The Forgotten Irish

Report of a research project commissioned

by

The Ireland Fund of Great Britain

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TABLE OF CONTENTS

LIST OF FIGURES

EXECUTIVE SUMMARY

The research was commissioned by the Ireland Fund of Great Britain to inform its ***Forgotten Irish Campaign*** and decisions about where to deploy funds most effectively. It aimed to identify groups of Irish people who have experienced problems settling in Britain but who, for personal or economic reasons, are reluctant or unable to return to Ireland. They may be isolated and lack support in Britain, especially as they get older, but have little contact with family in Ireland. It is this group which has become the focus of the Forgotten Irish Campaign.

The research used a range of evidence – from national statistics, local research reports and key informant interviews – to identify particular groups who suffer disadvantage and specific issues which disproportionately affect the Irish population.

Some of these groups – such as single elderly men – are well known to organisations working with the Irish community. The research provides further evidence of the inter-related problems which they face. The research also uncovered evidence of other problems which particularly affect the Irish population in Britain and of groups within the Irish community who face specific difficulties but whose needs are not widely acknowledged either by mainstream service providers or by Irish services.

Key findings

The Statistical profile of the Irish in Britain

Analysis of national and regional statistics revealed a profile of the Irish population in Britain which is significantly different from that of the population as a whole.

1. Irish people are more likely to:

- Be older, with greater numbers particularly in the pre-retirement age group (50-59 for women and 50-64 for men). This also means that the numbers of elderly will increase significantly in the coming decade;
- Be single, either because they have never married or because they are widowed, divorced or separated;
- Live alone;
- Have long term health problems or disabilities;
- Have left the labour force early due to ill-health, especially men;
- Have spent their working life in occupations which are risky to health, especially older men;
- Be homeless or in poor housing conditions;
- Live in areas with high levels of multiple deprivation.

These differences are most acute in the pre-retirement age group. In addition this group is more likely to be in lower status occupations than younger groups.

2. Similar patterns exist across the different regions of Britain with Irish people widely distributed throughout Britain, but:

- There are concentrations in the major cities ;
- Older people make up a significant proportion of the Irish population in several areas where the total Irish population is low, suggesting that they may face increased risk of social and cultural isolation;
- Some places outside the metropolitan areas have sizeable Irish populations but no focal point or services for the Irish population (see map).

Identifying the 'forgotten Irish'

The other evidence analysed in the research provided further detail about the groups revealed in the statistical profile as well as identifying other groups and problems. This evidence supports and reinforces some of the existing research, including that carried out by Irish organisations in Britain. These issues are vividly illustrated by quotations from the key informants included below.

1. The groups identified from the statistical profile

a. **Middle Aged Inactive and Sick and Isolated (MISIs).** The research suggested that there is a significant group of people at pre-retirement age who suffer a range of inter-related problems. They have left the labour force early due to ill-health which leads to both economic problems and social isolation but they are not eligible for services and benefits available to those of pensionable age. Premature exit from paid work may be particularly problematic for men.

> *Being a man was very much about aggressiveness and machismo and physical strength was very important … It is a great blow to masculinity when you can no longer do the physical stuff. This leads to depression, drinking and more depression.*

b. **Elderly people** are more likely to be single and live alone than British-born people and thus are more at risk of isolation. Men who worked in construction often lived peripatetic lives and were unable to put down roots. They may have failed to make a 'success' of migration and feel trapped:

> *These men often feel a sense of failure because they have not succeeded in work, in having families, or getting on in life. They are now stuck. They can't go back to Ireland, yet they are very isolated and lonely here in Britain*

c. **Elderly women** may experience severe social isolation and consequent ill-health but their problems have been less widely recognised. Particular groups at risk include women formerly in live-in occupations such as nursing who lose home and work on retirement; and widows and those whose families have moved away. While men may seek company through the pub culture, women tend to feel less comfortable in that environment and thus have fewer opportunities for socialisation.

Their children have moved away, they may be widowed or divorced and have lost touch with their family networks. They may be living in reasonable accommodation, large family homes but they are isolated.

2. Problems which disproportionately affect the Irish population

a. **Physical and mental ill-health** Irish people have higher rates of mortality from a range of diseases including heart disease, strokes, cancers and respiratory disorders as well as accidents and injuries. These differences are not adequately explained by the socio-economic profile of the population. Irish people also suffer from higher rates of mental illness, particularly in the 50-64 age group. This is reflected in high rates of suicide.

b. **Alcohol misuse** is a major problem, particular among men. This is often linked to mental health problems compounded by being forced out of work, ill-health and living alone. Alcohol may be a coping mechanism for those who are isolated and thus abstinence may not be a viable option:

Abstinence usually means separation from drinking friends and familiar sources of social interaction. This may be too high a price to pay especially when a drinker has little confidence that he will be able to quit the booze.

c. **Homelessness** is high among the Irish population and may be both a cause and a result of alcohol or mental health problems.

It is commonly assumed that Irish people become homeless because of alcohol or mental health issues. For Irish people it would appear that poor housing or homelessness is the cause of their alcohol misuse or mental ill-health.

d. **Institutional abuse** has affected a high proportion of Irish migrants to Britain. Many people have not sought compensation either because they are unwilling to go through the painful process of making a claim or because they were excluded from the official process. The impact of abuse can, however, affect people throughout life and many have had no support in coping with these problems.

People who have experienced abuse in their childhood or teens often carry it around for years without speaking to others about it. It may lead to long term depression. They talk of difficulties in forming relationships, their marriages often ended in divorce. It has an impact on their children and even grandchildren.

e. **Domestic violence** affects Irish women of all ages and classes but the greatest barrier to addressing its effect is the reluctance to disclose it.

They rarely approach services about abuse, but usually present with another problem, sometimes having tolerated a range of oppressions for years. It happens to

women of all ages but it is a big problem for older women whose children have left home.

3. Groups which experience particular problems

a. **Irish Travellers** are particularly disadvantaged in relation to health, housing, education and employment. Their problems have rarely been acknowledged by mainstream services or by Irish organisations and many difficulties remain hidden within the Traveller population.

b. **Irish prisoners** suffer racism and isolation in prison. A high proportion are Travellers and illiteracy compounds problems experienced in prison.

Suicide is very taboo, sinful and not discussed. I find it hard to tell you one family who has had no experience of suicide in the criminal justice system. Again there is a need to shift attitudes in the community before anything can be done.

Services for Irish people

Irish people suffer from a double bind, both experiencing widespread discrimination from service providers while largely absent from research and policy initiatives designed to promote the inclusion of minority ethnic groups. The research found:

1. Many examples of good practice within existing services provided by Irish organisations. Limited and insecure funding limits their provision and the development of services for vulnerable groups whose needs are not currently met.

2. Stigma, shame and pride, as well as cultural insensitivity from service providers, may prevent vulnerable Irish people accessing services. This compounds their isolation and exacerbates their problems.

3. There is considerable scope for preventing social isolation and deteriorating health through low threshold services and outreach work, particularly for the 50 plus age group.

Recommendations

Funding should be directed to outreach activities to identify people in need and should extend beyond the very marginalised to those with lower levels of current need who could benefit from preventative work.

Preventative services

- Retraining, re-skilling or appropriate employment opportunities should be provided for people who have left work early because of ill-health
- New developments should aim to harness the resourcefulness of people in danger of isolation, empowering them to contribute to the community though engagement with it
- Providing new skills (e.g. computer skills) may reduce isolation for those not wishing to re-enter the labour force

Meeting the needs of the most needy

- Instead of setting up new services, organisations with a proven track record should be supported to extend provision beyond their current catchment areas
- Partnerships with statutory and voluntary service providers should be developed to provide services which meet the needs of Irish people, for example:
    - to maintain older people in their own homes and to provide respite to unpaid carers
    - to provide a range of housing with different support options for older people, those with disabilities, mental health or alcohol problems
    - residential and nursing home care for frail older people and particularly those with dementia

- Culturally sensitive services are needed in areas where none exist and should focus on activities which reduce isolation and enhance engagement with the wider Irish community

Recognising other needs

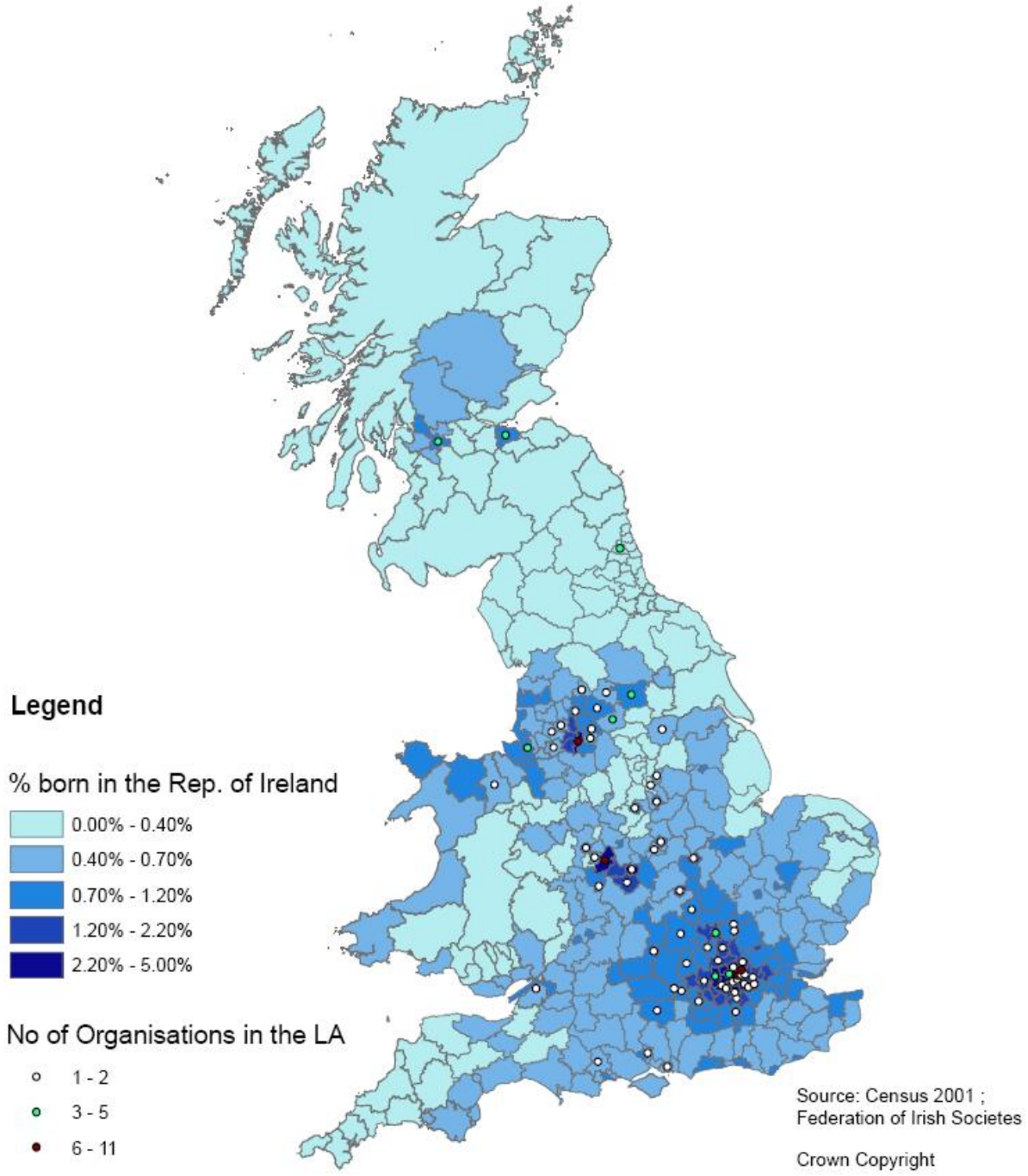
- The needs of Travellers, especially Traveller women should be explored in collaboration with organisations trusted by the Travelling community
- The needs of Irish prisoners should be considered in collaboration with existing organisations who have contact with prisoners and their families

Further research

Research is needed to identify:

- the aspirations of potential service users and their views about how services should be developed.
- the needs of potential service users in Scotland, Wales and areas with sizeable Irish populations where services are more limited
- examples of good practice from Irish, ethnic minority and mainstream providers in order to inform service development

Geographical Distribution of people born in the Republic of Ireland and number of Irish Organisations in each Local Authority



INTRODUCTION

In the decades following World War II hundreds of thousands of Irish men and women took the boat to Britain in search of work. Most were forced to migrate by economic circumstances and left families and communities behind. Many of the men found work as casual labourers on building sites, motorways and the London Underground and in clearing and rebuilding bomb-damaged towns as well as on the land. Women worked mainly in domestic services and in the health service as well as in other forms of care work.

The labour of these post-war migrants not only helped to rebuild Britain after the war but was crucial to Ireland's emergence from one of the darkest and most poverty-stricken periods of its history. They left behind a country that was experiencing severe social and economic problems, an Ireland in which the "Celtic Tiger", which emerged during the 1970s was unimaginable. The remittances they sent back to Ireland from their hard-earned savings not only contributed to significant improvements for their families but helped to build the foundations for the vibrant and thriving economy which developed in the latter part of the twentieth century.

At the end of their working lives, some had family and community to return to in Ireland and the means to do so. Many others have settled and established full and satisfying lives in Britain. A large group of people, however, have neither the possibility of returning to Ireland nor the resources to live a decent life in Britain. They thus remain, often living in poverty, isolation and deprivation. In spite of their contribution to the development of both Britain and Ireland, many are growing old without adequate support in Britain and their existence forgotten in Ireland. These are the people who the Ireland Fund of Great Britain (IFGB) has made the focus of its ***Forgotten Irish*** Campaign.

The research which this report discusses was commissioned and funded by the IFGB as part of the ***Forgotten Irish*** Campaign. The IFGB funds many charitable and voluntary organisations providing a range of services to the Irish community. It was recognised, however, that not all those in need are being reached by the current services and indeed that many groups with severe problems remain hidden. The main aim of the study was to provide data to inform and underpin the charitable objectives of IFGB, in particular in relation to its strategic development, in order to ensure that in commissioning services for vulnerable groups it makes the most efficient use of donor funds.

The project used a range of methods to provide a profile of the Irish population and to identify particular groups who are vulnerable, focussing particularly on Irish people aged 50 and over. This group is far from homogeneous. The experiences of men and women for example have often been very different and the issues faced by men, especially single elderly men, have been more widely acknowledged. The study brings together a range of evidence to document the inter-related problems they face. The research also identified groups whose needs and experiences have hitherto been less acknowledged both in the literature and by statutory or voluntary service providers and have thus remained largely invisible.

One of the most striking findings was the extent of need in the pre-retirement-age group (those aged between 50 and 64 or men and 50 and 59 for women), many of whom are

economically inactive because of ill health. This group experience a range of inter-connected social and economic problems and because of their age, ill-health, labour market situation and social exclusion, we have named them **MISI**s (Middle-aged Inactive, Sick and Isolated).

This report begins by outlining briefly the methods used in the study and then discusses the nature of Irish migration to Britain which forms the context for the study. We then present our main findings, beginning with a statistical profile of the Irish in Britain drawn largely from published sources. The next section draws on the range of data sources used in the study to discuss in more detail some of the issues which are identified in the statistical profile as well as to explore some of the major problems and the particular vulnerable groups which are not visible from the statistical data. Some of the more detailed statistical data, including profiles of the Irish population in each British region, are included in the appendices.

THE STUDY METHODS

The research took place over a nine month period between September 2007 and June 2008 and used the following combination of methods:

(i) **Review of existing research and information on the Irish community** especially that relevant to people aged 50 and over. This included both research published in academic journals and research carried out by Irish community organisations and service providers.

(ii) **Analysis of statistical data** including published sources such as the Census and specially commissioned datasets in order to provide a profile of the Irish population in Britain and its characteristics at national and regional level.

(iii) **Mapping** the Irish population using **Geographical Information Systems (GIS)** to illustrate its geographical distribution and to compare this with the availability of services and with levels of deprivation.

(iv) **Interviews** with **key informants** with extensive knowledge of the Irish community in Britain in order to explore the issues emerging from the statistical data and published research and to identify other significant groups and issues. A full list of these informants is given in the appendix.

BACKGROUND: IRISH MIGRATION TO BRITAIN

Irish people have been migrating to Britain for many centuries, but there have been three great waves of emigration since the second half of the nineteenth century. The first wave was associated with the Great Famine of 1846 and its aftermath. It was the second and third waves, which began in the late 1950s and the late 1980s, which brought many of today's 'forgotten Irish' to Britain. Emigration has often been seen as a largely individual decision based on economic considerations, but it takes place within a broader social, political and economic context and reflects the unequal relations between Britain and Ireland. MacLaughlin (1997) argues that emigration has been a safety valve for the Irish state in dealing with unpalatable problems such as high unemployment, urban overcrowding and rural poverty. He suggests that emigration became 'an asset to the ruling forces' as poverty and unemployment were exported elsewhere and with them the potential for social discontent or revolt. Others have pointed to other motives for emigration, including escape from repressive social conditions at home, an issue which has been particularly important for women (Rossiter, 1993).

Emigration has been a defining feature of Irish society since the nineteenth century with people moving not only to Britain but also to the United States of America and Australia and to a lesser extent to other European countries. Britain has, however, remained a major destination, its proximity to Ireland, lack of language barriers and the absence of immigration controls all making migration much easier.

Irish migration to Britain increased dramatically after World War II as Britain's post-war recovery brought renewed demand for labour while economic stagnation in Ireland exacerbated unemployment there. The ease and cheapness of travel meant that migration was often seen as temporary rather than a permanent move and many migrants were ill-prepared for migration or for the difficulties they might encounter in a strange society (Tilki, 2003). Like many other groups who migrated to Britain at this time, however, most remained for long periods and are now growing old in Britain. Many of these emigrants were from poor families in rural communities and had low levels of education. They found work in particular niche occupations - domestic and hospital work for women and labouring in the construction industry for men (Hickman and Walter, 1997). Their working lives often involved long hours, low pay and limited contact with the broader society, conditions which led to significant problems in later years.

In contrast to the majority of the 1950s generation of migrants, the 1980s wave brought more educated, professional, confident Irish migrants to Britain. With Ireland's membership of the European Union and its growing economic success, they were portrayed in official circles as taking advantage of the new ease of international mobility to pursue career advancement and opportunities. This group, however, included many who migrated for similar reasons, and in similar circumstances, to previous generations. As they approach middle-age, they experience a number of problems usually associated with the older generation of migrants.

Irish people have been the largest group of migrants to Britain for the last 150 years (Hickman and Walter, 1995) and represent one of the largest ethnic minority groups in

British society (Census 2001) and in Britain's workforce (Hickman, 1998; Kofman et al, 2000). As well as its importance in terms of numbers, Irish migration to Britain has many particular features which have implications for the way in which they have been able to settle into British society.

In contrast to the pattern for most other migrant groups, both men and women tended to migrate as single people rather than as families (Akenson, 1993). While many formed families and settled down, the nature of work they did, especially for men, meant that a large proportion remained unmarried and without roots in Britain. They thus became socially isolated, especially as they got older. Another important characteristic is that women have made up the majority of Irish migrants to Britain for much of the nineteenth and twentieth centuries and most came as single, young, economically active migrants (Travers, 1995). They were often recruited directly to fill vacancies in specific sectors of the British labour market such as domestic work and nursing (Ryan, 2007) occupations which could lead them, as well as men, into social isolation.

The factors which made Britain such a convenient destination for migrants may also have created risks. Convenience may encourage unplanned, hasty migration, often associated with 'escape' rather than a positive decision to move and thus subsequently undermine the prospects of settlement. Culture shock, involvement in risky occupations, the absence of supportive networks and a new environment which may be much more different than expected, are all factors which potentially impact on health and well-being at different stages of the migration experience. Research evidence clearly highlights a link between depression and the failure to plan for emigration (Ryan et al, 2006; Leavey et al, 2004). It also highlights some of the underlying problems, including traumatic events, which precipitated migration for significant numbers of Irish people in Britain and thus increased the risk of mental illness in later life in Britain.

The problems associated with migration have been intensified by the ambivalent position of Irish people in British society. The long history of British colonialism in Ireland and the anti-Catholicism which is deeply embedded in British society have constructed the Irish in Britain as outsiders, different and usually inferior to the British (Hickman, 1995). Images of the Irish as violent, drunken and dirty "savages" proliferated in the British popular press in the early twentieth century (Ryan, 2001; Douglas, 2002). A review of British political debates and government documents in the mid-twentieth century reveals that Irish migrants, although regarded as much needed labour, were also seen as prone to drunkenness and criminality and as carriers of TB (Hickman, 1998). These images have persisted in the post-war period, with Irish people seen as both dangerous, especially during the 'Troubles' which began in the late 1960s, and as stupid, the butt of the 'Irish joke' (see for example Curtis, 1984). The Prevention of Terrorism Act (1974) amplified the image of Irish people as a threat to national security and a legitimate target for heavy handed policing.

A number of factors have shifted this perception in recent years. Ireland's membership of the European Union and economic success has brought it into the privileged club of Europeans and the peace process has reduced the suspicion towards Irish people. Race Relations legislation has curbed the more overt expression of anti-Irish racism.

Nevertheless, these sentiments remain entrenched in many aspects of British life and the Irish experience systematic disadvantage in relation to many aspects of life including employment and health (Hickman and Walter, 1997).

Irish people suffer from a double bind, both visible as a group which is widely perceived as 'inferior' and on the other hand largely invisible in relation to policy debates related to welfare services and the promotion of social inclusion. The tendency from the late 1960s to see 'ethnic minorities' as synonymous with Black and Asian groups has rendered Irish ethnicity invisible in Britain (Hickman, 1998). Although Irish people have been recognised within the scope of Race Relations legislation since 1996, the persistent view of ethnicity as defined by skin colour has excluded Irish people from research and policy initiatives despite experiences which are similar to other ethnic groups (Hickman and Walter, 1997).

This view of ethnicity has also impeded the gathering of statistics which could inform research on the Irish population in Britain. The inclusion of the category 'Irish' in statistics on ethnicity began only with the 2001 Census and there have been many criticisms about the way in which the question has been used (Walter, 2002). Despite the deficiencies in the data, since the 1980s there has been a growing volume of research which has addressed the issue of the Irish population. This has suggested that they face widespread social and material disadvantage in a range of areas including employment, housing and health.

The statistical profile of the Irish people which is presented in the next section reveals some of these issues at both national and regional level. These data are based on averages and it must be remembered that not all Irish people encounter problems in living in Britain. The data, nevertheless, reveal striking inequalities between Irish people and the population of Britain as a whole which are further explored in the following sections.

A STATISICAL PROFILE OF THE IRISH POPULATION IN BRITAIN

This section uses the available national statistical data in order to build a picture of Irish people living in Britain, highlighting key characteristics and trends. It is based primarily on the 2001 Census and the Labour Force Survey (LFS) of 2006, the limits and merits of which are explained in **Appendix 1**. These data were analysed using Geographical Information Systems (GIS) and some are presented in the form of maps showing patterns of settlement. The tables, maps and graphs were developed specifically for this project and many contain detailed information which has not previously been published.

These data sources provide information on country of birth, ethnicity and nationality. Ethnicity is the key variable used in most publicly available datasets from the Census. Those identifying themselves as of Irish ethnicity include not only Irish-born but second and subsequent generations born in the UK who wish to identify with the culture of one or both parents. Country of birth data is most relevant to the present study since it focuses on those who migrated from Ireland. Datasets from the LFS are available broken down by country of birth, nationality and ethnicity.

We took a pragmatic approach to the data, using both country of birth and ethnicity data to provide the best available information about particular issues. The tables and maps present comparisons between the Irish-born and the British population or, for ethnic data, between "white Irish" and "white British". Some census data is only available for England, or for England and Wales, and not for Scotland. Separate analyses of those born in the Republic of Ireland (RoI) and Northern Ireland are used where disparities are relevant.

The data are presented in the form of maps or charts in the following section. These have been constructed from the actual numbers which are contained in tables included in the appendices

Geographical distribution of the Irish in Britain

Figure 1 shows the distribution of people born in the Republic of Ireland (RoI) across Britain. It shows that the RoI-born population made up 0.9% of the population in England and Wales and 0.4% in Scotland. For England and Wales, the percentage varies from 2.2% in London to 0.2% in the North East. There are significant concentrations in the South East, the West Midlands and North West England and sizeable populations in other parts of England as well as Wales and Scotland. In London, the highest concentration of RoI-born is in the borough of Brent (4.9%). In Wales, the overall percentage of 0.4% masks clustering in parts of North and to a lesser extent South Wales. In Scotland there are significant populations in Glasgow (0.9%), Edinburgh (0.7%) and West Dunbartonshire (0.7%). Figures based on country or birth and ethnicity show similar concentrations (**Table 1**).

Figure 1 Geographical distribution of people born in the Republic of Ireland (RoI), 2001

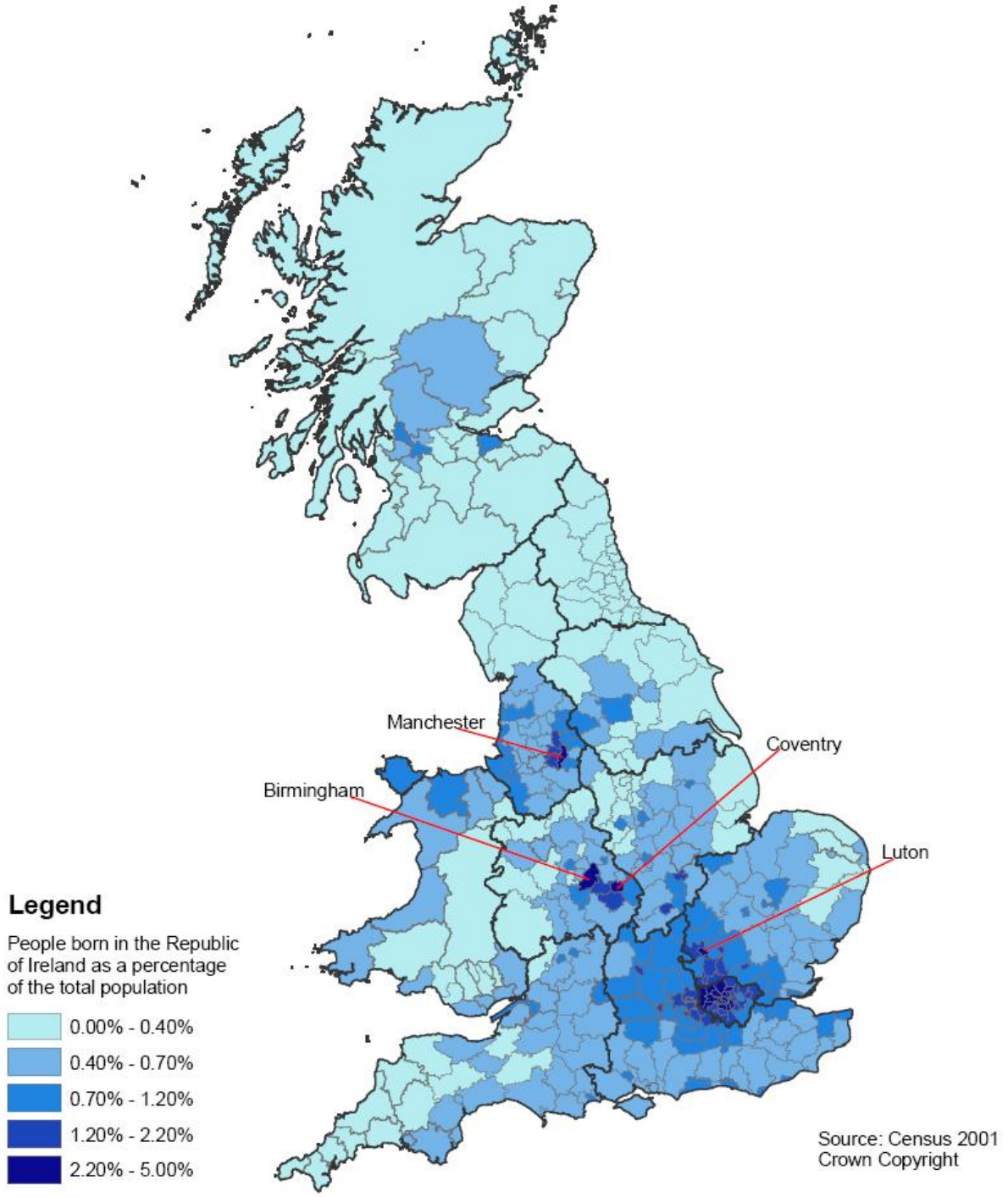
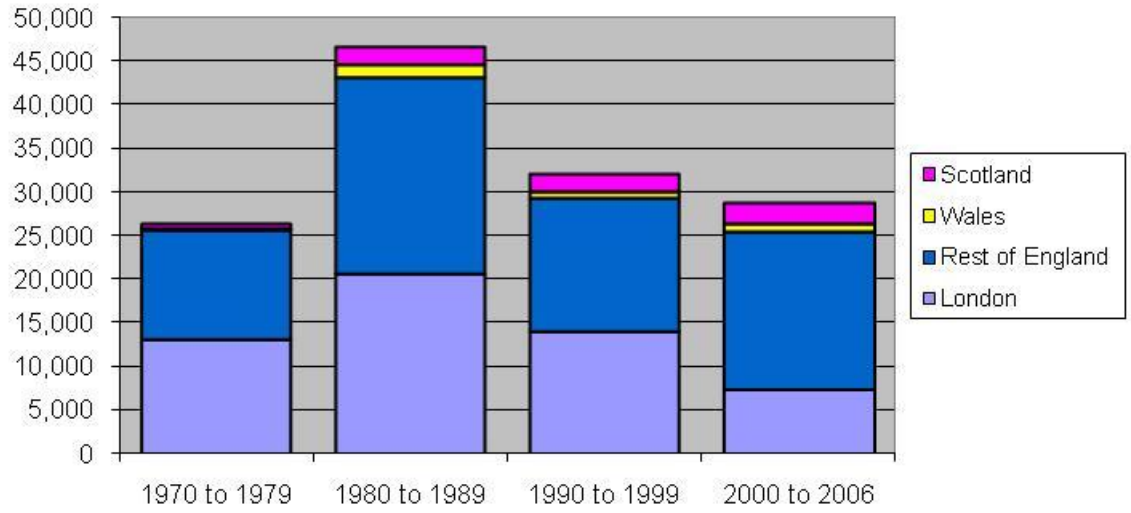


Figure 2 – Number of people born in the Republic of Ireland by decade of arrival in Great Britain



Source: LFS 2006 (Annual Estimates from 4 quarters)

Figure 2 shows the number of RoI-born people arriving in Great Britain in each decade from 1970, a total of approximately 134,000. It shows a marked surge in migration during the 1980s with a decline in the 1990s. Figures for the first years of the twenty first century suggest that migration will increase during the current decade. The destinations of migrants have remained relatively stable, with an increase in the proportion going to Scotland and Wales from the 1980s and a decline in those going to London in the most recent period. (**Table 2**).

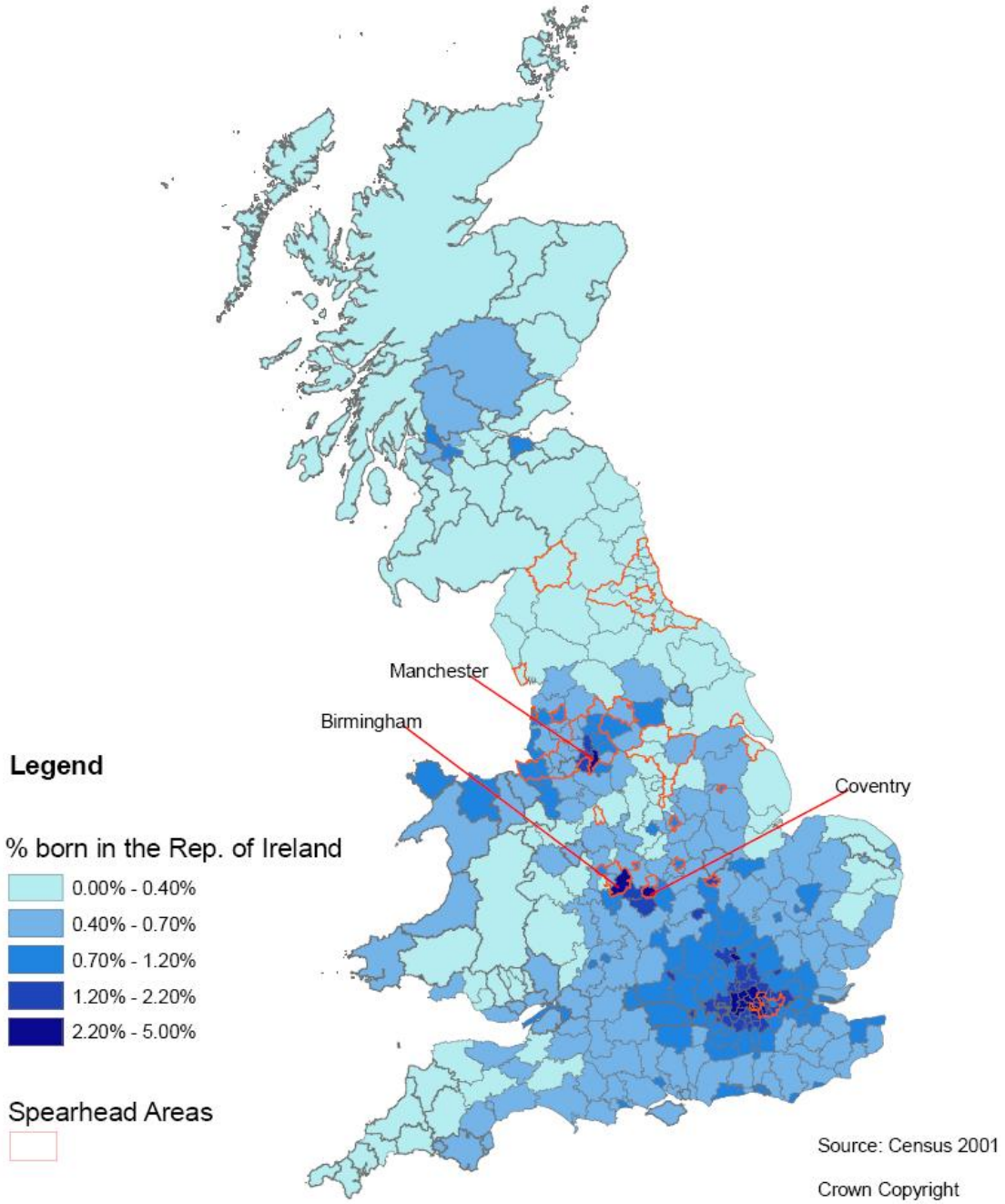
According to the LFS, in 2006 there were also about 250,000 Irish-born British residents who entered the country earlier than 1970, making a total RoI-born population of 383,700.

Irish population living in areas of deprivation

A significant proportion of the Irish population in Britain live in areas of known social deprivation. An Index of Multiple Deprivation in England published and updated every two to three years provides a ranking of English areas across a range of indicators such as income, employment, health and environment. Data from the most recent index, in 2007, show that local authorities with an RoI-born proportion of the population of 2.2% or above tend to rank highly on this index. All those with Irish-born populations greater than 3% are ranked among the 100 most deprived (**Tables 3a, 3b**).

The government, through the Department of Health, has targeted 70 Local Authorities and 88 Primary Care Trusts in England and Wales as “Spearhead” areas in a drive to address health inequalities. These areas have the highest infant mortality rates, lowest life expectancy for men and women, high cancer and cardiovascular disease mortality among people aged below 75 as well as scoring badly on many other indicators of deprivation. Figure 3 shows a marked correlation between Spearhead areas and those with high Irish populations although not all Spearhead Areas have large Irish populations and many areas with high Irish populations are not specifically targeted by the DH Spearhead Programme.

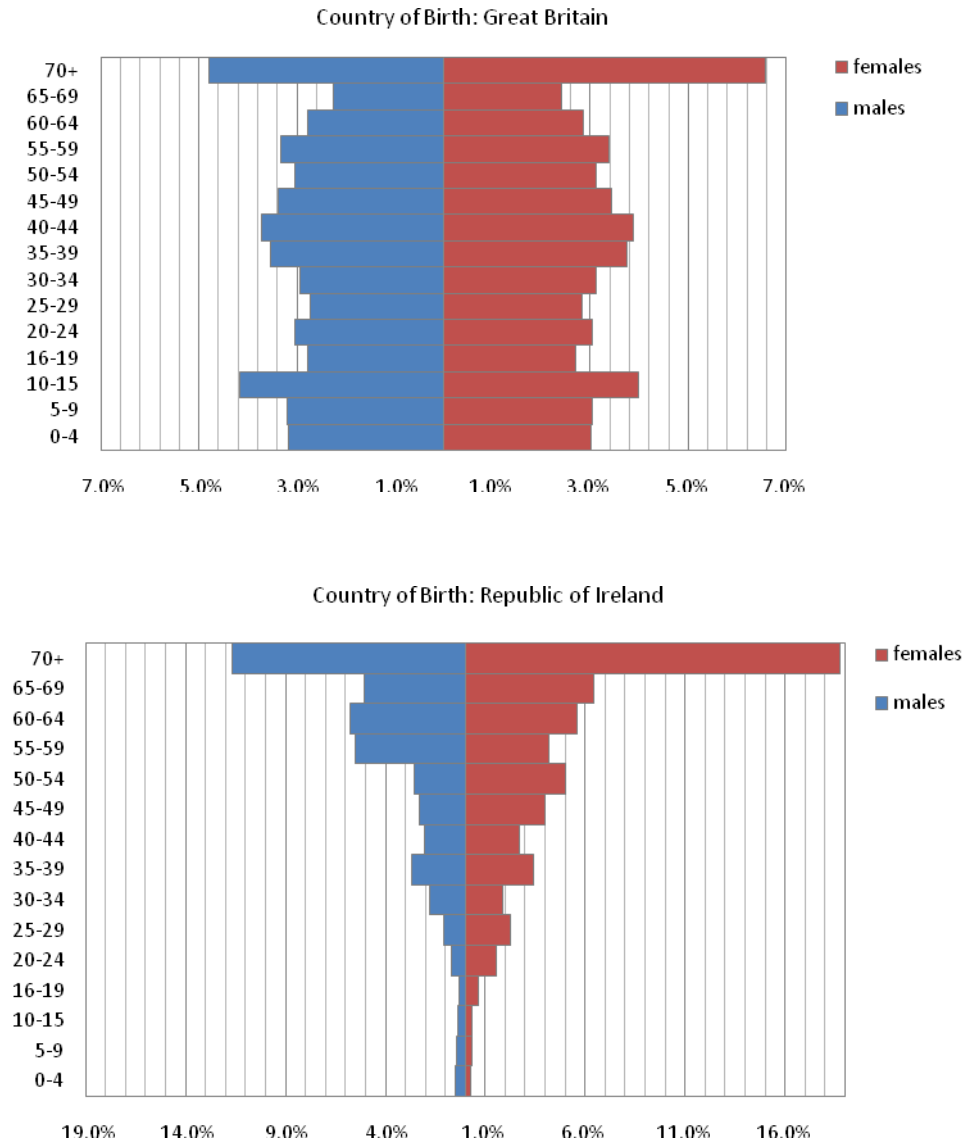
Figure 3 - Distribution of people born in the Republic of Ireland compared to Spearhead Areas (Local Authorities/ Primary Care Trusts)



The age profile of the Irish population

Figure 4 demonstrates that the age profile of the Irish community is a distinctive one with a significantly higher proportion of the population above 50 and in the post pension age bands. **(see also Table 4)**

Figure 4 – Population of Great Britain by age, gender and country of birth (%), 2006 (LFS)



Figures based on ethnicity (**Table 5**) give different proportions since they include British born people who identify as Irish. They nevertheless reveal marked differences between the Irish and British-born populations, with 52.1% of 'white Irish' people over 50 years old compared to 33.5% of the population as a whole. Table 5 also shows that the age gap holds true across all English regions and Wales, with particularly marked differences in the North West, Midlands and the South West.

Geographical distribution and age

Figures 5a and 5 b, which show the proportion of the Irish born population in different regions who are above retirement age, reveal a more complex picture. There are several areas with a relatively low total Republic of Ireland born population (as shown in Figure 1) in which the population is disproportionately older. In areas such as the South West and Eastern regions of England the total Irish population is low but the percentage of elderly people is high. A high proportion of this group are likely to need some form of care or support, but there are likely to be fewer formal and informal Irish networks.

Figure 5a – Proportion of males born in the Republic of Ireland who are over 64, 2001

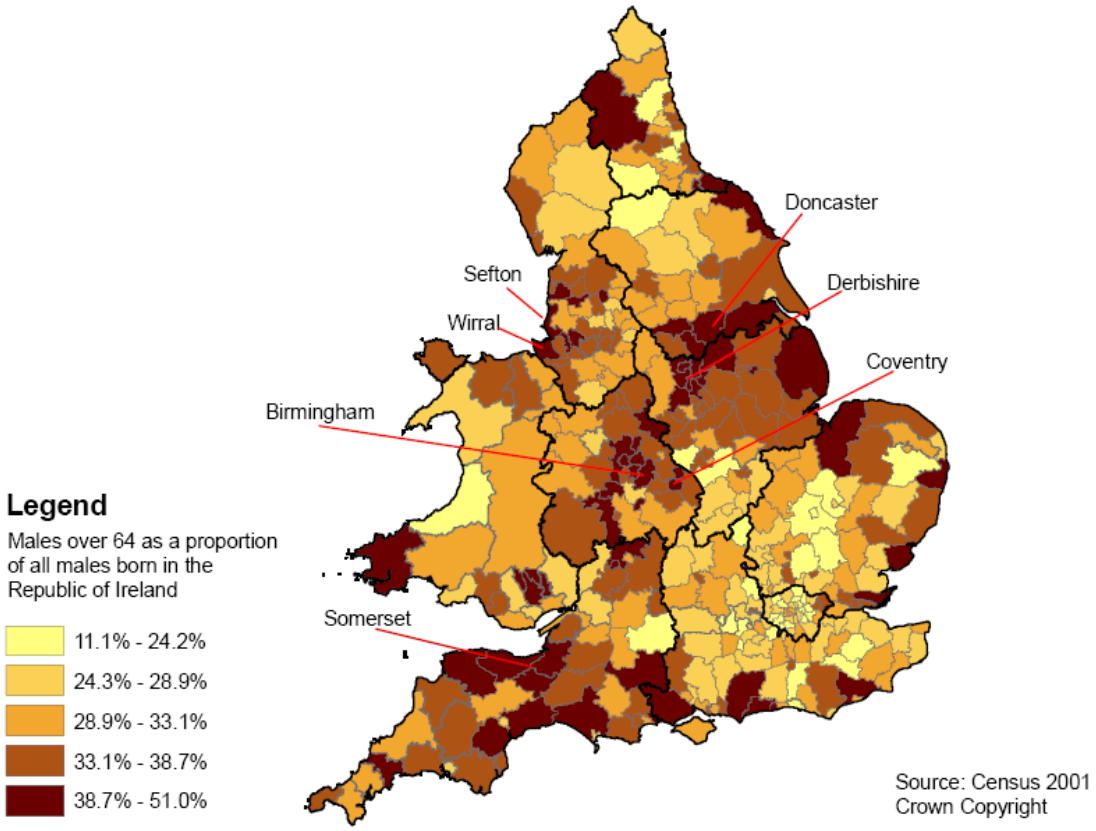
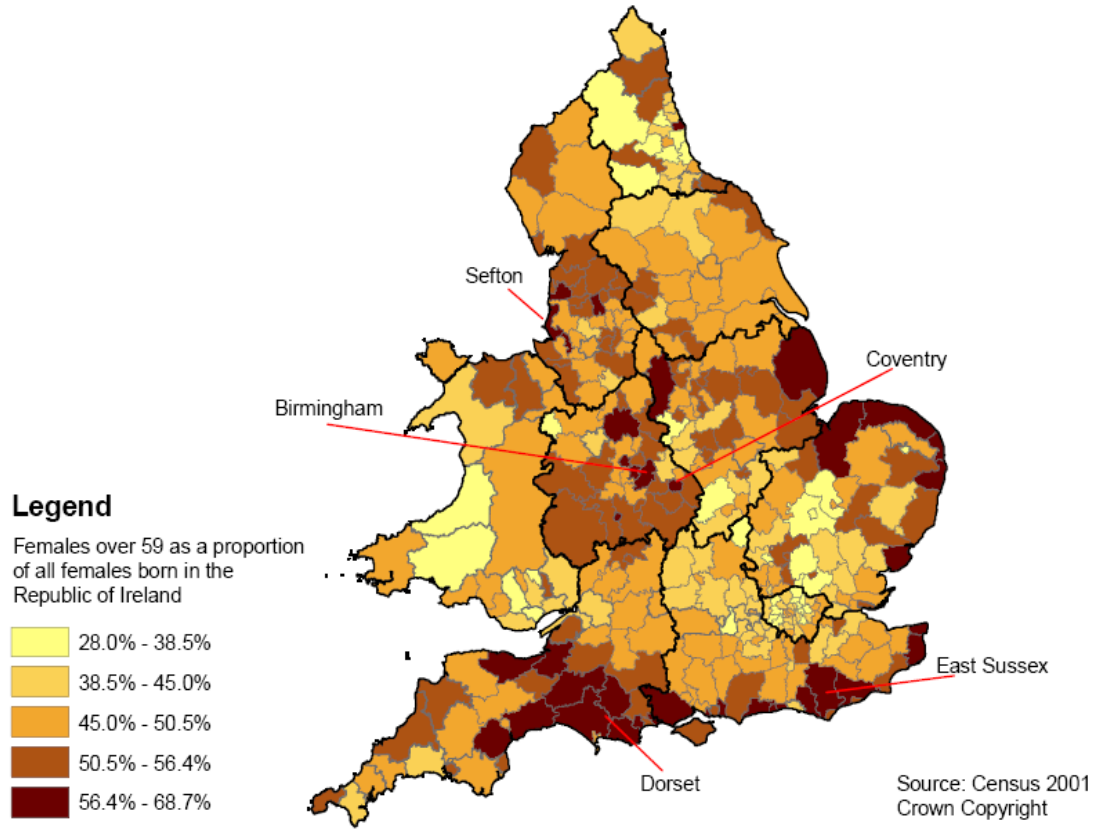


Figure 5b - Proportion of females born in the Rep. of Ireland who are over 59, 2001



Marital status

When compared to the British population, Irish people in age groups over 50 are more likely to be single and never married or to be divorced, separated or widowed. The only exception to this is the proportion of women aged 50-59 who are divorced, separated or widowed. The difference is particularly striking for men, with only 57.8% of Irish-born men over 65 married or living with as civil partner, compared to 71.8% of those born in Britain **(Table 6**). Thus Irish older people are more likely to live alone. Figures based on ethnicity show that 17.9% of "white Irish" live in households comprising a lone pensioner, higher than for any other ethnic group (**Table 7**). This has implications for the availability of support when people are older or in poor health. Although people who are widowed, divorced or separated may also have limited support, those who have never married are much more likely to be isolated in later life, especially since they are less likely to have had children.

Housing Status

Table 8 shows that the overall picture for housing tenure is fairly similar for British and Irish born populations. Irish-born people are slightly more likely to own their own home than those born in Britain, but those from the RoI are more likely to rent while those from Northern Ireland are more likely to own their own home. **Table 9** shows that the proportion in social housing increases with age.

Table 10 shows that Irish people are considerably more likely to live in communal establishments than the general population: 2.59% against a national average of 1.80%. These establishments include psychiatric and other hospitals, nursing or residential homes and criminal justice establishments. Irish men are particularly overrepresented in prisons and bail hostels and in hostels for the homeless.

Employment

There are a number of significant differences between the employment patterns of Irish-born people and those born in Britain. The three issues discussed below are those for which national data is available.

Occupational Distribution

There are significant concentrations of men born in the RoI in manufacturing and construction with the proportion in construction more than 10% larger than the equivalent for British born men. There are also concentrations in public sector occupations and in banking and finance in which they are slightly overrepresented. Women are significantly overrepresented in public sector occupations, with a proportion over 10% higher than for the British born. Both men and women are underrepresented in distribution, hotels and restaurants **(Table 11**). The pattern for people born in Northern Ireland is similar to the

British one, although there is overrepresentation in public sector occupations and underrepresentation in banking and finance. For women, there is concentration in the public sector as there is for RoI women, but otherwise the pattern is more akin to the British born.

Figure 6a - Males by Country of Birth and Industry Sector (Great Britain), 2006

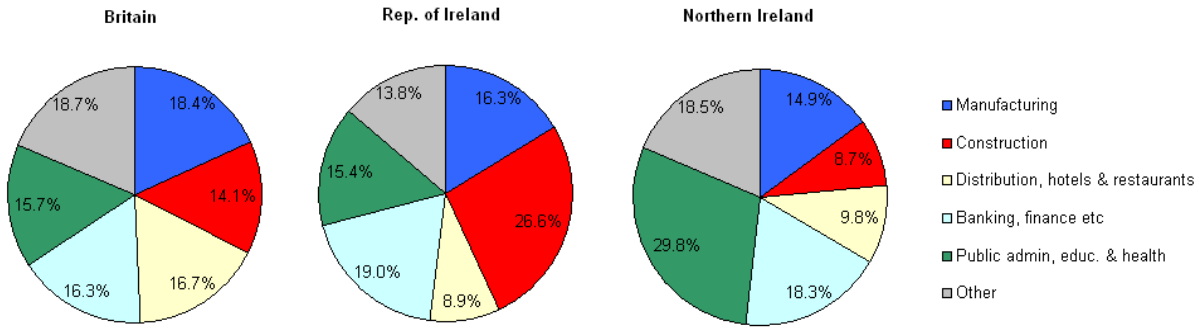
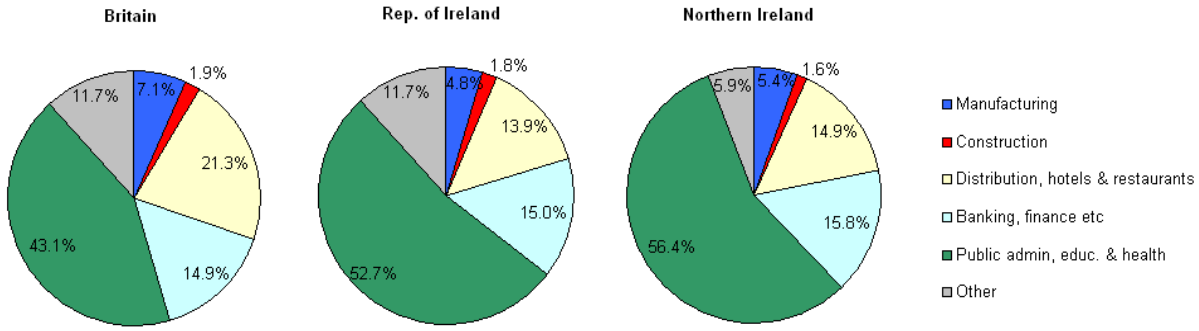


Figure 6b - Females by Country of Birth and Industry Sector (Great Britain), 2006



Source: LFS 2006 (Annual Estimates from 4 quarters)

Occupational status

Table 12 compares the occupational status of people born in the RoI with those born in Britain based on the international Standard Occupational Classification (SOC) which ranks occupations according to status. This shows that overall a higher proportion of RoI born people are in the top three occupations (professional and managerial). The difference is small for men, 48.1% for RoI born compared to 45.4% for British-born men but much larger for women, 52.8% compared to 37.9%, reflecting RoI born women's concentration in nursing, which is classified as associate professional (SOC3). The table shows, however, that occupational status declines with age, especially for men, with only 39.3% of those aged 50-59 in the top three grades, declining to 27.8% for those aged 60 – 64 with a corresponding rise in the proportion in elementary occupations. The high number in low status occupations in the older age groups implies that they receive low wages while in employment and this will be reflected in lower pension entitlements in later life.

Economic Inactivity

Labour Force data survey shows different patterns of economic activity for those born in Ireland from those born in Britain (**Table 13**). Economically inactive people are defined as those of working age who are out of the labour force (neither in employment or seeking work) although they are eligible to work. For men, the pattern for those born in the RoI is fairly similar to those born in Britain except in the 50-59 age group where the inactivity rate for Irish men is significantly higher. For women, there is a significantly lower rate of economic inactivity among the group aged 60-64: nearly half are continuing to work after the age when they are entitled to receive their pension, compared with only a third of British born women. Those born in Northern Ireland have higher rates of economic inactivity at the pre-retirement ages, but men are more likely to remain in work after retirement age and women less so.

The reasons for economic inactivity differ by gender and by economic status. One of the main reasons for women being out of the labour force is caring for children or other relatives. For men, ill health is a major cause of economic inactivity, particularly in later life. For younger people studying is a major reason for economic activity while early retirement – voluntary or involuntary - impacts more on the older age groups. **Table 14** suggests that ill-health is the major cause of economic activity for RoI-born men who are out of the labour force, with only 17.1% of those between 50 and 59 and 24% between 60 and 64 reporting that they are not disabled compared to rates for British-born men of 27.9% and 38%. The pattern for RoI born women is similar to the British one. The figures for Northern Ireland born people give a mixed picture with economically inactive men much less likely to have a disability while the reverse is true for women.

Economic inactivity clearly has an impact on the income available to the individual and family but may also have wider reaching social effects. Furthermore, ill-health or disability may be the cause of economic inactivity, but can be further exacerbated by being unemployed for long periods.

Health Status

The statistical evidence shows a high level of self-reported poor health, limiting long term illness and disability, particularly in the 50 plus age group for RoI-born people. **Table 15**, based on Census figures, shows that Irish men and women aged between 50 and 64 are more likely to define themselves as having a Long Term Limiting Illness (LLTI) than white British people. LLTI is a broad category defined as "*any long-term illness, health problem or disability which limits your daily activities or the work you do".* Thus whether an individual is included in this category depends on their own perception of their health. The previous section drew attention to the high levels of disability among the economically inactive in this

age group. Table 14, which is based on the population as a whole, shows that RoI born men in this age group are considerably more likely than the British born to report a disability, while Northern Ireland born men are less likely. The figures for women are more similar for all three places of birth.

The incidence of LLTI among Irish people is higher than that of British born men for all English regions and for Wales, but the gap is over 10% in the North West and the West Midlands. In these areas almost a third of Irish people report LLTI (**Table 16).**

Unpaid care

As we have shown, the Irish population is disproportionately ageing with high levels of illness and disability, therefore the need for care is high. **Table 17** shows that approximately 68,000 people, more than a tenth of those identifying as Irish, provide informal care on a regular basis. This proportion is lower than the average for the British population and for white British. Much informal care is provided by spouses and partners, and thus the relatively low number may reflect the high number of single people and those who are widowed, divorced or separated.

Summary

The statistical profile reveals several significant issues which will be explored more fully in the following sections. It points to a population distributed throughout Britain but with areas of significant concentration and others in which the population is quite sparse. This reflects trends in migration and settlement at different times as well as differences in economic and social status within the Irish population. Irish people are, however, disproportionately concentrated in some of the most deprived parts of Britain, areas marked by the worst health, social and economic disadvantage and crime.

The statistical reports and the regional summaries demonstrate that the Irish population is disproportionately older, with high proportions of older people both in traditional areas of Irish settlement and places where their numbers are lower. The large number of one-person households reflects the high proportion of single never-married people as well as those who are widowhood, divorced or separated. Significant numbers of older Irish workers are in low status jobs which impacts on income during working life and on pension entitlements later. The data also show high levels of economic inactivity due to ill-health particularly for men between 50 and the pension age of 65. There is widespread evidence of poor health with high levels of limiting long term illness and disability especially among this age group.

The regional analyses show large numbers of people above pension age requiring support and a significant 50+ population who could benefit from preventive services. Many live in areas of high Irish population with at least some potential to access Irish services or make contact with the Irish community. However in areas with lower overall Irish populations there are sizeable numbers of people above 50 and in retired age bands. This suggests the need to extend Irish services to non-traditional areas. Exceptionally high rates of economic inactivity in many areas highlight the need for reskilling, retraining for people with some level of disability.

The picture which emerges from these statistics therefore suggests that overall the Irish in Britain fare worse than the population as a whole in relation to health and employment experience. It also suggests particular concentrations of disadvantage among men aged between 50 and 64, a group for which we have coined the term Middle Aged Sick and Isolated (MISIs).

IDENTIFYING THE "FORGOTTEN IRISH"

In this section we attempt to identify some of the issues and problems which have created the groups of 'forgotten Irish'. We begin by exploring in more detail some of the issues highlighted in the statistical profile, using data from the wider literature and from the interviews with key informants. In the second part we discuss some issues and problems which are not apparent from the statistical data but which emerged from the literature or were raised by our key informants. These problems may impact particularly on the vulnerable groups identified in the first part. Lastly we discuss specific groups of Irish born people who may experience intense exclusion but whose are not visible in the official statistics.

Many of these issues are already known to Irish community organisations although they have not generally been acknowledged by statutory service providers. Others have received less attention from most Irish organisations and even less from within the mainstream. They were, however, each raised by several of our key informants, all of whom have wide experience of working with particular groups of Irish people and thus have firsthand knowledge of the most important issues which they face. We use quotations from these interviews below, but we have not attributed the quotations to particular individuals.

1. The groups highlighted by the statistical profile

Middle-aged, Inactive, Sick and Isolated (MISIs)

The statistical profile revealed a marked over-representation of Irish people in the pre-retirement age group (50 to 59 for women and 50 to 64 for men) and this group are disproportionately economically inactive and in poor health. While the focus of attention for service providers tends to be on the older age group who have reached retirement age, the current research suggests that this slightly younger group who have been forced out of work by illness, accident or redundancy, can experience severe problems and that this is particularly common for men.

Economic inactivity impacts on income and the availability of social networks and thus on mental health and health behaviour. Economically inactive men from the Republic of Ireland are more likely to be divorced, separated, widowed or single than their British or Northern Ireland counterparts. Being alone is likely to be a factor in declining health and can exacerbate alcohol misuse especially for those who are not in work. The absence of supportive networks is also a factor in the failure to access help or to seek it early enough to avert potential crises (Tilki, 2003).

Evidence of the need for increased provision for this age group is found in reports by several community organisations (LIHH, 2006; Randall and Brown, 2005). They fall, however,

between several policy gaps and thus do not meet the criteria for statutory support (O'Gorman, 2007) as their problems may not be seen as severe enough to access services. A key informant working with vulnerable people highlights the issues:

> *Many of them are not old enough to be eligible for elders' services. ... Although they are suffering from some degree of depression, they are not ill enough to access mental health services and those with mental health and alcohol problems don't qualify for either.*

The problems are particularly intense because of the work history of many Irish men. They may have been paid cash in hand and thus not built up entitlements for benefits but are too young to qualify for pension and other rights such as free transport. They are thus forced into a much reduced standard of living and their social world shrinks. Depression may be intensified by the loss of identity brought on by being prematurely unable to work as expressed by one of the key informants:

> *Being a man was very much about aggressiveness and machismo and physical strength was very important. How manly you were depended on how many pints you could down or how fast you could dig a trench. It is a great blow to masculinity when you can no longer do the physical stuff. This leads to depression, drinking and more depression.*

This problem is reflected in the pattern of hospital admissions for mental illness which for Irish people, unlike other groups, is skewed towards the 50 plus age group (CHAI, 2007). Reports from Irish organisations such as Brent Irish Advisory Service (Walls, 2006) and Irish Community Care Merseyside (Davies, 2005) highlight problems of anxiety, loneliness and low morale among this age group which are generated or exacerbated by poverty, social isolation, ill-health and poor housing. The loss of social networks for those who had socialised primarily with work mates is exacerbated for men who remained single and did not form close family bonds. Research suggests that depression among Irish migrants, especially men, is strongly associated with low levels of social support, unemployment and alcohol misuse (Ryan et al, 2006). This is echoed by the key informants:

> *If there is no adequate substitute for work, Irish men can spin into a cycle of decline, going to the pub to maintain contact with others, drinking to cheer themselves up and then becoming even more depressed.*

Elderly People

The problems associated with the skewed age profile and high levels of ill-health, limiting long term illness and disability which were highlighted in the statistical profile have been widely discussed in reports commissioned by Irish organisations (Gaffney, 2001; Duignan, 2005; Mulligan, 2007). The statistical profile also shows that this problem will increase over the next two decades as the disproportionately large cohort of people in their 50s reaches retirement age.

The high number of Irish households where a single person lives alone means that less support may be available as illness and disability reduce the ability to cope. As frailty increases, people have difficulty with housework, shopping, home maintenance, getting to hospital appointments and maintaining social contacts through for example being able to go to church. Mulligan (2007) in a study based in Leeds provides evidence that the number of Irish people with different forms of dementia is increasing.

Irish people may be unable or unwilling to access support, particularly from mainstream services, an issue raised by Duignan (2005), Gaffney (2002) and Tilki (2002). Some are unaware of their rights to benefits. Others are reluctant to ask for help from a wish for privacy or to avoid embarrassment. Some have particular personal issues which make them unwilling to seek help while others fear discrimination or prejudice from mainstream organisations. Not wanting to accept charity or to be a "bother" and unwillingness to spend their time with "elderly people" all contribute to reluctance to access services even where they are available. Many key informants referred to shame among older Irish people which prevents them from seeking help.

> *These men often feel a sense of failure because they have not succeeded in work, in having families, or getting on in life.*

Some of the older population require constant support or nursing care but the key informants reported particular resistance to residential care among older Irish people. There are concerns about loss of independence and control over their lives, fears which are shared with people from many other ethnic groups. Gaffney (2001) found, however, that residential care services which are sensitive to their cultural needs would be popular with Irish people who can no longer live at home. This would not necessarily mean specifically Irish services but places where the culture, customs and traditions of the Irish are acknowledged and valued and built into care and support activities. Although increasing attention is paid to the cultural needs of older people from minority ethnic groups in residential care, this is rarely seen as important for Irish people. Mulligan (2007) particularly highlights the importance of providing a culturally safe and familiar environment for older Irish people with dementia.

Resistance to using services can extend beyond the statutory sector to some Irish organisations. Some key informants reported that people are often reluctant to approach Irish services unless recommended by a trusted person or until they have tried them and found them to be safe. The failure to access these services tends to increase social isolation and in some cases postponing seeking help may culminate in crisis. The evidence gathered for this study highlights the need to reach out proactively to those who may not currently have a high level of need but who might be saved from reaching a crisis by early low key intervention. This clearly has implications for resources since, once the initial barriers are negotiated through sensitive outreach work, the experience of service providers is often that they are unable to meet the demand.

The lack of appropriate community or residential care to meet the needs of the Irish population means that many are reliant on unpaid care, often provided by other older people including spouses, siblings and friends. Gaffney (2002), Tilki (2002) and Duignan (2005) have all raised concern about carers who themselves are already old and in poor health. Women are more likely to be carers but both men and women above pension age provide high levels of unpaid care. This can be very demanding and many care round the clock in poor housing, with little or no support. Many do not realise they may be entitled to help, but others are reluctant to seek it for the same reasons that residential care is avoided. While they continue to care and do not seek help they are considered to be "managing" and are thus not provided with services. In addition, domiciliary services provided by local authorities have become increasingly restricted and based on strict assessment of needs. Means testing means that those on low incomes whose needs are not deemed acute are forced to prioritise other necessities and forego the support which might make their lives easier.

Elderly men

The experiences of elderly men and women tend to be very different. Several key informants gave similar descriptions of the pattern of lives of older Irish men who had migrated during the 1950s and 1960s and have now grown old and experience isolation. They did physically demanding manual work often living peripatetic lives as they followed work from one construction site to another around the country. One key informant described his own experience as a child:

> *My dad was a ganger and if a young Irish lad drifted into Rhyl he would ask where the Irish pub was so he could get work. My father often brought these young lads home and my brothers and I would be turfed out of the bed so the lad could sleep in it until he found digs.*

They did not buy houses, partly because the insecurity of their work meant obtaining a mortgage was impossible and partly because they considered their migration temporary and intended to go back to Ireland. They rented rooms and did not learn to cook, clean or take care of themselves. Many did not marry. This was partly because the mobility of the construction industry made it difficult to establish a long term relationship but according to one key informant, many were unable to cope socially in a strange environment:

> *They were awkward country men, not at ease in the company of women. Their main source of companionship was the pub.*

Many experienced prejudice and discrimination which was heightened during the "Troubles" in Northern Ireland. They were fearful and suspicious of authorities and state institutions so kept their heads down and their mouths shut. They did not claim their rights and entitlements to benefits because they were fearful of being penalised for unpaid tax which could stretch back for decades.

Over the years many lost touch with families in Ireland, especially as parents died and visits back home become rarer. Some felt a sense of failure because they have not managed to accrue property or savings and become "successful" migrants. Several key informants described how they may still see Ireland as "home" in their hearts but in reality are not at home anywhere, either in Ireland or Britain.

> *These men are now stuck. They can't go back to Ireland, yet they are often very isolated and lonely here in Britain.*

Not all the men remained single, but the hard drinking life-style and macho culture of the building site made family life difficult and contributed to longer term problems. One key informant describes a fairly typical case study.

> *Many earned £100 a week in the 1960s but £10 went to the family and the rest on drink. It was very much about living for the day and no thoughts for retirement. Many never paid stamps so there was no proper provision for wife or family if they were injured or died early. It also meant that the wives had no proper pension to rely on in later life.*

Elderly Women

The statistical profile revealed that large numbers of Irish born women, as well as men, live alone either because they have never been married or through widowhood or divorce. They suffer disproportionately from ill health. According to the key informants, these women are not generally destitute or totally incapacitated and may appear to be coping, but they can experience severe isolation.

> *Their children have moved away, they may be widowed or divorced and have lost touch with their family networks. They may be living in reasonable accommodation, large family homes but they are isolated.*

While some may be relatively well off, they find it difficult to cope alone. Many have not had a job outside the home since they married so find it difficult to negotiate with officials and services. Others experience financial problems through a lack of pension entitlement in their own right. A particular problem identified by the key informants is women who are separated from a husband but not officially divorced:

> *Some are still married but have not seen their husband for years. They get no support from him but still being married has an impact on their own pension.*

The lifestyle of many single women who were recruited to jobs in Britain can lead to social isolation in old age. Irish women in jobs with tied accommodation, such as nurses or live-in carers, can find themselves effectively homeless on retirement and forced to rely on the private rented sector. The perception of the key informants is that many of these women have never had to manage a home and are ill-equipped to live independently:

> *In many cases they had live-in situations where their food, bills and other overheads were all covered, perhaps deducted from wages.*

They may never have had to cook for themselves, negotiate with services or pay utility bills. On retirement, they can find themselves with a drastically reduced income and forced to manage a tight budget.

> *Many have been in low paid jobs, and only qualify for a low pension. They have probably sent money home on a regular basis and have no nest-egg when they retire.*

Retirement can become a period of loss as they are forced to leave job and home and the social networks that go with them. As they get older, particularly with the onset of ill-health, these women face high levels of social isolation. While men have the pub culture as a source of companionship, older women generally do not feel comfortable in that environment and tend to remain in their homes alone. Their problems may not be as visible as those of men, but can be just as intense.

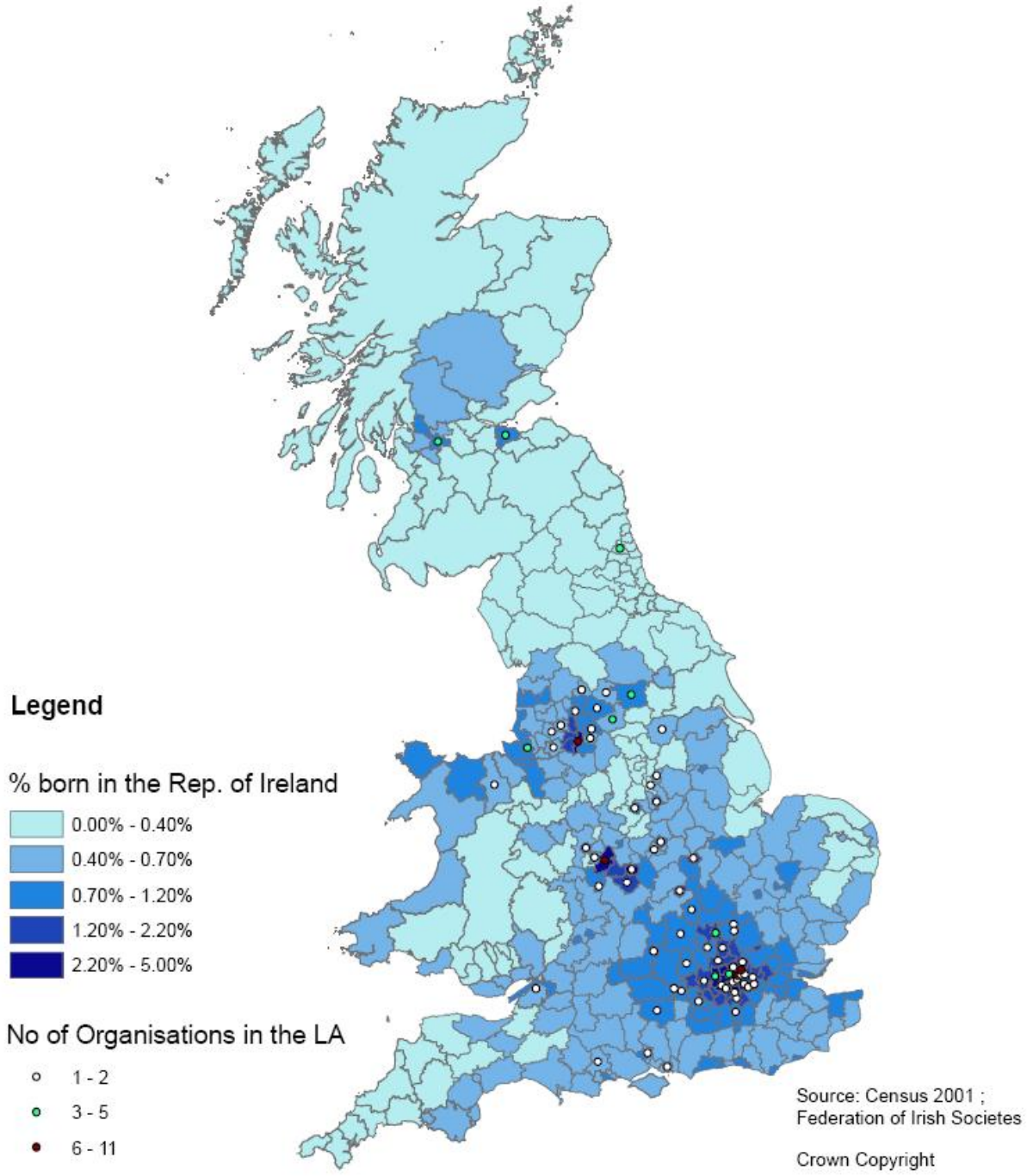
The impact of location

The statistical profile showed heavy concentrations of Irish-born people in London and the South East, Midlands and North West where community support structures are concentrated. There are, however, Irish people living throughout Britain and where the population is relatively low they may be susceptible to isolation since they are not able to take advantage of a network of support. Furthermore, in some areas – for example parts of East and South West England, especially along the south coast - there are relatively small Irish populations but a large proportion of them are above pension age and potentially in greater need.

In response to the problems faced by Irish people in Britain, an array of services has developed, particularly over the past two decades, to provide for the needs of the more vulnerable. The majority are funded by the Dion Committee of the Irish government, the Ireland Fund of Great Britain and the Irish Youth Foundation. They provide welfare facilities such as information, advice, advocacy, luncheon clubs and opportunities for older or vulnerable people to socialise. A smaller number provide housing, day care, counselling and psychotherapy, or specific services for people with alcohol or drug problems. Community groups also provide social, leisure and cultural activities which are important in breaking down social isolation.

We compiled a list of Irish community organisations from information provided by the Federation of Irish Societies. We mapped the organisations on this list and compared their distribution with that of the Irish population. Figure 5 shows that in general, Irish organisations are concentrated in areas with high Irish populations. There are, however, areas, such as North Wales and Kent, with significant Irish populations and no such organisations. A small number of cultural groups and services dealing with people who are homeless exist in Glasgow and Edinburgh but not elsewhere in Scotland and there is only one organisation in North Wales. There are thus considerable sections of the Irish population who are currently, or are likely to be, isolated with limited support available either from formal Irish organisations or from more informal networks of Irish people.

Figure 7 – Distribution of people born in the Republic of Ireland compared to number of Irish Organisations in each Local Authority area



The experience of Irish people in Wales and Scotland is rather different from that in England. Research on 'British identity' (CRE 2005) has found that ethnic minority groups living in Scotland or Wales tend to identify as Scottish or Welsh as well as with ethnic or religious affiliations. The same is not true for those living in England, with Englishness often seen as an exclusive identity. It may thus be easier for Irish people to feel 'at home' in Wales or Scotland. One key informant suggested that the Irish population in Wales is long established and disproportionately old but appears to have integrated well in Welsh society, because of the commonality with Welsh culture and the Catholic Church in Wales. A key informant explains:

> *Take for example Wrexham. There was a large Catholic Church attracting an Irish congregation which in turn led to the development of a Catholic primary school in 1953 and a Catholic secondary School in 1965. It's not clear whether the Catholic Church drew in Irish people or the success of the Catholic Church was because of the Irish. What is important is that the Catholic Church in particular is a binding force and key in retaining Irish identity. I think the similarity of Welsh and Irish culture, the Celtic culture thing, also helps.*

The Scottish dimension is more complex since the history of sectarianism persists. The key informants on Scottish issues highlighted the persistence of anti-Irish racism which is constructed within an anti-Catholic discourse.

> *People in Glasgow learn how to recognise and manage difference. They read signs learned over two generations. What is difficult is the unpredictability of when and where anti-Irish racism or sectarianism will emerge. It is not just small number of bigots, but is woven into language which is not deemed unacceptable. Names like Fenians, Taigs. Sectarianism explains in part the social class position of Catholics which can have an impact on health. The first jobs which people are able to get can cement them into poor job opportunities for life. This even impacts on their ability to see that they are able to do better jobs.*

According to our informants this phenomenon is either denied or at best downplayed and seen as the remit of football supporters or bigots. There is, however, substantial evidence that the pressure of negotiating institutional sectarianism impacts on life chances, damaging health over several generations (Walls and Williams, 2003; Walls 2005).

2. Issues disproportionately affecting the Irish community.

This section focuses on cross-cutting issues which can impact on a range of individuals and groups, either separately or in combination.

Poor physical health

The statistical profile showed that Irish people suffer disproportionately from ill health but provides little detail about its nature or causes. Over the last two decades, however, academic studies have shown high mortality from all causes among Irish men and women in Britain. This is not adequately explained by socio-economic, behaviour or lifestyle factors or the age profile of the community (Abbotts et al, 1999a, 1999b, 2001; Wild and Mc Keigue, 1997). Mortality from all causes is higher among unmarried Irish people, particularly among men who undertake manual skilled and unskilled work (Wild and Mc Keigue, 1997). Premature mortality rates are often related to preventable diseases such as coronary heart disease, stroke, cancers, respiratory disorders, accidents and injuries (Harding and Maxwell, 1997). Aspinall (2001) found that men from the Republic of Ireland men suffer from degenerative diseases and injuries associated with work in the construction industry. The research has tended to focus on the problems experienced by men, with less known about the specific problems faced by Irish women.

As we have seen, the statistical data suggests that poor health contributes to men's early exit from the labour market, a problem confirmed in reports from community organisations and by key informants. Economic inactivity impacts on income, social networks mental health and behaviour such as smoking and alcohol consumption.

Mental health problems

As well as poor physical health, Irish people in Britain have a high incidence of a range of mental health problems (Sproston and Nazroo, 2002; Weich and Mc Manus, 2002). They have significantly higher GP consultation rates for psychological problems (Erens et al, 2001), and particularly for depression (Ryan et al, 2006). Common mental disorders (CMD) which include anxiety and depression are significantly raised among Irish men (Sproston and Nazroo, 2002).

Rates of suicide among Irish people in the UK have been significantly elevated for over 20 years (Raleigh and Balarajan, 1992; Maxwell and Harding, 1998; Leavey, 1999). Irish women make up a considerable proportion of white women who attempt suicide (Bhugra et al, 1999a, 1999b). Some of the highest rates of suicide in the UK are among Irish men and women (Neeleman et al, 1997; De Ponte, 2005). Rates of male suicide, attempted suicide

and undetermined deaths for Irish people in the UK are around 40% higher than for the English and Welsh population (De Ponte, 2005).

The high levels of mental illness among Irish people are reflected in the pattern of hospital admissions for mental health problems. For Irish people, unlike other groups, this is skewed towards the 50 plus age group (CHAI, 2007). Reports from various organisations have drawn attention to the social causes of mental illness among Irish people. The key informants argued that many of those who are economically inactive because of limiting long term illness or redundancy – our MISI group – also have mental health problems.

While many of the causes of poor health lie in the experience of being Irish in Britain, the roots of mental illness are often in Ireland. A major issue is institutional abuse which is discussed separately below. The key informants also highlighted some less documented factors predisposing to mental ill-health among Irish people.

For those from Northern Ireland, the experience of living with "The Troubles" has impacted on mental health. One of the most striking things observed among people from Northern Ireland, however is the way in which they maintained mental health during the most difficult periods. This phenomenon has been noted in other groups and may account for the high number of Northern Irish people now seeking help for mental health problems some time after the peace process when life should be becoming more normal. Describing recent migrants from Northern Ireland, one key informant said:

> *They seemed to hold it together until they got their home and their benefits sorted and then they cracked up. It seemed as though they were in a suspended state until they got their priorities sorted before they could address their mental health issues.*

A number of the key informants highlighted abuses in the family as the underlying cause of many mental health problems, mirroring the findings of empirical research (McGee et al, 2008; Ryan et al, 2006). This statement from an informant working with homeless people who have mental health or alcohol problems echoes the views of other informants:

> *Homelessness, mental illness and alcohol misuse are a result of dysfunctional families, with parents who drank excessively, disciplinarian fathers who abused their children or emotionally deprived them. Schools didn't help either by suppressing any hint of self-esteem or self-efficacy*

Other evidence suggests that cultural taboos around sexual matters such as abortion, childbirth outside marriage and homosexuality play a part in mental ill-health (McGee et al, 2008; Garrett, 2004; Rossiter and Sexton, 2001; Rossiter, 2009). Another informant described how intolerance of homosexuality has forced people to leave Ireland.

Although similar issues affect gay men and lesbians everywhere, their (Irish) personal journeys of "coming out" are different. There was no scope for any kind of difference in Ireland and so much repression of sexuality and general taboos about sexual matters. In addition there is a kind of illiteracy about feelings and emotions.

For some gay men and lesbians, coming to England was liberating but not all felt able to be open with the family at home.

Some were relatively open about their sexuality and their gay partner while in England. But they had to leave their homosexuality in the departure lounge at Heathrow when they were going on holiday or going back for a wedding.

A key informant argues that the strain of a double life and the tensions between a positive ethnic identity and being gay can impact on mental health:

Identity as Irish is an important constant in the lives of people struggling with a heterosexist society, homophobia, guilt and shame. Being gay is not congruous with being Irish. Men and women feel forced to be either gay or Irish and the absence of facilities to express both is painful and marginalising.

Despite a particularly poor mental health profile, Irish people find it difficult to access appropriate services in Britain (Tilki, 2003; Walls, 2006; Mc Gee et al, 2008). Until recently their needs have remained largely invisible and rarely recognised by service providers. Although a high proportion of GP consultations by Irish people are related to psychological problems, there is little satisfaction with the help that is offered. This may go some way to explaining high rates of suicide and is almost certainly often linked to the use of alcohol

Alcohol

Alcohol misuse, as suggested above, is strongly linked to problems of unemployment and physical and mental ill health. This has long been recognised both in the academic literature and by Irish community organisations in Britain. While the problem of male drinking has been more widely recognised, there is an absence of research into alcohol use among Irish women.

Several key informants highlighted the problems for former construction workers who relied on the pub in many aspects of their lives: as a source of contacts for finding work, for company and for solace in a strange environment (Williams et al, 1996; 1998). They describe a subculture of hard drinking which, while creating problems, also helps people to deal with difficult and lonely lives. Tilki (2003; 2006) suggests that alcohol is a way of coping with psychological distress, physical pain, redundancy and homelessness although excessive alcohol use may also be the cause of these problems.

Men in particular may have both alcohol and mental health problems. This combination can limit their access to services since mental health services may refuse to help those who are still drinking while alcohol services refuse those who are mentally ill. Once in the care system, stereotypes impact on the treatment they receive. Problems are invariably blamed on alcohol without considering its role as a coping strategy or form of self-medication (Tilki, 2003; Mc Gee et al, 2008). Thus this can lead to neglect of underlying mental illness and lead to delays in accessing appropriate treatment. The problems for women with alcohol and mental health problems have been given less attention, but a particular issue raised by key informants was the fear of losing contact with their children:

> *A big issue for women with alcohol and mental health problems is not being able to be with their children as family may be caring for children having been taken away from their mothers.*

An insistence on abstinence as a condition of treatment by service providers can prevent people gaining the support they need. The key informants who expressed a view were in agreement that although some people with alcohol problems may be able to stop drinking altogether, abstinence is not an option for the majority of this group since it is such an integral part of their lives.

> A*bstinence usually means separation from drinking friends and familiar sources of social interaction. This may be too high a price to pay especially when a drinker has little confidence that he will be able to quit the booze.*

There are models of good practice which encourage people to take measures to reduce the harm caused by drinking. Reports from community organisations such as Innisfree (Randall and Brown, 2005), Brent Irish Advisory Service (Walls, 2006) and Leeds Irish Health and Homes (LIHH, 2006) all identify the need for services to counter social isolation as well as culturally sensitive housing provision and floating support for people with alcohol-related mental health problems.

As well as providing a mechanism for coping with difficult lives, in some cases alcohol may be a way of managing the symptoms of underlying mental illness. Key informants highlighted the role alcohol plays in helping some Irish people manage emotional and physical pain and in some case cope with the voices, paranoia or delusions associated with psychotic disorders. Many of the deeper causes of these problems lie in psychological problems arising from trauma in childhood. These problems require intensive and long term work and there are considerable gaps in the provision of appropriate services.

Homelessness

Statistical data for homelessness is particularly problematic due to different interpretations of the term and its fluctuating nature. Homelessness data do not include those who have not applied for housing although they meet the statutory requirements for accommodation. They exclude those who do not fit the criteria of vulnerability required by housing authorities. In addition homelessness for single people receives much less attention than that of families.

There are no reliable national figures for the number of Irish people who are homeless although data from the 2001 Census in Table 10 suggest that they are overrepresented in hostels for homeless people. This data provides only limited information on the extent of the problem since the numbers of homeless people fluctuate across the seasons and even on a nightly basis. Hostel figures for those accepted as statutorily homeless omit people who have not found a bed or have been rejected by local authorities. According to key informants working in this area and reports from Irish organisations, for example Leeds Irish Health and Homes (LIHH, 2006) and Innisfree Housing Association (Randall and Brown, 2005) homelessness and poor housing conditions are major problems for Irish people across Britain. There are geographical variations with particular problems in London, especially among men in the 45-64 age group, the MISIs.

Government policy since the 1980s has meant that the quality of public sector accommodation has fallen and its availability is more limited. Eligibility has become tighter, excluding vulnerable people who for different reasons fall just below the criteria for housing.

The key informants challenged some commonly held assumptions about the relationship between homeless and mental illness or alcohol misuse:

> *It is commonly assumed that Irish people become homeless because of alcohol or mental health issues. For Irish people it would appear that poor housing or homelessness is the cause of their alcohol misuse or mental ill-health.*

Irish people arriving in Britain in the 1950s and 1960s often faced discrimination when seeking housing, with the notorious phrase “no blacks, no dogs, no Irish” commonly included in advertisements for accommodation at that time (Webster, 1998).

> *For the older generation being unable to find housing and being turned away when their Irish accent was heard was distressing.*

Several key informants perceived that the lifestyle of many older men may make it difficult to maintain a tenancy, especially if they have alcohol or mental health problems.

Irish men especially are "old" at around 50 and they need help with housework, cooking, shopping. They need support with these "domestic" activities, paying bills and looking after the place. Men who have lived in digs most of their lives are ill-equipped to care for themselves or a home. Because of their chaotic lifestyle and in some cases literacy problems they don't pay bills their gas and electricity are cut off and they are evicted

Those working with homeless people argued that culturally sensitive outreach and support is needed to help vulnerable people retain tenancies and maintain a decent quality of life.

There is a need for supported housing for this group but equally a service which addressed practical needs while at the same time affording a degree of emotional support would be invaluable. It is the cultural sensitivity and emotional intelligence involved which has the potential to make a real difference.

While homelessness and problems in maintaining housing may be the result of the experiences which Irish people face in Britain, the key informants are clear that for others it is related to a history of abuse which could lead to mental ill-health in later years:

Homeless older Irish women are highly likely to have suffered abuse in the family or in relationships, whereas men were frequently physically and emotionally damaged in institutions and industrial schools. For the younger generation, homelessness, mental illness and alcohol misuse was often a result of dysfunctional families, with parents who drank excessively, disciplinarian fathers who abused their children or emotionally deprived them.

Institutional Abuse

The issue of institutional abuse only began to receive serious attention after a television series "States of Fear" in 1999, although questions about the care of children in institutions had been raised from the early 1960s. Thousands of orphans, children removed from their families or youngsters deemed in need of 'reform' were kept for many years in virtual slavery, isolated from parents and siblings. They were forced to carry out hard physical work in cruel and demeaning environments in addition to a range of physical, psychological and sexual abuses (Raftery and O Sullivan, 1999; CICA 2009).

Some studies have highlighted a relationship between mental ill-health and institutional abuse as well as abuses within the family going back to childhood (McGee, 2008; Ryan et al, 2006). This issue was raised by several key informants

People who have experienced abuse in their childhood or teens often carry it around for years without speaking to others about it. It may lead to long term depression.

With the establishment of the Residential Institutions Redress Board in 2002, survivors of institutional abuse were able to claim compensation and seek other forms of support. Many who migrated to Britain before this time, however, had no such support. They have borne the physical and psychological problems resulting from their experiences, often without revealing their story to anyone. Their experiences isolated them from families in Ireland, who had often colluded in their incarceration. As they get older this unrelieved burden exacerbates mental and physical health problems for many. One key informant who works with survivors described the long-lasting impact of this abuse:

> *They talk of difficulties in forming relationships, their marriages often ended in divorce. It has an impact on their children and even grandchildren.*

While compensation has been available, many have not wanted to subject themselves to a process which they would have found emotionally difficult.

> *They would have to give names and dates, to re-live a process which they may have been blocked out. Some had not even told their families and so did not come forward. Others felt that the money was dirty.*

Others were excluded from the compensation arrangements. A significant example is the unmarried mothers incarcerated in Magdalene Laundries for long periods after their children were adopted. They were condemned to stay in these laundries through agreements between their parents, employers and authorities on the grounds that they were deemed too wayward or a risk to themselves. As one key informant described them, *these were big commercial enterprises bringing large sums of money for the religious orders who ran them.* Raftery and O Sullivan (1999) suggest that approximately 2,500 to 3,000 women were held in this way, of whom around 40% later emigrated to Britain. Because they were over sixteen at the time of their incarceration, they are not entitled to claim redress and do not come within any of the groups of survivors currently supported by the Irish government.

The redress process is now closed so that no more new claims can be made but service providers suggest that the problems remain and there is a continuing need for support. Organisations such as Immigrant Counselling and Psychotherapy are still receiving new clients who are survivors of institutional abuse. One key informant raises an important issue:

> *This issue is now officially perceived as having been dealt with but the problems are far from over. Institutional abuse has not just damaged those who experienced it but carries on in the family generation after generation*

Domestic violence

Domestic violence is a widespread, though often hidden, problem for Irish women (Tilki, 2003). As with other groups of women, this issue spans all ages and social classes. One key informant estimated that 90% of clients attending her organisation have some experience of domestic violence. The abuse may have taken place over many years with serious impacts on mental and often physical health. Key informants discussed the shame abuse produces in those who experience it which means they are reluctant to seek help:

> *They rarely approach services about abuse, but usually present with another problem, sometimes having tolerated a range of oppressions for years. It happens to women of all ages but it is a big problem for older women whose children have left home.*

Older abused women are particularly invisible because they are reluctant to speak out, have limited alternatives and thus feel forced to remain in an abusive situation. They are often on low pensions having been out of paid work while raising children or working in low paid or part time jobs.

> *Without dependent children they are not high priority for social housing, yet would not have sufficient income to afford decent accommodation if they left the abusive relationship.*

3. Irish groups with specialised needs

The research highlighted the very specific and specialised needs of two groups who are often forgotten and who may even be denied by the Irish community, Travellers and prisoners.

Travellers

Travellers are invisible in official statistics since they are not classified as a separate ethnic group. Many of the key informants, however, identified them as the group within the Irish population which faces the most extreme problems. There are particular concerns about premature mortality, including infant mortality, physical and mental health among the Irish Travelling community (Niner, 2002; Power, 2004; O' Dwyer, 1997). Key informants pointed to problems in accessing healthcare, in particular GPs.

> *Access to healthcare is a great problem for Irish Travellers. GPs are reluctant to register people on Travellers sites and for this reason Travellers make more use of Accident and Emergency. There are particular difficulties in getting access to services for people with mental health problems.*

Their mobility means that records are not passed on from practitioners in one area to another. High levels of illiteracy also impact on their ability to access care, for example making it difficult to read and keep hospital appointments.

The needs of women tend to be less visible within the Travelling community, which several informants described as "highly patriarchal". The incidence of domestic violence is high but unacknowledged and divorce is viewed as unacceptable.

> *Women do not recognise control and oppression by men. The community is not ready to speak out and women are scorned by other women for doing so. Attempts by organisations to support women are jeopardised by well intentioned groups or workers who raise the issue. Leaving a violent man or divorce is scorned and women who leave risk exclusion from the community.*

There is a high incidence of depression and anxiety but also great stigma around mental illness. Traveller women in particular rely on drug treatments rather than therapies which might address the causes of their illness. There are particular concerns about suicide.

> *Suicide is very taboo, sinful and not discussed. I find it hard to tell you one family who has had no experience of suicide in the criminal justice system. Again there is a need to shift attitudes in the community before anything can be done.*

Literacy is a continuing problem which is reproduced in the younger generation. Parents generally want their children to be educated at least to a basic level and to learn to read and write but schooling is a source of tension and conflict. Lack of understanding and sensitivity to Traveller culture means that many children have a poor experience of school and begin to truant and drop out before they have acquired basic literacy skills (Ryder, 2009). Illiteracy impacts on all aspects of life, restricting employment opportunities and connections with the wider world.

One section of this population who face particularly isolation is those who have moved from caravans into housing. They do not belong anywhere, often not recognised by the Traveller community but shunned by the settled community.

Prisoners

The prison population is an ever changing one but Home Office figures suggest that it is somewhere in the region of 80,000 across 140 penal establishments at any given time. There are no accurate statistics on the number of Irish prisoners in Britain but according to those working with Irish prisoners there are around 900 in England and Wales of whom all but about 40 are men. The numbers are likely to be an underestimate since Northern Ireland prisoners are not counted as Irish by prison authorities and second generation Irish may not identify as Irish to avoid anti-Irish racism. In 2008 The Irish Commission for Prisoners Overseas had 435 working files. It had visited 350 prisoners and had over 1,000 contacts with prisoners, their families and ex-prisoners.

According to a key informant about 20% of Irish prisoners are over 50 years old. Many were construction workers in the 1960s and 1970s.

> *They led a peripatetic existence "on the lump", a hard drinking lifestyle. When they got into trouble it was often drink-related, such as violent behaviour.*

Many people in this situation became the lonely old men living in bed-sits discussed earlier. Prison represents another, more extreme, result of this destructive way of life. They are generally serving long sentences, and experience severe isolation:

> *They may have become alienated from family members or their parents have died and have lost touch with other relations. Some have become institutionalised and would find it very hard to re-settle back into society, particularly to return to Ireland.*

Prisoners are frequently moved around the country and, as a result of prison overcrowding, are increasingly moved to remote prisons. For Irish prisoners this can be highly problematic if they are located in areas with no Irish services, or agencies or volunteers. This adds to their isolation particularly as these remote locations make it difficult for families to visit. The

Irish Commission for Prisoners Overseas is based in London with three volunteers based outside of London who attempt to cover the whole of England and Wales. This means that prisons outside London get limited visits and some areas none at all.

Irish people experience particular problems in prison. They are exposed to racism which varies from ridiculing their accent to victimisation by other prisoners and staff. There is a high incidence of dual diagnosis where mental illness is complicated by alcohol problems (or vice versa) and transfer from Criminal Justice establishments to mental health facilities (CHAI, 2007)

Although Irish Travellers are not yet counted separately in prison statistics, there is widespread concern among community organisations that they are overrepresented in prison numbers. The Irish Commission for Prisoners Overseas estimate that about 40% of their caseload involves Irish Travellers. Incarceration within four walls is particularly stressful for a nomadic group, but illiteracy makes them even more isolated.

> *When they are banged up in a cell all day they can't read books. They can't read prison rules or write letters to family and friends or fill in any official forms to make complaints or request any services or information.*

They may be unable to use the phone and attendance at Mass may be the only social contact they have. The incidence of suicide and self-harm among Irish Traveller men in prison is a major cause for concern (Catholic Communications Office, 2004) as is the disproportionate incidence of Traveller deaths in custody (CRE, 2004).

Prisoners also experience difficulties when they leave prison. Those who have a drug or alcohol problem may be disowned by relatives and if there is no home to go to, they can end up in a "revolving door" situation because of a lack of resettlement accommodation.

Summary

The key informant interviews provide a human backdrop to the statistical profile and existing research, explaining the evidence in terms of the history, experiences and needs of people largely forgotten by the Irish community and wider society. The expert knowledge of the key informants highlights in particular the MISIs who are invariably invisible at policy level but whose problems will be exacerbated as they age and become increasingly isolated and marginalised. The data highlight the additionally hidden problems of older women, Travellers and especially Traveller women, prisoners and particularly those from Travelling communities. The key informant data expands and elucidates the statistics and explains the existing research. However more importantly it provides an account of the human experience of some of the most vulnerable members of the Irish community in Britain.

CONCLUSIONS

The range of data analysed in the report has shown that the Irish population in Britain is disproportionately old, with a significant proportion in poor health, socially isolated and socially and economically disadvantaged. Problems with alcohol, mental health and housing are widespread and often inter-related. This information may not be new to those working in the Irish community, but the study provides empirical evidence of its extent. It also suggests that there are high levels of need in areas where there are no services or points of contact for the Irish community. The report also suggests that, although the volume and extent of problems are likely to increase as the population ages, there are many opportunities to reduce these.

The report identified a number of groups who experience acute problems which are exacerbated by their isolation from the Irish community and from services aimed at meeting the needs of Irish people. The needs of older single men are widely acknowledged but others are less visible. They include people in the pre-retirement age-bands, older women, survivors of abuse and domestic violence. A number of common problems related to pre-migration or post-migration experiences cross-cut these different cohorts and create sensitivities in dealing with them. The 'forgotten Irish' thus include a diversity of groups whose needs require specific targeted responses.

Perhaps the most significant revelation from the data was the group we have identified as the Middle Aged Sick and Isolated (MISIs) - people in the 50 plus age group, forced out of the labour force early through ill-health or injury. They experience considerable hardship and their age makes them ineligible for services and benefits open to those over pension age. Their problems are chronic and their needs are not sufficiently acute to warrant crisis intervention, so they are not prioritised by service providers. There is, however, significant potential for preventing social isolation, worsening health and cultural deprivation among this group through interventions aimed at re-engaging them with the wider community. These groups are, however, hard to reach and may be reluctant to access services.

The study highlights the differing experiences and needs of men and women which reflect particular migratory patterns. The proximity of Britain meant that migration often involved single people rather than families and that it was often unplanned since there was no expectation of settlement. Many, however, became entrenched in employment or life styles which made it difficult to maintain contact with home or develop wider social contacts in Britain. For men this meant an insecure and peripatetic life in the building trade with the pub playing a major social and emotional role and alcohol became a support as well as a source of problems. While employment in institutions may have protected women from isolation during their working lives, on retirement many of them were ill prepared for an independent life.

A significant proportion of Irish men and women migrated to escape abuse in institutions or the family, carrying with them a range of health problems and particularly low self-esteem. Their experience in Britain compounded the difficulties they faced in developing a positive identity. The problems remained unresolved, often returning to haunt them later on in life. Stigma, shame, pride and cultural insensitivity from service providers prevent vulnerable people accessing services, compounding isolation and exacerbating their problems.

The data confirm that Irish people in Britain are doubly marginalised. On the one hand their specific problems such as poor health are largely unacknowledged by mainstream service providers who tend to define Irish as 'white' and therefore not in need of specific interventions. On the other hand, stereotypes of Irish people persist and impact negatively on the care they receive.

Irish community organisations and services for Irish people are concentrated in areas of high Irish population. The mapping revealed, however that there are areas with sizeable Irish populations and in particular older communities where there are no facilities for Irish people. While services are overstretched where there is a high Irish population, the needs may be particularly acute in areas where the population is smaller.

The research team encountered many examples of good practice within existing Irish organisations which already provide support for the groups we have identified. They have also demonstrated that sensitive and imaginative outreach work can encourage hard-to-reach groups to engage positively and that culturally specific Irish services are popular and well used. These services have developed knowledge, expertise and experience on which further developments could be built.

There is, however, considerable unmet need. One of the barriers to further service development is insufficient, short term or insecure funding. The requirement to bid for funding annually not only interferes with service provision, but professional expertise is lost and morale is impaired when staff leave because there is no guarantee of funding.

There is immense scope for services which prevent problems from becoming acute, particularly for the 50-59 age group who are currently ignored by service providers. Easily accessible activities and interventions which reduce social isolation could prevent deteriorating health and improve social and psychological wellbeing. Retraining or resettlement in less physically demanding employment could prevent or alleviate health problems for this group, as well as being economically effective at individual and social level.

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Appendix 1 – The Census and the Labour Force Survey

The Census is the statistical source which is most widely used in research and policy. It is intended to include the whole population and is therefore the most comprehensive available data source and provides reliable information even at local level. It is, however, undertaken only once every ten years and the last Census was carried out in 2001, so the available data are now relatively old. It is also acknowledged that census data underestimate the size of the Irish population (Walter 2002). Separate censuses are carried out for Great Britain (England, Scotland and Wales) and for Northern Ireland. Some data are available only for England and Wales.

The Labour Force Survey (LFS) is a survey of a sample of about 55,000 households (2.2% of the population of Great Britain) intended to be representative of the whole population. It is carried out every quarter and thus more recent data are available than from the Census. The data provide robust information about large minority groups at national or regional level but the sample size means that it does not provide sufficiently reliable information on small groups (e.g. by country of birth) at regional level or on larger groups at local level.

Appendix 2 – Key informant interviewees

Tish Collins, London Irish Women's Centre (Irish women's issues)

Gary Fereday, Immigrant Counselling and Psychotherapy (mental health, counselling/ psychotherapy)

Frances McAuley, Federation of Irish Societies (community development, community needs, resources)

Fr Gerry Mc Flynn, Irish Commission for Prisoners Overseas (prisoners)

Yvonne McNamara, Irish Travellers Movement (Travellers, prisoners and women)

Sally Mulready, London Irish Elders Network (elders, survivors, prisoners)

Chris Ruane, MP Vale of Clewyd (Irish in Wales issues)

Tam Ryan, PhD student (Irish in Scotland issues)

Dr Patricia Walls, Independent Researcher (Scottish issues)

Psychologist, anonymous (gay and lesbian issues)

Appendix 3 - Members of the Advisory Group

Fiona Gowen, Federation of Irish Societies

Louisa Hancox, Ireland Fund of Great Britain

Ant Hanlon, CEO, Leeds Irish Health and Homes

Danny Maher, Director Cricklewood Homeless Concern

Frances McAuley, Federation of Irish Societies

Professor Paula McGee, Birmingham City University

Laura Quinn, Ireland Fund of Great Britain

Aileen Ross, Ireland Fund of Great Britain

Appendix 4 - Organisations which submitted internal documents and research reports

Brent Irish Advisory Service

Cara Irish Housing Association

Cricklewood Homeless Concern

Federation of Irish Societies

Innisfree Housing Association

Irish Community Care Merseyside

London Irish Centre

London Irish Survivors Outreach Service

London Irish Elders Network

Leeds Irish Health and Homes

Luton Irish Forum

Manchester Irish Community Care

Appendix 5 - Tables of statistical evidence

Table 1 Population of Great Britain by Country of Birth, Ethnicity and Region

Table 2 People born in the Republic of Ireland by year of arrival in the UK and Region (%)

Table 3a England – Level of Deprivation in Local Authorities which have a high proportion of people born in the Republic of Ireland (2.2% or more)

Table 3b Correlation between Deprivation (average in the LA) and proportion of people born in the Republic of Ireland

Table 4 Population of Great Britain by Age, Gender and Country of Birth (%)

Table 5 Population of Great Britain aged over 50 by Ethnicity, Gender and Region (%)

Table 6 Marital Status of population of Great Britain by Country of Birth, Gender and Age (%)

Table 7 Household Composition by Ethnicity and Region (%)

Table 8 Housing tenure by Country of Birth (%)

Table 9 Housing tenure of Irish-born Population by Age (%)

Table 10 People living in Communal Establishment by Ethnicity and Type of Establishment (England & Wales)

Table 11 Industry Sector of Workers in Great Britain by Gender and Country of Birth (%)

Table 12 Occupational Status of workers in Great Britain by Country of Birth, Gender and Age (%)

Table 13 Economic Activity by Country of Birth, Age and Gender (%)

Table 14 Inactive Population by Country of Birth, Age, Gender and Disability (%)

Table 15 People with LLTI (Limiting Long Term Illness) by Ethnicity and Age (%)

Table 16 People with Limiting Long Term Illness by Ethnicity and Region (England & Wales) (%)

Table 17 Unpaid Care provided by Ethnic Group, Gender and Number of Hours

Table 1 Population of Great Britain by Country of Birth, Ethnicity and Region

Region	All People	Country of Birth %			Ethnicity %
		Northern Ireland	Republic of Ireland	Ireland (all)	White Irish
North East	2,515,438	0.3	0.2	0.5	0.3
North West	6,729,766	0.5	0.8	1.4	1.2
Yorkshire and Humber	4,964,833	0.3	0.5	0.8	0.7
East Midlands	4,172,173	0.4	0.6	1.0	0.9
West Midlands	5,267,303	0.4	1.0	1.4	1.4
East	5,388,139	0.4	0.9	1.3	1.1
London	7,172,091	0.5	2.2	2.7	3.1
South East	8,000,645	0.5	0.8	1.3	1.0
South West	4,928,433	0.4	0.5	0.9	0.7
Wales	2,903,086	0.3	0.4	0.7	0.6
England & Wales	**52,041,915**	**0.4**	**0.9**	**1.3**	**1.2**
Scotland	5,062,011	0.7	0.4	1.1	1.0
GREAT BRITAIN	**57,103,918**	**0.4**	**0.9**	**1.3**	**1.2**

Source: Census 2001

Table 2 People born in the Republic of Ireland by year of arrival in the UK and Region (%)

	1969 or earlier	1970 to 1979	1980 to 1989	1990 to 1999	2000 or later
North East	71.2%	0.0%	0.0%	8.0%	20.8%
North West (inc Merseyside)	65.1%	6.5%	8.9%	10.4%	9.2%
Yorkshire and Humber	80.3%	3.7%	4.8%	7.2%	4.0%
East Midlands	71.1%	3.4%	13.0%	8.9%	3.6%
West Midlands	80.5%	5.0%	4.9%	1.5%	8.1%
Eastern	63.0%	8.1%	14.8%	2.5%	11.6%
London	53.1%	11.1%	17.6%	12.0%	6.3%
South East	73.3%	4.4%	7.5%	6.9%	7.9%
South West	67.9%	4.8%	14.7%	9.7%	3.0%
Wales	59.8%	3.7%	16.0%	9.0%	11.5%
Scotland	67.1%	2.7%	9.6%	9.8%	10.8%
Northern Ireland	27.6%	11.5%	18.2%	24.0%	18.7%
Total	62.1%	7.3%	12.6%	9.6%	8.4%

Source: LFS 2006 (Annual Estimates from 4 quarters)

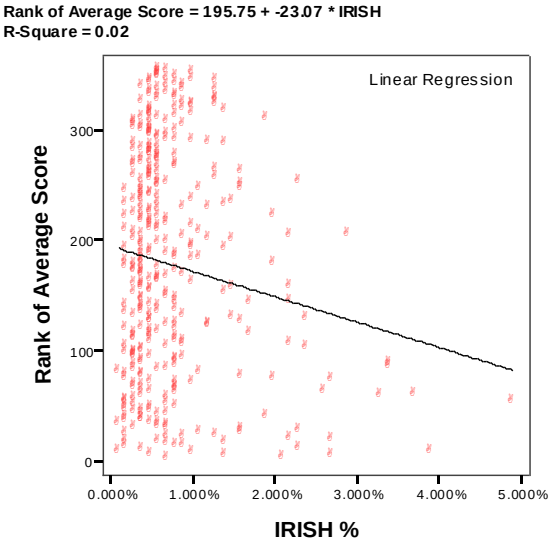
Note: figures apply only to residents who were not born in the UK

Table 3a England – Level of Deprivation in Local Authorities which have a high proportion of people born in the Republic of Ireland (2.2% or more)

					Index of Multiple Deprivation 2007 Rank of LA (out of 354 LAs)		
Local Authority	District / County	Population	Irish	% Irish	Total Deprivation	Income Scale	Employment Scale
Brent	Greater London	263,463	13,008	4.9	30	19	32
Islington	Greater London	175,798	6,848	3.9	6	36	39
Hammersmith and Fulham	Greater London	165,239	6,054	3.7	38	65	72
Luton UA	Luton	184,369	6,350	3.4	86	55	78
Ealing	Greater London	300,949	10,160	3.4	75	22	35
Camden	Greater London	198,019	6,506	3.3	42	42	43
Harrow	Greater London	206,809	6,090	2.9	196	69	85
Haringey	Greater London	216,508	5,936	2.7	13	14	29
Westminster	Greater London	181,287	4,956	2.7	67	57	60
Manchester	Manchester	392,819	10,691	2.7	4	2	3
Coventry	Coventry	300,853	7,948	2.6	71	23	21
Kensington and Chelsea	Greater London	158,918	3,836	2.4	98	95	99
Barnet	Greater London	314,561	7,472	2.4	112	38	53
Birmingham	Birmingham	977,089	22,805	2.3	14	1	1
Southwark	Greater London	244,870	5,577	2.3	19	18	22
City of London	Greater London	7,194	163	2.3	253	353	353
Lambeth	Greater London	266,171	5,972	2.2	9	16	16
Wandsworth	Greater London	260,374	5,829	2.2	128	49	54
Hillingdon	Greater London	243,005	5,427	2.2	153	59	71
Hounslow	Greater London	212,338	4,703	2.2	83	53	69
Watford	Hertfordshire	79,744	1,727	2.2	193	252	275

Source: Indices of Deprivation 2007; Census 2001

Table 3b Correlation between Deprivation (average in the LA) and proportion of people born in the Republic of Ireland



Correlations

		IRISH %	Rank of Average Rank
IRISH %	Pearson Correlation	1	-.159(**)
	Sig. (2-tailed)		.003
	N	353	353
Rank of Average Rank	Pearson Correlation	-.159(**)	1
	Sig. (2-tailed)	.003	
	N	353	353

** Correlation is significant at the 0.01 level (2-tailed).

Statistical analysis with SPSS, scatterplot and correlation table show that there is moderate (r = -0.159), but statistically significant (p<0.01), correlation between the proportion of people born in the Republic of Ireland (Census 2001) and deprivation as measured by the Index of Multiple Deprivation (ID 2007). This means that local authorities with a high proportion of Ireland-born people are more likely to be among the more deprived.

Table 4 Population of Great Britain by Age, Gender and Country of Birth (%)

	Great Britain		Republic of Ireland		Northern Ireland	
	males	females	Males	females	Males	Females
0-4	3.2	3.0	0.5	0.2	0.1	0.4
5-9	3.2	3.1	0.5	0.3	0.5	0.0
10-15	4.2	4.0	0.4	0.3	1.2	0.4
16-19	2.8	2.7	0.3	0.6	1.0	0.8
20-24	3.0	3.0	0.7	1.5	2.4	2.5
25-29	2.7	2.8	1.1	2.2	3.0	3.6
30-34	2.9	3.1	1.8	1.8	3.9	4.0
35-39	3.6	3.7	2.7	3.4	3.9	4.8
40-44	3.7	3.9	2.0	2.7	4.5	4.6
45-49	3.4	3.4	2.3	4.0	4.6	3.3
50-54	3.1	3.1	2.6	5.0	4.1	5.9
55-59	3.3	3.4	5.5	4.1	5.4	5.0
60-64	2.8	2.9	5.8	5.6	4.4	5.9
65-69	2.3	2.4	5.1	6.4	2.3	3.0
70+	4.8	6.6	11.7	18.7	6.4	8.0

Source: LFS 2006

Note: figures show the percentage of each group as a proportion of the total population (e.g. males over 70 born in the Republic of Ireland represent 11.7% of the total RoI born population).

Table 5 Population of Great Britain aged over 50 by Ethnicity, Gender and Region (%)

	All people			White Irish		
	Males	Females	All	Males	Females	All
North East	32.5	36.2	34.4	48.9	49.4	49.2
North West	31.9	35.6	33.8	55.1	59.9	57.6
Yorkshire & Humber	31.7	35.5	33.7	53.9	56.0	55.0
East Midlands	32.5	35.9	34.2	54.7	58.0	56.4
West Midlands	32.0	35.5	33.8	60.0	63.6	61.9
East	32.7	36.3	34.5	49.9	54.1	52.2
London	25.0	28.1	26.6	43.0	47.0	45.1
South East	32.1	36.2	34.2	48.3	54.4	51.6
South West	35.2	39.5	37.4	53.5	59.2	56.5
Wales	34.0	37.7	35.9	54.0	54.8	54.5
Total (England & Wales)	31.6	35.3	33.5	49.9	54.0	52.1

Source: Census 2001

Note: figures refer to the numbers in each region who are over 50 as a % of the whole population in that region (e.g. 48.9 % white Irish males in the North East are over 50 years old).

Table 6 Marital Status of population of Great Britain by Country of Birth, Gender and Age (%)

	Males					Females				
	16-49	50-59	60-64	65+	Total	16-49	50-59	60-64	65+	Total
	Born in Great Britain									
Divorced, Separated, Widowed	7.2%	16.4%	15.9%	22.5%	9.5%	11.8%	24.6%	25.9%	48.5%	18.3%
Married, Civil Partner	39.4%	73.1%	76.9%	71.8%	42.1%	40.9%	69.0%	69.5%	46.7%	39.1%
Single, never married	53.4%	10.5%	7.2%	5.7%	48.4%	47.2%	6.4%	4.5%	4.9%	42.6%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Born in Republic of Ireland									
Divorced, Separated, Widowed	5.5%	23.4%	21.0%	33.9%	19.4%	10.0%	21.8%	26.9%	53.3%	29.3%
Married, Civil Partner	50.2%	64.1%	69.9%	57.8%	55.9%	50.6%	69.3%	64.6%	41.1%	51.1%
Single, never married	44.3%	12.5%	9.1%	8.3%	24.8%	39.4%	8.9%	8.6%	5.6%	19.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: LFS 2006

Table 7 Household Composition by Ethnicity and Region (%)

	All People			White Irish		
	Lone Pensioners	Two or more pensioners	Other	Lone Pensioners	Two or more l pensioners	Other
East	14.1%	10.6%	75.3%	16.7%	11.0%	72.3%
East Midlands	13.9%	10.0%	76.1%	18.7%	11.0%	70.3%
London	12.7%	5.7%	81.6%	16.0%	6.2%	77.8%
North East	15.6%	9.3%	75.1%	16.7%	10.6%	72.8%
North West	15.1%	8.9%	76.0%	20.0%	9.9%	70.1%
South East	14.4%	10.2%	75.4%	17.4%	10.3%	72.3%
South West	15.5%	11.6%	73.0%	19.3%	12.0%	68.7%
West Midlands	14.3%	9.5%	76.2%	21.1%	11.6%	67.3%
Yorkshire and Humber	14.8%	9.6%	75.6%	18.2%	10.3%	71.5%
ENGLAND	14.4%	9.3%	76.3%	17.8%	9.1%	73.0%
Wales	15.5%	10.1%	74.4%	18.6%	11.5%	69.9%
ENGLAND & WALES	14.4%	9.4%	76.2%	17.9%	9.2%	72.9%

Source: Census 2001

Table 8 Housing tenure by Country of Birth (%)

	Rented				Owned		
Country of birth	Social Housing	Private Landlord	Other rent	**Total Renting**	Owned outright	Mortgage or loan	**Total Owners**
Great Britain	18.0	7.1	0.8	**25.9**	26.0	47.8	**73.8**
Ireland (Total)	15.8	7.0	1.1	**23.9**	31.2	44.8	**76.0**
Irish Republic	21.6	9.1	1.0	**31.7**	38.0	30.2	**68.2**
Northern Ireland	14.4	6.5	1.1	**22.0**	29.6	48.2	**77.8**
Others	21.0	27.6	1.1	**49.7**	16.6	33.3	**50.0**
Total	**18.2**	**8.9**	**0.8**	**28.0**	**25.3**	**46.4**	**71.7**

Source: LFS 2006

Table 9 Housing tenure of Irish-born Population by Age (%)

	Rented				Owned		
Irish born (age)	Social Housing	Private Landlord	Other rent	**Total Renting**	Owned outright	Mortgage or loan	**Total Owners**
up to 49	13.6	9.7	1.0	**24.3**	15.3	60.2	**75.5**
50-59	14.7	3.5	0.3	**18.5**	37.9	43.5	**81.5**
60-64	16.4	2.4	0.6	**19.4**	61.1	19.1	**80.2**
65 +	23.4	2.5	2.0	**27.9**	66.4	5.6	**72.0**
Total	15.8	7.0	1.1	**23.9**	31.2	44.8	**76.0**

Source: LFS 2006

Table 10 People living in Communal Establishment by Ethnicity and Type of Establishment (England & Wales)

	Count			Percentage				
	All people	British	Irish	All people	British	Irish		
Type of Establishment						All	Males	Females
Total in communal establishment	934,230	759,132	16,643	100.0%	100.0%	100.0%	100.0%	100.0%
Medical and Care Establishments	448,556	416,919	7,539	48.0%	54.9%	45.3%	32.7%	56.0%
NHS	34,819	25,360	870	3.7%	3.3%	5.2%	4.4%	5.9%
Psychiatric hospital	11,823	9,857	249	1.3%	1.3%	1.5%	1.7%	1.3%
Other hospital/home	22,996	15,503	621	2.5%	2.0%	3.7%	2.7%	4.6%
Local Authority	45,500	43,263	654	4.9%	5.7%	3.9%	3.3%	4.5%
Nursing home	1,506	1,418	39	0.2%	0.2%	0.2%	0.1%	0.4%
Residential care home	40,407	38,706	579	4.3%	5.1%	3.5%	3.0%	3.9%
Other home	3,587	3,139	36	-	-	-	-	-
Housing association	10,148	9,013	196	1.1%	1.2%	1.2%	1.2%	1.2%
Other	358,089	339,283	5,819	38.3%	44.7%	35.0%	23.9%	44.3%
Nursing Home	147,363	140,009	2,419	15.8%	18.4%	14.5%	9.7%	18.7%
Residential care home	193,516	183,975	3,075	20.7%	24.2%	18.5%	12.2%	23.8%
Psychiatric hospital	7,461	6,705	159	0.8%	0.9%	1.0%	1.3%	0.7%
Other hospital	727	472	20	0.1%	0.1%	0.1%	0.0%	0.2%
Other medical and care home	9,022	8,122	146	-	-	-	-	-
Other establishments	485,674	342,213	9,104	52.0%	45.1%	54.7%	67.3%	44.0%
Prison Service establishments	46,870	35,726	1,202	5.0%	4.7%	7.2%	15.0%	0.7%
Probation/Bail hostel (not Scotland)	1,348	1,159	28	0.1%	0.2%	0.2%	0.3%	0.0%
Education establishments	257,256	169,959	3,386	27.5%	22.4%	20.3%	21.9%	19.0%
Hotel, boarding house, guest house	29,296	21,237	549	3.1%	2.8%	3.3%	4.5%	2.3%
Hostel (including youth hostels, hostels for the homeless and psr)	26,692	16,230	1,087	2.9%	2.1%	6.5%	11.7%	2.1%
Other	124,212	97,902	2,852	-	-	-	-	-
Total population	52,041,916	45,533,741	641,804					
% in communal establishment	1.80%	1.67%	2.59%					

Source: Census 2001 (England & Wales)

Table 11 Industry Sector of Workers in Great Britain by Gender and Country of Birth (%)

	Great Britain		Republic of Ireland		Northern Ireland	
Industry sector	Males	females	males	females	males	females
A-B: Agriculture & fishing	2.0%	0.7%	0.6%	0.3%	6.0%	0.5%
C,E: Energy & water	1.5%	0.5%	1.1%	1.1%	1.5%	0.1%
D: Manufacturing	18.4%	7.1%	16.5%	5.0%	18.4%	6.2%
F: Construction	14.1%	1.9%	25.4%	2.1%	15.8%	1.5%
G-H: Distribution, hotels & restaurants	16.7%	21.2%	10.8%	13.5%	17.1%	22.0%
I: Transport & communication	9.4%	3.6%	7.3%	2.5%	6.2%	2.6%
J-K: Banking, finance & insurance etc	16.3%	14.9%	17.8%	14.7%	10.1%	10.9%
L-N: Public admin, educ & health	15.8%	43.1%	15.6%	53.9%	20.2%	52.6%
O-Q: Other services	5.7%	6.9%	4.8%	7.0%	4.7%	3.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: LFS 2006 (Annual Estimates from 4 quarters)

Table 12 Occupational Status of workers in Great Britain by Country of Birth, Gender and Age (%)

Born in Britain

	Male					Female				
	16-49	50-59	60-64	65+	Total	16-49	50-59	60-64	65+	Total
1 Managers and Senior Officials	18.0	20.9	17.0	17.4	18.5	11.5	11.1	10.3	12.2	11.4
2 Professional occupations	12.5	16.1	13.3	15.6	13.4	11.0	14.4	8.4	7.6	11.5
3 Associate Professional and Technical	14.4	11.4	10.7	11.0	13.5	16.2	12.2	10.8	7.9	15.0
4 Administrative and Secretarial	5.2	4.0	4.3	5.2	4.9	20.1	24.1	25.7	23.4	21.2
5 Skilled Trades Occupations	19.5	19.5	19.8	18.0	19.5	1.7	2.0	3.1	3.2	1.8
6 Personal Service Occupations	2.2	2.3	3.4	2.2	2.3	14.9	13.0	13.4	11.2	14.4
7 Sales and Customer Service Occupations	5.5	2.3	2.5	4.6	4.6	12.6	8.6	10.6	13.3	11.8
8 Process, Plant and Machine Operatives	11.0	14.2	17.2	13.6	12.1	1.8	2.5	2.0	1.9	2.0
9 Elementary Occupations	11.6	9.5	11.8	12.4	11.2	10.2	12.1	15.9	19.3	11.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Born in the Republic of Ireland

	Male					Female				
	16-49	50-59	60-64	65+	Total	16-49	50-59	60-64	65+	Total
1 Managers and Senior Officials	25.3	19.1	19.2	10.3	21.7	14.1	12.4	15.0	13.1	13.6
2 Professional occupations	16.7	10.5	5.9	20.9	13.5	20.9	14.7	4.6	21.1	17.3
3 Associate Professional and Technical	18.6	9.7	2.7	7.4	12.9	24.7	20.9	13.4	15.1	21.9
4 Administrative and Secretarial	1.9	2.4	6.3	0.0	2.6	12.0	15.9	20.0	16.0	14.2
5 Skilled Trades Occupations	18.8	20.6	25.1	23.7	20.5	3.5	2.2	0.0	0.0	2.5
6 Personal Service Occupations	1.6	5.5	3.3	6.2	3.2	9.5	10.6	7.7	10.3	9.7
7 Sales and Customer Service Occupations	1.6	1.9	0.0	0.0	1.3	7.5	4.9	9.1	0.0	6.6
8 Process, Plant and Machine Operatives	10.9	17.5	23.5	15.3	15.0	1.4	3.8	10.5	0.0	3.0
9 Elementary Occupations	4.6	12.9	14.0	16.2	9.1	6.6	14.5	19.7	24.5	11.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: LFS 2006

Table 13 Economic Activity by Country of Birth, Age and Gender (%)

Born in Great Britain

	Male				Female			
	16-49	50-59	60-64	65+	16-49	50-59	60-64	65+
In employment	81.7%	80.6%	54.7%	9.5%	72.5%	70.1%	32.9%	4.5%
ILO unemployed	5.7%	2.6%	1.7%	0.2%	4.2%	1.8%	0.7%	0.1%
Inactive	**12.6%**	**16.8%**	**43.6%**	**90.3%**	**23.3%**	**28.1%**	**66.4%**	**95.5%**
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Born in the Republic of Ireland

	Male				Female			
	16-49	50-59	60-64	65+	16-49	50-59	60-64	65+
In employment	84.8%	76.5%	56.1%	7.1%	74.3%	73.1%	44.5%	4.4%
ILO unemployed	4.2%	3.6%	1.9%	0.5%	3.9%	3.4%	0.6%	0.0%
Inactive	**11.0%**	**19.9%**	**42.1%**	**92.3%**	**21.7%**	**23.5%**	**54.9%**	**95.6%**
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Born in Northern Ireland

	Male				Female			
	16-49	50-59	60-64	65+	16-49	50-59	60-64	65+
In employment	86.2%	78.5%	59.3%	13.7%	74.1%	75.0%	24.7%	3.9%
ILO unemployed	4.8%	3.2%	0.0%	2.2%	2.2%	4.1%	1.9%	0.0%
Inactive	**9.0%**	**18.2%**	**40.7%**	**84.1%**	**23.7%**	**20.9%**	**73.4%**	**96.1%**
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: LFS (Annual Estimates from 4 quarters)

Note: Figures refer to population aged over 15

Table 14 Inactive Population by Country of Birth, Age, Gender and Disability (%)

	Male				Female			
Disability	16-49	50-59	60-64	65+	16-49	50-59	60-64	65+
	Great Britain							
DDA and work-limiting	32.6%	64.7%	51.3%	1.8%	21.8%	51.4%	5.3%	0.1%
DDA	1.8%	2.6%	5.6%	45.8%	3.4%	5.1%	34.2%	50.0%
Work-limiting only	3.8%	4.9%	5.2%	0.3%	3.3%	4.0%	0.9%	0.1%
Not disabled	**61.8%**	**27.9%**	**38.0%**	**52.1%**	**71.4%**	**39.5%**	**59.6%**	**49.8%**
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Republic of Ireland							
DDA and work-limiting	45.7%	79.6%	58.2%	1.9%	19.8%	48.5%	4.0%	0.0%
DDA	0.0%	0.0%	8.5%	52.6%	6.4%	4.9%	36.7%	51.7%
Work-limiting only	6.9%	3.3%	9.4%	1.2%	1.7%	4.7%	0.0%	0.0%
Not disabled	**47.4%**	**17.1%**	**24.0%**	**44.3%**	**72.1%**	**41.9%**	**59.3%**	**48.3%**
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Northern Ireland							
DDA and work-limiting	36.2%	44.2%	37.7%	0.0%	27.6%	72.8%	5.1%	1.0%
DDA	0.0%	9.3%	9.4%	38.8%	0.0%	2.4%	41.5%	41.6%
Work-limiting only	0.0%	0.0%	0.0%	0.0%	7.3%	2.2%	0.0%	0.0%
Not disabled	**63.8%**	**46.5%**	**52.9%**	**61.2%**	**65.2%**	**22.6%**	**53.4%**	**57.5%**
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: LFS 2006

Note: DDA refers to people disabled according to the Disability Discrimination Act, which is ‘a physical or mental impairment which has a substantial long-term adverse effect on his / her ability to carry out normal day to day activities’.

Table 15 People with LLTI (Limiting Long Term Illness), by Ethnicity and Age (%)

	England & Wales			
	All		White Irish	
	Males	Females	Males	Females
0 to 15	4.9%	3.6%	5.0%	3.8%
16 to 49	9.8%	9.5%	11.8%	10.1%
50 to 64	27.0%	26.3%	33.6%	29.2%
65 and over	49.5%	53.1%	49.2%	49.1%
Total	17.3%	19.1%	25.7%	25.5%

Source: Census 2001

Table 16 People with Limiting Long Term Illness by Ethnicity and Region (England & Wales) (%)

	All people %	White British %	White Irish %
North East	22.7	23.0	27.8
North West	20.7	21.0	32.0
Yorkshire & Humber	19.5	19.9	28.9
East Midlands	18.4	18.7	27.8
West Midlands	18.9	19.2	30.7
East	16.2	16.6	22.1
London	15.5	17.1	22.9
South East	15.5	15.9	21.2
South West	18.1	18.3	25.5
Wales	23.3	23.5	31.0
Total (England & Wales)	**18.2**	**18.8**	**25.6**

Source: Census 2001

Table 17 Unpaid Care provided by Ethnic Group, Gender and Number of Hours

	All people			Females			Males		
	All people	White British	White Irish	All people	White British	White Irish	All people	White British	White Irish
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Provides no care	87.5%	87.3%	89.1%	86.1%	85.7%	87.9%	89.1%	88.9%	90.6%
Provides care: 1 to 19 hours	8.4%	8.6%	6.9%	9.2%	9.5%	7.6%	7.5%	7.7%	6.0%
Provides care: 20 to 49 hours	1.4%	1.4%	1.3%	1.6%	1.6%	1.5%	1.2%	1.1%	1.1%
Provides care: 50 or more hours	2.7%	2.7%	2.7%	3.1%	3.2%	3.1%	2.2%	2.3%	2.3%

Source: Census 2001

Appendix 6

Forgotten Irish – Regional summaries for England and Wales

Great Britain is divided into eleven regions: Wales and Scotland plus nine English regions. Each of the eight English regions outside London has a non-elected Assembly responsible for the coordination of economic policy, while London, Scotland and Wales all have elected assemblies with a variety of powers. All regions also have a range of locally elected bodies, including city, borough and county councils. These regions are also the administrative units in relation to the European Union's regional policies and thus have growing importance in relation to policies for social and economic development. Much of the data from the Census and and the Labour Force Survey are available broken down by these regions and regional analyses can give an overview which is useful in identifying trends and patterns and highlighting issues to be examined at a more local level. It is important to note however that regional data may mask the diversity of an area and neglect pockets of deprivation or marginalised communities.

In the tables below, ‘Irish people’ refer to those identifying as Irish in the 2001 Census. Irish-born population figures are from the Labour Force Survey, 2006. In the tables below, unless otherwise stated, figures are rounded to the nearest 100.

West Midlands Region

The West Midlands includes areas of manufacturing industry some of which is in decline and some subject to considerable regeneration. The main centres of population are Birmingham, Coventry and Wolverhampton, all of which have large Irish populations. Many areas of these cities, as well as other areas of the region, have high scores on the Index of Multiple Deprivation.

Population

The total population of the region is 5,267,300 of which Irish-born people make up 1.4%.

Total Irish-born population	Republic of Ireland		Northern Ireland	
76,300	54,300		22,000	
	Men	Women	Men	Women
	25,200	29,100	10,600	11,400

Age distribution

Census 2001 ethnicity data show that the percentage of Irish people aged 50 and over is higher than for all other ethnic groups in the region. 63.6 % of Irish women and 60.0% of men are aged 50 or over compared with 35.5% of women and 32.0% of men in the population as a whole**.**

Numbers of Irish people aged 50 and over	Men	Women
45, 200	21,400	23,800

Irish people above pension age

The percentage of Irish men above pension age is almost three times higher than for the general population (35.5% compared to 13.85%) and almost double for women (51.1% compared to 23%). This reflects the fact that 80.5% of the Irish population arrived in 1969 or earlier.

Numbers of Irish people over pension age	Men	Women
33,400	12,700	20,700

Household Composition

Irish people are significantly more likely to live alone than all other ethnic groups in the population (21.1% compared to 14.3 %). A higher percentage live in households containing two or more pensioners than the rest of the population (11.6 % compared to 9.5 %).

Numbers of Irish people living in pensioner households	Lone pensioners	Two or more pensioners
14,000	9,000	5,000

Health

The percentage of Irish people who self-report “not good health” is higher than for the population as a whole at all ages. The figures below are rounded to the nearest ten.

Numbers of Irish people in “not good health”	Men	Women
50-59	1,430	1,380
60-64	1,100	820
65+	2,750	3,400

Limiting long term illness (LLTI)

The proportion of Irish people reporting limiting long term illness is significantly higher than for the population as a whole. 30.6% of Irish women and 30.8% of Irish men report LLTI compared with 19.9% of all women and 17.7% of all men. The incidence of LLTI increases with age.

Number of Irish people with LLTI

Age band	Men	Women
50-64	3,800	3,500
65+	5,300	6,500

Provision of unpaid care by people above pension age

Significant numbers of Irish people of all ages provide unpaid care to family and friends who are old or disabled. A high proportion of unpaid carers are above pension age but still provide many hours of care for spouses, siblings, other family members and friends.

Number of Irish people above pension age providing unpaid care

1-19 hours per week	20-49 hours per week	50 or more hours per week
1,300	400	1,200

Key issues for IFGB

The Irish population of the West Midlands is around 73,000. The statistical profile highlights the vulnerability of the Irish population and the potential for significant numbers of "Forgotten Irish" as follows:

- **About 45,000 are 50 and over and of those some 33,000 are above pension age.**
- **Around 9,000 live in lone-pensioner households and a further 5,000 in households comprised of two or more pensioners.**
- **Around 10,000 people aged 50 and over self-report "not good health".**
- **Approximately 19,000 people aged 50 and over experience limiting long term illness.**
- **Almost 3,000 people above pension age provide unpaid care and of those almost 1,200 care for more than 50 hours each week.**
- **There are high levels of economic inactivity, especially among the 50–60/65 age group.**
- **Services for Irish people exist in Birmingham, Coventry, Sandwell but the size and profile of the community suggest the capacity to extend and/or develop provision.**

Yorkshire and the Humber Government Region

The Yorkshire and the Humber region is predominantly rural but with a cluster of services and heavy industry near the Humber ports and areas of south and west Yorkshire, based on traditional industries now in transformation. The main centres of population are Bradford, Leeds, Doncaster, Hull, Sheffield and York. There are significant populations of Irish people in this region with larger concentrations in Leeds, Sheffield and Bradford. Areas of these cities and other parts of the region have high scores on the 2007 Index of Multiple Deprivation.

Population

The total population of Yorkshire and the Humber is 4,964,800 of which 0.8% are Irish-born.

Total Irish-born population	Republic of Ireland		Northern Ireland	
40,000	22,900		17,100	
	Men	Women	Men	Women
	10,700	12,200	8,100	9,000

Age distribution

Census 2001 ethnicity data show that the percentage of Irish people aged fifty and over is higher than for all other ethnic groups in the region. 56.0 % of Irish women and 53.9% of Irish men are aged 50 or over compared with 35.5% of women and 31.7% of men in the population as a whole.

Numbers of Irish people aged 50 and over	Men	Women
18,000	8,700	9,300

Irish people above pension age

The percentage of Irish men above pension age is twice as high as that of the general population (27% compared to 13.8%) and just less than double for women (39.5% compared to 23.2%). This reflects the arrival of 80.3% of Irish people in 1969 or earlier.

Numbers of Irish people over pension age	Men	Women
13,500	5,100	8,400

Household composition

Irish people are significantly more likely to live alone than all others ethnic groups in the population (18.2% compared to 14.8 %). A slightly higher percentage live in households containing two or more pensioners than the rest of the population (10.3 % compared to 9.6%).

Numbers of Irish people living in pensioner households	Lone pensioners	Two or more pensioners
5,300	3,400	1,900

Health

The percentage of Irish people who self-report "not good health" is higher than the population as a whole at all ages. The figures are rounded to the nearest 10.

Numbers of Irish people "not in good health"	Men	Women
50-59	700	1,380
60-64	490	640
65+	1,150	1,130

Limiting long term illness (LLTI)

The proportion of Irish people reporting limiting long term illness is significantly higher than for the population as a whole. 28.5 % of Irish women report LLTI compared with 20.3% of all other groups and 29.3% of Irish men report LLTI compared with 18.6% of all other groups. The incidence of LLTI increases with age.

Number of Irish people with LLTI

Age band	Men	Women
50-64	1,800	1,500
65+	2,200	2,500

Provision of unpaid care by people above pension age

Significant numbers of Irish people of all ages provide unpaid care to family and friends who are old or disabled. A high proportion of unpaid carers are above pension age but still provide many hours of care for spouses, siblings, other family members and friends.

Number of Irish people above pension age providing unpaid care

1-19 hours per week	20-49 hours per week	50 or more hours per week
500	200	400

Key issues for IFGB

The Irish population of the Yorkshire and the Humber is around 40,000. The statistical profile highlights the vulnerability of the Irish population and the potential for significant numbers of "Forgotten Irish" as follows:

- **About 18,000 are 50 and over and of those some 13,500 are above pension age.**
- **Around 3,400 live in lone-pensioner households and a further 1,900 in households comprised of two or more pensioners.**
- **Around 4600 people aged 50 and over self-report "not good health".**
- **Approximately 8,000 people aged fifty and over experience limiting long term illness.**
- **Around 1,100 people above pension age provide unpaid care and of those, over 400 care for more than 50 hours each week.**
- **There are high levels of economic inactivity among the 50–60/65 age group.**

- **Although Irish community organisations exist in places such as Leeds and Sheffield, Bradford, Huddersfield and Hull, they have the capacity to expand, develop or diversify to meet the needs of this large region,**

East Midlands Government Region

The East Midlands Region is large in terms of size but with a low density of population. It includes the five counties of Leicestershire, Lincolnshire, Nottinghamshire, Northamptonshire and Derbyshire. The main centres of population are Leicester, Northampton, Nottingham and all have sizeable Irish populations. Areas of these cities and other parts of the region have high scores on the 2007 Index of Multiple Deprivation.

Population

The total population of the East Midlands is 4,172,200 of which the Irish-born make up 1.0%.

Total Irish-born population	Republic of Ireland		Northern Ireland	
42,000	25,700		16,300	
	Men	Women	Men	Women
	12,000	13,700	7,800	8,500

Age distribution

Census 2001 ethnicity data shows that the percentage of Irish people aged 50 and over is higher than for all other ethnic groups. 58.0% of Irish women and 54.7% of Irish men are aged 50 or over compared with 35.9% of women and 32.5% of men in the population as a whole.

Numbers of Irish people aged 50 and over	Men	Women
20,000	9,500	10,500

Irish people above pension age

The percentage of Irish men above pension age is double that of the general population (28.6% compared with 14.1%) and for women just less than double (42.1% compared to 22.9%). This reflects the fact that 71.1% of the Irish population arrived in 1969 or earlier.

Numbers of Irish people over pension age	Men	Women
15,000	5,700	9,300

Household composition

Irish people are more likely to live alone than all others in the population (18. 7% compared to 13.9%). They are also slightly more likely to live in households containing two or more pensioners (11.0%) than the rest of the population (10.0%)

Numbers of Irish people living in pensioner households	Lone pensioners	Two or more pensioners
5,900	3,700	2,200

Health

The percentage of Irish people who self-report “not good health” is higher for Irish men and women across all age bands. The differences are particularly marked from 50 onwards. The figures below are rounded to the nearest ten.

Numbers of Irish people in “not good health”	Men	Women
50-59	680	610
60-64	380	320

65+	1,180	1,400

Limiting long term illness (LLTI)

The proportion of Irish people reporting limiting long term illness is significantly higher than for the population as a whole. 27.6% of Irish women and 28.5% of Irish men report LLTI compared with 19.3% of all women and 17.5% of all men. The incidence of LLTI increases with age.

Number of Irish people with LLTI

Age band	Men	Women
50-64	1,700	1,500
65+	2,300	2,700

Provision of unpaid care by people above pension age

Significant numbers of Irish people of all ages provide unpaid care to family and friends who are old or disabled. A high proportion of unpaid carers are above pension age but still provide many hours of care for spouses, siblings, other family members and friends.

Number of Irish people above pension age providing unpaid care

1-19 hours per week	20-49 hours per week	50 or more hours per week
600	100	500

Key issues for IFGB

The Irish population of the East Midlands is around 42,000. The statistical profile highlights the vulnerability of the Irish population in the region and the potential for significant numbers of "Forgotten Irish" as follows:

- **About 20,000 are 50 and over and of those some 15,000 are above pension age.**
- **Around 3,700 live in lone-pensioner households and a further 2,200 in households comprised of two or more pensioners.**
- **Around 4,600 people aged 50 and over self-report "not good health" .**
- **Approximately 8,000 people aged 50and over experience limiting long term illness.**
- **Around 1,200 people above pension age provide unpaid care and of those almost 500 care for more than 50 hours each week.**
- **There are high levels of economic inactivity among the 50–60/65 age group.**

- **Currently Irish organisations exist in Nottingham, Leicester, Northampton and Corby and provide a range of welfare and social services to the Irish community. All are stretched to meet demand but all have the capacity to extend their provision.**

North East Government Region

The North East is one of the smallest government regions in terms of size and population and also has the smallest Irish population. The main centres of population are Newcastle, Sunderland, Middlesbrough and Stockton. Areas of these cities and other parts of the region have high scores on the 2007 Index of Multiple Deprivation.

Population

The total population of the North East is 2,515,400 of which Irish-born make up 0.5%.

Total Irish-born population	Republic of Ireland		Northern Ireland	
13,300	5700		7600	
	Men	Women	Men	Women

	2,700	3,000	3,500	4,100

Age distribution

Census 2001 ethnicity data shows that the percentage of Irish people aged 50 and over is higher than for all other ethnic groups. 49.4% of Irish women and 48.9% of Irish men are aged 50 or over compared with 36.2% of women and 32.5% in the population as a whole.

Numbers of Irish people aged 50 and over	Men	Women
4,300	2, 100	2,200

Irish people above pension age

The percentage of Irish people above pension age is higher than that of the general population (22.6% compared to 14.3% for men; and 32.1% compared 23.9% for women). This reflects the fact that 71.2% of the Irish population arrived in 1969 or earlier.

Numbers of Irish people over pension age	Men	Women
3,700	1,400	2,300

Household Composition

Irish people are slightly more likely to live alone than all other groups in the population (16.7% compared to 15.6 %). They are also somewhat more likely to live in households containing two or more pensioners (10.6%) than the rest of the population (9.3%).

Numbers of Irish people living in pensioner households	Lone pensioners	Two or more pensioners
1,300	800	500

Health

Irish people are more likely to report “not good health” in the age groups up to 59. After that age they are less likely to report “not good health”. The figures below are rounded to the nearest ten.

Numbers of Irish people in “not good health”	Men	Women
50-59	180	150
60-64	100	70

65+	270	330

Limiting long term illness (LLTI)

The proportion of Irish people reporting limiting long term illness is significantly higher than for the population as a whole. 27.3 % of Irish women and 28.4% of Irish men report LLTI compared with 23.1% of other women and 22.4% of all men. The incidence of LLTI increases with age.

Number of Irish people with LLTI

Age band	Men	Women
50-64	400	300
65+	500	600

Provision of unpaid care by people above pension age

Significant numbers of Irish people of all ages provide unpaid care to family and friends who are old or disabled. A high proportion of unpaid carers are above pension age but still provide many hours of care for spouses, siblings, other family members and friends.

Number of Irish people above pension age providing unpaid care

1-19 hours per week	20-49 hours per week	50 or more hours per week
100	100	100

Key issues for IFGB

The Irish population of the North East is around 13,000. The statistical profile highlights the vulnerability of the Irish population and the potential for significant numbers of "Forgotten Irish" as follows:

- **About 4,300 are 50 and over and of those some 3,700 are above pension age.**
- **Around 800 live in lone-pensioner households and a further 500 in households comprised of two or more pensioners.**
- **Around 1,100 people aged 50 and over self -report as being in "not good health".**
- **Approximately 1,800 people aged 50 and over experience limiting long term illness.**
- **About 300 people above pension age provide unpaid care and of those 100 care for more than 50 hours each week.**
- **There are high levels of economic inactivity among the 50–60/65 age group.**
- **Irish organisations and cultural groups exist in Newcastle / Tyneside and have the capacity to expand to provide additional or different services to the community.**

North West Government Region

The North West is a region of stark contrasts with a thriving regional economy but also areas marked by high levels of deprivation, health and social inequalities. The main centres of population are Manchester, Liverpool, Bolton and Stockport. There are sizeable Irish populations throughout the region, but with the largest concentrations in Manchester and Liverpool. Areas of these cities and other parts of the region have high scores on the 2007 Index of Multiple Deprivation.

Population

The overall population of the North West is 6,729,800 of which 1.4% are Irish-born.

Total Irish-born population	Republic of Ireland		Northern Ireland	
91,700)	56,800		34,900	
	Men	Women	Men	Women
	25,200	31,600	16,500	18,400

Age distribution

Census 2001 ethnicity data shows that the percentage of Irish people aged 50 and over is higher than for all other ethnic groups. 63.6% of Irish women and 60% of Irish men are aged 50 or over compared with 35.5% of women and 32 % of men in the population as a whole.

Numbers of Irish people aged 50 and over	Men	Women
44, 700	20,100	24, 600

Irish people above pension age

The percentage of men above pension age is double that of the general population (28.5% compared to 13.7%) and for women slightly less than double (43.5% compared with 23.2%) This reflects the fact that 65.1% of the Irish population arrived in 1969 or earlier.

Numbers of Irish people over pension age	Men	Women
33,700	11,900	21, 800

Household Composition

Irish people are more likely to live alone than all others in the population (20.0% compared to 15.1%). They are also slightly more likely to live in households containing two or more pensioners (9.9%) than the rest of the population (8.9%).

Numbers of Irish people living in pensioner households	Lone pensioners	Two or more pensioners
13,400	9,000	4,400

Health

Irish people are more likely to report "not good health" than all other ethnic groups up to the age of 59 and less likely to report it above that age. The numbers below are rounded to the nearest ten.

Numbers of Irish people in "not in good health"	Men	Women
50-59	1,740	1,830
60-64	1,170	920

65+	2,570	3,600

Limiting long term illness (LLTI)

The proportion of Irish people reporting limiting long term illness is significantly higher than for the population as a whole. 32% of both Irish women and men report LLTI compared to 21.6% for all women and 19.8% for all men.

Number of Irish people with LLTI

Age band	Men	Women
50-64	4,400	4,300
65+	5,000	6,800

Provision of unpaid care by people above pension age

Significant numbers of Irish people of all ages provide unpaid care to family and friends who are old or disabled. A high proportion of unpaid carers are above pension age but still provide many hours of care for spouses, siblings, other family members and friends.

Number of Irish people above pension age providing unpaid care

1-19 hours per week	20-49 hours per week	50 or more hours per week
1,400	400	,100

Key issues for IFGB

The Irish population of the North West is around 92,000. The statistical profile highlights the vulnerability of the Irish population and the potential for significant numbers of "Forgotten Irish" as follows:

- **About 44,700 are 50 and over and of those some 33,700 are above pension age.**
- **Around 9,000 live in lone-pensioner households and a further 4,400 in households comprised of two or more pensioners.**
- **Around 12,000 people aged 50 and over self-report "not good health".**
- **Approximately 20, 000 people aged 50 and over experience limiting long term illness.**
- **Around 2,900 people above pension age provide unpaid care and of those over 1,100 care for more than 50 hours each week.**
- **There are high levels of economic inactivity among the 50 60/65 age group.**
- **A range of Irish welfare, cultural and social organisations exists in Manchester, Liverpool and other Lancashire towns. All have the capacity to expand and/or diversify to meet the needs**

of the community.

East of England Government Region

The East of England region is a diverse area which offers a high quality of life, better health and low crime rates but also includes densely populated areas and pockets of significant deprivation. The main centres of population are Luton, Cambridge and Peterborough. The most densely populated area is Luton which has a high Irish population and some areas are ranked among the highest on the 2007 Index of Multiple Deprivation.

Population

The overall population of the East of England is 5,388,000 of which 1.3% are Irish-born.

Total Irish-born population	Republic of Ireland		Northern Ireland	
68,600 (1.3% of all people in the region)	46,700		21,800	
	Men	Women	Men	Women
	20,100	26,700	10,400	11,400

Age distribution

Census 2001 ethnicity data show that the percentage of Irish people aged fifty and over is higher than for all other ethnic groups. 54.1% of Irish women and 49.9% of Irish men are aged 50 or over compared with 36.3% of women and 32.7% of in the population as a whole.

Numbers of Irish people aged 50 and over	Men	Women
31,900	14,000	17,900

Irish people above pension age

The percentage of Irish people above pension age is higher than that of the general population, 25.9% compared to 14.4% for men and 40.2% compared to 23.3% for women. This reflects the fact that 63% of the Irish population arrived in 1969 or earlier.

Numbers of Irish people over pension age	Men	Women
23,200	7,900	15,300

Household composition

Irish people are slightly more likely to live alone than all others in the population (16.7% compared to 14.1%). The proportion living in households containing two or more pensioners is similar to the rest of the population at 10.6%.

Numbers of Irish people living in pensioner households	Lone pensioners	Two or more pensioners
9,100	5,500	3,600

Health

The percentage of Irish people who self-report “not good health” is higher for Irish men and women across all age bands but the differences are particularly marked from 50 onwards.

Numbers of Irish people in “not good health”	Men	Women
50-59	740	880
60-64	550	380

65+	4,600	6,400

Limiting long term illness (LLTI)

The proportion of Irish people reporting limiting long term illness is significantly higher than for the population as a whole. 22.5% of Irish women and 21.6% of Irish men report LLTI compared with 17.3% of all women and 15.1% of all men.

Number of Irish people with LLTI

Age band	Men	Women
50-64	2,100	2,200
65+	2,800	4,000

Provision of unpaid care by people above pension age

Significant numbers of Irish people of all ages provide unpaid care to family and friends who are old or disabled. A high proportion of unpaid carers are above pension age but still provide many hours of care for spouses, siblings, other family members and friends.

Number of Irish people above pension age providing unpaid care

1-19 hours per week	20-49 hours per week	50 or more hours per week
1,000	200	700

Key issues for IFGB

The Irish population of the East of England is around region of 69,000. The statistical profile highlights the vulnerability of the Irish population and the potential for significant numbers of "Forgotten Irish" as follows:

- **About 32,000 are 50 and over and of those some 23,000 are above pension age.**
- **Somewhere in the region of 5500 live in lone-pensioner households and a further 3600 in households comprised of two or more pensioners.**
- **Around 15,000 people aged 50 and over self-report as being in "not good health".**
- **Approximately 11,000 people aged 50 and over experience limiting long term illness.**
- **Around 1,900 people above pension age provide unpaid care and of those almost 700 care for more than 50 hours each week.**
- **There are high levels of economic inactivity among the 50–60/65 age group.**
- **With the exception of Luton, there is an absence of services for Irish people.**

South East Government Region

The South East is a large diverse area with a highly productive economy as well as some pockets of multiple deprivation and health and social inequalities. The main centres of population are Oxford, Milton Keynes, Reading, Brighton and Portsmouth and all have considerable Irish populations. Areas of these cities and other parts of the region have high scores in the 2007 Index of Multiple Deprivation.

Population

The overall population of South East is 8,000,600 of which the Irish-born make up 1.3%.

Total Irish-born population	Republic of Ireland		Northern Ireland	
101,900	64,300		37,600	
	Men	Women	Men	Women
	27,300	37,000	17,900	19,600

Age distribution

Census 2001 ethnicity data show that the percentage of Irish people aged fifty and over is higher than for all other people in the South East region. 54.4% of Irish women and 48.3% of Irish men are aged 50 or over compared with 36.2% of all women and 32.1% of all men.

Numbers of Irish people aged 50 and over	Men	Women
42, 500	18,200	24,300

Irish people above pension age

The proportion of Irish people above pension age is higher than that of the general population: 23.8% compared to 14.0% for men and almost double for women, 41.1% compared to 23.4%. This reflects the fact that 73.3% of Irish people arrived in 1969 or earlier.

Numbers of Irish people over pension age	Men	Women
34,000	10,700	23,300

Household Composition

Irish people are slightly more likely to live alone than all others in the population (17.4% compared to 14.4%). A similar proportion (10.3%) live in households containing two or more pensioners compared to the rest of the population (10.2%)

Numbers of Irish people living in pensioner households	Lone pensioners	Two or more pensioners
12,100	7,600	4,500

Health

The percentage of Irish people who self-report "not good health" is higher at all ages compared to the population as a whole. The figures below are rounded to the nearest ten.

Numbers of Irish people in "not good health"	Men	Women
50-59	920	960
60-64	630	980

65+	1590	2690

Limiting long term illness (LLTI)

The proportion of Irish people reporting limiting long term illness is significantly higher than for the population as a whole. 22.1% of Irish women and 20.1% of Irish men report LLTI compared with 16.6% of all women and 14.3% of all men.

Number of Irish people with LLTI

Age band	Men	Women
50-64	2,600	2,600
65+	3,500	5,900

Provision of unpaid care by people above pension age

Significant numbers of Irish people of all ages provide unpaid care to family and friends who are old or disabled. A high proportion of unpaid carers are above pension age but still provide many hours of care for spouses, siblings, other family members and friends.

Number of Irish people above pension age providing unpaid care

1-19 hours per week	20-49 hours per week	50 or more hours per week
1,500	300	800

Key issues for IFGB

The Irish population of the South East is around 102,000. The statistical profile highlights the vulnerability of the Irish population and the potential for significant numbers of "Forgotten Irish" as follows:

- **About 43,000 are 50 and over and of those some 34,000 are above pension age.**
- **Around 8,000 live in lone-pensioner households and a further 4,500 in households comprised of two or more pensioners.**
- **Around 8,000 people aged 50 and over self-report as being in "not good health".**
- **Approximately 15,000 people aged 50 and over experience limiting long term illness.**
- **Around 2,600 people above pension age provide unpaid care and of those over 800 care for more than 50 hours each week.**
- **There are high levels of economic inactivity among the 50–60/65 age group.**
- **Overall levels of unpaid care, lone pensioner households, limiting long term illness and economic inactivity may mask concentrations of Irish people in areas of multiple deprivation.**

- **Although Irish services exist in places such Milton Keynes, Oxford, Reading and Portsmouth, the size and the age profile of the South East population suggests that the needs are greater than the capacity.**

South West Government Region

The South West is a large region extending from Gloucestershire to the tip of Cornwall. It has a large proportion of rural land and prosperity is varied with economic productivity in some areas and a slow low earnings economy in others. The main centres of population are Bristol, Bournemouth, Exeter and Plymouth. The Irish population is dispersed across the region with a slight concentration in the Bristol and Swindon areas. Areas of this region have high scores on the 2007 Index of Multiple Deprivation.

Population

The overall population of the South West Region is 4,928,400 of which 0.9% are Irish-born.

Total Irish-born population	Republic of Ireland		Northern Ireland	
46,300 (0.9% of all people in the region)	25,900		20,300	
	Men	Women	Men	Women
	11,200	14,800	9,800	10,500

Age distribution

Census 2001 ethnicity data show that the percentage of Irish people aged fifty and over is higher than for all other ethnic groups in the population. 59.2% of Irish women and 53.5% of Irish men are aged 50 or over compared with 39.5% of all women and 35.2% of all men.

Numbers of Irish people aged 50 and over	Men	Women
18,300	8,100	10,200

Irish people above pension age

The percentage of Irish men above pension age is higher than that of the general population (26.2% compared to 16.2%) and of Irish women 42.4% compared to 26.2%). This reflects the fact that 67.9% of Irish people arrived in 1969 or earlier.

Numbers of Irish people over pension age	Men	Women
16,400	5,700	10,700

Household Composition

Irish people are rather more likely to live alone than all others in the population (19.3% compared to 15.5 %). A similar percentage (12.0%) live in households containing two or more pensioners compared to the rest of the population (11.6 %).

Numbers of Irish people living in pensioner households	Lone pensioners	Two or more pensioners
5,700	3,500	2,200

Health

The percentage of Irish people who self-report “not good health” is higher at all ages in than for the population as a whole. The figures below are rounded to the nearest ten.

Numbers of Irish people in “not good health”	Men	Women
50-59	480	470
60-64	310	250

65+	890	1240

Limiting long term illness (LLTI)

The proportion of Irish people reporting limiting long term illness is significantly higher than for the general population. 25.7% of Irish women and 25.3% of Irish men report LLTI compared to 19.0 of all women and 17.1 % of all men.

Number of Irish people with LLTI

Age band	Men	Women
50-64	1,300	1,200
65+	1,800	2,600

Provision of unpaid care by people above pension age

Significant numbers of Irish people of all ages provide unpaid care to family and friends who are old or disabled. A high proportion of unpaid carers are above pension age but still provide many hours of care for spouses, siblings, other family members and friends.

Number of Irish people above pension age providing unpaid care

1-19 hours per week	20-49 hours per week	50 or more hours per week
600	200	400

Key issues for IFGB

The Irish population of the South West is around 46,000. The statistical profile highlights the vulnerability of the Irish population and the potential for significant numbers of "Forgotten Irish" as follows:

- **About 18,000 are 50 and over and of those some 16,000 are above pension age.**
- **Around 3,500 live in lone-pensioner households and a further 2,200 in households comprised of two or more pensioners.**
- **Around 3600 people aged 50 and over self-report as being in "not good health".**
- **Approximately 7,000 people aged 50 and over experience limiting long term illness.**
- **Almost 1,200 people above pension age provide unpaid care and of those over 400 care for more than 50 hours each week.**
- **There are high levels of economic inactivity among the 50– 60/65 age group.**
- **The overall levels of unpaid care, lone pensioner households, limiting long term illness and economic inactivity may mask concentrations of Irish people in areas of marked multiple deprivation.**

- **While there are some Irish cultural groups in the region, the size of the population and the geographical spread suggest considerable scope to develop welfare provision.**

London Government Region

London is the smallest region in relation to land area but has the most dense population and accounts for about 15% of England's population. It is comprised of 32 London Boroughs and the City of London. It is the hub of a highly successful economy but also includes some of the worst areas of multiple deprivation in Britain. The London boroughs where the Irish make up 2.2% or more of the population are also among those which rank high on the Index of Multiple Deprivation. These include Brent, Islington, Hammersmith and Fulham, Ealing and Camden.

Population

The overall population of London is 7,172,100 of which the Irish born make up 2.7%.

Total Irish-born population	Republic of Ireland		Northern Ireland	
195,100 (2.7% of all people in the region)	157,300		37,800	
	Men	Women	Men	Women

	69,800	87,500	18,900	18,800

Age distribution

Census 2001 ethnicity data show that the percentage of Irish people aged fifty and over is higher than for all other ethnic groups. 47.0% of Irish women and 43.0% of Irish men are aged 50 or over compared with 28.1% of women and 25.0 % of men in the population as a whole.

Numbers of Irish people aged 50 and over	Men	Women
99, 400	44,300	55,100

Irish people above pension age

The percentage of Irish men above pension age is twice as high as that of the general population (22.8% compared to 10.8%) and for women the percentage is more than double (37.85 compared to 17.9%). This reflects the fact that 53.1% of the Irish population arrived in 1969 or earlier.

Numbers of Irish people over pension age	Men	Women
60,400	20,300	40,100

Household Composition

Irish people are more likely to live alone than all others in the population (16.0% compared to 12.7%). They are also slightly more likely to live in households containing two or more pensioners (6.2%) than the rest of the population (5.7%).

Numbers of Irish people living in pensioner households	Lone pensioners	Two or more pensioners
27,300	19,700	7,600

Health

The percentage of Irish people who self-report "not good health" is higher for Irish men across all age bands. For women the difference decreases with age and the rates are broadly similar from 50 onwards. The figures below are rounded to the nearest ten.

Numbers of Irish people in "not good health"	Men	Women
50-59	3,800	3,770
60-64	2,130	1,650

65+	4,580	6,400

Limiting long term illness (LLTI)

The proportion of Irish people reporting limiting long term illness is significantly higher than for the population as a whole. 22.4% of Irish women and 23.4% of Irish men report LLTI compared with 16.4% of all women and 14.6% of all men. The incidence of LLTI increases with age.

Number of Irish people with LLTI

Age band	Men	Women
50-64	8,900	8,600
65+	8,700	12,300

Provision of unpaid care by people above pension age

Significant numbers of Irish people of all ages provide unpaid care to family and friends who are old or disabled. A high proportion of unpaid carers are above pension age but still provide many hours of care for spouses, siblings, other family members and friends.

Number of Irish people above pension age providing unpaid care

1-19 hours per week	20-49 hours per week	50 or more hours per week
3,000	700	1,800

Key issues for IFGB

The Irish population of London is around 195,000. The statistical profile highlights the vulnerability of the Irish population and the potential for significant numbers of "Forgotten Irish" as follows:

- **About 99,000 are 50 and over and of those some 60,000 are above pension age.**
- **Around 19,000 live in lone-pensioner households and a further 7,600 in households comprised of two or more pensioners.**
- **Around 22,000 people aged 50 and over self-report as "not good health".**
- **Approximately 38,500 people aged 50 and over experience limiting long term illness.**
- **Almost 5,500 people above pension age provide unpaid care and of those almost 1,800 care for more than 50 hours each week.**
- **There are high levels of economic inactivity among Republic of Ireland-born in the 50-60/65 age group.**

- **The overall levels of unpaid care, lone pensioner households, limiting long term illness and economic inactivity may mask concentrations of Irish people in areas of marked multiple deprivation.**
- **Although London provides a number of different welfare, advice and cultural services, the size and age profile of the community stretch the capacity of the sector to meet the demands of vulnerable people.**
- **There are areas of East and North East London with sizeable Irish populations but with no dedicated services.**

Wales

Wales is an area of the United Kingdom governed by the Welsh Assembly Government and with its own language and culture. It is predominantly rural, but following considerable industrial decline is now experiencing an era of economic regeneration. The main centres of population are Cardiff, Swansea, Newport and Wrexham and all have Irish populations. A number of areas in Wales have high scores on the Welsh Index of Multiple Deprivation.

Population

The overall population of Wales is 2,903,100 of which 0.7% are Irish born**.**

Total Irish-born population	Republic of Ireland		Northern Ireland	
20,600	12,700		7900	
	Men	Women	Men	Women
	5,800	6,900	3,600	4,300

Age distribution

Census 2001 ethnicity data show that the percentage of Irish people aged fifty and over is higher than for all other ethnic groups. 54.8 % of Irish women and 54.0% of Irish men are aged 50 or over compared with 37.7% of women and 34.0% of men in the population as a whole.

Numbers of Irish people aged 50 and over	Men	Women
9,600	4,600	5,000

Irish people above pension age

The percentage of Irish people above pension age is higher than for the population as a whole: for men 26.7% compared to 15.1% and for women 37.9 compared to 24.7%. This reflects the fact that 59.8% of Irish people arrived in 1969 or earlier.

Numbers of Irish people over pension age	Men	Women
6,700	2,500	4,200

Household Composition

Irish people are more likely to live alone than all others in the Welsh population (18.6% compared to 15.5%). A higher percentage (11.5 %) live in households containing two or more pensioners than the rest of the population (10.1%).

Numbers of Irish people living in pensioner households	Lone pensioners	Two or more pensioners
2,900	1,800	1,100

Health

The percentage of Irish people who self-report "not good health" is higher at most ages than the population as a whole. The exception is women of 65 and over who are slightly less likely to report being in "not good health". The figures below are rounded to the nearest ten.

Numbers of Irish people in "not good health"	Men	Women
50-59	400	350
60-64	240	180

65+	680	810

Limiting long term illness (LLTI)

The proportion of Irish people reporting limiting long term illness is significantly higher than for the population as a whole. 30.1% of Irish women and 31.9% of Irish men report LLTI compared with 24.0% of all women and 22.5% of all men.

Number of Irish people with LLTI

Age band	Men	Women
50-64	1,000	800
65+	1,300	1,500

Provision of unpaid care by people above pension age

Significant numbers of Irish people of all ages provide unpaid care to family and friends who are old or disabled. A high proportion of unpaid carers are above pension age but still provide many hours of care for spouses, siblings, other family members and friends.

Number of Irish people above pension age providing unpaid care

1-19 hours per week	20-49 hours per week	50 or more hours per week
300	90	290

Key issues for IFGB

The Irish population of the Wales is around 21,000. The statistical profile highlights the vulnerability of the Irish population and the potential for significant numbers of "Forgotten Irish" as follows:

- **About 10,000 are 50 and over and of those some 7,000 are above pension age.**
- **Somewhere in the region of 1,800 live in lone-pensioner households and a further 1100 in households comprised of two or more pensioners.**
- **Around 2700 people aged 50 and over self-report as being in "not good health".**
- **Approximately 4,600 people aged 50 and over experience limiting long term illness.**
- **Almost 700 people above pension age provide unpaid care and of those almost 300 care for more than 50 hours each week.**
- **There are high levels of economic inactivity among the 50-60/65 age group**
- **The overall levels of unpaid care, lone pensioner households, limiting long term illness and economic inactivity may mask concentrations of Irish people in areas of marked multiple deprivation**

- **More information is needed about the Irish in different parts of Wales. Although there are some cultural groups, the data highlight the need for support services**

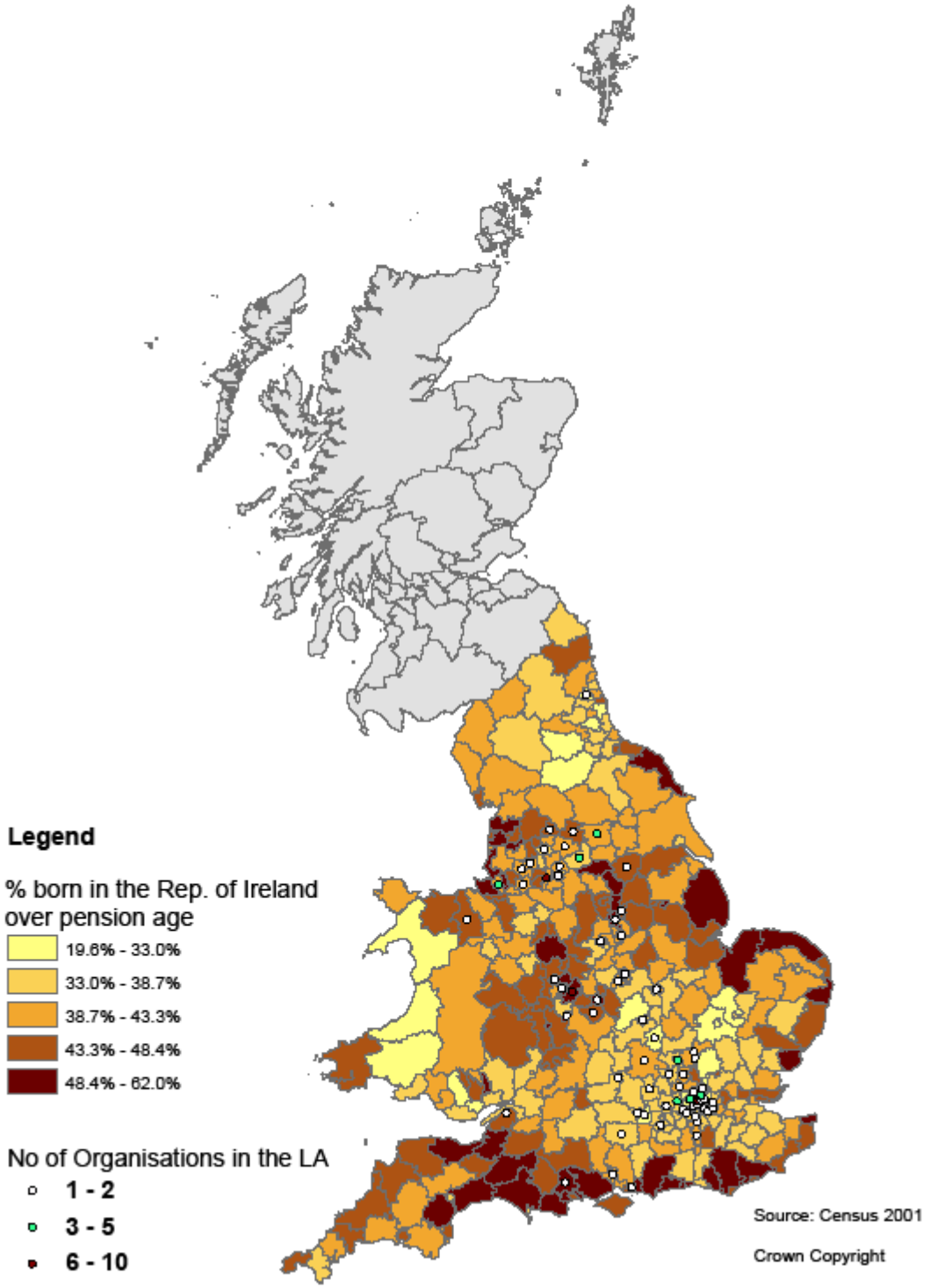
Overall summary of English Regions, Wales and Scotland

- The extent varies, but an older age profile, and higher levels of living alone, poor health, limiting illness and economic inactivity are evident across all government regions of Britain.
- Services funded by Dion, IFGB and other bodies tend to be in traditional 'Irish' areas where Irish people originally came to work in specific sectors of the labour market and thus do not necessarily reflect current patterns of settlement.
- The largest populations of Irish people are, in order of size, London, the South East, North West, East of England, South West, East Midlands, Yorkshire &Humber and North East.
- The oldest age profiles are found in the West Midlands, South West, East Midlands, Yorkshire and Humber. This has a consequent impact on health.
- The size of the Irish population is small in the North East, Wales and Scotland, but the proportion of over 50s and pensioners is high.
- Economic inactivity levels are higher than that of the population as a whole in all regions for the pre-pension age group, especially for Republic of Ireland born people.

Key issues for IFGB

- **There are large numbers of people above pension age in all regions who have a higher percentage of ill health than the general population and require varying levels of support.**
- **The size and profile of the 50+ population highlight considerable potential for preventive services.**
- **Irish services are more likely to be in traditionally 'Irish' areas of population and are difficult to access by people outside those areas because of ill-health or the availability or cost of transport.**
- **The sizeable numbers of people of 50 and over in areas with lower overall Irish populations suggests the need to extend services to non-traditional areas.**
- **High levels of economic inactivity highlight the need for reskilling / retraining and opportunities for different types of work for people with some level of disability.**

% born in the Rep. of Ireland over pension age and number of Irish Organisations in each Local Authority



People born in the Rep. of Ireland, Irish Organisations and Spearhead Areas