

State Versus Market: Is the market more responsive to differentiated need than bureaucratically planned services? A case study of meals provision for older 'African Caribbean' People in eight London Authorities

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Abstract

This paper draws on the findings of a research project that explored whether the market was more responsive to differentiated need than bureaucratically planned services through an exploration of service provision for older 'African-Caribbean' people. Part of that study explored meals provision and it is that part of the study that is discussed here. The findings suggest that the introduction of the 'market' or 'quasi-market' type mechanisms in the delivery of meals provision have not led to the production of meals provision more able to respond to 'differentiated need'. Both 'risk' and 'cost' have dominated policy implementation with a trend towards monopoly provision. Indeed the findings suggest that the previous model of bureaucratically planned services was more able to respond to differentiated need than anticipated.

Introduction

The development of culturally specific 'meals on wheels' provision was identified as a policy objective in 1978.(ADSS/CRE, 1978) During the 1980's some local authorities began the process of developing culturally specific meals provision. By the 1990's the provision of more culturally responsive 'meals on wheels' provision had come to be seen as 'good practice'. This was given further impetus with the introduction of the National Health Service and Community Care Act 1990 which specifically encouraged the development of 'needs led' services and a mixed economy/quasi-market in social care within the context of a 'multi-racial' society (Department of Health, 1989).

Methodology

To explore whether the introduction of the 'quasi-market' was more responsive to differentiated need, three discrete, but connected methods of inquiry were pursued. The first focused on the implementation of the 'quasi-market' in two London authorities; the second explored service preferences with a group of older 'African-

Caribbean' people and the third focused specifically on the 'mixed economy' through a case study of meals provision in eight local authorities.

This study used 'ethnicity' as an exemplar through which to explore responsiveness, as there were a plethora of studies that had indicated that 'Black and Minority Ethnic' groups had been poorly served by existing service provision (Blakemore and Boneham, 1994; Ahmed and Atkin, 1996). However, rather than look at the experience of a range of 'ethnic' groups, it was decided to focus on one 'ethnic group' as a 'case study'. Through an analysis of service provision for this group it was possible to draw wider conclusions about how authorities responded to 'ethnic diversity' both prior to and following the introduction of 'quasi-type' mechanisms.

It was decided to focus on older 'African-Caribbean' people as the 1991 census confirmed that African-Caribbean's were proportionately older than other 'Black and Minority Ethnic' groups. (Office for National Statistics, 1996) A plethora of studies indicated that this group suffered discrimination, disadvantage and inappropriate and inadequate service provision (Farrah, 1986; Fenton, 1988; Forbat, 2004).

As the research evolved it became clear that there had been a neglect of 'ethnic diversity' in relation to community care planning. However, one area that was particularly interesting to explore was 'meals provision, as part of a 'mixed economy of care'. This was interesting for a number of reasons:

- If one takes the hypothesis that the 'quasi-market' will be more responsive to consumer demand, then this is based on the notion of an 'ideal' type 'market'. Therefore, it was an interesting case to study as the market already plays a huge role in food provision, and therefore offered great potential in terms of the development of a 'mixed economy'
- It became clear whilst undertaking this research, that one of the early initiatives undertaken by local authorities in responding to 'ethnic diversity' was the development of 'culturally specific' meals provision. Therefore it was interesting to understand how policy and practice had changed over time, and what had been the impact of the introduction of the 'quasi-market' on this important dimension of provision.
- The desire for 'culturally specific' food was clearly a very important area of service delivery, which had been cited in many interviews with older 'African-Caribbean' people.
- The burgeoning number of 'Black and Minority Ethnic' restaurants, suggests great potential for the involvement of private providers in the development of meals provision.

Therefore for this part of the study, a specific literature review was undertaken focusing on; the sociology/anthropology of eating and food; 'African-Caribbean' cuisine; the emerging market in ethnically diverse foods; policy developments within local authorities in relation to 'culturally specific' meals provision. In addition to academic sources, 'African-Caribbean' cookbooks; specialist journals and newspapers, such as the Grocer, the Voice, Mintel and Social Services Committee papers provided valuable information.

Policy and policy change was explored initially in two London authorities. Both demonstrated some interesting findings and it therefore seemed appropriate to pursue this issue in other authorities, in order to identify any trends. The meals policy

was reviewed in six additional authorities. The authorities chosen had relatively high proportions of the population who described themselves as 'African-Caribbean' (Office for National Statistics, 1996). A relatively simple method was adopted. In each authority a senior manager with responsibility for the meals service was contacted and interviewed over the telephone. Each manager was asked the same questions. Do they have or have they ever had a specific 'African-Caribbean' meals service? When was the service set up? Why was it set up? Who provided 'African-Caribbean' 'meals' in the current period? Had it changed? If so, why had it changed? If it hadn't changed, was there pressure to change the service? Or were there plans to change the service? How would they respond to a request for 'culturally specific' meals from a relatively small 'Minority Ethnic' group?

All authorities participated in the survey, and provided interesting information, in some instances sending additional information, such as committee reports. In most of these authorities, there had been relatively recent reports/discussions related to 'meals provision; as a result of 'Best value' type audits.

Therefore the methodology adopted was mainly quantitative in approach, providing a descriptive picture of change in each authority which facilitated the observation of any trends. Qualitative questions were also included to make sense of why these policy changes had been implemented.

There were two methodological weaknesses to the approach adopted. The initial approach had been on the two case study authorities and therefore much more data of both a qualitative and quantitative form was generated in the first two case study authorities than the following six authorities. Ideally with more resources a more qualitative approach would have been adopted in all authorities. Secondly, by focusing specifically on older 'African-Caribbean' people, it has not been possible to draw any conclusions about responsiveness to any other 'ethnic' groups but it has enabled a greater understanding of ways in which local authorities respond to 'ethnic diversity' in general.

Findings

We begin this article by reviewing 'African-Caribbean' food and exploring whether assumptions made by policy makers about a specific 'African-Caribbean' diet and the eating preferences of those who either came from, or are of 'African-Caribbean' origin are appropriate, and more generally consider the social/cultural significance of food and the relationship between eating patterns and 'ethnicity'. We review the literature on ageing and eating as a significant dimension of meals provision. We then consider how the eight authorities have responded to this issue in order to identify policy trends. We conclude by reviewing problems and possible strategies for responding more effectively to differentiated need in 'meals provision'.

What is 'African-Caribbean' food?

What currently constitutes 'African -Caribbean' Food is drawn from a complex history of forced migration from Africa to the Caribbean; interaction with the 'Carib' and 'Arawak' Indians; and colonisation by various European countries, such as Spain, France, Holland and Britain. The original inhabitants of the Caribbean were the 'Carib' Indians who remain in very small numbers and the 'Arawak' Indians who

have been wiped out (Elwin, 1988).

The plantation owners had substantial control over the diet of slaves. They provided the slaves with most of their foods, which comprised salted and pickled meats or fish, and flour imported from Europe. Africans were initially not allowed their traditional foods. They were prohibited from rearing livestock and were prevented from eating fresh fish or fresh meat, and so came to depend on salted fish, which continues to be a popular dish; spices were used to give flavour to this bland and monotonous diet (Grant, 1999).

While Africans maintained some of their traditional cooking methods, colonisers brought their own additions such as rice, white potatoes, milk, corned beef and buns (Elwin, 1998). However, the Jamaican Cuisine has been affected by other influences. For example, when slavery was abolished in 1830, many of the former slaves refused to work on the Plantations, and workers were brought in from India, Ireland, Germany and Syria. One of the most popular 'Caribbean' dishes today is 'Curry Goat' which was a dish invented by Indians who settled in Jamaica (Mackley, 2000).

It is clear that there is something, which could be described as an 'African-Caribbean' cuisine. This cuisine relies to some extent on a common stock of ingredients, prepared in slightly different ways and shaped by diverse histories of colonization. What is also clear is that what has shaped the 'African-Caribbean' diet is a history of forced movement, racism, colonization, as well as resistance to this domination. We have established then that there is indeed a specific 'African-Caribbean' diet we are now going to briefly consider the cultural significance of food? In other words, why do we eat what we eat, and why should policy makers place greater emphasis on eating preferences.

The cultural significance of food

There is a relatively small literature on the relationship between food and eating habits, particularly in relation to ethnicity. (Mennell *et al.*, 1992) identify a 'sociology of culinary culture', which explores why different 'social/cultural' groups, and particularly different nation states or societies came to develop different tastes and attitudes over time. However this literature tends to focus more on the supply of food rather than taste/preference.

There have been some studies undertaken in the US that explore the relationship between 'ethnicity' and food preferences. The findings of such studies suggest both continuity and change, with American food being incorporated over time (Theodoratus, 1977; Grivetti, 1984). Other studies have suggested that food contributes to creating ethnic unity in culturally isolated population groups, to the extent that common 'ethnic' food practices can still be seen after a century of migrating. The concept of 'bi-palatism' has emerged to refer to a situation where migrants eat local foods in public, whilst retaining their own cuisine at home (Freedman and Grivetti, 1984).

However, any exploration of eating habits needs to consider broader global processes taking place in relation to food consumption. With increasing flows of people around the world the notion of distinctive 'nation' state cuisines is increasingly problematic. Eating habits have become less framed by 'nationality' and increasingly reflect a global exchange of eating habits and preferences, with dishes such as curry replacing fish and chips as the nation's favourite (Goody, 1982).

However, despite these changes it was possible to identify a clear relationship between the older 'African-Caribbean' people interviewed and eating preference, with a clear preference for 'African-Caribbean' food. However, it is important when considering the relationship between 'ethnicity' and 'eating preference' that we explore the impact of generational change and avoid an ethnically essentialist approach that simply predicts behaviour on the basis of belonging to a particular group.

The notion of a common 'African-Caribbean' diet, emerging from a shared 'ethnicity' was an important and recurring finding in this study with most of the sample continuing to eat 'African-Caribbean' food on a daily basis. For some there had been modifications, eating a mixture of English and 'African-Caribbean' food and in relation to 'culturally specific' provision, most of the sample stated that 'culturally specific' meals would be an important preference.

We can conclude then that there does appear to be continuity and commitment to 'African-Caribbean' food for first generation migrants, however, drawing on evidence from other migrant populations it is clear that this is likely to change over time. Moreover there are more fundamental shifts in eating habits linked to a process of both tourism and population movement which challenge the very notion of nation-state cuisines. It is also clear that there is diversity within what we might describe as 'African-Caribbean' food, reflecting each island's history and cultural traditions. Therefore the task of responding to 'culturally specific' meals provision for older 'African-Caribbean' people is complex and a dynamic response to this issue is needed.

Ageing and Eating

There is a relative dearth of literature on ageing and food consumption in the UK, however, there is a substantial US literature which identifies a number of concerns. One issue identified in the literature is the importance of access to nutritionally balanced meals given potential health problems, along-with impaired digestion and higher levels of malnutrition in this group (Choi, 1998).

A second issue relates to the impact of the social processes associated with growing older, such as becoming widowed; having reduced income, lack of transportation; lack of social interaction and depression all potentially leading to dietary neglect (Quandt *et al.*, 2000). Risk factors for malnutrition include being frail; housebound; living alone, not having regularly cooked meals, being on income support, being of social class 4 or 5 and having depression (Lankshear *et al.*, 1994).

'Meals on wheels' then is partly a response to possible nutritional neglect, deficiencies/malnutrition with old age acting as a potential 'risk' factor. However, the palatability of the food on offer is likely to be important to users who may have reduced appetite for a range of reasons. One study investigating the determinants of frail elders stay on meals on wheels' in New York found that a much higher proportion (28.2%) of 'Black' service users, compared to (12.6%) of 'White' service users stopped receiving meals, and were more likely to cite food/food preferences as the reason (Choi, 1998); therefore, the provision of palatable 'meals on wheels' to a user, who may perhaps have a poor appetite, needs to be an important dimension of policy making. Failure to do this may have severe implications for the users or potential users of the service.

So far then, we have considered ways in which 'race'/'ethnicity' and age may

impact on food preferences/consumption. We will now consider how the market has responded to 'ethnic diversity'.

The market and 'minority ethnic' food

Over recent years the market has developed what it describes as 'ethnic' food. The production of 'ethnic' food is partly a response to different 'Black and Minority Ethnic' communities, but it is essentially a response to the increasingly diverse eating habits of the British population.

Market research agencies such as Mintel have identified the potential for substantial growth in the area of 'ethnic' foods. However, they have suggested that there is limited potential for the development of Caribbean food as it is eaten mainly by 'Caribbean' people themselves as compared to other 'ethnic' foods such as 'Cajun' food that is anticipated to transcend 'ethnic' boundaries (Marketing Mintel Intelligence, 1999: 19).

Large supermarkets such as Sainsburys, Asda and Tesco are increasingly responding to their 'ethnically diverse' populations, with specific sections for different groups such as 'Kosher'; 'Halal'; 'Caribbean'. One manager involved in the opening of the Brent Park store confirmed that the store had started to respond to 'ethnic diversity' when they recognized the huge sales potential from the area's 'Indian' and 'Chinese' population and decided to start catering on a much larger scale than ever before for the needs of these customers (Supermarketing, 1985). However, such strategies are only applied when 'ethnic' groups exist in large numbers 'One market that X would not be delving into for the meantime would be Japanese products..To stock an ethnic range and to sell it as one, you've got to have the community and we haven't' (Supermarketing, 1985:16)

The market then is responding to diverse eating preferences in two ways. In the first instance they are reflecting trends in eating preferences amongst the general population. Secondly, they are responding to the eating preferences of 'Black and Minority Ethnic' groups in areas where they comprise a relatively significant proportion of the population, punctuated by the presence of significant numbers from that particular community.

Local Authorities, 'meals provision' and 'ethnic diversity'

Despite the perception that local authorities have been relatively unresponsive to differentiated need, much of the innovation in relation to meals provision occurred prior to the introduction of the NHS and Community Care Act 1990 and the subsequent quasi-market.

During the 1980's many local authorities and statutory agencies more generally began to consider the diverse eating preferences of their local populations. This policy agenda has to be understood partly in response to the 1976 Race Relations Act which placed a statutory duty on local authorities to promote equality of opportunity and good race relations, and to ensure that their employment and service delivery arrangements paid due regard to the need to eliminate unlawful discrimination. It was also partly in response to the development of 'municipal anti-racism', which resulted in the introduction of 'race equality' structures within some local authorities.

The London Food Commission has compiled newspaper cuttings/magazine articles related to ethnic diversity and food consumption since 1980. A review of these cuttings suggests there was more concern about this issue during the 1980's than during the 1990's. This concern led to a specific conference organized on this issue by the London Food Commission in 1986 highlighting an array of strategies being pursued in many authorities with large 'Black and Minority Ethnic' populations. In the main these strategies involved developing specialist kitchens within their own 'in-house' provision to cater mainly for 'African-Caribbean' and 'Asian' communities. The development of diverse meals provision was not limited to meals on wheels, but covered a range of social and institutional settings such as day centres and luncheon clubs (Caterer and Hotelkeeper, 1986).

However, The Local Government Act 1988 was to have a significant effect on the provision of meals on wheels. This Act reinforced the view that the introduction of competition in local government services would reduce cost and increase efficiency. The Act required Local Authorities to submit many of its services to a process of Competitive Compulsory Tendering. Contracts were to be given to the provider who could meet the specification at the lowest cost. Part II of this Act was restrictive in relation to factors that could be taken into account when awarding contracts, such as quality, equity or workforce matters. For example, the Act stated that local suppliers or particular ethnic enterprises could not be treated more favorably. Whilst, social care services were not subject to this regime, many local authorities did use a process of Competitive Compulsory Tendering for their meals service. At a time when local authorities were increasingly looking for financial savings, many local authorities moved away from in-house provision, and began block purchasing from large suppliers of frozen meals, as a way of reducing costs, and subsequently in response to increasing food regulation as a means of ensuring 'food safety'.

The 'NHS and Community Care Act 1990' and meals provision

It was anticipated that with the introduction of the NHS and Community Care Act 1990 and the introduction of a quasi market there would be scope to more effectively respond to eating preferences. An earlier study focusing specifically on community care implementation had identified some creative and imaginative thinking in relation to food preference. For example An Assistant Director for Commissioning, in one of the authorities studied had pursued the possibility of giving budgets to individual care managers to enable them to make individual arrangements with local food providers, such as the local pub. This scenario was presented to the Social Services Inspectorate in a monitoring meeting as an area of innovation being pursued by the Authority in relation to 'needs led' purchasing. However, within a few months the idea was abandoned. Such a scenario presented the local authority with two main problems 'risk' and 'cost.

How would an authority ensure health and safety regulations were followed? What would happen if a user contracted food poisoning? And of course, cost – How much time would be involved with each care manager negotiating the individual food preferences of each service user? How much would each individual transaction cost? How would this compare to the block purchase of food? (Lewis *et al.*, 1996). The issue of food safety had become a growing concern since the early 1990's. The Food Safety Act 1990 gave local authorities the responsibility of enforcement. This was

followed by the Food Safety (General Food Hygiene) Regulations 1995 and the Food Safety (Temperature Control) Regulations 1995. These pieces of legislation led to increased caution within local authorities, about encouraging more complex and less controlled environments for food production and this was to become a significant factor in the policy direction of many of the authorities studied.

Responding to ‘ethnic diversity’: meals provision for older ‘African-Caribbean’ people

In this next section we discuss the findings of our analysis of meals on wheels provision for older ‘African-Caribbean’ people in the eight authorities. Based on an analysis of the results it was possible to identify three policy approaches to the issue of meals provision. These have been described as maximalist strategy one; maximalist strategy two and minimalist strategy one.

Typology of responses to meals provision for older ‘African Caribbean’ people

Typology	Maximalist strategy one	Maximalist Strategy two	Minimalist Strategy one
Features	On going provision of in house provision to cater for more organized ‘Black and Minority Ethnic’ groups	Stimulation of ‘Black and Minority Ethnic’ meals providers	Contract with frozen meals provider with stipulation for need to respond to ethnic diversity achieved through sub-contracting specialist providers
No of authorities	3	1	4

Maximalist Strategy One

It was possible to identify Maximalist Strategy One in three of the eight authorities. This strategy was characterized by the early development of meals provision in the 1980’s often in response to the introduction of ‘race equality’ structures and the election of ‘Black and Minority Ethnic’ Councillors. Two authorities expanded their in-house provision to develop specific kitchens for larger ‘Black and Minority Ethnic’ groups, whilst one provided grants to voluntary organizations to provide culturally specific meals. These authorities displayed a considerable degree of responsiveness in relation to unmet need. For example:

We started with a request for a housebound man who was a strict vegetarian Asian and couldn’t eat our existing vegetarian food. We realized there must be others like him. So we talked to groups and found there was a real demand across the borough. The council equipped a small kitchen in a former residential home and took on an Asian cook to provide 12 meals a

day (Caterer and Hotelkeeper, 1986: 66).

In one authority development workers were employed to extend the service, using section eleven monies. According to one worker with responsibility for developing the 'African-Caribbean' meals service:

My main role was to look at unmet need. It basically involved knocking on doors introducing myself and telling people we were there to help...I did a lot of work with voluntary organizations helping them to set up luncheon clubs. There was a strong commitment to promote 'ethnic' services.

In this instance then the monies were used to fund specific workers in a service development role. The authority was responding to diverse needs through the introduction of a more radical 'race equality' agenda and a climate in which innovation was actively encouraged. The provision of 'culturally specific' meals (for some groups) was an outcome of this process. The meals service through the use of specific outreach type workers was able to stimulate demand.

Both authorities that had developed in-house kitchens in the 1980's were continuing to provide freshly cooked meals and both benefited from economies of scale achieved through the provision of meals to luncheon clubs. Moreover, in both authorities there had been a gradual transfer from in house to frozen meals provision for other groups. However, both authorities were under pressure to find cheaper alternatives and had undertaken 'best value' studies of what remained of their in-house meals provision in 2000.

Best Value replaced Competitive Compulsory Tendering, which was driven by cost, and uses a wider range of measures, (only one of which is cost) to judge the most appropriate method of service delivery. This approach moves between a traditional 'left' perspective, which favours the public sector, and a 'right-wing' perspective, which favours the market, to a 'third way' position, of whichever works best (Davis and Walker, 1988)

A number of benefits were identified through the best value process such as high customer satisfaction and the intensive use of fresh produce. Weaknesses related to the higher operating costs, which was linked to the employment of a relatively large number of staff. Moreover it was recognized that the complexity of providing 'culturally specific' meals had its own additional costs and at the time this research was undertaken both authorities were under pressure to change. According to a manager from one authority:

The emphasis is on us to change and one of the things that came out of the best value review was that the 'Asian' service makes authentic Chapatis, we have 2.5 Gujerati cooks using traditional methods to cook chapattis between 7 and 10 in the morning, it is very labour intensive and attracts a high cost, you weigh that against buying frozen Chapatis, that is an option members would like to see, because it is a cheaper option, but it is not acceptable to the community, because it is alien, they are not used to having a frozen regenerated product.

The provision of 'culturally specific' meals has been identified as an area where cost savings can be made, and the providers are confronted with the dilemma of balancing issues of quality with cost. The 'African-Caribbean' service currently

achieves economies of scale because it services luncheon clubs. However senior managers are now questioning whether it is appropriate for local authorities to provide meals for luncheon clubs as many of the users would not now meet the increasingly stringent eligibility criteria.

The third authority included under the 'maximalist strategy one' category is an authority that adopted a slightly different approach. This authority provides culturally specific meals to the three main 'Black and Minority ethnic groups; 'Asian'; 'African-Caribbean'; and 'Cypriot' older people, provided through three voluntary organizations. The Authority funds a vehicle attached to each centre, enabling them to deliver the meals to people's home and the organizations also service luncheon clubs. This service commenced in 1982 and continues to remain the main model of service delivery.

Interestingly, the service delivery model in all three of these authorities appears to be based on a Fordist production model. Initially producing a standardized menu, and then in response to the emphasis on 'race equality' in the 1980's, adding the eating preferences of other larger 'Black and Minority Ethnic' groups to the menu, each having a specific in-house kitchen or specific service to meet their needs.

All three of these authorities have some common features. The first is that they expanded their 'culturally specific' meals provision in the 1980's prior to the introduction of the National Health Services and Community Care Act 1990', secondly they all continued to provide freshly cooked meals despite pressure for cost savings and all achieved economies of scale through the provision of meals to luncheon clubs. Similarly, for those two authorities that that continued to provide freshly cooked meals for older 'African-Caribbean' people whilst sub-contracting meals provision for other groups, there was pressure to change. However, both authorities resisted this change by arguing that 'African-Caribbean' food could not satisfactorily be frozen and reheated. However, the perception from senior managers in both authorities was that it was only a matter of time before the in-house meals service was replaced.

Maximalist Strategy Two

Maximalist strategy two was identified in one authority only. This was the only authority that attempted to use the mixed economy of meals provision to respond more effectively to differentiated need. It is an interesting case as it demonstrates both the kind of innovation in service provision that was predicted with the introduction of the NHS and Community Care Act 1990, and the problems that might arise.

This authority did not provide 'culturally specific' meals for older 'African-Caribbean' people prior to the introduction of the NHS and Community Care Act 1990. However, an alliance of 'Black and Minority Ethnic' groups was formed to ensure that issues of ethnic diversity were incorporated in community care planning (Institute of Race Relations, 1993).

This Authority attracted funding from the Department of Health, as part of a Caring for People at Home initiative aimed at developing independent sector community-based provision. One of the policy areas, prioritized for use of these monies was the stimulation of independent sector meals provision for 'Black and Minority Ethnic' groups. It was anticipated that this would be achieved by tapping into the wide range of ethnically diverse restaurants in the borough. Therefore, this strategy would stimulate economic development and the mixed economy

simultaneously. This authority had not developed 'culturally specific' meals provision prior to this.

However, they encountered a major problem in implementing this strategy. The 1988 Local Government Act stipulated that they were unable to demonstrate a preference for a local provider, and therefore such a strategy would be illegal. A second strategy was put in place. This strategy was part of a Single Regeneration Bid. A provider development project was established and located within the Social Services Department with the intention of stimulating a mixed economy of care (Sheppard, 1999). As part of this scheme, a meals in the home brokerage scheme was set up whose aim was to extend service provision to a wider range of 'Black Minority Ethnic' communities by involving small 'Minority Ethnic' providers in the contracting process. The Authority developed a contractual arrangement with a multi-national meals provider, and part of that arrangement involved working with small 'Black and Minority Ethnic' providers to provide meals in the home.

In order for the multi-national contractor to develop links with small providers, a seminar was organised. Several small 'Minority Ethnic' providers and potential providers expressed an interest in working with the large contractor at an initial seminar, but the large provider eventually contracted with just one small 'Minority Ethnic' provider to provide freshly cooked hot vegetarian Asian food. The reluctance to work with a range of small providers was itself the outcome of 'risk' as the contractor was concerned that many potential providers did not have the capacity to ensure that health and safety legislation/regulations were adhered to. The multi-national contractor developed an arrangement with a frozen supplier of 'African-Caribbean' meals. Therefore the policy goal of responding to ethnic diversity was achieved in a very limited way (Sheperd, 1999).

However, a subsequent joint review of Social Service provision in this authority identified considerable dissatisfaction with the frozen 'African-Caribbean' meals service. This review identified a lack of specialist provision, and a need for a freshly cooked 'African Caribbean' meals service (Audit Commission/Social Services Inspectorate, 2001). The authority then investigated this and in conjunction with their Provider Development Unit held a second seminar providing the opportunity for potential providers of 'African Caribbean' food to meet with the multi-national contractor .

At that seminar concerns about 'risk' were at the forefront. In an opening speech a senior manager representing the company commented:

Would you be able to tell me where all your produce came from, would you be able to use specific kinds of refrigeration equipment, ovens etc.?

It was clear that there were a range of potential providers keen to develop working relationships with the contractor, though for many they simply did not have the capital to invest in appropriate machinery etc. for what might be a very small contract. What was also clear was that the partnership between the contractor and the sub-contractor was unlikely to be equal.

As a result of this seminar the multi-national provider did enter into a contract with a local restaurant to provide freshly cooked 'African-Caribbean' meals. However, a senior manager from the local authority identified some problems with this arrangement, in particular the low demand for the service that threatened its viability. In authorities that developed their services earlier a community development approach was applied to improve take up.

Moreover, whilst there was a commitment to responding to the needs of older 'African-Caribbean' people, this did not translate into responding to the diverse needs of all 'Black and Minority Groups'. For example, I asked whether a similar strategy would be pursued for older 'Italian' people:

No I don't think we would be able to develop a specific service, there would have to be a certain level of demand.

There was ambivalence towards this policy within the authority. One officer responsible for developing the service suggested it was divisive and could create tensions with other groups. She implied that the meals service was generally unsatisfactory for all service users and this policy was essentially providing special treatment for older 'African-Caribbean' people:

No one really likes frozen food, it meets a dietary/nutritional need but it is not particularly appetizing...Some East Enders' might like jellied eels, are we going to meet their needs?

This then is a crucial issue, there is nothing divisive in itself about responding to ethnic diversity, but if this authority chooses to respond only to the preferences of the more organised groups, then this itself has the potential to be divisive. There is clearly a need for a policy/strategy on food quality/choice, which reflects diverse eating preferences in its broadest sense, and not simply those groups who are relatively well organized?

This authority then is interesting, as it initially demonstrated a commitment to using the mixed economy as a way of meeting diverse needs. This strategy however was abandoned, and a multi-national contractor was appointed to develop partnership arrangements with small providers. However, this was fraught with difficulties, as the multi-national contractor wanted to minimize risk and therefore only one small provider was considered eligible for sub-contracting. Initially an arrangement was put in place for a frozen food supplier to provide 'African-Caribbean' meals but feedback given at a joint review led to a revision of this policy and the establishment of a freshly cooked 'African-Caribbean' meals service, provided by a small 'African-Caribbean' restaurant.

This authority highlights some of the problems involved with developing a mixed economy of care, the limited interpretation of 'diversity' implied and raises questions about the power relationships that may emerge between sub-contractor and contractor.

Minimalist Strategy One

This strategy was the most common strategy identified in this study. Each authority contracted with a large multi-national supplier of frozen meals and included a clause in the contract requiring the provider to respond to ethnic diversity. This strategy was apparent in authorities that appeared to have a weaker commitment to the broader goals of 'culturally specific' meals provision.

Four of the eight authorities adopted this approach. A further two were concerned that they may need to implement such a strategy and as we have already seen above one adopted this strategy and had to replace it with a freshly cooked

service.

The specific histories of service developments in these four authorities vary. One authority was a latecomer to 'culturally specific' provision taking advantage of the contract culture to specify the need to provide 'culturally specific' provision. In this authority there was a perception of low demand for 'African-Caribbean' meals provision':

We have very few 'African-Caribbean' users going onto the service. Families look after their own, more than in the 'White' community.

Two of the authorities initially had in-house kitchens with 'Caribbean' cooks, as well as providing freshly cooked meals for other groups. In one authority a 'best value' review had been undertaken in 2000 to review the meals service and they had adopted a frozen meals strategy. The decision to close their in-house provision was in response to concerns about 'choice' and 'temperature'. According to a policy officer, involved in the new arrangement:

It was felt the new arrangement would facilitate greater choice than was possible under the previous arrangement, and ensure meals were hot on arrival. It wasn't financially driven. However, the decision to change the 'African-Caribbean' meals service was based on a cost saving, as it would not have been cost effective to continue to provide this one area of service provision.

The shift to frozen 'African-Caribbean' meals was not popular and one of the Authority's 'African-Caribbean' luncheon clubs had made an alternative arrangement with a local centre to provide freshly cooked meals. This Authority did consider (maximalist strategy two) but were concerned that no single provider could cope with the scale of service required.

Therefore this authority is also interesting. The previous model of bureaucratically planned services did appear to respond to ethnic diversity. The new model appears to be rationalized by enhancing 'choice' in a general way for an imagined 'British' service user, whilst, ignoring the possibility that this strategy may be detrimental to those expressing a preference for 'African-Caribbean' meals. Moreover, a single provider model was favoured, over a model based on stimulating a plurality of providers, and this decision was based on the potential health and safety risks of pursuing such a strategy.

The other authority who had abandoned its in-house meals service suggested that there was low demand for an in-house service and therefore it was more cost effective to purchase frozen meals.

The fourth authority is more interesting. Despite embracing 'municipal anti-racism' in the 1980's, the issue of 'culturally specific' meals provision did not become a policy issue until 1990. With the pending introduction of the NHS and Community Care Act 1990 a study was commissioned to review the community care needs of older people from 'Black and Minority Ethnic' groups. This study highlighted the inadequacy of the existing colour-blind approach that resulting in low take-up and identified a preference amongst service users for a 'culturally specific' meals service.

As a result of this report a chef was employed to provide 'African-Caribbean' meals. Unlike those authorities adopting a 'maximalist' approach there was no

development work to stimulate the service and there was a perception of low demand, moreover, 'culturally specific' meals were limited to one ethnic group, 'African-Caribbeans'.

Following the introduction of the community care legislation, a nominal purchaser/provider split was introduced. Managers from the meals service decided to sub-contract the 'African-Caribbean' meals service. Local restaurants were invited to tender to provide a main course, with the in-house provider who continued to provide the generic meals service simply adding vegetables. Subsequently, a 'Caribbean' restaurant was awarded a contract to provide a certain number of main meals. Therefore, the local authority did make use of the mixed economy of care to respond to ethnic diversity.

However, this revised approach demonstrated a weaker commitment to the provision of ethnically sensitive food. It was not a complete meal that was provided by the restaurant, but simply a main course such as curried goat. Accompaniments such as vegetables and potatoes were to be provided in-house. This meant that curried goat, which would have traditionally been served with rice and peas was instead served with boiled potatoes and carrots.

There was a tension in this authority amongst the management working in meals provision. According to one officer, there was simply a lack of demand: "Don't they all go home anyway?". Whilst for other managers, the low take-up of 'Caribbean' meals provision was indicative of the lack of commitment to the service that had resulted in a poor quality service, which in turn had resulted in low take-up.

The Meals Service was reorganized again in 1999. A major meals provider entered into a contract with this authority, as part of a Private Finance Initiative. This company invested significant monies in modernising the meals on wheels service.

In many ways this authority serves as a useful illustration of the organization of a meals on wheels service in the 21st century. Having moved from providing an in-house service, to using a small restaurant in the mixed economy of care, they have now entered into a contract with a large contractor, who provides meals for several local authorities across Britain. They have shifted responsibility for responding to ethnic diversity to the contractor. The following is a quotation taken from that specification: 'The specification requires the contractor to make meals available which are acceptable to people from various ethnic and cultural backgrounds'.

This suggests a limited commitment to equality and diversity, which is illustrated by the use of language such as 'acceptable'. It meets the local authorities' statutory requirement to respond to 'race equality', but does this in a minimal way. Moreover, the responsibility shifts. It is now the contractor who has the responsibility for responding to diversity. In this instance the contractor has terminated the contract with the local restaurant, and has contracted with an 'emerging provider' of what is described as authentic 'African Caribbean' food. Indeed this provider now provides 450 frozen meals daily to this contractor. They are then distributed to a range of local authorities across the country. The decision to adopt a strategy of block purchasing from one 'multi-national' meals provider was driven by both 'risk' and 'cost'. According to one officer involved in developing this arrangement:

There is so much health and safety legislation, because of all that has happened with food, it is a sue, sue, sue culture...providers have to know where all the ingredients come from, it has to be approved providers...they cant even go and buy eggs from up the road, because if there is a problem we have to be able to trace it. The contractor did initially consider working with a

local community centre, but it was too risky, in terms of being able to monitor health and safety.

The management of 'risk' then has been an important driving force behind the policy direction in this authority, moreover entering into this arrangement facilitated the modernization of the service, which would have been financially prohibitive for the local authority.

There are safety checks built into the contracting process, such as user feedback but an officer with responsibility for this task, was skeptical about this process, suggesting that users were sometimes anxious to express critical views about service provision. However, they had received negative feedback about the unpalatability of the frozen 'African-Caribbean' meals but, according to one officer, this was not enough to review the policy at this time.

Responding to Diversity

This study focused in detail on service provision for older 'African-Caribbean' people. It was clear that all authorities were able to respond and provide 'culturally specific' meals for older 'African-Caribbean' people. However, in all authorities this response appeared to be predicated on there being sufficient numbers of older people from that 'Black and Minority Ethnic' group. In most instances the service developments had been the result of feedback to that group.

There was no evidence of authorities responding to smaller and less well represented 'Black and Minority Ethnic' groups. Four authorities were clear that they would only respond to the specific needs of larger 'BME' groups. Two suggested they would explore possible strategies, and two were unclear:

I would have to research the needs, it wouldn't be cost effective to start cooking a specific meal, I would have to find out more about the cuisine, possibly contact specialist suppliers.

I don't think we would be able to develop a specific service, there would have to be a certain level of demand.

What was clear was that attempts to engage in a proactive way with differentiated need were limited.

Conclusion

In this article we have observed that there is an 'African-Caribbean' cuisine, though this varies slightly from island to island. We have also noted that 'culturally specific' food provision is important for many older 'African-Caribbean' people. However, it is also clear, that not all older 'African-Caribbean' people would indicate this preference and even if they did, may not choose to eat such food every day.

We have also seen that eating preferences are shaped by generation as well as ethnicity and therefore demands for 'culturally specific' provision may change over time. This indicates the need for greater flexibility more generally in planning meals provision. We have noted that malnutrition is a problem amongst older people

generally, and that the need for appetizing and palatable meals is important.

We also considered how the market more generally has responded to an increased demand for ethnically diverse food. We identified two strategies, the first in response to the changing eating habits of the 'British' population, and the second, in response to the emerging market, of 'Black and Minority Ethnic' consumers. However, this second strategy was punctuated by sufficient numbers of a particular group being present in a particular area to make such a strategy viable.

Despite a discourse of care and control, it is apparent that the previous model of service provision was responsive to the differentiated eating preferences of older African-Caribbean' people; this strategy often evolved as part of a general strategy of 'municipal anti-racism' and was often in response to pressure from different 'Black and Minority Ethnic' groups. Indeed at the time of this research all authorities were able to provide 'culturally specific' meals provision for older 'African-Caribbean' people. However, as is the case with the private market, there was little evidence of responsiveness to differentiated need in general, but simply to larger and more organised 'Black and Minority Ethnic' groups.

The emergence of the quasi-market clearly offered the potential for responding to differentiated food preferences more effectively. There was an already established supply of restaurants that could have played a role in provision. The two authorities that did embrace this strategy either abandoned the idea very quickly or modified it substantially. The two authorities that continued to provide their own in-house 'African-Caribbean' meals service, as part of a commitment to offering a good quality service, were under pressure to find cheaper alternatives, and therefore these services appeared to remain despite, rather than because of, the policy climate. It appears that the pattern of service delivery that is emerging is one of monopoly provision, with a small number of multi-national providers dominating meals provision. For those authorities that developed their 'African-Caribbean' meals provision following the introduction of the NHS and Community Care Act 1990, the requirement to provide ethnically diverse provision, appears to have been embraced in a minimalist way, by simply stating it in their contracts with large multi-national providers.

The shift to monopoly provision is less related to the NHS and Community Care Act 1990, but more an outcome of increasingly stringent health and safety legislation that has highlighted the possibility of 'risk'. Therefore, in order for authorities to minimize risk, they need to opt for the safest (most risk free) option, and clearly a large multinational provider is a lower risk, than a range of small providers. This highlights the significance of exploring the complexity of legislation that may affect policy implementation, as opposed to simply exploring one piece of legislation and linking all subsequent actions to that particular piece of legislation.

Moreover the cost of developing a large number of contracts was also prohibitive. Abbott and colleagues (1996) explored the role small businesses played following the introduction of Competitive Compulsory Tendering. They concluded that it had not created a wide range of opportunities for small businesses, as the cost of working with small businesses (in terms of increased negotiations) was viewed as prohibitive by local authorities. Interestingly they identified a trend for large contractors to sub-contract aspects of their work to smaller businesses, similar to the outcome identified in this study.

Overall, it appears that the quasi-market has not been any more successful in responding to differentiated need than the previous model of bureaucratically planned services. In general local authorities continue to respond to ethnic diversity by

purchasing 'culturally specific' services for those more organized 'Black and Minority Ethnic' groups. In relation to the development of a mixed economy of care we see that despite the existence of a range of already established potential providers, i.e. small local restaurants, the tendency is to monopoly supply, with large multi-national contractors dominating provision, with 'risk' and 'cost' acting as crucial determinants in this regard.

More attention needs to be given to diversity in its broadest sense and greater emphasis on facilitating cross authority purchasing and providing relationships that facilitate economies both of 'scope' and 'scale'. If the government is serious about giving cash instead of care, the development of social care markets capable of providing good quality food options will be crucial.

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