

Fresh Perspectives

A NEEDS ANALYSIS OF THE IRISH COMMUNITY IN LONDON

Jeff Moore, Eugene Waters,
Mary Tilki and Lisa Clarke





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Foreword by Bobby McDonagh – Ambassador of Ireland to the United Kingdom

During my time as Ambassador in London, I have been consistently impressed by the effectiveness and dedication of Irish welfare organisations in providing high quality services to their clients. The provision of frontline services and assistance to the most vulnerable members of our community is essential work which continues rightly to be strongly supported by the Irish Government. It is essential, however, to work on an ongoing basis to ensure that the best possible services are being provided and that the most pressing needs continue to be addressed effectively. As emigration to Britain increases again, it is vital to ensure that the needs of those arriving in Britain are addressed while at the same maintaining targeted support for the established Irish community.

The Irish community in Britain continues to contribute positively to every aspect of society here. It is essential that the most appropriate services are in place to make sure that the needs of our community, especially of its most vulnerable members, are addressed effectively. This is why the study ‘Fresh Perspectives: A Needs Analysis of the Irish Community in Britain’ is so important. The report identifies the positive impact of the support which is being provided to the Irish community while at the same time identifying where further important improvements can be made. I warmly congratulate the London Irish Centre and the Federation of Irish Societies for compiling the study. It is not only an illuminating analysis but also a basis for action.

Bobby McDonagh

Ambassador of Ireland

Foreword by Patrick Vernon (OBE)


As CEO of one of the leading third sector Black and Minority Ethnic (BME) organisations in Britain, I am pleased to endorse this report. This research is a reminder that the Irish community exists and has many of the same problems as other BME groups and these inequalities should be taken seriously by policy makers. Because Irish people have been successful in many different fields in Britain, it is easy to forget that many continue to experience health and social disadvantage. The report is also a reminder, that like other BME communities, the Irish are diverse and that 'one-size-fits-all' services do not address differences based on age, place of birth, disability, Traveller status.

The research clearly demonstrates the value of and continuing need for Irish organisations in London, especially amongst the most vulnerable. However it also shows that like all other services, Irish community organisations need to continually adapt to changing needs and a different community profile.

I commend the Irish government for its continuing support for the Irish community in London especially during these difficult times. The Irish third sector is a valuable asset which UK local and national authorities could and should use more effectively. The trust of the community and the reach of Irish organisations should be captured by commissioners and providers to facilitate community engagement and real consultation around Joint Strategic Needs Assessments. The research is an example of how organisations using trained volunteer community researchers can engage with their communities, hear their needs and aspirations and give them a voice in the design of services.

The report demonstrates the acceptability and accessibility of existing Irish services. These afford high quality resources to be used by commissioners of health and social care thus enabling them to meet Equality Delivery System targets.

The research shows that Irish organisations tend to be rooted in local communities, with expertise in reaching those least willing to engage with services. They are therefore well



placed and keen to work in partnerships and share good practice with the wider BME and mainstream sectors.

I strongly recommend this report and look forward to working in closer partnership with Irish community organisations

Patrick Vernon (OBE)

CEO Afiya Trust

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We would also like to take the opportunity to thank Nuala Pawley, Maureen Moran, Emmet Ryan, Barbara Fitzpatrick, Eleanor O'Connell, Jane Mark, Siobhan Grant, Kathleen O'Connor, Katrina Byrne, Gary Dunne, Mary Hickman, Marc Scully, David Barlow, Sarah Goodall, Kelvin Farrell, Martin Collins, Claire Barry, Deirdre Waters and Margaret-Ann Moore for their support throughout the project and their generosity of time.

Above all we would like to thank the Irish people living in London who took the time to complete the survey and participate in our focus groups. Their experiences, honesty, and insight have illuminated this project and we hope that the findings of this research will help in some way to address the many issues that they face as a community in the UK.

Glossary

Recent migrant (Focus Group and Online Survey)	RM
Older Persons Focus Group	OPFG
Community Survey (see Definitions below)	CS
Online Survey	OLS
Second Generation Irish Focus Groups	SGIFG
Oslo 3-Item Social Support Scale	OSS-3
Joint Strategic Needs Assessment	JSNA
Socio-Economic Status	SES

Definitions

Community Survey refers to data collected through the primary survey tool, whether that was through paper based collection or via the web link promoted through the various websites of partner organisations, social media or virally among participants.

Online Interview refers to qualitative data collected via an online survey that was aimed solely at recent migrants. The Online Survey gathered further information regarding particular areas of interest for this sample group such as employment, housing, social support and perceived unfair treatment.

Focus Group refers to the targeted focus groups that were held with recent migrants, second generation Irish and older people. These focus groups were advertised through various Irish organisations and media outlets and also via social media and mailing lists. The sessions were facilitated by senior members of the project planning panel and were recorded and transcribed professionally. The focus groups were conducted to the guidelines and standards set out by Middlesex University's Ethics Committee and the sessions received positive feedback from those who participated.

The *Oslo Social Support Scale* (Dalgard, 1996) is a three-item scored rating scale for measurement of perceived social support. The total score is calculated by summing up individual item scores and ranges from 3 to 14, with higher scores indicating higher social support. The following categorisation has been suggested:

- poor social support: total score 3-9
- moderate social support: total score 10-12
- strong social support: total score 13-14.

Joint Strategic Needs Assessment refers to a process that identifies current and future health and well-being needs in light of existing services, and informs future service planning taking into account evidence of effectiveness. (Department of Health, 2007)

Overall Community Sample refers to the total quantitative sample (n=790). This sample is made up of participants who completed either a paper based or online survey. The sample includes recent migrants (n=125), respondents over the age of 65 (n=198), respondents between the ages of 50-64 (n=116), carers (n=66), second generation respondents (n=176) and a 'none of the above' category (n=219).

Socio-Economic Status is a composite measure that typically incorporates economic, social, and work status. Each status is considered an indicator. These three indicators are related but do not overlap (Alder, 1994). The current research used the Office of National Statistics SOC2010 Volume 1 Structure and Descriptions of Unit Groups (2010) to create standard occupational classifications. Socio-Economic Status was categorised using the SOC2010 classifications and using a range of different sources, such as market research social groupings and the Registrar General's social classes.

Executive Summary


Abstract

Fresh Perspectives: A Needs Analysis of the Irish Community in London examines the needs and aspirations of the Irish community in London in terms of future service provision. The project was managed by the London Irish Centre (LIC) and the Federation of Irish Societies (FIS). LIC provides welfare, social and cultural services to Irish people across London. The Federation of Irish Societies is the national representative organisation for the Irish in Britain providing leadership, campaigning and support to the Irish community. We work closely with our members and partners in government, the arts and the third sector to promote growth and well-being within our community.

Introduction

Since 1984 the Irish Government has given financial support to voluntary sector agencies in the UK that provide culturally sensitive services to Irish emigrants. Although these organisations collect data for monitoring and quality assurance purposes, little is known about the Irish community's engagement or satisfaction with these services and the community's aspirations in terms of future service delivery. Furthermore, although migration from Ireland has increased in recent years, there is a lack of research into the needs of recent migrants; to what extent they are aware of existing Irish community organisations and whether they find them accessible or useful. The primary aim of the project was to engage with vulnerable Irish people across London to assess their needs and aspirations in terms of future welfare, social and cultural services. A secondary aim of the project was to examine the access to, and satisfaction with, targeted services for the wider Irish community in London. The intention of the project was to provide empirical data to inform strategic development, commissioning and funding decisions and to underpin the day-to-day operations of Irish community organisations in London.

The project used a quota sample methodology to elicit the views of a wide cross section of the Irish community in London. A mixed methods approach was adopted which included a survey undertaken by trained community researchers, an online survey, online interviews and focus groups with older people, second generation Irish and



recent migrants. In gathering the views of 855 individuals, this is the largest empirical study of the Irish community in London ever undertaken. It is the first study to provide empirical data on recent migrants and encompass the opinions, perceptions and experiences of vulnerable and marginalised Irish individuals in London, including older Irish people, Irish carers, and second generation Irish people.

The study echoes previous research highlighting the ongoing poor health of the older Irish community in the UK (Tilki, 2009, BIPA, 2010) and supports research which shows a causal link between poorly planned migration and poor health (Ryan, 2006). Although the generalisability of the data is limited by design, the study provides original data on perceived levels of social support; self-reported health status; sources of advice; perceptions of unfair treatment; awareness of entitlements and aspirations in terms of future service provision. It is the first study of its kind to capture significant empirical data on the needs of recent Irish migrants, Irish carers, and second generation Irish people in London and uses an innovated design which is highly transferable to other studies in the field.

Key findings

There are a number of key findings which have implications for commissioners, planners and Irish community organisations.

General

- 87.7% of the overall quantitative sample (n=790) report poor or moderate levels of perceived social support as defined by the Oslo 3-Item Social Support Scale. The research indicates that isolation in the London Irish community is a contributory factor to poor health outcomes.
- 25.8% of the overall sample report that they are not in good health.
- 23.3% of the overall sample self-report either anxiety or depression.

- Discrimination on the grounds of ethnicity is perceived as a less pervasive problem, but negative stereotypes persist among some sections of wider London society.
- Respondents found that mainstream services in London have limited understanding of the needs of the Irish community, their entitlement to services or benefits and often make assumptions based on ill-informed stereotypes.
- Irish people in London lack adequate information about Irish community organisations - what they provide, who they cater for and who is entitled to use them.
- The qualitative data analysis supports previous research which demonstrates a causal link between poorly planned migration and mental health disorders (Ryan, 2006).
- Those who use services offered by Irish community organisations rate the friendliness (82.8%) and expertise (72.5%) of staff in these organisations very highly.
- There is a significant relationship between the use of Irish community organisations and awareness of entitlements.
- Recent migrants, carers, second generation Irish people and older people who do not use Irish community organisations are more likely to feel unfairly treated.
- High blood pressure is a considerable issue for the Irish community in London. 19.8% of those aged 50-64 years, 24.2% of carers and 40.9% of the sample of respondents over 65 years old report high blood pressure.

Section 1: Framework and Methodology

1.1: Background

Since the 1980s there has been an increasing volume of research which has addressed the issues facing the Irish population in the UK. Research, by authors such as Tilki, Ryan, D'Angelo and Sales (2009) and Hickman and Walter (1997) has shown that Irish people living in the UK are disproportionately at risk of experiencing isolation, unemployment, poor housing, and long term limited illness and disabilities. Valuable research has also been commissioned in the areas of mental health (Bracken, 1998, Nazroo, 1997, Ryan, 2006, Weich, 2004), health inequalities and discrimination (Balarajan, 1995, Cochrane and Bal, 1989, Hickman and Walter, 1997). Such studies have contributed enormously to the knowledge base and highlighted particular disadvantages facing Irish communities in the UK. However, some contributors have highlighted the dearth of research on the needs of the Irish in London in particular (O'Sullivan & Murray, 2000).

Since 1984 the Irish Government has given financial support to voluntary sector agencies in the UK that provide culturally sensitive services to Irish emigrants. These services have tended to focus on providing assistance to access employment, statutory support, benefits, and health and housing entitlements. Although the authors are aware of many examples of good practice, there remains limited robust evidence of the usage, impact and effectiveness of these organisations.


Many of these organisations are externally accredited and collect data on their own service users and have produced valuable action research often focusing on particularly vulnerable groups (such as Innisfree Housing Association, 1992, Brent Irish Advisory Service 'Social Services and Irish Elderly', 1990). However, to date there has been no wide scale consultation of Irish people living in London in relation to their satisfaction with these services, their perceived needs in relation to service delivery and their aspirations in terms of future service engagement. Consultation with Irish community organisations also indicated a growing dissatisfaction with commissioners'

understanding of the needs of their community. In the largest piece of statistical profiling of the Irish community in the UK, outside of the 2001 census, Tilki *et al.*, (2009) recommend that research is needed to identify ‘the aspirations of potential service users and their views about how services should be developed’ (p.5). The current research was developed in response to this recommendation, but also in response to the ongoing strategic planning needs of Irish community organisations and commissioners in London.

The Local Government and Public Involvement in Health Act 2007 requires Primary Care Trusts and local authorities to produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of their local community (Department of Health, 2007). The JSNA was designed as an essential tool for commissioners to inform service planning and commissioning strategies by identifying groups where needs are not being met and that are experiencing poor outcomes (Department of Communities and Local Government, 2008). Discussions with senior managers in Irish community organisations revealed dissatisfaction with these strategies. The project team came across several examples of JSNAs which did not mention an Irish community, let alone fully consider the needs of this community. The Department for Communities and Local Government define a needs assessment as ‘the systematic method for reviewing the health, wellbeing, and housing-related support issues facing a population, in particular excluded and hard to reach groups. This leads to a gap analysis and agreed commissioning priorities that will improve outcomes and reduce inequalities over a period, usually between three and five years’ (Department of Health 2008, p.7). A starting point for this project was to produce a publication that would assist commissioners and Irish community organisations in designing specific and mainstream services which best meet the needs of Irish people in London and may inform future JSNAs.

1.2: Scope of the project

This project was developed as a result of discussions with senior managers, practitioners and researchers at several different organisations working with Irish people in London. The London Irish Centre assembled a project planning team which consisted of the CEO and Director of Welfare of the London Irish Centre, the CEO and Chair of the Federation



of Irish Societies, the Director of Irish Advice and Support, the Director of the Irish Chaplaincy, the Director from Irish Community Services and a research volunteer from the London Irish Centre.

Although those involved in the planning team recognised that Irish community organisations frequently undertake needs assessments, it was felt that, for the most part, planning and service development was undertaken using a top down approach. Such approaches tend to prioritise professional and scientific ‘expert’ knowledge (Smith, 2008). The principle that users of services should be involved in decisions that affect them is now widely supported (JRF, 2003). Discussions with practitioners in Irish community organisations in London indicated a genuine understanding of this principle and a growing appetite for a bottom-up approach to service planning that included the views of current service users and potential service users.

Since many Irish community organisations seek to work with ‘at risk’ or vulnerable groups, the study sought to engage Irish individuals with higher needs than the general Irish community in London. The study also aimed to engage members of the Irish community who were currently not accessing Irish organisations. The project team identified seven sub-groups (outlined in Section 1.5.1) which exhibit specific vulnerabilities or those who do not currently use Irish organisations in London. As detailed in the section on methodology, peer research was employed to recruit less engaged populations. This served two purposes: engaging with the wider Irish community to promote the services of Irish organisations in London and gathering data which, given the limited budget, would have proved otherwise impossible.

Due to resource constraints and current literature limitations, the geographical scope of the project focused on Greater London. It was felt that any data collection undertaken in London may provide a useful template for similar data collection projects in others regions in the UK. Although a range of Irish community organisations were invited to engage in the project, due to the stresses of front line delivery, the London Irish Centre, Irish Community Services, the Irish Cultural Centre and the Haringey Irish Centre were the only organisations to fully engage in the process.

1.3: Audience

The primary aim of this research was to provide useful data on the levels of satisfaction with dedicated services for Irish people, perceived client needs in relation to service delivery and client aspirations in terms of service engagement.

The key audience for this research is as follows:

- i. Those involved in the leadership, management and implementation of welfare, social and cultural services to the Irish community in London
- ii. Policy makers and those involved in commissioning services for black and minority ethnic groups
- iii. Members of the Irish community in London who have an interest in the current situation of the Irish community and its evolution over time
- iv. Those with an academic interest in migrant groups
- v. Existing and potential service users of Irish organisations in London.

1.4: Aims

- i. The primary aim of this project was to engage with sub-groups of the Irish community in London to assess the needs and aspirations of these groups in terms of future welfare provision and social and cultural services.
- ii. A secondary aim of the project was to engage with selected sub-sections of the Irish community in London to examine their access to, and satisfaction with, targeted services for Irish people in London.
- iii. The project also sought to explore perceived levels of social support, unfair treatment and health within sub-groups of the Irish community in London.

1.5: Methodology

The study used a mixed methods approach. The first phase of the study, between April and July 2011, employed a Community Survey Tool which included questions on


demographics, health and social support, current sources of advice, treatment of Irish people in London and their satisfaction and use of Irish organisations in London. The survey included the Oslo 3-Item Social Support Scale. The second stage involved online data collection using the same instrument. The final stage involved the collection of qualitative data via focus groups and online interviews. 790 participants completed the community survey and 65 participated in focus groups and online interviews.

1.5.1 Sampling, access and data collection

The project used purposeful non-proportional quota sampling to engage with sub-groups of Irish people in London who were deemed to be particularly vulnerable and, therefore, a core client group for Irish organisations in London. Previous research (Limbricks, 2007, Tilki *et al.*, 2009), on the Irish community in London and the UK was used to formulate these sub-groups. Although the project planning team recognised the vulnerabilities of Irish travellers and survivors of institutional abuse, it was also recognised that engaging with these groups would require more robust safeguards than were possible within the resource limitations of the current project. Considering the vulnerabilities of these groups, the authors call for urgent research into their needs and aspirations in relation to service provision.

The seven sub-groups the project team initially set out to purposefully gather data on included:

- i. Recent migrants (those arrived in the UK within the last 18 months)
- ii. Carers (those who provide care for a family member, friend, neighbour etc. in either a paid or voluntary capacity)
- iii. Second generation Irish (those who have at least one Irish parent)
- iv. People aged 65 years old and above
- v. People aged between 50 and 64 years old
- vi. Individuals in poor health
- vii. Individuals suffering from memory loss



In the first stage, peer-to-peer research and snowballing techniques were used to engage with hard to reach groups, such as carers and those over the age of 65. Participants were recruited purposefully using existing networks of Irish organisations in London, such as day services for older people, networking events for Irish people, and Irish media based in the UK (The Irish World and The Irish Post).

The second phase of the Community Survey, (August 2011 to December 2011), entailed data collection using an online version of the same survey tool. The intention was to obtain the views of the wider Irish population in London, particularly younger people, second generation Irish and recent migrants. The online survey was promoted using Irish community social media (websites, Facebook and twitter) and traditional media sources (The Irish World and The Irish post). Other Irish community organisations, such as GAA clubs and networks, distributed the link to the survey to service users and members. During phase one and two, in total 795 individuals completed the survey. Five participants were excluded due to incomplete survey forms.

The final phase of data collection involved five focus groups and an online qualitative interview schedule. Participants were recruited purposefully via Irish agencies and Irish media in London. Focus groups were undertaken using semi-structured interviews to stimulate discussion, encourage debate and explore the reasons behind participants' opinions, preferences and aspirations. Focus groups were undertaken with recent migrants (2 groups, n=6), people over 65 years old (2 groups, n=9) and second generation Irish (1 group, n=10). Focus groups took place at the London Irish Centre, were audio-recorded and each took approximately two hours. As a result of poor recruitment of recent migrants, the project team decided that further qualitative data from this group should be obtained via online interviews. 40 recent migrants participated in online interviews consisting of 24 questions, twenty of which were open-ended and allowed participants to type in answers and make comments. Overall, a total of 65 individuals participated in focus groups and online interviews.

1.6: Limitations

This research is constrained by a number of factors which limit the ability to statistically generalise from the findings. The study employed a quota sample methodology. This method was used to engage with targeted sub-groups of the Irish community in London. As a result, it is not possible to calculate a confidence interval or sampling error. The study also used a purposeful methodology. Data was gathered using purposeful techniques such as 'snowballing'. Snowballing or 'chain referral sampling' is a type of purposive sampling whereby people who have participated in the study make use of their own social networks to refer the researcher to other people who could potentially participate in the study (Faugier, J. & Sargeant, M., 1997). Whilst this study provides useful data in relation to the composition of the sample it is important to note that the purposeful non-proportional nature of this study sample limits its comparability and generalisability. Another important point is that online data collection techniques may have skewed the sample towards those who are au fait with social media or those who are already connected with Irish networks. In the current research context, the data is intended as a tool to aid delivery of targeted services rather than an empirical overview of the entire Irish community in London.

1.7: Data analysis

The quantitative data sets were analysed using SPSS (Statistical Package for the Social Sciences). Bivariate analysis was carried out to explore relationships in the data, employing the chi-square (χ^2) test and correlation analysis (Spearman's rho). The survey findings constitute a snapshot of the Irish community's views and experiences of living in London and the relative value of the responses lies in finding common themes and issues and also differences of opinion between the different sub-groups.

As a result of low response rate from individuals with memory loss (n=42), the project team made a decision not to analyse this group separately. However, the data was not removed from the overall community sample. Similarly, upon analysis the project team

felt there was little benefit from analysis of individuals with poor health as a separate sub-group. Instead, the health of older Irish people, second generation Irish people, recent migrants, and carers was analysed.

The qualitative data was analysed using standard thematic analysis. The focus groups were recorded with the participants' permission and later transcribed. The free text responses to the online interview questions were read and recurrent themes emerging from both data sources were combined and as appropriate compared and contrasted.

The findings from the qualitative data were then examined in relation to the quantitative data and, as appropriate, anonymised quotations were used to illustrate, elaborate or explain emergent themes.

1.8: Ethical considerations

Research ethical guidelines of the Middlesex University were followed and ethical procedures were approved by the Department of Criminology and Sociology and Department of Social Sciences Ethical Sub-Committee. Anonymity, confidentiality and informed consent were the main ethical considerations. Strategies were anticipated to ensure focus group or interview participants felt free to withdraw from the research without any consequence. Written informed consent forms were completed by each focus group participant in line with Middlesex University Ethics requirements. Special measures were in place to ensure that people with mental health, memory loss, or other problems were dealt with sensitively and that if any safeguarding issues arose, researchers were clear about the procedures to be followed. Information and the opportunity to contact the research team to ask questions was provided to all online participants and consent was presumed if they completed the survey or online interview.

Section 2: Demographic Profile

This section is an overview of the demographic profile of the quota sample. It outlines the response rate from each of the sub-groups and information such as age, gender, geographical and employment distribution.

2.1: Population

In the 2001 Census, 220,488 people living in London classified themselves as 'White Irish', 458 described themselves as 'Irish Traveller' and a further 6,382 classified themselves as 'Mixed Irish and Other White'. These numbers added together total 227,328 or 3% of the population of London (Howes, 2004).

Further research conducted by MORI for the Greater London Authority found Census statistics reflected a significant undercount of Irish in the capital. Researchers found that 11% of Londoners polled had one or more Irish parents and 19% had one or more Irish grandparents. Only 37% of people born in Northern Ireland were classified as 'White Irish'. A more accurate population estimate for the Irish in London is therefore thought to be around 833,536 or 11% of the London total of 7,172,000.

More information will become available when detailed results of the 2011 Census become available towards the end of 2012 or early in 2013. In the last ten years, the population of London has risen to 8,174,100 (Howes, 2004).

2.2: Response Rate

Table 1 outlines the response rate of the individual sub-groups. As mentioned previously, 790 individuals completed the survey. The breakdown is given by frequency and percentage of the overall community sample. This means that the data in table 1 is presented in a non-proportionate fashion. As the categories were not mutually exclusive, participants had the option of selecting more than one category, such as poor health and recent migrant. It is also worth noting that only certain sections of the survey were mandatory, so the response rate differs throughout the report. The category of

memory loss or dementia was excluded from the final data analysis due to a low sample size.

Table 1: Sub-groups of interest in the overall community sample (n=790)

SUB-GROUPS	N	PERCENTAGE
Recent Migrants	125	18.2
Carers	66	8.4
Poor health	89	11.3
Second generation Irish	176	22.3
Age 65 years or over	198	25.1
Age 50-64 years	116	14.7
Memory loss or dementia	42	5.3
None of the above	219	27.7

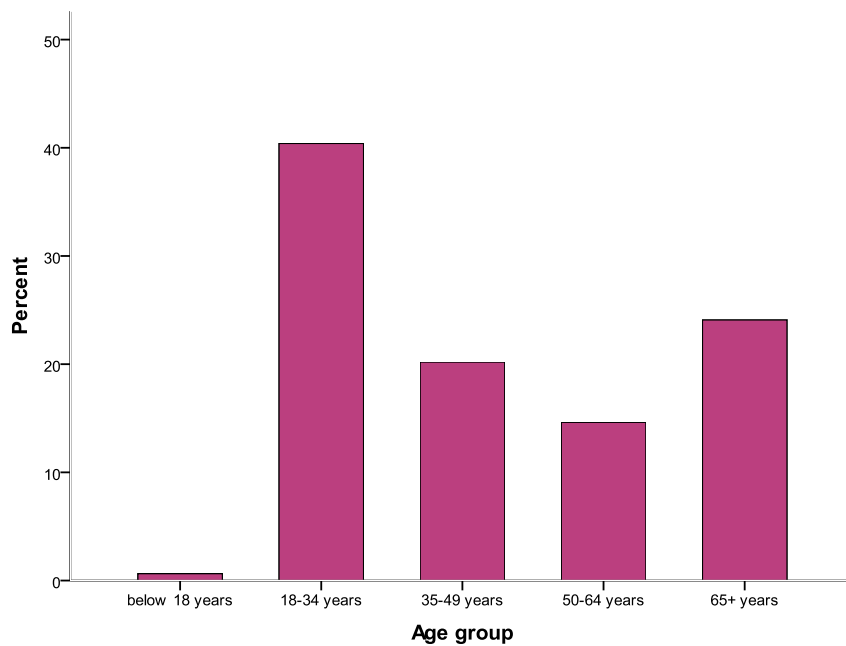
2.3: Age Distribution

The two largest age groups in the overall sample are those aged 65 and over and those aged 18-34 years. The majority of respondents are aged between 18-34 years, making up 40.4% of the sample group. 88% of all recent migrants are under the age of 35. A negligible proportion of the overall sample (0.6%) are under the age of 18.

Almost a quarter of the overall sample of respondents is 65 years or older (24.1%) whilst those aged between 35-49 years and 50-64 years represent 20.2% and 14.6% of the sample group respectively.

The majority of second generation respondents are less than 50 years of age with just over a third aged between 18-34 years (34.1%) and a similar amount aged between 35-49 years (33.5%).

Figure 1: Age distribution of the overall community sample in London (n=772)



2.4: Gender

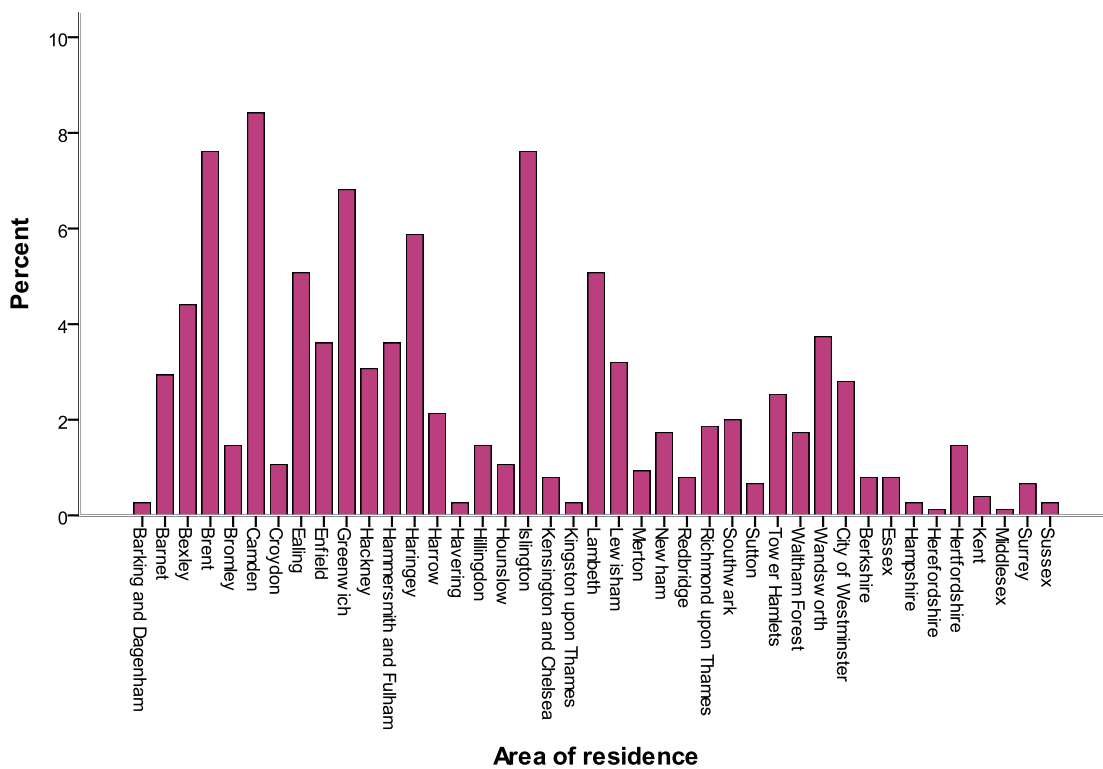
Females comprise 59.9% of respondents. This is in keeping with the 2001 Census, in which 58% of the Irish population was female (Limbrick, 2007). The remaining respondents in the survey are comprised of males (39.8%) and transgender (0.3%). The male/female split among recent migrants was more evenly matched (55.6% and 44.4% respectively), whilst second generation respondents displayed the largest disparity, where the female to male ratio rises to a ratio of approximately 70:30.

The majority of carers in the overall sample are female (65.1%). Over 1 in 5 (22.2%) female respondents aged 65 years and older identify themselves as a carer. A similar proportion of female respondents (19.1%) aged 50-64 years identify themselves as a carer. 17.5% of female carers are aged 35-49 years.

2.5: Area of residence

The main London boroughs where more than 5% of the overall community sample resides are: Camden (8.4%), Brent (7.6%), Islington (7.6%), Greenwich (6.8%), Haringey (5.9%), Ealing (5.1%) and Lambeth (5.1%). It should be noted that this breakdown may reflect the geographical locations of some of the Irish organisations that supported the study. The majority of sub-groups reside in the boroughs listed above.

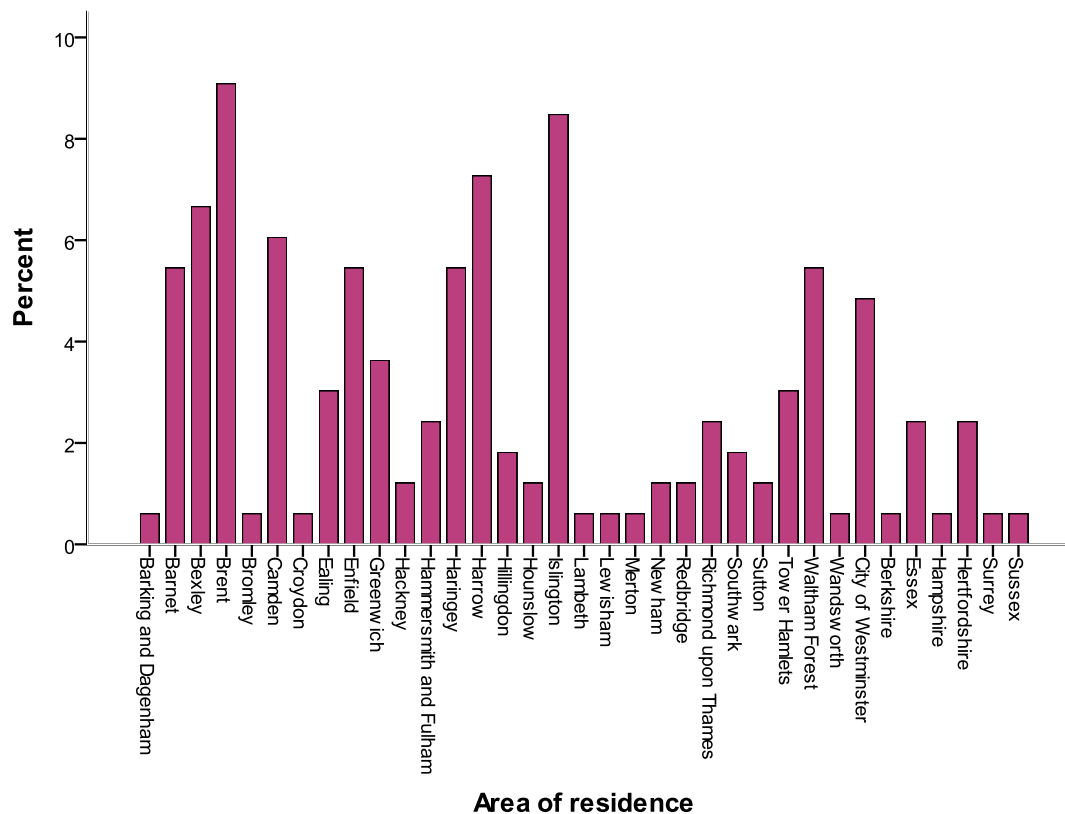
Figure 2: Area of residence among the overall community sample (n=748)



One exception to this is the second generation sample group. Although largely residing in similar areas to the overall community sample, this sub-group tends to be more widely dispersed, with second generation respondents often located further from central London. In particular these respondents reside in boroughs in the north of the city that share borders with the counties of Hertfordshire and Essex, such as Harrow (7.3%), Barnet, Enfield and Waltham Forest (all 5.5%). South of the Thames, the most

common borough of residence for second generation respondents is Bexley (6.7%), on the border of Kent.

Figure 3: Area of residence among the sample of second generation Irish (n=165)



2.6 Employment

68.8% of all respondents are in employment or education (59.7% and 9.1% respectively) Almost a quarter of respondents are retired (23.1%) whilst only 5.1% are unemployed and 3.1% report themselves as being long term ill.

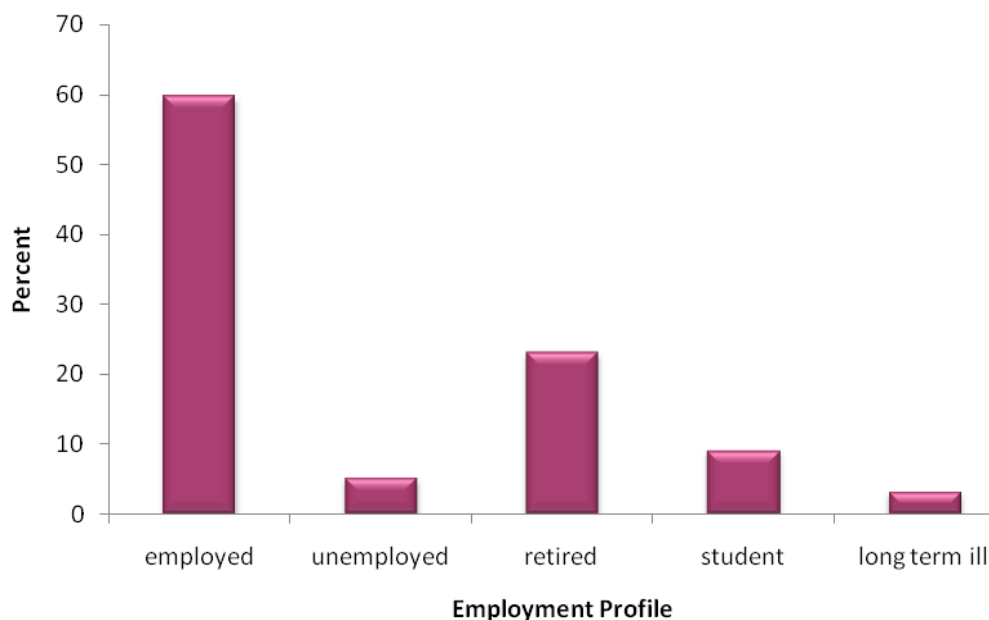
Among the sample of employed Irish people, 55.6% are aged between 18-34 years, 29.5% are aged between 35-49 years and 12.7% are aged between 50-64 years. Although the proportion of unemployed respondents among the overall sample is low (n=40), 46.2% are aged between 18-34 years. The next largest unemployed group is

aged between 50-64 years old (35.9%). 17.9% of unemployed respondents are aged between 35-49 years. 60% of respondents who listed themselves as unemployed are men.

Of the retired Irish sample, 85.5% are aged 65 years old and above. 69.5% are women and 30.5% are men. Among the sample group of those that reported that they are studying (full or part-time) 62.9% are women and 37.1% are men. The vast majority (84.5%) is aged between 18-34 years old. 67.7% of the employed sample of second generation Irish are women and 32.3% are men.

Respondents who report that they are employed were asked to declare their occupation. This was given as an open answer (as opposed to choosing from a pre-determined list of occupations). This information was analysed and categorised into standardised groups. The responses were also subsequently divided into the standardised Socio-Economic Status groupings.

Figure 4: Employment profile of the overall community sample (n=784)



The majority of respondents are working in the Professional Occupations category (37.4%). Other studies, such as Limbrick (2007) and Tilki *et al.* (2009) found the Irish community in Britain to be highly represented in the Construction sector. However, the current study did not ask respondents to name the industry they work in, so it is not possible to get a clear picture from the sample group of the distribution of work by sector (e.g. construction, healthcare, etc). The majority of recent migrants (44.7%) are the predominant sub-group in the Professional Occupations category.

Almost as many second generation respondents are employed in Administrative and Secretarial occupations (29%) as Professional Occupations (30.6%). This is much higher than any of the other sample sub-groups.

Figure 5: Occupations among the overall community sample in London (n=468)

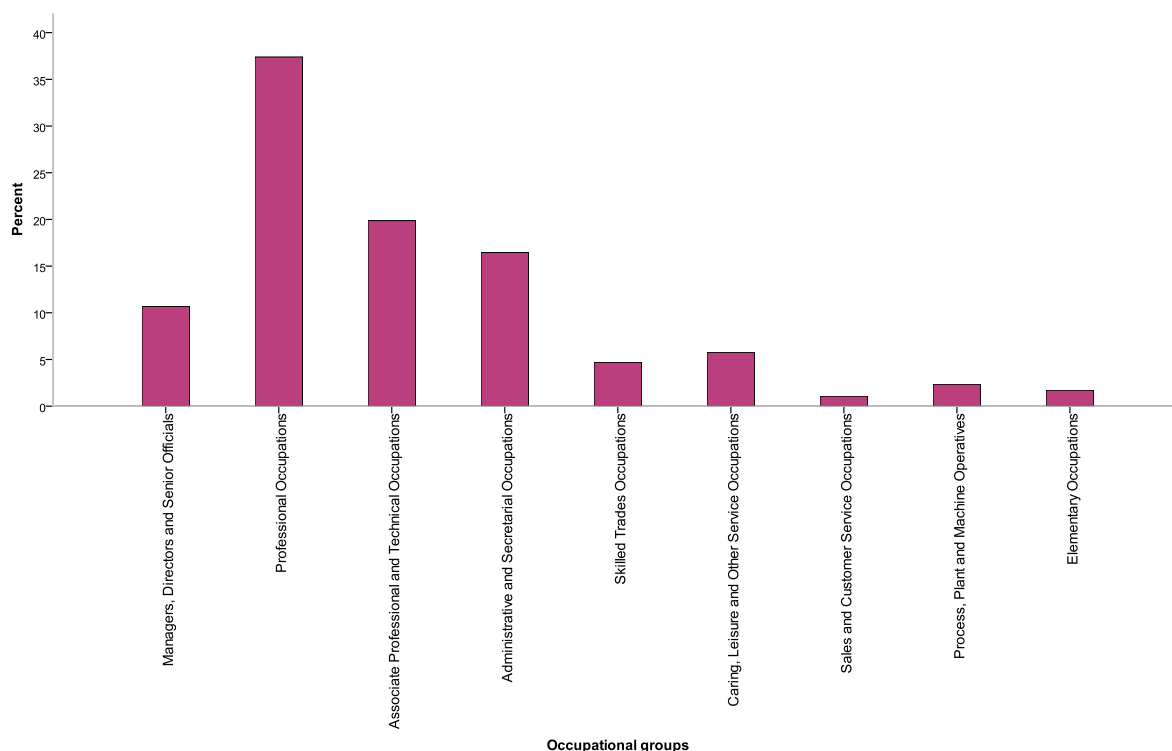
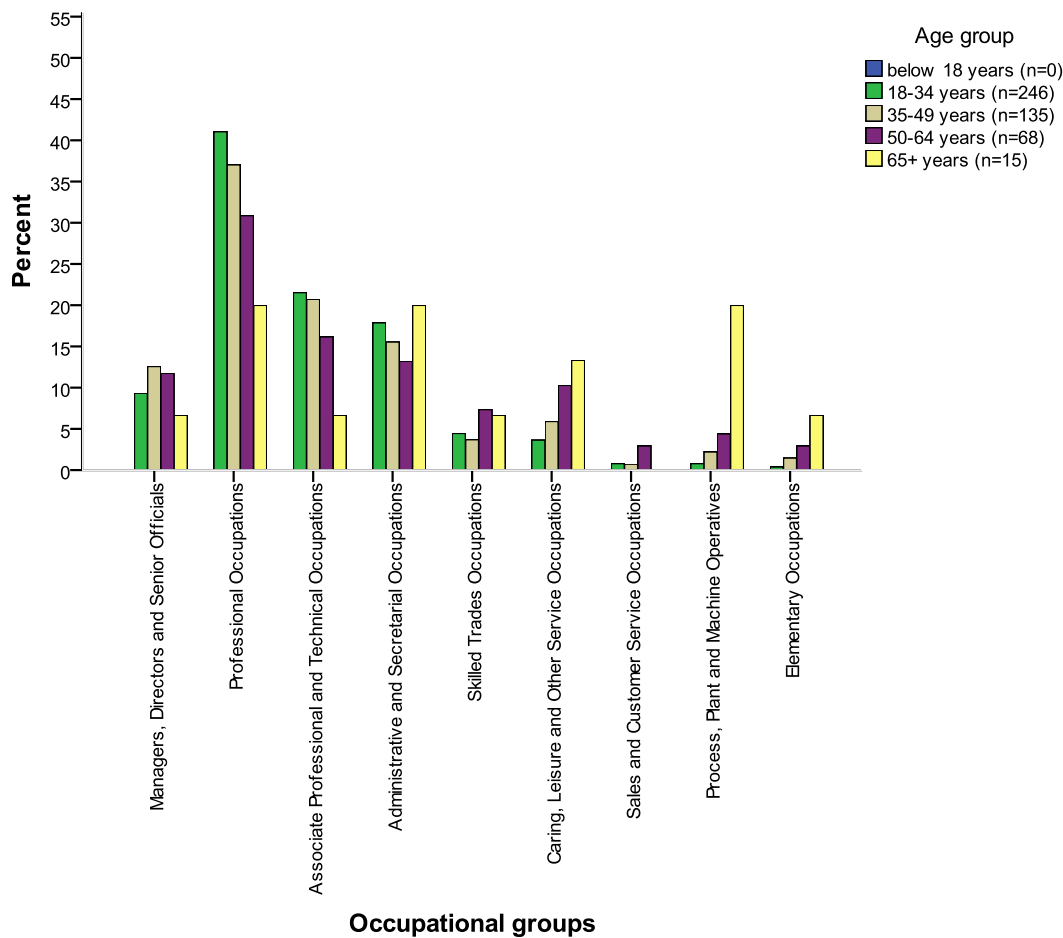
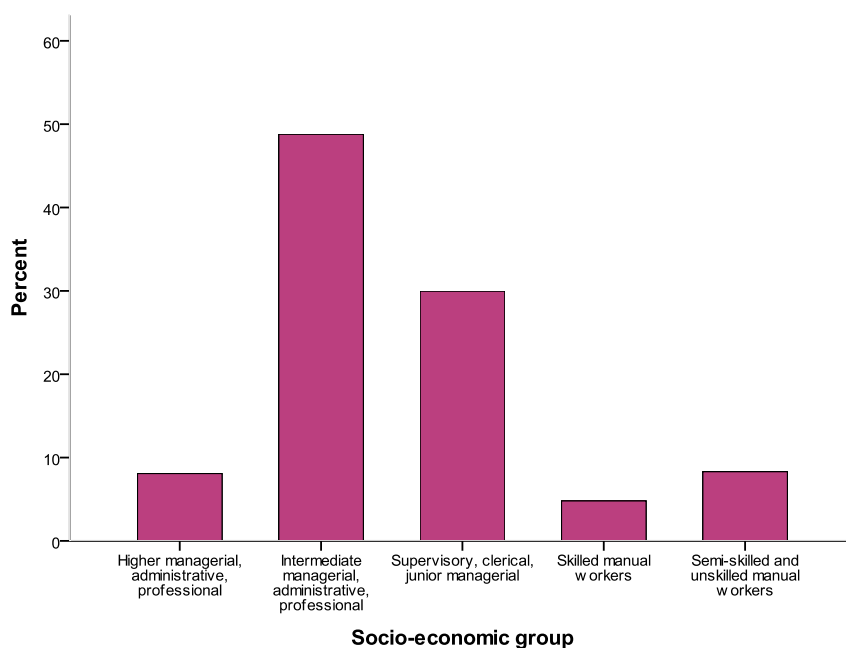


Figure 6: Occupations by age group among the overall community sample in London



41.1% of the overall community sample aged between 18-34 years work in Professional Occupations, the highest proportion of all the sub-groups, followed by respondents aged between 35-49 years (37%) and those between 50-64 years (30.9%). Interestingly, the highest proportion of those working in Administrative and Secretarial Occupations are aged 65 years and above (almost 1 in 5), although the sample group for this age group who are in employment is negligible (n=15). 17.9% of respondents aged 18-34 years also work in the Administrative and Secretarial sector. Respondents aged 65 and over are also the highest proportion of those working in areas such as Caring, Leisure and Other Service Occupations, although, again, the sample size is fairly small. Of the sample of respondents between the ages of 50-64 10.3% work in Caring, Leisure and Other Service Occupations.

Figure 7: The socio-economic status (SES) of the overall community sample in London (n=457)



The majority of the overall community sample in London (48.8%) belongs to social class II (Intermediate managerial, administrative, professional occupations). This is followed by 30% of the overall community sample who belong to social class IIIN (Supervisory, clerical, junior, managerial occupations). A smaller proportion of respondents (8.1%) belongs to social class I (Higher managerial, administrative, professional occupations), social class IV (8.3%) (Semi-skilled and unskilled manual workers) and social class IIIM (4.8%) (Skilled manual workers).

Compared to the other Irish sub-groups, equal proportions of the sample of second generation Irish (38.7%) belong to social class II (Intermediate managerial, administrative, professional occupations) and social class IIIN (Supervisory, clerical, junior, managerial occupations). This represents 10.1% less of second generation respondents who belong to social class II and 8.7% more of second generation Irish who belong to social class IIIN than the main Irish community sample.

A smaller proportion of second generation respondents belong to social class I (6.7%) (Higher managerial, administrative, professional occupations), social class IV (10.9%)

(Semi-skilled and unskilled manual workers), and social class IIIM (5%) (Skilled manual workers). The study found that recent migrants achieve well in terms of employment, with 55.9% in Intermediate managerial, administrative, professional occupations. 10.8% of recent migrants are in manual occupations.

2.7 Housing

2.7.1 Introduction

This section deals with the housing situation of the Irish community sample in London. The research focused on five issues:

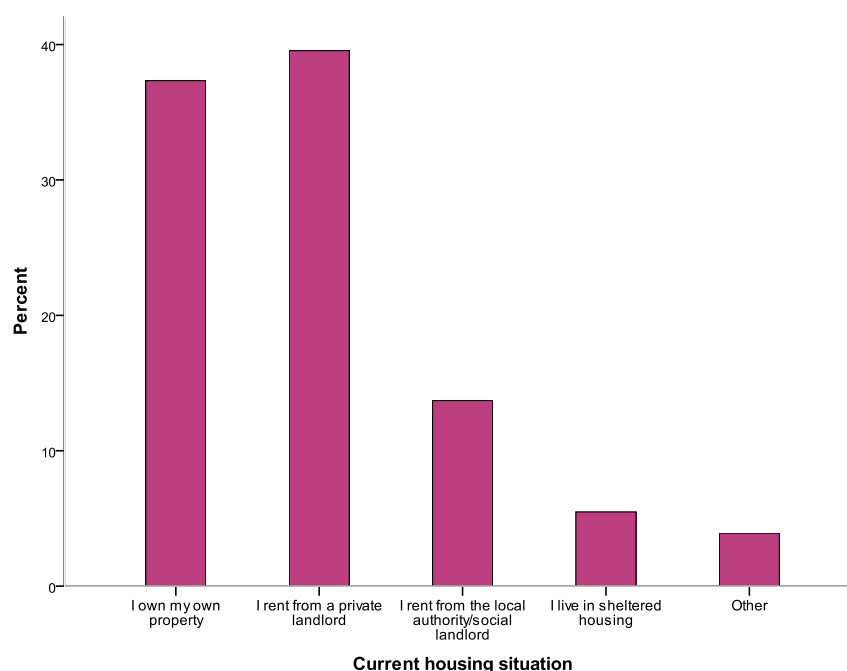
- i. The type of accommodation that the respondent is currently residing in
- ii. How many occupants are currently living in the household
- iii. Perceptions among respondents about whether their housing is appropriate to their needs
- iv. Perceptions about whether the respondents feel safe and secure where they live
- v. Perceptions among respondents about whether they need help to make their housing situation better.

Data from the first two questions of this section have also been collected on a far larger scale in the National Census of England and Wales (ONS, 2001). However, this current research provides useful information on the variances and commonalities between the Irish sub-groups. The latter three questions are valuable as they relate to the perceptions of different sub-groups in relation to their safety, security and satisfaction with their housing situation, all of which are important determinants of quality of life.

2.7.2 Type of accommodation


The first section deals with the type of housing that the overall community sample is currently accommodated in.

Figure 8: The current housing situation among the main Irish community sample in London (n=766)



The majority of the overall community sample rent from a private landlord (39.6%). This is followed closely by 37.3% of the overall community sample who own their own property. 13.7% of respondents rent from a local authority/social landlord. Only a small proportion of respondents live in sheltered housing (5.5%) and 'other' types of accommodation (3.9%), whereby the latter includes living with parents predominantly or in the homes of other family members, friend's accommodation, nursing homes or student accommodation.

The above pattern of accommodation is generally reflected across both genders, although 8.2% more men live in private rented accommodation compared with Irish men who own their own home.



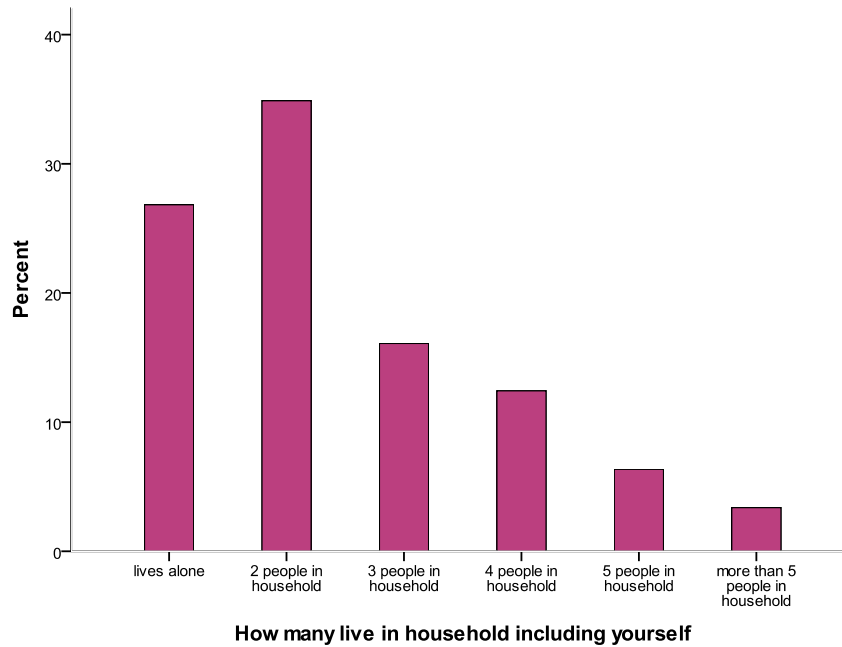
Not surprisingly, the housing situation of the sample of recent migrants is markedly different from the overall community sample. The vast majority of the sample of recent migrants rent from a private landlord (87.1%). Only 3.2% of this sub-group own their own property whilst the numbers in sheltered housing or renting from a local authority or social landlord are negligible. 7.3% of respondents live in 'other' types of accommodation, in this case, their friend's or relatives' property or in student accommodation.

A much larger proportion of the sample of second generation Irish own their own property (55.8%) compared to the overall community sample (37.3%). 23% of second generation respondents rent from a private landlord. 12.1% of respondents rent from the local authority/social landlord. None of the respondents live in sheltered housing. Almost 1 in 10 of the sample of second generation Irish (9.1%) live in 'other' types of accommodation, mainly living in their parents' homes.

The sample groups aged 50-64 years and 65 years and over display similar housing characteristics, with 23.4% and 28.2% renting from a local authority/social landlord respectively and 9.9% and 6.7% renting privately. A higher proportion of 50-64 year olds own their own property (59.5%) compared to 46.7% of the sample of respondents that are 65 years of age or older. Whilst only 5.4% of 50-64 year old respondents live in sheltered housing, the figure for respondents aged 65 and over is much higher (16.9%), the highest of any of the sub-groups. The figure for those living in 'other' types of accommodation for these two sub-groups was negligible (less than 2%).

2.7.3 Number of people living in the household

Figure 9: The number of people living in the household of the overall community sample in London (n=708)



The majority of the overall community sample in London lives with only one other person in their household (34.9%). More than 1 in 4 of the overall community sample (26.8%) lives alone. 16.1% of respondents live with two other people and 12.4% of respondents live with three other people in their household. 6.4% of respondents live in a household with four other people and a negligible proportion of respondents live in a household with five or more inhabitants (3.4%). There is no major difference between the housing occupancy of men and women in the overall community sample.

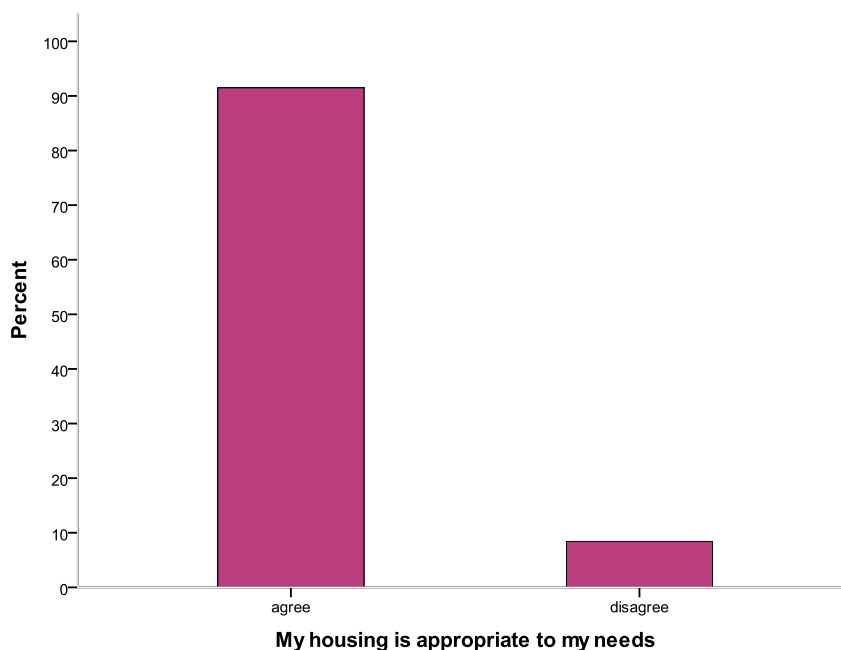
The trend for the majority of respondents to inhabit homes alone or with one other person can be found across all of the main sub-groups of the study with the exception of recent migrants, who are far less likely to live alone (8.7%). One in five (20.1%) second generation respondents live alone. This rises to one in three (33.7%) among respondents aged 50-64 year olds whilst more than half of the sample group aged 65 years and older live alone (58.1%), which supports the literature on the household composition of the older Irish population (Tilki *et al.*, 2009).

Recent Irish migrants are the sub-group most likely to live with one other person (36.5%), although the figure is similar for the other sub-groups whereby roughly one-third of respondents live with one other person. 7.8% of the sample of recent migrants live in households with five or more inhabitants, more than double the amount of any of the other sub-groups.

2.7.4: Perceptions of housing

An overwhelming majority of the overall community sample in London report that their housing is appropriate to their needs (91.5%) compared to 8.5% of respondents who feel that their housing is not appropriate to their needs. This trend is reflected across the sub-groups with the vast majority responding that they feel their accommodation is appropriate to their needs.

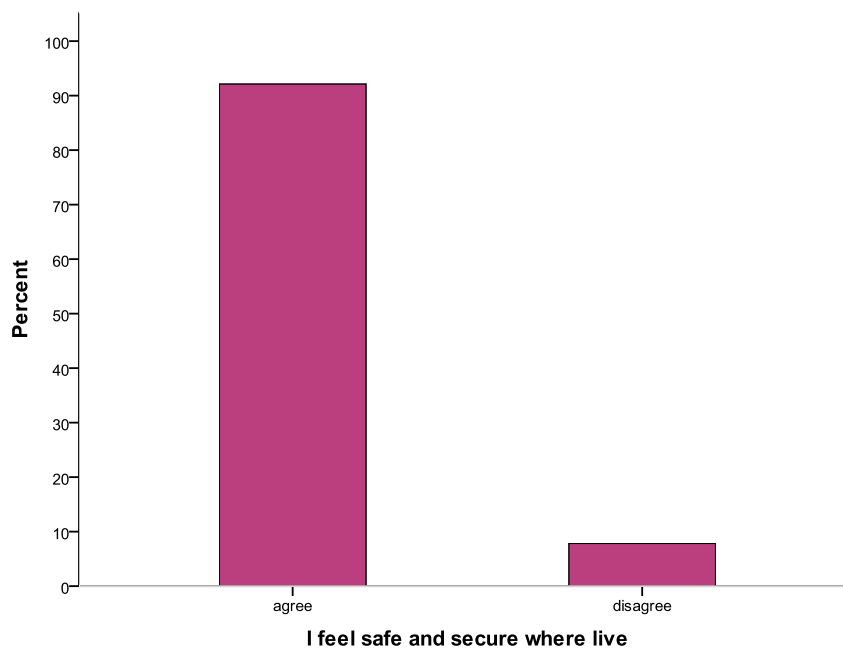
Figure 10: Perceptions among the overall community sample in London about whether their housing is appropriate to their needs (n=709)



Similarly, an overwhelming majority of the overall community sample feel safe and secure where they live (92.1%), although 7.9% of the overall community sample feels unsafe where they live. The proportion of respondents who feel unsafe where they

live is broadly similar across the sub-groups, although it rises to 10.4% and 11.7% among second generation respondents and those aged 50-64 years old respectively.

Figure 11: Perceptions among the overall community sample in London about whether they feel safe and secure where they live (n=700)

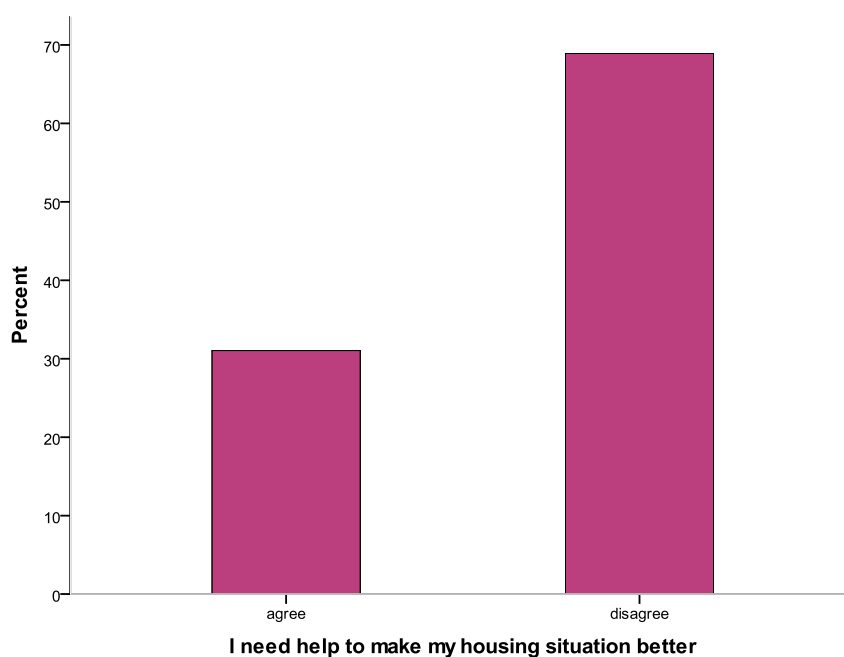


However, one sub-group that fares particularly poorly in this respect is the sample of carers. Whilst the majority of carers in the overall community sample report that their housing is appropriate to their needs (83.9%), a relatively large proportion (16.1%) feel that their housing is not appropriate to their needs, the highest occurrence of dissatisfaction among the sub-groups. The sample group of carers also displays the highest proportion of respondents who feel unsafe where they live (13%).

Whilst the majority of the overall community sample (82.4%) report that they do not need help to improve their housing situation, 17.6% of the overall community sample do feel that they need help to make their housing situation better. This situation is reflected across both genders, recent migrants and second generation sub-groups.

However, the figure for those who state that they need help in making their housing situation better rises to almost one in five (19.3%) for the 50-64 year old sub-group and as high as almost one in three among carers and those 65 years and older (28% and 31.1% respectively).

Figure 12: Perceptions among the overall community sample aged 65 years and above about whether they need help to make their housing situation better (n=132)



2.8: Summary

This section provides general demographic information on the overall sample group and specific sub-groups. It is intended to give an overview of the sample and not to provide generalisable information on the wider Irish community in London. However, the sample did show some similarity to the wider Irish community. For instance, the gender response rate in the current research was very similar to the gender breakdown in the 2001 Census (Limbrick, 2007). The response rate from the elderly Irish sample was also similar to the 2001 Census with nearly a quarter of respondents over the age of 65 (Limbrick, 2007). Respondents tend to reside in Central London boroughs, which again

showed similarity to the Census data. In contrast to the overall community sample, a greater proportion of second generation respondents reside in outer London boroughs.

The majority of the overall community sample is employed (59.7%), predominantly in Professional (social class II) Occupations. This is particularly the case for recent migrants with over half of the respondents from this sub-group belonging to social class II Occupations. In contrast, second generation respondents are under-represented in this category in comparison to the overall sample group and over-represented in social class IIIN (Supervisory, clerical, junior, managerial occupations). 23.1% of the overall community sample is retired.

The majority of the sample Irish community lives in either private rented accommodation (39.6%) or a property that they own (37.3%) and feel that their current housing situation is appropriate to their needs (91.5%). Similarly, most respondents feel safe and secure where they live (92.1%). The majority of the sample Irish community lives either alone (26.8%) or with one other person (34.9%). However, the sample of Irish carers fare particularly poorly with regards to housing, with 13% feeling unsafe where they live and 16.1% stating that their accommodation is not appropriate to their needs. More than a quarter of this sub-group feel that they need help with their housing situation. In addition, almost one in five of those aged 50-64 years and almost a third of respondents aged 65 years and older report that they need help to make their housing situation better.

Section 3: Health and Social Support

3.1: Introduction

This section looks at the health and perceived social support of the sample Irish community in London. It begins with a self-assessment of health, followed by a more detailed description of the most common health problems experienced by the overall community sample and the various sub-groups. Perceived or self-reported health is a subjective measure of overall health status; it is a relative measure and the evidence suggests that people assess their health in relation to their circumstances and expectations, and their peers (Fleishman & Zuvekas, 2007). Studies have demonstrated that this is a reliable and valid measure, associated with functional decline, morbidity and mortality. For example, Shields & Shooshtari (2001) found that heavy smoking, irregular exercise and obesity were associated with fair/poor health ratings and distress, and low self-esteem and low socio-economic status were negatively associated with very good/excellent health. In terms of the current study, respondents were requested to rate their health as 'very poor', 'poor', 'fair', 'good' or 'very good'. Subsequently, respondents chose which disorders were relevant to their current health situation from the following ailments: diabetes, high blood pressure, heart problems, mobility problems, chronic pain, poor eyesight, poor hearing, depression and anxiety.

This section also examines the perceived levels of social support experienced by respondents. In stressful times, social support helps people reduce psychological distress (Taylor, 2011). People with low social support report more sub-clinical symptoms of depression and anxiety than people with high social support (Barrera, 1989, Cohen & Wills, 1985). The current study uses the Oslo 3-Item Social Support Scale (OSS-3) to access perceived levels of social support. Formal permission was obtained and the instrument was included as part of the survey for this project. The OSS-3 is often used in studies which investigate the association between social support and psychological distress and, in refining the scale, three questions are now used in studies due to high correlations with psychological distress (Dalgard *et al.*, 2006):

- i. Number of persons to count on if in serious trouble
- ii. Perceived positive interest and concern from other people
- iii. Help available from neighbours if needed.

The applied social support score is the sum of the raw scores for each of the three items, then taking the mean score and converting it into a total score by multiplying the mean score by the maximum number of items (to take account of non-missing values). It is also recommended that each item is scored individually (EUPHIX, 2009).

3.2: Perceived health status

37.5% of the overall community sample report their health as 'good', whilst 36.8% report their health as 'very good'. On the other hand, 25.8% of the overall community sample report that they are not in good health. Almost 1 in 10 (9.2%) respondents describe their health as 'poor' (8.2%) or 'very poor' (1%). The remaining 16.6% of respondents report their health as 'fair'.

The age profile of the sample sub-groups is a key determinant of perceived health. For instance, there is a correlation between health and age with older participants reporting poorer health. More than 1 in 5 respondents aged 65 years and over report their health as 'poor' (21.2%) or 'very poor' (2.1%) with the majority of respondents in this age group reporting their health as only 'fair' (33.9%). Conversely, the sub-group with the youngest profile, recent migrants, report their health as 'good' (37.5%) or 'very good' (58.3%).

Similar to earlier findings in this study, the sample of Irish carers exhibit poorer outcomes than other sub-groups, whereby, this sub-group report higher levels of 'poor' health (17.7%). One third (32.3%) of the sample group of carers report their health as 'fair'.

Figure 13: Self-assessment of health among the overall community sample in London (n=723)

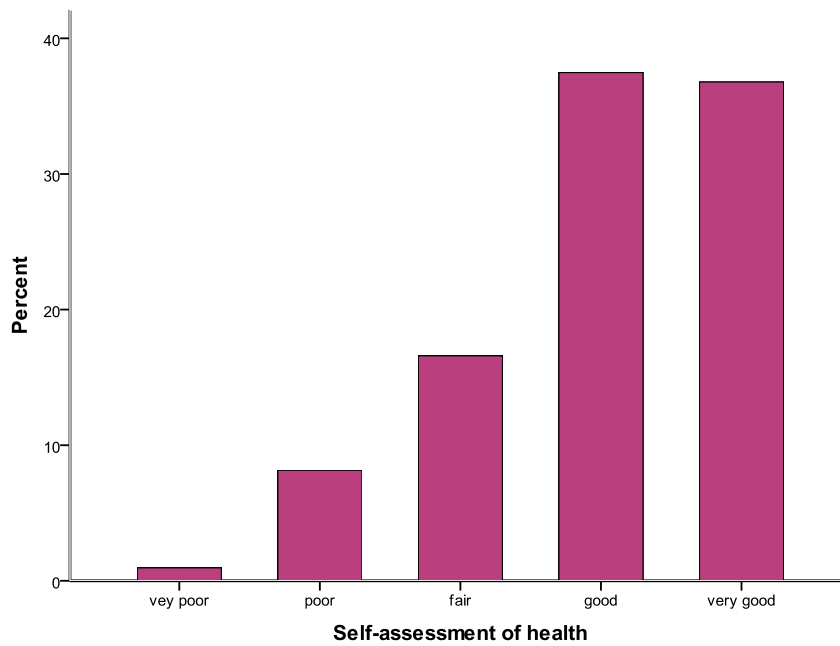


Figure 14: Self-assessment of health among the sample aged 65 years and over (n=189)

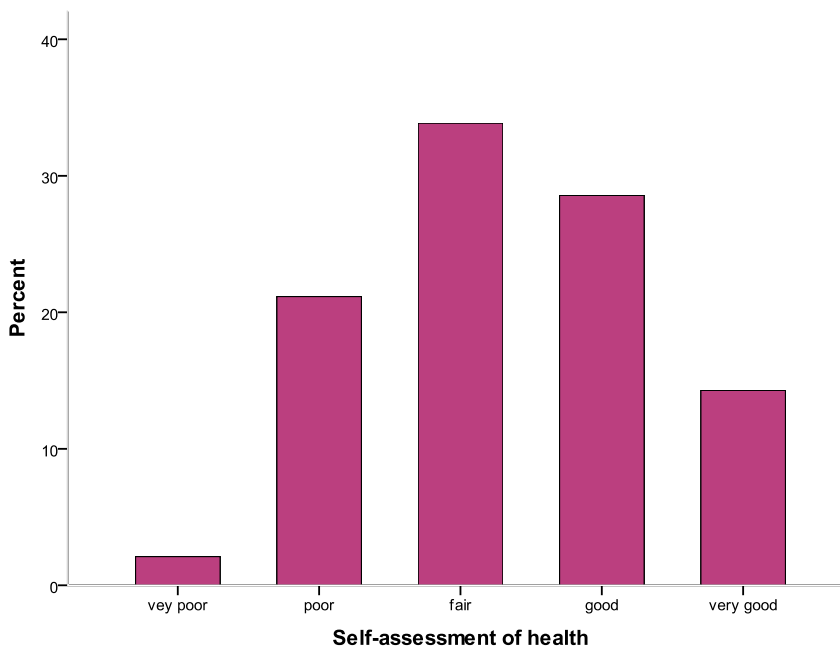
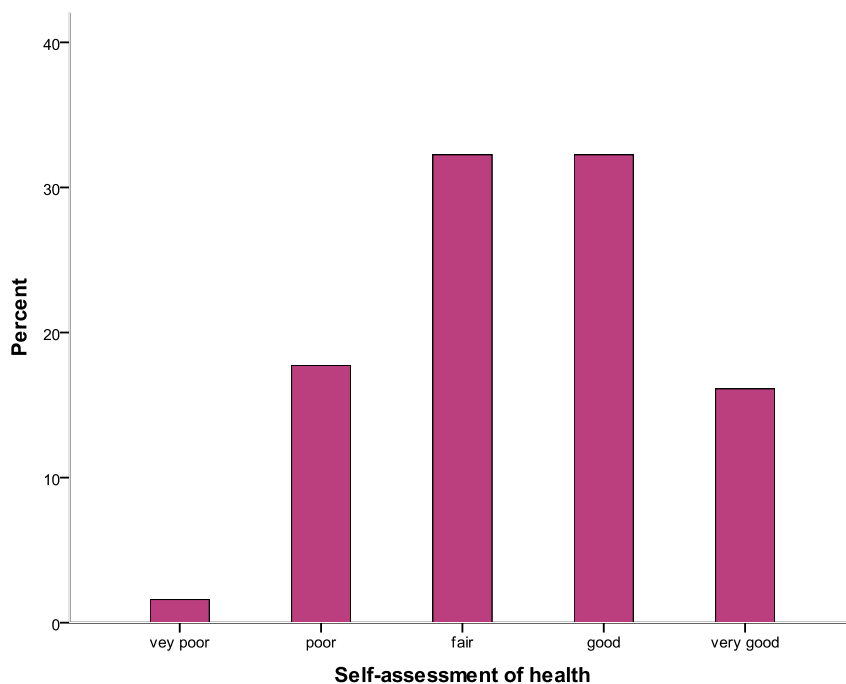
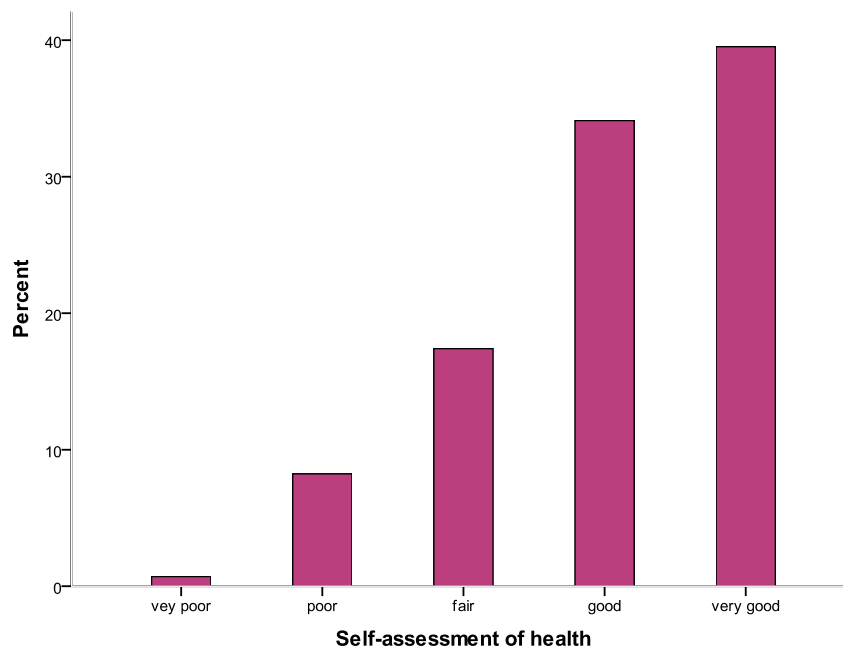


Figure 15: Self-assessment of health among the sample of Irish carers in London (n=62)



The majority of the sample of Irish men report their health as 'good' (44.4%) or 'very good' (33.1%). 14.5% of male respondents report their health as 'fair', 6.5% of male respondents state that they have 'poor' health. Likewise, the majority of the sample of Irish women report their health as 'very good' (39.5%) or 'good' (34.1%). 17.4% of female respondents report their health as 'fair', 8.2% of respondents state that they have 'poor' health. In this study, almost 2% more women report their health as 'poor' and proportionally they tend to suffer from more disorders than Irish males.

Figure 16: Self-assessment of health among the sample of Irish women in London (n=425)



3.3: Health Problems

The five main health problems suffered by the overall community sample in London are: high blood pressure (14.3%), poor eyesight (13.4%), depression (12.2%), anxiety (11.1%) and mobility problems (10.4%).

It is noteworthy that almost one in four (23.3%) of all respondents report anxiety or depression. Depression and anxiety were found consistently to be among the most prevalent complaints among all the sub-groups. 28.4% of the sample of second generation Irish report anxiety (11.9%) or depression (16.5%) or both. This figure rises to almost 40% among respondents aged between 50-64 years old with 19.8% of respondents in this age group reporting anxiety and 19% suffering depression. The sub-group most affected by depression and anxiety are carers, with more than one in five reporting depression (22.7%) and almost as many (19.7%) suffering from anxiety.

The other major health problem suffered by the Irish community sample is high blood pressure. Almost one in five respondents (19.8%) aged 50-64 years report high blood

pressure. This rises to almost one in four among the sample of Irish carers (24.2%) and rises to 40.9% of the sample of elderly respondents. Not surprisingly, perhaps, the range and extent of ill-health suffered by the ageing Irish community sample is higher than that suffered by the other Irish sub-groups. As well as high blood pressure, depression and anxiety, almost a third of the sample group aged 65 years and over experience mobility problems (31.3%) or poor eyesight (30.8%), whilst more than one in five report heart problems (23.2%) or poor hearing (21.2%). Chronic pain (17.2%) and diabetes (15.2%) are also relatively prevalent among this ageing sub-group.

Figure 17: Proportion of the overall community sample in London who suffer from any of the following ailments (n=790)

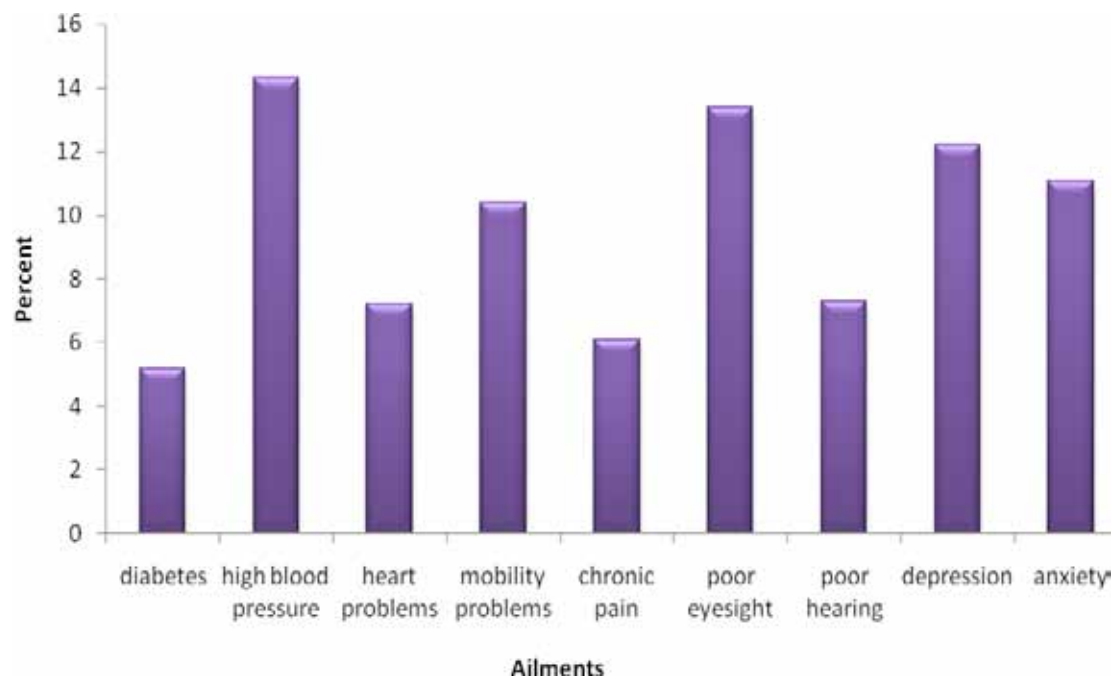


Figure 18: The total number of health problems suffered among the sample aged 65 years and over (n=198)

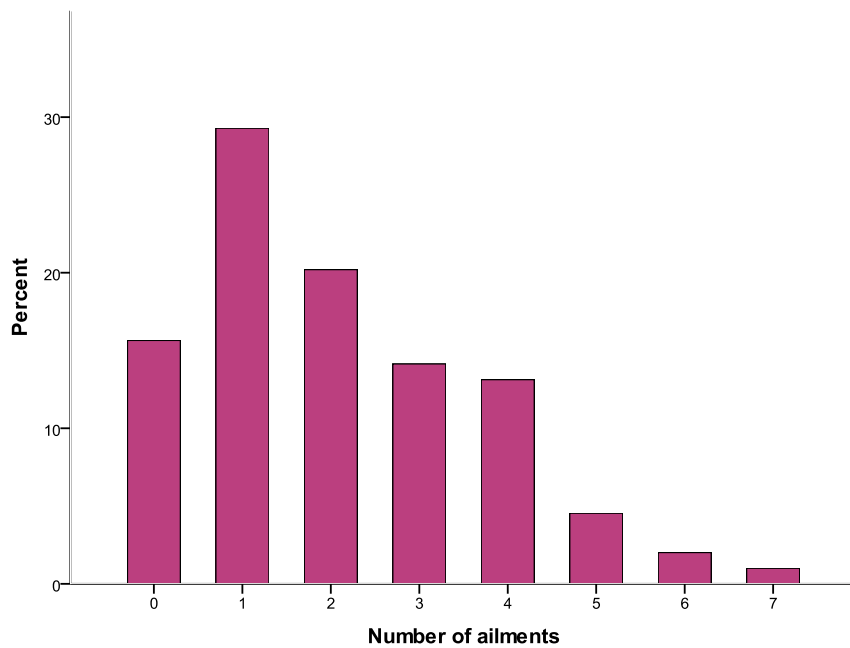


Figure 19: Proportion of the sample aged 65 years and over who suffer from any of the following ailments (n=198)

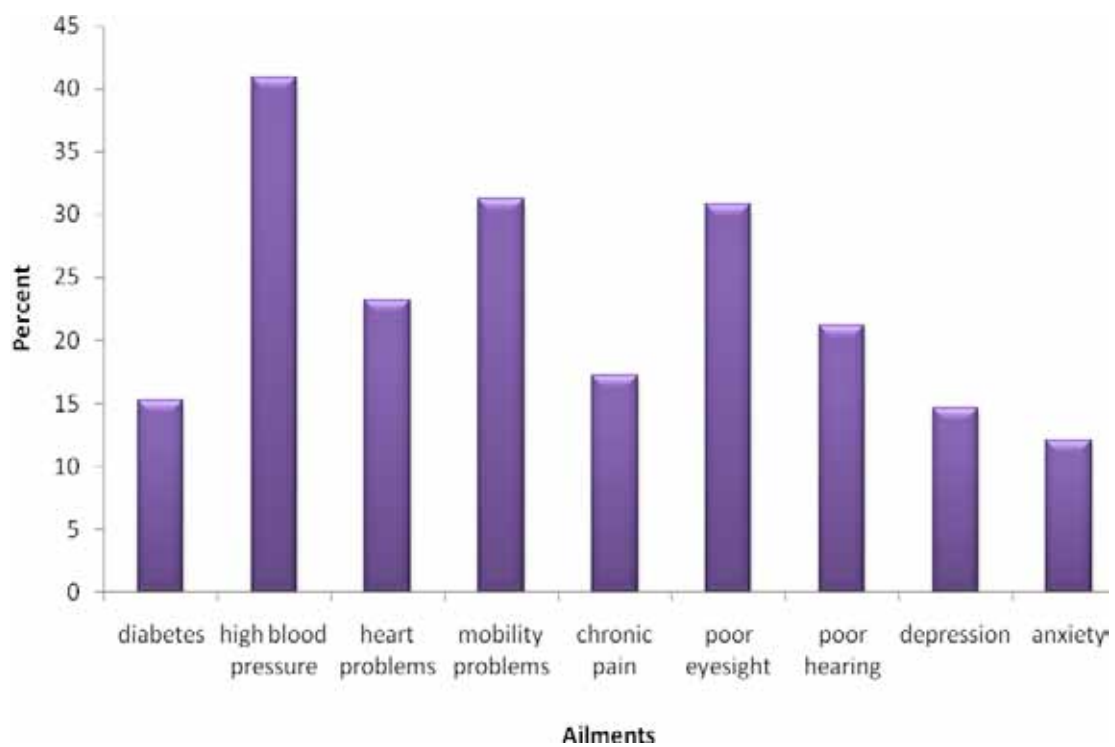
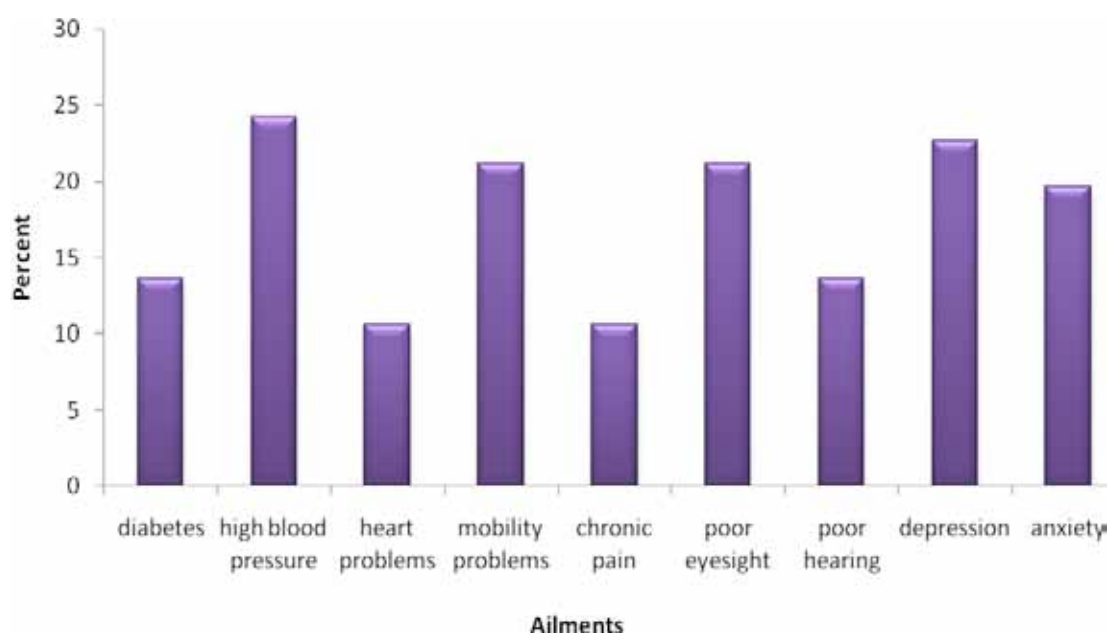


Figure 20: Proportion of carers in the sample who suffer from any of the following ailments (n=66)



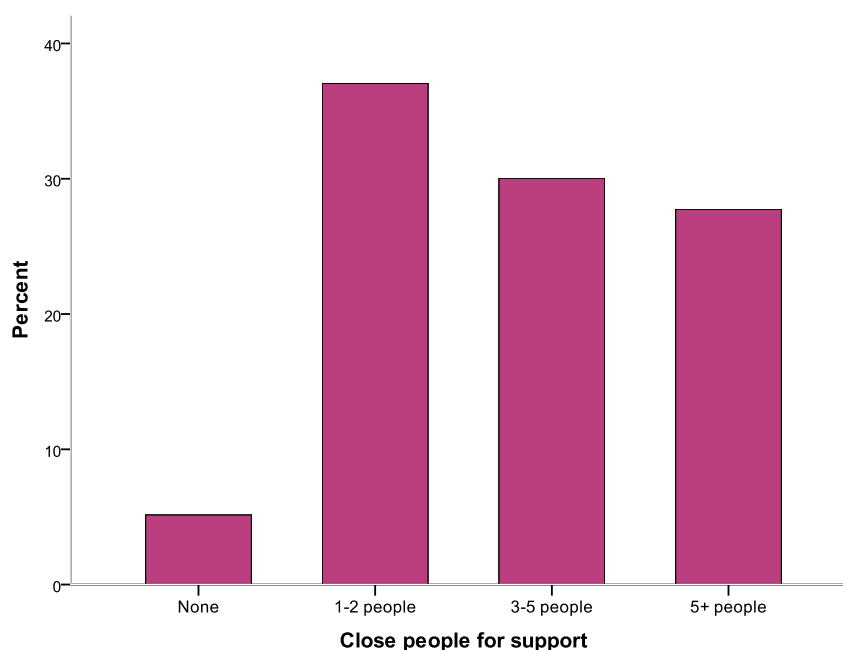
As mentioned, the sample of Irish carers report a disproportionate number of health problems compared to the overall Irish community sample. The range of disorders reported include the following: high blood pressure (24.2%), depression (22.7%), poor eyesight (21.2%), mobility problems (21.2%), anxiety (19.7%), diabetes (13.6%), poor hearing (13.6%), heart problems (10.6%) and chronic pain (10.6%).

3.4: Perceived Social Support

3.4.1: Number of persons to count on if in serious trouble

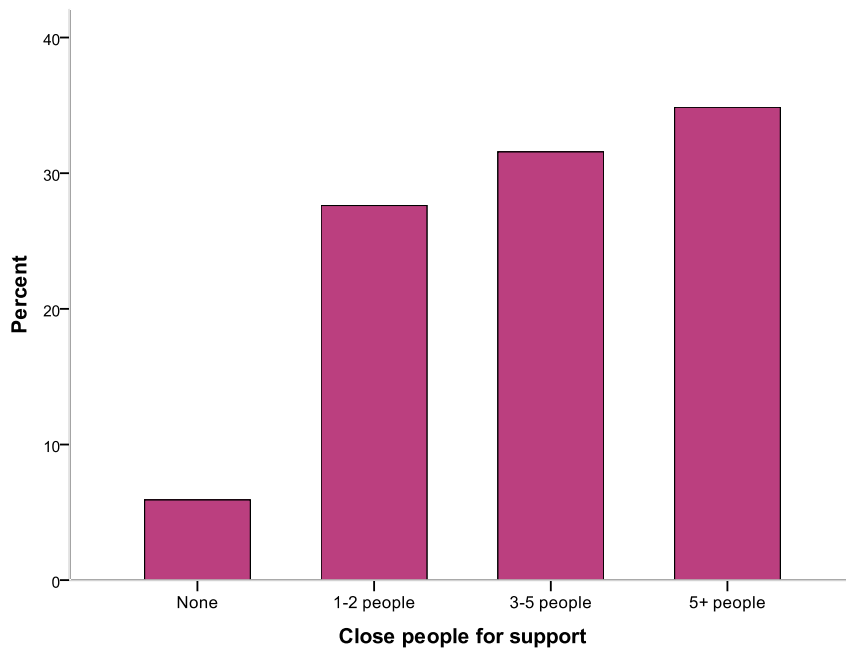
The majority of the overall sample indicates that they have 1-2 close people to rely on if they have serious problems (37.1%). This is followed by 30% of respondents who perceive that they have 3-5 close people that they can count on for support and 27.8% of respondents who indicate more than 5 people that they can rely on if they have serious problems. Only 5.2% of the overall community sample report that they do not have any close person/s to rely on for support if in serious trouble.

Figure 21: Perceived number of people to count on if in serious trouble in the overall sample (n=699)



This pattern is echoed in all sub-groups with the exception of second generation respondents. In contrast to the other sub-groups, the majority of second generation respondents indicate that they have more than 5 people to rely on if they have serious problems (34.9%), followed closely by 31.6% of respondents who perceive that they have 3-5 close people that they can count on for support. 27.6% of the sample of second generation Irish state that they have 1-2 people that they can rely on if they have serious problems and only 5.9% of respondents report that they do not have any close person/s to rely on for support if in serious trouble.

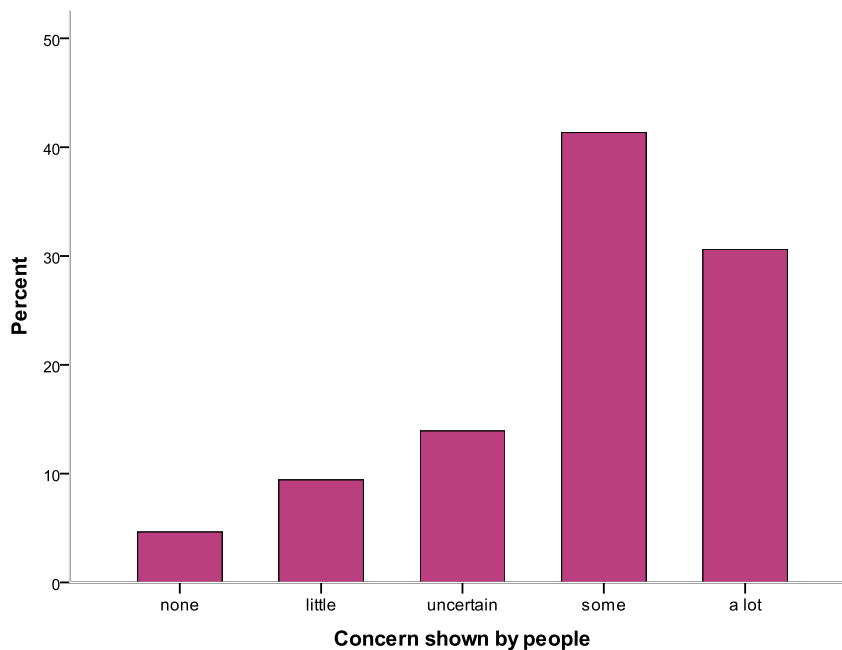
Figure 22: Perceived number of people to count on if in serious trouble among the second generation sample (n=152)



3.4.2: Perceived positive interest and concern from other people

The majority of the overall community sample perceive 'some' concern from others in what they are doing (41.4%), although 30.6% of respondents perceive 'a lot' of concern from other people. This is followed by 13.9% of the overall community sample who are 'uncertain' about the amount of concern shown by other people, 9% of respondents who feel that they receive 'little' concern from others in what they are doing and 4.6% of respondents who perceive there is 'no' interest and concern from other people in what they are doing.


Figure 23: Perceived amount of concern shown by other people among the main Irish community sample in London (n=689)



All sub-groups have similar perceptions in terms of the amount of concern other people show in what they are doing. For instance, the majority of the sample of recent Irish migrants (38.9%), second generation Irish respondents (40.3%), respondents aged between 50-64 years (40.2%) and 65 years and over (38.4%) and carers (36.7%) perceive 'some' concern from others in what they are doing. However, 34.2% of second generation respondents, 25.5% of respondents aged between 50-64 years, 26.7% of the sample of carers and 36.2% of respondents aged 65 years and over perceive 'a lot' of concern from other people in what they are doing.

3.4.3: Help available from neighbours if needed

32.8% of the overall community sample feels that it is 'possible' to get practical support from their neighbours if they need it. This is followed by 20.8% of the overall community sample who feel that it is 'easy' to obtain help from their neighbours and 16.3% who find it 'very easy'. In contrast, 17.6% of respondents feel that it is 'difficult' to receive support from their neighbours if it is needed, and a further 12.6% of respondents find it 'very difficult' to receive neighbourly support.



37.3% of second generation respondents perceive it is 'possible' to get practical support from their neighbours if it is needed. Respondents aged 50-64 years and the sample of carers also report similar levels of uncertainty about the level of neighbourly support available, with 35% and 31% respectively reporting it is 'possible' to get support from a neighbour if needed.

28% of those aged 50-64 years feel it is 'easy' to obtain help from their neighbours if it is needed, with 19% finding it 'very easy'. Among the sample of second generation Irish, 22% and 18% feel that it is 'easy' and 'very easy' respectively to obtain help from their neighbours. 24.1% of the sample of carers feel that it is 'easy' to obtain neighbourly support, with a further 17.2% finding it 'very easy'. The majority of respondents aged 65 years and over indicate that it is 'easy' (28.2%) and 'very easy' (27.6%) to obtain practical help from their neighbours if it is needed. This is followed by 21% of respondents who indicate some uncertainty about the availability of support from their neighbours, stating that it is 'possible' that they might receive support from their neighbours if it is needed.

However, among the elderly respondents (over 65s), 13.3% and 9.9% feel that it is 'very difficult' and 'difficult' respectively to obtain help from their neighbours when the need arises.

In contrast to the aforementioned sub-groups, the majority of recent Irish migrants who responded perceive that it is 'difficult' to obtain practical help from their neighbours if it is needed (30.1%), followed closely by 28.3% of respondents who indicate some uncertainty about the availability of support from their neighbours stating that it was 'possible' that they might receive practical help from their neighbours if it is needed.

Figure 24: Perceived ease of available help from neighbours among the overall community sample (n=693)

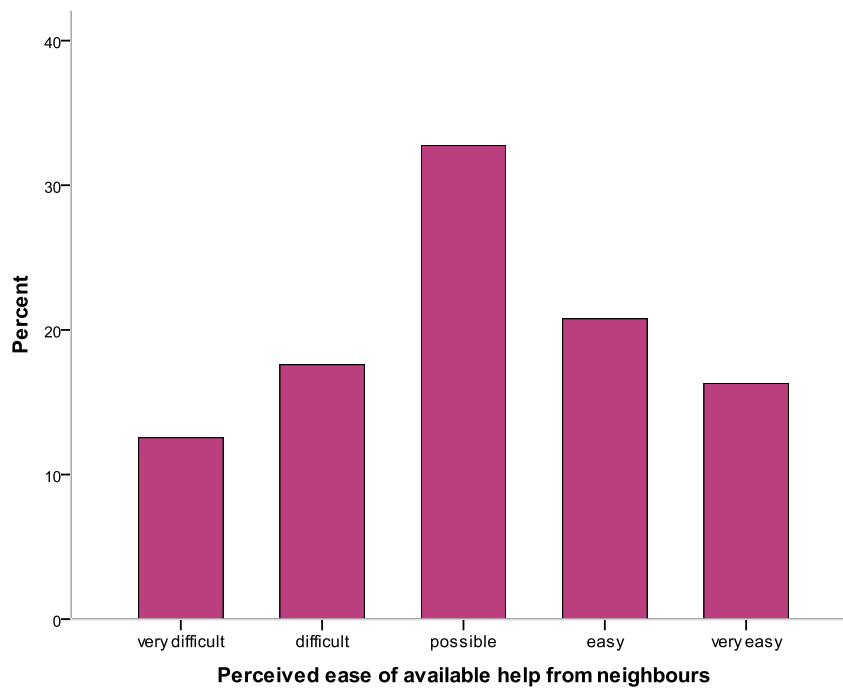
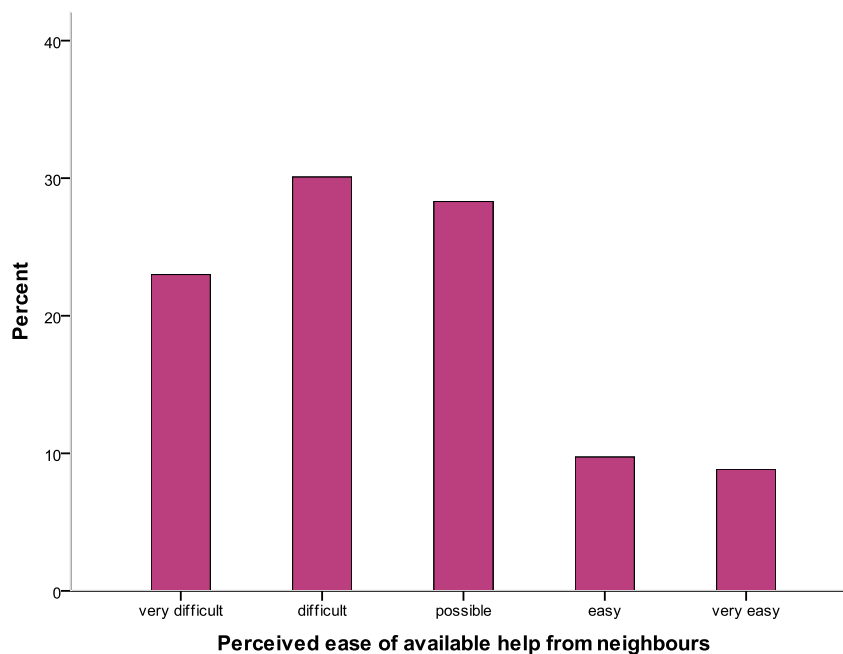


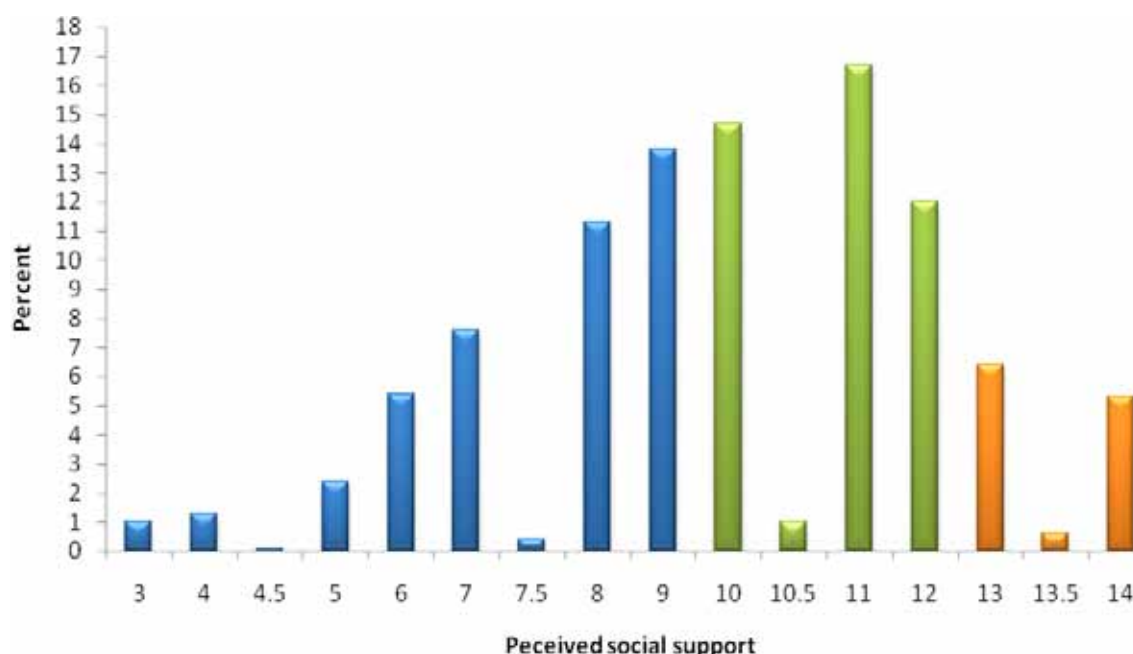
Figure 25: Perceived ease of available help from neighbours among the sample of recent migrants (n=113)



As mentioned previously the total score of the Oslo 3-Item Social Support Scale is calculated by adding up the raw scores for each item, taking the mean score and then

converting this mean score into a total score by multiplying it by the maximum number of items (to take account of non-missing values). The sum of the raw scores has a range from 3-14. A score ranging between 3 and 9 is classified as 'poor support', a score between 10 and 12 is categorised as 'moderate support', and a score between 13 and 14 relates to 'strong support' (Dalgard *et al.*, 2006a).

Figure 26: Perceived social support among the overall community sample in London (n=701)



- Poor social support
- Moderate social support
- Strong social support

Using this measure, the majority of the overall community sample perceives 'moderate levels of social support' (44.3%), followed closely by 'poor levels of social support' (43.4%). 12.3% of the Irish community sample perceive 'strong levels of social support'.

The majority of the sample of recent Irish migrants perceive that they have 'poor levels of social support' (62.8%). 31.9% of this sample perceive 'moderate levels of social support' and 5.3% of respondents perceive 'strong levels of social support'. The majority

of the sample of second generation Irish perceive 'moderate levels of social support' (48.7%), followed by 'poor levels' (36.2%) and 'strong levels of social support' (15.1%). The majority of respondents aged 50-64 years perceive 'poor levels of social support' (44.1%), followed closely by 'moderate levels of social support' (40.2%). 15.7% of respondents aged 50-64 years perceive 'strong levels of social support'.

The majority of respondents aged 65 years and over perceive that they have 'moderate levels of social support' (43.9%), followed by 'poor levels of social support' (38.5%). 17.6% of the ageing Irish community sample perceive 'strong levels of social support'. The majority of the sample of Irish carers perceive that they have either 'poor' (49.2%) or 'moderate (42.6%) levels of social support'. Only 8.2% of the sample of Irish carers perceive that they have 'strong levels of social support'.

Figure 27: Perceived social support among the sample of recent migrants (n=113)

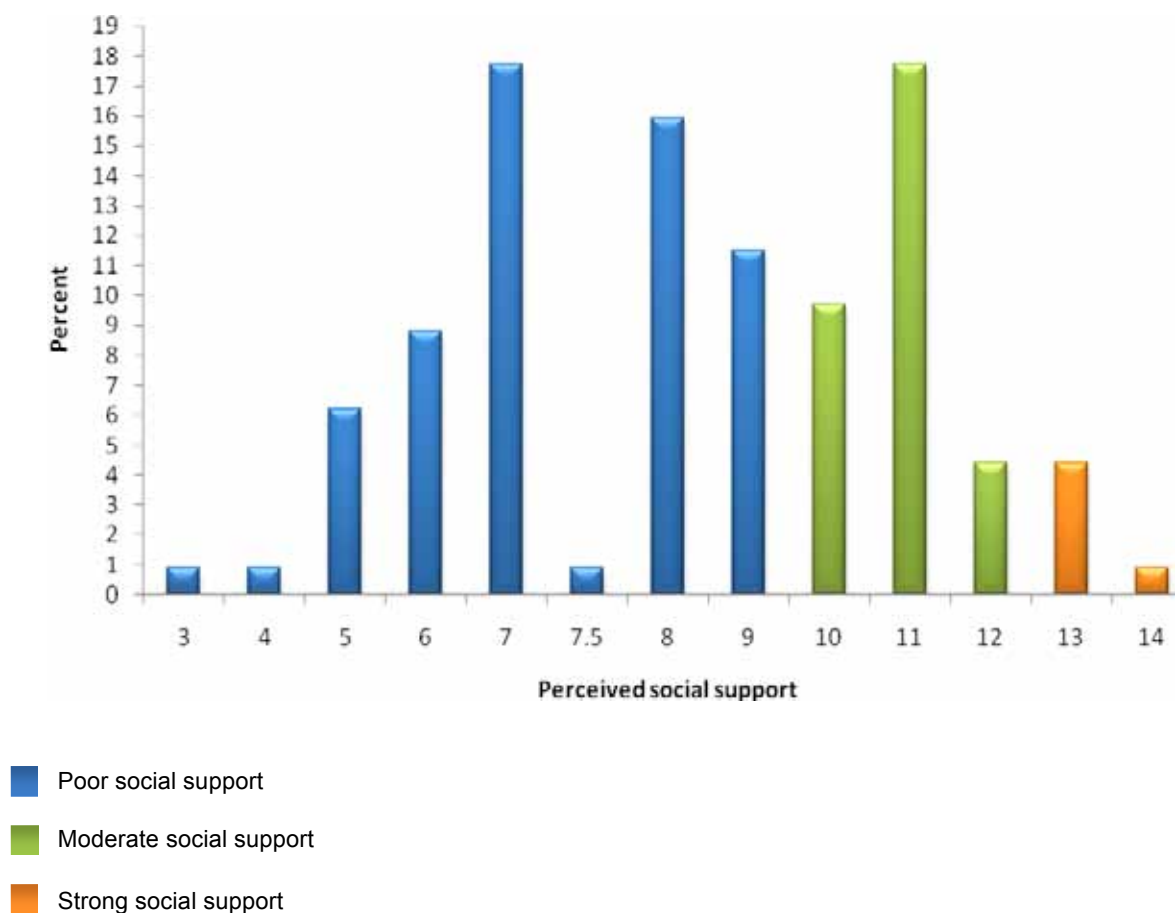
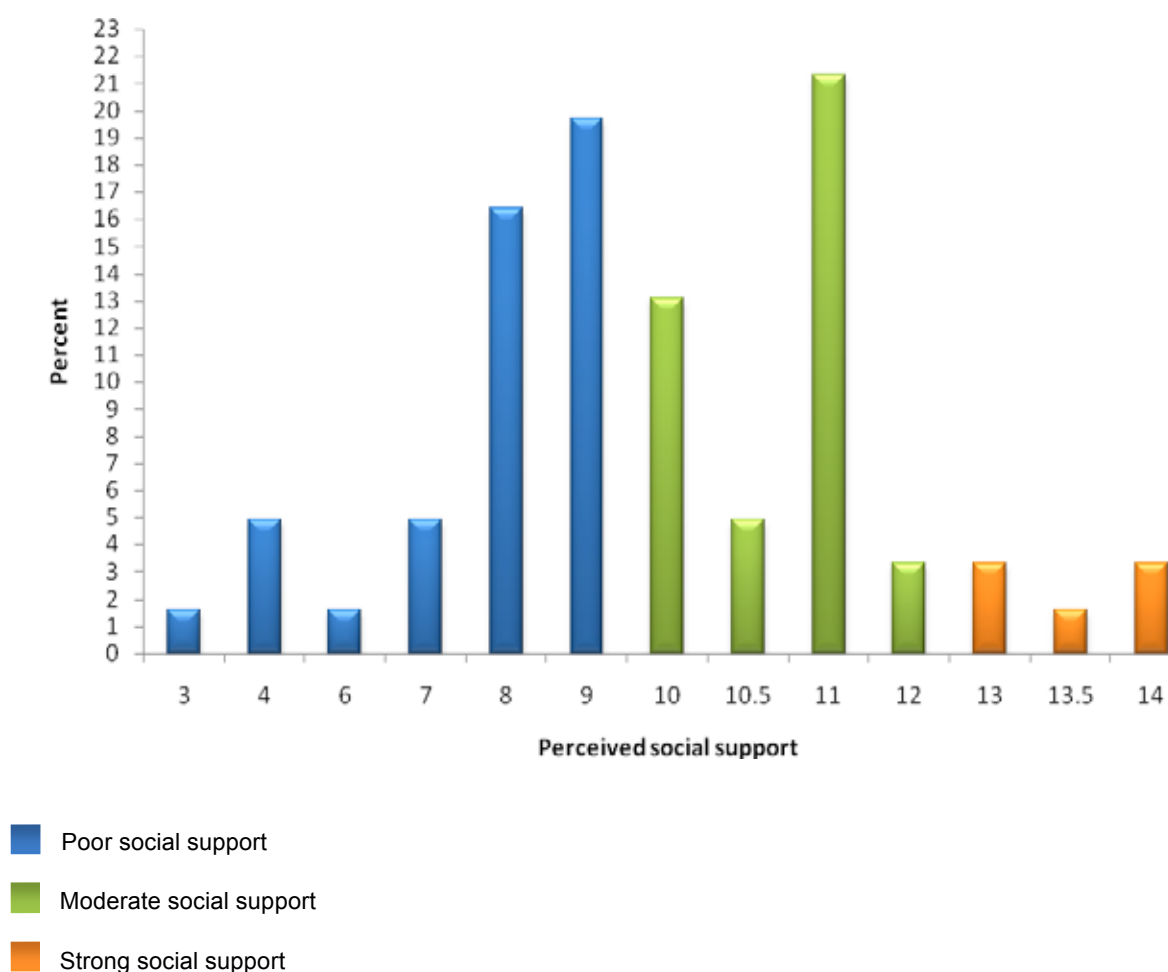


Figure 28: Perceived social support among the sample of Irish carers (n=61)



Analysis of the data shows a correlation between self-assessment of health and perceived levels of social support among the Irish community sample in London (coefficient=.120, $p<0.01$) and also among sub-groups such as recent Irish migrants (coefficient=.290, $p<0.01$), second generation Irish (coefficient=.339, $p<0.01$), respondents aged 50-64 years (coefficient= .366, $p<0.01$) and respondents aged 65 years and over (coefficient=.187, $p<0.05$). The only sub-group where there is no correlation between self-assessment of health and levels of social support are among the sample of carers in the Irish community.

3.5: Summary

25.8% of the overall community sample is not in good health. Carers and Irish people aged 65 years and over report more vulnerabilities in relation to their health. 17.7% of carers and 21.2% of elderly respondents report poor health. This study supports previous research which shows a high level of self-reported poor health, particularly in the 50 plus age group for Irish-born people in the UK (Tilki *et al.*, 2009).

Significant proportions of the overall community sample suffer from either anxiety or depression. The sample of carers are most affected by depression and anxiety, with more than one in five reporting depression (22.7%) and almost as many (19.7%) suffering from anxiety. Previous research shows that age-standardised rates for hospitalisation for depression in Irish-born men are almost three times higher than the levels for White British-born men, whereas for women the rate is almost two and a half times higher (Cochrane & Bal, 1989; Bracken *et al.*, 1998). More recent evidence demonstrates a higher rate of admissions to mental health services among Irish people in age groups over 50 than for other communities (CHAI, 2007). This current study also shows high blood pressure as a major condition impacting the overall community sample, affecting one in five of all respondents and much higher proportions of Irish carers and elderly respondents.

This study also indicates that many recent migrants report anxiety and depression. Previous research has shown that poorly planned migration is associated with subsequent depression in Irish born people living in London (Ryan, Leavey, Golden & Blizard, 2006). Many recent migrants in the current study report a lack of planning prior to migration often leading to anxiety and stress upon arrival.

The overall community sample report a lack of perceived social support. 87.7% of respondents report 'poor' or 'moderate levels of social support'. The sample of recent migrants show particular vulnerability in this area with 94.7% reporting 'poor' or 'moderate levels of social support'. Similarly, 91.8% of the sample of Irish carers do not

report strong levels of social support. The majority of recent Irish migrants perceive poor levels of social support (62.8%). Recent migrants comment on the loneliness of London and many report finding it difficult to manage work or study and establish new social networks.

The data also demonstrates a correlation between self-assessment of health and perceived levels of social support among the overall community sample and all of the sub-groups, with the exception of Irish carers. The study supports previous research which indicates that people with low social support report more sub-clinical symptoms of depression and anxiety than people with high social support (Barrera, 1986; Cohen & Wills, 1985).

Section 4: Engagement, Satisfaction and Future Needs

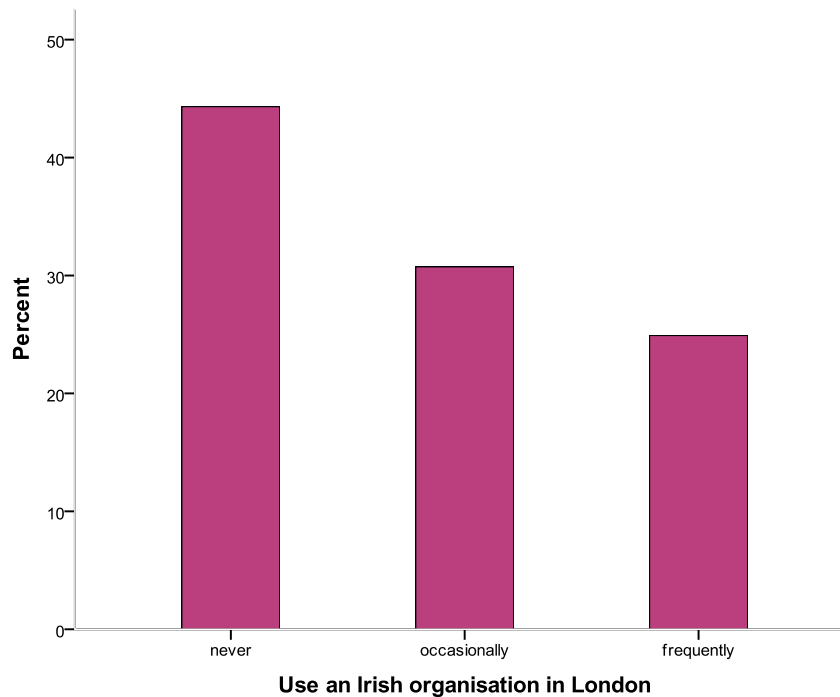
4.1: Current engagement with Irish organisations in London

This section provides information on engagement and satisfaction with Irish organisations in London. The frequency of use, reasons for not using Irish organisations, and preferences and aspirations for the future use of Irish organisations have been analysed from the data. This section also presents the findings of the perceived future needs of the overall community sample and of the different sub-groups. A central aim of this section of the report is to provide data that could be useful in the commissioning and design of future services for Irish people in London.

Of the 670 participants who answered the question on their use of an Irish organisation, 44.3% have never used an Irish organisation, 30.7% occasionally use an Irish organisation and 24.9% use an Irish organisation frequently.

Organisations that are used by 5% or more of the overall community sample are included in terms of the main data analysis. The four main Irish organisations in London used by the overall community sample are: The London Irish Centre (38.8%), Irish Community Service (18.8%), The Irish Cultural Centre (11.6%) and The Haringey Irish Centre (8%). However, respondents also reported use of the Irish Support and Advice Service, GAA Clubs, The Lewisham Irish Centre and online Irish Networks.

Figure 29: Use of Irish organisations in London by the overall community sample (n=670)



The most frequent users of Irish organisations in London are those aged 65 and over, with 58.4% of respondents in this age group using Irish organisations frequently and 22% of respondents using Irish organisations occasionally. Similarly, the majority of the sample of Irish carers frequently use an Irish organisation in London (46.4%) followed by 30.4% of this group who use them occasionally. As noted earlier, the participants were recruited via existing Irish networks, such as Irish organisations. This limits the validity and generalisability of the data. The following excerpts illustrate reasons for using an Irish organisation in London among the elderly respondents:

'I think they're outstanding. They understand the psyche of the Irish person. If you want to talk about home, you want somebody that when you're talking to them can understand where you're coming from, and how you feel about things.' (OPFG 1)

'The Irish Centre is brilliant. I don't know where I'd be without it.' (CS 1)

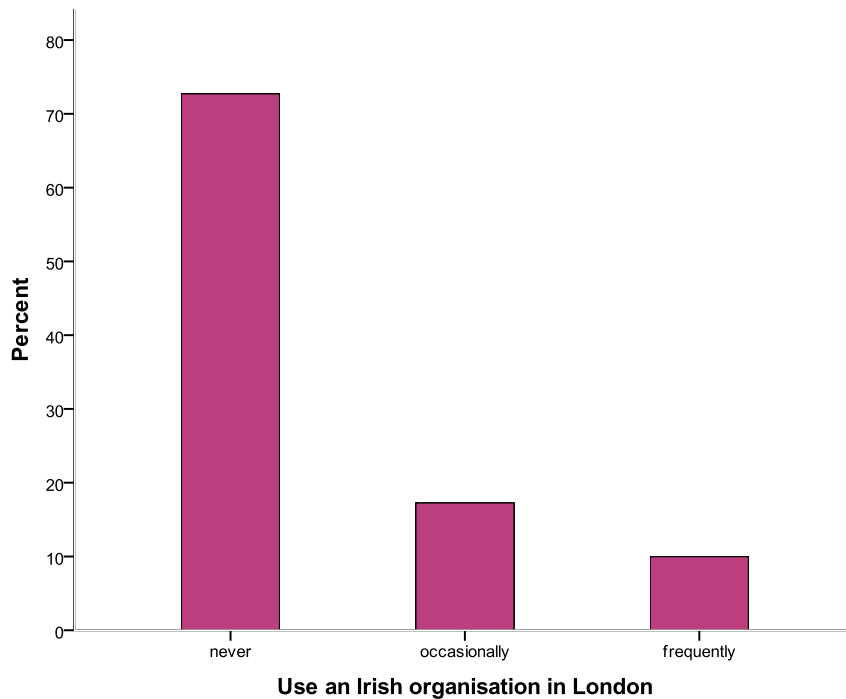
‘Several times I’ve wanted to get in touch with the CAB [Citizens Advice Bureau], for different reasons and I could never find the office either open or the phone answered. And the only place that’s been any help has been upstairs, here at the Irish Centre.’
(OPFG2)

Respondents between the ages of 50-64 are more likely to use an Irish organisation occasionally (36.7%) with 28.6% of respondents in this age group frequently using an Irish organisation in London. In terms of the sample of second generation Irish, 35.9% use Irish organisations occasionally and a further 20% frequently use an Irish organisation in London.

19.7% of respondents aged 65 and over, 23.2% of the sample of carers and 34.7% of respondents aged between 50-64 years never use an Irish organisation in London. In contrast to the other sub-groups examined, the vast majority of recent migrants who participated in the study never use Irish organisations in London (72.7%) and neither do the majority of second generation respondents (44.1%). The primary barriers to use of Irish organisations were lack of awareness and geographical location (see Section 4.2 for further detail).

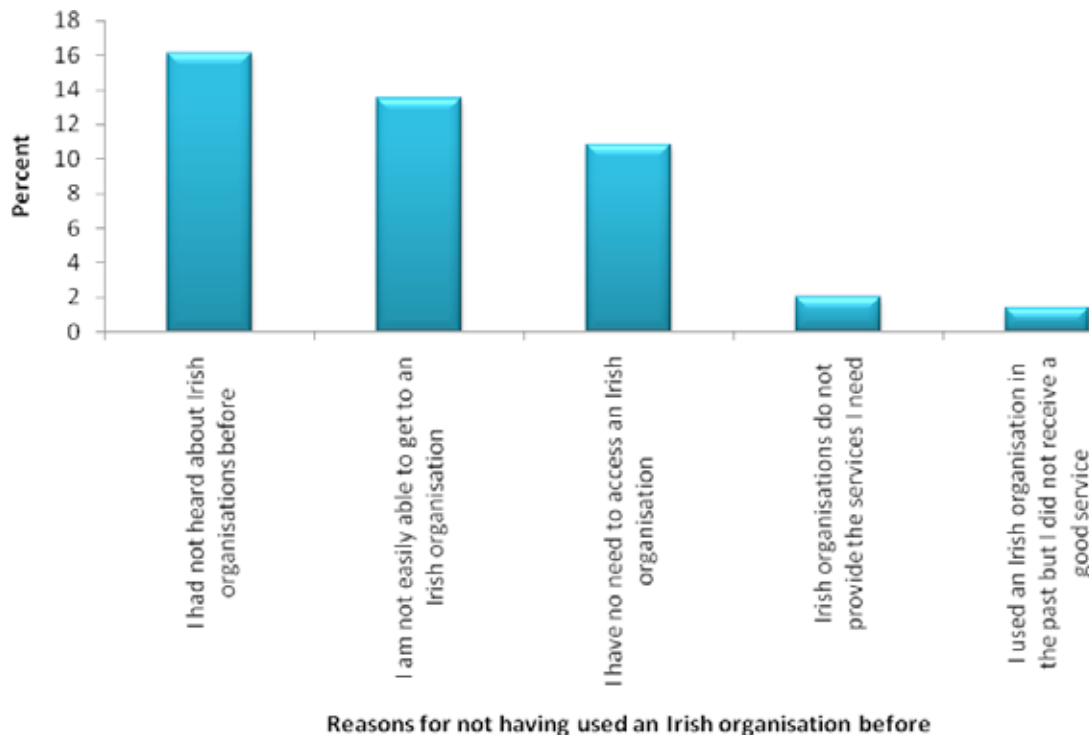
The sample of recent migrants have the highest rate of engagement with other Irish organisations with 21.7% using GAA clubs and 13% using both online networks and Irish networks. The use of these Irish organisations/services is negligible among the other sub-groups.

Figure 30: Proportion of recent Irish migrants who use an Irish organisation in London (n=110)



4.2 Reasons for non-engagement with Irish organisations

Figure 31: Reasons for not having used an Irish organisation before among the overall community sample in London (n=790)



In terms of the overall sample, 16.1% of respondents did not use Irish organisations because they 'had not heard about Irish organisations before', 13.5% are 'not easily able to get to an Irish organisation' and 10.8% 'had no need to access an Irish organisation'. A negligible number of respondents felt Irish organisations do not provide the services that they need or had used an Irish organisation in the past and 'did not receive a good service'.

As mentioned, lack of awareness among the overall community sample is the main reason for not using Irish organisations in London. Similar response rates are found among the sample of carers (10.6%), respondents aged 50-64 years (12.1%), 65 years and over (7.6%) and second generation Irish (13.6%) in terms of awareness of Irish organisations. Some respondents are unclear about whether they are entitled to use them, as the following excerpts demonstrate:

'I'm not sure exactly as to what they do.' (CS 2)

'Not sure as to who can join them. I am fully Irish but am not sure if it's only for people who REALLY (participant's emphasis) need help or on benefits.' (CS 3)

'I have only heard about Irish organisations in recent months. I have recently moved to London and there were either no similar services where I used to live or they were inaccessible.' (CS 4)

12.6% of respondents aged 65 and over, 12.1% of respondents aged 50-64 years and 17% of second generation Irish who do not use Irish organisations state that they are 'not easily able to access'. Distance and physical or financial difficulties prevented some older people or those with health problems or caring responsibilities from using services that they may have been keen to use, as the following comments illustrate:

'There is not one near enough in Sutton where I live. I would if there was one nearby.'
(CS 5)

'My finances are limited and I rely on mostly buses to get me around locally and it causes me a lot of pain and exhaustion. There are things that would interest me greatly but they're too dear or awkward to travel to.' (CS 5)

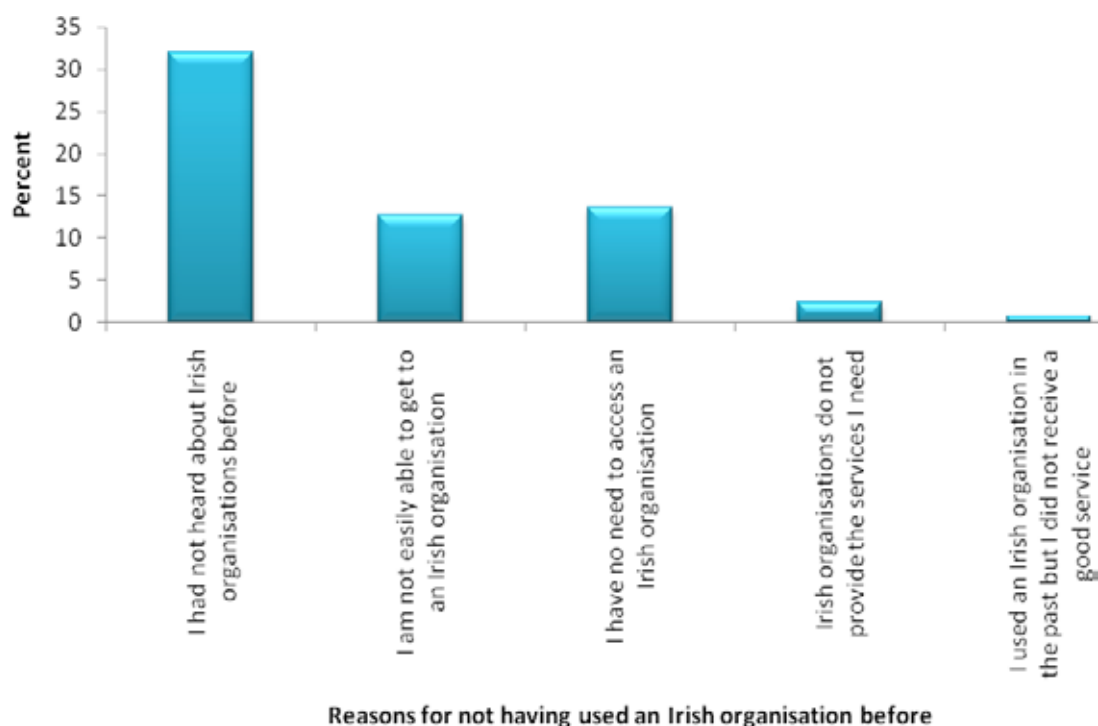
'I can't go because I have no one to look after my partner.' (CS 6)

75.2% of recent migrants were interested in 'social events with other Irish people'. Furthermore, during focus groups and interviews recent migrants demonstrated a clear interest in attending social and cultural events delivered by Irish organisations, as illustrated by the following excerpts:

'As part of a long term Irish Community in London I have a lot of close relatives but would welcome more opportunities to meet and socialise.' (CS 7)

'I have not yet had the opportunity to do so, but would do so purely for sociable reasons.' (CS 8)

Figure 32: Reasons for not having used an Irish organisation before among the sample of recent Irish migrants (n=125)



Unlike other groups, a substantial majority of recent migrants (32%) in this sample 'had not heard about Irish organisations before'. 13.6% of this group indicate that 'I have no need to access an Irish organisation' as a reason for non-use of these services and 12.8% state 'I am not easily able to get to an Irish organisation'. Again, recent migrants are often unsure about what the organisations offer, as demonstrated below:

'Not sure what would make me use the services more, I'm not that aware of what the services are.' (OLS 1)

'I presume that they cater to old people mostly and have nothing to offer me.' (CS 9)

During the focus group sessions and interviews recent migrants showed a clear interest in using Irish community organisations. Participants suggest that more can be done to advertise these services in Ireland and to make sure migrants are aware of them before they leave, as illustrated below:

'It's not so important for me at present to have dedicated services for Irish people, however, that may change as I get older.' (OLS 2)

'It would be very beneficial to have dedicated services in the relocation process. Advertising in the Irish media would inform 99% of all pre- and post-relocation first hand or family/friends seeing/hearing these and passing info on.' (OLS 3)

4.3: Satisfaction with Irish organisations

4.3.1: Range of Services

Of the overall community sample who responded (n=342), 62% rate the range of services provided by Irish organisations as 'excellent', 34.8% rate the range of services as 'fair' and only 3.2% rate the services as 'poor'.

Satisfaction is highest with carers (82.1%) and those aged 65 and over (76.3%) rating the range of services as 'excellent'. 60.7% of second generation respondents and 66.7% of respondents aged 50-64 years rate the range of services as 'excellent' with only a negligible proportion of these respondents (1.2% and 1.6% respectively) rating the range of services provided by Irish organisations as 'poor'. Although the response rate to this question is low among recent migrants (n=29), 62.1% rate the range of services provided by Irish organisations they use as 'excellent', and only 6.9% of recent migrants rate the range of services of Irish organisations as 'poor'.

4.3.2: Friendliness of staff

Of the Irish community sample who responded (n=367), 82.8% rate the friendliness of staff as 'excellent' with only 16.1% providing a 'fair' rating. No less than 80% of all sub-groups rate the friendliness of staff as 'excellent'. In particular, 91% of respondents aged 65 years and over and 93.3% of carers rate the friendliness of staff of the Irish organisation they use as 'excellent'. This view is illustrated in the following excerpt:

'The CAB people are another nationality and I don't have anything in common with those people. With Irish people, I can relate better. They understand.' (OPFG 3)

4.3.3: Expertise of staff

Of the overall community sample who responded (n=349), 72.5% rate the expertise of staff as 'excellent', followed by 24.6% of respondents who rate staff expertise as 'fair'. Satisfaction with staff expertise is highest among Irish carers (92.5%) and respondents aged 65 years and over (86.2%). 71.4% of respondents aged between 50-64 years and 63.1% of second generation Irish rate the expertise of staff as 'excellent'.

As previously noted, a substantial proportion of the sample of recent Irish migrants do not use Irish organisations. However, 66.7% of recent migrants who responded (n=30) rate the expertise of staff as 'excellent'. This view is exemplified in the following excerpt:

'I came and you guys [London Irish Centre] pretty much told me everything I needed to know. There's a whole different way of going about things here and also anyone new will need services. So I'd say the Centre does a huge amount that it doesn't even know it does.' (RM 1)

26.7% of recent migrants who responded rate the expertise of staff of the Irish organisation they use as 'fair'. 22.2% of respondents aged between 50-64 years, 35.7% of second generation respondents and 13% of respondents aged 65 and over also rate staff expertise as 'fair'. In contrast, only 7.5% of carers rate staff expertise as 'fair'. Many respondents express the opinion that staff in mainstream organisations do not understand their needs and that this often affects the service that they receive, as illustrated by the following comments:

'It is very important to have dedicated services for Irish people in London, and the greater London area (where I am). I am increasingly encountering people who do not know how to deal with me, not because I am from Ireland, but because I am not from the UK.' (OLS 4)

'I don't think I have been unfairly treated, except at the job centre which was about being from Ireland and not the EU.' (OLS 5)

'I get the impression that staff at the Job Centre are not trained at dealing with people like me, coming for a job in the EU and not coming from the dole.' (RM 2)

'They weren't actually sure if Ireland was part of the UK or not and had no idea how to process my claim. In the end they compared me to the last foreign person they dealt with, who was from Portugal.' (RM 3)

4.4: Dissatisfaction with Irish organisations

Across all groups, a negligible proportion of respondents have used an Irish organisation in the past and received a poor service. For instance, 9.7% of second generation

respondents and 13.6% of the sample of recent migrants state they have 'no need to access an Irish organisation'. A negligible proportion (10.8%) of respondents from the other sub-groups have 'no need to access Irish organisations'. Interestingly, only 2% of the overall community sample feel that Irish organisations 'do not provide the services they need' and none of the sample of second generation Irish feel that Irish organisations 'do not provide the services they need'.

'I think it's sometimes hard to tell exactly who the services/events are intended for, such as whether English people of Irish heritage, the children of Irish immigrants, long-term Irish immigrants, or newly arrived young people. I think it would be better if each event was more focused on a particular group of these.' (OLS 6)

4.5: Preferred methods of engagement

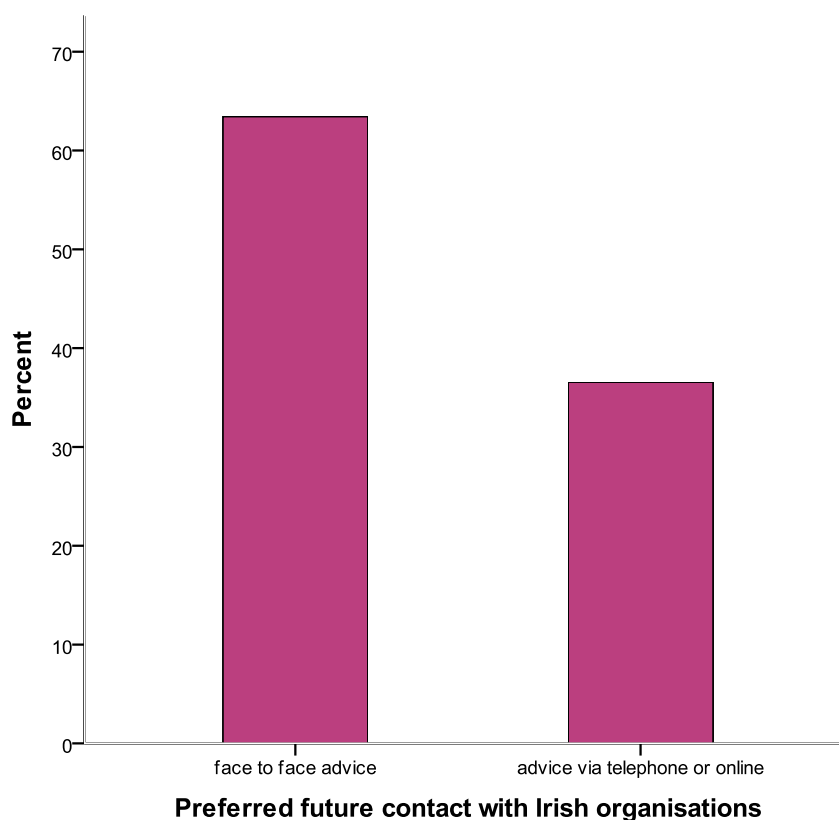
As part of this survey, all participants were asked 'if you were to use an Irish organisation in the future would you prefer: face-to-face advice or advice over the telephone or online'. Of the 629 participants who provided a response, the majority state that their preferred form of engagement with Irish organisations in the future would be face to face advice (63.4%), compared to 36.6% of respondents who would prefer advice via the telephone or online.

The majority of the sample aged 65 years and over (87.7%) state that their preferred source of communication should they decide to use Irish organisations in the future is face-to-face advice. 76.4% of carers and 68.1% of respondents aged between 50-64 years also cite a preference for face-to-face advice.

Although the majority of the sample of recent migrants (60.2%) and second generation Irish (54.7%) state that their preferred method of contact is 'face-to-face advice', 39.8% of recent migrants and 45.3% of second generation Irish show a preference for advice via the telephone or online, as illustrated by the following excerpt:

'Maybe you could have a 'road show' which went to different towns around the region? More attractive/accessible - More facilities available by email. A section on the website called 'Info if you've just arrived' - something like that. A section on the website for Irish Graduates. I think specific advice is needed, especially if coming from a job and not the dole in Ireland, and the fact that being a Graduate is far more rare in the UK than it is in Ireland, where everyone has a degree these days.' (OLS 7)

Figure 33: Preferred source of future communication with Irish organisations among the overall community sample (n=629)

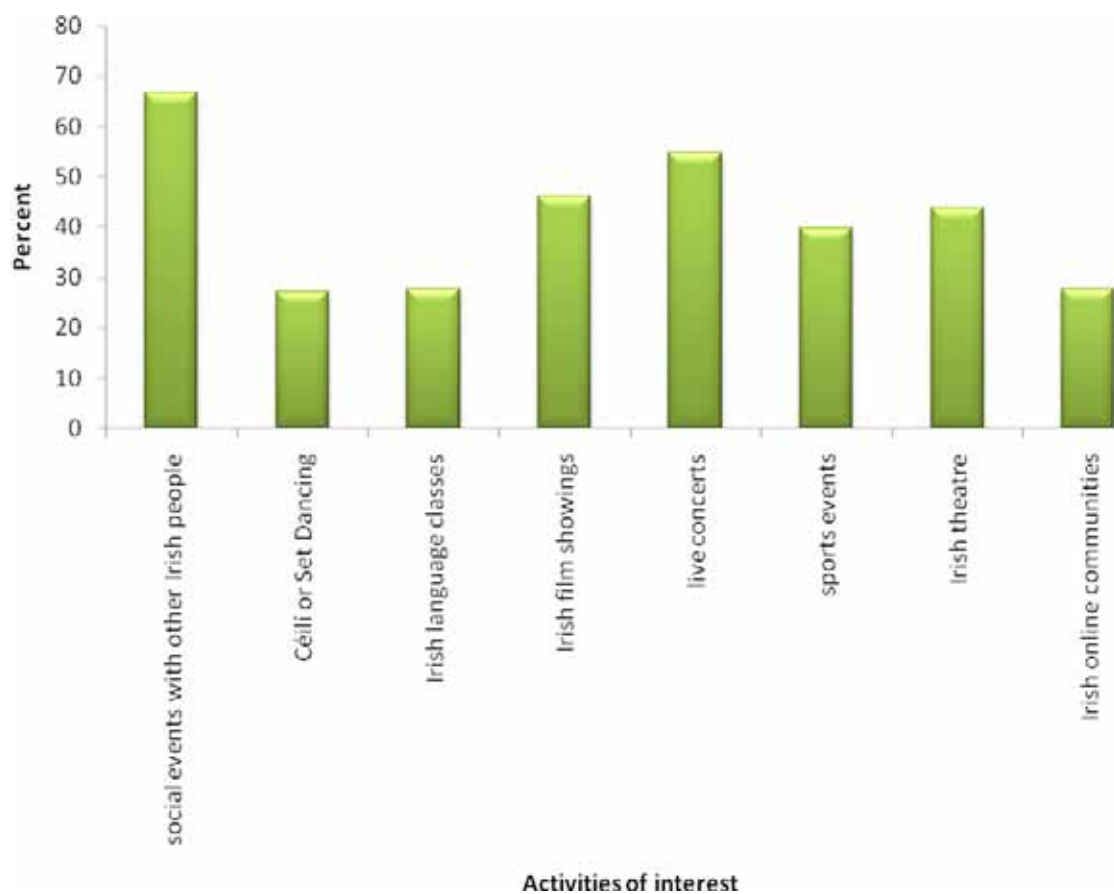


4.6: Activities of interest

As part of the survey, the participants were asked to choose from a number of activities of interest. Participants were not asked to rate activities in order of preference nor were they restricted in the number of choices they could make.

The four main activities of interest for the main Irish community sample and the Irish sub-groups (in this case, second generation Irish, carers and those aged 50 years and over) are social events with other Irish people (predominantly), live concerts, Irish film showings and Irish theatre.

Figure 34: Proportion of the overall community sample in London who are interested in any of the following activities (n=790)

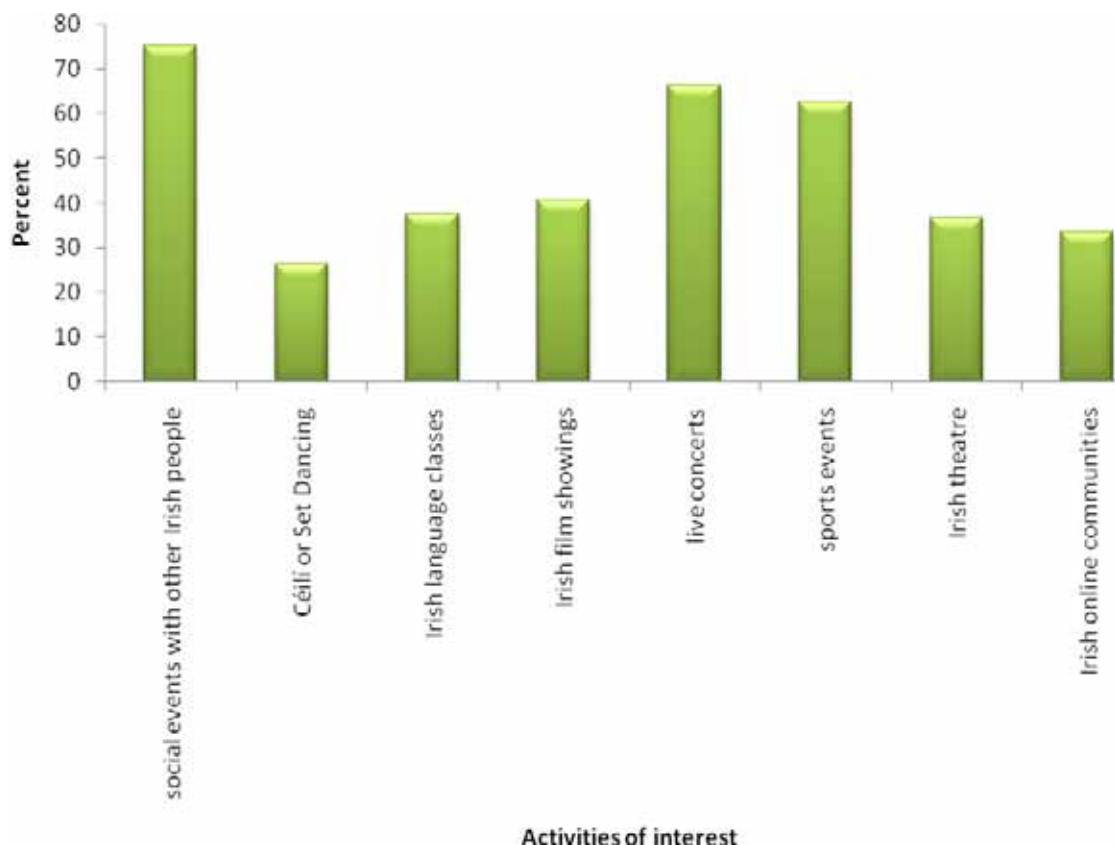


Older people rather than younger or second generation Irish tend to show the largest preference for ‘social events with other Irish people’. 75.3% of respondents aged 65 and over cite an interest in this activity, as indicated below:

‘The Centre. Well it’s the only social event I’ve got. I don’t go out in the evening. On a Saturday morning I go to breakfast bingo in Wood Green.’ (OPFG 4)

In terms of recent Irish migrants, the four main activities of interest are social events with other Irish people (75.2%), live concerts (66.4%), sports events (62.4%) and Irish film showings (40.8%).

Figure 35: Proportion of the sample of recent Irish migrants who are interested in any of the following activities (n=125)



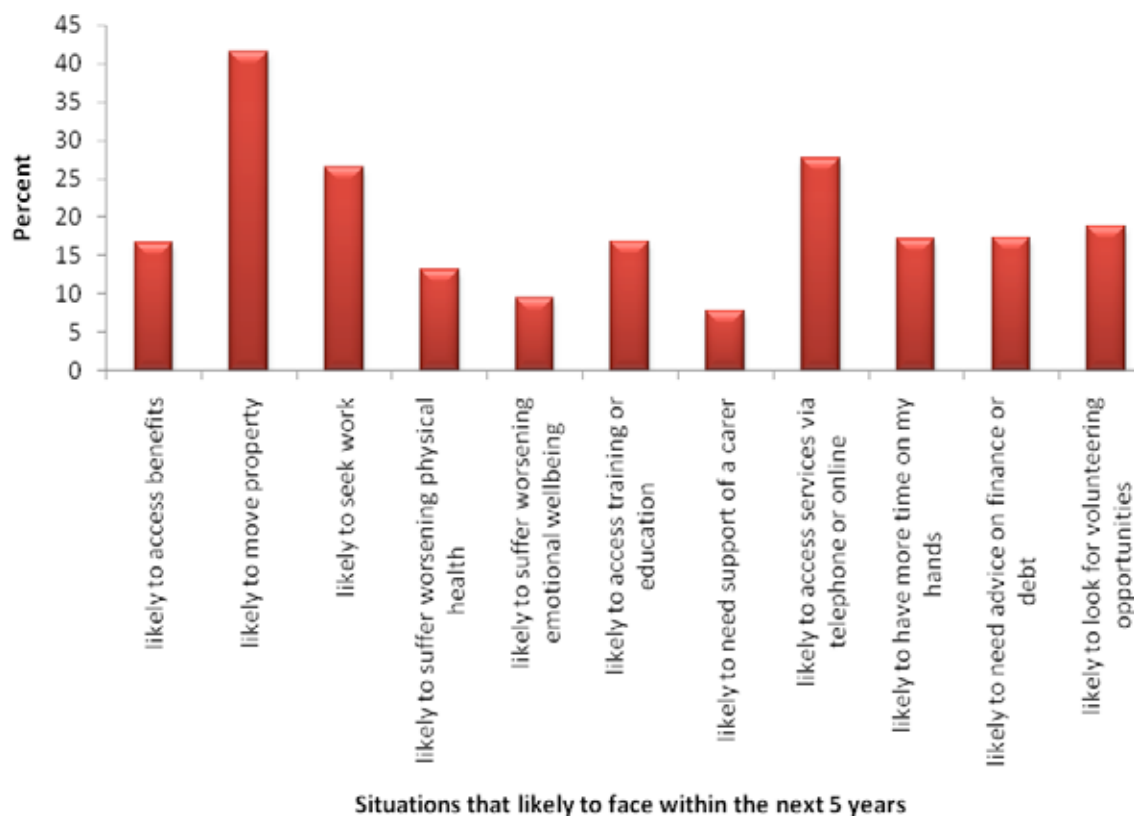
Some younger recent migrants perceive that Irish Centres do not currently offer relevant or attractive activities, as illustrated by the following comments:

'My idea of these type of places was that they are all for older people or people in need. But if they were more open for a cultural or social thing then that would really encourage me to go in and be more involved. Whereas I never felt I needed so I never went in. I suppose watching GAA games - you struggle to know what pubs they're going to be on in but if you knew they were going to be on in a place like this, if it was a given, then that would get me to come here instead of looking for a pub.' (RM 4)

4.7: Situations likely to face in the next five years

In the survey, participants were provided with eleven situations and asked ‘which of the following situations do you think you will face in the next five years?’ Participants had to consider whether they were ‘likely’ or ‘unlikely’ to face any of the following situations in the next five years. Respondents also had the option of answering ‘maybe’ to the above situations if they were unsure.

Figure 36: Proportion of the overall community sample in London who perceive that they are likely to face the following situations in the next five years (n= 790)



Of the overall community sample, 41.6% feel it is likely that they will need to move property in the next five years. 26.5% feel it is likely that they will need to find a job and 27.6% of respondents feel it is likely that they will need to access services via the telephone or online.

Although all groups perceived some level of need in relation to housing, there was considerable difference between sub-groups. For example, an overwhelming majority of the sample of recent migrants (68.8%) feel that they will need to move property in the next five years, 36.4% of the sample of second generation Irish and 28.8% of the sample of carers perceive a need to move property in the future. Other sub-groups in the survey and focus group discussions perceive inadequacies with their current housing and a desire to move property. For instance, 21.6% of respondents aged between 50-64 years and 14.1% of respondents aged 65 years and over believe they will need to move property in the next five years.

However, during the interviews and focus group sessions many older Irish clients report housing needs in terms of housing repairs and adaptations, and a subsequent desire to move property, as illustrated by the following comments:

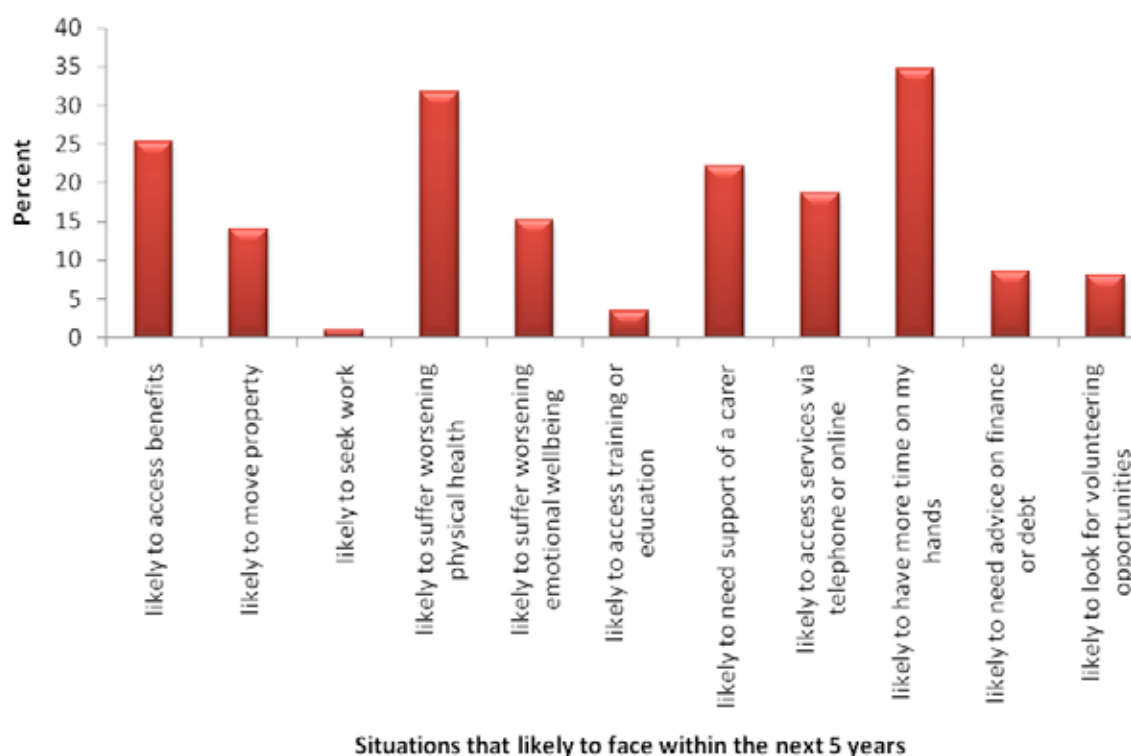
'In the future I will not be able to walk up our four flights of stairs.' (OPFG 5)

'We need improvements in the kitchen and a fireplace in the living room.' (OPFG 6)

'I need to live in a safer area and I need repairs done.' (OPFG 7)

A perceived need among the overall community sample (26.5%), the sample of recent migrants (45.6%) and second generation respondents (30.7%) is to find employment in the next five years. Similar to the situation of moving property, respondents aged 50-64 years (19.8%) and 65 years and over (1%) and carers (19.7%) do not perceive the same level of need in finding employment in the next five years as the other sub-groups. Perceived needs in terms of accessing training follow a similar pattern. For instance, among the overall community sample (16.8%), the sample of recent migrants (30.4%), second generation respondents (21.6%) and carers (21.2%) are more likely to express a need to access training in the next five years.

Figure 37: Proportion of the sample aged 65 years and above who perceive that they are likely to face the following situations in the next five years (n=198)



As might be expected, older respondents and carers have different perceptions of their needs in five years time than their younger counterparts. For instance, 25.8% of carers, 34.8% of respondents aged 65 years and over and 31% of respondents between the ages of 50-64 years believe they will have more time on their hands in the future. Moreover, both of the older sub-groups perceive it likely that they will experience worsening physical health and worsening emotional well-being in five years time. For instance, 31.8% of respondents aged 65 and over and 23.3% of respondents aged 50-64 feel that they are likely to experience worsening physical health, and 15.2% of respondents aged 65 years and over and 17.2% of respondents aged between 50-64 years perceive it likely they will experience worsening emotional well-being in the future. The following comments support these findings:

‘At the moment I would like to stay as independent as possible, but as my health deteriorates I will need more help.’ (OLS 8)

'I have good and bad days with mobility, pain, and anxiety.' (OLS 9)

4.7: Summary

Older people and carers use Irish organisations in London most frequently. Irish people in London show a confidence in, and a preference for, culturally sensitive Irish organisations rather than mainstream agencies. Respondents who use Irish organisations rate the friendliness and expertise of staff extremely highly.

The current study illustrates dissatisfaction with mainstream services among the overall community sample, but especially among the sample of recent migrants, carers and elderly respondents. Respondents cite a lack of awareness amongst staff of mainstream agencies about the entitlements of Irish people in London.

16.1% of the overall sample do not use Irish organisations because they had not heard of them before. A lack of awareness is particularly evident in the case of recent migrants. 32.0% of recent migrants do not use Irish organisations because they have not heard about them. The qualitative data shows that those who do not engage with Irish organisations are interested in doing so in the future. 66.7% of the overall sample cite an interest in social events with other Irish people.

17% of second generation respondents do not use Irish organisations because they are not 'easily able to access an Irish organisation'. This may be due to the fact that a high proportion of the sample of second generation Irish live in the Outer London boroughs. Older people in London cite accessibility as a problem. It is probable that mobility and the poor health of this sample is a factor here. 31.8% of respondents over the age of 65 feel it is likely that they will suffer worsening physical health and 15.2% feel it is likely they will experience worsening emotional well-being. The qualitative data shows that older respondents perceive future needs in terms of housing adaptations.

Section 5: Sources of Advice and Awareness of Benefits

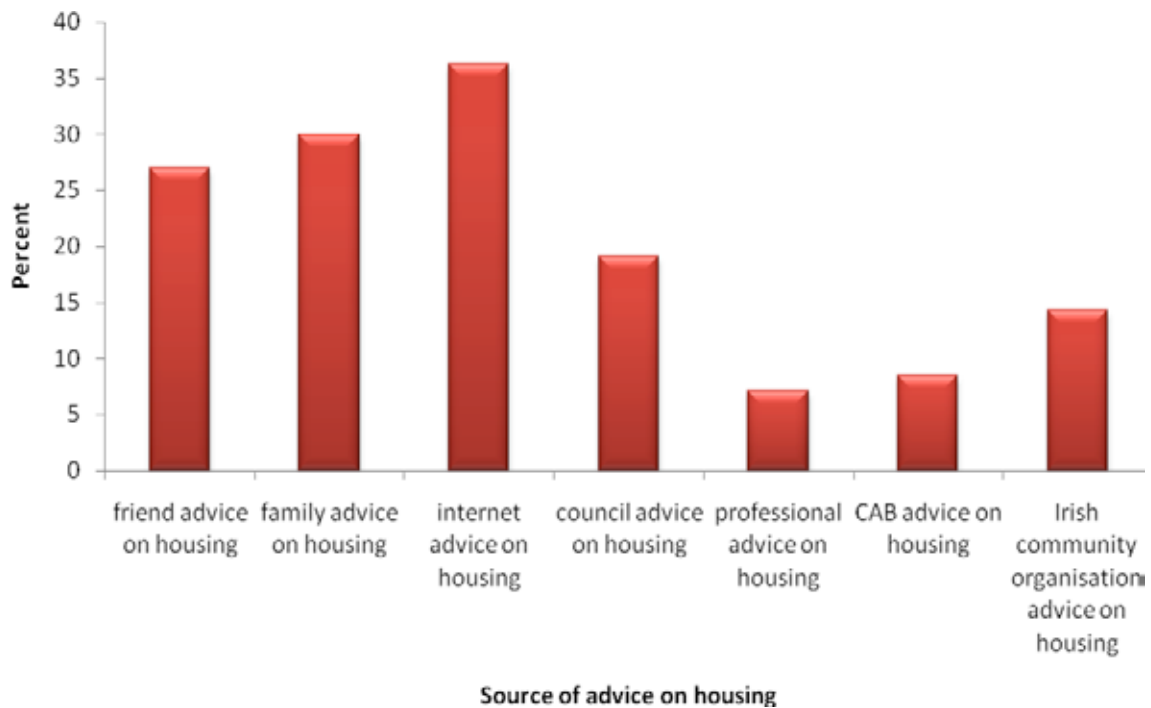
5.1: Introduction

This section provides information on current sources of advice for Irish people in London. As part of the project, participants were asked where they go if they need advice on housing, employment/benefits, finance, debt or health. This question was included to examine the engagement of the sample with Irish organisations, other voluntary organisations and statutory organisations. The intention was to further explore the alternative sources of support for Irish people in London, such as friends and family, in terms of practical information. This section also examines participant's perceived awareness of their entitlement to benefits. Previous research has found Black and Minority Ethnic service users often feel mainstream services are inappropriate for their needs and that some services make assumptions based on stereotypes and prejudice about the needs of these users (Chahal & Ullah, 2004).

5.2: Advice on housing

The main source of advice on housing among the overall community sample in London is the Internet (36.2%), although this varies greatly between the various sub-groups with younger people most likely to access advice in this way. Older sub-groups mainly prefer face-to-face advice, perhaps, because they are less au fait with technology. 30% of the overall community sample approach family and 27% approach friends for housing advice. 19.1% of the main community sample seek housing advice from the council and 14.3% of respondents seek housing advice from an Irish community organisation. Overall, the Irish community sample in London is less likely to seek advice on housing from a professional (7.1%) or the Citizen's Advice Bureau/CAB (8.5%).

Figure 38: Source of advice on housing among the overall community sample in London (n=790)



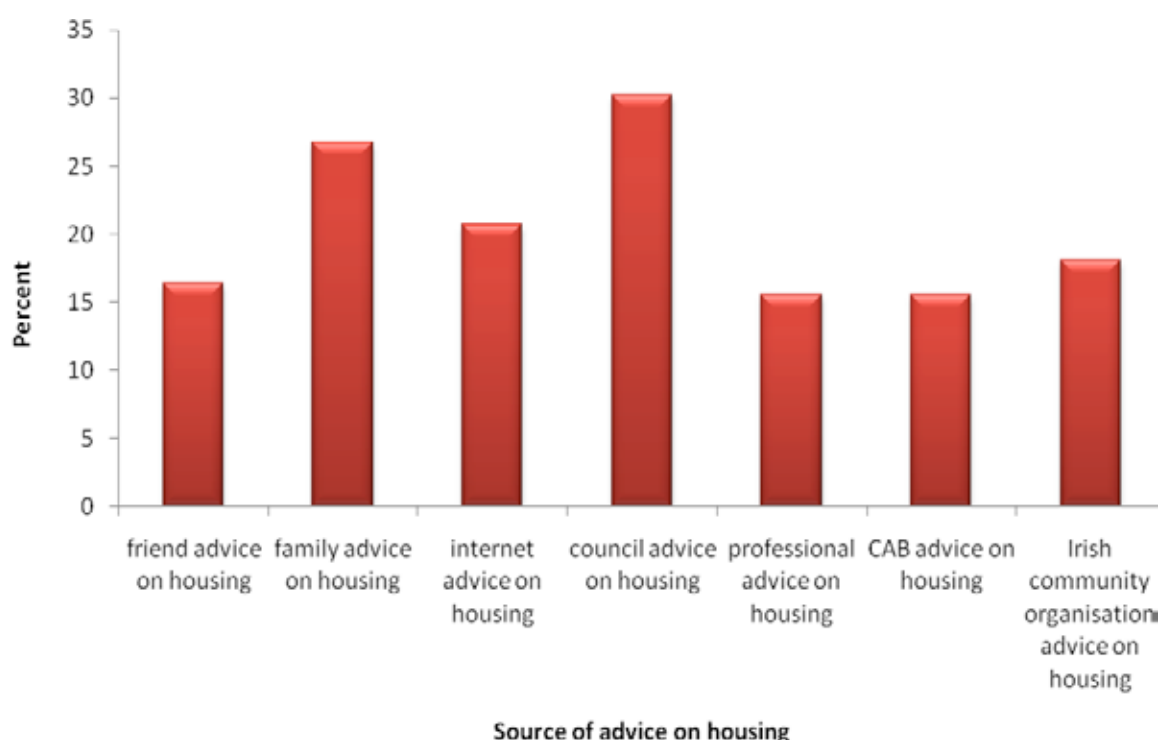
Although the Internet is a key source of advice in relation to housing for the overall community sample, this was not the case in the sub-groups we examined. The only sub-group which favours the use of the Internet in terms of information on housing is the sample of recent migrants (64%), followed by friends (52.8%) and family (26.4%). A negligible proportion of recent migrants use an Irish community organisation for advice (4.8%), which supports earlier findings of this study whereby recent migrants are the least likely to engage with an Irish organisation in London. Recent migrants participating in the focus group sessions and online qualitative questionnaire expressed a preference for sourcing advice and information independently, for instance:

'I've never used a service for advice. I've been fortunate that I've never been stuck and needed that. I'm aware you can get to the CAB but I would probably look it up online before I went there. My first port of call would be addressing things myself. I would prefer an email but only because it's hard with work to get to go in somewhere and find the time.' (RM 5)

'I find the Internet is the most useful source of information. However face-to-face services such as legal advice, job contract types, pay issues and redundancy advice would be useful.' (OLS 10)

The main source of advice on housing among the sample of carers is an Irish community organisation (31.8%), followed by the Internet (25.8%) and the council (24.2%). 15.2% of respondents seek housing advice from both friends and their family and 12.1% of respondents seek housing advice from the Citizen's Advice Bureau/CAB.

Figure 39: Source of advice on housing among the Irish community sample aged 50-64 years (n=116)



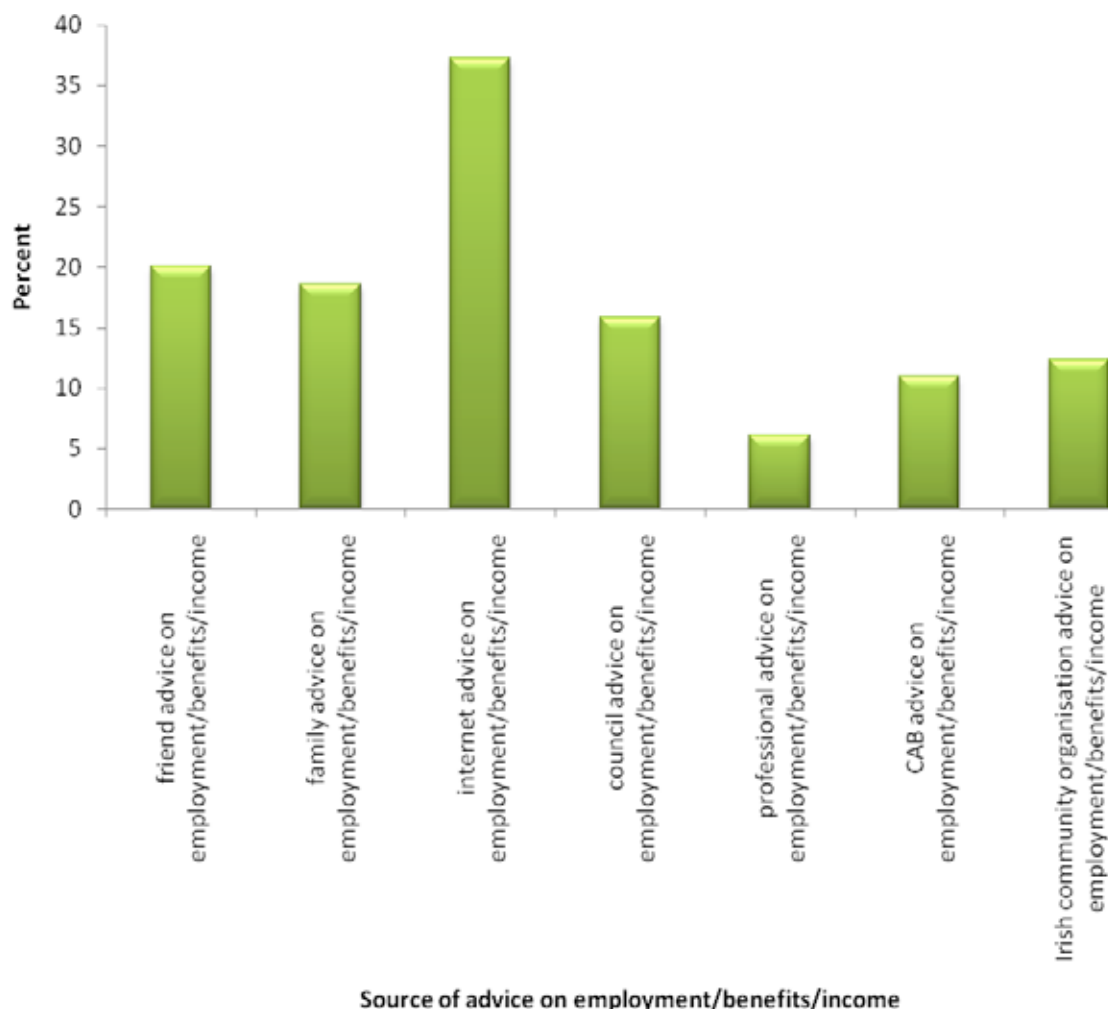
16.4% of respondents aged 50-64 rely on friends as their main source of housing advice, whilst 15.5% of this group seek advice from a professional or the Citizen's Advice Bureau.

The main sources of advice on housing among respondents aged 65 and over are family members and an Irish community organisation (both 33.3%), followed by the council

(20.7%). The ageing Irish community sample is less likely to seek advice on housing from the Internet (4.5%) or a professional (7.6%). Second generation respondents show a preference for obtaining housing advice from their family (38.1%), followed closely by the Internet (31.8%). The main source of advice on housing among respondents aged 50-64 years is the council (30.2%), followed by their family (26.7%), the Internet (20.7%) and an Irish community organisation (18.1%).

5.3: Advice on employment and benefits

Figure 40: Source of advice on employment/benefits/income among the main Irish community sample (n=790)



The main source of advice on employment/benefits/income among the overall community sample in London is the Internet (37.3%), followed by a friend (20.1%) and

family (18.6%). 15.8% of respondents seek employment/benefits/income advice from the council, 12.3% of respondents seek employment/benefits/income advice from an Irish community organisation and 11% of respondents seek advice on employment/benefits/income from the Citizen's Advice Bureau/CAB. Overall, the Irish community sample in London is less likely to seek advice on employment/benefits/income from a professional (6.1%).

A key source of advice on employment/benefits/income among the sample of recent Irish migrants is the Internet (63.2%). This is followed by 36% of respondents who seek advice on employment/benefits/income from friends. The main source of advice on employment/benefits/income among the sample of second generation Irish is the Internet (35.8%), followed by their family (23.9%) and the council (23.3%).

The main source of advice on employment/benefits/income among the Irish community sample aged 50-64 years is the Internet (25%), followed by the council (21.6%), the Citizens Advice Bureau (19.8%), an Irish community organisation (19%), their family (14.7%) and friends (11.2%). As with housing, respondents aged between 50-64 years cite the greatest use of council advice services.

In contrast to the aforementioned sub-groups, and similar to the source of advice on housing, the main source of advice on employment/benefits/income among respondents aged 65 years and over (25.8%) and carers (36.4%) is an Irish community organisation, as the following comment demonstrates:

'If I was in trouble or my brother, I would bring him down here (to an Irish organisation) because I had trouble with bills and benefits and I got it sorted out here.' (OPFG 8)

16% of the sample of recent migrants cite a preference for using the Citizens Advice Bureau/CAB for advice on employment and benefits and 15.2% show a preference for getting advice from council services. At the focus group sessions many recent migrants express dissatisfaction with mainstream services, particularly their understanding of the entitlements of Irish migrants, as illustrated below:

'I never use the Job Centre. The initial meeting to get my National Insurance number was fine, as was the first meeting to apply for Job Seekers Allowance. However, subsequent meetings seemed very disorganised as to how to deal with someone from outside the UK. I have not used the council or CAB.' (RM 6)

In addition, the one-stop-shop nature of Irish organisations means that those using the service can obtain advice on a range of benefits and welfare issues during a single visit.

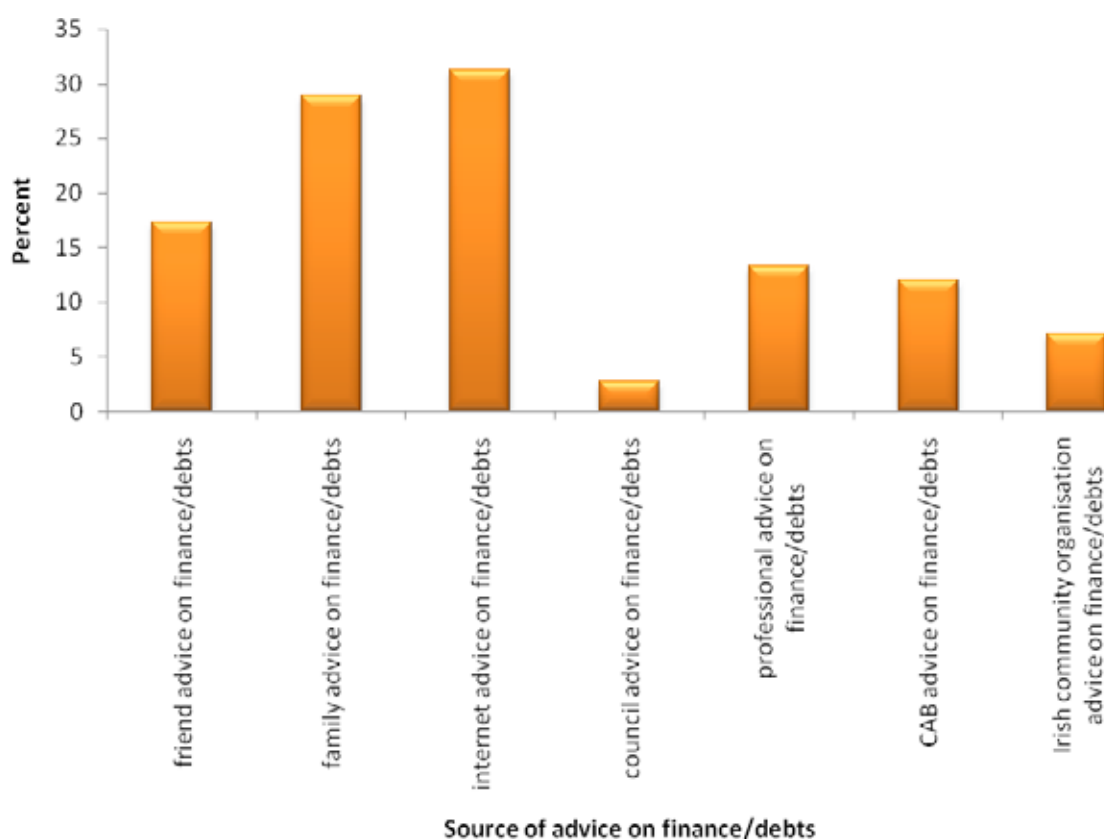
'I [first] got accommodation through LIC [London Irish Centre] but then I went to the Haringey Irish Centre and them guys hooked me up with a flat bed-sit and my housing benefit covers that.' (RM 7)

5.4: Advice on finance or debt

The main source of advice on finance/debts among the main Irish community sample in London is the Internet (31.3%), followed by their family (28.9%) and a friend (17.3%). 13.3% of respondents seek finance/debts advice from a professional and 12% of respondents seek finance/debts advice from the Citizens Advice Bureau/CAB. Overall, the Irish community sample in London is less likely to seek advice on finance/debts from the council (2.8%) or an Irish community organisation (7.1%).

In terms of the sub-groups, these tend to follow a similar trend to advice on housing and employment/benefits/income. For instance, recent migrants have a major preference for Internet advice (49.6%), followed by their family (36.8%) and friends (22.4%). The main sources of advice on finance/debts among the sample of second generation Irish is the Internet (31.8%) and their family (31.3%), followed by friends (19.3%), a professional (16.5%) and the Citizens Advice Bureau/CAB (13.6%). The sample of second generation Irish are less likely to seek advice on finance/debts from the council (2.8%) or an Irish community organisation (4%).

Figure 41: Source of advice on finance/debts among the main Irish community sample in London (n=790)



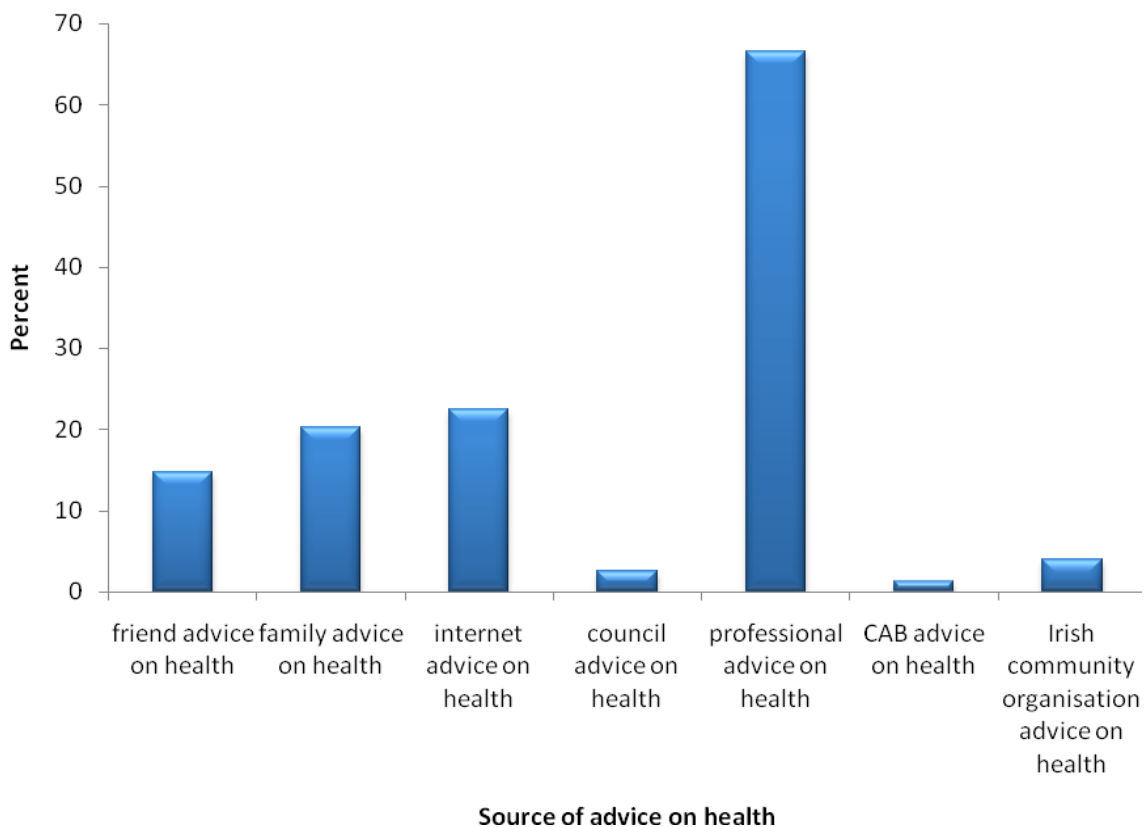
In contrast to the aforementioned sub-groups, the main source of advice on finance/debts among the Irish community sample aged 50-64 years is the Citizens Advice Bureau/CAB (21.6%), followed closely by the Internet (19.8%) and their family (19%). 13.8% of respondents seek finance/debts advice from a professional and 9.5% of respondents seek finance/debts advice from friends and an Irish community organisation respectively. The Irish community sample aged 50-64 years is less likely to seek advice on finance/debts from the council (5.2%).

Unlike housing or employment/benefits/income advice, the main source of advice on finance/debts among the Irish community sample aged 65 years and over is their family (19.2%), followed by an Irish community organisation (14.6%). The main source of advice on finance/debts among the sample of carers is the Citizens Advice Bureau/CAB (21.2%), followed by the Internet and an Irish community organisation (both 18.2%). This may

reflect the relative lack of provision for advice on debt and finance by Irish organisations in London.

5.5: Advice on health

Figure 42: Source of advice on health among the main Irish community sample in London (n=790)

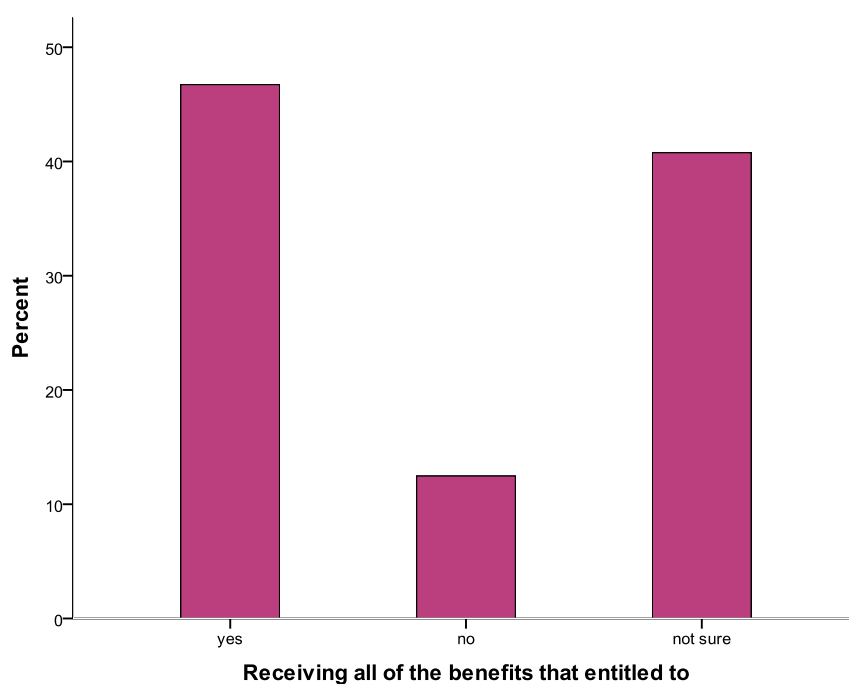


Not surprisingly, the main source of advice on health among the main Irish community sample in London is a professional/doctor (66.6%), followed by the Internet (22.5%), family (20.3%) and friends (14.7%). Overall, the Irish community sample in London is less likely to seek advice on health from the Citizens Advice Bureau/CAB (1.3%), the council (2.5%) or an Irish community organisation (3.9%). For the most part, the sub-groups do not show any variation to the overall community sample in relation to accessing advice on health. The exception is the sample group aged 65 years and older whose use of the Internet to access health advice is negligible (1%) and carers who also use an Irish community organisation as a source of advice on health (13.6%).

5.6: Awareness of benefit entitlement

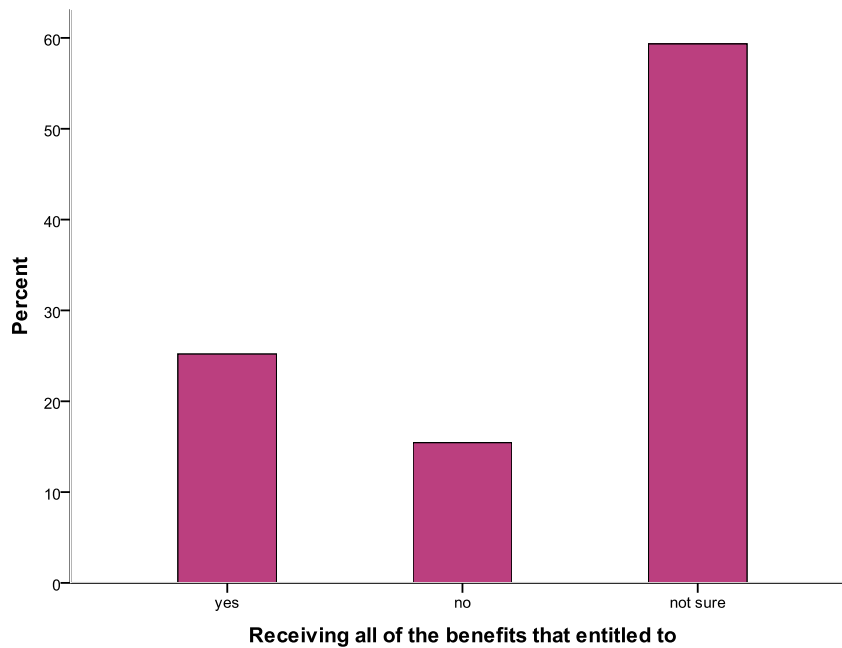
This section analyses perceptions of the receipt of benefits among the main Irish community sample and sub-groups. Respondents were asked whether or not they feel they are receiving all of the benefits to which they are entitled. Relatively large proportions of the Irish community sample and relevant sub-groups (e.g. recent migrants, second generation Irish, 50-64 year olds, 65 years and over and carers) are uncertain about the full extent of their benefits entitlement, although, this awareness varies across the sub-groups in the study.

Figure 43: Awareness among the overall community sample in London about the receipt of all benefits to which they are entitled (n=721)



Although a majority of the overall sample of the Irish community in London feel that they are receiving all of the benefits to which they are entitled (46.7%), almost as many respondents are uncertain about whether they are in receipt of their full benefits entitlement (40.8%). 12.5% of respondents feel that they are not in receipt of all of the benefits to which they are entitled.

Figure 44: Awareness among the sample of recent Irish migrants about the receipt of all benefits to which they are entitled (n=123)



The sub-group with the least awareness about whether they are receiving all of the benefits to which they are entitled is recent migrants. Only 25.2% of respondents feel they are in receipt of the appropriate level of benefits compared with 59.3% who state that they are unsure of whether they are in receipt of all of the benefits to which they are entitled. The remaining 15.4% of respondents feel that they are not in receipt of all of the benefits to which they are entitled. These findings are supported in the focus group discussions with recent migrants as the following excerpts illustrate:

'Services like HMRC Inland Revenue have at times been very difficult to deal with and not useful in helping me understand the basics in a new country.' (RM 8)

'It's a hard system to understand, I'm not sure how referrals work.' (RM 9)

The sample of carers are the next sub-group unsure of whether they are in receipt of their benefits entitlement (39.3%). There is also a high proportion of this group who feel that they are not in receipt of all of the benefits to which they are entitled (11.5%).

Figure 45: Awareness among the sample of carers about the receipt of all benefits to which they are entitled (n=61)

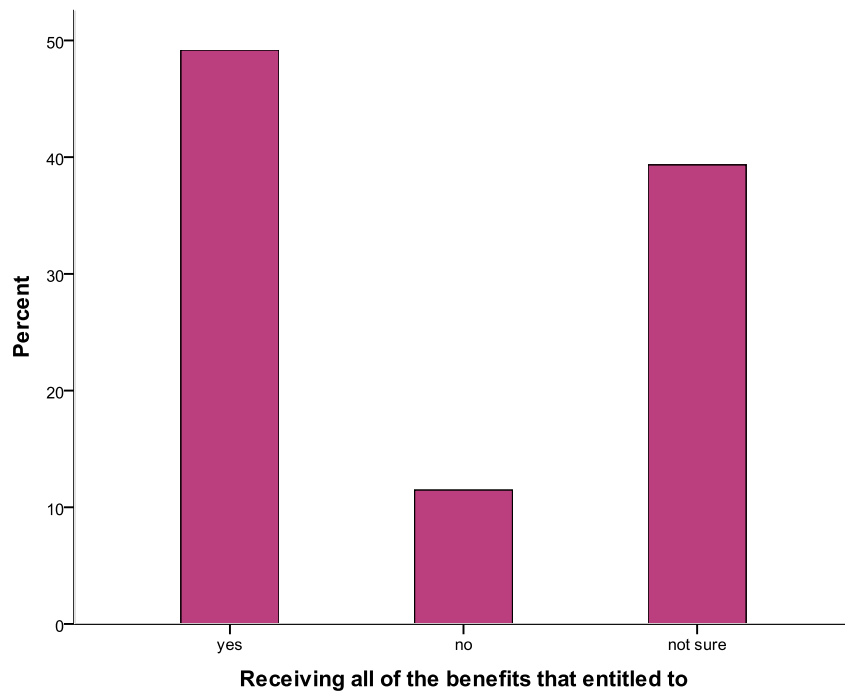
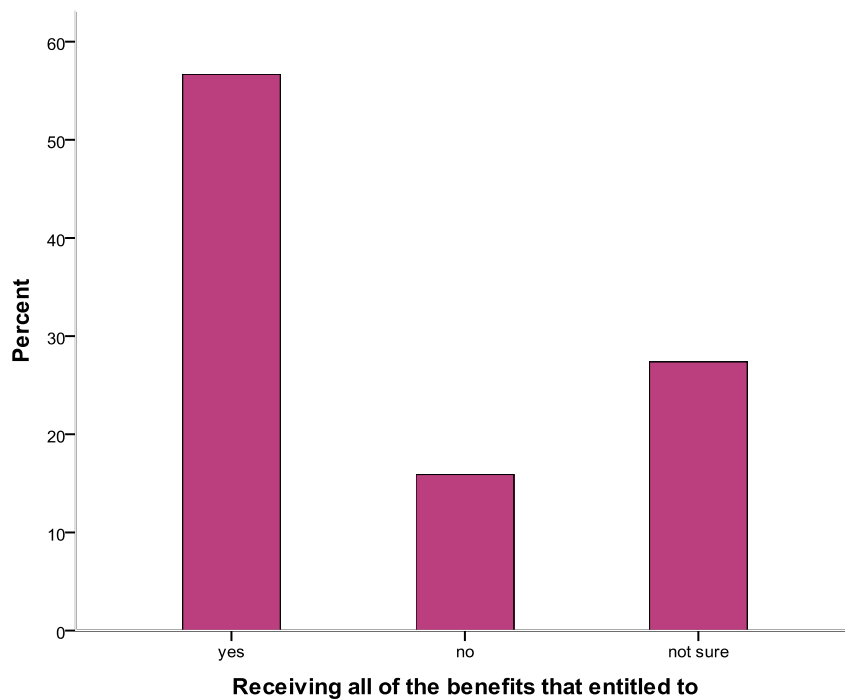



Figure 46: Awareness among the sample of second generation Irish about the receipt of all benefits to which they are entitled (n=157)



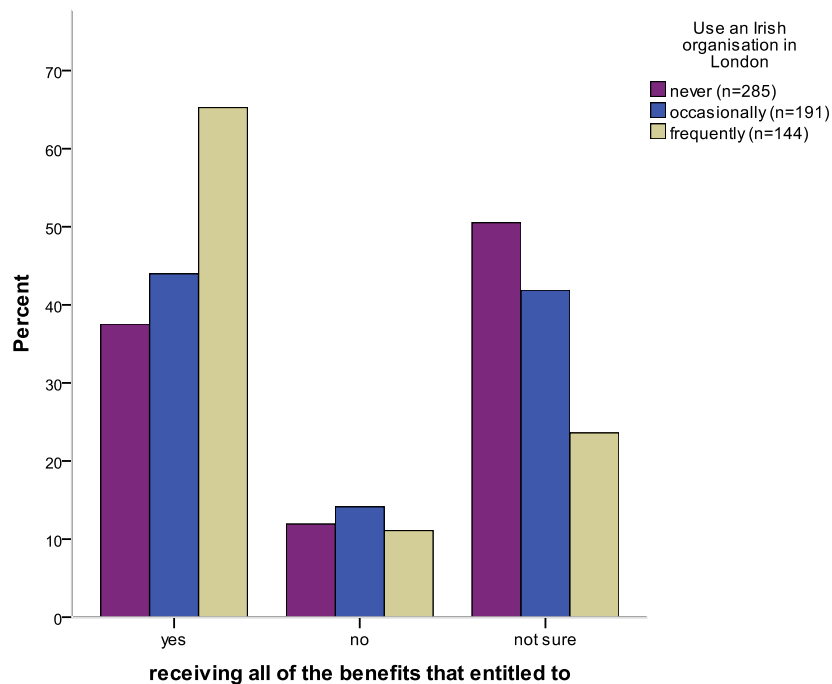


By contrast, more than half of the sample of second generation Irish feel that they are receiving all of the benefits to which they are entitled (56.7%). 27.4% of respondents are uncertain about their full benefits entitlement. Interestingly, 15.9% of respondents from this sub-group still feel that they are not in receipt of all of the benefits to which they are entitled, the highest proportion among all of the sub-groups.

The sample group aged 50-64 years and respondents aged 65 years and over display largely the same characteristics, with 57.3% and 59.5% respectively feeling that they are in receipt of all of the benefits to which they are entitled. However, just over a third of respondents aged 50-64 years (35%) and almost a third of respondents aged 65 years and over (32.4%) are uncertain about whether they are in receipt of their full benefits entitlement. Similarly, 7.8% of the sample group aged 50-64 years and 8.1% of the sample group aged 65 years and over feel that they are not receiving all of the benefits to which they are entitled.

Among the main Irish community sample, there is a significant relationship between the use of an Irish organisation in London and awareness of receipt of all of the benefits to which they are entitled ($\chi^2 = 33.61$, $p < 0.0005$). A higher proportion of respondents who frequently use (65.3%) an Irish organisation in London feel that they are receiving all of the benefits to which they are entitled compared to 44% who occasionally use and 37.5% who have never used an Irish organisation in London. Conversely, a higher proportion of the main community sample who have never used (50.5%) or occasionally use (41.9%) an Irish organisation in London express uncertainty about their full benefits entitlement compared to 23.6% of respondents who frequently use an Irish organisation in London.


Figure 47: Awareness among the overall community sample of the receipt of all benefits to which they are entitled by the frequency of use of an Irish organisation in London



5.7: Summary

The main source of advice for housing, employment and benefits and finance/debts among the overall Irish community sample is the Internet. However, there are differences between the sub-groups examined. For example, the sample of Irish people aged 65 years and over and carers show a preference for seeking the aforementioned advice from an Irish organisation. The sample of recent migrants show a preference for accessing information independently via the Internet and to contact Irish organisations for advice if and when it is needed. Many focus group participants expressed dissatisfaction with mainstream services, particularly their understanding of the entitlements of Irish migrants.

The data obtained from the surveys and qualitative interviews demonstrate a lack of awareness and uncertainty about benefit entitlement among the Irish community in



London. In particular, carers in the Irish community sample are the most likely group to display high levels of uncertainty as to whether they are in receipt of all of the benefits to which they are entitled. The data also demonstrates low awareness of benefit entitlement among recent migrants.

The study found a significant relationship between the use of Irish organisations and awareness of benefit entitlement among the main Irish community sample and the various sub-groups. The research shows that those who use Irish organisations perceive themselves to have a greater understanding of their entitlements in comparison to those who do not use Irish organisations. This finding is consistent across the main Irish community sample and the different sub-groups. The exception is the sample of recent migrants. Previous sections of this report highlight the high levels of expertise of Irish organisations in dealing with the specific problems encountered by the Irish community in London and high levels of expertise in dealing with Irish specific benefit queries.

Section 6: Perceptions of Unfair Treatment

6.1: Introduction

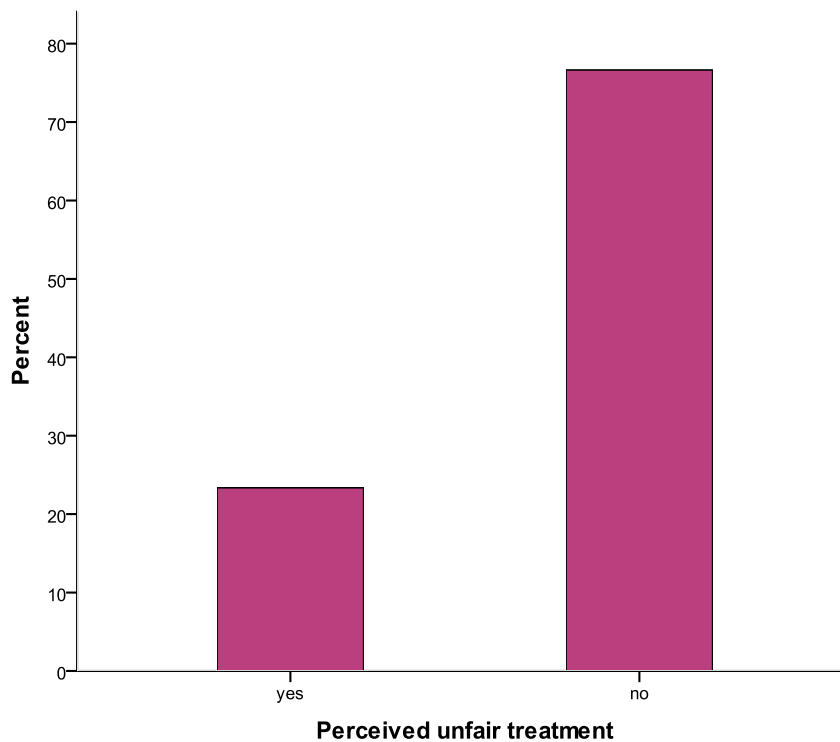
This section focuses on perceived unfair treatment of Irish people living in London. It provides statistical data from the wider needs analysis as well as information from the focus groups and interviews in relation to perceived unfair treatment according to seven strands of diversity (Equality Bill, 2009). The section also examines the relationship between perceived unfair treatment and the use of an Irish organisation in London.

Perceived unfair treatment is associated with poor physical and psychological health and unfair treatment is more likely to be reported by members of stigmatised social groups (Oyserman, Uskul, Yoder, Nesse & Williams, 2006). Increased chronic health problems (Guyll, Matthews, & Bromberger, 2001), self-reported ill-health (Gee, 2002, Schulz & Israel *et al.*, 2000a), psychological distress (Dion, Dion, & Pak, 1992, Schulz & Williams *et al.*, 2000b), depression (Kessler, Mickelson, & Williams, 1999), and lower life satisfaction (Schulz & Williams *et al.*, 2000b) have all been correlated with perceived unfair treatment. In terms of the Irish community in the UK, studies from the late-1990's have found there to be a 'widespread, and almost unquestioned, acceptance of anti-Irish racism in British Society' (Hickman and Walter, 1997, p.234). The same study found that the majority of respondents 'reveal a powerful sense of hurt and unjustified exclusion from an equal place in British society' (Hickman & Walter 1997, p. 234).

Some of the studies on unfair treatment, such as *Perceptions of Unfair Treatment in the Public* (Nicholls, Arthur & Creegan, 2010) have focused on the outcomes of unfair treatment, such as staff conduct, information, communication and procedures outcomes and distribution. In contrast, in the current study, unfair treatment was an undefined and subjective concept. The study did not set out to examine how unfair treatment affected the day-to-day lives of participants. A core aim of this section of the study was to explore the respondents' perceptions of how they are treated.

6.2: Perceived unfair treatment

Figure 48: Perceptions of being treated unfairly in the last two years among the overall community sample in London (n=655)



The majority of the overall community sample do not feel that they have been treated less fairly than other people in the UK (76.6%). The study found similar proportions of recent migrants (78%) and respondents aged 50-64 years (74.7%) do not feel less fairly treated than other people in the UK.

Although the majority of the main Irish community sample do not perceive any unfair treatment in the last two years, it is important to note that 23.4% of respondents do perceive that they have been unfairly treated during this time. For those respondents in the overall community sample who feel that they have been treated less fairly than other people in the UK, 9.2% identify their ethnicity as a key factor, followed closely by 9.1% who identify their age as the reason for their perceived unfair treatment. To a lesser extent, the overall community sample identifies experiences of discrimination in

the last two years based on gender (5.7%), disability (4.8%), religion/belief (3.7%) and sexuality (1.1%).

Figure 49: Reasons for perceived unfair treatment in the last two years among the overall community sample in London (n=790)

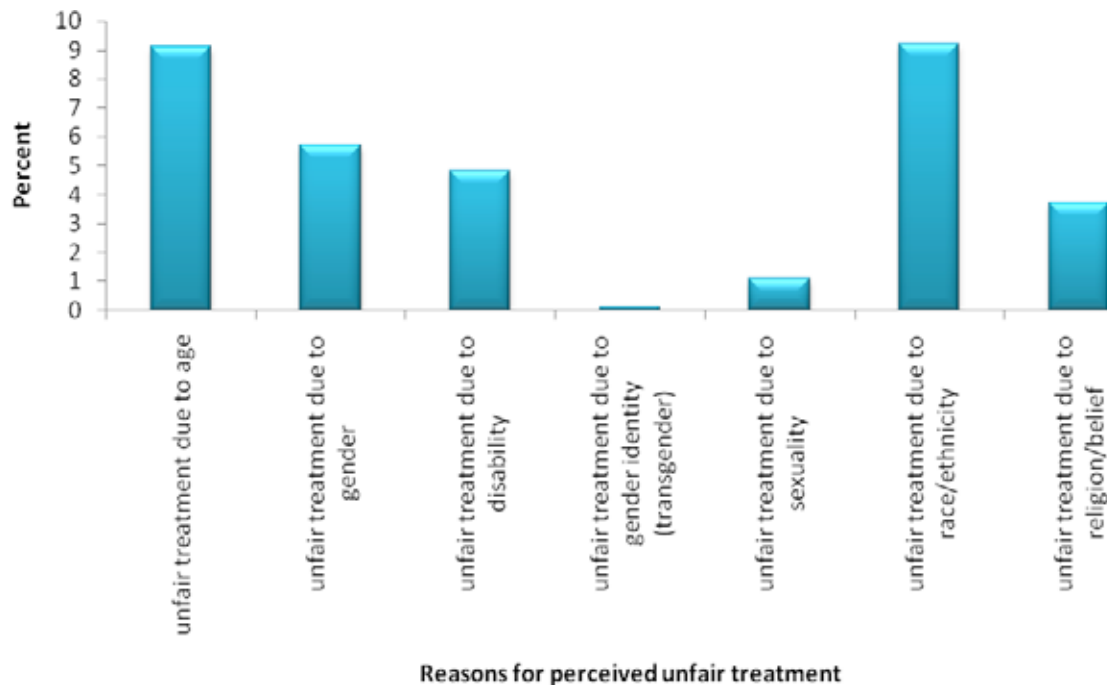
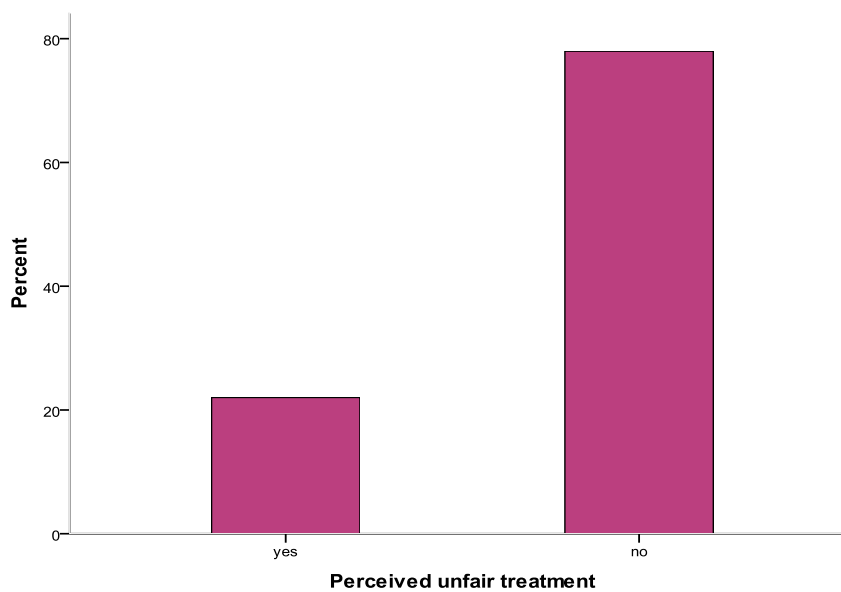


Figure 50: Perceptions of being treated unfairly among the sample of recent Irish migrants (n=109)



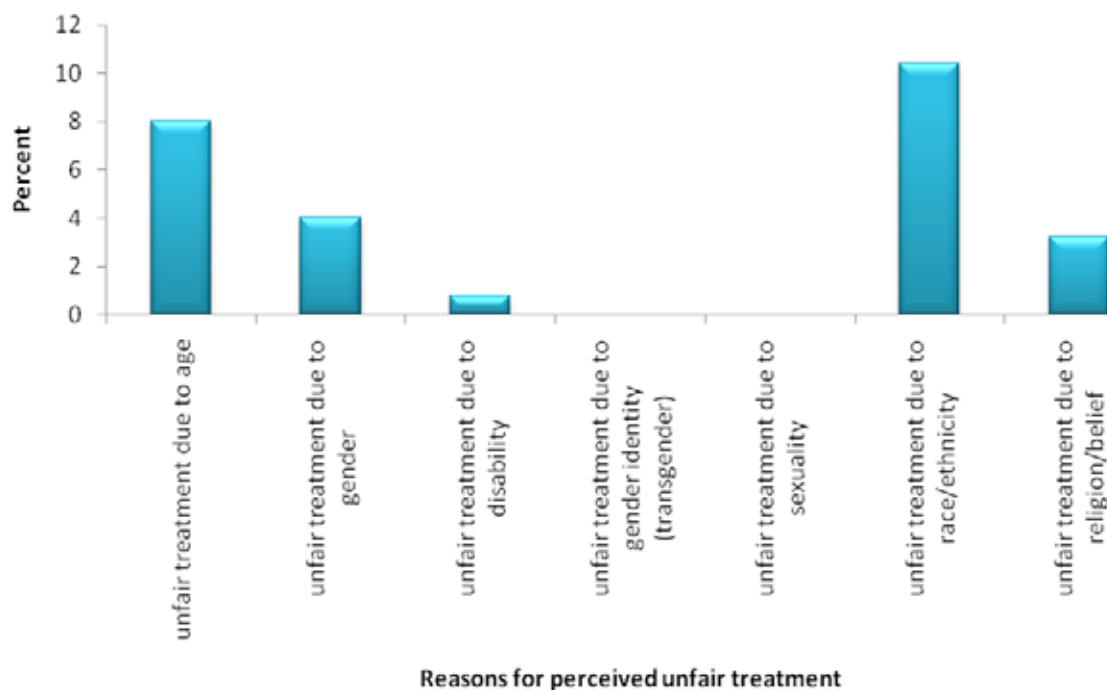
As mentioned earlier, the majority of recent Irish migrants do not feel that they have been treated less fairly than other people in London. Furthermore, the interview and focus group data show that a minority of recent migrants consider themselves to be unfairly treated because of their ethnicity (10.4%). Instead, many feel that London is a very multicultural city and that Irish people are treated better than many other ethnic groups. Some of the recent migrants feel that certain positive stereotypical Irish qualities are recognised by Londoners, as the following comments demonstrate:

'I think Irish people are very well received here, almost to the point of not being considered foreign at all.' (RM 10)

'I think the Irish work ethic is widely acknowledged. Irish people are generally seen as being sociable, friendly and are generally valued.' (RM 11)

'No, if anything (being Irish) helps, we're perceived as being friendly and approachable.'
(RM 12)

Figure 51: Reasons for perceived unfair treatment among the sample of recent Irish migrants (n=125)



For those respondents within the sample of recent Irish migrants who feel that they have been treated less fairly than other people in the UK, 10.4% of the sample identify race/ethnicity as the key factor, followed closely by 8% of respondents who identify age as the reason for their perceived unfair treatment. To a lesser extent, the sample of recent Irish migrants identifies experiences of discrimination due to gender (4%) or religion/belief (3.2%). None of the respondents perceive unfair treatment as a result of gender identity (transgender) or sexuality.

Although the majority of recent migrants report positive treatment in relation to their ethnicity, a small proportion of participants at the focus group sessions mention that they have experienced derogatory jokes or stereotypical comments about Irish people. According to Walter (2001), Irish people in the UK have often been depicted as inferior, stupid, backward, lazy, drunken, violent and threatening and recent migrants that participated in the focus group sessions report experiencing such depictions, which they found somewhat disconcerting and unexpected, as the following remarks demonstrate:

'You do get a lot of jokes about your accents which most of us just brush aside. But I've had a staff member ask me was all we ate potatoes when we were drunk and a few other stereotypical things like that. They don't think its racism.'(RM 13)

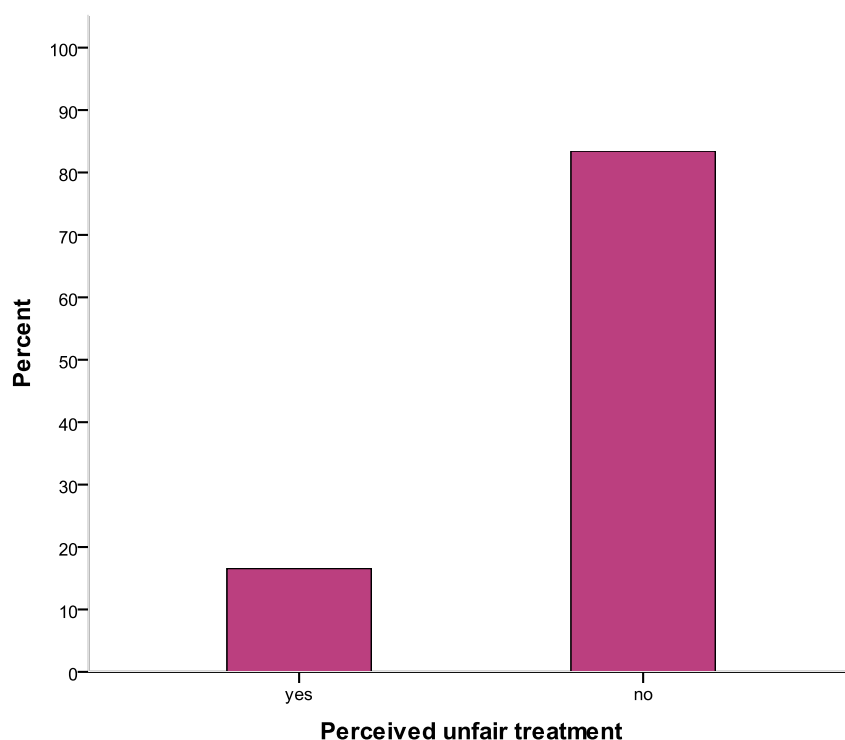
'Not on a major level but it is more what people think of me than an action that has been against me.' (RM 14)

'Sometimes they make the joke of Paddy this and Paddy that and the stereotype of the Paddy is not a very smart person.' (RM 15)

As Ryan (2006) states 'Irish people have been inscribed within a repertoire of stereotypes that have become so commonplace as to be almost taken for granted, invisible and virtually unrecognised for what they are'. Some of the recent migrants in the current study comment on the normalisation of Irish stereotypes:

'There are a lot of comments and I don't think people even know they're doing it. It's obviously normal here to do it here. Say for example - I like health stores, and I bought health tablets and I didn't realise the guy at the till was just assuming it was for a hangover. I don't think it would affect me personally, but I've mentioned it to people and I've said to people why are people making these comments.' (RM 16)

Figure 52: Perceptions of being treated unfairly among the Irish community sample aged 65 years and over in the last two years (n=163)



Across all of the sub-groups, Irish people aged 65 and over perceive the least unfair treatment in the last two years, whereby 83.4% of respondents do not feel that they have been treated less fairly than other people in the UK. In the focus groups and individual interview stages, many elderly respondents state that their experiences of unfair treatment towards Irish people has changed in recent years, suggesting that this may be due to the Irish community no longer being seen as new migrants to London. Others identify that the new waves of well educated Irish people have an effect on the way the community is perceived by the general population, as illustrated below:

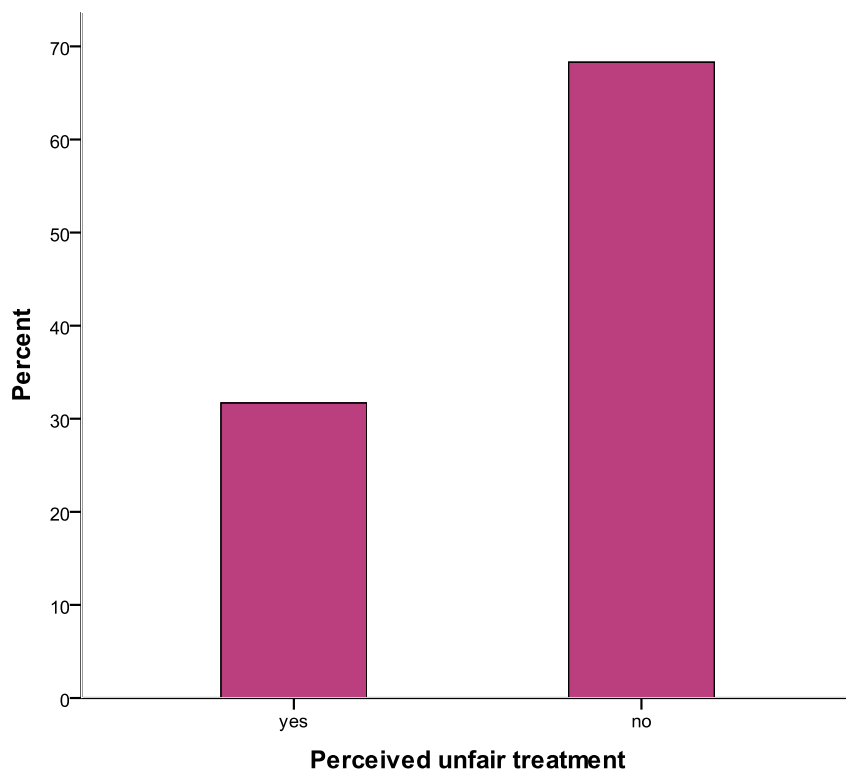
'It's changed. Yes, and that's because of the influx of the others, say the Indians, it has definitely changed.' (OPFG 9)

'It's all changed now, there'll be different nationalities coming in now but many of the young ones are still coming over from Ireland but I can't say I get treated any different than anyone else because I'm Irish.' (OPFG 10)

'I think the whole attitude to Irish people has changed. There's so many people come over now with such good education and getting good jobs that they are not looked on as the ignorant.' (OPFG 11)

'Yes you would have when the bombing was going on, but not since that.' (OPFG 12)

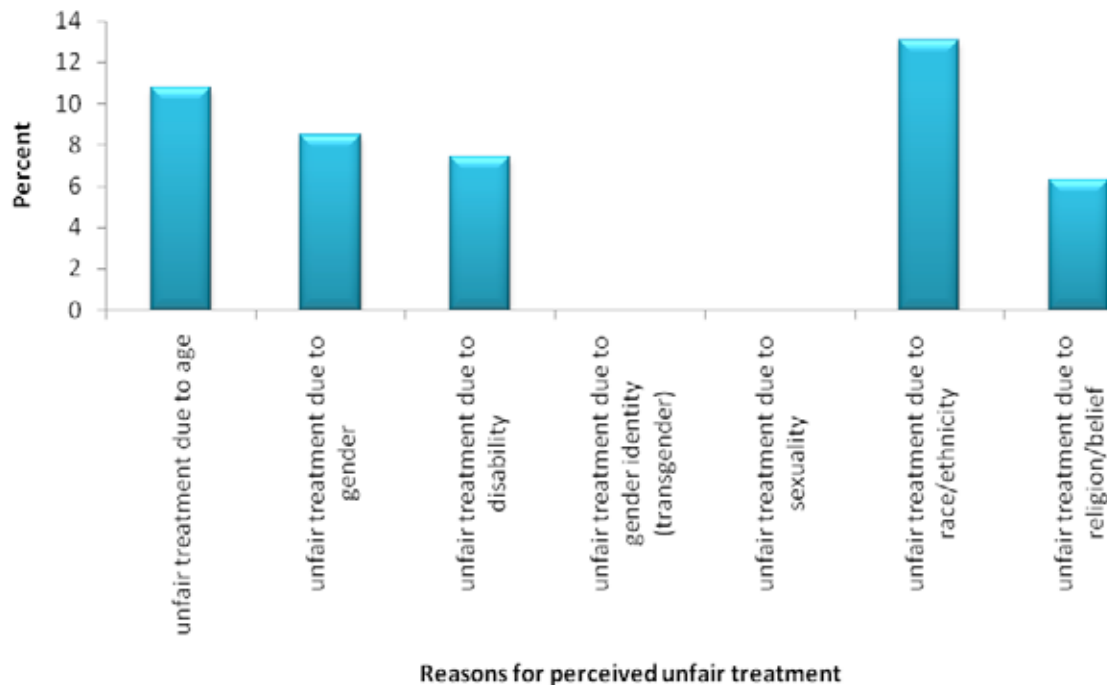
Figure 53: Perceptions of being treated unfairly among the sample of second generation Irish (n=142)



The majority of the sample of second generation Irish do not feel that they have been treated less fairly than other people in the UK (68.3%), however, for those respondents who feel that they have been treated less fairly than other people, 13.1% of the sample of second generation Irish identify their ethnicity as the key factor. This was the highest proportion across the sub-groups in the study. Similar to the sample of Irish people aged 65 years and over, many second generation respondents claim that their experience of being Irish in London contrasts sharply with previous years, as one participant comments:

'In the 70s or 80s, that way of life, that has disappeared. We used to put British on our application forms, because if you were Irish that was the beauty, you could hide you're Irishness.' (SGIFG 1)

Figure 54: Reasons for perceived unfair treatment among the sample of second generation respondents (n=176)



During the focus group interviews, there was much discussion about the differences between the treatment of second generation and first generation Irish. Second generation respondents express discontent about the use of the term 'plastic paddy'. This is in keeping with previous research on this subject (Hickman *et al.*, 2005, Mac an Ghail & Haywood, 2003, Scully, 2009). Discussing the impact of this term on their identity, as illustrated in the following excerpts:

'Have you ever heard of a person described as second generation Italian? My Italian friends just call themselves Italian or Portuguese or Polish. Only Irish have this term.' (SGIFG 2)

'I am second generation Irish, but consider myself Irish and have an Irish passport. I feel that some staff of the Irish Centre's look down on 'us' and do not see us as really Irish.'
(SGIFG 3)

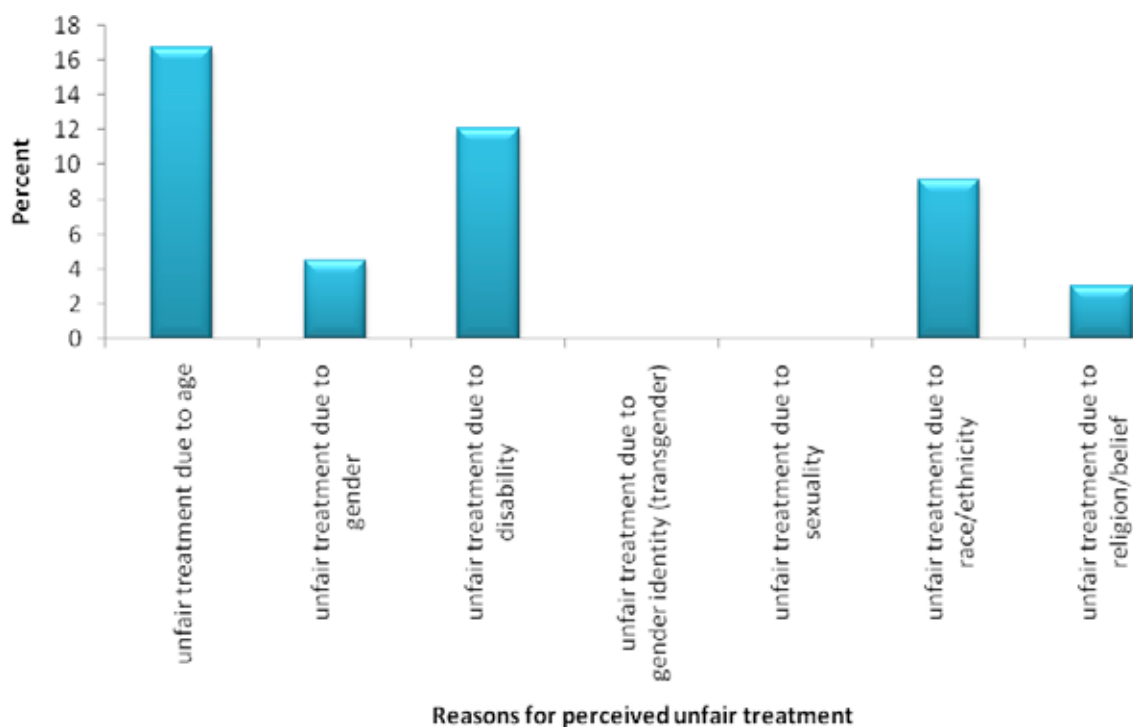
'You do get it more from Irish people, the plastic paddy thing, I try and just ignore it now, but I still get it.' (SGIFG 4)

'I really resent the term plastic paddy. I have an Irish passport and I go home three or four times a year.' (SGIFG 5)

For those respondents within the sample of Irish carers who feel that they had been treated less fairly than other people in the UK, 16.7% of the sample identify age as the key factor, followed by 12.1% of respondents who identified disability and 9.1% of the sample who attribute race/ethnicity as the reason for their perceived unfair treatment.

To a lesser extent, the sample of Irish carers identifies experiences of discrimination in the UK based on gender (4.5%) and religion/belief (3%). None of the respondents perceive unfair treatment as a result of gender identity (transgender) or sexuality.

Figure 55: Reasons for perceived unfair treatment among the sample of carers (n=66)

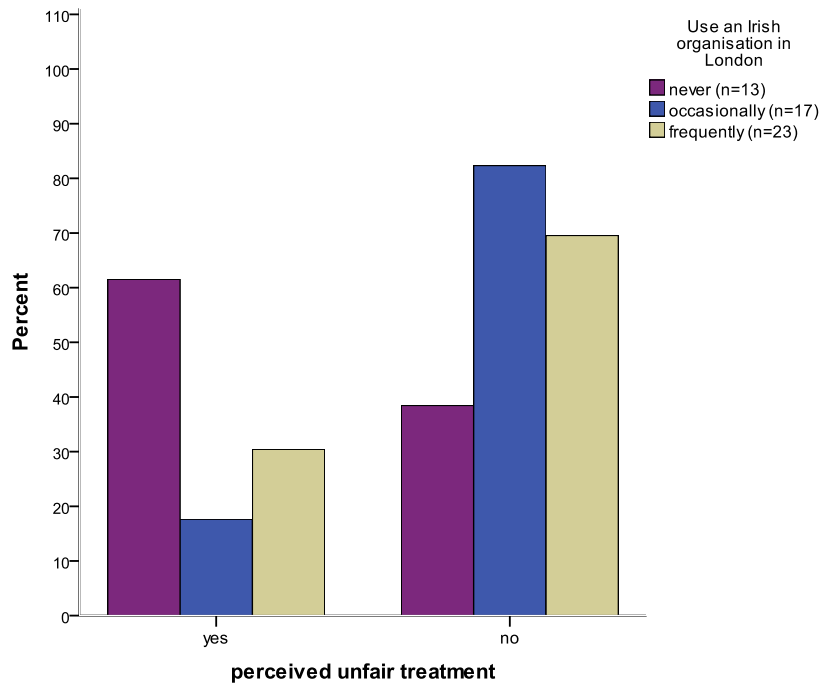


Among the main Irish community sample, there is no significant relationship between the use of an Irish organisation in London and perceived unfair treatment in the UK ($\chi^2 = 3.48$, $p > 0.05$). However, a slightly higher proportion of the Irish community sample who have never used an Irish organisation in London feel that they have been treated less fairly than other people in the UK (26.1%) compared to those respondents who occasionally use (23.5%) or frequently use (18.1%) an Irish organisation in London. This finding is observed across all of the sub-groups except for the sample of recent migrants where there is no clear pattern between the use of an Irish organisation in London and perceptions of being treated less fairly than other people in the UK.

This above relationship between perceived discrimination and frequency of use of an Irish organisation is most evident in the case of Irish carers. For instance, there is a significant relationship between the use of an Irish organisation in London and perceived unfair treatment in the UK among carers ($\chi^2 = 6.55$, $p < 0.05$), whereby a higher proportion of the sample of Irish carers who have never used an Irish organisation in London feel that they have been treated less fairly than other people in the UK (61.5%)

compared to respondents who frequently use (30.4%) or occasionally use an Irish organisation (17.6%).

Figure 56: Perceptions of unfair treatment in the UK by the frequency of use of an Irish organisation in London among the sample of Irish carers



6.3: Summary

The majority of the overall community sample do not perceive themselves to have experienced unfair treatment in relation to any of the seven strands of diversity in the last two years. The majority of the older respondents claim that attitudes towards Irish people have changed in recent years as a result of changes in the profile of Irish migrants and the migrant population of London. Sampling issues should be noted here, as the majority of older participants were recruited via Irish organisations. The perceptions of older Irish people who are more isolated from the services of Irish organisations may be different. Recent migrants report a positive response to their ethnicity in London and an acknowledgement of positive Irish traits such as friendliness and a positive work ethic.

However, almost a quarter of the main Irish community sample perceive unfair treatment relative to other people in the UK. Second generation respondents and the sample of carers report the highest rate of perceived unfair treatment. Moreover, 13.1% of the sample of second generation Irish report being treated less fairly as a result of their ethnicity. Unlike other sub-groups in the study, second generation respondents report being unfairly treated by first generation Irish people in London, especially through use of terms such as 'plastic paddy' (see also Scully, 2009).

At the focus group sessions, a small number of recent migrants report experiencing disparaging comments about their ethnicity. Unlike previous nationwide studies (Hickman *et al.*, 1997), the sample of recent migrants that participated in the focus groups did not perceive any unfair treatment in the workplace. However, these participants did report a small amount of anti-Irish comments and negative stereotyping.

As mentioned earlier in the chapter, unfair treatment is an undefined and subjective concept and the authors recognise that there are limitations in the current methodology. However, by providing a snapshot of the perceptions of the treatment of Irish people in London in 2011/12, the current data appears to indicate that, although anti-Irish stereotypes still exist, such stereotypes may not be as 'deep seated' (Hickman *et al.*, 1997) and prevalent as they were in the 1990s. Furthermore, the findings of the current research also suggest that the emergence of professional voluntary sector organisations for Irish people in London may have influenced the Irish community's perception of their treatment. The relation between non-use of Irish organisations and perceptions of unfair treatment was evident in all sub-groups except for the sample of recent migrants.

Section 7: Recent Migrants

7.1: Introduction

As part of the wider community needs analysis, 125 Irish people who moved to London within the last 18 months were recruited for this study. Participants completed the same paper based or online survey as the overall community sample. As part of the second phase of the study, 46 recent migrants participated in qualitative face-to-face and online interviews. This section looks at the demographics of respondents, access to employment and housing, and the health and social needs of this group. This section also includes advice on moving to London offered by the sample group as a result of their own migration experiences.

7.2: Demographic profile

Figure 57: The socio-economic status (SES) of the sample of recent Irish migrants (n=93)

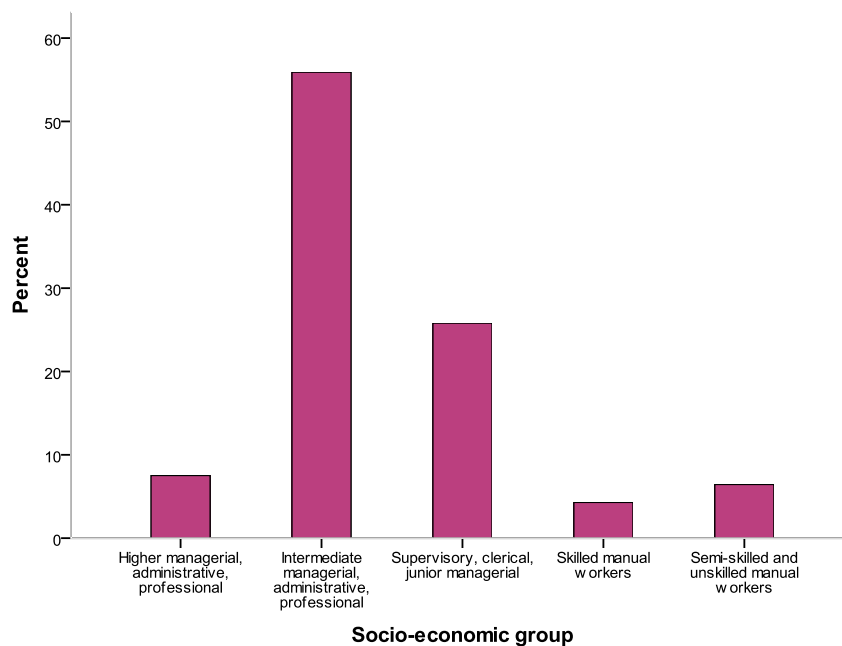
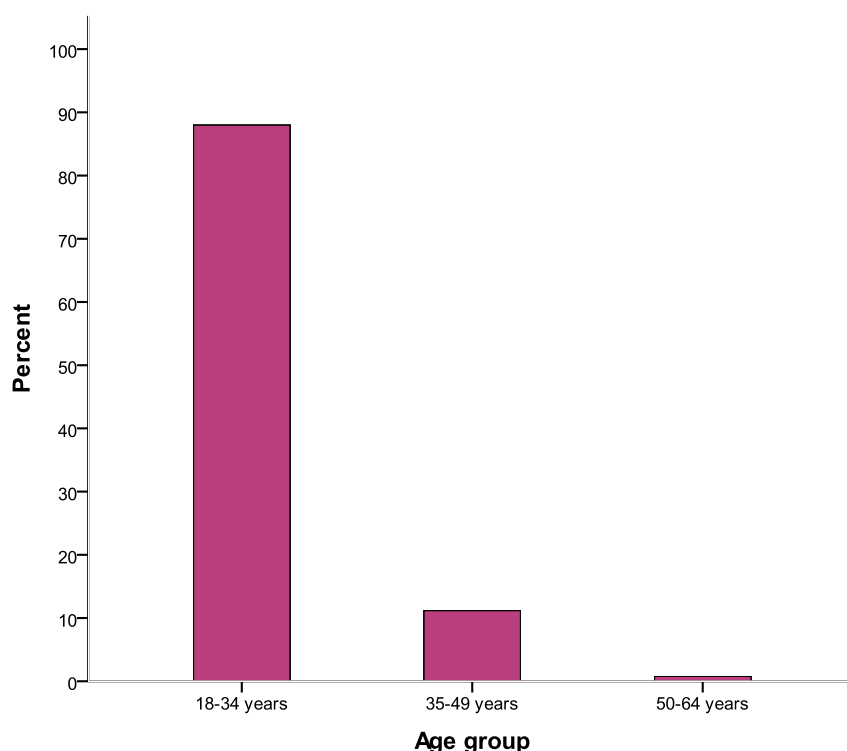


Figure 58: The age distribution of recent Irish migrants to the UK (n=125)

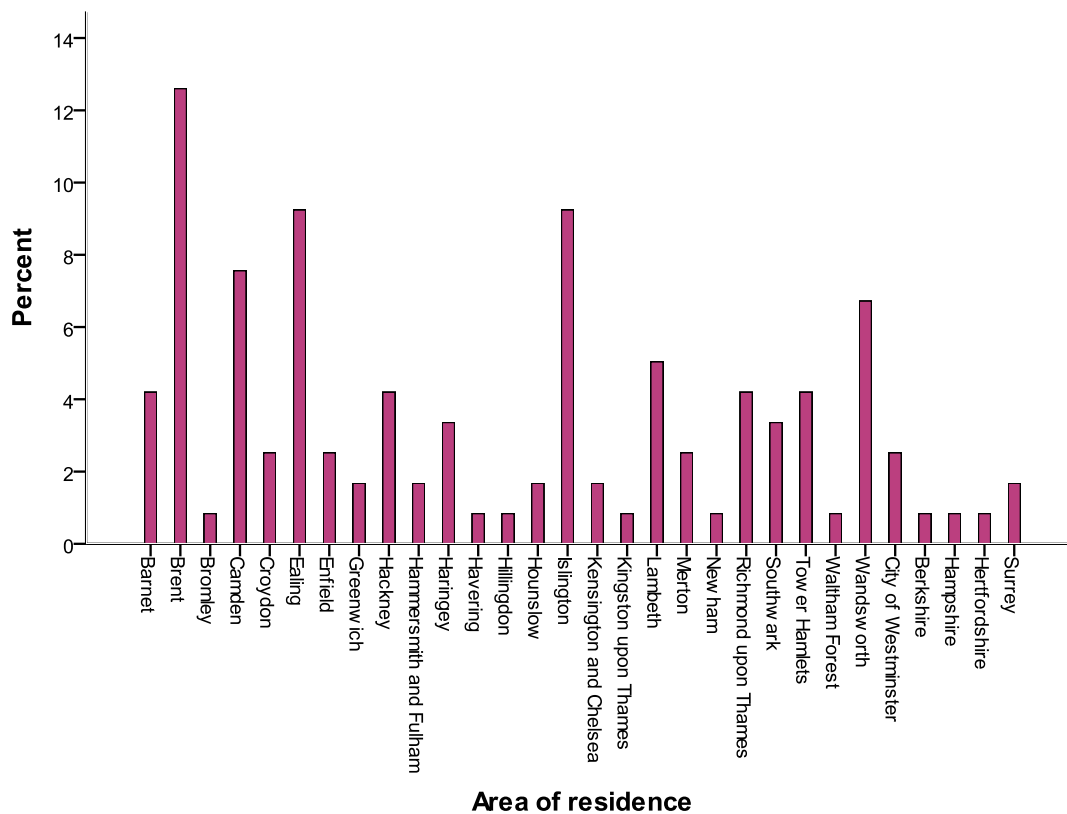


Females comprise 55.6% of the sample of recent Irish migrants and males comprise 44.4%. An overwhelming majority of the sample of recent Irish migrants to the UK belong to the age category of 18-34 years (88%). 11.2% of the sample of recent migrants are aged between 35-49 years. A negligible proportion of respondents are aged between 50-64 years (0.8%). These findings support data provided by the Department of Work and Pensions on the number of individuals registering for UK National Insurance Numbers (DWP, 2011).

The study found that recent Irish migrants to London tend to reside in similar areas to the main Irish community sample, although there is some variation in the proportion of respondents residing in each of these areas. For instance, a higher proportion of the sample of recent migrants reside in Brent (12.6%), Ealing (9.2%) and Islington (9.2%). Moreover, in the online survey and focus groups, a number of respondents report that Clapham (in the Borough of Lewisham) has become a focus of settlement for the recent wave of Irish migrants to London.

72.8% of recent migrants who participated in the study are employed. 11.2% of respondents are unemployed and 18.4% of respondents are currently studying in London, although no differentiation was made between part-time and full-time students.

Figure 59: Area of residence among the sample of recent Irish migrants to the UK (n=119)



7.3: Moving to London

The majority of recent migrants who participated in the focus groups and online interviews state that they have moved to London because they have been unable to find employment in Ireland or they have lost their job, as the following excerpts illustrate:

'I couldn't get a job teaching woodwork in Ireland.' (RM 17)

'There was no work in Ireland and I just up and left, really.' (RM 18)

A number of recent migrants stated during the focus group sessions that they have moved to London for a change or for educational or employment progression rather than an inability to find work:

'I moved to study and gain experience. I don't believe there are the same opportunities in Ireland.' (RM 19)

'I wanted a change of scene after graduating.' (RM 20)

7.4: Experience of finding employment

As part of the focus groups and online survey, recent migrants were asked about their experiences of finding work in London. Participants refer to the competitive nature of the employment market in London. They also comment on how the move had been considerably more difficult than they had initially anticipated and how they should have started searching for work before they arrived in London, as the following comments illustrate:

'The most difficult thing was and still is finding a job. I realise now I did not plan enough. In particular I should have been looking for jobs intensively for at least six months before moving, rather than being very choosy and only applying for the jobs I liked.' (RM 21)

'There's a lot more competition and everyone's looking at the same jobs. I would say that I've had friends who even have Masters and they're finding it depressing working in bars.' (RM 22)

'There is work here, but so many people are flocking to London, there is a severe competition for jobs.' (RM 23)

Respondents also comment on the difficulties posed by different systems of recruitment and payments and mention the differences in pay. Furthermore, many recent migrants in the sample group demonstrate a lack of planning and awareness in relation to the cost of living and utilities in London, as illustrated below:

'The first job I got was for a small construction firm working as an engineer. My wages were the same as a labourer but because I was desperate for a job I had to take it.' (RM 24)

'One of the difficult things is the cost of living - I cannot engage fully with the social and cultural side of London as all my money goes on basic living needs.' (RM 25)

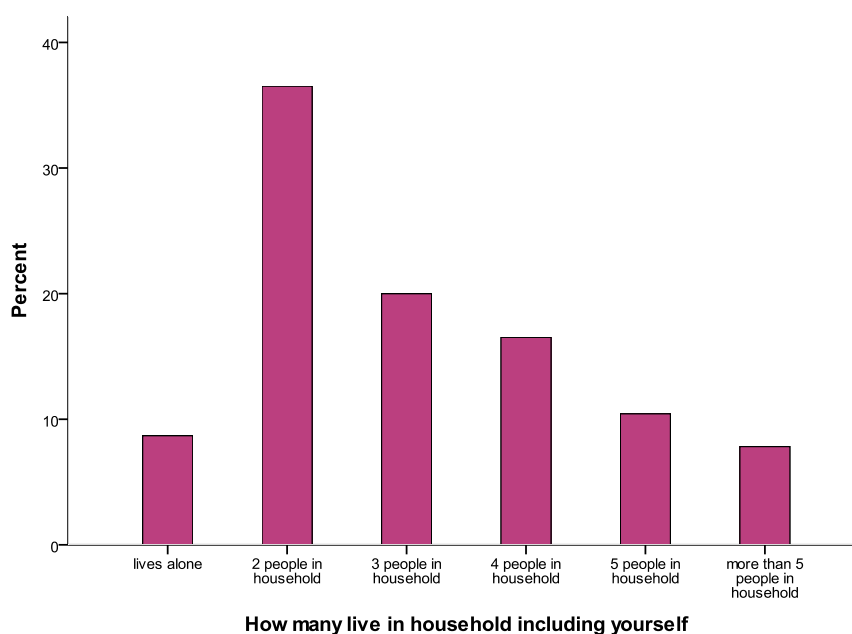
'A lot of paperwork and background checks to fill out, I didn't know about having to pay water charges and council tax.' (RM 26)

7.5: Housing

The majority of the sample of recent migrants to the UK rent from a private landlord (87.1%). Only a small proportion of recent Irish migrants own their own property (3.2%). 7.3% of respondents live in 'other' types of accommodation, including their friend's or relatives' property or in student accommodation.

The majority of the sample of recent Irish migrants live with one other person in their household (36.5%). This is followed by 20% of respondents who live in a household with two other occupants. 16.5% of respondents live in a household with three other occupants and 10.4% of respondents reside in a household with four other occupants. A smaller proportion of the sample of recent Irish migrants live alone (8.7%) in comparison to 26.8% of the overall community sample who live alone. Only 7.8% of recent migrants live in a household with more than five occupants.

Figure 60: The number of people living in the household of recent Irish migrants (n=115)



An overwhelming majority of the sample of recent Irish migrants report that their housing is appropriate to their needs (95%) compared to 5% who feel that their housing does not meet their needs. The majority report that they do not need help to improve their housing situation (84.6%). This compares to 15.4% of respondents who feel that they need help to make their housing situation better. An overwhelming majority of the sample of recent Irish migrants feel safe and secure where they live (92.4%) compared to 7.6% of respondents who feel unsafe where they live.

Nevertheless, the overwhelming majority of recent migrants who participated in the focus group sessions claim that finding accommodation has been the most difficult aspect of moving to London. Respondents report that getting the money together for the deposit was difficult and others comment on the competitive nature of housing in central London:

'I applied for a job and got it back in March. I had a friend living here and he said he'd look for a place for us. Hardest part was getting together the money for a deposit and getting the first month's cheque.' (RM 27)

'It was a nightmare! I thought it would be a piece of cake! For all the phone calls you make and emails you send to people, only a tiny, tiny few get back to you. This really limits what you can see and your options.' (RM 28)

'I think I would advise someone to look for accommodation well in advance. This was a mistake I made, and left me in the position of having to look in my first few weeks of a new job which was extremely stressful.' (RM 29)

Many of the recent migrants who participated in the focus groups and online interviews highlighted the challenge of finding a place to live in an unfamiliar city. Participants report a lack of awareness of the differences between areas:

'It's so expensive and it's hard to know what area to start in. The main difference is the choice. You can live in some of the grandest and grottiest houses on the planet.' (RM 30)

'The hardest part was finding somewhere to live while not being in the country myself and not knowing which areas are good or bad.' (RM 301)

'It was hard to know where to look, where to avoid, what areas link.' (RM 32)

Others report differences between the system of accessing the private rented market in Ireland and in London:

'I could not find a suitable house share. The options were either in an area that I was not comfortable living in or I was not 'picked' for the room in question. I went to many viewings of rooms where sometimes as many as 30 people were looking at the room and getting interviewed by the other housemates. It is a very difficult process and can be hard when you are not picked for the room.' (RM 33)

7.6: Perceived social support

The majority of recent migrants who gave a response perceive themselves to have poor levels of social support (62.8%). 31.9% of respondents feel that they have moderate levels of social support while 5.3% of recent migrants perceive that they have strong levels of social support (for more information on perceived social support see Section 3: Health and Social Support). These findings are consistent with the results of focus groups with recent Irish migrants. Many of those who participated highlight the loneliness of London and how difficult it is to make or stay in contact with friends:

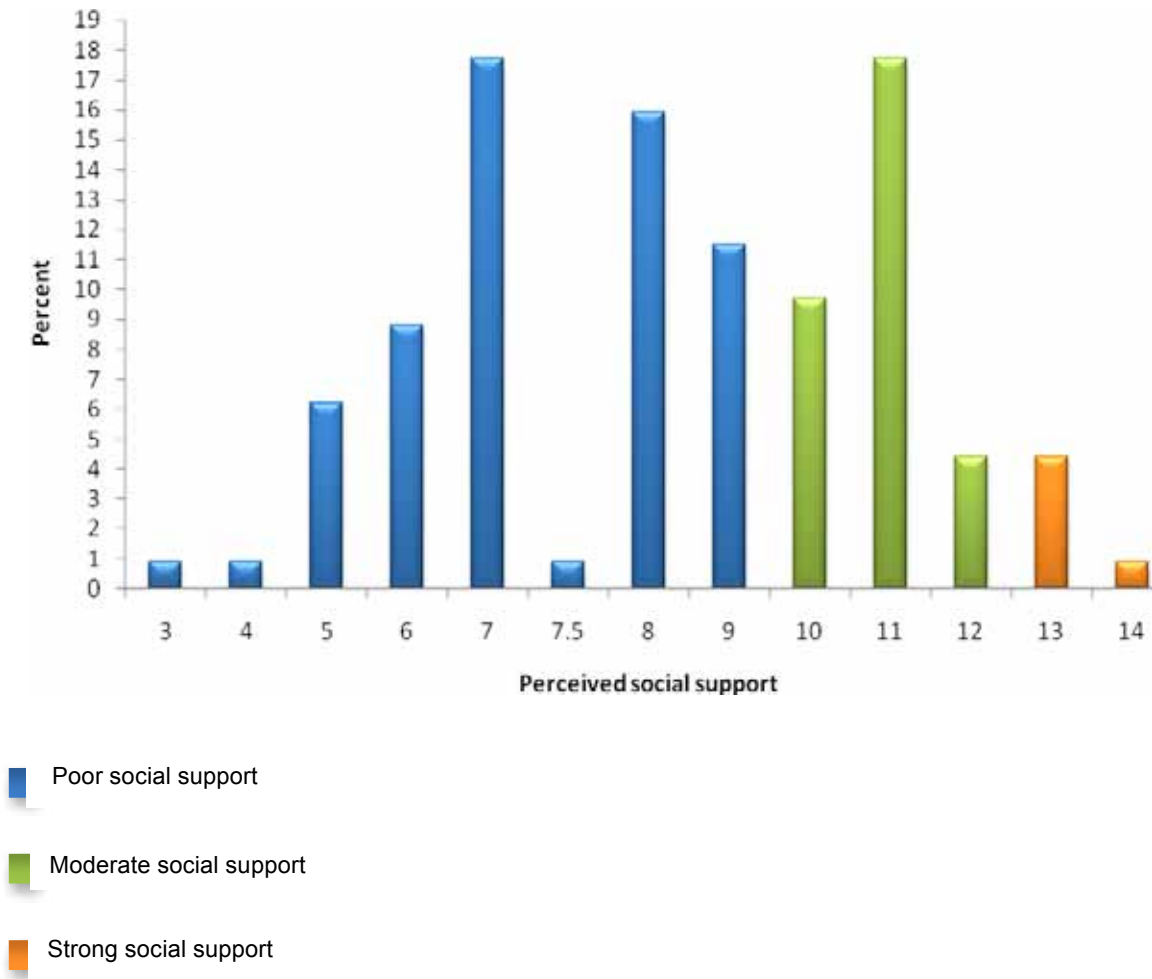
'And the concrete jungle-ness of it would get you down and the loneliness. It's really hard to make friends and to have a life outside of college and the home.' (RM 34)

'Try your hardest to get a support network quickly, and use them, even if it's phoning your family every Sunday. London is a very lonely place on your own with nothing to do all day.' (RM 35)

'I find this the most difficult and as a result I don't socialise which is quite sad! I'm mostly either at college or at home. Really hard to get to know people - definitely the hardest part of the whole move.' (RM 36)

'The past month I've been working all hours I could...I haven't really tried to make friends. I keep in touch with my family by Skype.' (RM 37)

Figure 61: Perceived social support among the sample of recent Irish migrant (n=113)



7.7: Health

Overall, the proportion of the sample of recent Irish migrants who report that they suffer from any of the common ailments is relatively low. The age profile of this sample may provide some explanation for this. However, the two main disorders which the sample of recent migrants report are depression and anxiety (both 5.6%).

The qualitative phase of the study shows similar results as many respondents report stress, anxiety and depression.

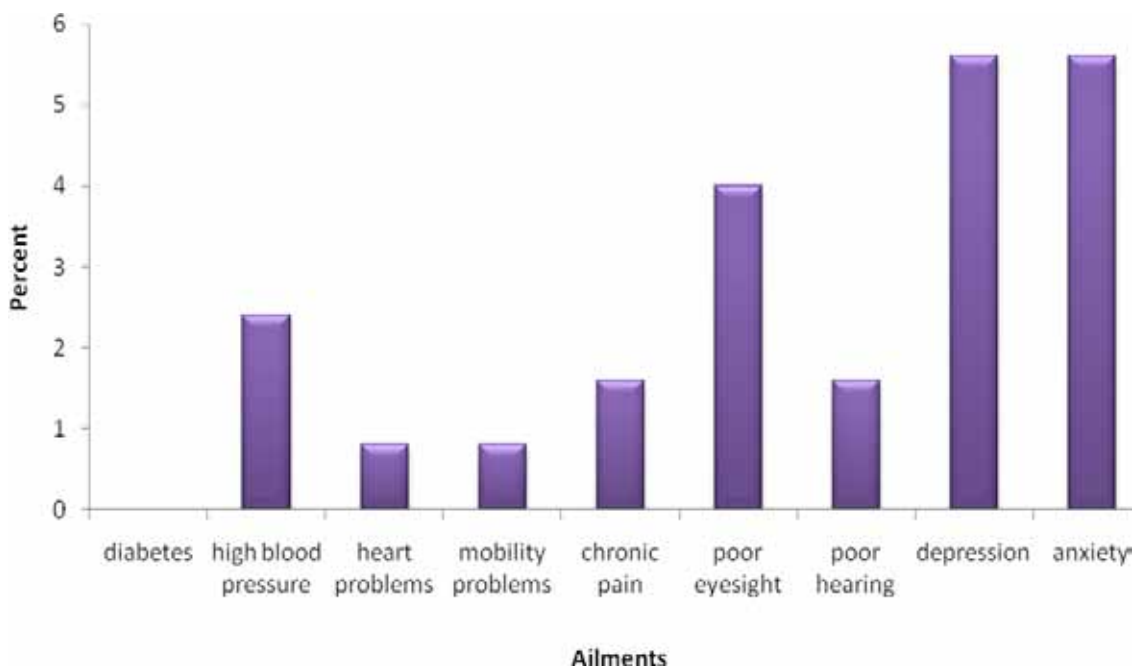
'It's so busy and big, sometimes that is stressful.' (RM 38)

'What worries me is running out of money and not being able to get help stuck somewhere. I am drinking too much!' (RM 39)

'Decide what you want from your area. Move somewhere where you can enjoy regardless of rent if you are young. My first year was in West Hampstead and had me near depression.' (RM 40)

As part of the qualitative data collection phases of this project participants were asked if or when they intended to move back to Ireland. Previous research has shown that the ease and affordability of travel has meant that migration from Ireland to London is often seen as temporary rather than a permanent move and in the past many migrants have been ill-prepared for migration or for the difficulties they might encounter in a strange society (Tilki, 2003). This question was included to established whether recent migrants saw their relocation to London as a temporary measure or whether they viewed it as a longer term measure.

Figure 62: Proportion of recent Irish migrants who report that they suffer from any of the following ailments (n=125)



The focus groups and online interviews show a mixed response from recent migrants. Some respondents want to move back to Ireland at the first opportunity and some others state they will never return. For the majority, the question is very complex, as many express a desire to move back to Ireland at some point. However, most respondents recognise that they may not be able to move back to Ireland as soon as they had initially hoped due to economic circumstances in Ireland, as the following excerpts illustrate:

'Yes probably between 2-5 years but the date is moving further away the longer I stay here. I do not want to move home to a lesser job, lesser salary and lesser standard of life.' (RM 41)

'Others say that my plan sounds all very well and good, but in a couple of years I'll be so settled that I'll never go home. I'll be home one way or another, but when, I couldn't say.' (RM 42)

As part of the study recent migrants were asked what advice they would give to potential future migrants. For the most part, respondents state that they would plan their relocation more thoroughly, try and have employment arranged before moving to London and gather more information about different areas and housing before moving. However, some respondents state that developing social networks independent of employment networks had been very beneficial to them.

'I think I would advise someone to look for accommodation well in advance. This was a mistake I made, and left me in the position of having to look in my first few weeks of a new job which was extremely stressful.' (RM 43)

'Organise accommodation, deposit, bank account, and phone. These are all very stressful things to do but are much easier if you have a job to move for.' (RM 44)

'My advice would be on day one go out and meet people.....my soccer team saved me.'
(RM 46)

'I enjoyed playing GAA and I found it a good way to meet friends and help me relax.'
(RM 47)

7.8: Summary

The majority of recent migrants are between the ages of 18-35 years. This sample group shows settlement patterns in Central London boroughs similar to the general Irish community, although the study also shows evidence that recent migrants are settling in Clapham. The vast majority are satisfied with their housing situation and a negligible proportion live in overcrowded accommodation. 72.8 % are employed and the majority is in Intermediate managerial, administrative and professional occupations.

These findings aside, recent migrants report some real difficulties in terms of the process of moving to London. Other sections show that the majority of recent migrants are unaware of their entitlements in terms of benefits. This section demonstrates that

many recent migrants do not plan their relocation thoroughly. Many show a lack of awareness in terms of the housing market, geography, the cost of living and the utilities. The research also highlights that recent Irish migrants to London find it difficult to establish meaningful social support. Only 5.3% of recent migrants perceive they have strong levels of social support.

11.2% of the sample of recent migrants report experiencing anxiety or depression. This London study indicates that anxiety and depression are not isolated to older Irish people. Previous research has shown that poorly planned migration is associated with subsequent depression in Irish born people living in London (Ryan, Leavey, Golden & Blizard, 2006). Many recent migrants in the current study report a lack of planning prior to migration often leading to anxiety and stress upon arrival.

Section 8: Conclusions and Recommendations

8.1 Conclusions

In addition to the overall key findings (see Executive Summary) the following conclusions have been separated by sample group as follows:

- i. Older people and carers
- ii. Recent migrants
- iii. Second generation Irish

8.1.1 Older people and carers

- 23.3% of respondents aged 65 and over report poor/very poor health. The research reflects existing evidence demonstrating that the health of Irish people declines from around the age of 50 onwards (Tilki, *et al.*, 2009).
- 58.4% of the sample of those over 65 and 46.4% of the sample of carers use Irish community organisations frequently. The qualitative data indicates that both groups find these services more accessible than mainstream services.
- Older people and carers prefer the face-to-face services offered by Irish organisations. The qualitative data indicates that for some they are the only opportunity for social interaction, informational and emotional support.
- Older people and carers who use Irish community organisations are more aware of their entitlements than those who do not.
- Older people are concerned about increasing dependence due to frailty and immobility which would in time impact on housing, services and benefits.

- Irish carers have a particularly low awareness in relation to benefit entitlements and are disadvantaged in terms of social support, housing and employment.
- Carers report poor physical and mental health; 22.7% self-report depression, 19.7% self-report anxiety and 50% self-report their health as fair, poor or very poor.
- Older Irish people and carers who perceive stronger levels of social support due to engagement with Irish community organisations are more likely to describe their health as better than those who do not engage with these organizations
- Physical accessibility of Irish organisations and immobility prevent older people using existing Irish community organisations.

8.1.2 Recent migrants

- The majority of the sample of recent migrants are between the ages of 18-35 and moved to London because they were unable to find employment in Ireland.
- The study found that recent migrants achieve well in terms of employment, with 55.9% in Intermediate managerial, administrative, professional occupations. 10.8% of recent migrants are in manual occupations. 10.8% of the sample is employed in manual occupations.
- Although the study found evidence of positive adjustment in terms of employment, the sample reported experiencing culture shock in relation to the formality of communications, bureaucracy, and competition for housing.
- 94.7% of recent migrants report poor or moderate levels of perceived social support as defined by the Oslo 3-Item Social Support Scale. Many respondents

self-report a causal link between poor levels of social support and poor mental health.

- Respondents who had established social networks through sports clubs, such as GAA clubs, report positive adjustment to life in London.
- 11.2% of recent migrants self-report either anxiety or depression. A substantial proportion cite a lack of planning as a major cause of stress and anxiety.
- Recent migrants found mainstream UK organisations, such as the Job Centre Plus, had limited understanding of the eligibility for benefits of Irish claimants, particularly if they had not been unemployed in Ireland.
- Recent migrants tend to rely on the Internet as their main source of information. The majority were unaware of Irish community organisations.
- Recent migrants showed a preference for online or telephone advice from Irish community organisations.
- Recent migrants experience very positive attitudes towards their ethnicity. However they found traditional 'paddy' jokes and stereotypical assumptions disturbing.

8.1.3 Second generation Irish

- People born in the UK to Irish parents are proud to identify as Irish but were often unsure of whether they could avail of the services provided by Irish community organisations.
- Many second generation Irish respondents are offended by their treatment by the wider Irish born community and some Irish community organisations. The term

'plastic paddies' was offensive and upsetting and made many respondents wary of seeking help within the community.

- Second generation Irish people are generally familiar with the benefits system and perceive themselves to be in receipt of all their entitlements.
- Second generation Irish people are considerably more likely than other Irish sub-groups to seek advice and support from family or friends.

8.2: Recommendations

The recommendations based on the project findings are targeted at three distinct sectors:

- i. Government and Statutory providers in the UK
- ii. Irish community organisations in London
- iii. Irish government bodies and British and Irish policy makers

8.2.1: Government and Statutory providers in the UK

- UK government bodies must recognise that, although many Irish people in Britain integrate successfully, increasingly research indicates that older Irish people, Irish carers, Irish Travellers and Irish survivors of institutional abuse experience health and social disadvantage.
- UK government bodies must take the lead in ensuring that Irish ethnicity data is analysed separately and not aggregated into the overall 'White' Census category, thus rendering health and social inequalities invisible and progress difficult to evaluate.

- Policy makers must acknowledge the accessibility and expertise of Irish community organisations and include them proactively in JSNA's, commissioning and service design as required to meet the needs of the Irish community.
- Public health bodies must work with, and through, Irish community organisations towards reducing preventable illness, improving health and minimising or delaying immobility and frailty.
- Culturally sensitive outreach must be provided to meet the needs of the most vulnerable and those who for reasons of ill-health, immobility or caring responsibilities are unable to access services.
- Low threshold services, such as culturally sensitive luncheon clubs and social events, should be provided in order to address loneliness and isolation which can lead to depression and wider physical ill-health.
- Training must be provided to key staff in mainstream organisations to ensure they understand the social welfare entitlements and service entitlements of the Irish community within the Common Travel Area.
- Cultural sensitivity training for all staff should include attention to Irish culture, customs and norms, and address prejudices and stereotypes.
- The study reinforces the British Irish Parliamentary Assembly (BIPA) recommendations that funding should be provided for a comprehensive survey of the needs of older Irish people and other 'at risk' sub-groups of Irish people in the UK.


8.2.2: Irish Community organisations in London

- Irish community organisations need to develop marketing and communication strategies to raise awareness of their services among mainstream providers and to publicise good practice, outcome and impact evidence.
- Publicity should be targeted at the wider Irish community and accessible to potential migrants to clarify who is entitled to use these services and particularly to encourage participation in planning delivery and evaluation.
- Irish community organisations must address perceived unfair treatment against second generation Irish people and there is scope for a broader media campaign to address anti-Irish jokes and negative stereotypes.
- This study shows that a substantial proportion of the wider Irish community suffer from depression and anxiety. Certain sub-groups report an interest in early intervention and, considering the preference of the community in terms of service delivery, Irish community organisations are well placed to deliver these services.
- Rates of high blood pressure within the overall sample highlight the importance of healthy living projects such as those which help individuals give up smoking and increase physical exercise.
- Irish community organisations in London must work in partnership with other Irish, Black and Minority Ethnic (BME) or mainstream services to meet the needs of a changing demographic and particularly to provide access to modern Irish culture and the arts. There is considerable scope to develop focused social forums for younger Irish people.

- Online and/or telephone information and support help-lines must be developed to meet the needs of a more technological generation, as well as those unable to access face-to-face services due to ill-health.
- Organisations working with potential Irish migrants should highlight the fact that residency in the UK may be longer than migrants initial expectations, as well as the importance of developing social networks upon arrival in London.

8.2.3 Irish government bodies and British and Irish policy makers

- Despite the high educational attainment and confidence of the new wave of migrants, the vulnerability of this group and the difficulties of migration must not be underestimated.
- Irish community organisations in London are in a key position to work with Irish government agencies to prepare potential migrants to register for work or benefits, find jobs and accommodation in London.
- The study reinforces the British Irish Parliamentary Assembly's (BIPA) concerns regarding the health of older Irish people in London. We endorse the BIPA recommendation that funding should be provided for a comprehensive survey of the needs of older Irish people and how best to address their needs effectively. The authors highlight the transferable nature of the current methodology and recommend that funding is provided to allow similar data to be captured in other UK cities.
- Considering the evidenced needs of different sub-groups within the current study, the authors call for further research into the needs of Travellers, survivors



of institutional abuse, Irish people with dementia and informal carers and longitudinal research on recent Irish migrants.

The Irish in London Survey 2011

Community Needs Assessment

About this Survey

This survey is being conducted to help Irish community service organisations to plan for the needs of the Irish community in London.

All information will be stored confidentially and destroyed when used. No personal information will be passed to third parties.

If you would like more information about the survey, please contact Jeff Moore (Community Welfare Coordinator) at:

London Irish Centre, 50-52 Camden Square, London NW1 9XB
 or coordinator@londonirishcentre.org or 020 7916 2222.

Please indicate if any of the following categories describe you.	Please tick all appropriate categories that apply to you.	Office use only
Memory Loss		
Recent Migrant		
Carer		
Poor Health		
Second Generation		
65+		
50-64		
None of the Above		

Section 1: Personal Details & Housing Needs

Year of Birth:		Male/ Female/ Transgender		Borough of Residence			
Born In Ireland (Y/N)		If mixed heritage please state: (e.g. British, Jamaican, Italian etc)		What year did you arrive in the UK?			
Are you employed? (Y/N)		Occupation:					
Please Tick All Appropriate	Full Time	Part- Time	Unemployed (Since)	Retired (Since)	Carer/ Parent (Specify)	Student (Specify PT/FT)	Long Term Ill (Since)
Are you receiving all the benefits to which you are entitled? (Please Tick)				Yes	No	Not Sure	
Please tick the box below that best describes your current housing situation			How many people live in your household (including yourself)?				
I own my own property				I believe my housing is appropriate to my needs (Y/N)			
I rent from a private landlord				I feel safe and secure where I live (Y/N)			
I rent from the local authority/social landlord				I need help to make my housing situation better (Y/N)			
I live in sheltered housing				Other comments about housing			
Other (Describe)							

Section 2: Health & Wellbeing

How would you describe your general health? (Please tick below)		Do you suffer from any of the following ailments? (Please tick) NB: This information will not be disclosed			
Very Good	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Poor Eyesight	<input type="checkbox"/>
Good	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Poor Hearing	<input type="checkbox"/>
Fair	<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	Depression	<input type="checkbox"/>
Poor	<input type="checkbox"/>	Mobility Problems	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>
Very Poor	<input type="checkbox"/>	Chronic Pain	<input type="checkbox"/>	Other (Describe below)	
Do you have a carer or daily help with your care? (Y/N)			<input type="checkbox"/>		
Have you considered your future care? (Y/N)		<input type="checkbox"/>	Would you consider using an Irish welfare organisation to assist in securing care services? (Y/N)		<input type="checkbox"/>

Where do you go for advice?

Please tick all appropriate boxes	Housing	Employment / Benefits / Income	Finance / Debts	Health
Friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional (i.e. Doctor, Solicitor etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizens Advice Bureau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irish Community Organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Being Irish in London: Your Needs & Experiences

How easy can you get help from neighbours if you should need it?						
Very Easy	Easy	Possible	Difficult	Very Difficult		
How many people are so close to you that you can count on them if you have serious problems?						
None	1-2	3-5	5+			
How much concern do people show in what you do?						
A Lot	Some	Uncertain	Little	None		
Do you feel you have been treated less fairly than other people for any of the reasons listed below within the last two years? (Circle Appropriate)						
Yes			No			
If yes please tick the appropriate boxes						
Your Age	Your Disability	Your Gender	Your Gender Identity (Transgender)	Your Sexual Orientation	Your Race/Ethnicity	Your Religion/Belief

Which of these situations will you face within the next 5 years?

Please Tick Appropriate Boxes	Likely	Maybe	Unlikely
Will need to access benefits			
Will need to move property			
Will need to find a job			
Will suffer worsening physical health			
Will suffer worsening emotional wellbeing			
Will need to access training or education			
Will need the support of a Carer			
Will need to access services via telephone or online			
Will have more time on my hands			
Will need advice on finance or debt			
Will be looking for opportunities to volunteer			

Section 4: Irish Organisations in London

Please tick any of the following activities that are of interest to you:				
Social events with other Irish people	Céilí or Set Dancing	Irish Language Classes	Irish Film showings	
Live Concerts	Sports Events	Irish Theatre	Irish Online Communities	
Other (Describe)				
I use an Irish Organisation in London (Please Tick)	Frequently	Occasionally	Never	
If Yes, please state which one				
How would you rate....	Excellent	Fair	Poor	
The Premises				
Opening Hours				
Range of services				
Friendliness of staff				
Expertise of staff				
If you have not used an Irish Organisation before, is it because....				
I had not heard about Irish Organisations before	I am not easily able to get to an Irish Organisation	I have no need to access an Irish Organisation	Irish Organisations do not provide the services I need	I used an Irish Organisation in the past but I did not receive a good service
If you decide to use Irish Organisations in the future, would you prefer...				
Face to face advice		Advice via telephone or online		
Any other comments? (General)				

Many thanks for participating in this important survey.

Contact Details (Optional) & Definitions

If you would like us to contact you regarding services for the Irish Community in London, please leave us your preferred contact details below. (Optional)

Name:

Address:

Telephone:

Email:

Memory Loss

A person who classifies themselves as having trouble with memory loss and may be in receipt of care support as a result **OR** a person who has been clinically classified as suffering from dementia.

Recent Migrants

A person who has arrived in the United Kingdom within the last 12 months.

Carer

A person who carries out care duties, either in an official capacity or informally. The Carer must be first or second generation Irish although the nationality of the person they care for is not relevant.

Poor Health

Someone who considers themselves as being in poor health, regardless of whether or not the person has been clinically diagnosed with a serious illness.

Second Generation

A person born in the UK with one or both parents who were born in Ireland.

65+

A person who is 65 years old or older

50 to 64

A person who is aged between 50 and 64 inclusive.

Bibliography

Adler, N. E., Boyce, T., Chesney, M., Cohen, S., Folkman, S., Kahn, R., & Syme, S.L. (1994). Socioeconomic status and health: The challenge of the gradient. *American Psychologist*, 49, 15-24.

Balarajan, R. (1995) Ethnicity and variations in the nation's health. *Health Trends*, 271, 114-119.

Barrera, M. (1986). Distinctions between social support concepts, measures, and models. *American Journal of Community Psychology*, 14, 413-445.

Bracken, P., Greenslade, L., Griffin, B., et al (1998) Mental health and ethnicity: an Irish dimension. *British Journal of Psychiatry*, 172, 103-105.

British and Irish Parliamentary Assembly (2010). The Irish community in Britain: follow-up report. Retrieved from:

<http://www.britishirish.org/assets/Irish-community-report-final-version.pdf>

Chahal, K. and Ullah, A. (2004) Experiencing ethnicity: discrimination and service provision. York: Joseph Rowntree Foundation.

CHAI (2007). *Count me in*. Results of the 2007 National Census of inpatients in mental health and learning disability services in England and Wales. London: Commission for Healthcare Audit and Inspection.

CHAI (2008). *Count me in*. Results of the 2008 National Census of inpatients in mental health and learning disability services in England and Wales. London: Commission for Healthcare Audit and Inspection.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98, 310–357.

CQC (2010). *Count me in*. Results of the 2009 National Census of inpatients in and patients on supervised community treatments in mental health and learning disability services in England and Wales. London: Care Quality Commission.

Cochrane, R. & Bal, S. S. (1989) Mental health admission rates of immigrants to England: a comparison of 1971 and 1981. *Social Psychiatry and Psychiatric Epidemiology*, 24, 2-11.

Curran, M. J. (2003) *Across the Water: The Acculturation and Health of Irish People in London*. Dublin. Allen Library.

Dalgard, O. (1996) Community health profile: a tool for psychiatric prevention. *In* *Promotion of Mental Health*, Volume 5, 1995 (eds D. R. Trent & C. A. Reed).

Daphna, O., Ayse, K., Yoder, N., Nesse, R., Williams, D. (2007) Unfair treatment and self-regulatory focus. *Journal of Experimental Social Psychology*, 43, 505–512.

Department of Health (2007), *Guidance on Joint Strategic Needs Assessment*.

Department for Communities and Local Government (2008). *Needs Analysis, Commissioning and Procurement for Housing-Related Support: A resource for housing-related support, social care, and health commissioners*. Retrieved from <http://www.communities.gov.uk/publications/housing/housingrelatedsupport>

The Department of Work and Pensions (2011) *National Insurance Registration Tabulator*.

Dion, K. L., Dion, K. K., & Pak, A. W. (1992). Personality-based hardiness as a buffer for discrimination-related stress in members of Toronto's Chinese community. *Canadian Journal of Behavioral Science*, 24, 517–536.

Dowrick, C., Casey, P., Dalgard, O et al. (1998). Outcomes of Depression International Network, *British Journal of Psychiatry*, 172, 359-363.

European Union Public Health Information System, Dalgard OS: Social support: Occurrence. 2009. <http://.euphix.org> EUPHIX is a European community health monitoring model and no journal.

Faugier, J. & Sargeant, M., (1997), Sampling hard to reach populations, *Journal of Advanced Nursing*, 26, 790–797

Fleishman, J. Zuvekas, S. (2007) Global self-rated mental health: Associations with other mental health measures and with role functioning. *Medical Care*, 45, 602-9.

Gaffney, M. (2002) Mental Health Needs of older Irish people in Camden and Islington. Research commissioned by the London Irish Centre and funded by Camden and Islington Action Zone.

GLA Data Management & Analysis Group, '2001 Census Profiles: The Irish in London' by Eileen Howes DMAG Briefing 2004/11 (April 2004).

Guyll, M., Matthews, K.A., & Bromberger, J.T. (2001). Discrimination and unfair treatment: Relationship to cardiovascular reactivity among African American and European American women. *Health Psychology*, 20 (5), 2001.

Gee, G. C. (2002). A multilevel analysis of the relationship between institutional and individual racial discrimination and health status. *American Journal of Public Health*, 92, 615–623.

Hickman, M. (1998) Reconstructing deconstructing 'race': British political discourses about the Irish in Britain'. *Ethnic and Racial Studies*, 21, (2), 289-307.

Hickman, M. J., Morgan, S., Walter, B., & Bradley, J. (2005). The Limitations of Whiteness and the Boundaries of Englishness. *Ethnicities*, 5, 160-182.

Hickman, M., & Walter B. (1995) Deconstructing whiteness: Irish women in Britain. *Feminist Review*, 5-20.

Hickman, M. & Walter, B. (1997) Discrimination and the Irish community in Britain. London. Commission for Racial Equality.

Howes, E. (2004) 2001 Census Profiles: The Irish in London. London: Greater London Authority.

Joseph Rowntree Foundation (2003); Experiencing ethnicity: discrimination and service provision.

Karwowski, W., Soares, M., & Stanton, N. (2011) Human Factors and Ergonomics in Consumer Product Design: Methods and Techniques (Handbook of Human Factors in Consumer Product Design): Needs Analysis: Or, 'How Do You Capture, Represent, and Validate User Requirements in a Formal Manner/Notation before Design' (Chapter 26 by K. Tara Smith).

Kessler, R. C., Mickelson, K. D., & Williams, D. R. (1999). The prevalence, distribution, and mental health correlates of perceived discrimination in the United States. *Journal of Health and Social Behavior*, 40, 208–230.

Limbrick, G., (2007) London; the Irish Dimension. London. The Federation of Irish Societies.

Mac an Ghail, M., & Haywood, C. (2003). Young (male) Irishmen: postcolonial ethnicities - expanding the nation and Irishness. *European Journal of Cultural Studies*, 6, 386-403

McNaughton Nicholls, C., Arthur, S. & Cregan C. (2010) Perceptions of Unfair Treatment in the Public. Government Equalities Office.

Meltzer, H. (2003) Development of a common instrument for mental health. In Nosikov & Gudex (eds). *EUROHIS: Developing Common Instruments for Health Surveys*. Amsterdam: IOS Press

Nazroo, J. (1997) *Ethnicity and Mental Health: Findings from a National Community Survey*. London. Policy Studies Institute.

O'Sullivan, P. & Murray, R., (2001). Recent research into the needs of the Irish in Britain. Retrieved from:
<http://ics-www.leeds.ac.uk/papers/vp01.cfm?outfit=ids&folder=112&paper=113>.

Oyserman, D., Uskul, A. K., Yoder, N., Nesse, R., & Williams, D. (2007). Unfair treatment and self-regulatory focus. *Journal of Experimental Social Psychology*, 43, 505-512.

Ryan, L. (2003) Moving spaces and changing places: Irish women's memories of emigration to Britain. *Journal of Ethnic and Migration Studies*, 29, 67-82.

Ryan, L. (2004) Family matters: (e) migration, familial networks and Irish women in Britain. *Sociological Review*, 52, 351-370.

Ryan, Leavey, Golden, Blizard and King (2006) 'Depression in Irish migrants living in London: a case-control study' *British Journal of Psychiatry*, 188, 560-566

Ryan, L. (2011) 'Migrants' social networks and weak ties: accessing resources and constructing relationships post-migration' *Sociological Review* 59 (4): 707-724.

Schulz, A., Williams, D., Israel, B., Becker, A., Parker, E., James, S. A., et al. (2000b). Unfair treatment, neighborhood effects, and mental health in the Detroit metropolitan area. *Journal of Health and Social Behavior*, 41, 314–332.

Scully, M. (2009) article on 'Plastic and Proud': Discourses of Authenticity among second generation Irish in England, *Psychology & Society*, vol. 2, (2), 124-135.

Shields, M., & Shooshtari, S. (2001) Determinants of self-perceived health, *Health Report*, 13, 35-52.

Smith, R. (2008a) *Social Work and Power*, Basingstoke, Palgrave Macmillan.


Taylor, S.E., Sherman, D.K., Kim, H.S., Jarcho, J., Takagi, K., Dunagan, M.S. (2004). 'Culture and social support: Who seeks it and why?' *Journal of Personality and Social Psychology* 87: 354–62.

Tilki, M. (2002) *Camden Elderly Irish Network. Report of an Evaluation of Services*. London. CEIN.

Tilki, M. (2003) 'A study of the Health of the Irish-born people in London: The relevance of social and socio-economic factors, health beliefs and behaviour'. Unpublished PhD Thesis, Middlesex University.

Tilki, M. (2006) 'The social contexts of drinking among Irish men in London'. *Drugs: Education, Prevention and Policy*, 13, (3) 247-261

Tilki, M., Ryan, L., D'Angelo, A., & Sales, R., (2009). *The Forgotten Irish*. Retrieved from http://eprints.mdx.ac.uk/6350/1/Tilki-Forgotten_Irish.pdf.



Walter, B. (2008a). From 'flood' to 'trickle': Irish migration to Britain 1987-2006. *Irish Geography*, 41, 181-194.

Weich, S., Nazroo, J., Sproston, K., et al., (2004) Common mental disorders and ethnicity in England. The EMPIRIC study. *Psychological Medicine*, 34, 1543-1551.



Notes



Notes

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