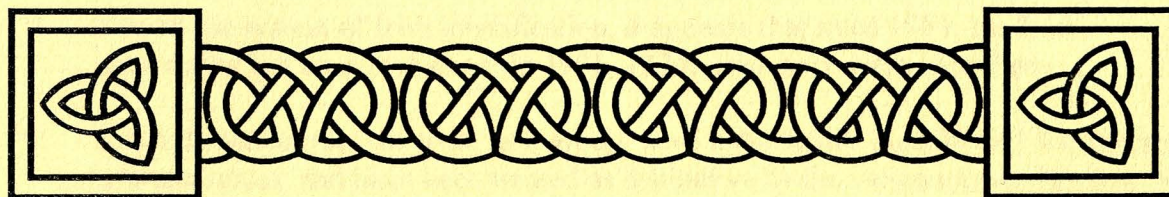


GREEN, WHITE & INVISIBLE: THE IRISH COMMUNITY IN LEEDS

A Report by Leeds Irish Health & Homes and
Councillor Patrick Hennigan



THE IRISH COMMUNITY IN LEEDS : AN ETHNIC MINORITY

INTRODUCTION:

The aim of this report is to highlight the significant disadvantage that members of the Irish community in Leeds find themselves in, and then to recommend how gaps in service provision be addressed.

In the first part of the report, the size and demographics of the community are highlighted. This leads onto a discussion of the issues that create disadvantage for members of this community.

The authors then look at what service provision is being made, and how it addresses this disadvantage in a manner which is sensitive to the culture and experiences of this particular community.

Finally, recommendations are made which should go some way to addressing the needs of the Irish community in Leeds.

1.0 A NUMERICAL MINORITY

- 1.1 The 1991 Census of Great Britain showed that **the Irish represent the largest single ethnic minority in Britain.**
- 1.2 **All other ethnic minority groups figures include second and third generations in their numbers, whilst the Irish figures include only Born in Ireland, thereby excluding all subsequent generations.**
- 1.3 The 1991 Census highlighted 850,000 Irish born head of households. **This also failed to take account of women living with non-Irish partners.** According to the latest CRE report (1997)ⁱ, a conservative estimate would multiply this figure by a factor of **3:1** to include second generation and **2:1** for third generation Irish. This would give an **estimated 5 million (8% of the total population) people in Britain of Irish heritage.**
- 1.4 In Leeds, the 1991 Census identified the Irish as the third largest ethnic minority with 9,767 Irish born head of households (1.3%). Taking into account the above, **the revised estimate of the Irish population would be closer to 60,000 (9%).**

Due to the system of Irish identification, it appears that since 1981, the Irish community has been in decline. In 1981, 12745 Irish born were identified.

- 1.5 It is self evident that the Irish, as a group, have a distinctive identity and historical set of experiences, and have been treated as distinctive by the indigenous population of Britain throughout the ages.

- 1.6 This distinctive identity is in a large part based on the traditions and customs, religious beliefs, ancestral origins and cultural norms of the Irish as a group.

PATTERNS OF SETTLEMENT

- 1.7 Leeds' Irish community has been established since the immigration following the Famine in Ireland of 1851-54, with another large addition during the 1940's to 1960's when other immigrant populations were encouraged to come to Britain. Irish people have been coming to Leeds and adding to its economic foundations constantly since the 1840's.
- 1.8 Unlike other long standing immigrant groups the Irish community in Leeds has remained concentrated in the Urban Priority Areas. **57% live in inner city wards.** Some areas with **significant Irish population** are **Harehills (11% of the Irish community live here, or 6,600 people);** University ward (8%); Chapel Allerton (7%); Burmantofts (7%) and Kirkstall (5%)

2.0 EXPERIENCE OF DISADVANTAGE AND DISCRIMINATION

- 2.1 The Irish community in Leeds has, and continues to contribute significantly to the wealth and development of this region. Many of its members have prospered and integrated very well into its life.
- There are however a disproportionate number of people who find themselves growing older, in poverty, socially and culturally isolated, and lacking access to or appropriate delivery of services to meet their needs.**
- 2.2 Office of National Statistics officials have now recognised that there are **significant concerns regarding the risk of, and prevalence of disadvantage facing second generation Irish people.**
- 2.3 Research in 1994 ⁱⁱ showed that the inner city areas in which Irish people reside were shown to be far above average in terms of :

- Unemployment
- Overcrowding of Rooms
- Benefit Claimants
- Areas of Underprivileged for Health
- Above average Standard Mortality Ratios
- Hospital Admission and Day Case Rates
- Lone Pensioner Households
- Households without Cars
- Hospital Admission Through Neuroses/Psychoses and Suicide

- 2.4 Lack of consistency in the identification of Irish people's needs through ethnic monitoring statistics by Local Authorities and service deliverers has meant this community's needs have failed to be identified and acted upon.
- 2.5 Various reports such as **"The Housing and Community Care Strategy for Leeds"** ⁱⁱⁱ and **"Redressing The Balance : Health & Inequality in Leeds"** ^{iv} have highlighted how information regarding members of the Irish community has been difficult to substantiate because of this lack of monitoring. The recent CRE report has at least part answered this in showing the significant and often hidden forms of disadvantage suffered by members of the Irish community in Britain.
- 2.6 Leeds City Council has only recently begun to monitor Irish people in employment and on their council housing forms despite the recognition of this community as an ethnic minority since 1987.

Leeds Social Services referral forms do not make any attempt to identify ethnic groupings and rely heavily on visual cues i.e. skin colour. This process is governed solely by individual workers' assessment. And so, will supply information that is disproportionate to the client base with regard to their specific ethnic requirements.

RACIST STEREOTYPES

- 2.7 Throughout the course of Britain's historical involvement in Ireland, and in justification of that involvement, various racial stereotypes of the Irish have been constructed, propagated and perpetrated by British commentators and writers.
- 2.8 Depiction of the Irish as a group apart; a group who are lacking in intelligence, drunken, stupid, lazy, untamed, requiring civilisation, dirty, wild and prone to violence have been constant. The latest CRE research has shown these to still be prevalent and affect chances of housing, employment and appropriate service delivery.
- 2.9 In Leeds, on 17th April 1997, a woman DJ on an afternoon show on Radio Aire, which receives its broadcasting license from Leeds City Council, told an "Irish joke" and invited listeners to do the same. This went on for at least 15 minutes. **No other minority ethnic group would have been treated with the same racism and for this to go unnoticed.**
- 2.9 The recent furore over the depiction of Irish people by the Eastenders programme led to a broadcasted apology to the Irish community in Britain and a recognition that any progress it had made in breaking the stereotypes had been affected.

AGE

- 2.10 Owen (1995) ^vsaw that:

“Irish people are distinctive in being much older on average than the rest of the population”. (p25)

This information has been highlighted in reports about the Irish community in Leeds and is significant in its difference to other minority groups.

- 2.11 The 1981 Census showed that there was a predominance of those in the 45+ age category, with over 35% of the Irish population in Leeds here. **16 years on these will be over 60 years of age now, with all the problems that this brings.**

HEALTH :

- 2.12 The work roles that many Irish people were employed in have had a significant impact on their health. Working mainly in the construction and service industries have increased risks of ill-health. Tilki ^{vi} identified in 1996 that:

“Irish people living in Britain have significantly higher mortality rates for a range of illnesses across all diagnostic categories”. (p11)

- 2.13 1996 DSS statistics show that **in Leeds the Irish have a 55% longer bed-stay in hospital than any other ethnic minority group.** Reasons put forward believe that preventative care for Irish people is not being accessed and there is a more chronic state of illness when Irish people go into hospital.
- 2.14 Research by Owen (1995) and Pearson (1991) ^{vii} show significant disadvantage in Irish people's health in Britain.

The following table highlights some of the concerns. The following figures represent the percentage that Irish people are in excess of the average.

	Men	Women
Death from Tuberculosis :	145%	115%
Cancers, gall bladder and bile ducts :	76%	
Deaths from liver cirrhosis :	63%	59%
Risk of death from high blood pressure :	35%	
Death from accidental poisoning :		77%

Tilki (1996) shows these rates to continue through subsequent generations, irrespective of place of birth.

- 2.15 These figures reflect the concern that the patterns of employment, health and inner city life have had on the Irish community.

2.16 **Leeds Health For All (1994)** highlighted:

“there is even less health data for several other minority ethnic groups such as.....people born in Ireland” (p 49),

and explained that there was a lack of ethnic monitoring in the NHS information system. This can often explain why the appalling state of Irish people’s health and their specific needs are not highlighted nor addressed.

2.17 Irish people have been shown to have **higher diagnoses of all categories of mental illness compared to any other group** apart from Black males for schizophrenia. The **main diagnosis for Irish men is alcohol abuse (10 times more likely than a UK white male) and for women is depression (8 times more likely than a UK white woman).**

2.18 These diagnoses have often felt to be tinged with racism and cultural ignorance regarding Irish people.

Tilki (1996) highlights the low rate of diagnosis of diabetes amongst the Irish as the symptoms can often be seen as comparable to alcohol misuse and concludes that medical practitioners are all too ready to see Irish people and alcohol misuse as synonymous.

2.19 Leeds’ Approved Social Worker statistics in 1989 and 1991 showed Irish people as 4 times more likely to be referred under the Mental Health Act (1983) as UK white people, and twice as likely to be assessed in a Police station, re-iterating the “Mad Fighting Paddy” stereotype.

HOUSING

2.20 **The 1991 Census showed Irish people as more likely to be in the private rented sector than in home-ownership, and comparable in numbers to the Bangladeshi population. They are also disadvantaged in terms of overcrowding and living without amenities.**

2.21 Help the Aged research in 1995 showed that 15% of total rough sleepers were Irish compared to a total Irish population identified as 1.5%.

2.22 **Irish people have been seen in Leeds to make up a larger percentage of homeless people than the national average.**

2.23 Leeds Irish Health & Homes own research has highlighted that 92% of their referrals come from places where their tenure is insecure.

3.0 SERVICE DELIVERY TO THE IRISH COMMUNITY BY MAJOR DEPARTMENTS

- 3.1 Leeds Irish Health & Homes (LIHH) were granted short-term funding through Leeds Social Services in 1996 for a Development Workers post to establish a culturally sensitive housing support service for single Irish people who were experiencing, or were at risk of mental ill-health.

It is not within the remit of this group to fully assess, or address the needs of the Irish community as a whole. Due to the awareness raised of other referral agencies, they are being asked to aid and assist any Irish person in need. **This clearly indicates a requirement for additional resources and services.**

- 3.2 LIHH's recent research revealed that although the 75% of the housing providers in Leeds monitored Irish people. This was more as a central requirement of being part of the National Housing Federation. Irish people, or figures about Irish tenants/applicants did not form part of their strategic planning process as it did for other minority ethnic groups.

Even with Irish identification of need, there is no strategic planning to address this.

- 3.3 **Lack of ethnic monitoring status has meant service providers have not had to give consideration to the Irish community's needs.**

- 3.4 In Leeds, there is:

- **No provision made for an Irish social support centre**
- **No outreach scheme aimed at vulnerable Irish people**
- **No service provision to meet the cultural needs of older Irish people**
- **No carers support groups that consider the needs of Irish carers**
- **No provision to enable Irish culture and heritage to be passed on to second and third generation Irish people**

- 3.5 As an example, the recent project looking into Home Care for black and minority ethnic groups through the Leeds Involvement Project made no mention of Irish people, and more significantly no credence given to the great contribution Irish home care workers, of which there are many could make to the isolation and re-integration of Irish people into their community.

- 3.6 The Leeds Irish Centre, is always seen as the place Irish people should go to receive support from the Irish community.

This venue, whilst providing extensively for the recreational needs of many people from the Irish community is a business, and not a social support centre. **Many Irish people who have been highlighted in this report may feel ashamed to go to this centre because they cannot afford to eat or drink there. They may feel ashamed that they are in ill-health and not coping. It is also an inappropriate place to go for Irish people to go if they want support if they are, for example, a women experiencing domestic violence, are living with HIV, or are gay as this would be an inappropriate place to deal with such sensitive issues.**

It must be said that other people from minority ethnic groups would not be told to go to a pub to receive appropriate support from people of their own culture.

- 3.7 The Housing & Community Care Strategy recognises:

“People from black and ethnic minority communities express a clear preference for services provided by people from those communities for those communities but there is insufficient provision of this type” and that “it is questionable whether existing provision is sufficiently sensitive to the needs of the different cultural, religious, ethnic and national communities that comprise the overall black and ethnic minority community “(p74).

- 3.8 There has been a catalogue of recognition by Leeds City Council and other bodies that the Irish community in Leeds suffers disadvantage. There has however been little positive statutory reaction or provision to address these needs.

EXAMPLES OF INACTION

- 3.9 In October 1986, a report from Leeds Irish Centre was presented to the Equal Opportunities Sub Committee for Ethnic Minorities. The recommendation was to request funds for further research and that the report be referred to the Policy and Resources Committee. Further reports which should have raised the issue of the Irish community have been subsequently disposed of.

No action has been taken therefore as a result of these reports.

- 3.10 On 14th February 1989 at the Advisory Committee on Ethnic Minorities, Cllr Fabian Hamilton raised the issue of introducing a separate ethnic monitoring category for Irish people.

On 21st February 1989, item 100 resolved that “arising from minute 2 of the advisory committee meeting, approval be given to the inclusion of a separate ‘Irish’ category for the purposes of ethnic monitoring by the council”.

This was never actioned.

- 3.11 Reports by CB&R giving an analysis of the 1991 Census data were presented at the Race Equality Committee in September 1993. The CB&R report raised the issue of community profiles, but none related to the Irish community

Requests were also made by the Advisory Committee on 16/6/94 and 11/4/95 (J Wimbush at Committee Services August 1997).

- 3.12 The CB&R report of 24/8/93 specifically proposes in item B2 under "Representation on The Advisory Committee" that:

'Community Organisations which are not already registered with the Race Equality Committee, but who meet the criteria, would be encouraged to register through appropriate publicity'.

Proposals under item G1 were to form working groups looking at employment and economic development; service delivery and women's issues. Finally, under item I 1 it was proposed that:

"service departments of the Council could organise Open Days and Surgeries in the community which should be at suitable local venues and well publicised".

The Irish community were not part of this action.

- 3.13 The CB&R report of 14/9/93 entitled "Analysis of the 1991 Census Survey in Relation to Black and Minority Ethnic Communities in Leeds" shows those Born in Ireland as members of the ethnic population of Leeds, **but then excludes them from any discussion or proposals.**

- 3.14 The CB&R report of 19/4/94 entitled "1991 Census Data Analysis - Economic Activity" only uses figures for those Born in Ireland to illustrate these levels. For all other groups, children and grandchildren were included. This would belie the rates of activity for the Irish community, even though at significantly higher than the White, Chinese and Indian communities, no recommendations were made, or action taken on this information.

- 3.15 Leeds Racial Equality Council report "Ethnic Origin - 1991 Census Statistics : Leeds & West Yorkshire".

These figures which the Council uses in relation to Black and ethnic minority statistics have been acknowledged as inaccurate, in a letter dated 6/8/97 to Cllr Hennigan from the REC. A quote from the correspondence reads:

"our report does assume that people of Irish origin are not an ethnic minority and we shall change how we present the revised report accordingly".

- 3.16 There is a recognition by statisticians nationally of the inappropriateness of the measurement of the Irish community in terms of only using those who are Born in Ireland. This has also been recognised in Leeds .It is seen that this data:

“gives a sideways view of Irish-born heads of households and their households. The full view of the Irish as an ethnic group can only be obtained as a special tabulation from Office for National Statistics.”

- 3.17 This lack of consideration of the needs of people of Irish origin extends to Irish children. A recent report regarding “Meeting The Needs Of Black and Minority Ethnic Children/Young People Being Looked After By Social services Department” recognises that:

“there is a general acceptance that the care needs of black and minority ethnic children is patchy, lacks co-ordination and relies heavily on individual workers and carers commitment to providing appropriate care service to those children within these groups”.

The report quite rightly stresses the need for culturally sensitive practice and facilities for black children, but there should also be a recognition of the differences which surround the development and cultural heritage of Irish-born or Irish-origin children and young people to reach positive conclusions about their nationality and heritage when this is continually undervalued and ridiculed.

- 3.18 In 1996, despite 10 years of work by members of the Irish community in Leeds to have their needs addressed, we see how little these requests have been absorbed into practice. The Annual Report of Leeds Education in its ethnic breakdown does not list Irish-born, or Irish-origin children indicating they do not recognise this community as having any significant cultural needs and therefore no need for resources to be directed appropriately.

This is totally contrary to all accepted reviews and at odds with Leeds City Council’s ethnic minority status of the Irish community.

It is also in conflict with the emphasis of the CRE report which shows that members of the whole Irish community in Britain, not just those described as Irish-born, through their national identity, their life, work and socio-economic experiences and at risk of discrimination in Britain today.

4.0 RECOMMENDATIONS

- 4.1 That there should be an Irish Community Centre fully resourced by Leeds Social Services which would offer cultural support, advice and information. This centre would act both as a community resource in terms of being a resource for older Irish people to use for day care and to be less isolated, in addition to promoting the culture and heritage of Leeds' Irish community.
- 4.2 There should be an Irish Elderly Outreach scheme developed to support older Irish people who are living or being cared for at home.
- 4.3 There should be resources made available to development of an Irish Carers support group in recognition of the numbers of older Irish people and the effects this has on their carers.
- 4.4 That in its attempt to monitor the needs of the Irish community, Leeds City Council and its joint planning colleagues implement the 1989 recommendation to monitor the Irish community separately and actively seek to involve them in the planning of services for their community.
- 4.5 That Leeds City Council write to the Office of National Statistics recommending that a separate Irish category be part of the 2001 Census in order to help it plan its service provision to the Irish community more fully.
- 4.6 This community, being conservatively estimated at 60,000 forms approximately 9% of the total population of Leeds, and as such should have in place an appropriate support mechanism.

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- i Commission For Racial Equality (1997) : Discrimination and the Irish community in Britain
 - ii Leeds Health For All (1994) : Redressing the Balance; Health & Inequality in Leeds
 - iii Leeds City Council (1997) : A Housing & Community Care Strategy for Leeds
 - iv Op. cit.
 - v Owen D (1995) : Irish-born people in Great Britain : Settlement Patterns and socio-economic Circumstances
 - vi Tilki M (1996) : The Health of The Irish in Britain ; Federation of Irish Societies
 - vii Pearson M et. Al (1991) : Generations of an Invisible Minority ; the health & well-being of the Irish in Britain