means* for that individual

In this section, you are going to take a look at three different ways of creating 'Us' and 'Them':

1. **National identity**, which is closely involved in attempts to clarify *"Who is 'one of us?'* and *"Who has a right to live here / to be a citizen?"*
2. **Race** - ostensibly based on biological differences between the different 'races' - but in fact a politically influenced concept suggesting that *"They' are not just different from 'us' they are demonstrably inferior."
3. **Ethnicity** which is concerned with recognising those who have a culture *'like ours'* and excluding those who are *'not like us'*.  

37
1. 'National Identity'

We are going to look at this from two angles:

- National identity as a unifying force
- National identity as a divisive force.

**National Identity As A Unifying Force**

There is now a considerable academic examination of nation building and the nature of nationalism. In *Imagined Communities*, Benedict Anderson (1991) explores the processes by which people develop a personal and cultural feeling of belonging to a nation. This is a very scholarly book, which discusses:

- the role of religious faith
- the development of shared and unifying languages
- the construction of shared notions of time
- the central role of the media.

But the essence of his analysis - which has caught the popular interest - is his notion of nationality as 'imagined communities'. And the emphasis lies upon both words: communities - as groupings of people with shared histories, territory and feelings of connectedness - and imagined as a clear statement of the historical and contemporary construction of this shared identity.
This idea of a constructed national identity - deeply rooted in the emotional ties between ‘those who are like us’ and the almost fictional definition of that ‘us’ - provides a strong challenge to anyone who would see their national identity as in some way an inevitable expression of an unambiguous shared history. It warns us that shared national truths may be highly suspect and that emotion, as well as reason, is a key component of national consciousness.

This idea of the active fabrication of national identities is further underlined by the wonderfully provocative title of a book by Hobsbawm and Ranger (1983): The Invention of Tradition. They echo Anderson’s argument that nations, new as well as old, construct their identity around their sense of historical continuity; of being an old ‘people’ even if a new nation. With rich and amusing examples, they demonstrate how shared practices - of relatively recent construction - are transformed into part of a shared ‘tradition’. The idea of a tradition has its power in the expectation that things could not be otherwise: "This is a tradition: its origins need not be enquired into and it cannot be changed". Chapter 2 of their book - in which, for example, it is argued that the kilt was:

\[ . . . \text{invented by an English Quaker industrialist}, \ (\text{and}) \ \text{saved from extinction by an English imperialist statesman}\] (p. 26)

provides powerful examples of the peculiar bases of some traditions in the fabrication of ‘The Highland Tradition of Scotland’. And - given the current ambiguous status of the British royal family - Chapter 4 makes rewarding reading for monarchists and republicans alike.

The historical events of our past, then, are not handed down uninterpreted, but may be retained, retrieved or reinterpreted along the way. Historical ‘facts’ are:

- contaminated by their process of transmission
further distorted by the fact that those who encounter this history - whether in reading, cinema or public spaces - bring their own agendas to it. We are all partisan in our consumption of history.

Patrick Wright (1985) has provided a wonderful insight into the contemporary English heritage industry. As part of his argument he suggests that:

\[ \ldots \textit{preservationism has certainly played its part in a nationalisation of history which enables the state to project an idealised image \ldots of its own order against a geographical and historical background of its own selection.} \]

(Wright, 1985:49).

In other words, what we as a nation choose to preserve - and the stories we attach to what we have preserved - tell us a lot about our contemporary efforts to shape our national self image and shared feeling.

The United Kingdom is an interesting historical construction. There has been a tendency to see ourselves as a relatively homogeneous people with a shared history and identity but - as you have seen in Section 1 - this is far from the truth. In fact one commentator suggested that:

\[ \textit{The British are clearly among the most ethnically composite of the Europeans} \]

(Geipel, 1969:163).

(And that was a statement made prior to the extensive modern migration of the last three decades!)

You've already considered some of the ways in which Britain has become a polyethnic society through the various patterns of immigration discussed in the
previous section. It also belongs to the category of **multinational** societies - for example:

- as Linda Colley (1992) has shown, the emergence of a 'British identity' was built upon a partial suppression of distinctive Scots, Welsh, Irish and English identities as Protestant England struggled against Catholic mainland Europe. Indeed, the very success of building a 'British' identity was dependent upon the dominance of English power and wealth in their bringing of these countries under the control of a parliamentary system based in Westminster: what one author pointedly called “Internal Colonialism” (Hechter, 1975). (The tensions currently emerging - as Labour Party policy seeks to give limited political autonomy back to Scotland, Wales and Northern Ireland - show how the identity of the ‘United’ Kingdom has remained an awkward fusion of distinct identities.)

- our historical heterogeneity is also a result of invasion, as in the case of Romans, Angles, Saxons and Normans.

This historical diversity, however, has partly been obscured in the 'social construction' of the *British identity*. In responding to the many facets of ethnic diversity in the United Kingdom, our own distinctive 'imagined communities' may be very powerful. Our sense of 'national identity' impacts upon our sense of connectedness to those around us. It informs our acceptance of the ‘truths’ of British history and the virtues of the British tradition. It may weigh heavily upon our willingness to accept change. If a state’s construction of a national identity is important in a multi-ethnic society; so too are our own identity claims and our positioning of ourselves in relation to the past and present.
EXERCISE 2.1

Reflection Activity

1. Do you have a **national** ‘identity’? What are the traditions, values and behaviour that enable you to share and express your national identity?

2. List at least five ways in which you could recognize someone sharing your national identity.

3. The concept of hybridity reminds us that we all have multiple affiliations which we integrate complexly in forming our own sense of self:
   - what other identity labels might you apply to yourself – including, for example, those defining your age, gender, sexual preference, leisure pursuits and personality? (Ethnicity and ‘race’ you will come back to later.)
   - consider whether some of these are more important:
     o to you
     or
     o to other people
   - in what ways do these other labels link into, or challenge, your sense of national identity?

EXERCISE 2.2

Group Activity:

- Discuss what you think is the stereotype of the British held by other nations.
- Discuss how national identities become relevant in your work place.
Nation Building As A Divisive Process

National identities can have a strong impact on us - as imagined communities that bind individual identities together. However, they also:

- define the boundaries between 'Us' and 'Them'
- provide ‘truths’ that legitimate the inclusion of 'Us' and the exclusion of 'Them'
- make 'our' rights self-evident and 'their’ “bogus claims” illegitimate

So why does this happen? And why is it so easy to nurture and so powerful in its effects?

The contemporary social theorist Zygmunt Bauman (1990) offers useful insights into both questions, suggesting that the very mobility and complexity of the contemporary world is a challenge to:

- the power of the state over its citizens
- the certitude of individuals’ confidence in their own identity (and fans their xenophobia)

Let's take a closer look at each of these in turn . . .

Threats To The Power Of The State

Bauman reminds us that, from its emergence, the logic of the nation state has been to promote homogeneity through defining and controlling the identity of members of the nation.

*It has been stressed repeatedly in all analyses of modern states that they ‘attempted to reduce or eliminate all loyalties and divisions within the country which might stand in the way of national unity’*

(Schafer, 1955: 119).
National states promote ‘nativism’ and construe their subjects as ‘natives’. They laud and enforce the ethnic, religious, linguistic, cultural homogeneity. They are engaged in incessant propaganda of shared attitudes. They construct joint historical memories and do their best to discredit or suppress such stubborn memories as cannot be squeezed into shared tradition. They preach the sense of common mission, common fate, common destiny. They breed, or at least legitimize and give tacit support to animosity towards everyone standing outside the holy union (Alter, 1989: 7ff.). In other words, national states promote uniformity. Nationalism is a religion of friendship; national state is the church which forces the prospective flock into submission. The state-enforced homogeneity is the practice of nationalist ideology. (Bauman 1990:154)

Clearly, this is a process under strain given the current forces of globalisation and the reality of the diversity within the population living in the state:

- We all have multiple loyalties, which may potentially weaken our acceptance of the legitimacy and power of the state. Through our participation in diverse groups we may experience our interests - as members of some groups - being challenged by the policies and agencies of the state

- Our globalised consciousness, diasporic networks and hybrid identities provide other ways of imagining the possible rather than accepting the permissible. Such critical consciousness can be threatening to the state.

Through the concept of citizen the state recognises the legitimacy of an individual’s presence within the territory of the state and acknowledges their formal entitlement to the benefits of citizenship; namely, a range of rights and participation within the institutions of the State. (See Bottomore 1992). In multinational states like Britain there is no formal requirement to be a member of a
specific nation in order to be a British citizen. (This is in comparison to the past pattern in Germany where it was assumed that all citizens would be members of the ‘volk’; the German nation (See Wrench and Solomos, 1993 or Koopmans and Statham, 2000). In practice, of course, we have seen how British (English) nationalism has at various times suggested that not all persons can become British. This has not only fed discriminatory immigration policies, but has also meant that in effect many minority ethnic British citizens have been effectively denied the full enjoyment of their citizenship rights. The in-group self-interest of a historically constructed nationalism is not easily compatible with the inclusive rights of citizenship in multi-national and multi-ethnic countries.

Threats To Individuals' Confidence In Their Own Identity

It is not only the state that can find aspects of the contemporary world troubling. Remember that the unifying agendas of nationalism also offer the promise of protection, rights and territorial certainty for members of the nation - so conformity may have its rewards. One function of the state is to police our territorial boundaries and 'keep the Barbarians at bay'. However, Bauman (1990) suggests that, through migration, there is a new source of anxiety - the stranger in our midst. Someone who is not really 'one of us', but who lives among us: Aliens who were safely imaginable - perhaps even known - were safe curiosities as long as they lived outside our boundaries:

- **As an ex-imperial nation**, Britain had very extensive exposure to differing peoples all over the world. This contact generated a degree of assumed familiarity with the identity and customs of territorially distant peoples. Through literature, painting, music and more recently the cinema, they were familiar to us

- **Tourism** allowed for a safe, vicarious intellectual and emotional interest in ‘the Orient’, the ‘Arab world’, the ‘Indian sub-continent’ and the ‘Native Peoples’ of the known world
This phenomenon is still replicated in the diet of the Discovery Channel and National Geographic - presenting ‘exotic’ others who live elsewhere.

Now, though, the safety of distance has been dramatically breached. In very many instances, the ‘strangers’ - who are now the settled minority ethnic communities of Britain - are not unknown aliens. They are vaguely familiar, with:

- identities as ‘strangers’ - which may trigger anxiety and resentment
- ‘known’ characteristics - which may be drawn upon to justify anxiety, confirm difference and legitimise avoidance.

As Bauman puts it:

_the stranger undermines the spatial ordering of the world: the fought-after co-ordination between moral and topographical closeness, the staying together of friends and the remoteness of enemies. The stranger disturbs the resonance between physical and psychical distance – he (sic) is physically near while remaining spiritually remote. He brings into the inner circle of proximity the kind of difference and otherness that are anticipated and tolerated only at a distance – where they can be dismissed as irrelevant or repelled as inimical. The stranger represents an incongruous and hence resented ‘synthesis of nearness and remoteness’ _

(Simmel, 1971:45 cited in Bauman, 1990:150)

A degree of xenophobia is hardly surprising, then, given the extensive history of British nationalism and its complementary invocation of a self-regarding sense of superiority. In addition, the presence of historically established stereotypes flesh out the diffuse antipathies of xenophobia - a concept discussed further below. This is by no means a uniquely British phenomenon.

So in contemporary Britain, (as in many other European countries), the assumed ‘cultural homogeneity' - a core element of the operation of the nation state - can no
longer be guaranteed. To class, gender and regional identities - which have for a long time been a challenge to this homogeneity - the diversity of new ethnic identities has been added. The current exploitation of nationalist sentiment in party politics, in relation to both devolution in the United Kingdom and relations with Europe, continues to sustain the everyday relevance of national identity and its associated imageries. As the United Kingdom is now certainly a multiethnic society, it may be that for the majority ethnic populations there will be a need for un-learning, as much as taking on board new learning, in order to operate fairly and efficiently in their contemporary environment.

Before you move on to take a look at 'ethnicity', turn your mind to the next Exercise. This is also a good natural break time - give one set of concepts time to digest before you turn to another.

EXERCISE 2.3

Group Discussion

1. Discuss the links between being a British citizen and having a specific national identity: Barbadian, English, Indian, Irish, Pakistani, Scots, Welsh et cetera.
2. In what ways does your gender (or any of the other aspects of personal identity that you considered in the previous exercise) impact upon your ability to express your national identity?
3. Does your ‘nation’ have ‘natural enemies’ – other nations you love to mock?
   - Why has this come about?
   - How does it express itself?
EXERCISE 2.4

Group Activity

- Share your understanding of how it is possible for a group of people to have common British citizenship, but quite different hybrid national identities.
- Discuss whether the ‘work culture’ of your place of work has any particular predominant national identity.
- Examine the implications of this for delivering care to:
  - all citizens
  - non-citizens

Further Reading

Everyone should read:

- *The Parekh Report* – Chapter 4 – Cohesion, Equality and Difference. This chapter will help you to explore the tensions between sharing a common citizenship and treating people equally; and the need to treat people differently. This is an important building block for later discussions in Section 5.

Further Reading:

This can be complemented by the more recent


For those wishing a more demanding analysis of ethnicity and citizenship the reader edited by


Read the following text

2. Race

“As a way of categorising people, race is based upon a delusion because popular ideas about racial classification lack scientific validity and are moulded by political pressures rather than by the evidence from biology.”

(Banton and Harwood 1975:8)
Belief in the existence of distinct ‘races’ provides a wonderfully efficient way of simplifying the world. The complexity of human thought and action can, seemingly, be reduced to an explanation in terms of someone’s race.

There is a long history to this pattern of thought and it is all the more powerful in British culture because of its close association with the legitimization of the oppressive and exploitative practices of the British Empire. And yet, this taken-for-granted assumption that there are clear distinctions between human beings, based on their membership of different racial categories, is one of the most dangerous cultural practices available to the contemporary world.

We don't have to have crew cuts and tattoos on our knuckles in order to employ the language of race. The emergence of extremist groups like the National Front and the British National Party in the 1970’s provided a political context in which it became popular to equate racism with fascism. (Media assaults on ‘racist thugs’ are still common.) And yet, a national consensus that \textit{racism = extremism} is dangerous, with the implication that ‘\textit{we, the majority}’ are liberal and tolerant. However, racism \textit{starts} with the use of race concepts - as soon as we seek to explain anything by reference to race, we have brought ‘race’ into our thinking and given it legitimacy.

The power of this ‘\textit{race thinking}’ comes from:

- its long historical presence in most cultures and its continuing linkage with the politics of nationalism. Our ideas about race have extensive historical roots, which guarantee their relevance to us - whether we are English, French or Japanese
- the flexibility and ambiguity of the language of race. Like a super solvent it reaches the parts of our consciousness other ideas fail to touch
- its ability to offer a certainty of identities in a world of rapid social change and global threats to the power of national governments to negotiate trade, information and culture within their own borders
• the easy familiarity of its use. It doesn't stand out as a strange and totally distinct set of thought processes, because we are quite familiar with structuring the world into categories such as men/women, vegetarians/meat eaters, intelligent/dull, fat/thin or old-young. We are also familiar with attaching moral and social value to these distinctions. We're not likely to be startled, then, by a way of thinking that reduces human variation into a few distinct categories and which then places these categories into a hierarchy of worth.

• the common mechanism of stereotyping - reducing the 'other' to a simplified set of references. (You can catch yourself out in this process when you use 'they' to refer to someone from a group other than your own - 'They always do this. They wouldn't want this.') Such stereotypes commonly serve to validate the 'hierarchy of worth' referred to in the previous point and are developed in a specific historical context. For example:
  o as Walvin (1971) and Jordan (1969) have shown, British stereotypes of blackness were significantly developed during the era of slavery and imperial expansion. A belief in the moral and intellectual inferiority of the peoples of Africa was highly consistent with the treatment of fellow human beings as goods and chattels
  o contemporary English stereotypes of the French were developed through centuries of conflict (Colley, 1992) and are sustained through contemporary competition within the European Union.

The logics of 'race thinking' are not unique to race thinking; but the substantive content, the idea of race and the beliefs associated with it are distinctive. As Omi and Winant have said (1986:64), racialisiation is:

“the extension of racial meaning to a previous racially unclassified relationship, social practice or group ... it is an ideological process, an historically specific one.”
You read in Section 1, the demographic reality of the post-war period was that Britain, needed to draw in a labour force for economic regeneration purposes. However, what the press constructed was a ‘moral panic’ about a crisis of “coloured immigration”. The flow of migrant labour was discussed in the language of colour and ‘race’ - this was racialisation. The British public learnt to view this phenomenon, not as a major economic benefit to the country, but rather as a threat to British ‘racial identity’ and culture. The language of this account was that of natural disasters and extreme threat. It fed, and fed off, the party political competition to buy the anti-immigrant voter. The racialisation of British political discourse in that period was profound. (Hartmann and Husband, 1974) and:

- established the acceptability of xenophobic nationalism, which has continued as a dangerous part of British politics, fueled by Thatcherism and remaining an important element in the anti-European Union propaganda
- confirmed ‘race’ as a real and unembarassing concept in British life.

The power of ‘race thinking’ lies in just this assumed normality in using the language of race. But, as the academic literature amply demonstrates (Banton and Harwood 1975, Mason 1986) there is no scientific basis for the race categories that are employed. They are a social invention: but none-the-less powerful because they are believed to be real.

Ahmad (1993) provided a robust critique of the dangers of racialisation; that is, of explaining phenomenon by employing the language of race. He argued that:

“Racialization assumes that ‘race’ is the primary, natural and neutral means of categorisation, and that the groups are distinct also in behaviour, characteristics, which result from their ‘race’...
Racialization takes place in terms of notions of cultures being static and homogeneous and having a biological basis. This is then extended to
notions of cultures having direct relationship to attitudes, expectations and behaviour. ‘Cultures’ here take on a rigid and constraining shape, rather than being nurturing and sustaining forces. These culturalist assumptions ignore issues of power, deprivation and racism. They result in culturalist explanations and feed into culturalist health policy options.”

(Ahmed 1993: 18-19)

As this quotation indicates, the dangers of racialization in health care provision is that it provides simplistic, and rigid, accounts of people’s identities and characteristics which denies the complexity of hybrid identity we have reviewed above. It also, of course, defines the majority ethnic culture as the norm from which all others are likely to be inferior deviations.

EXERCISE 2.5

Reading and Reflective Activity

For this activity you will need to read and access the following article:

1. Consider the presence of ‘race thinking’ in your environment:
   (a) Are there occasions when you are comfortable with the use of ‘race’ categories?
   (b) Do you consider yourself to be a member of a ‘race’? If so, are you happy to have your behaviour and thinking explained by your racial characteristics?
   (c) What, if any, are the linkages you make between nationalism and race thinking?
EXERCISE 2.6

Group Activity

Discuss your experience of ‘race thinking’ in contemporary Britain.
(The concept of ‘racism’ is discussed in Section 3.)

Further Reading

Everyone should read:

- *The Parekh Report* – Chapter 5 ‘Dealing with Racisms’. This chapter will provide an introduction to your understanding of racism. Again, you will find that history is critical this time in shaping how race thinking has developed. Racism will be discussed more fully in Section 3.

For further reading you should consult:


3. Ethnicity

You have just read about the ways in which multi-culturalism has become an issue - because of the co-existence, within states, of people claiming distinct ethnic identities.

The issue is not simply one of differing cultures. It is about the value that people attach to the differences and the strategies that they develop to sustain the continuity of 'their' ethnicity. You need to be familiar with the ways in which:

- 'cultural markers' are used to sustain definitions of ethnicity
- ethnicity is situational and interactive
- ethnicity has both personal and structural components.

Let's take a look at each of the highlighted topics in turn.

'Cultural Markers' Are Used To Sustain Definitions Of Ethnicity

A very simple definition of ethnicity is 'Cultures in contact'. We become aware of our ethnicity when we interact with members of a different culture - and ethnicity is about:

- the negotiation of our ethnic identities
- the collective identification and assertion of our significant characteristics or 'ethnic markers'.
Similar to the process of defining national identity, ethnicity is tied up with recognizing 'those like us' and excluding 'those who are not like us' from inclusion in our identity group on the basis of these 'markers'. As Hylland Eriksen says:

“Ethnicity occurs when cultural differences are made relevant through interaction. It thus concerns what is socially relevant, not which cultural differences are ‘actually there’. In an article on ethnic relations in Thailand, Michael Moerman (1965) has shown that many of his informants mention cultural particulars which they presume are characteristic of themselves but which they in fact share with neighbouring peoples. Indeed, a variety of criteria can be used as markers of cultural difference in interethnic situations – phenotype (appearance or ‘race’), language, religion or even clothes. If any such marker is socially recognised as an indicator of an ethnic contrast, it matters little if the ‘objective cultural differences’ are negligible.”

(Eriksen 1995:251)

Once again, we are looking at the social construction of difference. Identified markers of difference become important because they are vehicles for representing that difference; not because they are important in themselves. Are the linguistic differences between a Brummie and a Geordie accent really important in themselves? They are both regional English accents. But, as markers of identity they are very significant.

You might find it useful to think about the way in which the word ‘ethnic’ is used in everyday speech - for example, what images are conjured up by:

- ethnic food
- ethnic fashion?
For the first of these, you probably thought of a cuisine unlike your own, in which different spices are used, say, or cooking processes differ. What may be eaten with what can also seem odd - having maple syrup with your bacon, or refusing bacon at all. Such decisions are, in themselves, not remarkably important in relation to sustaining your good health, but they may be important to your ethnic identity.

For the second - fashion - you probably thought of very different colour combinations and styles of clothing from your own.

These images reveal an important truth about the routine popular discussion of ethnicity in contemporary Britain - and this is the assumption that 'Only other people are ethnic', whilst our own ethnic identity remains unstated. We are the taken-for-granted norm; and where the ‘we’ are the majority ethnic community this way of thinking can have very significant consequences.

In other words, in such circumstances the term 'ethnic minority' refers to both:

- difference from the norm
- marginal status in relation to the majority.

However, if ethnicity is a process of negotiated difference, it is vitally important to recognize that majorities are also ethnic. (The recent political devolution in Scotland and Wales has, for example, initiated a current anxious debate about what is Englishness: the majority population in England is engaged in re-evaluating its 'ethnic markers'.)

A failure to recognise your own culture as also ‘ethnic’ is the basis of a major conceptual error, namely ethnocentrism. Ethnocentrism means unthinkingly taking your own culture as an absolute: an unquestioned source of truths whereby to judge the world and others. As Hylland Eriksen says:
“This term (from Greek ‘ethnos’, meaning ‘a people’) means evaluating other people from one’s own vantage point and describing them in one’s own terms. One’s own ‘ethnos’, including one’s cultural values, is literally placed at the centre. Other people’s would, within this frame of thought, necessarily appear as inferior imitations of oneself.”

(Eriksen, 1995:11)

The great triumph of successful socialisation is that we wear our own culture so unselfconsciously. Our identity and our beliefs and values are, quite literally, normal: the norm. We receive reinforcement and support from other members of our group from our daily participation in this normality. Mavericks and rebellious youths may be stimulating but they are only to be tolerated within limits. They usefully remind us of the norm; by violating it. We routinely rehearse our own ethnicity by inhabiting its social structures and practicing its codes. It is hardly surprising, therefore, that we can easily fail to remain conscious of our ethnicity. However, an incapacity to recognise and respect other peoples’ experience of inhabiting their ethnicity necessarily makes us rigid and judgmental in our response to their behaviour. When a particular ethnic identity has been tied into the definition of ‘a nation’, then we may see the social psychology of ethnocentrism magnified and made legitimate by the ideology and politics of nationalism.

**Ethnocentrism is entirely inconsistent with an ability to provide holistic nursing care.** Recognising that someone is different is not a sufficient basis for culturally sensitive care:

- If that difference is understood through the language of ‘race’ then a racialised understanding of their difference can at best provide the basis for patronising tolerance
- If that difference is understood through an ethnocentric recognition of their ethnicity, it is virtually inevitable that their values and needs will be seen as a deviation from the norm.
• In contrast, nurses who start from a recognition of their own ethnicity as one amongst very many cultural solutions to living, willingly enter into contact with a client being aware of our difference. This is a recognition of difference which does not start from an assumption of the inferiority and weirdness of the patient’s culture. This openness to the existence and integrity of other ethnicities is known as cultural relativism.

Cultural relativism doesn't require a denial of one’s own values, or a total suspension of judgement about the other culture. But, it does demand a reflexive critical awareness of one’s own ethnicity; and an openness to understanding the other ethnic community on their terms. It is a necessary learning of how and why their ethnicity makes sense to them. (You'll be coming back to the topic of cultural relativity in Section 5.)

If we are to be capable of cultural relativism we must have the basic tools for understanding the nature of ethnicity. In this task the anthropologist Fredrik Barth (1969) proved very helpful in criticising early anthropology’s fascination with the cultural artifacts and practices of ethnic communities and emphasising, instead, the importance of examining the mechanisms whereby communities create and maintain the boundaries between them. He makes a useful distinction between the:

• The assumed **static cultural content** of ethnic communities - that ‘ain’t they quaint’ fascination with the ‘cultural stuff’ of other communities that we can still find in popular travelogues in print and on television

and the

• **dynamic social processes** of sustaining ethnic identities - the social boundaries between groups and the ways in which these are constructed and policed. Such processes are at the dynamic heart of ethnicity; along with our markers of ethnic identity which serve to define these boundaries. These markers may include language, dress, diet and gesture.
It is important to note that there is always a **complementary range of ethnic markers**. This helps to:

- minimise the risk that a genuine member of the ethnic group can have their claims to membership denied because they fail on one marker
- ensure that no outsider can claim membership of the group because they satisfy one of the criteria
- build flexibility into ethnic boundary maintenance. (New criteria can be developed and established markers can be allowed to fade without causing a sudden radical redefinition of the boundary. Each marker is part of an interactive whole.)

The integrity and workability of ethnic boundary maintenance comes not only from the effective interaction, in use, of the boundary markers, but also because these markers are themselves embedded in a valued collective history. Ethnic groups may be engaged in a process of negotiating their identity on a day to day basis, but they do so with a strong sense of continuity with their shared history. This history is likely to:

- include origin myths, which identify the ancient roots of the current people
- rehearse key events in their history - events which exemplify some of the enduring qualities and values that continue in their self definition
- trace the long dynamics of conflict and resistance in relation to significant competitors.

Thus, this construction of a ‘shared history’ provides a coherent body of belief, which serves to legitimate the contemporary claims to a common culture. (A social construction, like the traditions that serve to bolster the imagined communities of nationhood.)
EXERCISE 2.7

Reflective Activity

1. What would you regard as being your ethnic identity?
2. List 4-5 ‘markers’ of your ethnicity.
   (a) Are they all equally important?
   (b) Do they all have the same visibility in your daily life, or are some specific to special occasions?
3. What ‘origin myths’ and ‘key historical events’ help to embed these markers in your consciousness?

EXERCISE 2.8

Group Activity

- Share your understanding of how you experience the boundary markers of your own, and other ethnic groups, in your daily life.
- Try to identify ways in which particular boundary markers have changed over time.

And, remember our discussion of hybridity – are there different markers that link ethnicity with gender; age, or class?
Remember that ethnic communities contain diversity within themselves.
Ethnicity Is Situational And Interactive

Ethnicity, as you have already seen, is the product of a dynamic collective process. As Hylland Eriksen says:

“… ethnicity is relational and processual: it is not a ‘thing’, but an aspect of a social process.”  
(Eriksen 1995:254)

Ethnicity is not imprinted within us - a social-genetic micro-chip which, once implanted, determines and makes sense of our behaviour. It is an ongoing process of identity building, which is achieved through our relations with others. However, we are all members of very many groups. We fulfil many social roles and, as we have seen, have many social identities - for example, as nurse, parent, mortgage owner, or member of a religious faith. Our gender, class, age, sexual preference and health status are also powerful determinants of our life experience. This reality has a number of important implications:

1. **We need to understand the ways in which these different identities interact** - for example:
   - very often, part of the internal cultural definition of an ethnic community will include strongly prescriptive norms about gender appropriate behaviour, which means that gendered identities and ethnic identities may be closely interwoven
   - in some circumstances, ethnicity and class are closely correlated because of the structural location of an ethnic population within a
society. And, class may vary the modes of expression of ethnicity within a community.

The inter-relationships are always going to be specific to a particular ethnic community, in a specific location, at a specific time. We need to employ intellectual curiosity, openness and a willingness not to resolve the uncertainty and ambiguity present in any instance too rapidly. Complexity is normal when we seek to understand the implications of ethnic identities.

2. **We are not permanently locked into negotiating our ethnicity** - we do not persistently, in all places, at all times, perceive the world through the filter of our ethnic sensibilities. Like all our other significant identities, ethnicity can be made relevant by events in our social environment, or triggered by stimuli in our current activity. For example:

- In watching a film we may suddenly feel resentment at a stereotypical presentation of a character we identify as a member of our ethnic community

- In a conversation with a professional focus in a clinical setting, nurses may be discussing a case history when a casual aside dramatically makes everyone self-conscious about the ethnic diversity present in the group. One of the key issues in multi-ethnic societies is the implicit rules about **who** may make ethnicity relevant and **when**.

Thus, when we speak of ethnicity being situational we are merely noting that triggers in our environment may bring our ethnic identity into focus. When we are operating within our ethnic community very often our ethnicity is seemingly irrelevant; other distractions within our community may hold our attention. When the process of racialization takes ethnic markers and converts them into the rigid criteria of racial categories then ethnicity may be frequently important; for both the racist and those stigmatised by them. And, in the work place where we are attempting to change routine working cultures to meet the demands of the UKCC,
the *Vital Connection* or other policy initiatives, then there is likely to be a period where self-consciousness about ethnic identities is almost routine.

When members of minority ethnic communities experience behaviour in the workplace as being ethnically insensitive, they cannot assume that they will be granted a positive response by making the ethnic dynamic in the situation explicit. Nor can a member of a majority ethnic group proceed, on a day to day basis, with the assumption that the ethnic identities of workplace colleagues should always be made explicitly present in all interactions with them. We are all used to the daily routines of negotiating our own ethnicity - feeling it to be relevant or irrelevant from moment to moment. We have greater difficulty in being sensitive to others' engagement in exactly the same process. *The micro-politics of negotiating ethnic identities are the practical core of transcultural communication in multi-ethnic societies.*

**Ethnicity Has Both Personal And Structural Components**

We have become familiar in the last two decades and more with the development of 'identity politics' in a variety of forms. For example:

- Gay pride has seen the active assertion of the legitimacy and vitality of homosexual relations and culture
- In Grey Power we have seen the growth of identity claims for dignity and expression from the not-so-young
- From the radical politics of Black Power in the 1960s onwards we have seen the growth of social movements based upon ethnic identities.

This reminds us that ethnicity is the product of collective political and institutional action in addition to being a product of individual subjective feeling. As Wallman (1986) has argued: Ethnicity is a necessary interaction of
organisational infrastructure and ‘consciousness of kind’. Let’s take a closer look at this:

Having a strong sense of a distinct ethnic identity may be sustained by individuals regardless of where they live. They have a psychological ‘consciousness of kind’, a personal sense of their shared identity, which shapes their response to the world. Much of the comedy created around tourists is based on the fact that they take their identity (and culture) with them wherever they happen to be. But on a continuous day-to-day basis we can only truly live our ethnic identity if we can express it in action by, for example:

- Buying and cooking our food in our way
- Watching films and television that tell our history and show our culture in ways we find acceptable
- Sending our children to be educated in schools in which our values and history are an integral part of the curriculum.

Similarly, members of an active ethnic community must be able to live their ethnicity - to express their beliefs, values and cultural practices in action - which entails having the necessary infrastructure of resources and institutions including:

- shops that provide the appropriate raw materials, or clothes, or books or video cassettes or C.D.s. With the advent of video cassette technology, there has developed an infrastructure of corner shops that made available Bollywood films to South Asian communities in Britain. Now, with satellite television, Indian and Arab language television programmes, among many others, are available to meet the ethnically informed media preferences of particular communities.
- structures that sustain religious practices in Mosques, or Synagogues or Gudwaras or Chapels
- an educational framework which allows choices for people from particular ethnic communities. In Britain we are familiar with Catholic, Quaker and
Jewish schools which are supported by the state; and we have seen over the last decade or more, the persistent struggle of Muslim communities to be allowed Islamic schools, to serve their own children.

In health care, too, the different cultural conceptions of health - and of appropriate treatment - have led to the emergence of a wide range of health care provision run by minority ethnic health care providers for specific minority ethnic communities.

Traditional practitioners in Chinese medicine have operated for a long time within their communities, as have hakkims within the South Asian communities. Now, in mental health and general health care provision, large minority health care organisations are to be found operating in the major cities of Britain. Increasingly, their ‘traditional’ practice is being transferred into mainstream (majority ethnic) health care where it has been called ‘alternative’ medicine. Acupuncture and Chinese herbal therapies, for example, are two of the models of practice that have become institutionally consolidated within Britain.

There is an ongoing struggle to provide a health care infrastructure appropriate to a multi-ethnic Britain. This includes:

- making the mainstream services accessible and culturally safe for all potential users
- providing a viable choice of access to ethnically specific health care services.

In the quest for building an organizational infrastructure - one that can reflect the values, and meet the needs, of distinct ethnic communities - there is a reality of competition for resources - both economic and political. Where some ethnic communities are minorities the pursuit of these resources can result in inter-ethnic competition and hostility. Where the legitimate pursuit of ethnic self-interest is understood through the language of ‘race’, it is very likely to be defined as a threat to the interests of the majority. Mutual respect for ethnic diversity is undermined by the superiority claims built into 'race thinking'.
The mobilisation of minority ethnic communities can, in such circumstances, be seen as both threatening and illegitimate to the dominant majority population. The idea of the ‘victimisation of the majority’ encapsulates exactly this sentiment. It is the unreasoned cry of a resentful majority that their interests are being neglected in the pursuit of minority ethnic self-expression.

Because, for the most part, the majority ethnic population fails to see itself as ‘ethnic’, it is not surprising that they fail to see that mainstream health provision is 'ethnically appropriate health care' - ethnically appropriate for them. And so, they see the demands of minority ethnic communities for ethnically appropriate health care as 'special pleading' and raising unique demands, rather than a demand for an infrastructure and a service that the majority ethnic community already enjoys.

Ethnocentrism, supported by ‘race thinking’ can make the resistance of the majority to the health care needs of minority ethnic communities seem reasonable. It is minority ethnic patients who from this perspective are being unreasonable. The dynamics of identity, of 'consciousness of kind', are focussed through the particular institutions and organisations in which ethnic interests are pursued. The health and care services are instances of such organisations. How people respond to the demands of ethnic communities is partially a consequence of their wider understanding of what is meant by multiculturalism - and you'll be returning to this topic in Sections 4 and 5.

It is not surprising that any attempt to provide a health care system that is appropriate to a multi-ethnic client population has the potential to generate anxiety, or even conflict. We have just discussed above the reality that ethnicity is not merely a psychological sense of identity: it is also dependent upon those institutional structures and political and economic resources that will enable individuals to live their ethnicity. It is exactly for this reason that models of
transcultural nursing contain dimensions that reflect this organizational basis of ethnicity. Thus, for example, Giger and Davidhizar (1999) identify “social organization” as a key element in their model (see the Foundation Module – Transcultural Health Care Practice for a further discussion of such models). Given that in contemporary Britain the demands made upon the health services far outstrip their capacity to respond, all demands upon the health system are problematic. When some individuals and communities are perceived as “not being really one of us” then it is simple for their demands to be seen as illegitimate, and to be resented. However, this arises from an ethnocentric, or racist, failure to recognize that the very great majority of minority ethnic clients are fellow citizens. All users of the health care system have an equal right to appropriate and adequate care. The Equal Opportunity Framework of the National Health Service Executive, The Vital Connection requires “a workforce that is able to deliver high quality services that are accessible, responsive and appropriate to meet the diverse needs of different groups and individuals”.

Where members of minority ethnic communities are seen by majority ethnic health care staff as ‘not one of us’ then the legitimate expectations of minority ethnic clients are all too easily seen as unfair competition for scarce health care resources; or in other words that the majority community loses out to the special pleading of the minority community. This sense of the ‘victimisation of the majority’ is given a sense of legitimacy because of course in the overstretched NHS there is a realistic competition for resources between health care specialisms and different client interest groups. But there is not an equivalent prejudiced resentment when the particular needs of cardio-vascular patients or diabetic patients are promoted. Resentment against the health care needs of minority ethnic patients must be recognised for what it is; a prejudiced and often racist failure to regard fellow human beings, and citizens, as equal.
EXERCISE 2.9

Reflective Activity

1. In reflecting upon the situational dynamics of ethnicity can you recall recent events where you were made aware (self-conscious) of your ethnic identity?
   (a) What were the circumstances?
   (b) Specifically how was it triggered?
   (c) How did the situation resolve itself?
2. In reflecting upon the structural basis of ethnicity can you identify infrastructures that enable you to express your ethnicity?
   (a) What are these?
   (b) Are there resources you lack to easily express your ethnicity? Why is this so?

EXERCISE 2.10

Group Activity

- Share your experiences of the importance of infrastructural resources in enabling you to live your ethnic identity.
- Share your experience of challenges in your work environment about the current resources available to ensure adequate health and social care for all ethnic communities.
- In addressing the needs of an ethnically diverse client population, is the workplace culture supportive of the ambitions of The Vital Connection?
  - Where there is resistance – how is it expressed?
  - How is it challenged?
Everyone should read:


  This chapter will develop your awareness of the implications of ethnic diversity for policy and practice in the health care services. It also demonstrates how racism exaggerates and exploits ethnic diversity and creates inequalities in health care provision. It also reinforces our need to be alert to the structural infrastructure that is necessary for responding to all ethnic communities’ health and social care needs.

Further Reading:

A useful overview of ethnicity can be found in


For further reading on health and ethnicity you should consult:


What have you learned so far?

You have now developed your understanding of ethnicity and of its significance for the provision of appropriate health and social care. In the next section we will begin to address the question of how, as a country, we have defined the challenge of responding to ethnic diversity.
SECTION 3:
DIFFERENT DEFINITIONS OF 'THE PROBLEM'

Objectives
When you have completed your study of this section, you should be able to discuss:

- the ways in which the definition of 'the problem' in ethnic relations has changed over the last four decades
- the concepts of personal, cultural and institutional racism.

The oldest problem in the field of 'ethnic relations', as an issue in contemporary societies, is the definition of the problem itself. The identification of these problems - and the construction of the ethnic relations agenda - has been undertaken not by academics but by the dominant actors in the political arena in each society. Not surprisingly, the definition of the ‘problem’ sets the agenda for what should be done and different starting points for responding to ethnic diversity lead to very different views about how multicultural policies ought to look.

In this section, therefore, you'll be considering five key ways in which the ethnic relations problem has been defined - and re-defined over the last four decades and these are:
1. The **minority ethnic groups** themselves are the problem: the majority ethnic communities see themselves threatened by the development of minority ethnic communities, and their claims for equitable participation in society.

2. The minority ethnic groups experience problems due to 'cultural deficits': any difficulties or disadvantage experienced by minority ethnic communities are interpreted by the majority society as largely arising from the ‘unfortunate’ cultural practices of the minorities themselves.

3. The minority ethnic groups experience problems due to **personal prejudice** - a personal dislike of and hostility towards minority ethnic groups on the part of certain people in the majority culture.

4. The minority ethnic groups experience problems due to **cultural racism** in the majority culture - a result of the socialisation process (already discussed under *National identity* and *ethnicity*) through which membership of one group provides strong negative images of other groups, based on cultural 'markers'.

5. The minority ethnic groups experience problems due to **institutional racism** in the majority culture - which is tied up with the power relations in society. The cultural boundaries of people who hold the power in institutions can mean that - whether consciously or unconsciously - they build discrimination into the processes and procedures by which the institutions are run. (Since the majority of institutions in British society are managed and run by white men, for example, this puts black people and women at a disadvantage.)
1. 'Minority Ethnic Groups Are The Problem'

In the European experience, the arrival of migrant workers and their transition into settled minority ethnic communities has all too often been defined as an ‘immigration problem’. New additions to the national labour market have been conceived of as a cultural and economic threat to the interests of the indigenous population. (This has happened even when these states had a policy of encouraging immigrant labour. It appears that their labour power was needed, but their social and cultural persons were not.)

As you learnt in Section 1, there was a very real demand for labour in post war Europe and the influx of immigrants was essential to the post-war productivity of the developed European states. By the early to mid-1970s, there was a downturn in the European economy and the structural changes in the manufacturing industries in these countries produced increasing unemployment. However, the migrants were still essential, to fill those jobs that the indigenous labour force now regarded as undesirable - tasks that were deemed too dirty or poorly paid or which required people to work hours that were deemed too anti-social. The immigrants could be exploited as cheap labour, in a way that other sectors of the labour market could not. This still happens - go through almost any international airport in Europe and note who sells you your ticket, who serves you your coffee, who clears the cups away and, if you can glance behind the swing-doors, who washes up the crockery in the kitchen. The segmentation of the labour market along ethnic lines has become part of the European experience.
Immigrant workers, then - who have become the settled minority ethnic groups - have been (and to some extent continue to be) an essential segment of the national labour force and generators of wealth. However, they are not recognised as such - in fact, these new minority ethnic groups have habitually been identified as 'a' problem, if not 'the' problem.

Whether we look at Britain in the 1960s-70s, Norway in the 1980s, or Austria in the 1990s, the creation of a moral panic over the ‘Immigration Problem’ has been a characteristic element of each state’s response to the growth of minority populations.

The construction of events in terms of an Immigration Problem generates a powerful in-group / out-group dynamic in which:

- the homogeneity of the in-group - the majority population - is exaggerated - a uniform 'Us/We'
- the heterogeneity of the immigrant out-groups is denied - a uniform 'They/Them'.

It then becomes scandalously easy for claims of the kind, "WE are being economically and culturally threatened by THEM", to go unchallenged. In addition:

- the denial of equitable economic, political, and social and cultural rights to these ‘outsiders’ can appear self-evidently legitimate
- should minority ethnic individuals trapped within this paradigm attempt to pursue their human rights in relation to welfare provision, say, or employment, they are likely to be labelled as welfare-scroungers or “political”.

In Europe, the press and the broadcast news media have played a crucial role in defining the 'Immigration Problem' and fuelling popular disquiet within the
majority population about the emergence of minority ethnic communities within their society. The main factors here have been:

- the media's inherent bias toward simplification, sensationalism and conflict (Bad news makes good stories)
- the political interests represented in media ownership.

The news media have habitually responded reactively to the symptoms of intergroup tension, rather than providing a sustained proactive analysis of the material basis for conflict between the majority ethnic populations and immigrants or settled minority ethnic populations. This means that members of the majority population acquire a superficial and distorted picture of the political and economic realities of immigration, which has further facilitated the political exploitation of immigration as an issue.

**EXERCISE 3.1**

Reflective Activity

1. Do you recognize this response to immigration and the presence of minority ethnic communities in Britain?

2. What are the sources of this view in Britain at present? Can you identify:
   (a) specific political sources.
   (b) specific media sources.
   (c) specific individuals in your workplace and neighbourhood.

3. What is your response to their argument?
Further Reading

A useful summary of this response to immigration and ethnic diversity in Britain is provided by


There is a considerable literature on the role of the media in ‘problematising’ minority ethnic communities. Useful sources include:


A more extensive analysis can be found in


And an analysis of the significance of the cinema is provided in


…Continue to Read on

Acknowledging Diversity And Recognizing Disadvantage

The reality of the settled minority ethnic communities within the states of Western Europe has, over time, resulted in the necessary recognition of a new reality - the difficulties and hardships experienced by minority ethnic individuals. Necessary,
in the previous sentence, is used to demonstrate that this has not been a spontaneous response by national and local governments to the situation of minority ethnic groups. Many forces have been at work in generating this shift, including:

- the routine experience of employees of the local state, in welfare and social service agencies, in health education and policing. Their responses to the demands made upon them by minority ethnic communities may often have been expressed in the language of professional threat, resentment and outrage, but it did constitute a very particular form of evidence of the unique needs and experience of minority ethnic communities.
- the collection of comparative statistics by academics, non-governmental agencies and local authorities cumulatively depicted the problems encountered by minority ethnic persons
- the increasing political power of the minority ethnic communities themselves made the recognition of their problems necessary
- parliamentary social democracies operate within a consensual framework of values relating to a commitment to the rule of law, the virtue of tolerance and the equitable participation of citizens within the political process. The different treatment of ethnic or other minorities threatened to challenge and demystify these values which obscured, and contained, the class and gender inequalities in these societies.

Over time, empirical evidence has demonstrated that members of minority ethnic communities are disadvantaged, in comparison to members of the majority population, on a number of indices. You can find evidence of the nature of these disadvantages and of their implications for health care needs in:

Recognising disadvantage is of course not the same as explaining their origins or planning the strategies for their removal. How disadvantage is explained has a powerful impact on how plans to remedy its consequences are developed. In Britain these disadvantages have been explained as being due to:

- **cultural 'deficits'** in the minority ethnic group
- **discrimination** against minority ethnic groups by the majority population, whether personal, cultural or institutional

### 2. 'Cultural 'Deficits' Are The Problem

For first-generation migrants, at least, deprivation could be related to their migrant experience. Initially, for example, they may:

- lack the social network of family and friends that facilitates mutual aid in job- or house-hunting
- suffer linguistic disadvantage or be unfamiliar with the institutions and norms of the society they have joined
- inherit the class disadvantages which go with their (often lowly) position in the labour market.

All these things may be true, and yet they have not been sufficient to explain the extent of the disadvantage experienced by minority ethnic communities, or the continuation of this degree of disadvantage over time. In fact, as will be
discussed in Section 4, the different histories and contemporary cultures of minority ethnic communities have been exploited to explain their failure to thrive in Britain.

The cultural deficit model has sought to argue that the disadvantaged status of minority ethnic communities is the result of the misfit between their culture and the demands of life in Britain. This model is convenient for the majority ethnic populations since it effectively blames the victims: they are responsible for their failures.

The processes of migration and the time taken to develop skills in operating within the formal and informal institutions of a new country may very well disadvantage migrants and their descendants. However, we can see from the experience of migrants to America and Australia that, over time, minority ethnic communities do penetrate - and are able to operate effectively within - the institutional structures of these societies. We must look to complementary or alternative forces, to explain the continuing disadvantage of minority ethnic communities.

Increasing documentary evidence has led to the recognition of the discrimination experienced by minority ethnic individuals. However, recognising the fact of discrimination is not the same as explaining the reasons for its existence. Once again, there are various reasons why discrimination might be thought to occur (and the definition of the problem provides the basis for the policies aimed at its eradication). The three main types of racism - personal, cultural and institutional - are the remaining topics for this section.
3. Personal Prejudice Is The Problem

Prejudice might be seen as a common human failing with its roots in earlier psychological trauma or in faulty learning. Gordon Allport, in his major text *The Nature of Prejudice*, defined 'ethnic prejudice' as follows:

\[
\text{Ethnic prejudice is an antipathy based upon a faulty and inflexible generalisation. It may be felt or expressed. It may be directed toward a group as a whole, or toward an individual because he is a member of that group.}
\]

(Allport, 1954 : 10)

In essence, prejudice is an irrational hostility supported by strongly held stereotypes. It is a form of self-sustaining cognitive strategy:

- Because we avoid those we dislike, we are unlikely to disprove our stereotypes
- We think the worst of those we do encounter, because we employ selective perception
- When we are forced to admit that someone does not fit the stereotype we do not correct the stereotype. Rather, in Allport’s words, we ‘fence them off’ – they are the ‘exceptions that prove the rule’.

When prejudices are widely shared, as part of a collective culture, they can be very resilient and difficult to eradicate. Such prejudice becomes *racist* when race thinking and racial ideologies are drawn upon to provide the content of the stereotype and to legitimate the reasonableness of the hostility.

Both in its origin in the social sciences and in the way it has been co-opted by policy-makers, prejudice has proved to be a very conservative conceptual tool. Essentially, prejudice is seen as being the property of an *individual* - and these individuals become the new definition of the problem and the basis for its
solution. In this instance, discrimination is seen as a more-or-less-normal human foible - an individual pathology, which must be expected in some proportion of all societies. Such an account provides the apparently rational basis for the ‘rotten apple theory’ of discrimination. Wherever an instance of explicit discrimination against members of minority ethnic communities is publicly identified – whether in the action of employers, welfare-workers or the police – the instance can be isolated as the consequence of the behaviour of a prejudiced individual, rather than of the routine practices of a profession or institution. The argument runs, 'Since all institutions recruit from the general population they will have their inevitable share of rotten apples'.

This account of discrimination is highly consistent with the beliefs in the essential equity and openness of society, which characterises European social democracies. Since discrimination constitutes an unfair block to ‘normal’ rewards - which should in principle reflect individual talents and effort - then it cannot be condoned. It is politically appropriate, therefore, that accounting for discrimination in terms of individual prejudice leaves the essential integrity of the social order intact.

**Personal Prejudice In The Workplace**

There will be members of the health care profession, as in any walk of life, who are actively racist - explicitly believing in the reality of 'races' and emotionally committed to a belief in the inferiority of races other than their own. Such people discriminate against others deliberately and their verbal comments are intended to demean and hurt. Some are quite skilled at moderating the style of their assault to fit the circumstances and take advantage of the unwillingness of the majority of their colleagues to challenge their behaviour explicitly.
The need to be able ‘to get along together’ in a working environment can be a powerfully unspoken force in any workplace. Reports of student nurses on placement certainly provide distressing evidence of such pressures. (Gerrish et al 1996). Our language is full of euphemisms that allow for the negotiation of the extremist in our midst – ‘They have a bee in their bonnet’, ‘They do have a thing about foreigners, but we don’t take any notice’. However, the effect of 'not taking notice' is to collude with their racism. Such collusion can allow a single committed racist to effectively define the attitudinal environment of a workplace. Even worse, an extremist minority can convince the majority that they in comparison are moderate and tolerant, even though they are colluding with the racism.

**EXERCISE 3.2**

Reflective Activity

1. Consider how in your world people use the notion of prejudice:
   - Do they suggest everyone is a little prejudiced and hence racial prejudice is more or less inevitable?
   - Do they regard racism as only the ‘extreme prejudice’ of a minority?
2. Consider how in your workplace expressions of prejudice are challenged.

**EXERCISE 3.3**

Group Activity

Discuss your shared understanding of “the nature of prejudice”, and how acceptable you believe prejudice is as an explanation for minority ethnic disadvantage.
Further Reading

- Gordon Allport’s (1954) *The Nature of Prejudice* is still in print and provides a readable social psychological account of prejudice.

A more demanding social psychological account of prejudice can be found in


---

4. Cultural Racism Is The Problem

Earlier generations used the Darwinian language of 'scientific racism' - to justify the ‘inevitable’ boundaries between people of different ‘races’ on the basis that some races were genetically inferior to others.

In the ‘New Racism’, culture, rather than biology, is used to justify such boundaries. Barker (1981) argues that within this new theorisation of ‘race’, the belief in the absolute inferiority of the out-group is not crucial to their exclusion. Rather, he argues, it is the non-negotiable nature of their cultural difference that sets them apart:

*This, then, is the character of the new racism. It is a theory that I shall call biological, or better, pseudo-biological culturalism. Nations on this view are not built out of politics and economics, but out of human nature.*
It is in our biology, our instincts, to defend our way of life, traditions and customs against outsiders – not because they are inferior but because they are part of different cultures. This is a non-rational process; and none the worse for it. For we are soaked in, made up of, our traditions and our culture

(Barker, 1981:23)

The core of new racist theory, then, is the naturalness of in-group preference and out-group hostility – it is human nature to 'prefer your own'. This invocation of ‘human nature’ was given scientific legitimacy in the 1960s and 1970s by ethnologists such as Lorenz and Morris. More recently, it has been given further academic support in the theoretical developments of sociobiology, which have, for example, been applied directly to ‘race relations’ by Van den Berghe (1981, 1986).

The ‘new racism’ is not a coherent academic theory, which has been systematically developed and set down in a definitive text. However:

- because it refers back to notions that already exist - in 'common-sense', 'taken-for-granted', popular belief - the various elements of the new racism appear to cohere in a seemingly rational and, more importantly, reasonable package
- the assemblage of ideas has been generated by a loosely structured coterie of right-wing politicians, academics and journalists - a group that Hall et al. (1978) would term ‘primary definers’. Their personal status ensures that the concepts and issues are taken up in wider circles - they have been very successful in gaining access to the national press and establishing a language which is echoed there by other journalists. For example, Gordon and Klug (1986: 14) give examples such as these:

---

1 For an account of the development and content of the new racism, you could read Gordon and Klug, 1986 and/or Seidel, 1986.
a Daily Express editorial claimed that ‘it is equally wrong not to recognise that racial selectivity – a natural human preference for one’s own kind – is deeply ingrained in ALL peoples, whatever their colour or creed’ (20.4.81)
a Daily Star’s commentator Robert McNeill argues that: ‘Any fool knows (though some fools would rather not know) that the process which Darwin called natural selection means that, on the whole, people prefer their “ain folk” – their own ethnic stock. It’s in our genes. It is part of every person’s nature, black or white’ (18.4.84).

Barker (1981) identified the linkage between this pseudo-biological definition of ‘race’ and the definition of ‘nation’. Both are made of ‘one’s own kind’ - people who share a common culture, a way of life. The concept of ‘nation’ is crucial in providing a linkage between the political and economic concerns of the New Right, and the racist discourse of new racism. It is a ‘natural’ boundary for the organisation of cultural and economic life.

Seidal (1986) suggests that the ideas of nation and nationality have provided a language that allows a coded vicarious discussion of ‘race’ - what Reeves (1983) has called 'discursive deracialisation'. By this, he means that

‘persons speak purposely to their audiences about racial matters, while avoiding the overt deployment of racial descriptions, evaluations and prescriptions’

(Reeves, 1983: 4).

The new racism, then, has acquired a theory and a range of styles of argumentation, which are enveloped in a self-evident reasonableness and this renders them superficially unobjectionable. At one level, ‘race’ and 'ethnic self-interest' may be talked of as a 'normal' expression of human nature. At another, when people speak of 'national' culture they may be understood in ‘race’ terms.
The importance of this is that the new racism avoids the explicit superiority claims of earlier, social-Darwinist-informed racism and benefits from comparison with it.

The very familiarity of the language of the new racism makes it easy for people to employ its arguments without undue embarrassment. They don't have to adopt the explicit language of biological racism that is routinely associated with neo-fascists and extremists. It provides a ‘common-sense, taken-for-granted’ discourse, which easily facilitates its collusive acceptance.

**Cultural Racism In The Workplace**

Acts of consensual racism can start with the sharing of racist stereotypes. This might involve referring to patients or colleagues by demeaning names or mocking aspects of their culture - assuming that such opinions are shared in the work environment. As Beishon et al (1995) and Gerrish et al (1996) have demonstrated, such behaviour is far from being unknown in British nursing. This type of racism may often be employed without intentional malice - in fact, the perpetrators are often shocked when their behaviour is challenged. They may deny any intention to cause offence and, indeed, often accuse their questioner of being unduly sensitive, or not being able to take a joke. However, even thought such behaviour doesn't require an active intention to cause offence - it is still offensive. And, if the utterance or behaviour is expressed through the discourse of race, or is legitimated by racist belief, then it is also racist.

One feature of this form of consensual racism is that it does not require the degree of personal antipathy that is typical of actively prejudiced individuals. There is no need for a visceral personal dislike, or even a wish to avoid people of other ethnic identities. Thus, nurses fully committed to practicing individualised holistic care may well express consensual culturally racist views. For it is the very perceived
reasonableness of these views that make them viable. It is a perspective on the world that has an ethnocentric logic that is reinforced by nationalist and racist ideologies and that have achieved a taken-for-granted acceptability. Discursive deracialisation provides a linguistic code that further submerges the racist core of the beliefs and attitudes.

EXERCISE 3.4

Reflective Activity

Consider situations in your working environment where negative beliefs and attitudes are expressed regarding minority ethnic colleagues or patients.

- Try to clearly recall two such instances.
- What was the content of the statements?

Do you think that ‘discursive deracialization’ was being employed? – namely using an ‘acceptable’ language style to convey racist sentiments.

You may find it useful to think of how feminism produced an awareness of the gendered power relations in everyday speech – of how men felt threatened by this – of how this awareness became integrated into a change in many workplace cultures. Sexist language was so ‘normal’, became challenged and is now subject to workplace disciplinary codes of practice.

EXERCISE 3.5

Group Activity

Discuss your experiences of cultural racism in the work place.

Try to identify why there is a difficulty in trying to challenge this type of behaviour.
Further Reading:

- Chapter 5 of ‘Communities of Practice and Professional Identities’ of Burkitt et al’s (2001) report *Nurse Education and Communities of Practice*, published by the English National Board of Nursing, Midwifery and Health Visiting (ENB) provides a very useful insight into how the working units in which nurses deliver care have very powerful control over individual behaviour. This is summarized below.

Case material of minority ethnic clients’ experience of nursing care is presented and discussed in


---

5. Institutional Racism Is The Problem

In examining the basis of racism in the health care system we cannot allow ourselves to become fixated on the actions and motivations of individuals. Our
understanding of racism must also include an analysis of institutions as systems of management and practice.

The concept of institutional racism has been made highly visible through the political importance attached to the *Lawrence Enquiry*. It occurs wherever individuals in carrying out the **routine practices** of their employment produce outcomes that disadvantage members of minority ethnic communities - for example:

- employers who use outmoded culturally biased entrance tests
- hospitals that fail to provide the possibility of females being treated by female staff
- universities and professions that fail to recognise overseas qualifications.

All these practices potentially discriminate against particular minority ethnic groups, regardless of the intentions of the personnel involved. This form of discrimination is much more insidious than that attributable to prejudice or to cultural racism and requires more extensive initiatives in monitoring and training if it is to be countered.

The core of the concept of institutional racism is the irrelevance of the intentions of the actors involved. Instead, it emphasises institutional power, practices and responsibilities - leading to a need to examine:

- where the power lies in institutional structures
- those points in the institution where people are able to exercise discretionary power: to make decisions, set rules and allocate resources
- the ways in which these rules and norms are legitimated
- the ways in which they produce discriminatory outcomes.

---

Institutional Racism In The Workplace

One of the disturbing implications of institutional racism is that ‘nice people’ may be implicated in racist practices. Thus, for nurses and midwives we must begin any inquiry into challenging racism - and guaranteeing culturally safe practice - by understanding the contexts in which they practice.

The literature on nurse socialization shows how strongly nurses come to identify with their professional identities. Anyone who has naively called a midwife a nurse knows immediately the power and importance of professional identities in health care delivery. Indeed, whilst nurses may have a common identity in their commitment to delivering holistic individualized care, the transition from CFP to branch marks a distinct shift in professional identity.

Nurses work in conjunction with other professions, doctors, physiotherapists and radiographers for example, and professional boundaries are negotiated with all the care and concern that we have observed in relation to ethnicity. These boundaries are sustained by powerful ideals about who we are and by the practical routines of what we do. Again, there is a consciousness of kind and a distinct institutional infra-structure, which shapes the construction and defense of these professional identities.

Institutional racism begins to enter into practice when institutional routines reflect the interests of only one group, usually the majority. And, when the discriminatory consequences of these routines remain undetected and unchallenged - because of consensual cultural racism - we have the elements of institutional racism in operation:

Diagram I below outlines a ‘formula’ of institutional racism.
Diagram I: Formula of Institutional Racism

Institutional Racism = +

- routine institutional practices that are discriminatory in their effect
- structures and power relations made unproblematic by routine race thinking

However, it is important to recognise that it is not racial ideologies alone that normalise these practices. Professional identities and practices also normalise the way things are. Career structures make all staff familiar with hierarchies of power:
- There are people with authority
- There are proper procedures for getting things done
- There are shared ways of making grievances bearable, in a way that does not confront these power structures.

Socialisation into a profession is intended to ensure that those inhabiting it will accept the existing values and structures as normal. In the Health Service, this entails accepting certain models of health (with different health care professions sustaining their own preferred variant) and certain philosophies of care. Being ‘a good professional’ is no guarantee of our ability to step outside of the routines of our practice in order to imagine alternative modes of practice.

Nurses operate with specific professional identities and they deliver care in quite specific health care situations. Communities of practice (Lave and Wenger,
1991), formed by groups of colleagues working in particular settings - develop their own norms for routine practice and for coping with the pressures generated in that work site. Whether it is A & E, a secure ward in a mental health setting, a hospice or community nursing, there are distinct institutional pressures and shared strategies for operating within them.

An understanding of these communities of practice within nursing and midwifery is essential to developing effective multi-cultural health care. At the heart of this understanding must be a recognition of the independent, but interacting, forces that have either an institutional or personal-subjective basis. In essence, it requires us to distinguish between personal professional capacities and responsibilities and the power and modes of influence of institutional systems. Both factors need to be recognized and employed in developing strategies to meet the health care needs of Britain’s multi-ethnic population.

The significance of communities of practice was revealed in the recent ENB research Nurse Education and Communities of Practice carried out by Ian Burkitt, Charles Husband, Jennifer Mackenzie and Alison Torn, with Rosemary Crow. (Research Reports Series No 18, May 2001.) Through participant observation and critical incident interviews in a variety of clinical settings, and through focussed group and individual interviews in an academic setting (a School of Nursing), detailed insight was gained into the construction of nursing identities and the collective acquisition and delivery of nurse care skills.

The concept of “communities of practice” was found to be a most meaningful tool in providing a coherent understanding of nurses learning to practice.

'A community of practice refers to any group involved in joint activities, who also reproduce the community over time by the gradual induction of new participants or learners.'

The concept of a community of practice requires us to understand the ways whereby individuals, in interaction in a specific context, construct shared meanings and ways of acting that enable them to achieve their collective goals. In both the clinical and academic contexts two defining dimensions of a community of practice were found.

The first was a subjective dimension which reflected the identities the participants sustained in their working environment. One identity was a generic core identity of being ‘a nurse’. This inclusive identity of ‘nurse’ was common to practitioners, educators and students. It was what bound them together in delivering individualised holistic care. But, within this inclusive identity there was embedded specialist nursing identities: of being a burns nurse, an A& E nurse or a palliative care nurse. These specialist identities were themselves given meaning through the way they enabled the individual practitioner to be ‘a good nurse’. In other words, there was a continuing interplay between the inclusive ‘core’ identity and the specialist identity.

A second defining dimension of each community of practice was found to be an ‘Institutional Dimension’. This dimension was, at one level, defined by institutional routines and resources: the space, time available, the level of staffing and the power relations between professionals which gave each site its unique characteristics. The other defining feature of this institutional dimension was the managerial ideologies which shaped the activity in each site: a world defined by efficiency savings, cost-effectiveness, audit, competencies and now clinical governance.

Thus, each community of practice can be understood through sketching its particular unique features onto a common model of all communities of practice.
Thus, all nursing can be seen as a collective attempt to negotiate the strains between the constraints of the institutional dimension and the values and hopes of the subjective dimension.

We may ask – what is it like to provide nursing care in these circumstances? The multiple roles and multiple demands experienced by nurses in clinical settings was aptly described as making nursing “a process of successive interruptions”. Each task that is started is interrupted by a demand for the nurse to fulfill another function. Fragmentation of purpose and practice was also amply evident in the educational setting: where amongst other things modularisation had fragmented ownership of the whole curriculum and severed a sustained link with individual tutees. Fragmentation is a characteristic feature of nursing practice and education.

We may ask what is the nature of the style of learning and the basis of practice that takes place within nursing communities of practice? We can distinguish between:

practical consciousness – a routinised, embodied capacity to do – and:
discursive consciousness – a rational, cognitive capacity to reflect upon what we know and what we do.

“Practical consciousness is the knowledge we have about the world that we cannot properly explain to ourselves and to others: we can tell someone what we know but not how or why we know it … On the other hand, discursive consciousness relates to the knowledge and ability to practice that we can describe in detail to others, not just in terms of what we know but also of how and why we know it.”

(Burkitt et al, 2001 :34)

In communities of practice the taken-for-granted knowledge that is practical consciousness is acquired and reinforced through the distinctive routine example and social discipline of the working group. Nursing skills are acquired and delivered in context.

This research strongly supports the view that the management of emotional labour, the shared skills in developing strategies to negotiate the stresses of delivering care and the acquisition and use of intuition in clinical practice are all permeated by the particular culture of specific communities of practice. Thus, we can see that the concept of communities of practice opens up our understanding of how the intersection of institutional constraints and individual subjective identities shape the routine practices of a work place. In all situations where health and social care is delivered it is important to identify the elements that define the subjective and institutional axes of that work place. The collective survival strategies and the pragmatic routines that have been developed in order to sustain professional self-respect within the limited resources of each working environment are the bed rock of practice that shapes the pattern of care delivery, in every instance.
EXERCISE 3.6

Reflective Activity

1. Consider the description of communities of practice provided above – can you make it relevant to your place of work?
   
   (a) what are the particular restraints of time and resources?
   (b) what are the power relations between different colleagues?
   (c) what is the professional identity that gives meaning to your work?

2. Can you identify the ways in which within your community of practice strategies have been developed to manage the contradictions within your working environment?

EXERCISE 3.7

Group Activity

- Share your understanding of how the concept of community of practice gives you insight into your work environment.
- Discuss how the routine practices of your community of practice may unthinkingly contribute to institutional discrimination against minority ethnic colleagues or clients.

What have you learned so far?

If you are to understand the nature and operation of institutional racism it is important that you understand how institutions, and their organizational cultures, work. The concept of communities of practice is particularly helpful in helping us to see how individuals try to give meaning to their work. This makes them actively engage in the routines and beliefs that make their every day practice tolerable and worthwhile. It is this process that makes us all vulnerable to unthinkingly participating in processes of institutional discrimination.
Everyone Should Read:

- *The Parekh Report*, Chapter 6 ‘Reducing Inequalities’. This will introduce you to the much used language of “social exclusion” and will make links to your understanding of forms of racism. This will provide a useful framework for the next section.

Further Reading


At this point you may also find it useful to read about and reflect on the experiences of discrimination that can be found within the health care system. You could usefully read:-

- Lorraine Culley & Vina Mayor ‘Ethnicity and Nursing Careers’ AND Culley et al ‘Caribbean nurses and racism in the National Health Service’. These are chapters 10 and 11 respectively of Culley L and dyson “ (2001) *Ethnicity and Nursing Practice*, Basingstoke: Palgrave
- *Getting On Against the Odds*: a research enquiry into the experience of Black and minority ethnic nurses in succeeding within the health service. It is published by the NHS Leadership Centre/National Nursing Leadership Programme (the web address is: www.nursingleadership.co.uk)
SECTION 4: 
CHANGING DEFINITIONS AND CHANGING RESPONSES

Objectives

This section will encourage you to think about how policies aimed at addressing the challenge of our multi-ethnic demography are intimately linked to how we have created a specific ‘definition of the problem’. When you have completed this section you should have the basic skills to look behind policies and practice in order to make explicit the assumptions that underpin them.

How we each respond to the requirements of multicultural policy is partially a consequence of how we frame our understanding of ethnic diversity:

- If we continue to define minority ethnic colleagues and clients as ‘immigrants’, then we are unlikely to easily grant their demands as being fair and justified
- If we explain continuing inequity in health care as due to ‘their failure to adapt’ then we are hardly likely to recognise discriminatory processes
- If we regard discrimination as being the consequence of personal ‘prejudice’ rather than cultural or institutional racism then we will never adopt appropriate policies and procedures to deal with it.
The development of critiques of problem definitions has itself constituted a framework for new solutions. So, in this section, you are going to take a look at the approaches corresponding to each of the ‘problem definitions' discussed in the previous section, that is:

- The immigration problem approach
- The cultural deficits approach
- The personal prejudice approach
- The cultural racism approach
- The institutional racism approach.

Read the following text

1. The 'Immigration Problem' Approach

Different European states have responded to their ethnic diversity in different ways. But, despite many European countries now having large proportions of their minority ethnic communities who are second and third generation descendants of earlier immigrants, the language of immigration remains central to the political debate about ethnic diversity. For example:

- Certain states, like Germany and Belgium have seemed committed to a view which resists the reality that they now have very substantial settled minority ethnic populations
- Other countries, like Britain, the Netherlands and Sweden, have accepted the reality that they are now a multi-ethnic society, and have moved to develop internal policies to respond to this situation. (However, being
aware that Britain is a multi-ethnic society is not necessarily the same as being explicitly aware of how we nationally and individually have come to make sense of that reality.)

However, even in this latter type, the 'Immigration Problem' mentality has been modified, rather than made obsolete. This view of the problem leads the state to maintain immigration policies to:

- regulate the flow into the country
- define the rights of those admitted previously and currently.

Recently in Europe, an increase in asylum-seekers has generated a refugee-based ‘immigration problem’ and, hence, **immigration policies**. However, the political rhetoric and moral climate generated by these policies inevitably impinge upon the formulation of **multicultural policies** within the country and the reception given to them.

Immigration policy cannot be separated from multicultural policy, except in the minds of bureaucrats, and the wishful thinking of politicians: The party politic rhetoric, employed to justify the exclusion of asylum seekers and new immigrants, inevitably presents ‘more of these people’ as a threat. A basic assumption being offered in this argument is that Britain is a small island that is “full up”. The language used to justify the continued exclusion of new immigrants is often 'discursively deracialised' - presenting the ‘necessary exclusion’ as entirely 'reasonable and inevitable'. (However, paradoxically, Western European countries are, in fact, deeply aware of their current and imminent need of more labour power.)

The nationalism invoked by this rhetoric is that of a homogenous Britain that shares the threat of further cultural dilution. The problem here is that this denies the demographic reality of multi-ethnic Britain. Many of those identified as a potential threat are members of ethnic communities that are already established and settled in Britain - they can hardly be expected to regard the entry of people
sharing their culture and ethnic identity as a national calamity. Nor can they be expected to ignore the ethnocentric and racist logic that underpins this type of argument. British immigration policy and practice frequently exposes the racial anxieties at the heart of British nationalism.

This construction of 'immigration as a problem' can be challenged by a radical and honest rethinking of the basis of British identity. Devolution has already generated a new self consciousness about national identities in the United Kingdom. If the United Kingdom can recognise and accept its ethnic diversity, then ethnicity can be detached from loyalty to the country.

Federal states such as Switzerland demonstrate that ethnic diversity is not inconsistent with patriotism to the state. Citizenship provides a political and legal framework for binding the individual to the state; it provides a reciprocal package of rights and obligations.

Unlike some other European countries the great majority of the minority ethnic population in Britain are citizens. Discriminatory immigration policies cannot coexist comfortably with progressive ethnic relations policies in multicultural societies. Denigrating immigrants on the basis of their ethnicity must undermine any claims of the state to respect ethnic diversity among its population.

The robust nostalgic nationalism that so characterised Thatcherism sought to defend a notion of a homogenous British people. It was hardly surprising, therefore, that so much of its neo-conservative rhetoric invited us all to look backwards to discover ourselves. (Jessop, 1988). That vision of 'Britishness' (really 'Englishness') has far from vanished from the British political scene - there is ample evidence of those who continue to consider minority ethnic communities to be a problem: an unassimilable “enemy within”.

101
Perhaps if we reflect that, within the lifetime of pensioners alive today, Britain still wondered if it was possible to give independence to its colonies and dependent countries, then we will have some understanding of the recency of the history that feeds this form of thinking. The public parade that marked our current monarch’s coronation was in many ways little different from that which marked Queen Victoria’s Jubilee in its being populated by the many representatives of her overseas territories.

However, times change. Contemporary culture is, de facto, multi-ethnic in ways so subtle and pervasive that we often fail to recognise it. In a multi-ethnic society of citizens, policies and imagery that are premised on defining people of different ethnicity as ‘the problem’ can only feed conflict. Such policies and politics require a denial of our shared reality that in other aspects of our life would attract mockery.

EXERCISE 4.1

Reflective Activity

1. Consider how the issue of asylum seeking is treated in the national and local media.
   - Is immigration still associated with ‘threat’?
2. Reflect upon how people in your neighbourhood and workplace use the word ‘immigrant’.
   - Are United Kingdom born citizens still being discussed as immigrants?
   - What are the implications of this?
2. The 'Cultural Deficits' Approach

Where policy in multi-ethnic societies is informed by the perspective of 'disadvantage', minority ethnic people/communities become the focus of analysis - for example:

- their unfamiliarity with the institutions and practices of the majority are typically approached through information programmes
- their linguistic limitations - which impede their progress in education - are addressed through language training.

Should these programmes fail to achieve a remediation of the inequalities experienced by minority ethnic communities, this perspective can provide a complementary explanation from within the same culturalist logic: for example:

- Continuing educational failure may be attributed to the fact that in 'their' culture there is no concept of play and hence children have no toys, and an intellectual deficit ensues
- 'They' do not encourage their children to succeed in education; or alternatively, they press their children too hard, and anxiety inhibits the children’s educational success.

Bauman (1990) has suggested that the modern state first tried to homogenize its population. Where - through migration, federation or conquest - the state has become multi-ethnic, the initial response is to try to assimilate the new ethnic populations. That is, to persuade, educate and pressure the minority ethnic communities to adopt the values and culture of the majority ethnic community.
This has included formally limiting their use of their community language, putting restrictions on their clothing and active educational initiatives to induct their children into the majority culture. At one level contemporary multiculturalism is a response to the earlier failure of such assimilationist policies. Ethnic identities are surprisingly robust. However, attempts to construct a consensus upon what our multicultural policies should be has not proved easy.

What was a positive transition - from the 'homogenising' language of immigration and immigrants to a view of the heterogeneity of the new, settled communities, within a multicultural society – has been hijacked and subverted. Ethnicity - conceived of as the self-conscious identity, history and culture of specific migrant groups - has become not just one important facet of their existence within the receiving society, it has too often been invoked as the only significant characteristic of ‘these people’. This account of disadvantage fails to adequately address the location of minority ethnic communities in relation to:

- access to power in the institutions of the state
- the labour market (and their consequent material position in society).

From within this culturalist perspective it is the minority ethnic communities themselves who must be studied - in order to account for their success or failure to prosper in an ‘open democratic society’ - rather than the operation of the institutions of the state, or the provision of welfare, housing or education.

Let's just go back a bit though. It is not that newly settled minority ethnic individuals do not need structured information programmes, to inform them of the institutions and practices in their new country. Some European countries, notably Sweden, have invested considerable resources in developing extensive programmes of this sort; whilst other countries, like Britain, have adopted a very minimalist response and have seen schooling as the major vehicle for socialising new immigrants. Equally, training in the lingua franca of the new society is an important aid to empowering new minorities within the country of settlement.
However, the European experience has indicated that:

- informing minority ethnic individuals of their rights is not the same as guaranteeing those rights
- translating leaflets on the health service is not the same as ensuring that that service is capable of meeting the dietary and cultural sensibilities of the new client populations
- enabling minority ethnic children to attend school - having learnt the lingua franca of that educational system - does not ensure that they are not then required to imbibe a curriculum which is ethnocentric – which, in its texts and through staff attitudes, denigrates their culture and history.

Perhaps surprisingly, for some, such an august body as the Council of Europe, within a major review of community relations policies, has been addressing the limitations of previous information-led programmes. It is examining the means whereby minority ethnic communities may be empowered, rather than merely assimilated. The willingness to consider such issues within a bureaucratic ‘talking shop’ cannot of course be translated directly into the policies of member states. However, the Council of Europe is but one of a number of regional or international bodies whose advisory statements, or indeed interstate agreements, constrain the freedom of national governments. Within the EC, general policy statements on the rights of migrant workers have moral, if not legislative, weight; and the European Convention of Human Rights has been employed by members of minority ethnic communities to challenge the actions of their state. Within the NHS we have also seen the development of formal policy statements on responding to ethnic diversity within the health care professions.

Recognition of the impact of cultural diversity within society is a necessary element in any multicultural policy. But, such recognition must be matched by appropriate action. To employ an active recognition of cultural diversity in order
to blame the victim for their disadvantage is a perversion of such a policy, paralleling previous perversions for example:

- the ‘culture of poverty’ which was used to explain the poor economic and educational attainment of peoples in the Developing World
- the educational underachievement of the British working class, which has been linked to their cultural values.

Collective values and practices, defined and sustained by ethnic communities, are relevant to an understanding of their participation in society. However, they are never sufficient, in themselves. As you learnt in Section 2, ethnicity involves both 'consciousness of kind' and an infrastructure of resources. The cultural deficits approach focuses the majority community’s attention upon the culture of minority ethnic communities, rather than upon the operation of the institutions of the state and the behaviour of the majority themselves.

Contemporary initiatives in the European Union and in the United Kingdom, are seeking to promote a sensitive and sophisticated approach to cultural diversity.

**EXERCISE 4.2**

Reflective Activity

Reflect upon how an appropriate recognition of ethnic differences can slip into an inappropriate use of ‘their’ culture in order to explain ‘their’ disadvantage. Think back to your thinking about the construction of “the other” and see if you can relate it to the process.
EXERCISE 4.3

Group Activity

Discuss your experience of how culturalist explanations of minority ethnic health and social care needs have been encountered in your working environment.

Further Reading


…Continue to Read on

3. The 'Prejudice' Approach

If prejudice is deemed to be based on ‘faulty generalisation’, then we may seek to counter these through educational programmes, which in itself is not a bad thing. If the prejudice is deemed to be rooted in the damaged psyche of a traumatised
individual, then the policy options are somewhat different. Where the prejudice is extreme then, on past evidence, we may expect them to be labeled as being part of the ‘unlovely ten per cent’ of extremists that are found in virtually all attitude studies. As extremists they are by definition a minority, and consequently are often regarded as the inevitable emotional casualties of any civilized society. In policy terms, their existence should be monitored but largely ignored.

Where personal prejudice is seen as the problem in a workforce a number of policy responses are likely. One frequent response is to see this phenomenon as more or less inevitable: ‘Prejudice is part of ‘human nature’, it's natural to be partial.’ This perspective normalises prejudice and makes it less shocking and unacceptable.

A report commissioned for the Australian Government’s Office of Multicultural Affairs in the late 1980’s, by Macallister and Moore (1989), produced a psychological account of prejudice, which presented it as a virtually inevitable facet of multicultural societies. They concluded that, while socio-psychological and social structural theories have some validity, the predominant factor is concerned with the personalities of individuals. Their emphasis on authoritarian and ethnocentric values raises the question of how these attitudes are formed in the first instance. Most studies interpret their origins in the context of Freudian theory and the interaction with group behaviour. MacCrone, for example, argues that:

‘the greater the discipline of group life, its repercussions, privations and exactions either in the form of moral, religious, or economic sanction, the greater we can expect its aggressiveness to become at the expense of some other group or groups’

MacCrone (quoted in LeVine and Campbell, 1972: 117),
In other words, there must always be a group that is marginalised, against which frustration can be vented. This, of course, implies that the removal of one ‘out’ group will merely witness its replacement by another group, in a continuous cycle. From this perspective, prejudice is an enduring, and perhaps inevitable, feature of differentiation within human society. It has shown itself to be a pervasive influence, existing in societies at all levels of economic development.

While the results presented here have suggested that it is unlikely to be removed by the actions of government policy, nevertheless, a greater awareness of its causes can lead to a greater sensitivity in trying to remedy its consequences.

(Mallister and Moore, 1989: 37-8) (the emphasis is mine)

This pessimistic account has been severely criticised (e.g. Husband, 1991), and leaves the only available policy option as being an attempt to minimise the consequences of prejudice. A psychological account of prejudice all too easily leaves the basis of discrimination resting upon the flawed nature of individuals. It distracts attention from those political processes that seek to promote and exploit hatred of the stranger. It focuses attention away from those ideologies and institutional structures which facilitate or promote discrimination.

In the 1970s and 1980s Britain saw a vogue for Race Awareness Training, which put people in touch with their prejudice. In both its conception and execution this response to racism was seriously flawed (Sivanandan, 1981, Gurnah, 1989). Prejudice does exist, and prejudiced individuals who dislike members of minority ethnic communities can readily be found in the health care professions: but responding to this phenomenon in solely psychological terms must be inadequate.
4. The ‘Cultural Racism’ Approach

You have seen, in Section 3, how it is possible to see discriminatory behaviour operating in the absence of any deep-seated personal hostility. Individuals express statements that are racist and offensive, without a sense of how offensive and distressing they are. The clue to understanding this is to review the ways in which ‘race thinking’ is generated and disseminated in our society, in which sets of interlocking ideas and values are packaged and made acceptable; in which racial ideologies are constructed and sustained.

A policy response to cultural racism cannot possibly be satisfied by focussing upon the individual. There is a long history to race thinking and the penetration of ideas of ‘race’ into, for example, notions of nationalism, of sexuality and of ethnicity, have provided multiple routes for ‘race’ to have apparent relevance in our lives and shared culture. The idea of ‘race’ has been exported around the world. It is not a mode of thought that is peculiar to contemporary Europe, or even contemporary Britain. Weimer (1999), for example, provides an account of race in Japanese thought. There is a wide acceptance of race thinking.

One of the first policy challenges of cultural racism is to find a way of revealing to individuals the racism present in their thought and behaviour. Where their modes of speech and styles of behaviour have an established acceptability, there is an easy resistance when they are challenged. The person presenting the challenge is frequently accused of being the one who is out of step. The charge of 'political correctness' is an example of such a strategy - the person confronting the norm is accused of being an extremist or 'an anti-racist zealot'. You have read about the technique of ‘discursive deracialisation, which allows people to share a language where race can be discussed without being explicitly mentioned. This makes doubly difficult the task of revealing to people the racism embedded in
their behaviour. Where this behaviour is the norm within a community of practice it is particularly resistant to change.

Professional socialisation and training must be one of the sites where this thinking and discourse must be challenged. Where race thinking and discriminatory practices are made professionally unacceptable, then there is a counterbalancing collective pressure to challenge existing practice.

In recent years, the NHS in general, and the nursing profession specifically, have adopted formal policy statements on the eradication of racism from professional practice. Increasingly, people entering the nursing profession are being made aware of the nature of racism and are being sensitised to ways in which racism may enter into communities of practice.

Awareness, of course, is not necessarily sufficient to guarantee changes in practice. Personal and professional hierarchies of power and institutional structures may work against processes of change. Cultural racism and institutional racism are highly interrelated

5. The 'Institutional Racism' Approach

The policy implications of identifying institutional racism as the basis of discrimination, are much more extensive and demanding than those which follow from a concern with prejudice.

The essence of institutional racism lies in its focus upon the structural properties of institutions and how these provide the environment within which identity politics are negotiated. The institutional racism approach, then, focuses attention
on the everyday routines of an institution and the ways in which power operates, rather than on individual attitudes and intentions. Taking two examples:

- A student nurse, on entering a practice placement, may be sensitive to forms of racist behaviour - and recognise it within her/his clinical setting - but decide not to challenge it, because of her/his position in the hierarchy. To confront mentors, assessors and experienced nurses, from the position of a student seeking to survive in a new environment, requires a good deal of resolve. The power relations within the 'community of practice' allow for a wide range of potential modes of punishment for a student wishing to challenge such behaviour.

- Whilst health trusts are likely to have formal policies on equal opportunities and racism, the ways in which these are implemented, and continuously monitored, allow for considerable slippage between the policy statement and the actual practice. Sending staff on recruitment and selection courses is not the same as ensuring that they have the opportunity to implement what they have learnt or monitoring whether they have indeed implemented it. One large metropolitan authority, which had taken a high profile position on equal opportunities and challenging racism, was formally investigated by the Commission for Racial Equality for recurrent racial discrimination.

As the companion module, Race Equality Management, discusses at length, the institutional racism perspective requires a systematic strategy. Quite literally, it is whole systems that must be engaged in a process of reflexive review and change. It will be clear by now that racism has many forms and multiple causations. You have seen that people have very different views about racism and about the strategies required to challenge it. A core challenge of the idea of institutional racism is that we can think beyond the actions of individuals. We need to see how institutional structures, routine practices and work place cultures combine to
reproduce inequality. Consequently, the actions we take to challenge institutional racism must also operate at the institutional level.

EXERCISE 4.4

Reflective Activity

1. Reflect upon whether examining institutional processes is something you are comfortable with – not everyone is.
2. Identify one or two instances where routine practices get in the way of making necessary changes in practice (in relation to any area of practice – not necessarily related to ethnic diversity).
   (a) How is it that they inhibit change?
   (b) What has been done, or can be done, to challenge the situation?

EXERCISE 4.5

Group Activity

Share your experience of equal opportunity/anti-racist initiatives. They are not always handled either efficiently or sensitively.

- What sort of problem definitions and policy initiatives are most frequently visible in your communities of practice
- Identify the means whereby you could promote equal opportunities and culturally safe practice in your communities of practice.
Further Reading

Everyone should read

The companion module *Race Equality Management* which will provide a coherent introduction to systematic strategies for promoting equitable practice.

Further Reading:

SECTION 5:
DIFFERENTIATED CITIZENSHIP AND MANAGING DIVERSITY

Objectives

When you have completed your study of this section, you should be able to:

- explain the concept of differentiated citizenship
- identify the implications of differentiated citizenship for your own practice

What have you learned so far?

You've already seen how different approaches to understanding the demography of contemporary multi-ethnic societies can result in quite different models of multiculturalism. When people talk about multicultural policies and practice, they may well be bringing quite different assumptions to bear. Examining the concept of 'citizenship' is another route to understanding the complexity of multiculturalism and that is the subject for the final section of this module.
You should, by now:

- be familiar with the concepts of race, ethnicity and multiculturalism
- have a personal view of the ways in which the debates around these concepts relate to you as an individual, and how they have an impact upon shaping practice and policy.

The concepts discussed in this section are wide ranging in their implications. They introduce you to different ways of thinking about the management of difference. If you like, they provide an opportunity for you to check out your own starting point when you think of transcultural care. The ideas you encounter in this section are relevant to you making explicit the assumptions about difference you bring with you when you start to look at models of transcultural nursing.

A good deal of what has been discussed reveals the absence of a consensus in the United Kingdom about how we should describe diversity, and what we should do about it. Certainly, there are quite explicit policy statements - within the NHS, and within individual health care professions - about how ethnic diversity must be recognised, respected and responded to. However, this absence of a wider consensus about concepts and values results in very wide variations in the interpretation of, and responses to, those prescriptive policy statements.

In this section, we step back from implementation of multicultural policies to ask again, 'How do we think about ethnic diversity?' In doing so, we draw on analysis from political philosophy, which reminds us that citizenship is a legal and moral status that helps to define our relationship to the state, and to each other. You will be encouraged to think about how we might recognise the impact of different identity claims on how we experience citizenship rights and obligations as being applied fairly to us all.

This is another way to enter into thinking about ethnic diversity. This material provides a language and perspective that will allow you to consider again the challenge of developing multicultural policy, and practicing transculturally, in a way that can
guarantee culturally safe health care within the United Kingdom. No easy answers are offered but, hopefully, it will clarify how you do, and how you might, think about transcultural health care policies and practice.

Read the following text

'Citizenship' involves a legal framework, binding the relationship between the state and ourselves in a web of rights and obligations. It also is a powerful way of repeating the discourse of nationalism by distinguishing between those who are really 'one of us' and those who are not.

Bottomore (1992) argues that citizenship is a status:

“bestowed on those who are full members of a community” and that “all who possess the status are equal with respect to rights and duties with which the status is endowed”.

(Bottomore, 1992:18)

However, you've already heard about the various forms of resistance to the full recognition and acceptance of immigrants and minority ethnic populations. Some people will have considerable difficulty in acquiring citizenship and some who possess it may not be regarded by majority populations as fully deserving it.

Bottomore (1992) has usefully distinguished between 'formal citizenship' and 'substantive citizenship'. In this section, you'll first be introduced to this pair of concepts and then to another pair: 'universal citizenship' and 'differentiated citizenship'. This will lead you into a discussion about differentiated rights for minority groups and, in turn, to 'structural pluralism'.

117
1. Formal Citizenship And Substantive Citizenship

DEFINITIONS

Formal citizenship
Refers to a person's legal standing - it is defined as:
'Membership in a nation state'

Substantive citizenship
refers to a person's ability to access and enjoy the rights guaranteed a citizen and is defined as
'an array of civil, political and especially social rights,
involving also some kind of participation in the business of government'.

Clearly, where there is racism and xenophobia in a country, formal citizenship status may not guarantee a person’s ability to enjoy their substantive citizenship rights. In Britain, for example, unlike some other European countries, the great majority of minority ethnic people resident are formal citizens. However, personal, cultural and institutional racism may effectively limit their access to their substantive citizenship rights.

Where there is a history of overseas empire (for example in Britain, Germany and France), then the cultural and ideological residue of that history tends to inform people's responses to ethnic diversity. Ethnic and racial stereotypes are readily available to inform the majority ethnic populations’ perception of minority ethnic communities.
Where there is a history of being oppressed (for example, in countries like Norway or Ireland), people may find it easy to believe that they have no capacity for racism or xenophobia - that they have been historically inoculated against being nasty to minorities. However, the reality would seem to be that all majority populations have exploited their national identity in order to:

- regulate access to formal citizenship
- qualify minority ethnic citizens’ access to their substantive rights.

Now let's turn to that other pair of concepts:

2. Universal And Differentiated Citizenship

Iris Marion Young, in an important 1989 article, provided a powerful critique of the idea of ‘universal citizenship’. She showed that, in practice, the routine assumption of universal equality often marginalized the experience and interests of minority ethnic citizens. In fact, 'treating all people equally' routinely meant 'treating all people the same', in other words 'on terms and in relation to values that were normative in the majority ethnic population'. This led her to propose an alternative model in which the differences between citizens remain acknowledged. In this model, 'treating people fairly' means that you may have to treat them differently.

3. Differentiated Rights For Minority Groups

Kymlicka (1995) distinguishes between two types of ethnically diverse states:

- **Multinational states**, in which ethnic diversity arises from the incorporation of territorially concentrated, previously self-governing
cultures into a large state - usually as a consequence of federation or conquest. (Examples include countries like Switzerland, indigenous peoples such as native Americans in North America, and Australian aboriginals. Closer to home, you might consider the case of Wales, Scotland and Northern Ireland - to which power is currently being devolved)

- **Polyethnic states**, where diversity arises from individual and family migration between countries.

Kymlicka suggests that the different historical circumstances underlying these forms of ethnic diversity have considerable political implications for the construction of the different facets of differentiated citizenship. He argues that:

- the distinct historical experience of **national minorities** (in multinational states) allows for their pursuing **self-government rights** which would not be available to minority ethnic groups, in polyethnic states. These self-government rights involve jurisdiction over a particular territory, which is designated as being historically linked to the national minority. This is exactly the process which is currently apparent in the United Kingdom as the central government in Westminster seeks to give greater autonomy to the Irish, the Scots and the Welsh

- for **polyethnic minorities** there are associated **polyethnic rights** - which he defines in terms of financial support and legal protection for certain practices associated with particular ethnic or religious groups

- both **national minorities** and **polyethnic minorities** should have **special representation rights** defined in relation to guaranteed seats for ethnic or national groups within the central institutions of the larger state (Kymlicka 1995 : 6-7 and 26-33).

Let's take a closer look at each of these three types of right in turn.
Self Government Rights

For a nation state to allow a national minority to have jurisdiction over its own ‘nation’, whilst they are simultaneously citizens of the broader state, requires a moral and legal recognition of their distinctive experience and their unique location within the state. This particular expression of 'differentiated citizenship' is central to the current work in producing the international legal instrument 'The UN Draft Declaration on the Rights of Indigenous Peoples'.

In Australia, New Zealand, North America and Europe there are already clear instances of the application of elements of self-government rights to indigenous peoples. (Gayim and Myntti, 1997). Where such rights have been allowed, it has:

- led to the development of policies which have contributed to the retention of traditional law and the resilience of community languages
- provided a basis for a cultural resistance to the dominance of majority values and practices.

In the UK we might observe the different legal tradition in Scotland and the special provisions for broadcasting in Welsh and Gaelic. Even the fact that the English National Board of Nursing, Midwifery and Health Visitors exists reminds us of the acceptance of the differential rights of national minorities. However, the United Kingdom is not just a multinational state that has developed mechanisms for recognizing the existence and distinctive needs of national minorities. It is also a polyethnic state, containing very considerable ethnic diversity.

Polyethnic Rights

Kymlicka's 'polyethnic rights' provide the basis for the state to support initiatives that protect specific religious and cultural practices, which:

- may not be sustained through simple market forces
- may be marginalised or suppressed by the deliberate, or unthinking, discrimination of the majority ethnic population within the country.
Special state support for health policies and funding to address the health interests of minority ethnic groups are one particular expression of polyethnic rights. However, facilitation of ethnically specific health care is no guarantee of their viability or success. Increasingly, over the last decade, the state has been willing to recognize the health care needs of minority ethnic communities. However, the production of explicit guidelines on culturally sensitive practice and their incorporation into National Framework Statements, does not guarantee their incorporation into practice. There has to be a sustained political will to monitor implementation and to challenge and remove the varying modes of resistance: personal, cultural and institutional.

For this reason alone it is apparent why special group representation rights are the important third element in group differentiated rights: they serve to place the particular interests of national minorities and minority ethnic groups within the power-broking institutions of society.

**Special Group Representation Rights**

If such representation is to be meaningful then these representatives must have a realistically powerful presence when participating in the struggle over the allocation of resources and the definition of priorities. Clearly, special group representation within the state institutions may itself be a critical precursor to the recognition and definition of self-government and polyethnic rights.

In your own field, significant minority representation within the senior management of professional nursing and health care bodies - within the NHS and individual trusts - would be necessary expressions of these special group representation rights in the UK. Nursing and health and social care does not consist only of the expertise and dedication of individual health care professions - it is also found in the struggle over the access to, and the allocation of, resources.
within the health care system. This is an essentially political process, which must not remain exclusively the domain of the majority ethnic group.

At different levels those who formulate national and local policy on ethnic relations are finding themselves faced with articulate and sophisticated critiques of their policies. The minority communities themselves - in becoming established and developing their own social and political infrastructures - have found a point of leverage into the majority institutions. There is an incipient European network of minority ethnic activists, who work through community organisations, academic networks and anti-racist organisations to continually update their analyses and to strengthen each other’s national activity.

A major element in this activity is a critique of the limits of 'liberal multiculturalism' and an explicit confrontation of the state’s exploitation of minority and other workers. At the core of this extensive, if diffuse, activity is a claim to power, and not merely a request for respect. Clearly this activity qualifies for the label ‘political’ and the majority, in determining their response to it, declare their politics.

4. Structural Pluralism

In the UK, we tend to take it for granted that the nation state is a normal form of political organization - in which the state provides a coherent system of institutions and regulation, which provide the legal and organizational infrastructure for regulating a defined territory (the country). As the current painful processes of nation building in the countries of the ex-Soviet Union reveal, social democracy of this kind is not a natural or inevitable form of social organization (Brubaker, 1996). Indeed, the idea of a people united by a common identity, a nation, can express itself through a range of political forms. It has, for
example, in relatively recent history been powerfully expressed through the values and policies of German and Italian fascism. The form of political and administrative system that we take for granted in Britain has, in fact, a very particular nature and history.

Cultural pluralism has often been tolerated in the private domain of the home, whilst the public domain of work and the state has remained the exclusive terrain of the majority population (Wrench and Solomos, 1993). The language of ‘host and migrant’, of ‘cultural deficit’ and of ‘the national interest’, have all provided an acceptable coded language through which cultural pluralism has been effectively undermined (CCCS 1982, Smith 1994).

The privatisation of cultural pluralism to domestic space is most explicitly challenged by the promotion of structural pluralism: a deliberate promotion of ethnic diversity in institutional and structural terms. European examples of resistance to the construction of Mosques, or the British resistance to the creation of Muslim schools reveals how different is the acceptability of institutional autonomy, as opposed to private diversity (Husband 1994).

In terms of health care in the United Kingdom structural pluralism implies a willingness to facilitate alternative, community based, forms of health care provision, which address minority health care needs from within their cultural expectations. It implies an institutional flexibility with the possibility of cross referral between a minority ethnic health care sector and a generic national service. This does not demand competition or resentment, but can be a basis of mutual collaboration in health care training and practice.

The autonomy of ethnic groupings to pursue their own interests within the broad political framework of the state is a key characteristic of structural pluralism. It reflects in real terms the analytic insight into ethnic identity provided by Wallman (1986) when she distinguished between ethnicity as ‘consciousness of kind’ (a
social psychological sense of identity) and ethnicity as ‘structure’ (the infrastructure of institutions and organisations that enable the living of one’s ethnicity).

There is a sense in which ethnicity is social psychological, a sense of ‘who I am’. But, in the absence of a place where I can speak my language, express my faith with others and seek health care compatible with my culture, then how shall I express my identity in action? This celebration of my ethnic or national minority identity does not make me, necessarily, a less trustworthy and responsible citizen. Patriotism toward a country does not depend upon a shared ‘national’ identity. Switzerland alone is an adequate demonstration of this fact.

A model of multi-culturalism that allows for this connectedness between the fabric of society and a personal sense of ethnic identity is one which incorporates and promotes the necessary structural pluralism consistent with a true acceptance of the diversity present in the country.

Differentiated citizenship, and the associated group differentiated rights provide the necessary political framework for this to be possible. The idea of differentiated citizenship:

- challenges our complacency in thinking about difference
- excludes the comforting and familiar claim to ‘treat everyone equally’
- underscores the importance of continuing to understand the individual in the context of their group membership
- makes explicit the reasonableness of minority ethnic clients’ claims to be treated differently
- provides a political framework to the nursing profession’s claim to provide individualized holistic care
- provides an institutional focus which explicitly challenges professional bodies and health trusts to concede real power to minority ethnic interests,
because of their citizenship rights, not out of some generosity borne of some paternalistic culturalist sensitivity.

EXERCISE 5.1

Reflective Activity

This Section has required you to think about how equal citizenship may be compatible with treating people differently. Treating everyone the same IS NOT an acceptable expression of cultural sensitivity.

1. How do you personally respond to the arguments about differentiated citizenship?
2. How would a serious commitment to the principles of differentiated citizenship impact upon your community of practice?

EXERCISE 5.2

Group Activity

Discuss how the language of differentiated citizenship may help to match health and social care needs to appropriate health and social care services.
Everyone Should Read:

- *The Parekh Report*, Chapter 7 – ‘Building a Pluralistic Human Rights Culture’. This chapter will provide a complementary, and different, discussion of human rights approaches to ethnic diversity in Britain.

Further Reading:


This module has introduced quite a range of concepts, each of which carries within it a route to a particular way of seeing the world.

The concept of a **nation** suggests that, as human beings, we have ways of identifying with others which can powerfully tie us to a particular view of history, and of territory. The collective *we* of ‘the nation’ has become one of the most potent ways of linking people together:

- In sport, whether football, the Olympic Games or golf we are invited to find some competitor’s success more fulfilling and important than that of other equally committed competitors; because they represent our nation
- As a country, we enter into morally ambiguous liaisons with other political regimes because it is ‘in the national interest’
- The same national interest has shaped Government policy over a wide range of internal policies - including freedom of information, the rights of people to co-ordinate pickets, the subsidising of particular industries and the building of the Millennium Dome

Across Europe, the idea of a nation has impacted upon people’s entry into the legal status of citizen and their access to their substantive rights within the state. In all states, it is possible to see a highly developed exploitation of nationalism within party politics. Typically, this has had a far right; ‘extremist’ form which has dragged behind it a ‘mainstream’ variation upon the same theme.
Importantly, for the analysis you have been encouraged to develop, both in its history and currently, the concept of **ethnicity** has been intimately linked with national identity construction. Either explicitly (as in the German case) or implicitly (as in the English case), membership of the nation has been defined through possession of a common ethnic identity, or core identities and non-members of the nation have been identified by their lineage and their culture.

Over the last five decades, the process of immigration in Europe has been a focus for the identity politics of **ethno-nationalism**. At the same time, the reality of migration and settlement has created de facto multi-ethnic national demographies. In reality, virtually all European countries were already both multi-national and polyethnic. The new migrations of the last half century have produced increased ethnic diversity - and a diversity that has created new inter-ethnic contacts. Migration has become global, rather than just cross-border.

However, you have learnt that British migration represents centuries of global migration. The ‘Anglo-Fragment’ societies in America, Australasia and Africa are a testimony to the massive migration that has taken place from England, Ireland, Scotland and Wales. All ‘Britons’, then, have reason to be self-conscious about the easy acceptance of contemporary anti-immigrant rhetoric. Regrettably, your reading and reflection will have indicated how, in Britain's responses to migration and ethnic diversity, racism is a system of thought and action that has a long tradition in British thought and culture.

The successful anti-immigrant politics of the 1960’s and 70’s produced both policies and argument that reflected the entry of ‘race’ into the heart of British contemporary thought. This **racialisation** of the practical realities of Britain’s multi-ethnic demography was continued through the politics of Thatcherism and continues to be expressed in current debates around asylum seeking. The success of race thinking is partially founded upon its ability to be expressed in forms of language that have about them a taken-for-granted

---

3 see Kymlicka page 70
reasonableness. 'Discursive deracialisation' - the ability to invoke race thinking without employing an explicit language of ‘race’ - has been central to the resilience of racism in British society.

In nursing, the racism that has been recorded in clinical practice is not dependent upon vulgar expressions of racist hostility for its survival. On the contrary, a cultural racism in which there is a collusive practical acceptance of everyday racism, is the greater challenge. There are individuals who are actively **prejudiced** and have a personal satisfaction in their discriminatory behaviour. And some are the nursing profession’s share of the “unlovely ten per cent” of extreme bigots who are maliciously racist. However, the module teaches the limitations of equating racism with prejudice. Bigots cannot be tolerated in health care practice. In nursing, they are inevitably incapable of delivering individualised holistic care in multi-ethnic Britain. They have placed themselves outside of the core values of nursing. But prejudice alone is not the sole target of creating culturally safe practice.

The discussion of **communities of practice** has revealed that health and social care takes place in specific institutional settings, for example, nurses' subjective *'consciousness of kind'* provides them with an identity, values and professional aspirations which shape their strategies in seeking to sustain high standards of nursing care within this system. However, the *institutional axis* of these communities of practice plays a pivotal role in determining the framework of power, time, space and resources that shape practice. It is this institutional framework, and the routine practices that it facilitates, which create the areas of practice within which **institutional racism** operates.

Institutional racism provides a very different challenge from the one presented by **personal prejudice** within health care delivery. Even ‘nice people’ can be participants in processes that come to be revealed as discriminatory. Nor will adherence to professionalism be an adequate defense. For you will have seen that processes of racial discrimination can be aided by ideologies other than those of ‘race’. Professionalism can
be such an ideology. Institutional racism demands a wide ranging and systematic response if it is to be eliminated.

Throughout this module, you have been repeatedly invited to reflect upon how you respond to the implications of the arguments as they are developed. This is seldom a simple task, and occasionally an uncomfortable one. We each of us come to our commitment to justice, and opposition to discrimination, from a unique biographical perspective. The values that we draw upon, in explaining our position in relation to multicultural policies, may have quite different philosophic and personal roots - for example:

- For some people, a theological faith in a greater being may provide a belief in the fundamental equal worth of us all. Such religious convictions may provide a moral basis for opposing discrimination and unequal treatment
- For others, secular political beliefs may fuel the same drive toward decency and fairness between all people.

These different sources of values sit more, or less, comfortably with the actions demanded by our membership of other value communities. As members of a nation, a gender, or an ethnic community, we may feel called to pursue policies that protect these special identity groups. It may easier for us, then, to be committed to tolerance than to equality. Tolerance, of its nature, tends to remind us of our generosity toward others. And, it reminds us of their difference. However, toleration does require a generosity of spirit, since it means in many instances a restraint from imposing our wishes or views. To be tolerant of others does not require us to have no personal values; it may, however, require us to constrain them in respecting the values and cultures of others.

For some, the demands of toleration - particularly if linked with the expectation that we show ‘sensitivity’ to others - is seen as an assault upon the integrity of their own values; whatever they may be. For being sensitive invites us to go beyond the restraint of tolerance, and to have an affirmative judgement toward other cultures: to show a positive
appreciation of the other culture. This demand can easily be presented as being a necessary extension to the empathy and respect that is inherent to delivering individualised holistic care.

The ambiguity surrounding this question of how we demonstrate respect for other cultures has proved unnerving and distressing to many health and social care professionals. Not wishing to be accused of being racist or ethnocentric, and accepting the core values of individualised holistic care, they do wish to demonstrate respect, understanding and empathy with patients from other cultures. There are, however, cultural practices which individual nurses and midwives find contrary to their own values, and, therefore, objectionable. But, believing that cultural relativism is the expected professional posture, they then find themselves unclear about what they may legitimately do with their own feelings. This scenario is almost certainly guaranteed to create anxiety, frustration and resentment. However, the problem was created by the professional ambiguity that allowed for the belief that cultural relativism was a requirement of transcultural practice to exist in the first instance.

As Hylland Eriksen (1995:11-12) demonstrates, cultural relativism is a valuable tool of anthropological research: not an essential under-pinning of multicultural policy:

“Cultural relativism is sometimes posited as the opposite of ethnocentrism. This is the doctrine that societies or cultures are qualitatively different and have their own unique inner logic, and that it is therefore scientifically absurd to rank them on a scale. If one places a San group, say, at the bottom of a ladder where the variables are, say, literacy and annual income, this ladder is irrelevant to them if it turns out that the San do not place a high priority on money and books. It should also be evident that one cannot, within a cultural relativist framework, argue that a society with many cars is ‘better’ than one with fewer, or that the ratio of cinemas to population is a useful indicator of the quality of life.
Cultural relativism is an indispensable and unquestionable theoretical premise and methodological rule-of-thumb in our attempts to understand alien societies in an as unprejudiced way as possible. As an ethical principle, however, it is probably impossible in practice, since it seems to indicate that everything is as good as everything else, provided it makes sense in a particular society. It may ultimately lead to nihilism. For this reason, it may be timely to stress that many anthropologists are impeccable cultural relativists in their daily work, while they have definite, frequently dogmatic notions about right and wrong in their private lives.

Cultural relativism cannot, when all is said and done, be posited simply as the opposite of ethnocentrism, the simple reason being that it does not in itself contain a moral principle. The principal of cultural relativism in anthropology is a methodological one – it helps us investigate and compare societies without relating them to an intellectually irrelevant moral scale; but this does not logically imply that there is no difference between right and wrong”.

Reflecting cultural relativism as a necessary element in transcultural practice helps to clarify matters, but it does not make life easy. Absolute cultural relativism invites a suspension of moral judgement - which may be consistent with a fascination with the variety of forms of human solutions to the act of living, but hardly sustains a viable social order.

In this module, you have looked at individuals living together within a state bound by rules of citizenship and enmeshed in a framework of social policy. Such liberal democracies require a moral order to provide meaning and legitimacy for this political arrangement. Cultural relativism is not consistent with shared citizenship, nor with the commitment to caring which resides at the heart of nursing and social care. In rejecting cultural relativism we are all required to consequently remain in touch with our own moral sensibilities.
In essence, there is no easy fix to the challenge of transcultural practice. So much of health and social care draws upon an engagement with one’s own inner self. The compulsion to care, the capacity to empathise and an ability to engage with the emotional labour of caring all require that practitioners stay in touch with their inner self. Their personal authenticity is integral to their ability to be a practitioner. Their moral sensibilities are fundamental to this personal authenticity.

The politics of difference invites us all to recognise difference, and to be prepared to treat each other equally through respecting that difference. The first task is to understand the difference. And ethnic diversity is always interactive: we are different because I differ from you and you differ from me. This is an appropriate relativism, for it rejects the distorting normative assumptions of ethnocentrism. From an understanding of the difference we can all then move to demonstrating respect between equals. No one who has isolated themselves from their own identity and values can do this. Holistic care requires holistic carers: rounded, complex, whole persons. Thus, transcultural practice challenges us to live and practice through respect for difference, and to learn how to negotiate difference appropriately. The core values of British health and social care professions provide a positive platform for pursuing this goal.

However, there appears to be no easy formula that will enable all of us to negotiate easily the policies that must be developed, to guarantee health care that is appropriate for a multi-ethnic society. We live in an age when we all feel the power of the politics of identity. We too have identities, we too are able to claim our distinct location within the access to rights and resources offered by differentiated citizenship.

In a polyethnic society we are all ethnic and, therefore, all capable of claiming our own polyethnic rights. Multiculturalism is about recognising ethnic diversity and in Britain our experience of living with multicultural policies is not yet sufficiently mature for the majority ethnic community to resist the emotive comforts of buying into the ‘victimisation of the majority’ rhetoric. Nor do all minority ethnic claims to polyethnic rights avoid the divisive politics of essentialism, whereby some members of their
community are more real than others. And there is, as yet, no easy calculus that allows us to easily, and with certainty, distinguish between a legitimate statement of ethnic pride and an ethnocentric piece of xenophobia that may well be racist. There is a struggle within the United Kingdom for equal treatment for all ethnic communities. Where this struggle focuses upon particular resources, such as health care, it is not difficult to find evidence of tactics of resistance to change from the majority ethnic group and increasing frustration from minority ethnic communities. It is appropriate to see this as a situation of conflict in which feelings may be heightened, and ethnic boundaries are made explicit and strongly defended. It is useful in this context to remember two realities:

*that despite any ethnic difference the very great majority of health care user are citizens – they have an absolute right to appropriate healthcare*

and that:

*individual practitioners committed to high quality transcultural health care cannot adequately compensate for a health care system that has failed to develop, and resource, policies that will guarantee a flexible culturally safe health care system.*

The first statement reminds us all that culturally safe health care is not a generous addition to current health care practice; it is fundamental to a NHS for 21st century Britain. It is integral to individualised holistic care.

The second statement reminds us that individual practitioners cannot practice appropriately in a health care system that has not, at an institutional level, developed systematic policies to guarantee culturally safe practice. This underlines the fact that if practitioners have not been educated to deliver culturally safe care they can hardly be blamed for their inadequacies. And, it underscores the necessity of communities of practice having a shared commitment to monitoring and developing transcultural skills.

If we can be more open about, and comfortable with the ambiguity and anxiety that is attached to this developmental phase of changing health care practice, then we may all be more receptive to recognising change and to consolidating progress.